**Michigan Hospice and Palliative Care Organization**

**Position Statement on Assisted Suicide**

The Michigan Hospice and Palliative Care Organization is the leader in advocacy for hospice and palliative care services in Michigan. As such, the organization is requested to take a position or recommend policy related to end-of-life issues. As early as 1992, because of circumstances surrounding the issue in Michigan, MHPCO developed a statement on physician assisted suicide.

The Michigan Hospice & Palliative Care Organization reaffirms the hospice philosophy that hospice values life and believes neither in hastening nor postponing death.

**Hospice is:**

* The competent and compassionate relief of pain and suffering at the end of life.
* A philosophy founded on the belief that persons have a right to self-determination, to palliative care, and a right to refuse unwanted medical intervention and allow death to occur naturally.
* The belief that when cure is no longer possible, hospice care/palliative care provides the essential knowledge and skill to facilitate the relief of physical, emotional and spiritual discomforts for the terminally ill.
* Palliative or comfort care management is focused on any discomfort with the intensity of effort desired by the person dying of terminal illness.
* The support of highly qualified, specially trained team of caring professionals to meet the physiological, psychological and the spiritual needs so that a person may live life to the fullest and die with dignity.

**MHPCO affirms:**

* Dying is part of life, and declining or withdrawing treatment is acceptable if in alignment with the informed wishes of the patient.
* The practice of palliative and end of life care does not include deliberate ending of life through voluntary euthanasia or physician-assisted suicide, even if the patient requests this.
* There are a wide range of views and perspectives in our society about the ethical issue of the deliberate ending of life for a person living with a terminal condition. These should be recognized and respected.
* Much community interest in voluntary euthanasia is sparked by a need for assurance that pain and suffering will be relieved and that individual end of life decisions will be respected. Many of these community fears can be addressed through the provision of quality care at the end of life that includes the opportunity for the individual to articulate care preferences for circumstances in which they may no longer be able to express their wishes.
* Informed discussion about voluntary euthanasia is hindered by our failure as a society to guarantee access to quality care at the end of life in which our rights to articulate the terms of our care are respected.
* Michigan residents need to embark on a dialogue about death and dying in order to accept that dying is a natural and expected part of life. Engagement in advance care planning will greatly contribute to this dialogue.

**MHPCO calls for the development of social policy that:**

* affirms death as part of life;
* actively supports those who are dying, their families and their caregivers;
* informs the Michigan residents about all aspects of quality care at the end of life;
* accepts quality care at the end of life as a basic human right;
* allocates sufficient resources to enable access to quality end of life care (including specialist palliative care)