Is it time to change the AGS position on Physician-Assisted Suicide (PAS)?

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On behalf of the AGS Ethics Committee

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Objectives

• Define what is meant by the term PAS
• Discuss the historical context of PAS, including recent developments
• Obtain feedback from Reynolds meeting participants about whether/how the AGS Ethics Committee should change its position statement on PAS
PAS – Defining Features*

• Patient is terminally ill
• Patient has capacity
• Patient asks for this assistance
• Lethal medication is prescribed but not administered by the physician

*Disclaimer: The term PAS is controversial. Although PAS is more widely used, many advocate for the term PAD (Physician-Assisted Death).
## PAS is not VAE

<table>
<thead>
<tr>
<th>Physician Assisted Suicide</th>
<th>Voluntary Active Euthanasia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has terminal illness</td>
<td>Patient has limited life expectancy</td>
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<tr>
<td>Patient has capacity</td>
<td>Patient has capacity</td>
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<tr>
<td>Patient requests assistance in dying</td>
<td>Patient requests assistance in dying</td>
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<tr>
<td>Concern for cultural, social or familial</td>
<td>Concern for significant /undue physician influence or control of the process</td>
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<tr>
<td>Different levels of assistance</td>
<td>Physician administers lethal medication</td>
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<td>• Providing information</td>
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<td>• Providing means</td>
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<td>• Supervision/direct assistance</td>
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Physician Assisted Suicide – Ancient (but still relevant) History

• *Thou shalt not kill* - Ten Commandments

• *I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan* - Hippocrates

• *...has appointed me to watch over the life and health of Thy creatures...has appointed me to watch over the life and death of Thy creatures* - Maimonides Oath

• *I will be mindful always of my great responsibility to preserve the health and the life of my patients.... I will give no drugs for deadly purposes to any person, though it be asked of me* - Osteopathic Oath
Physician Assisted Suicide – More Recent History

• Australia legalized in 1995, rescinded legalization in 1997
• De-criminalized in Netherlands, Switzerland
• Legal in Canada
• Recently re-rejected in Great Britain
• Legalization in Oregon, Washington, Montana, New Mexico, Vermont, and most recently in California
Where states stand on the medical practice of aid-in-dying

- States that allow doctors to write lethal prescriptions for dying patients to self-administer
- States with outright statutory bans or case law prohibiting the practice
- States with no specific statute or case law or are otherwise unclear on the legality of assisted suicide

*A second district court judge in New Mexico ruled in January that medical aid-in-dying is legal in New Mexico. The state has appealed the case to the New Mexico Court of Appeals.

Source: Compassion & Choices
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Trends in Public Support for Physician Participation

Increasing Support for Doctor-Assisted Suicide

When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should or should not be allowed by law to assist the patient to commit suicide if the patient requests it?

Source: Gallup
Note: Question wording varied from above between 1996-1999. It was “When a person has a disease that cannot be cured and is living in severe pain, do you think doctors should be allowed by law to assist the patient to commit suicide if the patient requests it, or not?”

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AGS Position Statement

• Last updated 2002
• Acknowledges that doctrine of double effect
• Requests for PAS should prompt thorough exploration
• Cites aggressive palliation and withdrawal of treatment as options
• Supports continued prohibition, cites allowing PAS as opening a door for coercion and abuse
Other Position Statements

• American Academy of Neurology - 1998
• American Academy of Hospice and Palliative Medicine - 2007
• American College of Physicians - 2001
• American Medical Association - 1995
After struggling, Jerry Brown makes assisted suicide legal in California
PAS in California

• “In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn’t deny that right to others.”

  – California Gov. Jerry Brown

Physician Assisted Suicide in California

• “...the governor's background is very different than that of millions of Californians living in healthcare poverty without that same access — these are the people and families potentially hurt by giving doctors the power to prescribe lethal overdoses to patients.”

  — Tim Rosales, Californians Against Assisted Suicide

Concerns about PAS

• Does it change the role of the physician?
• Might its availability undermine trust in the medical profession?
• Will it contribute to disparities in access to health care? To palliative care?
• Will it happen anyway if/where it is not legal? (yes)
• Is PAS patient-centered?
Geriatrics-centric Concerns

2/3 of Death with Dignity Act deaths in OR and WA involve older adults

- Would support for the allowability of PAS endanger vulnerable populations?
  - Is the issue of capacity more likely to ‘confound’ a patient’s request for PAS, in older vs. younger adults?

- Is voluntarily stopping eating and drinking the best option for our patients who want to hasten death?
Initial reactions from the audience 
(15 minutes)

• Please approach one of the microphones to comment on any aspect of PAS
Table work
(30 minutes)

• Each table will be provided a worksheet with 1 of 5 topics related to PAS
  – Each topic reflects key aspects of PAS concurrently under consideration by the AGS Ethics Committee
• Each table will designate a scribe who will record on the worksheet the table’s recommendations for the AGS Ethics Committee
• A spokesperson from each table will have an opportunity to present these recommendations during the subsequent large group session
• Please leave your group’s comments on the table
Large group discussion
(25 minutes)

• We will spend 5 minutes per topic
  – We invite one spokesperson for each table addressing Topic 1 to approach the podium
• Once each of the Topic 1 tables have had a chance to speak, we will move on to Topic 2, and so forth.
• After all topics have been discussed, we will open the floor for discussion on these topics or any other topics pertaining to PAS.
Topic 1: Terminology
(5 minutes)

• *Is the term Physician-Assisted Suicide (PAS) appropriate?*

• *Would another term, such as Physician-Assisted Death (PAD), be more appropriate?*
Topic 2: Relationship between PAS Appropriateness and Palliative Care (5 minutes)

• Is PAS allowable only after a course of palliative care/can one with terminal illness and capacity simply elect PAS?

• If PAS is legal/allowable, does the medical community have the right to require a (failed or even successful) trial of palliative care prior to PAS?
Topic 3: Responsibility
(5 minutes)

• *Is the role of assisting individuals with terminal illness who wish to end their lives the responsibility of someone other than a physician?*
  
  – This question comes from the concern raised by some professional organizations that the physician filling this role undermines an otherwise sacred relationship.

• *If this is someone else’s responsibility, whose is it?*
Topic 4: Safeguards
(5 minutes)

• Assume that PAS has just become legal in your State and you have been asked to design safeguards to prevent abuse, including overuse and premature use.

• What do these safeguards look like?
Topic 5: Ethical Principles
(5 minutes)

• Please express how the ethical principles of autonomy, justice, beneficence and non-maleficence should influence individual and organizational notions of PAS’s allowability/justification.

• Please indicate other ethical frameworks, if any, which might apply to this question.