

# Assisted Suicide Rising: Reducing CO2 Output One Person At A Time



Draped in the language of faux-mercy, the Technocrat mind values human life only according its current contribution to society. Their efficiency ratio plummets because of the elderly, the poor, the crippled and mentally handicapped. In short, eugenics is back and is far more dangerous to life than past movements. □ TN Editor

I am grateful to Reps. Luis Correa (D-Calif), Juan Vargas (D-Calif), James Langevin (D-R.I.), Daniel Lipinski (D-Ill.), Brad Wenstrup (R-Ohio), Ralph Lee Abraham (R-La.), Darin LaHood (R-Ill.), and Andy Harris (R-Md.) for introducing a Sense of Congress resolution that takes a big step toward protecting me and many others from a death-too-soon by assisted suicide.

When assisted suicide becomes accepted public policy it threatens the lives of everyone, especially the poor, elderly, mentally ill, disabled, and terminally ill. Why? Well, for starters, abuse is unavoidable and doctors are fallible. Assisted suicide policy also injects government insurers and

private insurance companies with financial incentives into every single person's end of life decisions.

One supposed "safeguard" built into assisted suicide laws is that a patient be given a prognosis of six months or less to live to qualify. But people with serious or terminal illnesses outlive their prognoses every day.

After I was diagnosed with grade 4 glioblastoma multiforme (GBM), I was expected to live for only four months. The surgeon said my cancer was inoperable and three different doctors told me there was nothing they could do. I would have easily met the criteria for accessing assisted suicide if I lived in a state like Oregon or California, where assisted suicide is legal.

In a dark moment, I might have opted for it, but I am fortunate to have a supportive family, and was given the opportunity to pursue cutting edge, experimental treatment instead. Here I am three years later, enjoying the arrival of our second son and living life to the fullest.

Even the most experienced doctor cannot predict with certainty how long a patient battling serious illness will live or when they might fall into treatable depression in the course of their illness.

A serious or terminal diagnosis, illness-induced disability, or a fear of being a burden can cause clinical depression in a significant number of patients. But, the 2016 Oregon Health Report shows that in Oregon only 4 percent of patients considering ending their lives were referred for psychological evaluation — yet a 2008 study showed that 25 percent of patients requesting assisted suicide suffered from major depressive disorder. These numbers suggest that persons with mental illness could well be prescribed a death-too-soon, rather than treatment for depression.

Several of those people tragically went on to receive the lethal drugs instead of treatment for their depression. Clearly, psychological distress in terminally ill patients is underdiagnosed and undertreated, placing these patients at great risk.

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