It really is a slippery slope.
Once the government approves of assisted suicide for those with a 6-month terminal diagnosis, it will be difficult, if not impossible, to limit it to this group.

It creates more financial incentives to limit care.
As insurance companies and governments seek to reduce health care spending, will they promote this option in order to reduce expenses and liability?

There are alternatives to assisted suicide.
Almost all physical pain can be controlled through pain management and medications, and measures that are unduly burdensome may be removed or withheld, allowing natural death to occur.

For inspiring stories on video and additional resources, visit the sites below:

http://www.nycatholic.org/stop-assisted-suicide/
http://noassistedsuicideny.org/
https://patientsrightsaction.org/
http://www.archny.org/assisted-suicide
Legislation has been introduced in New York State that would allow doctors to prescribe a lethal dose of pills at the request of a terminally ill patient.

Some claim it is simply “medical assistance in dying” and not assisted suicide.

But what is really at stake here?
WHAT IS ASSISTED SUICIDE:

There is no screening or counseling for depression.
People who say they want to kill themselves are often clinically depressed. Yet there is no requirement in the legislation that patients receive counseling or mental health treatment before they choose a lethal, and irreversible, course of action.

There are no safeguards at the time of ingestion.
There are absolutely no safeguards at the time the patient ingests the pills, which could be months or even years after the request is made.

It opens the door to elder abuse and coercion.
While legal witnesses must be present at the time of the request, one of them can be someone who stands to gain financially from the patient’s death.

A terminal prognosis is difficult to predict.
Medical prognoses are based on statistical averages, and virtually everyone knows someone who has outlived the odds.
It turns doctors into killers.
Doctor-assisted suicide is fundamentally incompatible with the physician’s role as healer. Patients deserve doctors who will support them through their illnesses, not offer them a quick exit.

There is no accountability.
Doctors are specifically required to fabricate the patient’s death certificate and state untruthfully that the cause of death is the natural underlying disease, rather than the unnatural act of suicide.

It sends the message that suicide is acceptable.
It makes no sense to recognize suicide as a statewide critical public health concern while simultaneously promoting it as “dignified and humane” for certain populations.

It discriminates against people with disabilities.
While the rest of society receives “suicide prevention” education and services, these persons – and only these persons – will be granted “suicide assistance.” That is discrimination based on disability.