

## Physician-Assisted Suicide - SB 88 Facts vs. Myth 2022 \*

### FACTS

✓ Connecticut Senate Bill 88 permits doctors to prescribe **experimental drug combinations**. In fact, "assisted suicide activists have been experimenting with lethal assisted suicide drug cocktails, for years, to find a cheaper way to cause death." [Blog](#) maintained by Alex Schadenberg, EPC International Chair, January 13, 2022. An article published in [USA Today in February 2017](#) reported on the experiments that were done on people to find a cheaper lethal drug cocktail for assisted suicide. The article stated that assisted suicide researchers were experimenting on new generations of lethal drug cocktails. The results of the first two lethal drug cocktails were:

*'The (first) turned out to be too harsh, burning patients' mouths and throats, causing some to scream in pain. The second drug mix, used 67 times, has led to deaths that stretched out hours in some patients — and up to 31 hours in one case.'*

✓ Research reveals that assisted suicide safeguards "are ineffective, and often fail to protect patients in a variety of ways." [p11](#). For example, SB88 permits a "licensed clinical social worker" to determine if a patient is "competent" (line 16) and thus a "qualified patient" for assisted suicide (line 79) "through a person familiar with a patient's manner of communicating" - not necessarily the patient directly (lines 14-21). **It seems very possible, through a careful reading of the bill, that "attending physicians" and "consulting physicians", can "make a determination that the patient . . . is competent" or "verify competency" (lines 202 and 230) through the opinion of the social worker who communicated "through a person familiar with the patient's manner of communicating."** Even through telehealth! See the definition of what "competent" is in Sec. 1(4). For more information, check out this [PRAF flyer](#).

✓ There is no guarantee of a peaceful death. From "[Lethal Assisted Suicide Experimental Drug Combinations Put Patients at Risk](#)" by [Patients Rights Action Fund](#), General Complications from Lethal Drugs Used in Assisted Suicide Deaths: According to Kaiser Health News: "The first Seconal alternative turned out to be too harsh, burning patients' mouths and throats, causing some to scream in pain." [6] "The second drug mix, used 67 times, has led to deaths that stretched out hours in some patients – and up to 31 hours in one case...the next longest 29 hours, the third longest 16 hours and some 8 hours in length." [7]. According to Anaesthesia: "However, for all these forms of assisted dying, there appears to be a relatively high incidence of vomiting (up to 10%), prolongation of death (up to 7 days), and re-awakening from coma (up to 4%), constituting failure of unconsciousness. This raises a concern that some deaths may be inhumane..." [8]

✓ By far, most people chose assisted suicide (89.8% overall) because they are "Less able to engage in activities making life enjoyable". This is an existential crisis, not a pain management issue. Though sad, it is not a good enough reason to change public policy into one that endangers vulnerable people and fundamentally changes our society. With counseling, mental anguish can be alleviated and fear of pain addressed. Also from the [Oregon 2020 Data Summary](#) p.12, summarizing statistics from 1998 to 2000, reasons for assisted suicide: Losing autonomy - 90.6%, Loss of dignity - 73.6%, Burden on family, friends/caregivers - 47.5%, Losing control of bodily functions - 43.1%, *Inadequate pain control, or concern about it* - 27.4%, Financial implications of treatment - 4.5%.  
[reporthttps://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf](https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year23.pdf)

### MYTHS

✗ False: Assisted suicide drugs are safe and effective.

✗ False: Safeguards can prevent problems or abuse.

✗ False: Assisted suicide guarantees a peaceful death.

✗ False: Assisted suicide is mostly for people who have inadequate pain control or concern about it.

- ✓ "It is common for medical prognosis of a short life expectancy to be wrong."  
\*p21. Additionally, doctors are not free from biases, prejudices, fraud and deception. In Connecticut, fraud among the elderly is especially acute. "• Approximately one in ten adults age 60 or older are abused each year, Cases of elder abuse remain vastly underreported • In almost 60% of elder abuse and neglect incidents, the perpetrator is a family member • Each year, at least \$36.5 billion is lost by elder victims of financial abuse" [State of Connecticut, Performance Audit, Protective Services for the Elderly, Aug. 11, 2021.](#)
- ✗ False: Doctors can accurately determine whether or not a patient diagnosed as terminally ill will die within 6 months and elderly people will be protected from fraud and abuse.
- ✓ Surveys and polls used to show support for assisted suicide regularly use vague language and generally equate support for ending someone's pain with support for assisted suicide. A professional poll of Connecticut residents dedicated exclusively to the issue of physician assisted suicide, showed that residents overwhelmingly disapprove of physicians prescribing fatal drugs for patients. Even without accurately referring to the issue as "assisted suicide", the poll still found...  
[A majority of Connecticut residents \(55%\) believe doctors should not be allowed to prescribe or administer fatal drugs. Additionally, only 21% believe doctors should be allowed to assist a patient in taking their own life.](#)
- ✗ False: Connecticut residents support assisted suicide.
- ✓ See this [article](#) for an eye-opening account of the expansion of assisted suicide and euthanasia around the globe.  
<https://www.acsh.org/news/2022/02/11/euthanasia-run-amok-aka-population-culling-16124>. Once passed, "the restrictions tend to be ineffective or inadequate" because of limitations on data collection and new proposals loosening and reducing rules. \*[Chapters 2 & 4](#). "The US assisted suicide lobby is expanding assisted suicide laws by: eliminating waiting periods, eliminating the 6 month terminal prognosis, allowing nurses and other medical providers to approve and participate in assisted suicide, eliminating residency requirements, and expanding assisted suicide laws to allow euthanasia (death by lethal injection rather than lethal prescription)." The US assisted suicide lobby plans for expanding assisted suicide laws." 11/22/21 Blog maintained by Alex Schadenberg, EPC International Chair,  
<https://alexschadenberg.blogspot.com/2021/11/the-assisted-suicide-lobby-plans-to.html>
- ✗ False: Once passed, assisted suicide will not be expanded and can be controlled.
- ✓ "Studies show an increased rate of general suicide in states where assisted suicide is legal." \*p.46
- ✗ False: Suicide contagion is just a "slippery slope" argument.

\*[The Danger of Assisted Suicide Laws, National Council on Disability, October 9, 2019. Can be found at https://www.ncd.gov/sites/default/files/NCD\\_Assisted\\_Suicide\\_Report\\_508.pdf](#)  
The National Council on Disability is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures

\* This Facts vs. Wishful Thinking spreadsheet is a shortened version extracted from a document of the same name prepared by Family Institute of Connecticut, 2/17/2022