Association of United Families International

Statement regarding:

 Draft of General comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life

“The right to life is a right which should not be interpreted narrowly. It concerns the entitlement of individuals to be free from acts and omissions intended or expected to cause their unnatural or premature death, as well as to enjoy a life with dignity.” (Paragraph 3)[[1]](#endnote-1)

“States should take adequate measures, without violating their other Covenant obligations, to prevent suicides, especially among individuals in particularly vulnerable situations. At the same time, **States parties [may allow] [should not prevent] medical professionals to provide medical treatment or the medical means in order to facilitate the termination of life of [catastrophically] afflicted adults, such as the mortally wounded or terminally ill, who experience severe physical or mental pain and suffering and wish to die with dignity.”**(Paragraph 10)[[2]](#endnote-2)

**Introduction**

The proposal to include language that facilitates euthanasia and physician-assisted suicide does not align with a “right to life,” causes “unnatural or premature death,” and does little to promote dignity for vulnerable individuals. In fact, there’s no “dignity” in intentionally ending a life – at any stage. The above two paragraphs, with their proposed language, are contradictory.

Euthanasia and Physician-Assisted Suicide (PAS), as advocated for in the language of paragraph 10, are often described as a “compassionate” alternative to pain and suffering; but these forms of facilitating death actually leave behind a trail of negative consequences for families, physicians and societies.

**To clarify**

Euthanasia and Physician-Assisted Suicide (PAS) are not about removing artificial life support, or “pulling the plug” as it is colloquially stated. That is already an option. Everyone has the right to die naturally. Virtually all medical professionals and courts of law respect these difficult family decisions, and recognize that the removal of artificial life support is not assisted suicide or euthanasia.

Euthanasia is the practice of intentionally ending a life, usually by a medical professional, ostensibly to relieve pain and suffering. PAS is when a doctor prescribes a lethal drug that a patient takes for the sole purpose of causing their own death.

Simply put, euthanasia and assisted suicide laws give physicians the right to kill.

**The Problems with Euthanasia and Physician-Assisted Suicide**

**It’s Not About Pain**

Research shows that pain is not the major reason people seek euthanasia or assisted suicide. Of those who chose to end their life by PAS in the U.S. state of Oregon, only 24.7 percent of them did so to escape the pain they would be enduring.  The remaining 86.7 percent chose this path because they didn’t have the ability to participate in the normal activities they did from day to day that made life enjoyable. [[3]](#endnote-3)

 “Researchers from the Netherlands – who were convinced that the main rationale was pain – interviewed patients who requested euthanasia; they found that few of the ones who requested euthanasia were experiencing pain, but most were depressed.”[[4]](#endnote-4) In Australia, where for a short period of time euthanasia was legal in the Northern Territory, seven patients were euthanized, none had uncontrolled pain.[[5]](#endnote-5)

**It’s Not About “Choice”**

Barbara Wagner of Oregon was shocked to learn that the Oregon state health plan did not cover the treatment she needed, but it would cover the suicide pills. Barbara stated, “It was horrible. I got a letter in the mail that basically said if you want to take the pills, we will help you get that from the doctor and we will stand there and watch you die. But we won’t give you the medication to live.”[[6]](#endnote-6)

A similar situation happened to Stephanie Packer of California, a 32-year-old mother of four. When Stephanie’s insurance company denied coverage for her chemotherapy treatment, she called them to find out why. On the call, she also asked whether suicide pills were covered under her plan. In her 90-second video, Stephanie recounts, “She says, ‘Yes, we do provide that to our patients. You would only have to pay $1.20.’”[[7]](#endnote-7)

Barbara and Stephanie were offered neither “choice” nor “compassion.”

Dr. William L. Toffler, a physician and professor of family medicine at Oregon Health & Science University sums it up, “Supporters claim physician-assisted suicide gives patients choice, but what sort of a choice is it when life is expensive but death is free?”[[8]](#endnote-8)

**Impact on Families and Doctors**

Supporters argue that euthanasia or PAS is the better option so families will not have to endure watching a family members suffer. Once again research says otherwise; a Swiss study showed about 20 percent of respondents experienced full or partial post traumatic stress disorder (PTSD) related to the loss of their loved one through assisted suicide.[[9]](#endnote-9)

 Doctors take an oath when becoming a doctor stating: “I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.”[[10]](#endnote-10) So it should not come as a surprise to anyone that when doctors are asked to break this oath, it affects them.  Fifty-eight percent of doctors experienced feelings of discomfort following their most recent case of assisted suicide. Forty Percent experienced “burdensome” feelings.  PAS changes the culture of medicine; what were once tools for healing are now being used to kill.[[11]](#endnote-11)

**Suicide Contagion**

A study published in the Southern Medical Journal reported that in states, such as Oregon, where PAS has been legalized, the overall suicide rate has gone up by 6.5 percent. The suicide rate in Oregon is a staggering 41 percent higher than the U.S. national average. Allowing patients to use PAS seems to teach society that suicide is acceptable and a means of escaping any pain that may come in your life.[[12]](#endnote-12)

**Conclusion**

We at United Families International do not believe that the way to end suffering is by ending the sufferer. Life is always worth living. Even in misery there can be found precious moments of meaning and value. People who are suffering with illness or pain need our presence, our patience, and our perseverance. We should support them with mental health services and when needed, render assistance with effective palliative care. We need to help them find reasons to live, not reasons to die. This is how healthy societies help the vulnerable.

United Families International strongly urges the committee to remove language from General Comment 36 on Article 6 of the ICCPR that in any way advances or advocates for euthanasia, PAS or intentionally ending a human life - at any point from conception until natural death.

1. General comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life, Paragraph 3 (Advanced Unedited Version, July 2017) [↑](#endnote-ref-1)
2. General comment No. 36 on article 6 of the International Covenant on Civil and Political Rights, on the right to life, Paragraph 10 (Advanced Unedited Version, July 2017) [↑](#endnote-ref-2)
3. Oregon’s Death with Dignity Act – 2014, Oregon Public Health Division. <http://www.oregon.gov/oha/ph/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf> [↑](#endnote-ref-3)
4. Ezekiel Emanuel, “Euthanasia and Physician Assisted Suicide: Focus on the Data,” Medical Journal of Australia 206, 8(2017): 339-340. <https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data> [↑](#endnote-ref-4)
5. Ibid, Ezekiel Emanuel.

<https://www.mja.com.au/journal/2017/206/8/euthanasia-and-physician-assisted-suicide-focus-data> [↑](#endnote-ref-5)
6. “Death Drugs Cause Uproar in Oregon,”ABC News. <http://abcnews.go.com/Health/story?id=5517492&inf_contact_key=8a818fc854d0eff42f9c6e4cc0fb1396bae247810883ec7b48fdb72075511c94> [↑](#endnote-ref-6)
7. “Assisted- Suicide Law Prompts Insurance Company to Deny Coverage to a Terminally Ill California Woman,” Washington Times. <http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/?inf_contact_key=a4efcf745b2bab9371a6f4fe2aea7a5786737a8bab94c7f83d3bb5ca468494cb> [↑](#endnote-ref-7)
8. “A Doctor-Assisted Disaster for Medicine,” Wall Street Journal. <https://www.wsj.com/articles/a-doctor-assisted-disaster-for-medicine-1439853118?mg=id-wsj&inf_contact_key=4d15e9ae82b94d3a1c2959cbff2f3285d421c9f4e03110abddfb0b82a0d9d521> [↑](#endnote-ref-8)
9. “Death by Request in Switzerland: Post traumatic stress disorder and complicated grief after witnessing assisted suicide,” February, 2011. <https://www.researchgate.net/publication/49831341_Death_by_request_in_Switzerland_Posttraumatic_stress_disorder_and_complicated_grief_after_witnessing_assisted_suicide> [↑](#endnote-ref-9)
10. Traditional Hippocratic Oath <https://biotech.law.lsu.edu/cases/research/hippocratic-oath.htm> [↑](#endnote-ref-10)
11. Kenneth R. Stevens, Jr., “Doctors Are Negatively Affected by Assisting in Suicide,” 2009. <http://ic.galegroup.com/ic/ovic/ViewpointsDetailsPage/DocumentToolsPortletWindow?displayGroupName=Viewpoints&jsid=1ec0f098542654f15ecd0b2f9dea6345&action=2&catId=&documentId=GALE%7CEJ3010035297&u=gotitans&zid=83992190c637f223136b48e057eb14ea&inf_contact_key=e1e87cdb80873f06d0af3a1593b442bed38d7b6a3dbbdf7b37cbb44413d477df> [↑](#endnote-ref-11)
12. “David Albert Jones, et al., “How does legalization of physician- assisted suicide affect rates of suicide?” Southern Medical Journal 108, 10(2015). <https://sma.org/southern-medical-journal/article/how-does-legalization-of-physician-assisted-suicide-affect-rates-of-suicide/> [↑](#endnote-ref-12)