

State of South Dakota

NINETY-SECOND SESSION
LEGISLATIVE ASSEMBLY, 2017

983Y0100

SENATE CONCURRENT RESOLUTION NO. 11

Introduced by: Senators Curd, Bolin, Cammack, Cronin, Ewing, Frerichs, Haverly, Jensen (Phil), Klumb, Kolbeck, Monroe, Nelson, Netherton, Novstrup, Partridge, Rusch, Russell, Solano, Stalzer, Tapio, Wiik, and Youngberg and Representatives Heinemann, Beal, Brunner, Campbell, Dennert, DiSanto, Duvall, Frye-Mueller, Glanzer, Goodwin, Greenfield (Lana), Haggard, Haugaard, Holmes, Howard, Hunhoff, Jamison, Johnson, Kettwig, Latterell, Marty, McPherson, Mills, Pischke, Qualm, Rasmussen, Rhoden, Rounds, Schaefer, Steinhauer, Tulson, Willadsen, York, and Zikmund

1 A CONCURRENT RESOLUTION, Opposing physician-assisted suicide.

2 WHEREAS, South Dakota has an unqualified interest in the preservation of human life and
3 this state's prohibition on assisted suicide, like all homicide laws, both reflects and advances its
4 commitment to this; and

5 WHEREAS, neither the South Dakota Constitution nor the Constitution of the United States
6 contains a right to assisted suicide, and, thus, no individual has the right to authorize another
7 to kill that individual in violation of federal and state criminal laws; and

8 WHEREAS, suicide is not a typical reaction to an acute problem or life circumstance, and
9 many individuals who contemplate suicide, including the terminally ill, suffer from treatable
10 mental disorders, most commonly clinical depression, which often goes undiagnosed and
11 untreated by physicians; and

12 WHEREAS, in Oregon, forty-six percent of patients seeking assisted suicide changed their



1 minds when their physicians intervened and appropriately addressed suicidal ideations by
2 treating their pain, depression, and any other medical problems; and

3 WHEREAS, palliative care continues to improve and is nearly always successful in relieving
4 pain and allowing a person to die naturally, comfortably, and in a dignified manner without a
5 change in the law; and

6 WHEREAS, the experiences in Oregon and the Netherlands explicitly demonstrate that
7 palliative care options deteriorate with the legalization of physician-assisted suicide; and

8 WHEREAS, South Dakota rejects abuses of palliative care through futility care protocols
9 and the use of terminal sedation without life-sustaining care as seen in the Liverpool Care
10 Pathway; and

11 WHEREAS, a physician's recommendation for assisted suicide relies on the physician's
12 judgment, including any prejudices and negative perceptions that a patient's life is not worth
13 living, ultimately contributing to the use of futility care protocols and euthanasia; and

14 WHEREAS, South Dakota rejects the sliding-scale approach which claims certain qualities
15 of life are not worthy of equal legal protection; and

16 WHEREAS, the legalization of assisted suicide sends a message that suicide is a socially
17 acceptable response to aging, terminal illnesses, disabilities, and depression, and subsequently
18 imposes a duty to die; and

19 WHEREAS, the medical profession as a whole opposes physician-assisted suicide because
20 it is contrary to the medical profession's role as healer and undermines the physician-patient
21 relationship; and

22 WHEREAS, assisted suicide is significantly less expensive than other care options, and
23 Oregon's experience demonstrates that cost constraints can create financial incentives to limit
24 care and offer assisted suicide; and

1 WHEREAS, as evidenced in Oregon, the private nature of end-of-life decisions makes it
2 virtually impossible to police a physician's behavior to prevent abuses, making any number of
3 safeguards insufficient; and

4 WHEREAS, a prohibition on assisted suicide, specifically physician-assisted suicide, is the
5 only way to protect vulnerable citizens from coerced suicide and euthanasia:

6 NOW, THEREFORE, BE IT RESOLVED, by the Senate of the Ninety-Second Legislature
7 of the State of South Dakota, the House of Representatives concurring therein, that the
8 Legislature strongly opposes and condemns physician-assisted suicide because the Legislature
9 has an unqualified interest in the preservation of human life, and because anything less than a
10 prohibition leads to foreseeable abuses and eventually to euthanasia by devaluing human life,
11 particularly the lives of the terminally ill, elderly, disabled, and depressed whose lives are of no
12 less value or quality than any other citizen of this state; and

13 BE IT FURTHER RESOLVED, that the Legislature strongly opposes and condemns
14 physician-assisted suicide even for terminally ill, mentally competent adults because assisted
15 suicide eviscerates efforts to prevent the self-destructive act of suicide and hinders progress in
16 effective physician interventions including diagnosing and treating depression, managing pain,
17 and providing palliative and hospice care; and

18 BE IT FURTHER RESOLVED, that the Legislature strongly opposes and condemns
19 physician-assisted suicide because assisted suicide undermines the integrity and ethics of the
20 medical profession, subverts a physician's role as healer, and compromises the physician-patient
21 relationship; and

22 BE IT FURTHER RESOLVED, that the secretary of the Senate transmit a copy of this
23 resolution to the Governor, the South Dakota Department of Health, the South Dakota
24 Department of Human Services, and the South Dakota State Medical Association.