Dear Health and Senior Services Committee Members:

Not Dead Yet is a national disability rights group with members in New Jersey.  On behalf of our members, I write to say that we are extremely concerned about A2270, the bill to legalize assisted-suicide, and urge you to oppose it.    
  
Leading proponents of bills to legalize assisted suicide for the terminally ill often claim that the views of disability organizations aren’t relevant. While it’s true that people with disabilities aren’t usually terminally ill, the terminally ill are almost always disabled. This is one of many reasons that our perspective may shed some light on this complex issue.

People with disabilities and chronic conditions live on the front lines of the health care system that serves (and too often underserves) dying people. One might view us as the proverbial “canaries in the coal mine” who are alerting others to dangers we see first.

Assisted suicide supporters paint themselves as “compassionate progressives” fighting for freedom against the “religious right.” It’s a simple message, and it goes down well, if you ignore inconvenient truths, such as:

* Predictions that someone will die in six months are often wrong;
* People who want to die usually have treatable depression and/or need better palliative care;
* Pressures to cut health care costs in the current fiscal climate make this the wrong time to add doctor prescribed suicide to the options;
* Abuse of elders and people with disabilities is a growing but often undetected problem, making coercion virtually impossible to identify or prevent.

It’s not the proponents’ good intentions but the language and implementation of assisted suicide laws that legislators need to consider.

As one of countless disabled people who’s survived a mistaken terminal prediction, I can’t help but become concerned when the accuracy of a terminal prognosis determines whether someone gets suicide assistance rather than suicide prevention.

The Oregon Reports themselves show that non terminal people are getting lethal prescriptions – up to 1009 days have passed between the request for a lethal prescription and death. One of the many things the Reports hide is specifically how many lived longer than six months, but we do know that there’s no consequence to the assisting doctors for this or any other mistake in the assisted suicide process.

Proponents also claim that 15 years of data from Oregon show that safeguards to ensure that it's voluntary are working. How would they know? The Oregon Reports only tell us what the prescribing doctors indicated were the patients’ reasons for wanting assisted suicide by checking off one or more of seven reasons on a multiple choice state government form.

One of the reasons is feelings of being a burden on others, checked in 49% of the cases last year. But there’s no corresponding requirement that home care options be disclosed as part of informed consent under the law, much less that they be offered or funded.

Although the Oregon Reports admit that the state can’t assess compliance with the safeguards, some independent articles find that safeguards failed in individual cases (see, e.g., Hendin & Foley, MDs, “Physician-Assisted Suicide in Oregon: A Medical Perspective”, Michigan Law Review, June 2008, <http://www.michiganlawreview.org/assets/pdfs/106/8/hendinfoley.pdf>). But the law includes no authority for investigation or enforcement, so nothing happens as a result.

It has been estimated that there are over 175,000 reported and unreported cases of elder abuse annually in New Jersey (<http://www.premierlegal.org/elder-abuse-data-and-statistics/> ). Statistically, 90% of elder abusers are a family member or trusted other. Similarly, people with disabilities are up to four times more likely to be abused than their same-age nondisabled peers.  In Oregon and Washington, legal assisted suicide has opened new paths of abuse against persons who may qualify to use these laws.  One of the most obvious problems is a complete lack of oversight when the lethal drug is administered.  If an abuser were to administer the drug without the person’s consent, who would know?  
  
It is simply naive to suggest that assisted suicide can be added to the array of medical treatment options, without taking into account the harsh realities of elder abuse and the related potential for coercion.  
  
We urge you to vote against A2270.

Sincerely,

Diane Coleman, JD, MBA

President/CEO

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