

March 1, 2024

SENATE CONCURRENT RESOLUTION No. 17

DIGEST OF RESOLUTION

A CONCURRENT RESOLUTION opposing and condemning assisted suicide.

Johnson T

February 1, 2024, read first time and referred to Committee on Health and Provider Services.
February 29, 2024, reported favorably — Do Pass.

SC 17—RC 1502/DI SM



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Second Regular Session 123rd General Assembly (2024)

SENATE CONCURRENT RESOLUTION No. 17

1 A CONCURRENT RESOLUTION opposing and
2 condemning assisted suicide.

3 *Whereas, The State of Indiana has an unqualified interest*
4 *in the preservation of human life and the State's prohibition on*
5 *assisting suicide in IC 35-42-1-2.5 both reflects and advances*
6 *its commitment to the State's interest;*

7 *Whereas, Neither the United States Constitution nor the*
8 *Constitution of the State of Indiana contain a right to assisted*
9 *suicide and neither include a right for one individual to*
10 *authorize another to end their life in violation of federal or*
11 *state criminal laws;*

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

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

22 *Whereas, Palliative care continues to improve and altering*
23 *the treatment focus to relieving pain and allows a person to die*
24 *naturally, comfortably, and in a dignified manner without a*
25 *change in the law;*

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

4 *Whereas, A physician's recommendation for assisted*
5 *suicide relies on the physician's judgment — to include negative*
6 *perceptions — that a patient's life is not worth living,*
7 *ultimately contributing to the use of "futility care" protocols*
8 *and euthanasia;*

9 *Whereas, The legalization of assisted suicide sends a*
10 *message that suicide is a socially acceptable response to aging,*
11 *terminal illnesses, disabilities, and depression and subsequently*
12 *imposes a "duty to die";*

13 *Whereas, The medical profession as a whole opposes*
14 *physician-assisted suicide because it is contrary to the medical*
15 *profession's duty to the Hippocratic Oath and their role as*
16 *healer, and undermines the physician-patient relationship;*

17 *Whereas, Assisted suicide is significantly less expensive*
18 *than other care options and Oregon's experience demonstrates*
19 *that cost constraints can create financial incentives to limit*
20 *care and offer assisted suicide;*

21 *Whereas, As evidenced in Oregon, the private nature of*
22 *end-of-life decisions makes it virtually impossible to police a*
23 *physician's behavior to prevent abuses, making any number of*
24 *safeguards insufficient;*

25 *Whereas, Assisted suicide is a direct threat to human*
26 *dignity, patient rights, and the disabled when the medical goal*
27 *must be to eliminate suffering rather than the person who*
28 *suffers;*

29 *Whereas, Patients should be allowed to die naturally*
30 *through the use of ordinary treatment to sustain needs, increase*
31 *comfort, and place the focus from curing back to caring rather*
32 *than obligate the use of extraordinary medical treatment that*



1 *would prolong their dying; and*

2 *Whereas, A prohibition on assisted suicide, specifically*
3 *physician-assisted suicide, is the only way to protect vulnerable*
4 *citizens from coerced suicide and euthanasia: Therefore,*

5 *Be it resolved by the Senate of the General Assembly*
6 *of the State of Indiana, the House of Representatives*
7 *concurring:*

8 *SECTION 1. That the Indiana General Assembly, in its*
9 *unqualified interest in the preservation of human life, strongly*
10 *opposes and condemns physician-assisted suicide.*

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

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

24 *SECTION 4. That the Indiana General Assembly strongly*
25 *opposes physician-assisted suicide because assisted suicide*
26 *undermines the integrity and ethics of the medical profession,*
27 *subverts a physician's role as healer, and compromises the*
28 *physician-patient relationship.*

29 *SECTION 5. The Secretary of the Senate is hereby directed*
30 *to transmit copies of this Resolution to Governor Eric*
31 *Holcomb, the Commissioner of the Indiana Department of*
32 *Health, and the Indiana State Medical Association.*



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Concurrent Resolution No. 17, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said resolution DO PASS.

(Reference is to SC 17 as introduced.)

CHARBONNEAU, Chairperson

Committee Vote: Yeas 9, Nays 2

