

Center for Disability Rights, Inc.

CDR Position Paper:

Suicide Prevention and Assisted Suicide

People with disabilities who receive community based services can and do lead long, healthy, satisfying lives. We do meaningful work; we raise families; we participate in our communities. We love our lives. Our ableist society, however, presumes that life with a disability is not worth living: people tell us that we are “heroic” and “inspiring” simply for living our lives. Doctors rate the quality of life of people with disabilities significantly lower than we rate our own quality of life.

The difference between how we understand our lives and how our society perceives our lives can mean the difference between life and death for people with disabilities. This is particularly the case when society fails to make suicide prevention services available to people with disabilities on an equal basis to non-disabled people, and when it makes physician assisted suicide available. Whether a disabled person’s condition is terminal or non-terminal, where suicide and assisted suicide are concerned, ableism becomes deadly.

Suicide prevention services must be made available to people with disabilities as a first resort

In our ableist society, even many doctors and mental health professionals believe that life with a disability is not worth living. This bias can turn deadly when it causes doctors and mental health professionals to fail to provide adequate resources to prevent the suicide of a person with a disability. For instance, when an outdoorsman becomes a quadriplegic due to a spinal cord injury, doctors should not simply tell him that he is “likely spend the rest of his life in a hospital bed, attached to a respirator unable to hold his soon-to-be-born child.” They should tell him about the many people who are quadriplegic and who live happy, fulfilling lives. They should tell him about the availability of community based services that will enable him to live with his family. They should give him time to grieve, as appropriate, the loss of physical abilities. They

should recognize that a person who has recently acquired a disability deserves support and the best information about community based options, not a hasty and false choice between being a stereotype of disability, trapped in an institution, on the one hand, or refusing treatment and dying on the other.

Community based services are a form of suicide prevention

Being trapped in an institution is no life. People who are trapped in institutions or are repeatedly institutionalized can lose hope of ever having their right to live in the community and be treated with dignity, equality, and respect. In the face of such dehumanization, it is easy for people with disabilities to despair and seek to end their own lives. This includes people who have recently acquired a disability and are not aware that community based services exist. Being presented with the false option to refuse treatment or to spend the rest of one's days trapped in an institution would lead many people to choose the former option, refuse treatment, and die.

People with disabilities must be provided community based services which support our integration, equality, and civil rights. People who acquire a disability must be provided a true choice to continue to live in the community, to direct their own life and their own affairs, and to lead a fulfilling life, not the choice between living in an institution and death. Moreover, New York's unjust policy of denying people Medicaid home and community based long term care if they are also receiving Medicare hospice services must be reversed.

Physician assisted suicide only kills people with disabilities

Not every person with a disability is terminally ill, but every person who is terminally ill is or will eventually become a person with a disability. There is no person with a terminal prognosis who does not also have, or acquire, an impairment which significantly affects their ability to perform a major life function (such as eating, sleeping, toileting, walking, &c.)

Accordingly, physician assisted suicide is only provided to people with disabilities, by definition. This is discrimination. People with disabilities have fought hard for the right to live as equals, to live and receive services in the community, to live and have equal access to housing and transportation and employment opportunities. In an ableist society, these rights are continually denied to us. Yet this same society wishes to extend to us the "right" to end our lives. Equal rights means equal suicide prevention, not the false "compassion" of suicide assistance.

There are no safeguards sufficient to protect people with disabilities from being killed against our will by assisted suicide

People with disabilities experience domestic abuse and violence at the hands of family members and “caregivers”, at twice the rate of the general population. Federal authorities state that one in ten older adults experience elder abuse. People with disabilities, and older adults, are at great risk of this abuse turning deadly. In Oregon, where assisted suicide has been legal for seventeen years, family members have been able to get around the “safeguards” which fail to protect people from assisted suicide coercion, abuse and potential homicide.

Even where a doctor has refused to write the lethal prescription to end a patient’s life, suspecting that the patient was being manipulated by a family member, that family member can take the patient to doctor after doctor until they find one willing to kill the person. The majority of assisted suicide prescriptions in Oregon have been written by doctors referred through the assisted suicide lobby group, yet the state has no authority to investigate why the patients’ own doctors did not.

Some people with disabilities who have died of a lethal prescription in Oregon were physically unable to take the lethal drugs without assistance. That means that another person administered the drugs: there is no way to prevent an attendant or a family member from doing this when a lethal prescription is in the house of a person with a disability. Advocates for assisted suicide point to the fact that many people keep the lethal prescription in their home but never take it, wishing only to feel that they are in control of their situation. Even if they have consented to ask for the prescription, they have not yet consented to receive it. With the lethal prescription in the home and no independent witness required at the death, however, people with disabilities and older adults can be murdered by family members or attendants, and the legal system will do nothing because the initial request provides the alibi and throws a blanket of immunity over whatever happens behind closed doors.

In a for-profit health care system, assisted suicide is a lethal way to control costs.

Providing community based services for people with disabilities is less expensive than institutionalization, but it is not less expensive than assisted suicide. Managed care companies and private insurers alike will have strong financial incentives to see to it that people are offered assisted suicide early and often, and that consumer controlled community based services which enable people with disabilities to lead a dignified and independent life are denied and delayed.

People with disabilities already have the right to receive services in the most integrated setting, and yet that right is ignored every day by managed care organizations and private insurers alike. When these organizations have the option to push people to request assisted suicide, they will

use it as another deadly tool to keep costs down at the expense of the lives of people with disabilities.

Effective alternatives, such as palliative care, exist to relieve the suffering of those truly in their last days of life.

Pain management in the form of palliative care is already available and is highly effective at relieving the suffering of people in physical pain at the end of their lives, even to the point of palliative sedation in cases that are otherwise intractable. Advocates who wish to relieve the pain of the dying already have effective options that do not create a legal way to kill people with disabilities and older adults without consequences. Assisted suicide is not about relieving the suffering of the dying: it is an expression of the most toxic and deadly form of ableism, which holds that life with a disability is not worth living. The lives of people with disabilities whether terminal or non-terminal, do matter and are worth living: this ableist society must not be allowed to extinguish us.

The Center for Disability Rights, Inc. (CDR) is a non-profit service and advocacy organization devoted to the full integration, independence and civil rights of people of all ages with all types of disabilities.