# Ph ician-A i ed S icide

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**Medical professional codes have long prohibited physician involvement in assisting a patient's suicide. However, despite ethical and legal prohibitions, calls for the liberalization of this ban have grown in recent years.**

**The medical profession should articulate its views on the arguments for and against changes in public policy and decide whether changes are prudent. In addressing such a contentious issue, physicians, policymakers, and society must fully consider the needs of patients, the vulnerability of particular patient groups, issues of trust and professionalism, and the complexities of end-of-life health care. Physician-assisted suicide is prominent among the issues that define our professional norms and codes of ethics.**

**The American College of Physicians–American Society of Internal Medicine (ACP–ASIM) does not support the legalization of physician-assisted suicide. The routine practice of physician-assisted suicide raises serious ethical and other concerns. Legalization would undermine the patient–physician relationship and the trust necessary to sustain it; alter the medical profession's role**

self-image or the prospect of being in a long-term care or other facility. Some are alone, or are vulnerable in other ways.

The Institute of Medicine's report, "Approaching Death: Improving Care at the End of Life," found end-of-life care in the United States to be lacking in many ways (11), as did the $28 million Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment (12, 13). The cultural norm of medicine and of hospital life is to fight hard to preserve life, and in most cases this is the right thing to do. However, inappropriate aggressive care at the end of life can be emotionally, physically, and financially detrimental to patients, their families, and health care providers.

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Netherlands, both practices had been illegal but tolerated under detailed guidelines. Recently, these practices were legalized (52). Euthanasia was briefly legalized, from July 1996 to March 1997, in the Northern Territory of Australia (53).

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of hopelessness, indignity, or the belief that one's life has ended in a biographical sense but not yet ended biologically). In certain clinical situations, some aspects of suffering cannot be satisfactorily controlled with standard pharmacologic or surgical interventions. Many proponents of assisted suicide have argued that trust is eroded when physician-assisted suicide is not an option, or an option for discussion, in these circumstances. Physician-assisted suicide is, in this view, an act of compassion that respects patient choice and fulfills an obligation of non-abandonment (62–64).

Positions in favor of legalizing physician-assisted suicide are related to the contemporary trend toward emphasizing patient autonomy in bioethics and law. It is argued that the decision to end one's life is intensely personal and private, harms no one else, and ought not be prohibited by the government or the medical profession (65, 66).

### Arguments against Legalizing Physician-Assisted Suicide: The

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to public policy on assisted suicide. It is, however, medicine's responsibility to take a position on physician-assisted suicide.

We recognize that the thoughtful arguments of those who support the legalization of physician-assisted suicide are weighty and that particular cases will remain medically and ethically challenging. However, they do not outweigh the other vital interests at stake, nor do they warrant the risks associated with the legalization of physician-assisted suicide. Therefore, the ACP–ASIM concludes that physician-assisted suicide should be legally prohibited.

To the extent that this is a dilemma partly due to the failings of medicine to adequately provide good care and comfort at the end of life, medicine can and should do better. We must solve the real and pressing problems of inadequate care, not avoid them through solutions such as physician-assisted suicide. A broad right to physician-assisted suicide could undermine efforts to marshal the needed resources, and the will, to ensure humane and dignified care for all persons facing terminal illness or severe disability.

The ACP–ASIM again affirms a professional ethic to improve the care of patients and families facing these issues (104). But physician-assisted suicide should not become standard medical care. The ramifications are too disturbing for the patient–physician relationship and the trust necessary to sustain it; for the medical profession's role in society; and for the value our society places on life, especially on the lives of disabled, incompetent, and vulnerable persons.

In summary, the ACP–ASIM does not support the legalization of physician-assisted suicide. Its practice would raise serious ethical and other concerns, as outlined above. Physicians cannot give to individuals the control over the manner and timing of death that some seek. But, throughout patients' lives, including as patients face death, medicine must strive to give patients the care, compassion, and comfort they need and deserve.

From the American College of Physicians–American Society of Internal Medicine.

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