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**Nevada Right to Life
Opposition to SB239
Assembly HHS Committee
April 26, 2023**

SB239 seeks to legalize and decriminalize assisted suicide—the practice of a doctor or APRN prescribes a lethal overdose for a patient to intentionally end his or her own life—in Nevada. SB239 should be rejected. Assisted suicide is unethical, dangerous, and unnecessary.

Life is valuable

Suicide is always tragic because every human life, without exception, is valuable—regardless of age, illness, disability, and dependency, and regardless of whether a person will live for another six months or another 60 years.

Our society seeks to prevent suicide in general, but assisted suicide laws carve out an exception. They designate a particular class of people (those who meet the law's criteria) for whom intentional killing is a valid option. Assisted suicide sends the harmful and discriminatory message that the lives of disabled, sick, and dependent people are less "dignified" and less worth protecting than the lives of everyone else. That's why [many disability rights organizations](#) strongly oppose the legalization of assisted suicide.

No one should be excluded from protection and care.

Assisted suicide threatens the vulnerable

Proponents of SB239 focus on sympathetic individual stories, but these can obscure the many dangers of legalization. People are harmed when assisted suicide is legal.

Coercion and abuse: Assisted suicide laws do not require that anyone witness the death—there are no safeguards at all once the lethal drug has been dispensed. In [Oregon](#) and [Washington](#), where assisted suicide is legal, prescribing physicians generally are not present when the lethal dose is administered. While it is encouraged in SB239 that someone should be present, there is no safeguard to protect the vulnerable patient, who may have had a change of heart, from coercion or abuse.

Legalizing assisted suicide also leads to other kinds of pressure and coercion. In [Oregon](#), 53.1 percent of assisted suicide patients in 2020 expressed concern about being a "burden" on family and friends. In [Washington](#), 56 percent in 2017 expressed the same worry. Moreover, public and private insurers have a financial incentive to steer patients toward suicide rather than life-extending treatment. Some Medicaid patients in Oregon have been [denied](#) expensive treatment and [offered](#) assisted suicide instead.