

O F F I C I A L  
B A L L O T  
W O R D I N G

*Initiative Measure No. 1000 concerns allowing certain terminally ill competent adults to obtain lethal prescriptions.*

*This measure would permit terminally ill, competent, adult Washington residents medically predicted to have six months or less to live, to request and self-administer lethal medication prescribed by a physician.*



*“If a doctor that we had suggested physician-assisted suicide, I wouldn’t be able to trust them and I would get another doctor.”*

*Dennis & Lila Gilley  
Leukemia patient and wife*

**Good End-of-life care options....**

Hospice care, palliative care, advanced directives, power of attorney, POLST forms, and other options provide good end-of-life care. Vote ‘NO’ on I-1000.

You can learn more about resources available for those near death and their caregivers at the following Websites.

**Further Information:**

[www.consolinggrace.com](http://www.consolinggrace.com)  
[www.consolingcommunities.com](http://www.consolingcommunities.com)  
[www.cmda.org](http://www.cmda.org)  
[www.ethicalhealthcare.org](http://www.ethicalhealthcare.org)  
[www.noassistedsuicide.com](http://www.noassistedsuicide.com)  
[www.pccef.org/washington](http://www.pccef.org/washington)



*“That option can just put so much more stress on an already stressful situation in a family. You don’t take the easy button in life and cop out.”*

*Gary Polson  
Family member of lymphoma patient*




P.O. Box 451 • Bristol, TN 37621  
(423) 844.1095



**Initiative 1000  
It’s About Death,  
Not Choice**





***Why Physician-Assisted  
Suicide is Unnecessary,  
Unethical, and Unsafe.***

**U N N E C E S S A R Y**

No new rights or choices for patients: I-1000 does not give patients any new legal rights or choices. Under existing law, every patient has the right to refuse or discontinue treatment. Suicide is not illegal, just unwise.

Pain treatments are effective: We have the best pain control now in history and studies have found that pain is not the main reason patients seek physician-assisted suicide.

Option for physician-assisted suicide may slow innovations in end-of-life care: Because health expenditures are greatest during the last part of life, legalizing physician-assisted suicide creates financial pressure to limit resources for quality end-of-life care.

**U N E T H I C A L**

WA I-1000 defies traditional medical ethical standards: It gives physicians the right to harm patients, prohibits outside review, requires falsified death certificates, shrouds reporting in secrecy, and destroys trust, the foundation of the doctor-patient relationship. That is why most major medical organizations oppose it.

Deceitful misuse of terminology: The definitions of “suicide” and “dignity” have been hijacked through verbal engineering. It is wrong to imply that human dignity is dependent upon one’s circumstances. True dignity is an inherent quality that reflects one’s character regardless of circumstances.

“Slippery Slope”: Once medical killing is labeled a treatment for suffering, how can we withhold it from patients with severe chronic diseases, psychiatric illnesses, and the disabled or comatose? Holland began allowing it only for terminal patients, but now virtually anyone can be a target for premature death. Fearful elderly people carry cards stating, “Please do not euthanize me.”

**U N S A F E**

“Safeguards” in I-1000 protect physicians more than patients: Physicians are made judge, jury, and assistant executioner even though most doctors admit they cannot reliably predict six months to live or accurately diagnose depression. The patient is dead and the physician accomplice is given immunity.

The “choice” to die can easily be transformed into the “duty” to die: Swallowing lethal medicines costing about \$50 vs. thousands for good end-of-life care. Greedy family members, tired caregivers, or money-strapped companies can all push elderly patients “to do the right thing.”

Vulnerable patients: Those with dementia, depression, inadequate resources, or a coercive family are especially at risk for being preyed upon. Doctors often miss the diagnosis of depression, yet no mental health evaluation is required by WA I-1000.

