



Physician-Assisted Suicide:

False Compassion. False Choice.

Wrong for Virginia.

Suicide rates in the U.S. are at a 30-year high. On average, someone commits suicide every 8 hours in Virginia. Government should not be promoting suicide by any name. It is bad public policy to license doctors to kill by lethal prescription. It would be irresponsible and dangerous for Virginia to send the message that suicide is dignified or compassionate.

Virginia legislators have asked for a study about whether physician-assisted suicide should be legal in Virginia. They will soon make a policy recommendation based on that study. **A public comment period opens on August 22nd and your legislators need to hear from you! See the bottom of this page to learn how you can take action.**

DISTORTION vs. **REALITY**

DISTORTION: *“Medical Aid-in-Dying” is a service that a doctor should be able to provide to a terminally ill patient.*

REALITY: “Medical Aid-in-Dying”, more accurately called physician-assisted suicide, turns healers into killers and breaks our trust in our doctors. Their role is to protect human life, not to end it.

DISTORTION: *Suicide is freely chosen.*

REALITY: Mental health issues play a serious role in the decision to take one's own life. Stress from an illness can trigger depression. But depression can be treated! In addition, physician-assisted suicide places the disabled and the poor in serious danger of being pressured or coerced to end their lives.



or visit **<https://bit.ly/VCCassistedsuicide>**
on or after August 22 and make your voice heard!



DISTORTION: *Terminally ill patients are a financial and emotional burden to their loved ones.*

REALITY: One of the most generous gifts that a terminally ill patient can give to their loved ones is to allow them the opportunity to receive the graces that come from caring for their needs.

DISTORTION: *Assisted suicide is only prescribed when a terminal patient has 6 months or less to live.*

REALITY: Estimates of length of life remaining are guesses, even for medical doctors. They are based on often incorrect averages and patients frequently outlive them.

DISTORTION: *Public and private insurers do not make health care decisions; doctors and patients decide together on the best treatment plan for the terminally ill.*

REALITY: Assisted suicide is on a collision course with our profit-driven health care system. Lethal prescriptions can be less expensive than ongoing care and create an incentive for insurance companies to deny healing treatments in favor of cheaper lethal drugs.

DISTORTION: *Choosing the day you are to die is a private and autonomous choice.*

REALITY: Assisted suicide is not a private or personal act. It is a public act that requires medicine, law and society to approve a lethal prescription that crosses the line from caring to killing. Too often, there are circumstances and external pressures that make this tragic outcome anything but an autonomous choice.

DISTORTION: *Our affluent culture preaches that “quality of life” is the highest good; in other words, some lives—especially those marked by suffering and pain—are not worth living. Proponents claim that suicide maintains the dignity and autonomy of the terminally ill.*

REALITY: Palliative care is a loving response that can help manage pain. Clinicians should eliminate pain, not patients.

DISTORTION: *Opponents of assisted suicide are simply trying to impose their religious beliefs on the rest of Virginia.*

REALITY: People of many different faiths and people of no particular faith agree that assisted suicide is bad, dangerous policy. Assisted suicide must be opposed as unjust and fundamentally at odds with the common good.



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