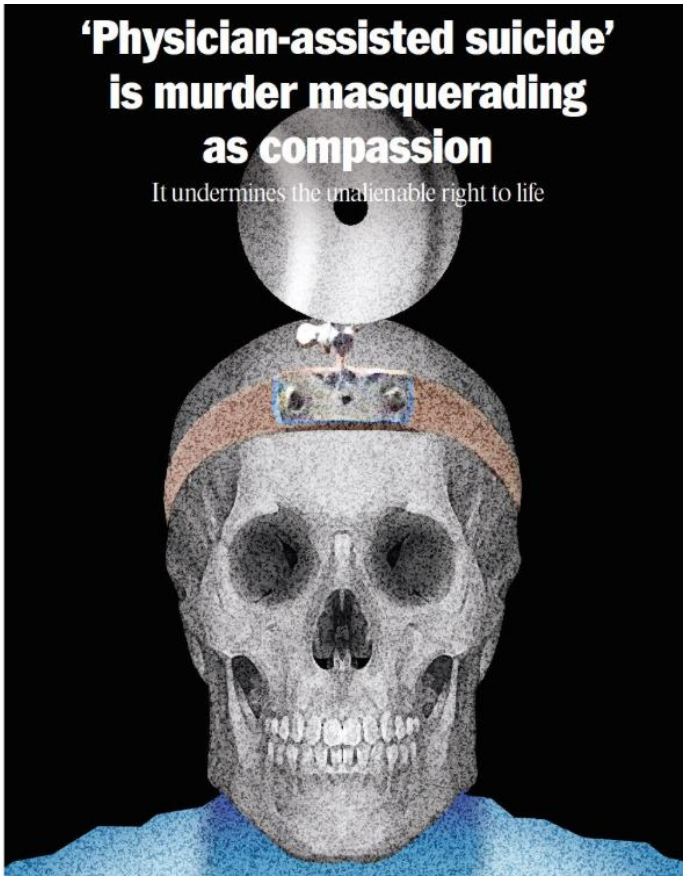
Physician-assisted suicide is murder masquerading as compassion

It undermines the unalienable right to life

Washington Times, By Mary Marslender, July 21, 2026



At a time when some elements of society increasingly seem to devalue human life, can we maintain the precious nature of every individual's inherent worth? The question arises from a recent letter from bipartisan members of Congress to a federal agency regarding physician assisted suicide.

The letter was signed by Sens. James Lankford, Oklahoma Republican, and Tim Kaine, Virginia Democrat, as well as Reps. Greg Murphy, North Carolina Republican, and Lou Correa, California Democrat. It asks the Centers for Medicare & Medicaid Services to engage in oversight activities regarding hospice programs and physician-assisted suicide.

Just as federal law has prohibited taxpayer funding of most abortions for half a century, so to did Congress ban taxpayer funding of physician-assisted suicide in 1997.

At a minimum, CMS should act to ensure that Medicare funded hospices do not violate this prohibition, whether intentionally or unintentionally.

On a more fundamental level, however, the need for such a letter demonstrates the flaws inherent in the 13 states and the District of Columbia that have physician-assisted suicide laws. Hospices treat patients with terminal illnesses who meet the definition of disability under the Americans with Disabilities Act.

In a 2019 report, the National Council on Disability, on which I served, cited the very real concern that under an assisted suicide regime, "some people's lives, particularly those of people with disabilities, will be ended without their fully informed and free consent, through mistakes, abuse, insufficient knowledge, and the unjust lack of better options."

Data bears this out, with the most recent report on Washington state's "Death with Dignity" law finding that in 2024, 86.2% of individuals using assisted suicide were older than 65.

The Washington state report also included troubling responses on the reasons individuals cited for selecting assisted suicide. Although 39% of respondents cited "inadequate pain control" as a factor in their decisions, large percentages of respondents claimed that "loss of autonomy" (83%), being "less able to engage in activities making life enjoyable" (83%) and "loss of dignity" (49%) caused them to consider suicide.

The lawmakers' letter rightly noted that these last three reasons are all "disability-related," meaning that a more supportive environment couldliterally have meant the difference between these patients' lives and their deaths.

On the one hand, I find it noteworthy that a lawmaker such as Mr. Kaine — who says he supports allowing "everyone … to make their own decisions regarding end-of-life care" — recognizes that physician-assisted suicide is subject to abuse. On the other hand, I agree with the National Council on Disability's 2019 report, which noted that "no safeguards have ever been enacted or proposed that can prevent" the vulnerable and those with disabilities from being pressured to end their lives.

In recent weeks, we have celebrated the 250th anniversary of our nation embracing the self-evident truths penned by Thomas Jefferson: "that all men are created equal, that they are endowed by their Creator with certain unalienable Rights," including the right to life.

Although CMS can and should act to prevent abuses by hospices, only when states realize that their physician-assisted suicide laws undermine the unalienable right to life can we fully realize Jefferson's self-evident truths.

Mary Marslender is a former presidential appointee of the National Council on Disability and a disability advocate.