Assisted Suicide — currently legal in only six states and the District of Columbia.

**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. 6

**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. 2, 3

**Lawmakers Widely Reject It**
Over the past two years, twenty-nine states have considered AS legislation. Only two passed the bill into law and one state legalized by ballot measure. 1

**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. 4

**It Affects Overall Suicide Rates**
Oregon legalized assisted suicide in 1997. Oregon’s overall suicide rate had been comparable to the national average, but such laws make suicide more socially acceptable. By 2007, Oregon’s suicide rate was 35% above the national average, and by 2010, it was 41% above. Just reading about AS can serve as a trigger for those contemplating suicide. 5

This would create a dire conflict in New Jersey where suicides are rising and the state is focusing on suicide prevention.

**It’s Impersonal**
These lethal drugs are often prescribed 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. 7

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Serious Side Effects of New Jersey’s Assisted Suicide Legislation

Legislation being considered by the New Jersey legislature which would legalize assisted suicide is fatally flawed. The bill’s dangerous and careless provisions make it bad policy for New Jersey, and wrong for New Jersey residents.

**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 New Jersey’s drinking water supply.

**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 New Jersey 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.

**GOVERNMENT/HEALTH CARE PROVIDERS ARE GIVEN INCENTIVE TO COVER LETHAL DRUGS WHICH ARE CHEAPER**

Patients in Oregon and California were denied payment for life-extending treatments they needed and wanted and were told that lethal drugs would be covered. Once assisted suicide is legalized, the cheaper option becomes very convenient for cost cutters concerned about the bottom line and detrimental to patients.

**NO WITNESS REQUIRED AT DEATH**

The bill requires two witnesses, one of whom could be an heir, 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.

**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 PEOPLE WITH DISABILITIES**

Leading national disability rights groups recognize the many dangers the bill poses to people with disabilities, including those with intellectual and developmental disabilities, falling prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

**NO FAMILY NOTIFICATION REQUIRED**

The prescribing doctor 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 acquire their lethal drugs at a local pharmacy. New Jersey law doesn’t require people to show ID at the time of pick-up and some allow delivery by an Uber driver, so virtually anyone can get 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.

**WARNING:**

These are only some of the flaws in New Jersey’s assisted suicide legislation.

A broad coalition of stakeholders, including disability advocates, elder abuse lawyers, members of the medical community, patient advocates, and faith-based organizations, have joined together to fight this predatory policy, protect New Jersey’s most vulnerable citizens, and ensure that every New Jersey resident has a compassionate end-of-life experience.

www.noassistedsuicidenj.org