The Public Health Committee of the Connecticut General Assembly has twice rejected doctor-prescribed suicide legislation after hearing testimony about the dangers it posed to seniors and people with disabilities. Some 140 attempts to legalize assisted suicide in other states have also been rejected.

Led by a vocal disability community, opposition to assisted suicide cannot be reduced to soundbites. Death is far too important for six-word slogans like “My Life. My Death. My Choice.” Instead, let us examine the real issues—the mistakes, coercion, and abuse that are inevitable and which cannot be fixed.

No assisted suicide bill proposed to date requires witnesses at the time of death. Bills do, however, allow the witnesses to the suicide request to be an heir and a close friend of that heir. There is no way to know whether the individual took the life-ending drugs voluntarily or was pressured. Existing laws have no investigative authority. Moreover, doctors are required to falsify death certificates, stating as the cause of death the underlying illness rather than the lethal prescription.

The case of Tami Sawyer and Thomas Middleton is instructive. Middleton had ALS and moved into Sawyer’s home, where he died a month later under Oregon’s assisted suicide law. Two days after the death, Sawyer sold Middleton's house and deposited the proceeds into her account. Sawyer pleaded guilty to fraud and money laundering in a pyramid scheme. A second case involving Middleton’s estate was dropped only because she was already serving jail time. We will never know whether this was merely fraud or murder for profit.

So when proponents claim that there have been no abuses in Oregon, let us remember Thomas Middleton. Let us remember Barbara Wagner and Randy Stroup, denied chemotherapy by Oregon Medicaid, which offered to pay instead for their assisted suicides.
Let us remember Kate Cheney, age 85 and with dementia. Although a psychiatrist concluded that she had dementia and was being pressured by her daughter, she died after taking the suicide prescription. Let us remember Michael Freeland, with a history of depression and suicide attempts, who was prescribed lethal drugs. Let us remember Patrick Matheny, Cynthia Barrett, David Prueitt, and Wendy Melcher. These are just the cases we know about; what about those that have gone unreported?

When proponents deny evidence of suicide contagion, let us remember that since its legalization of assisted suicide, Oregon’s suicide rate has climbed much faster than the national average. According to the Centers for Disease Control, for people age 35-64 from 1999 through 2010, the increase was 49 percent for Oregon versus 28 percent nationally.

Let us remember that for mercilessly bullied autistic and LGBT teenagers, physician-assisted suicide sends the dangerous message that “my death” is “my choice.”

Let us honor Connecticut’s progressive tradition against discrimination by ensuring equal access to noncoercive suicide prevention services for old, ill, and disabled people, rather than offering suicide assistance.

And when proponents claim that this law is only for people who are mentally competent and have less than six months to live, let us remember all who outlived their terminal prognosis—often by years, even decades. Senator Ted Kennedy, Valerie Harper, Jeanette Hall, John Norton, and Rahamim Melamed-Cohen are better-known examples.

Let us remember the statements by leading proponents calling for expansion after this initial law is passed. When Compassion and Choices president Barbara Coombs Lee came to Hartford last October, she declared her support for assisted suicide for people with dementia and cognitive disabilities unable to consent. CT News Junkie quoted her saying, “It is an issue for another day but is no less compelling.” Dr. Marcia Angell, leading proponent of Massachusetts assisted suicide ballot question, recently wrote that she now favors euthanasia as well as assisted suicide.

Finally, let us remember our social interconnectedness. Rev. Dr. Martin Luther King, Jr. wrote, “We are caught in an inescapable web of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

People with disabilities understand interdependence in our daily lives. We value everyone
as having inherent dignity which is not lost by needing assistance with bodily functions like eating, dressing, or toileting. Our opposition to assisted suicide is based on basic civil rights.

Stephen Mendelsohn is one of the leaders of Second Thoughts Connecticut, a disability advocacy organization opposed to the legalization of assisted suicide.