

IMPORTANT FACTS ABOUT PHYSICIAN ASSISTED SUICIDE

What is Physician-Assisted Suicide?

- In any discussion of physician-assisted suicide or euthanasia, it is important that the terminology is clear
- Although they may have similar goals, physician-assisted suicide and euthanasia differ in whether or not the physician participates in the action that finally ends life:
 - In Physician-Assisted Suicide:
 - The physician provides the necessary means or information
 - The patient performs the act
 - In Euthanasia: The physician performs the intervention
- Euthanasia is defined as "the act of bringing about the death of a hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy" (Back et al)

Important Facts about Physician-Assisted Suicide

- Physician-Assisted Suicide is not a new phenomenon
 - Suffering has always been a part of human existence. Requests to end suffering by means of death through both physician-assisted suicide and euthanasia have occurred since the beginning of medicine
- Most physicians receive a request
 - Based on a recent study, 57% of physicians practicing today have received a request for physician-assisted suicide in some form or another (Back et al)
- Many alternatives to Physician-Assisted Suicide exist
 - While unrelieved physical suffering may have been greater in the past, modern medicine now has more knowledge and skills to relieve suffering than ever before
 - Today, specialists in palliative care believe that if all patients had access to careful assessment and optimal symptom control and supportive care, the suffering of most patients with life-threatening illnesses could be reduced sufficiently to eliminate their desire for hastened death
 - Even when the desire persists, avenues other than physician-assisted suicide or euthanasia are available to remedy suffering and avoid prolonging life against the patient's wish

The Legal and Ethical Debate around Physician-Assisted Suicide

- The debate about the legalization of active steps to intentionally end life as a means to end suffering remains controversial
- Modern history suggests that the topic comes up for intense attention periodically
- Because of the added risk of misunderstanding or overriding the patient's wishes, there is currently less support for euthanasia than for physician-assisted suicide. Nonetheless, both requests do occur and physicians need to know how to respond to either type of request
- As the current debate unfolds, there are 2 principles on which all of organized medicine agrees:
 - Physicians have an **obligation to relieve pain and suffering and to promote the dignity of dying patients** in their care
 - The principle of patient bodily integrity requires that physicians **must respect patients' competent decisions to forgo life-sustaining treatment**
- An important event in the present debate occurred in 1997, when the US Supreme Court:
 - Recognized no federal constitutional right to physician-assisted suicide
 - Affirmed that state legislatures may choose to legalize it. As of early 1999, Oregon is the only state that has voted to legalize PAS
- In contrast to the PAS debate, the right to palliative care is uniformly acknowledged. The same US Supreme Court Justices' concurring opinions supported the right of all Americans to receive quality palliative care

The EndLink program is funded with a grant from the National Cancer Institute grant (R25 CA76449) to Sara J. Knight, Ph.D., at the Robert H. Lurie Comprehensive Cancer. This material used in this document was adapted from the EPEC project (Education for Physicians on End-of-life Care).