



*...Unity in charity, nursing and Catholic mission meet*

Members of the Assembly Judiciary Committee

My name is Dr. Marian Nowak. I'm a professor, a United Nations Nursing Delegate, and a public health expert. I have attained a Masters in Public Health from John's Hopkins University, a premier public health university. Public health advocacy has been a lifelong commitment and focus of my educational preparation. I am here today representing the National Association of Catholic Nurses, U.S.A. whose members span the state of New Jersey and our nation and to as a NJ citizen.

I will present evidence indicating countries that have enacted physician assisted suicide eventually use this as a pathway to hasten death and a subtle erosion of human rights.

### **Background**

Obviously this is a controversial, complicated matter that often polarizes the voting public. Suffering with pain before death has emerged as a focal point when discussing physician assisted suicide. Yet, today we have very effective means to control the pain. Believing that we can vanquish pain by ***allowing suicide is a dangerous step.***

Some believe passing this legislation will enable people to die with dignity. There are many flaws in this type of thinking. You may be surprised to learn some facts and misconceptions surrounding issue.

### **Evidence**

The following variables need to be considered.

- Violation of Patients Choice. In the Netherlands, 61% of those who received a lethal dose of pain killers did not know they were being euthanized, even though 27% were fully mentally competent. The Netherlands also report a failure rate of physician assisted suicide up to 25%; Oregon did not report any complications in a four-year period. These statistics question the validity in reporting in the US.
- Impaired judgment. Research from U.S. Health Department of Health indicated many patients who requested suicide did not have uncontrolled pain. All patients who requested this procedure instead cited social and psychological concerns.

- Statistics on Ageism. In 2013 the Pew Research group found that approval for assisted suicide decreases as one becomes closer to the end of life. However, 30- 40 yr. olds 51% favored assisted suicide. Despite this, this cohort did not address the issue of suicide morality. A disparity in attitudes could result in poor decision making abilities of children acting on behalf of the elderly
- Can cost dictate life? The Canadian Special Senate Committee review Assisted Suicide proposal and listed cost control as a major factor. ***With good medical management, costs can be controlled. A better solution was offered in an IOM report.***
- IOM Report. In 2014 the Institute of Medicine (IOM), which is part of the National Academy of Science, called for an overhaul of end-of-life care nationwide. It proposed a greater ***emphasis on advance care planning and Medicare funding for home health services. An extension of hospice services for longer periods of time offer comfort patients need.***
- Safeguards do not work.  
A 2011 NIH report revealed that countries, where laws and safeguards were put in place to prevent misuse of these practices, the safeguards **often did not work.**

In the Netherlands, laws and safeguards are regularly ignored in and transgressions are not prosecuted. In one jurisdiction, about **900 people received a lethal substance without having given explicit consent.**

The intent has been lost; the practice is extended to newborns, children, and people with dementia. In the Netherlands, euthanasia for anyone over the age of 70 who is “tired of living” is being considered.

### The Great Public Health Illusion

Common reasons people choose suicide include:

- **Fear and pain are driving forces in the decision.** The fact remains that there are a myriad of effective medical treatments addressing these issues.
- **Propaganda.** The Hemlock Society is one of the world’s most active physician-assisted suicide support groups, and they endorse this procedure for those who have “quality of life” issues (e.g. disabled, paralyzed, depressed and those with other mental illnesses). This is a virtual Pandora’s Box. **Facts:** The other side of the equation is simply that all these conditions are effectively treatable and it is an erosion of human rights to suggest who is worthy to live.

## A Flawed System of Thought

There are flaws in who is eligible for suicide medications.

- **Terminally ill metric.** Professionals **can not accurately** predict how long a patient will live. It is still based on subjective decisions. If suicide is an option, that can cut short patients lives. In addition this decision will result in a loss of the trust in practitioners because patients may think..Will they do this even if I don't want it?

In Netherlands where the progression went from suicide to euthanasia people carry cards stating, "**Do not euthanasia me.**" They live with the looming fear the cards will not be found ignored.

**Real Life Example:** My neighbor was diagnosed with a terminal illness, he was given 6 months to live...he lived a full life for 15 more years with the help of therapies and medication.

- **Depression.** Depressed patients may feel pressured to choose this alternative to relieve their suffering.

**Real life examples:** We know now Pharmacogenomics (matching one's genes with medications that work) is currently changing treatments of many illnesses. I worked in an emergency department where a 20 year girl with multiple suicide attempts, finally received a medication that was engineered through pharmacogenomics. She went on to finish college and become a physical therapist.

- **Terminal Cancer.** Cancer is not predictable nor is its progression.

**Real life example:** One of my patients had cancer that spread all over his body. I questioned the oncologist about why she was administering chemotherapy, which obviously in his case would not work; she replied because he thought he would be healed. About 6 months later he was cancer free. Despite multiple evaluations, there was no plausible medical explanation. He went on to become an attorney.

- **Impending cures.** What about a cure that is discovered tomorrow?

**Real life example:** Researchers at Case Western University have shown promising research that will reverse... I repeat reverse... Alzheimer disease. This medication is currently in clinical trials.

## Summation

What kind of message is sent when doctors and nurses are morally and professionally obligated to fight to prevent patients from killing themselves, but at the same time are encouraged, even obliged, to help their patients kill themselves?

The American Nurses Association steadfastly continues to maintain its position against participating in assisted suicide. With 118,513 professionally active, voting nurses in NJ, it is imperative we listen to their voices. If this law is passed it will blur the current health professionals' role of providing care measures to one of killing.

C.Evert Coop, past surgeon general of the USA addressed these issues over many years...to mirror his words...What ever happened to the human race? Why promote a culture of death instead of using very effective medical resources? Why climb a slippery slope. What is next?

Mother Teresa once said "the feeling of unwantedness, especially from those who are supposed to love and care about us, is the worst threat to our human dignity."

This proposed legislation is a disgrace and has far reaching potential to violate individual rights as we know them today. To have a balance between life and death is critical. On the surface it seems like suicide is fixing a problem, actually it is adding to a **dangerous and bad public policy** that will affect the vulnerable such as the frail, elderly and disabled...and will eventually translate into euthanasia.

***Crossing the line from offering patients medical care to promoting death is very dangerous line to cross.***

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**References:** Available on request by contacting  
*Marian Nowak, DNP, RN, MPH, MEd, CSN, PN, FANN at UN4nurses@gmail.com*