



Questions and Answers about Initiative 1000, the Assisted Suicide Proposal

Q. What would the proposed initiative do?

- A. Assisted Suicide would be legal in Washington State if the initiative passes. I-1000 would allow doctors to order a lethal drug overdose to prematurely end the life of a person with a terminal illness.

I-1000 is not needed and will put vulnerable persons at risk. The people of Washington can already choose to refuse any health care they don't want or need. End of life choices are already honored through the proper use of Living Wills and Health Care Powers of Attorney. In Washington State, people with life-limiting illnesses can already die naturally with real dignity while receiving good hospice care, excellent pain relief, and loving support from family, friends, and community.

Q. Who is opposed to Initiative 1000?

- A. A broad-based group of Washington citizens called Coalition Against Assisted Suicide is leading the effort to stop Initiative 1000. The Coalition includes people with disabilities, doctors, nurses, hospice workers, persons of color, attorneys, both Democratic and Republican legislators, and other concerned citizens. The Washington State Medical Association, its national organization, the American Medical Association, as well as 48 other state medical associations, all reject assisted suicide.

Q. Why do Washington doctors, nurses and hospice workers oppose I-1000?

- A. Under I-1000, physicians will be asked to prescribe lethal drug overdoses for their patients. But physicians and nurses don't want to harm their patients; they want to care for them. I-1000 runs counter to the training, tradition, and values of nurses, physicians, and all other health care providers. Physicians will also be required by the state to falsify death certificates to say that the underlying illness—not the lethal drug overdose—is the cause of death.

Washington State Medical Association President Dr. Brian Wicks, recently stated: "To my knowledge, there's no other situation in medicine in which the death certificate is deliberately falsified, and in which this falsification is mandated by law." Wicks stated that I-1000 "gives doctors power that we do not want and that we believe is contrary to good medical practice. The initiative is a dangerous distraction from symptom-directed end-of-life care that provides comfort for dying patients and their families." Good care, Wicks emphasized, should never shift toward helping patients kill themselves.

Q. How does America's broken health care system make assisted suicide dangerous?

- A. Our healthcare system has many problems, including the fact that over 1.5 million Americans declare bankruptcy each year due to health care costs. Credible studies show that people of color and those with low incomes often receive inadequate health care.

In Oregon, where a measure similar to I-1000 is the law, low-income people have been refused chemotherapy by the state health plan but offered an assisted suicide drug overdose instead. If I-1000 passes, people in Washington State could also feel forced into ending their own lives prematurely to save themselves or their families from skyrocketing medical costs. America's health care system may be faltering, but encouraging people with life-limiting illnesses to kill themselves is no solution. Nor is it a "dignified choice."

Q. Haven't voters rejected this law before?

A. Every state in the country, with the exception of Oregon, has laws against assisted suicide. In fact, twenty-one states have rejected similar assisted suicide initiatives or bills. A similar law was proposed here in 1991 and defeated soundly by Washington's voters.

Q. What do proponents mean when they say I-1000 is only "the first step?"

A. Initiative 1000 has received most of its funding from out-of-state special interest groups who have worked for decades to legalize assisted suicide in America. These groups want to legalize assisted suicide for everyone – not just the terminally ill. The New York Times (12/2/07) said, "[Booth] Gardner's campaign is a compromise; he sees it as a first step. If he can sway Washington to embrace a restrictive law, then other states will follow. And gradually, he says, the nation's resistance will subside, the culture will shift and laws with more latitude will be passed ..."

Q. Won't the assisted suicide prescriptions be closely monitored?

A. No. Unlike the stringent monitoring of many medical procedures, the assisted suicide prescriptions would have inadequate and secretive reporting. There are no penalties for incomplete or inaccurate reports nor even for not reporting. The original reports are kept secret and sealed from any possible independent study or verification. The Oregonian, the state's major newspaper, complained in 2005 that Oregon's law reporting system "seems rigged to avoid finding" the answers. [Living with the Dying 'Experiment,' Oregonian, 3/8/05]

Q. Why is I-1000 troubling to spouses and family members who care for elderly and seriously ill loved ones?

A. I-1000 contains no requirement that a spouse or family members be told when a loved one is being given a lethal drug overdose. Because of I-1000's strict secrecy requirements, and because the initiative requires doctors to falsify the death certificate (by listing the underlying illness as the cause of death rather than the lethal overdose), a spouse or family member may never discover the true cause of a loved one's death.

Q. Why do so many people with disabilities and those with life-limiting illnesses oppose this law?

A. Society often dismisses the value and quality of the lives of people with disabilities and terminal illnesses, making them uniquely vulnerable to subtle or even unintended pressure and manipulation. It is not uncommon for a person with a new disability or newly diagnosed terminal illness to feel despondent or even suicidal. But this "temporary depression" is treatable and reversible: over time most people realize that "life is worth living, right up to the end." Working through these initial feelings of despair typically takes far longer than the brief two-week waiting period allowed for in I-1000. In that critical early stage of untreated or unrecognized depression, many disabled or seriously ill people could die by assisted suicide, their cry for help mistaken as a "compassionate choice."

Q. Why are low-income people and minorities opposing this law?

A. Our for-profit health care system often delivers unequal treatment, with minorities and low-income patients receiving the lowest quality care. Allowing doctors to give lethal drugs could harm those least able to defend themselves.

Q. Why do many women and senior citizens oppose this law?

A. Seniors and women already express concern about the quality of the health care they receive. They worry about increasing ageism and sexism in society and in health care. Both seniors and women are therefore at a higher risk of being coerced into accepting assisted suicide. They tend to be more susceptible to believing they are burdens to family and society. Seniors and women are more likely to suffer from untreated depression or unaccompanied grief than the rest of the population.

Q. Isn't this a matter of choice? Shouldn't people be free to choose to end their own life?

A. I-1000 attempts to redefine suicide and to elevate it into an alternative medical "treatment" – one that is covered by health insurance and offered by hospitals and nursing homes. For the vulnerable, depressed, and weak, being presented with a "choice" of suicide could have the effect of encouraging them to kill themselves. Those at risk for suicide or assisted suicide and their families need supportive care and comprehensive treatment for depression and despair--not the legalized hopelessness that I-1000 offers.

As family members who have suffered the tragic loss of a loved one by suicide know all too well, suicide happens far more frequently in our society than anyone could ever wish. Suicide is called "the wound that never heals" because of the complicated and long-lasting grief that family members, friends, and loved ones endure. Clinical psychiatry tells us that the "choice" to end one's life by suicide or assisted suicide isn't a choice at all--but rather a cry for help, an expression of deep sorrow, or the manifestation of untreated mental illness.

Q. Proponents charge the only real opposition comes from religious groups.

A. This charge is false. The opposition to assisted suicide is a broad coalition of left, right, and center. We are secular and religious; pro-choice and pro-life; Democrat and Republican; white, African-American, Hispanic, Asian, and Native American. We are all united toward one goal: to ensure assisted suicide is not legalized in Washington. We are defending Washington's current anti-assisted suicide laws, which have been adopted by the Legislature, signed by the governor, enacted by a vote of the people, and upheld by the United States Supreme Court by a vote of 9 to 0.