



End of Life Ethics and Physician Assisted Suicide.

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University of Michigan



FIRST

DO NO HARM.

HIPPOCRATES



STOP

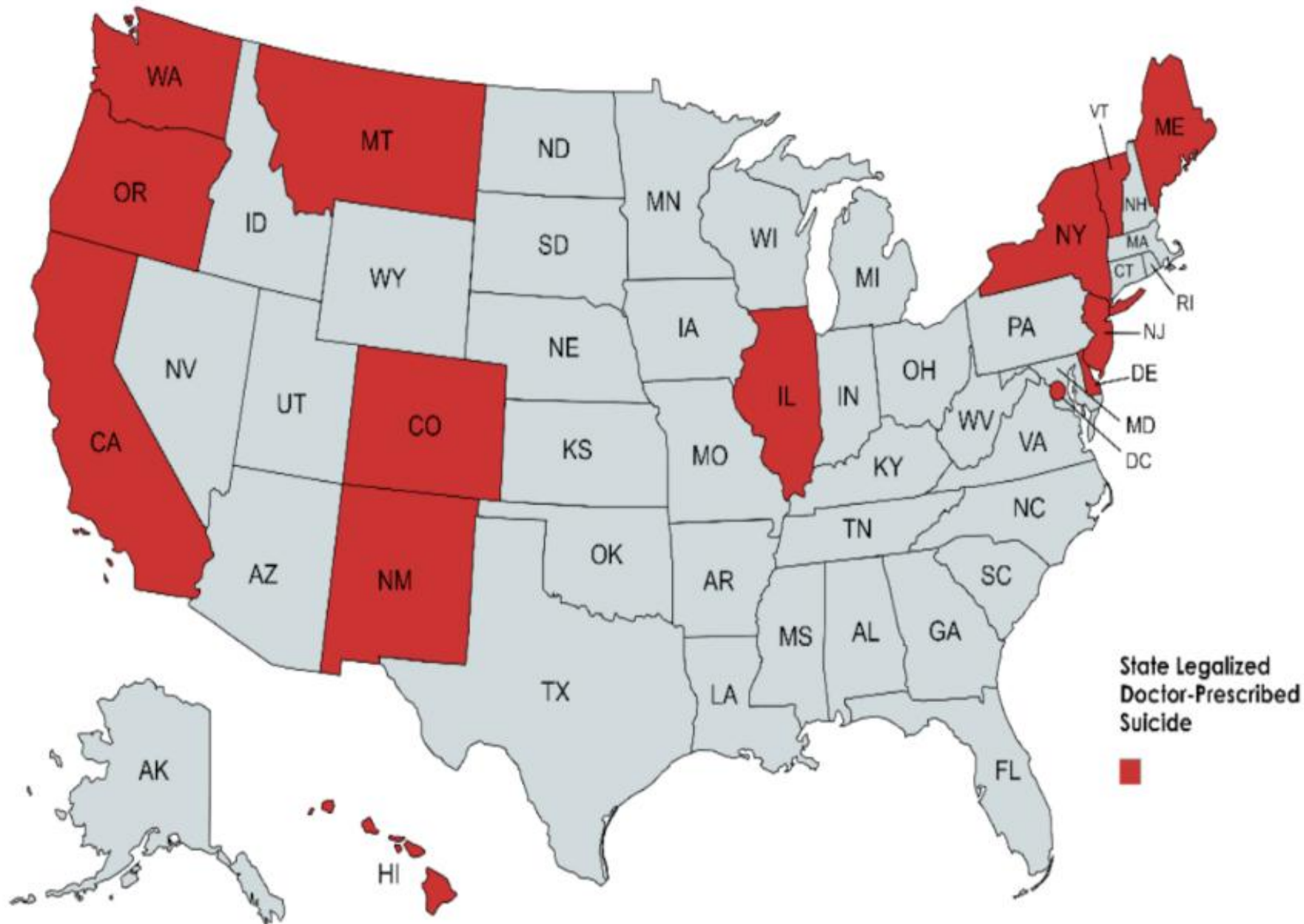
SUFFERING

My Four Central Arguments

- PAS violates the intrinsic dignity of the human person.
- PAS puts the vulnerable at risk as it shifts our understanding of what lives are valuable and which lives are worthy of protection and public support.
- PAS, when legalized, takes on a logic of its own that goes well beyond the original intention.
- PAS – when understood as health care – undermines the very nature of any coherent understanding of a profession or practice of medicine geared toward certain ends.

A black and white photograph of a patient lying in a hospital bed. A doctor is standing by the side of the bed, leaning over the patient. The scene is dimly lit, with a window in the background. The text "PHYSICIAN ASSISTED SUICIDE" is overlaid in large, white, bold, sans-serif capital letters across the center of the image.

**PHYSICIAN ASSISTED
SUICIDE**



Legalized in:

1. California
2. Colorado
3. Delaware
4. District of Columbia
5. Hawaii
6. Illinois
7. Maine
8. Montana
9. New Jersey
10. New York
11. New Mexico
12. Oregon
13. Vermont
14. Washington State

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OPINION

LETTERS

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The AMA Says No to ‘MAID’

The association takes a brave stand against a euphemism.








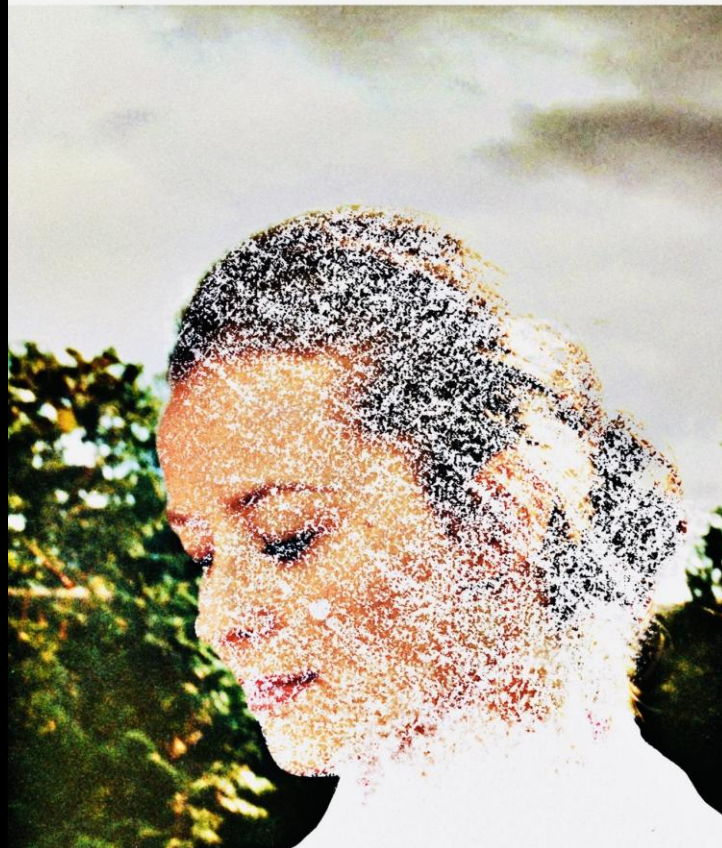
LETTER FROM BELGIUM

THE DEATH TREATMENT

By Rachel Aviv

June 15, 2015

 Save this story



How?



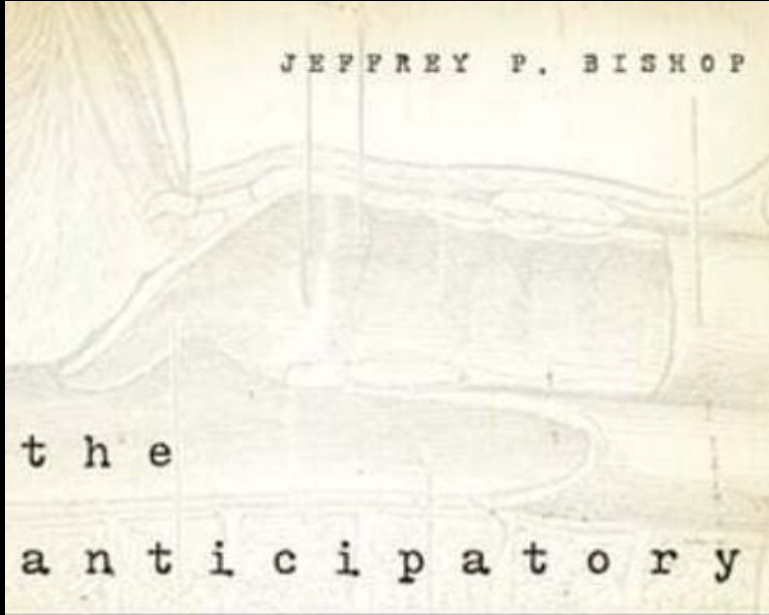
conscience noun

con·science

'kän(t)-shən(t)s 



JEFFREY P. BISHOP



the
anticipatory
corpse



—
MEDICINE,
POWER, AND
THE CARE OF
THE DYING
—





@IR-ARTWORK

**"YOUR
BODY
IS NOT A
TEMPLE. IT'S AN
AMUSEMENT PARK,
ENJOY THE RIDE."
-ANTHONY BOURDAIN**

Who is advocating for physician assisted suicide? Why might people request it?

Compassion & Choices

Improving care. Expanding end-of-life options.
Empowering everyone to chart their end-of-life journey.

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Most frequently cited reasons for choosing assisted suicide:



96.2%

DECREASING **ABILITY** TO
PARTICIPATE IN ACTIVITIES
THAT MADE LIFE ENJOYABLE



92.4%

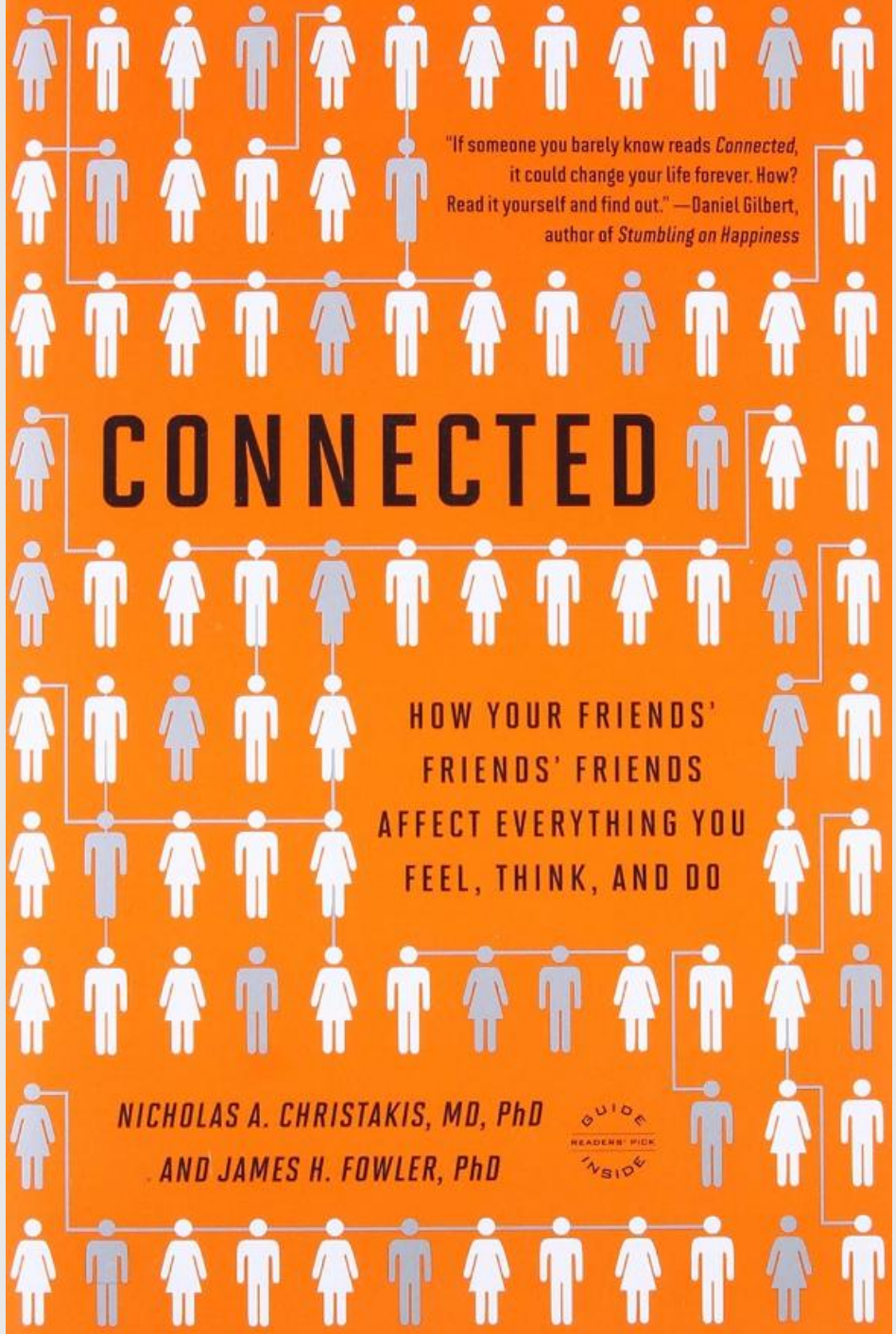
LOSS OF **AUTONOMY**



75.4%

LOSS OF **DIGNITY**

“But unlike abortion, this only affects one person – let people decide for themselves!”



"If someone you barely know reads *Connected*, it could change your life forever. How? Read it yourself and find out." —Daniel Gilbert, author of *Stumbling on Happiness*

CONNECTED

HOW YOUR FRIENDS' FRIENDS' FRIENDS AFFECT EVERYTHING YOU FEEL, THINK, AND DO

NICHOLAS A. CHRISTAKIS, MD, PhD
AND JAMES H. FOWLER, PhD

GUIDE
READERS' PICK
INSIDE



ELSEVIER

European Economic Review

Volume 145, June 2022, 104113

Is assisted suicide a substitute for unassisted suicide?

Sourafel Girma^a✉, David Paton^b✉

Posner hypothesised that the legalisation of assisted suicide may substitute for unassisted (unregulated) suicide. We test predictions arising from this hypothesis using data from US states that have legalised assisted suicide. Event study regression estimates provide strong evidence that legalisation of assisted suicide is associated with an increase in total suicides, especially for females and older people. There is some evidence that assisted suicide laws



ELSEVIER

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We need a coherent way to think about suicide in this country.

SEPTEMBER IS

SUICIDE PREVENTION AWARENESS MONTH

#SUICIDEPREVENTIONMONTH | #SPM24

SAMHSA



“You religious people need to keep your beliefs off my body.”

NOT DEAD YET
The Resistance

News > World > Americas

Paralympian claims Canada offered to euthanise her when she asked for a stairlift

'I have a letter saying that if you're so desperate, madam, we can offer you... medical assistance in dying,' Christine Gauthier told a Canadian veterans affairs committee

Bevan Hurley • Sunday 04 December 2022 13:06 GMT • 6 Comments





ASSIST US TO LIVE
not dead yet

OUT CARE FIRST
NOT KILLING

OUT CARE FIRST
care NOT KILLING

VOTE
care

DO NOT HARASS
Our duty of care
Ourdutyofcare.org.uk

OR EXPENSIVE!
Our duty of care
Ourdutyofcare.org.uk

ASSIST US TO LIVE
SUICIDE

SAFE
AREN'T SAFE

not dead yet
UK
IT WON'T BE OUR CHOICE FOR LONG.

CHOICE FOR A FEW MEANS COERCION FOR MANY
care

IF IN DOUBT,

ASSIST US TO LIVE

DO NOT MAKE

Ca

YET

DO

DO

DO NOT MAKE

“I want to die peacefully and in control.”

**WE WANT A
PEACEFUL
DYING**

**I support
death with dignity.**

Commission



[Br Med Bull.](#) 2022 Mar; 142(1): 15–22.

Published online 2022 May 4. doi: [10.1093/bmb/ldac009](https://doi.org/10.1093/bmb/ldac009)

Efficacy and safety of drugs used for ‘assisted dying’

[Ana Worthington](#),[✉] [Ilora Finlay](#), and [Claud Regnard](#)

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#) [PMC Disclaimer](#)

One of the primary purposes of introducing ‘assisted dying’ legislation is to provide a ‘safe and comfortable’ death to patients who believe they will otherwise have to endure unbearable suffering at the end of life.⁶ Fear of future suffering and the desire to control one’s death are among the most prevalent reasons for patients requesting an ‘assisted’ death.^{21,22} Given these aims, the drugs used should have a high level of efficacy, bringing about death quickly, as well as a high degree of safety, bringing about death without distressing adverse effects.

No single or combination of drugs is agreed to be most effective for ending a human life. Drugs used for medical purposes are required to undergo a stringent approval process in order to assess efficacy and safety. But the drugs being used for 'assisted dying' have not undergone such process; the safety and effectiveness of previous and current combinations of lethal drugs is largely unknown. Canada's MAiD protocol concedes this.^{[3](#)}



There is also evidence that 'assisted' deaths may be distressing for patients and their loved ones.^{[4,5](#)}

We found that a wide variety of lethal drug combinations are used for people who want their life ended, as shown in [Table 1](#) and [2](#). We also conclude that the prevalence of complications and failures in intentionally ending life suggest that 'assisted dying' applicants are at risk of distressing deaths. This holds significant implications for the inclusion of 'assisted dying' in clinical practice,

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[Viewpoint page 1139](#)

Is Medical Assistance in Dying Part of Palliative Care?

Whatever one's view on medical assistance in dying (MAID), an underlying question is whether it should be considered part of palliative care. The Canadian Hospice Palliative Care Association takes the stance that MAID “definitionally fall(s) outside of the scope of palliative care.”¹ This is a historical perspective dating to Hippocratic injunctions against a fatal draught. But with the advent of euthanasia and assisted suicide as legal life-ending options in various jurisdictions, the insistence on separation between palliative care and MAID has been questioned. Although some assert the purposeful hastening of death should always be outside the scope of medical practice,² others contend that respect for patient choice at life's end is central to modern notions of patient-centered care. Setting those considerations aside, this article seeks to determine whether MAID is part of palliative care, based on characteristics embed-

of antibiotics or a surgical intervention. This tailoring of a therapy to a specific condition, drawing on evidence-based guidelines, is violated under MAID, where patient preference effectively dictates practice. By way of example, Canadians seeking MAID are under no obligation to try other treatments they deem unacceptable. In those instances, physicians may have to dispense with *parsimony*—despite their clinical judgment pointing toward other options—yielding to the patient's intent on receiving MAID.

The final canon, *discretion*, is closely related to parsimony and scope of practice. Discretion “counsels that an awareness of the limits of medical knowledge and practice should guide all treatment decisions.” Since MAID was launched in Canada, eligibility has broadened from those whose deaths are reasonably foreseeable, to individuals who are not dying but living with disability; with consid-

In accordance with international standards and practices, Statistics Canada has always coded causes of death according to the World Health Organization's International Classification of Diseases and Related Health Problems (ICD) and is currently using the 10th revision.

Using the rules outlined in the ICD-10, a singular underlying cause of death is determined, which is used to tabulate mortality statistics by Statistics Canada. **There is no code for MAID in the ICD-10. Death certificates for individuals who received MAID are coded based on the person's medical condition.**

Observational Study

> BMC Palliat Care. 2023 Apr 26;22(1):51. doi: 10.1186/s12904-023-01155-y.

Accuracy of clinical predictions of prognosis at the end-of-life: evidence from routinely collected data in urgent care records

M Orlovic ^{1 2}, J Droney ^{3 4}, V Vickerstaff ⁵, J Rosling ¹, A Bearne ¹, M Powell ¹, J Riley ^{1 2},
P McFarlane ¹, J Koffman ⁶, P Stone ⁵

Affiliations [+](#) expand

PMID: 37101274 PMCID: [PMC10131555](#) DOI: [10.1186/s12904-023-01155-y](#) [↗](#)

“But aren’t more choices always a good thing?”

'I'm scared I'll be pushed into an assisted death': disabled activists raise concerns over the proposed bill

Disabled activists urge Parliament to vote against the Assisted Dying Bill.



George Fielding BEM says disabled people already feel like a burden to their families or caregivers

Hospices' plea for funding as services are slashed







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Fourth annual report on Medical Assistance in Dying in Canada 2022

MAiD for children and teens

A special committee of MPs and Senators studying MAiD has recommended allowing MAiD for mature minors.

A mature minor is a child or teen who is deemed capable of making a decision for MAiD. **This would essentially remove the minimum age of eligibility.**

The committee also suggested parents may not be consulted and wouldn't need to consent to their child's death via MAiD.

Children are uniquely vulnerable.
Canada's first priority must be to provide high quality medical care for children.



MAiD for mental illness

MAiD for mental illness is expected to be implemented in March 2027.

Hopelessness and despair can be a symptom of mental illness.

Many Canadians struggle with mental health. There are limited treatment options and it can be difficult to access care.

One in 10 people will experience a mental health condition in their lifetime. For many, the symptoms are severe and long-lasting, leading to significant disability and suffering.



OPINION > **OPINION COLUMNISTS** · Opinion, Opinion
Columnist

Assisted suicide was offered to my friend Jane Allen. She had an eating disorder. (Opinion)



OPINION LETTERS

Letter: Harm has no place in medicine

Dr. Kristin M. Collier writes, "How will my patients trust me if they are not sure if I am fully invested in healing them?"



LETTER TO THE EDITOR

Opinion by Dr. Kristin M. Collier

February 19, 2024 at 12:03 PM

FREE EXPRESSION

Physician-Assisted Suicide Isn't Healthcare

We all took an oath to do no harm. That includes killing our patients.

By Kristin Collier

April 13, 2026 6:15 am ET



Save

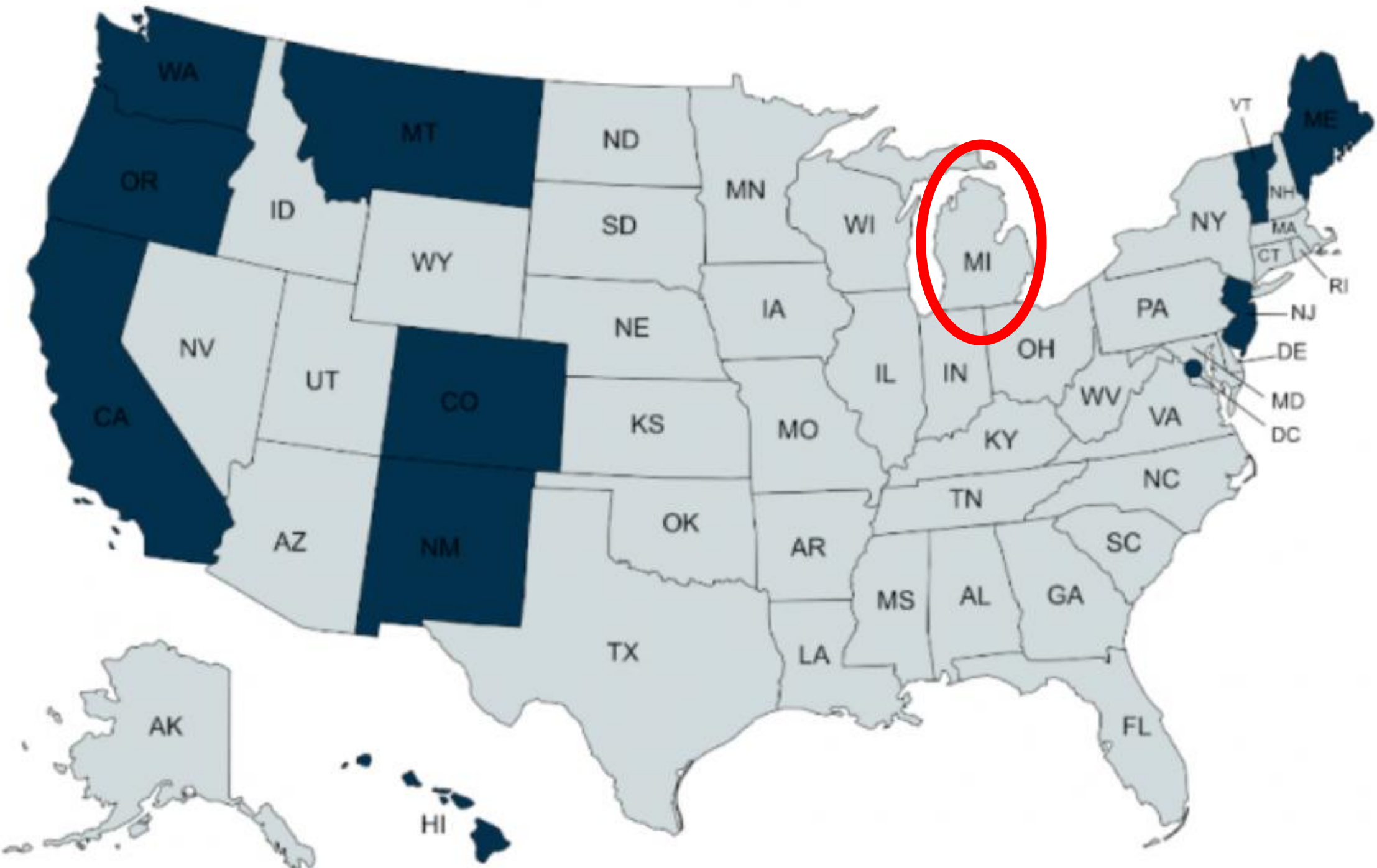


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PHOTO: GETTY IMAGES

The law is a teacher.







Harm M.D.



B.J. Harris M.D.



A.R. Heasty M.D.



R. Keskey M.D.



J. Kevorkian M.D.



A.J. Kiessling Jr. M.D.

W.W.



LOCAL

Carney says he wasn't 'comfortable' approving end-of-life options bill; vetoes legislation

Isabel Hughes and Amanda Fries Delaware News Journal
Published 1:08 p.m. ET Sept. 20, 2024 | Updated 3:42 p.m. ET Sept. 20, 2024



SHOTS - HEALTH NEWS

Maryland seemed poised this year to legalize medical aid in dying. What happened?

SEPTEMBER 30, 2024 · 7:00 AM ET

By Scott Maucione



COURTHOUSE NEWS SERVICE

Free Litigation R

Assisted suicide rejected in Massachusetts, but court leaves room to revisit it

New York's Highest Court Summarily Rejects a Constitutional Challenge to New York's Ban on Physician-Assisted Suicide

News | Jun 6, 2023

DESPITE WIDESPREAD SUPPORT, NEVADA GOVERNOR VETOES END-OF-LIFE OPTIONS BILL

FROM





Assisted Suicide Laws

Are Dangerous and Discriminatory

LEARN MORE

[Back to Chapter 5](#)

[← Caring for Patients at the End of Life](#)


OPINION 5.7

Physician-Assisted Suicide

Opinion 5.7

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.



Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life.





News > Science

DEATH MACHINE Controversial Sarco 'suicide capsule' that 'kills peacefully in 5 minutes' gets go-ahead

Jamie Harris, Technology and Science Reporter



OPINION
GUEST ESSAY

In Medicine, the Morally Unthinkable Too Easily Comes to Seem Normal

May 7, 2024



Lindsey Beal



By Carl Elliott

Dr. Elliott teaches medical ethics at the University of Minnesota. He is the author of the forthcoming book 'The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No,' from which this essay is adapted.

More in the story: I remember it: The year is 1985, and a few medical

In Medicine, the Morally Unthinkable Too Easily Comes to Seem Normal

May 7, 2024



Lindsey Beal



By Carl Elliott

Dr. Elliott teaches medical ethics at the University of Minnesota. He is the author of the forthcoming book *The Occasional Human Sacrifice: Medical Experimentation and the Price of Saying No*, from which this essay is adapted.

“Medical traditions are notoriously difficult to uproot, and academic medicine does not easily tolerate ethical dissent.”

One of the great mysteries of human behavior is how institutions create social worlds where unthinkable practices come to seem normal.”



"Physician Assisted Suicide/MAiD, Dignity, Autonomy," Profs. Margaret Battin and Kristin Collier



NRT Nouvelle revue théologique

@Dirnrt



Replying to [@koztoujours](#)

Entendu en 1990 de la bouche du pr. Lejeune : "un jour viendra où des cliniques inscriront à leur porte 'ici on ne tue pas' et les patients se rueront vers ces lieux de vie".

Translated from French by [Google](#)

Heard in 1990 from the mouth of pr. Lejeune: "a day will come when clinics will sign on their door 'here we do not kill' and patients will rush to these places of life".

We shall not weary, we shall not rest until all the elderly who have run life's course are protected against despair and abandonment. Protected by the rule of law and the bonds of love. We shall not weary, we shall not rest, as we stand guard at the entrance gates and the exit gates of life, and at every step along the way of life, bearing witness in word and deed to the dignity of the human person – of every person.

– Richard John Neuhaus