STANDARDS 4LIFE

A Publication of Christian Medical & Dental Associations

Simple and succinct guides to help answer your questions about healthcare issues.
We encourage you to use these guides to educate yourself and others on these important issues.

PHYSICIAN-ASSISTED SUICIDE

Christian Medical & Dental Associations
Changing Hearts in Healthcare

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The Christian Medical & Dental Associations was founded in 1931 and currently serves more than 19,000 members; coordinates a network of Christian healthcare professionals for personal and professional growth; sponsors student ministries in medical and dental schools; conducts overseas healthcare projects for underserved populations; addresses policies on healthcare, medical ethics and bioethical and human rights issues; distributes educational and inspirational resources; provides missionary healthcare professionals with continuing education resources; and conducts international academic exchange programs.

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1. WHAT IS PHYSICIAN-ASSISTED SUICIDE?

Physician-assisted suicide has been ethically and morally opposed in medicine for more than 2,000 years. The Hippocratic Oath says the doctor, "will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." The original version of the oath stated, "First, do no harm." This golden rule is the foundational, moral principle of medicine. It reminds doctors, as they attempt to cure and relieve suffering, they should never do anything to inflict injury or death upon their patients.

End of Life Definitions

Terms	Definition	Example
Medical Futility	When treatment will have no benefit or is outside accepted medical practice, the clinician may be justified in withholding or withdrawing treatment.	"Pulling the Plug" - discontinuing a ventilator or other life support measures in a dying patient.
Advance Directives	Discussions or written statements which convey a person's wishes to his or her family and physician in the event that he or she becomes unable to discuss such matters.	"Do Not Resuscitate" or "Allow Natural Death" orders, Power of Attorney, "Living Will."
Withdrawal of Life Sustaining Treatments (WLST)	Ethically and morally permissible discontinuation of futile life support when death is inevitable, with appropriate sedation but not intending death	Discontinuing a ventilator in the ICU while providing palliative care.
Assisted Suicide	Helping a person to kill himself. In physician-assisted suicide, the doctor prescribes a lethal dose of one or more medications.	A doctor prescribing a legal dose of morphine or pills, which the patient takes himself.
Euthanasia (Active Euthanasia)	From Greek meaning "good death" - the act or practice of ending the life of an individual suffering from a terminal illness or an incurable condition, as by lethal injection.	Jack Kevorkian's televised killing of a patient by lethal injection.
Passive Euthanasia	Withholding or withdrawing medical interventions without patient's consent; the intent is to cause death. The patient is not dying but the withdrawal of nutrition/medication will cause death.	Not giving insulin to a type I diabetic; withdrawal of food from a feeding tube.
Voluntary Euthanasia	Patient consents to doctor's lethal injection.	Patient asks doctor for lethal injection and doctor complies.
Non-voluntary Euthanasia	Patient's consent not possible due to unconsciousness, mental incompetence or other medical reason.	Patient is comatose or demented, and the doctor gives the lethal injection.
Involuntary Euthanasia	Patient's consent possible but not sought.	Doctor euthanizes patient without his or her consent.

In general parlance and in debate in the public square at present, only two broad categories of these are used, namely physician-assisted suicide and euthanasia.

2. WHAT YOU SHOULD KNOW

Several factors are driving the physician-assisted suicide movement in the 21st century. Seventy-seven million baby boomers—Americans born between 1946 and 1964—are becoming eligible for Medicare enrollment,[1] and those aged 65 and older account for eight percent of all suicides.[2] While elderly adults make up 12 percent of the population, they constitute roughly 18 percent of deaths by suicide.[3] Proponents of "hastened death" speak of compassionate solutions to painful illnesses through "death with dignity." Combine these powerful forces with an impersonal and technological healthcare system, and the result has proven lethal. Assisted suicide is an immoral, slippery slope that corrupts doctor-patient trust and destroys public policy.

Studies and Other Findings

- In 2018, a total of 267 patients in Washington State requested lethal doses of physician-assisted suicide medication prescribed by various physicians. That year, the Washington State Health Department received 251 certificates of death specifically from using these lethal drugs. No documentation was received for the additional 16 patients.[4]

- Proponents of physician-assisted suicide are in favor of changing its name to make it more appealing and acceptable, using words like death with dignity, medical aid in dying and end of life options. When the word "suicide" is included, people tend to be more opposed to the practice.[5]

- Reasons patients expressed interest in physician-assisted suicide: less able to engage in activities making life enjoyable (90 percent), losing autonomy (87 percent), loss of dignity (72 percent), burden on family, friends and caregivers (59 percent), losing control of bodily functions (39 percent), inadequate pain control or concern about pain (33 percent) and financial implications of treatment (7 percent).[6]

- In Quebec, Canada, legal euthanasia is frequently referred to as "mercy killing." A study of caregivers concluded 72 percent favored euthanizing Alzheimer's patients even when those patients did not request it or grant prior consent.[7]

- Three strong, overlapping trends are contributing to the rise in physician-assisted suicide and euthanasia in our society: a population that is aging rapidly, the rise of unparalleled centralized entitlement expenditures and the corruption of traditional medical ethics. *New Atlantis* Editor Eric Cohen has warned, "In an aging society, in which the elderly come to seem and feel like a paralyzing burden, the seduction of euthanasia may be too strong to resist."[8]

- Certificates of death are fabricated/falsified to report the underlying sickness as the cause of death, not a lethal drug.[9]

- More than 96 percent of patients are prescribed lethal drugs without a psychiatric or psychological evaluation, which, although included in state guidelines, are optional recommendations for physicians.[10]

Where is Physician-Assisted Suicide Legal?

Currently, voluntary euthanasia and/or physician-assisted suicide is legally available in parts of Australia, Belgium, Canada, Colombia, Luxembourg, The Netherlands, Switzerland and several states in the U.S.

UNITED STATES

California: After being defeated four times in committee with weeks of deliberation in 2015, Governor Jerry Brown signed AB-15 legalizing physician-assisted suicide into law on October 5, 2015. The bill took effect January 1, 2016.

Colorado: In November 2016, Colorado approved a proposition to allow physician-assisted suicide and became the fifth state to legalize requests for life-ending medication.

District of Columbia: Physician-assisted suicide passed on February 18, 2017 by the D.C. Council.

Maine: When Governor Janet Mills signed L.D. 1313, "An Act to Enact the Maine Death with Dignity Act," it became the eighth state to legalize physician-assisted suicide. The law went into effect mid-September 2019.

Montana: *Baxter vs. State* gives doctors who assist a patient's suicide a potential defense to prosecution for homicide. *Baxter* does not legalize physician-assisted suicide but provides some measure of legal protection for those who participate if homicide charges are brought.

New Jersey: "Medical Aid in Dying for the Terminally Ill Act" took effect on August 1, 2019.

Oregon: The "Death with Dignity" referendum passed 51 percent to 49 percent in 1994 and was implemented in 1998 after an injunction, a 9th Circuit Court ruling and a U.S. Supreme Court ruling.

Vermont: "End of Life Choices Act" (Act 39) was signed into law on May 20, 2013 legalizing physician-assisted suicide.

Washington: An act was passed via a ballot initiative in 2008 and went into effect in 2009 to legalize physician-assisted suicide.

> ***"When I started losing my hearing about three years ago, it irritated my daughter. She began to question me about financial matters and apparently, feels I won't leave much of an estate to her and became very rude. Then, one evening, she said she thought it was okay for older people to commit suicide. So, I sit, day after day, knowing what I am expected to do."***
>
> **—Santa Rosa Press Democrat, September 14, 1993, interview with 84-year-old woman**

OTHER COUNTRIES

Australia: Legalized in the northern territory in April 1996 but overturned in 1997.

Belgium: The Belgian Parliament legalized euthanasia in May 2002. In February 2014, Parliament passed a bill allowing euthanasia for terminally ill children without setting an age limit. Belgium became the first country in the world to remove any age limit on the practice.

Canada: Physician-assisted suicide and euthanasia (referred to as "medical aid in dying" in Canada) were legalized in 2016 after the Supreme Court of Canada ruled that parts of the Criminal Code (which prohibited medical assistance in dying) would no longer be valid. As of 2019, at least 1.12 percent of deaths that occur in Canada are a result of euthanasia.[11] Depending on Bill C-7, Canada's euthanasia law may or may not be expanding. This particular bill will be challenged in courts if it passes without amendments.[12]

Chile: Passive euthanasia is legal in Chile. Lawmakers advanced a bill to include 14 years old to 16 years old with authorization from at least one of their legal guardians, or request the intervention of a judge competent in family matters.[13]

Colombia: Colombia's Supreme Court found a constitutional right in 1997 to euthanasia for terminally ill patients who request it. Guidelines for the practice were approved in 2015, paving the way for doctors to practice euthanasia by lethal injection. In 2018, Colombia passed a resolution permitting euthanasia for children and adolescents.[14]

Luxembourg: Physician-assisted suicide and euthanasia were legalized in 2009.

The Netherlands: Tolerated since 1973, physician-assisted suicide and euthanasia were legalized in April 2001 with a public approval rating of 90 percent. The law requires consent, unbearable suffering and a terminal diagnosis.

The Netherlands Slippery Slope

1973: Physician gives lethal injection to her mother; court considers it a compassionate act.

1981: Active voluntary euthanasia criteria set by court.

1982: Permitted for chronic disease; patient does not have to be terminally ill.

1985: Non-voluntary euthanasia tolerated; doctor was not only acquitted for killing several nursing home patients without consent, he received compensation for damage to his reputation.

1989: First infanticide case; baby with Down syndrome given lethal injection.

1994: Court okays euthanasia for mental suffering. Sixty-four percent of The Netherland's doctors think euthanasia can be an acceptable alternative for patients suffering from a mental disorder in the absence of any physical disorder.[15]

1997: No penalty for not following physician-assisted suicide rules; doctor was charged for not getting written consent, not observing waiting period and failing to report death. He was given a suspended sentence.

2001: Euthanasia legalized; 12-year-old children can make decision without parental consent.[16]

2002: The parliament in the Hague legalized euthanasia for patients experiencing "unbearable suffering with no prospect of improvement." People have been euthanized for tinnitus, alcoholism, loneliness and depression in addition to people claiming to be simply "tired of life."

***From 2010 to 2015, The Netherlands euthanasia cases increased by 75 percent. Since then, the case load has increased an additional 10 percent.*[17]**

Euthanasia, in many forms, has been tolerated for nearly 50 years in the Netherlands. In a former issue of Law and Medicine, *Dr. J.H. Seger reported that 60 percent of the elderly in the Netherlands were fearful their lives would be ended against their will. The Congressional Report on physician-assisted suicide describes many cases where doctors influenced patients to take their lives, including the case of "Mrs. P." Her primary care doctor encouraged her to take her own life due to congestive heart failure that had limited her activities. He told Mrs. P. this was, "Not going to get any better," and her life was limited because she could not clean her house, etc. The pills she had to take "made no sense." To the horror of her cardiologist, who saw her as "wonderfully outgoing" and as having a "pleasant personality," she followed his advice.*[32]

Secular and Christian Organizations Agree: Physician-Assisted Suicide is Unethical

American Academy of Medical Ethics[18]

- "We, as compassionate and caring healthcare professionals, therefore, reject assisted suicide and euthanasia categorically, as these practices are incompatible with the nature of medicine and would do violence to the best interests of our patients and society. Complying with a patient's request for assisted suicide is ethically indefensible. Killing a patient is not medical care."
- "AAME affirms that it is the duty of health care professionals to address the many physical, emotional, spiritual and social issues involved with illness, to ameliorate the patient's suffering short of deliberately taking the patient's life, and to educate all practitioners of existing tools to accomplish those ends. It is medicine's duty to continue to search for better means of pain and symptom management."

American College of Physicians[19]

- Reaffirmed its opposition to the legalization of physician-assisted suicide in 2017 and confirmed a professional responsibility to improve the care of dying patients.

American Medical Association[20]

- Physician-assisted suicide is fundamentally incompatible with the physician's role as healer. It would be difficult or impossible to control and would pose serious societal risks.
- Instead of engaging in physician-assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Physicians:
  - (a) Should not abandon a patient once it is determined cure is impossible.
  - (b) Must respect patient autonomy.
  - (c) Must provide good communication and emotional support.
  - (d) Must provide appropriate comfort care and adequate pain control.
- In 2019, the AMA reaffirmed their Code of Medical Ethics Opinion 5.7.

American Osteopathic Association[21]

- Opposes physician-assisted suicide.
- In 2017, they reaffirmed their opposition to legislation that mandates or legalizes individual physician participation in physician-assisted suicide.[22]

Central Conference of American Rabbis[23]

- "We cannot sanction, favor or support the legalization of physician-assisted suicide."[24]
- "I know that we are supposed to do nothing to hasten death. I also know that there is nothing holier than saving a life…" Rabbi Susan Talve, Saint Louis, Missouri.[25]
- Their 1994 teshuvah starts with considerations of euthanasia and physician-assisted suicide as responses to terminal illness. On Jewish and general grounds of morality, they reject both practices. In their words, "To hasten the death of a person, even of a dying person and even out of compassionate motivations, is tantamount to bloodshed. While Jewish tradition permits us, indeed requires us to administer palliative care and pain control therapy to manage and relieve the discomfort that the patient suffers, it does not regard euthanasia or suicide as legitimate functions of medical practice."[26]

Christian Medical & Dental Associations[27]

- "We oppose active intervention with the intent to produce death for the relief of suffering, economic considerations or convenience of patient, family or society."
- "The Christian physician, above all, should be obedient to biblical teaching and sensitive to the counsel of the Christian community."
- "We recognize the right and responsibility of all physicians to refuse to participate in modes of care that violate their moral beliefs or conscience."

Islam's Koran

- "Whoever takes his or her own life by any means has unjustly taken a life that Allah has made sacred."[28]
- The Islamic Code of Medical Ethics also states, "Mercy killing finds no support except in the atheistic way of thinking that believes that our life on earth is followed by a void."[29]

United States Conference of Catholic Bishops[30]

- "Nothing and no one can, in any way, permit the killing of an innocent human being whether a fetus or an embryo, an infant or an adult, an old person, one suffering from an incurable disease or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action."

World Medical Association[31]

- The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect must be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide.
- The WMA strongly support conscientious objection. "No physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obligated to make referral decisions to this end."

The Dangers of Physician-Assisted Suicide

It provides a financial incentive for premature deaths. Since it is always cheaper to give a patient a suicide pill than to provide authentic care, imagine the financial incentives assisted suicide offers to HMOs, government payers, insurance companies and heirs.

It invites pressure and coercion. While measures require paper forms and stipulate that suicide requests be made voluntarily, subtle pressure and even outright coercion at the bedside of vulnerable patients are extremely difficult, if not impossible, to detect and prosecute. Pressure-producing statements whispered at the bedside may cause Grandma to feel guilty about burdening loved ones. Grandpa may take suicide cues from a physician's comment about healthcare costs. The "right to die" quickly morphs into the "duty to die."

It covers up abuses. The only statistical indicators of physician-assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "The information collected shall not be a public record and may not be made available for inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records.

It requires the healthcare professional to lie on the death certificate as to the cause of death. Those who sign the death certificate do not report the patient died using lethal drugs; rather, they report the medical diagnosis for illness as the cause of death.

It gives someone the legal power to kill. Under existing law, every patient and/or his designated decisionmaker has the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments.

It destroys doctor-patient relationships. The most fundamental part of a doctor-patient relationship is trust. If physician-assisted suicide was legal, patients would not know if the doctor's ultimate motive was to heal them or end their life.

It makes socially marginalized groups vulnerable. No matter how carefully any guidelines for physician-assisted suicide are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society, including healthcare. The practices will pose the greatest risks to those who are poor, elderly or isolated members of a minority group or who lack access to good medical care.

> *"As the habit of killing catches on, the voluntary element is lost. Patients in Holland are having to carry cards saying, 'Please, doctor, don't kill me.'"*[33]
>
> **—BBC News**

3. WHAT YOU CAN DO

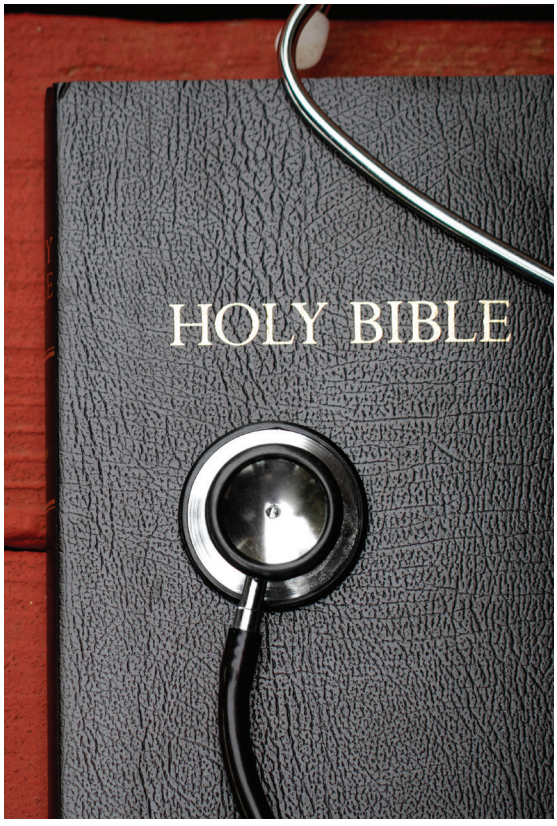
Know What the Bible Says[34]

1. **Human life is sacred because man is made in God's image.**
   - "Then God said, 'Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures that move along the ground'" (Genesis 1:26).

2. **God alone is sovereign over life and death.**
   - "See now that I myself am He! There is no god besides me. I put to death and I bring to life, I have wounded and I will heal, and no one can deliver out of my hand" (Deuteronomy 32:39).
   - "'For my thoughts are not your thoughts, neither are your ways my ways,' declares the LORD. 'As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts'" (Isaiah 55:8-9).
   - "Your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be" (Psalm 139:16).
   - "In him we were also chosen, having been predestined according to the plan of him who works out everything in conformity with the purpose of his will…" (Ephesians 1:11).
   - "Just as man is destined to die once, and after that to face judgment" (Hebrews 9:27).

3. **Suicide is defined as self-killing.**
   - "You shall not murder" (Exodus 20:13).
   - "Endure hardship with us like a good soldier of Christ Jesus" (2 Timothy 2:3).

4. **The human body belongs to God.**
   - "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own" (1 Corinthians 6:19).
   - "Therefore, since Christ suffered in his body, arm yourselves also with the same attitude, because he who has suffered in his body is done with sin. As a result, he does not live the rest of his earthly life for evil human desires, but rather for the will of God" (1 Peter 4:1-2).



5. **Suffering can draw us closer to God.**
   - "…We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead" (2 Corinthians 1:8-9).
   - "But he said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me" (2 Corinthians 12:9).

6. **The eternal transcends the temporal.**
   - "Therefore we do not lose heart. Though outwardly we are wasting away, yet inwardly we are being renewed day by day. For our light and momentary troubles are achieving for us an eternal glory that far outweighs them all. So we fix our eyes not on what is seen, but on what is unseen. For what is seen is temporary, but what is unseen is eternal" (2 Corinthians 4:16-18).

7. **God's steadfast love offers us hope.**
   - "For I am convinced that neither death nor life, neither angels nor demons, neither the present nor the future, nor any powers, neither height nor depth, nor anything else in all creation, will be able to separate us from the love of God that is in Christ Jesus our Lord" (Romans 8:38).

8. **We can glorify God even in death.**
   - "Jesus called out with a loud voice, 'Father, into your hands I commit my spirit.' When he had said this, he breathed his last. The centurion, seeing what had happened, praised God and said, 'Surely this was a righteous man'" (Luke 23:46-47).
   - "I eagerly expect and hope that I will in no way be ashamed, but will have sufficient courage so that now as always Christ will be exalted in my body, whether by life or by death" (Philippians 1:20).

9. **Jesus Christ offers us ultimate victory over suffering.**
   - "For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord" (Romans 6:23).
   - "When the perishable has been clothed with the imperishable, and the mortal with immortality, then the saying that is written will come true: 'Death has been swallowed up in victory'" (1 Corinthians 15:54).

Educate Yourself and Others

Proponents of legalization are trying to scare people to death by convincing them they may have only two choices: a long and painful death or legalized physician-assisted suicide. This might have been a reasonable assertion 150 years ago when there were few pain control options, but today we have the best pain control methods in the history of medicine. Doctors can control virtually all pain with analgesics, sedatives, tranquilizers, anesthetics and other modalities.

There is no requirement, biblically, for a patient to forego medications that relieve pain; that is, even though suffering may draw us closer to God, there is NOT a requirement that we suffer. And healthcare professionals are morally obligated to relieve suffering without intentionally hastening death.

Then why do patients suffer pain? There are many reasons. Pain control has not been a high priority in the health system, and there has been a failure to diagnose it. Many doctors are not aware that almost all pain can be relieved because they lack knowledge in effective pain control techniques. Some doctors have an exaggerated fear of narcotics addiction potential and are, thus, afraid to give effective but large doses of analgesics. Others fail to refer patients to palliative care professionals when their pain control needs exceed the doctor's capabilities. With rigid and onerous state and federal regulations, many doctors fear that a large prescription for a controlled substance may cause them to lose their licenses.

Each of these barriers to good pain control is now being addressed through aggressive campaigns by many organizations to educate healthcare personnel and regulators. It is clear it is not necessary to kill the patient to kill the pain.

Answer the Arguments

"Physician-assisted suicide is no different than refusing artificial life support."	Under existing law, every patient and/or his or her designated decision-makers have the right to refuse the artificial prolonging of life. No one has to linger on indefinitely when natural causes would lead to death. Physician-assisted suicide goes a giant step beyond allowing a natural death, it actively causes a premature death. Legalizing physician-assisted suicide means giving someone the legal power to help kill another person.
"No one has the right to tell someone when they can or cannot die; it is an entirely individual and private choice."	Physician-assisted suicide would actively involve many more people than the non-assisted suicide. Government and private health insurance providers, doctors, medical institutions and family members would stand to gain financially from the victim's death. Patients committing suicide rather than receiving care would potentially increase profits for private insurers and HMOs. If a doctor decided to kill a patient who did not want to be killed, the sole witness would be dead. A disabled patient unable to speak for herself could fall victim to unscrupulous family members who may stand to inherit thousands of dollars.
"It's better to end a life than to suffer from all this pain."	Even though modern science is capable of dealing with virtually every pain a patient experiences, some patients still suffer when pain relief could have and should have been made available. This weakness in pain control can and must be remedied. Studies show that the number of requests for physician-assisted suicide drop dramatically when more effective approaches to pain and suffering are employed.
"I'm a burden to my family and I don't want to be dependent on them."	This patient needs the assurance of the unconditional love of family members and their reassurance of their desire to care for their family member. When family care is not possible, hospice provides a compassionate alternative. Hospice care offers dying with dignity, fulfilling the true meaning of compassion—coming alongside the sufferer.
"This patient is going to die anyway from the amount of pain medication they're receiving, so what's the difference?"	The difference is the intent of the physician. A doctor's first priority to his patient is to relieve suffering with a commitment to honor life. In the case of administering morphine, for example, to a terminal patient who is in severe pain, the intent of the doctor is to alleviate suffering, even though the medication may hasten death. Physician-assisted suicide is the process by which a doctor directly intends that the medication he is administering will result in death.

Write Your Government Leaders

Contrary to popular opinion, congressmen and senators do take note of and respond to their constituents' comments. One of the most effective means of communicating your opinion to your elected representatives is a personalized letter. The following are some tips to keep in mind when forwarding your comments and opinions to your senators and representative:

1. State your purpose and stick with one subject or issue. Be careful to articulate your position clearly so there is no mistake as to what issue you are referring.
2. Provide as much detail as possible. Leave little room for confusion in your letter by including bill numbers, chamber (Senate or House) and/or bill names when at all possible.
3. Be factual, supporting your claims with personal experiences. For example, include how the legislation will affect you and those in your similar situation.
4. Feel free to offer alternatives to the legislation you oppose. Sometimes it is helpful for them to see there are other ways of dealing with the issue which would be more effective from your point of view.
5. Ask for the senator's/representative's view instead of demanding support for your views. This way you can find out where he or she stands and why. Avoid hostility in your letter.
6. Be legible. It is the most important part of writing a letter. If others cannot read and follow your letter, its impact will be null and void. Make sure your name and address are properly displayed and written clearly to prevent any inaccurate interpretations.
7. Feel free to include any relevant information you know about your senators/representatives, i.e., relevant background information, committee assignments, interests, past voting record, etc. It also reveals your interest and knowledge in their public service. This is your attempt to approach the issue from his or her point of view and experience.

ADDRESSING YOUR CONGRESSMAN AND SENATORS

The Honorable _____
United States Senate
Washington, D.C. 20510
Dear Senator:

The Honorable _____
U.S. House of Representatives
Washington, D.C. 20515
Dear Representative:

ADDITIONAL HELPFUL ADDRESSES

President of the United States of America
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500
202-456-1414 (Phone)
202-456-2883 (Fax)
https://www.whitehouse.gov/contact/

Vice President of the United States of America
Old Executive Office Building
Washington, D.C. 20501
202-456-2326 (Phone)
202-456-2461 (Fax)
https://www.whitehouse.gov/contact/

First Lady of the United States of America
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500
202-456-6266 (Phone)
202-456-6244 (Fax)

The Supreme Court of the United States of America
One First Street, NE
Washington, D.C. 20543
202-479-3000 (Phone)

4. RESOURCES

Alliance Defending Freedom
15100 N 90th Street
Scottsdale, AZ 85260
800-835-5233
www.adflegal.org

Life Issues Institute
2800 Shirlington Road, Suite 1200
Arlington, VA 22206
513-729-3600
513-729-3636
www.lifeissues.org

The Center for Bioethics & Human Dignity
2065 Half Day Road
Bannockburn, IL 60015
847-317-8180
www.cbhd.org

Focus on the Family
8605 Explorer Drive
Colorado Springs, CO 80920
800-A-FAMILY
www.focusonthefamily.com

Family Research Council
801 G. Street NW
Washington, DC 20001
202-393-2100
800-225-4008
www.frc.org

Patients Rights Actions Fund
1562 First Avenue, #296
New York, New York 10028
609-759-0322
www.patientsrightsaction.org

References

1 *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1464018/*
2 *https://www.npr.org/2019/07/27/745017374/isolated-and-struggling-many-seniors-are-turning-to-suicide*
3 *https://www.aamft.org/AAMFT/Consumer_Updates/Suicide_in_the_Elderly.aspx*
4 *https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2018.pdf*
5 *https://www.bioedge.org/bioethics/oregon_changes_name_of_physician_assisted_suicide/6826*
6 *https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf*
7 Wesley J. Smith, "Euthanasia for Alzheimer's Patients?" First Things, September 29, 2017, *https://www.firstthings.com/web-exclusives/2017/09/euthanasia-for-alzheimers-patients* (accessed December 13, 2018).
8 Eric Cohen, "In Whose Image Shall We Die?" The New Atlantis, No. 15 (Winter 2007), pp. 21–39, *https://www.thenewatlantis.com/publications/in-whose-image-shall-we-die* (accessed December 13, 2018).
9 *https://lozierinstitute.org/a-reality-check-on-assisted-suicide-in-oregon/*
10 *https://lozierinstitute.org/a-reality-check-on-assisted-suicide-in-oregon/*
11 *https://www.bioedge.org/bioethics/at-least-1.12-of-deaths-in-canada-are-due-to-euthanasia/13036*
12 *https://www.epcc.ca/*
13 *http://www.genethique.org/en/chile-lawmakers-advance-bill-permitting-euthanasia-14-year-olds-71922.html#.Xygw-2ShKiM8_)*
14 *https://latinamericanpost.com/20090-colombia-has-regulated-euthanasia-for-children-and-adolescents*
15 *New York Times* June 22, 1994, p 10A
16 *https://www.alliancevita.org/wp-content/uploads/2019/08/euthanasia-in-the-netherlands.pdf*
17 *https://lozierinstitute.org/netherlands-forcible-euthanasia-case-and-the-slippery-slope/*
18 *https://ethicalhealthcare.org/*
19 *https://annals.org/aim/fullarticle/2654458/ethics-legalization-physician-assisted-suicide-american-college-physicians-position-paper?_ga=2.262840844.1443005982.1572879789-1012557038.1572879789*
20 *https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide*
21 *https://thedo.osteopathic.org/2018/07/new-policy-statement-on-physician-assisted-suicide-defeated/*
22 *https://thedo.osteopathic.org/2018/07/new-policy-statement-on-physician-assisted-suicide-defeated/*
23 *http://ccarnet.org/*
24 Richard F. Address, "Physician-Assisted Suicide: Framing Some Thoughts of a Difficult Discussion," Central Conference of American Rabbis Journal (Winter, 1997), p. 1.
25 *https://www.ccarnet.org/ccar-responsa/nyp-no-5763-3/*
26 *https://www.ccarnet.org/ccar-responsa/nyp-no-5768-1/*
27 *www.cmda.org*
28 Al-Nisa 4:29.
29 Islamic Code of Medical Ethics, Islamic Organization of Medical Sciences (Kuwait, 1981), p. 65.
30 *www.nccbuscc.org/*
31 *https://www.wma.net/policies-post/declaration-on-euthanasia-and-physician-assisted-suicide/*
32 Charles T. Canaday, "Physician-Assisted Suicide and Euthanasia in the Netherlands," Report to the Subcommittee of the Constitution of the Committee of the Judiciary of the House of Representatives, U.S. (Washington: Government Printing Office, 1966), p. 17.; Robert D. Orr, "Physician-Assisted Suicide – Is It Ever Justified?" Suicide – A Christian Response, ed. Timothy J. Demy and Gary P. Stewart, (Grand Rapids: Kregel, 1998), p. 61.
33 *https://www.firstthings.com/blogs/firstthoughts/2012/02/post-fact-checker-misses-stories-on-do-not-euthanize-me-cards*