

**Draft**  
**RESOLUTION NO. \_\_\_\_\_**

**A RESOLUTION OPPOSING THE ILLINOIS PHYSICIAN-ASSISTED SUICIDE BILL**

**WHEREAS**, the Illinois General Assembly adopted the End-of-Life Options for Terminally Ill Patients Act, SB 1950, that will on September 12, 2026, legalize physician-assisted suicide (also referred to as medical aid in dying) within the State of Illinois; and

**WHEREAS**, the Effingham County Board affirms the inherent dignity and sanctity of all human life, regardless of age, condition, disability, or perceived quality of life; and

**WHEREAS**, in 2018 the Effingham County Board adopted resolution 18-55 and within said resolution affirmed “the protection of **all human life** is in the interest of the people of Effingham County;” and

**WHEREAS**, the Board has a particular concern for the welfare of disabled people who, in comparison to those who are not disabled, are more likely to receive suicide assistance instead of suicide intervention<sup>1</sup>; and

**WHEREAS**, the Board believes those who are depressed or have other mental health conditions are especially endangered by this bill because there is no requirement for a psychological assessment by a mental health professional prior to receiving the lethal drugs; and

**WHEREAS**, the Board recognizes the grave potential for misuse of the lethal drugs due to a serious lack of control and documentation of their use and/or disposal, which could lead to a tragic loss of life to unintended victims; and

**WHEREAS**, the Board recognizes the crucial role of compassion and quality medical care in supporting individuals at the end of life, and encourages continued investment in hospice and palliative care alternatives that alleviate suffering while upholding the value of life; and

**WHEREAS**, the Board believes that there is only One who has the authority to determine the time and manner of an innocent person’s death, and such irreversible decisions should not rest in the hands of individuals, medical professionals, or governmental policy; and

**WHEREAS**, the Board is committed to protecting the conscience rights of healthcare providers, institutions, and employees who oppose any participation and all forms of assisted suicide; and

**NOW, THEREFORE, BE IT RESOLVED**, by the Effingham County Board, State of Illinois, that the Board formally opposes any legislation that would permit or promote medical aid in dying or physician-assisted suicide in the State of Illinois and declares SB 1950 flawed by lacking the proper protections to prevent a tragic loss of life to unintended victims;

**BE IT FURTHER RESOLVED**, that the Effingham County Board encourages all medical providers and healthcare institutions operating with Effingham County to exercise their right to opt out of any participation in physician-assisted suicide procedures;

Adopted this \_\_\_ day of \_\_\_\_\_, 2026, by the Effingham County Board, Effingham, Illinois.

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**Chairman, Effingham County Board**

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**Effingham County Clerk**

# EIGHT IMPORTANT REASONS TO OPPOSE LEGALIZATION OF ASSISTED SUICIDE

1



## Insurance Companies Deny Lifesaving Treatment, Provide Cheaper Lethal Drugs

Stephanie Packer was told her insurance company wouldn't cover her lifesaving treatment, but when asked, stated she could receive assisted suicide drugs for only a \$1.20 co-pay (1). Assisted suicide gives insurance companies and governments the ability to save money by pushing lethal drugs that are less expensive than treatment. Canadian officials estimated that assisted suicide and euthanasia could reduce annual spending by between \$34.7 million and \$138.8 million compared to \$1.5 million to \$14.8 million spent on lethal drugs (2).

## Evaluation of Depression Virtually Non-Existent Before Lethal Drugs Prescribed

Ruthie Poole experienced severe depression and, as someone who has been suicidal, can relate to the desire of "a painless and easy way out." She knows that depression is treatable and reversible. In Oregon, only 71 (3.3%) of the 2,159 patients who died by assisted suicide since its legalization in 1998 were referred for psychiatric evaluation (3).



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## Pain or Fear of Pain Not the Main Reason Lethal Drugs Requested

Diane Coleman has a disability and notes that the top five reasons patients request assisted suicide are not pain or fear of future pain; but, rather, existential concerns that are all-too-familiar to the disability community: losing autonomy, less able to engage in activities making life enjoyable; burden on family, friends/caregivers; loss of dignity; and losing control of bodily functions (4).

## Six Month Diagnoses for Death Unreliable

Jeanette Hall from Oregon was diagnosed with cancer in 2000 and asked her physician for lethal drugs. He convinced her that treatment would be beneficial and she is still alive today. A six month prognosis for death is extremely difficult to predict accurately, with patients living far beyond six months. A major study of physician prognoses in Chicago revealed that of 468 predictions, only 20% were accurate in predicting when death would occur. In another study "No group accurately predicted the length of patient survival more than 50% of the time" (5). From 12-15% of patients outlive hospice which is based on a six month prognosis (6).



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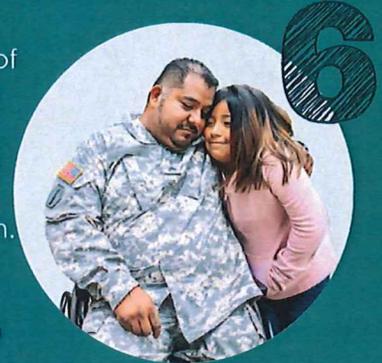


## Anorexia Nervosa is a Treatable Mental Health Condition, Not a Terminal Illness

Heather Weinger would have gladly sought out assisted suicide had it been available for anorexia back in the mid-1990s. She told her sister that she wanted her life to be over. Two women in their 30s from Colorado were given lethal drugs for anorexia which is a treatable mental health condition and not a terminal illness (7). Patients who are not dying can refuse treatment and become eligible for assisted suicide with Oregon listing diabetes, anorexia, arteritis, and hernia as reasons to receive lethal drugs (8).

## Suicide Promotion and Contagion are Real

A Veterans Affairs Canada's (VAC) staffer made an unprompted suggestion of the option of assisted suicide to a veteran seeking assistance for PTSD and a traumatic brain injury. (9) A CDC report reveals that from 1999-2010, suicide among those aged 35-64 increased 49% in Oregon, where assisted suicide is legal, as compared to a 28% increase nationally (10). "Legalization has a substantial impact on older adult women's engagement in self-initiated death. In Switzerland and in Oregon, where assisted suicide/medical-aid-in-dying (MAID) is legal and where assisted-suicide/MAID and suicide comparative-studies have been conducted, older adult women avoid self-initiated death except when physician-approved" (11).



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## People with Disabilities Fear Assisted Suicide Due to Coercion and Abuse

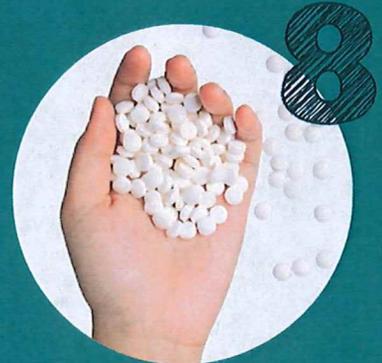
Stephanie Woodward fears assisted suicide for people with disabilities like her. "Assisted suicide has no realistic way of protecting from mistake, coercion or abuse. Any doctor could prescribe a lethal dose and any person could administer that dose to kill a person, with medical confidentiality preventing any oversight. No independent witness is required during the death of an individual, so there's no way to ensure that the individual administered the lethal dose himself or herself. In a world where abuse of people with disabilities and seniors is rampant, this alone is cause for concern" (12).

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## Proponents of Assisted Suicide Turn "Safeguards" into "Barriers"

Proponents tout "safeguards" in legislation they promote to legalize assisted suicide, but over time, the "safeguards" become "barriers." States where assisted suicide is legal have seen proposals to reduce or eliminate waiting periods; eliminate residency requirements; eliminate requirements of self-administration (a move to euthanasia); and expand the definition of terminal illness.



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<https://www.facebook.com/cheerwork/?id=10154641061607079>

Caron J Trachtenberg, MD DPHIL, Braden Mannis, MD MSc, "Cost Analysis of Medical Assistance in Dying in Canada, CMAJ 2017 Jan 23; 189(3): E101-E105. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5250515/>

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERSOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf#page=12>

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<https://www.bcc.ca/news/canada/prince-edward-island-pci-veterans-affairs-maid-counselling-16560136>

Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report: Suicide Among Adults Aged 35-64 Years — United States, 1999-2010. Reported May 3, 2018. 62(17):e321-325. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm>

<https://www.azspoonline.org/article/ST06474812100355397a1bca/>