



OPPOSE HB 93 End of Life Options

The Catholic Diocese of Salt Lake City urges opposition to assisted suicide legislation as an affront to the sanctity of life and for the following reasons:

Utah has the 5th highest suicide rate in the nation, and our rate is increasing. Assisted Suicide sends a message that suicide is a solution to a problem, putting our citizens at even greater risk. According to data from the Suicide Prevention Coalition, 557 Utahns, committed suicide in 2014, up from 545 in 2012. It is the eighth leading cause of death among Utahns. Legalizing suicide in any circumstance sends the message that some lives are not worth living. This message will be heard loud and clear by everyone who is afflicted with suicidal thoughts or tendencies, and especially by those who feel their depression is unbearable. Suggesting to depressed individuals that they have a right to choose the time and manner of their death, and that doing so provides a dignity they otherwise wouldn't have, may create greater problems for suicide prevention programs.

“Safeguards” to protect patients suffering from depression are ineffective: The proposed law for Utah leaves a decision about a patient's mental health needs in the sole discretion of the prescribing or consulting physician. From 2008-2014, only 1% (5 of 381) of Oregonians dying of assisted suicide had a psychiatric evaluation (Dr. Kenneth Stevens, University of Oregon, Medical Ethics). In Washington, only 4% of patients were referred to counseling. (Washington Dept. of Health Death With Dignity Act 2014 report). Depression is widely underdiagnosed and undertreated among the elderly as is: at least 60 percent of terminally ill patients suffer from depression and 98-99% will choose not to use the meds if they receive proper care.

To truly safeguard individuals suffering from depression, a mental health referral should be mandatory.

The mental health referral “safeguard” depends on a doctor with no training in psychiatry diagnosing the person's depression. Studies show that doctors without a specialty in mental health have a difficult time diagnosing depression, and sometimes great difficulty even talking to their patients about their feelings after learning they have a fatal illness. Even trained, competent psychiatrists doubt they could make an adequate diagnosis without a long-term relationship with the patient.



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1. Assisted suicide laws **eliminate an incentive to improve medical care** for individuals facing the difficult task of completing their lives. Most of the stories in support of the bill are highly emotional, but often come down to a health care system in need of reform. Rather than seek longer term reform, the bill eliminates a human being in need. (For example, according to Medicare rules, patients must give up life-saving treatments to get access to hospice. They wouldn't have to do so to secure a dose of death-inducing drugs.)
2. The Utah bill requires that a participant be a resident of the state. This requirement **puts undocumented immigrants at risk**. Undocumented residents do not qualify for health care insurance coverage but would qualify for doctor-prescribed suicide upon showing a driver privilege card.
3. No witnesses are required at the time of death, providing opportunities for an abusive caregiver to steer someone towards assisted suicide, witness the request, pick up the lethal dose, and administer the drug. **Though elder abuse cases in Utah increased by 87% from 2008-14, nothing in the bill protects the elderly from force or coercion.**
4. Anyone could **purchase a life insurance policy** on the person after the request for a lethal prescription, increasing the risk that a person may be coerced into following through.
5. **All reporting about doctor-assisted deaths is self-reported.** Few people would self report driving over the speed limit, let alone reporting a botched assisted suicide. Further, all data requirement end at the point the doctor writes the prescription, leaving questions of abuse or poor outcomes unanswered.
6. Every health insurance coverage decision is based largely on financial considerations, with insurance providers often overriding physician recommendations due to cost. **When doctor-recommended treatments are denied, or even delayed, assisted suicide is no longer reflective of a patient's true choice.**
7. For families that are unable to afford health insurance, or have minimal benefits, **the pressure on a family member suffering from terminal illness to end their life because of medical expenses may well be unbearable.** These individuals will not be choosing death because of their pain, but because of a lack of resources.