PHYSICIAN ASSISTED SUICIDE
UPDATE
with implications for
NURSE PRACTITIONERS
Presenter: Cheryl Morrow MD

... with thoughts re: treatment refusal and Euthanasia

DEFINING TERMS
• Suicide
• Pulling the Plug
• Refusing Treatment
• Physician Assisted Suicide (PAS)
• Euthanasia
  – Passive Euthanasia
  – Active Euthanasia
    • Voluntary – Patient Consents
    • Non-Voluntary – Patient Can’t Consent
    • Involuntary – Patient refuses or can give consent but not asked
Why talk to you about Assisted Suicide today?

- Because heartbreaking stories, like that of Brittany Maynard’s, have captured widespread empathy.
- After hearing her story, renewed interest in “right to die” legislation has been generated.
- NYS has legislation pending.

Emergence of Modern Day PAS Movement

1. Equality of Life Ethic → Quality of Life Ethic
2. Do No Harm → Personal Autonomy
3. Absolute ethics → Situational ethics
4. Do not kill → Legal to kill one societal group

Supreme Court Rulings

- 1997: No Constitutional Right to PAS
- Left door open for States to permit PAS
- Legal right to withdraw or refuse unwanted or futile treatment
  - Legal principle of causation:
    - “When pt. refuses treatment, pt. dies of underlying disease.”
    - “When pt. ingests lethal medication, he is killed by that medication”
Current Status of PAS in USA

**LEGALIZED VIA LEGISLATION:**
- Oregon 1994; 1997
- Washington 2009
- Vermont 2013
- California 6/2016
- Colorado 11/2016
- District of Columbia 2/2017

**LEGALIZED VIA COURT RULING:**
- Montana 2009

6 States and D.C. “allow mentally competent, terminally ill patients to request a prescription to aid in dying with ‘SAFEGUARDS’”:

- Less than 6 months to live
- Second opinion
- Multiple requests
- Waiting Period
- Can change mind
- Confidential report
- Not required
  - Family notification
  - Psychiatric exam

Arguments For and Against PAS

**Arguments for**
- “Ultimate end” to Pain and Suffering, now and in the future. Avoidance of prolonged suffering.
- Personal Autonomy – “Right to Die” how and when I want. I Die knowing it was “my choice”

**Arguments against**
- Good Control of Pain & suffering, now and future, exists through Palliative, hospice, and Spiritual care.
- Suicide is morally wrong. Terminal patients already have the right to refuse extraordinary measures, thus not prolonging death.
Effectiveness of Pain Management at EOL

“As many as 90% of patients with cancer-related pain can attain satisfactory relief through ... pharmacologic and medical means. ... HC providers ... negative misconceptions about cancer pain and its treatment ... [and] Patients ... misconceptions ... contribute to ineffective management.”


“Patients who are being kept alive by technology and want to end their lives already have a recognized constitutional right to stop any and all medical interventions, from respirators to antibiotics. They do not need physician-assisted suicide or euthanasia”

Ezekiel Emanuel, MD, PhD, Harvard

Arguments For and Against PAS

Arguments for
- Death with dignity rather than “a shell of their former selves”.
- Frailty at end of life puts a burden on family, HC system, and society. The best for all is to die before “a burden”.

Arguments against
- PAS decreases the value of human life. All Human life has dignity in all stages.
- Caring for loved ones at EOL is a cherished privilege; part of a life-valuing family & society role; not a burden.
"We must be willing to accept the bitter truth that, in the end, we may have to become a burden to those who love us. The full acceptance of our abjection and uselessness is the virtue that can make us and others rich in the grace of God. It takes heroic charity and humility to let others sustain us when we are absolutely incapable of sustaining ourselves."

— Thomas Merton, *No Man Is an Island*

Arguments For and Against PAS

**Arguments for**

- Assisted suicide is more compassionate EOL care; the suffering at end of life is needless.

**Arguments against**

PAS is more Compassionate
Arguments For and Against PAS

Arguments for

• Assisted suicide is more compassionate EOL care; the suffering at end of life is needless.

Arguments against

• Violates the Hippocratic oath and ethical codes of nursing & other HC professions

PHYSICIAN ASSISTED SUICIDE HAS BEEN PROHIBITED IN MEDICINE FOR OVER 2000 YEARS

• History of Hippocratic Oath
• The oath says the doctor “will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect”
• First “Do no harm”

• “PAS is fundamentally inconsistent with the physician’s professional role.”
• “The medical profession must redouble its efforts to provide optimal end of life care.”
• “Requests to physicians for PAS should signal the M.D. that the patient’s needs are unmet and further help is needed.”
“The American Psychiatric Association, in concert with the AMA’s position on Medical Euthanasia, holds that a Psychiatrist should not prescribe or administer any intervention … for the purpose of causing death.”

(APA Position Statement Dec. 2016)

“American Nurses Association

• “The ANA prohibits nurses’ participation in AS & euthanasia because these acts are in direct violation of the Code of Ethics for Nurses… and the ethical traditions and goals of the profession, & its covenant with society.”
• Nurses “have an obligation to provide humane, comprehensive and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness, and at end-of-life.”

Revised position statement; April 24, 2013.

Arguments For and Against PAS

Arguments for
• Results in Healthcare cost reduction; more funds are available for those with higher quality of life; longer life expectancy.

Arguments against
• Cost savings are minimal & should not be a factor in the equality of life value system. “Allowing the killing of any group, especially if money is a factor, is barbaric”.

How much will PAS save?
(Emanuel & Battin, NEJM 1998; 339:167-172)

- Two researchers, on opposing sides of the issue, collaborated to predict potential savings
- Prediction: $627 Million (in 1995 dollars) annually (< 0.07% total HC costs)
- Conclusions: “PAS is not likely to save substantial amounts of money…”

Duty To Die

Economic Factors Expanded:
1. Aging Population
2. Rising HC costs
3. Medicare & Social Security
4. Costly Terminal Care
5. For Profit Insurers, providers
6. Payor incentives to cut costs

Arguments For and Against PAS

Arguments for
- “Medical staff can move on to another patient that has a chance at living instead of spending time helping the terminally ill patient.”

Arguments against
- Medical team may give up on patient too early.
  - All human beings deserve good palliative care
  - Cannot accurately predict life expectancy
IT TAKES MORE SKILL TO DO PALLIATIVE CARE THAN TO END A LIFE

Arguments For and Against PAS

Arguments for
• Family pain is reduced by not watching loved one progress to natural death.

Arguments against
• Family pain often increases because of disagreements and guilt over the PAS choice

DISSENSION
GUILT ANGER SADNESS

Arguments For and Against PAS

Arguments for

• Family pain is reduced by not watching loved one live through natural death.

• It must be morally OK since Clergy helped draft the Law

Arguments against

• Family pain may increase if belief in punishment in afterlife for PAS; More time for EOL relationship healing

• Most religious belief systems oppose PAS

Legislators say PAS laws were “Drafted with Assistance of Clergy”

What are the official positions of the Major Religious Groups?
Christian Beliefs Oppose PAS

- All human lives are sacred; bodies belong to God
  -- Genesis 1:26; 1 Cor. 6:19
- God alone is sovereign over life and death
  -- Deut. 32:39 I put to death and I bring to life.
- Suicide is self-killing and is forbidden (Exod. 20:13)
- “Deliberately ending one’s life or the life of another is morally wrong and defies Catholic doctrine.”
- “To Live Each Day with Dignity: A Statement on PAS”
  (US Conf. of Catholic Bishops. 2011)

Mormonism Opposes PAS

“Anyone who takes part in Euthanasia, including ‘assisted suicide’ is regarded as having violated the commandments of God.”

JEWISH BELIEFS OPPOSE PAS

“We cannot sanction, favor or support the legalization of physician-assisted suicide.”

Central Conference of American Rabbis
A Doctor shall not take away life even when motivated by mercy. This is prohibited because this is not one of the legitimate indications for killing.

"In old times there was a man with an ailment that taxed his endurance. He cut his wrist with a knife and bled to death. God was displeased and said 'My subject has hastened his end. I deny him paradise'". - The Quran

**Buddhism opposes PAS**

- "Assisted suicide and euthanasia ... contradict the fundamental Buddhist principle of refraining from killing a living being."
- Assisted suicide is uncompassionate because death will not relieve the suffering. Instead the suffering is postponed to the next life.
- The perpetrator will experience negative karma and suffering in the next life. Killing another person no matter the reason is seen as a negative act.

**Unitarian Universalists**

"Unitarian Universalists advocate the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths".

(According to a 1988 General Resolution)
Arguments For and Against PAS

Arguments for

• Vital organ harvesting may increase number of transplantable vital organs available.

Arguments against

• No counter argument

Arguments For and Against PAS

Arguments for

• Without PAS, patient may commit horrifying suicide

Arguments against

• Not with good palliative care and pain management.
  • Oregon's experience shows more suicides overall, as an unintended consequence.
    – Since legalizing PAS, Oregon's overall suicide rate has increased by 41%.
    – Rate higher than national

“... organ harvesting after euthanasia may be considered and accepted from ethical, legal and practical viewpoints in countries where euthanasia is legally accepted. This possibility may increase the number of transplantable organs and may also provide some comfort to the donor and his family, considering that the termination of [his] life may somehow help other human beings…”

Arguments For and Against PAS

Arguments for
• Patients fill the lethal prescription, keep in on hand, and have the option to use it if/when their suffering has become unbearable. Autonomy and control over time and place of death.

Arguments against
• Tens of thousands of unused, lethal, addictive drugs are unaccounted for when patient decides not to use it
  – no safeguards to ensure drugs stay out of hands of children and prescription drug dealers.
  – Typically 100 pills prescribed
  – Oregon: 468 X 100 = 46,800

Arguments For and Against PAS

Arguments for
• Undiagnosed depressed patients will always choose suicide. PAS Laws do not require ruling out of depression.
### Arguments For and Against PAS

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<th>Arguments for</th>
<th>Arguments against</th>
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<td>• Distrust of doctors will result, and especially inhibit minority access</td>
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<td>• Abuse of frail and elderly by family members for personal gain.</td>
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Interview with 84 year-old woman: "... my daughter began to question me about financial matters and apparently feels I won't leave much of an estate to her... She became very rude and said she thought it was okay for older people to commit suicide... So I sit, day after day, knowing what I am expected to do:"

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Arguments For and Against PAS

**Arguments for**

- It should never happen. Safeguards are in place.

**Arguments against**

- The Disabled will be pushed to choose PAS because their lives lack quality, and they are a costly burden.

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The Disabled: “lives not worth living”
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<td>- There is no “slippery slope”. Safeguards will work.</td>
<td>- Slippery slope: once death is accepted as a treatment for suffering, history teaches: the “red line” drifts back.</td>
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<td>- Holland: PAS &amp; euthanasia</td>
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<td>- Voluntary PAS could evolve into involuntary euthanasia of “lives not worth living”.</td>
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<td>- Involuntary sterilization could begin again.</td>
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**CAUTION**

SAFEGUARDS DON’T WORK

**THERE IS A SLIPPERY SLOPE**
“The most merciful thing that a large family does to one of its infant members is to kill it.”

—Margaret Sanger

Founder of Planned Parenthood

Arguments For and Against PAS

**Arguments for**
- Professional ethics and Safeguards are in place so that doctors will do the right thing.

**Arguments against**
- Grants Doctors too much power. (They are still human after all.)

“Of all the arguments against voluntary euthanasia, the most influential is the ‘slippery slope’: once we allow doctors to kill patients, we will not be able to limit the killing to those who want to die.”

Peter Singer, Professor Bioethics, Princeton
Arguments For and Against PAS

Arguments for
- Classifying a group as legally eligible for suicide, (too much pain and suffering) is good for the individual, and for society as it recognizes that “some lives are not worth living”;

“Quality of life trumps Equality of life”.

Arguments against
- “Classifying a group as legally eligible to be killed violates equality before the law.” (Anderson, Newsweek 3/26/15).

The Laws of the Land (Federal and State) should protect each individual equally, esp. life and liberty.

“Equality of life trumps Quality of life”

So what’s happening in NYS?
New York State Bill Status

• Called “Medical Aid in Dying Act”: AB2383 in Assembly; SB3151 in Senate.
• Sponsors: Sen. Savino; Assembly member, Paulin
• Drafted “with assistance of clergy, health care advocates, and community members”
• Would amend public health law to provide mentally competent, terminally ill New Yorkers with the right to request life-ending medication from their physician

NYS Proposed “Safeguards”

• 18 yo NY resident; able to communicate request to MD
• Two MD’s must document capacity
• Two MD’s must confirm terminal dx, within 6 mos.
• Patient must be informed of palliative/hospice option
• Both oral & written requests, with two adult witnesses:
  – not attending/consulting MD, mental health counselor
  – One must not be relative or potential heir to estate.
  – Can’t be owner or employee of patient’s current HC facility
• Not required to notify family; no screen for depression
• Prescribing MD confirms patient is not being coerced
• MD offers opportunity to withdraw the request
• Official Cause of death: underlying terminal illness

SO WHAT DO WE DO now?
There is always an easy solution to every problem - neat, plausible, and wrong.

H. L. Mencken,
20th C. Journalist and Cultural Critic
“...German doctors who participated in [involuntary] euthanasia viewed the killing of certain patients as a final treatment – an act that compassionately served the interests of the patients as well as their families and the Reich as a whole.”

(Wesley J. Smith, Forced Exit: Euthanasia, Assisted Suicide, and the New Duty to Die, 1997, p. 80)

The End

Thank you for your kind attention!

RESOURCES

- Culture of Death, the Age of Do Harm Medicine, Wesley J. Smith, 2016, Encounter Books
- Christian Medical Association: cmda.org
- Family Research Council: frc.org
- National Right to Life Committee: nrlc.org
- Life Issues Institute: lifeissues.org
- Patient’s Rights Council: patientsrightscouncil.org
- Life on Hold. Finding Hope in the Face of Serious Illness by Laurel Seller