

Doctor-Assisted Suicide

Fatally Flawed and Dangerous to
New Mexico Patients

New Mexico Bills
Seeking to Legalize
ASSISTED SUICIDE

HB 90
SB 153

Puts New Mexico
patients at great risk
of coercion, abuse
and denial of
lifesaving treatment.

Would give a patient who may die in six months the ability
to obtain lethal drugs to commit suicide from medical
professionals who are not even physicians.

Important Reasons to Oppose HB 90 & SB 153...

- A non-physician, who may or may not even know the patient, could diagnose and prescribe lethal drugs to bring about the patient's death. Nurse practitioners and physician assistants are not as experienced as doctors in diagnosing or treating serious diseases and could easily make a mistake.
- There is no requirement that the prescribing health care provider see the patient in person, allowing a greedy heir or abusive caregiver to request lethal drugs by phone or FAX. .
- "Terminal illness" is defined as occurring within six months. A major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study, "No group accurately predicted the length of patient survival more than 50% of the time."¹
- Drug cocktails can be prescribed which cause burning throats and agony at the end.²
One in five Dutch patients using standard barbiturates to kill themselves experienced complications including vomiting, inability to finish the medication, longer than expected time to die, failure to induce coma, and awakening from coma.³
- Patients who are severely depressed, have mental illness or are intellectually impaired are not required to have counseling.
- No trained medical personnel are required to be present at the time the lethal drugs are taken or at the time of death, creating the opportunity for an heir or abusive caregiver to administer the lethal drugs without the patient's knowledge or consent.
- Inadequate pain control is NOT the primary reason why patients in Oregon and Washington request lethal drugs.
- In Oregon and California – states which allow assisted suicide – patients have been denied payment for treatments to save their lives, but have been told that less-costly lethal drugs would be covered. Assisted suicide creates a strong economic incentive to deny treatment.
- Suicide in the general population in Oregon is 40% above the national average during the 20 year period that Oregon has had legal assisted suicide.

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070876/> • <https://www.ncbi.nlm.nih.gov/pubmed/18445863> • <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/610800>
2. <https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/>
3. <https://www.nejm.org/doi/full/10.1056/NEJM200002243420805>

**To protect patients from the dangers of assisted suicide,
URGE YOUR LEGISLATORS TO:**

New Mexico
Coalition
Against
Assisted
Suicide

Vote NO on HB 90 & SB 153