Physician-Assisted Suicide (PAS) — currently legal in only six states and the District of Columbia — has been branded as a compassionate way for terminally ill patients to choose when and how they die. The reality is, the effects of PAS on patients and families aren’t compassionate or dignified at all.

**LETHAL ADDICTIVE DRUGS GO UNUSED**

If a patient fills the lethal prescription — typically 100 pills — but decides against taking it, there are no safeguards to ensure the drugs stay out of the hands of children and prescription drug dealers. In Oregon, 468 people have filled their prescription and decided not to end their lives, leaving tens of thousands of highly addictive barbiturates unaccounted for.¹ ²

**TAXPAYERS FOOT THE BILL**

Taxpayers in Oregon and California pay for the lethal drugs and doctor visits. California’s Medicaid program has budgeted $2.3 million taxpayer dollars for the first fiscal year PAS is legal. President Bill Clinton prohibited using federal funds to subsidize PAS, leaving states to foot the bill.³

**IT AFFECTS OVERALL SUICIDE RATES**

Since passing a PAS law in 1997, Oregon has seen a 49.3% increase in non-assisted suicides. PAS laws make suicide socially acceptable. As a result, Oregon’s overall suicide rate is 41% higher than the national rate. Just reading about PAS can serve as a trigger for those contemplating suicide.⁴

**MENTAL HEALTH CONDITIONS ARE IGNORED**

Only 4% of patients who died from PAS in Washington state were referred for a mental health evaluation. Suicidal patients aren’t given resources they deserve, like being screened for depression by a mental health care provider.⁵

**IT’S IMPERSONAL**

These lethal drugs are often administered by physicians who barely know their patients. More than half of patients who died from the lethal drug in Washington state only knew their prescribing physician for six months or less.⁶

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Serious Side Effects of Iowa’s PAS Legislation

Legislation being considered by the Iowa Legislature, which would legalize physician-assisted suicide (PAS), is fatally flawed. The bill’s dangerous and careless provisions make it bad policy for Iowa, and wrong for Iowa citizens.

**NO MENTAL HEALTH EVALUATION REQUIRED**

There is no requirement that a patient receive a psychological evaluation before the life-ending prescription is written. A screening from a doctor untrained in mental health is not sufficient.

**NO EDUCATION ON PROPER USE OR DISPOSAL**

Pharmacists aren’t required to counsel patients on proper ingestion methods or disposal of the lethal barbiturates. If patients don’t use the drugs, they may dispose of them improperly, sending large amounts of barbiturates into Iowa’s drinking water supply.¹

**NO DRUG TAKE-BACK PLAN**

The same drugs being used in PAS now were once widely distributed on the black market and abused by prescription drug addicts in the 1970s. Barbiturates are highly addictive and can cause life-threatening withdrawal, coma, or death. As Iowa continues to fight prescription drug addiction, reintroducing large amounts of these drugs – with no controls in place to collect unused pills – will strain already depleted law enforcement and addiction treatment resources.²

**NO WAY TO PREDICT AN ACCURATE PROGNOSIS**

Patients can request PAS if diagnosed with a terminal illness and six months or less to live. But, medical prognoses are based on often-incorrect averages, and patients frequently outlive them.

**NO SAFEGUARDS FOR THE DISABLED**

Disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as failing prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

**NO FAMILY NOTIFICATION REQUIRED**

The prescribing physician must “recommend” that the patient inform family members of his or her intention, but nothing in the law requires it.

**NO ID NECESSARY FOR PICKUP**

Patients pick up their lethal drugs at a local pharmacy. Iowa law doesn’t require people to show ID at the time of pick-up, so virtually anyone can acquire up to 100 individual pills of secobarbital and pentobarbital, the drugs commonly used to administer the death penalty.

**NO DOCTOR OR NURSE IS PRESENT**

Typically, no doctor, nurse, or independently licensed aid worker is present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.

**NO WITNESS REQUIRED AT DEATH**

The bill requires two witnesses to be present at the patient’s request for the suicide, but none at the time of the suicide. Patients may be coerced into ingesting the drug, or another person may administer the drug, leaving serious potential for abuse.

**WARNING:** THESE ARE ONLY SOME OF THE FLAWS IN IOWA’S PHYSICIAN-ASSISTED SUICIDE LEGISLATION

A broad coalition of stakeholders, known as the “Iowa Coalition for Ethical Care” have joined together to fight this predatory policy, protect our state’s most vulnerable citizens, and ensure every Iowan has a compassionate end-of-life experience.

¹ EPA.gov, 04/27/2012, “Safe Disposal of Medicine”
² WebMD, “Barbiturate Abuse”