

POLICY 34

Physician-Assisted Suicide and End of Life Care

Definitions

Physician-Assisted Suicide (PAS) occurs when a physician:

- Provides a patient with, a lethal agent or treatment but does not administer it, and/or:
- Provides a patient with equipment but does not use it, and/or:
- Informs the patient of the most efficacious use of already available means, and:
- Does so for the purpose of assisting the patient to end his or her life.

Voluntary Active Euthanasia (VAE) occurs when, at the request of the patient, a physician administers a medication or treatment, the intent of which is to end the patient's life.

Withdrawal of treatment occurs when artificial life-sustaining measures are lawfully and ethically withdrawn, pursuant to the request of the patient and/or surrogate, and the patient is allowed to die a natural death as a result of his/her underlying illness.

Palliative Care occurs when treatment is designed to relieve distressing symptoms in a dying patient and includes measures to alleviate pain and suffering, together with provision of emotional, social and spiritual support for the patient.

The American College of Medical Quality (ACMQ) supports the American Medical Association's prohibition on PAS and the American Geriatric Society's support of continued prohibition on both PAS and VAE.

1. For a patient whose quality of life and expected lifespan have become so limited that he/she does not wish to prolong his/her life, the standard of care should be aggressive palliation of suffering and enhancement of opportunities for a meaningful life, not intentional termination of a life. Legalization of these activities may open the door to abuse of the frail, disabled, and economically disadvantaged, encouraging them to die prematurely, rather than to burden their families or society.

2. When a patient requests death, the physician should thoroughly explore the patient's suffering and the reason for the request and its timing. Such exploration should include but not be limited to evaluation of psychiatric considerations such as depression or other illness, consideration of undertreated pain, pursuit of multidisciplinary consultation (including exploration of spiritual issues as applicable), and discussion with the patient's family.

3. Patients who have intractable suffering and limited life spans and who request death should be informed that profound pain can be relieved with analgesia and that they may choose to forego any artificial life prolonging intervention, including artificial ventilation, dialysis, artificial nutrition and artificial hydration. These interventions are legal.

4. At the request of the patient and family, and subject to appropriate ethics committee review as applicable, it is ethically acceptable for a physician to administer a treatment, such as analgesia, to or to withdraw treatment from such a patient, for the purpose of relieving the patient's pain and improving the patient's comfort, knowing that this plan of care may have the unintended effect of shortening the patient's life span. The law should differentiate between this situation and PAS and VAE.

5. If, after a physician fulfills # 2 and # 3 above, a patient both refuses palliative care or withdrawal of treatment and wishes to pursue PAS or VAE, the physician must be able to disengage in involvement in this aspect of the patient's care. The physician should ensure that the patient continues to have access to needed medical care.

6. Physicians must be protected from both professional and legal liability if they choose to act in good faith and in accordance with the above prerequisites.

7. ACMQ acknowledges that the prohibition against PAS and VAE limits the patient's autonomy to choose his or her mode of death, to the extent that such autonomy conflicts with legal or professional standards.

8. If PAS or VAE are legal in any jurisdiction, the ACMQ proposes that the strongest available protection for patients to make a choice free of coercion should be in place, and that it should be illegal for professional caregivers to receive financial compensation for participating in PAS or VAE. Further, the ACMQ proposes the strongest available protections for health care providers, to ensure the absence of political and other coercion to force actions that are fundamentally incompatible with the providers' role as healer:

References:

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