



Introduced Version

**HOUSE CONCURRENT
RESOLUTION No. _____**

DIGEST OF INTRODUCED RESOLUTION

A CONCURRENT RESOLUTION opposing assisted
medical suicide.

**Ledbetter, Genda, Aylesworth,
Barrett, Carbaugh, Cash, Greene,
Heaton, Lauer, McGuire, Morris,
Patterson, Snow, Sweet, Teshka**

_____, read first time and referred to Committee on

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HC 1019/DI 140



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1 A CONCURRENT RESOLUTION opposing assisted
2 medical suicide.

3 *Whereas, Indiana has an unqualified interest in the*
4 *preservation of human life, and the state's prohibition on*
5 *assisted suicide, like all homicide laws, both reflects and*
6 *advances its commitment to this;*

7 *Whereas, Neither the Constitution of the State of Indiana nor*
8 *the Constitution of the United States contains a right to assisted*
9 *suicide and, thus, no individual has the right to authorize*
10 *another to kill him or her in violation of federal and state*
11 *criminal laws;*

12 *Whereas, Suicide is not a typical reaction to an acute problem*
13 *or life circumstance, and many individuals who contemplate*
14 *suicide, including the terminally ill, suffer from treatable*
15 *mental disorders, most commonly clinical depression, which*
16 *frequently goes undiagnosed and untreated by health care*
17 *providers;*

18 *Whereas, In Oregon, 46 percent of patients seeking assisted*
19 *suicide changed their minds when their health care providers*
20 *intervened and appropriately addressed suicidal ideations by*
21 *treating their pain, depression, and/or other medical problems;*

22 *Whereas, Palliative care continues to improve and is nearly*
23 *always successful in relieving pain and allowing a person to die*
24 *naturally, comfortably, and in a dignified manner without a*
25 *change in the law;*



1 *Whereas, The experiences in Oregon and the Netherlands*
2 *explicitly demonstrate that palliative care options deteriorate*
3 *with the legalization of assisted medical suicide;*

4 *Whereas, Indiana rejects abuses of palliative care through*
5 *futility care protocols as well as the use of terminal sedation*
6 *without life-sustaining care as seen in the Liverpool Care*
7 *Pathway;*

8 *Whereas, A health care provider's recommendation for*
9 *assisted medical suicide relies on the health care provider's*
10 *judgment, which can include prejudices and negative*
11 *perceptions, that a patient's life is not worth living, ultimately*
12 *contributing to the use of futility care protocols and*
13 *euthanasia;*

14 *Whereas, Indiana rejects the sliding-scale approach, which*
15 *asserts certain qualities of life are not worthy of equal legal*
16 *protections;*

17 *Whereas, The legalization of assisted medical suicide sends*
18 *a message that suicide is a socially acceptable response to*
19 *aging, terminal illnesses, disabilities, and depression and*
20 *subsequently imposes a duty to die;*

21 *Whereas, The medical profession as a whole opposes assisted*
22 *medical suicide because it is contrary to the medical*
23 *profession's role as healer and undermines the patient-provider*
24 *relationship;*

25 *Whereas, Assisted suicide is significantly less expensive than*
26 *other care options, and Oregon's experience demonstrates that*
27 *cost constraints can create financial incentives to limit care and*
28 *offer assisted medical suicide;*

29 *Whereas, As evidenced in Oregon, the private nature of*
30 *end-of-life decisions makes it virtually impossible to police a*
31 *health care provider's behavior to prevent abuses, making any*
32 *number of safeguards insufficient; and*

33 *Whereas, A prohibition on assisted suicide, specifically*
34 *assisted medical suicide, is the only way to protect vulnerable*
35 *citizens from coerced suicide and euthanasia: Therefore,*



1 *Be it resolved by the House of Representatives*
2 *of the General Assembly of the State of Indiana,*
3 *the Senate concurring:*

4 SECTION 1. That the Indiana General Assembly strongly
5 opposes and condemns assisted medical suicide because the
6 Indiana General Assembly has an unqualified interest in the
7 preservation of human life.

8 SECTION 2. That the Indiana General Assembly strongly
9 opposes and condemns assisted medical suicide because
10 anything less than a prohibition leads to foreseeable abuses and
11 eventually to euthanasia by devaluing human life, particularly
12 the lives of the terminally ill, elderly, disabled, and depressed
13 whose lives are of no less value or quality than any other citizen
14 of this state.

15 SECTION 3. That the Indiana General Assembly strongly
16 opposes and condemns assisted medical suicide even for
17 terminally ill, mentally competent adults because assisted
18 suicide undermines efforts to prevent the self-destructive act of
19 suicide and hinders progress in effective health care provider
20 interventions, including diagnosing and treating depression,
21 managing pain, and providing palliative and hospice care.

22 SECTION 4. That the Indiana General Assembly strongly
23 opposes and condemns assisted medical suicide because
24 assisted suicide undermines the integrity and ethics of the
25 medical profession, subverts a health care provider's role as
26 healer, and compromises the patient-provider relationship. For
27 these reasons and others, the medical community summarily
28 rejects it.

29 SECTION 5. That the Principal Clerk of the House of
30 Representatives shall transmit copies of this resolution to the
31 Governor, the Indiana Department of Health, the Indiana
32 Medical Association, and the Indiana Department of Nursing.

