



THE NATIONAL CATHOLIC BIOETHICS CENTER

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February 14, 2017

Dr. Andrew W. Gurman, MD
AMA President
330 N Wabash, Ste 43482
Chicago IL 60611-5885

Dr. Bette Crigger, PhD
Secretary, Council on Ethical and Judicial Affairs
American Medical Association
330 N Wabash, Ste 43482
Chicago IL 60611-5885

Re: Potential Position of Neutrality on Physician Assisted Suicide

Dear Drs. Gurman and Crigger:

I am writing on behalf of The National Catholic Bioethics Center (Center) to ask you not to reverse your longstanding opposition to physician assisted suicide, which is consistent with your duty as physicians to respect justice and to do no harm.

The Center is a non-profit research and educational institute committed to applying the moral teachings of the Catholic Church to ethical issues arising in health care and the life sciences. The Center provides consultations to institutions and individuals seeking its opinion on the appropriate application of Catholic moral teachings to these ethical issues. The Center has 2500 members (many of whom are institutional members representing thousands of persons) throughout the United States.

As the largest provider of non-profit, non-government health care in the United States (and worldwide), the Catholic Church is intimately aware of the needs of persons experiencing end-of-life care issues. Ultimately, those needs can be addressed by expert palliative care, including physical, psycho-social, and spiritual care. Data from the Oregon Department of Health (the state with the longest experience with physician assisted suicide), clearly indicate

that fear of abandonment is the reason for requesting physician assisted suicide.¹ Pain and finances currently are the least frequent reasons for such requests.² However, there is growing evidence with reimbursement policies that providing the drug for enabling physician assisted suicide will be funded when treatment protocols are not.³ In fact, data are clear that Oregon victims of physician assisted suicide often have no health insurance or are covered only by Medicare or Medicaid (a total of 42.8%).⁴ They are financially vulnerable populations, who again, need our care and advocacy, not our assistance to kill themselves.

Increasingly, it is evident that, in countries that have legalized physician assisted suicide, eligibility has moved from a patient having a terminal illness to having cognitive and physiological impairments,⁵ and from assisting a person to die, to active euthanasia.⁶ Informed consent is being eroded, and parents can consent to the assisted death of their children.⁷ All of this should provide great concern for a profession charged with providing just and beneficent care to patients.

As a health care provider, I remain greatly concerned over the implications of the lack of autonomy of health care providers, as evidenced in Vermont,⁸ as well as in Canada.⁹ When something becomes legal, that does not necessarily equate to ethical, as time has demonstrated. Physicians are not vending machines, responsible for delivering services at the demand of a patient. There is nothing more apt to erode the autonomy of physicians to deliver just and beneficent care than an ethic that sees no limitations on what patient autonomy can demand of a health care provider.

¹ See Oregon Public Health Division, "Table 1. Characteristics and end - of - life care of 991 DWDA patients who have died from ingesting DWDA medications, by year, Oregon, 1998 - 2015," Oregon Death with Dignity Act 2015 Data Summary: Loss of autonomy (91.6%), loss of dignity (78.7%), and being a burden (41.1%) all equate to a fear of abandonment as a patient moves to an inevitable reliance on others. <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>.

² Ibid.

³ Bradford Richardson, "Assisted-Suicide Law Prompts Insurance Company to Deny Coverage to Terminally Ill California Woman," *The Washington Times* (Thursday, October 20, 2016). <http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/>.

⁴ Op cit Oregon Public Health Division.

⁵ Rachel Aviv, "The Death Treatment: When should people with a non-terminal illness be helped to die?" Letter from Belgium, *The New Yorker* (June 22, 2015 Issue). <http://www.newyorker.com/magazine/2015/06/22/the-death-treatment>.

⁶ Rachel Roberts, "Doctor who asked dementia patient's family to hold her down while she gave lethal injection cleared: Panel finds the doctor acted 'in good faith' in controversial case," *Independent* (February 5, 2017). <http://www.independent.co.uk/news/world/europe/doctor-netherlands-lethal-injection-dementia-euthanasia-a7564061.html>.

⁷ "Under 12s have right to die: Dutch paediatricians," *Times Live* AFP (2015-06-19 14:32:10.0). <http://www.timeslive.co.za/world/2015/06/19/Under-12s-have-right-to-die-Dutch-paediatricians>.

⁸ Bradford Richardson, "Vermont doctors push back against assisted-suicide requirement," *The Washington Times* (Thursday, July 21, 2016). <http://www.washingtontimes.com/news/2016/jul/21/vermont-doctors-push-back-against-assisted-suicide/>.

⁹ Lynn Wardle, "Canada's assisted suicide warning: Physicians' conscience rights at stake," *New Boston Post* (March 23, 2016, 6:37 EST). <http://newbostonpost.com/2016/03/23/canadas-assisted-suicide-warning-physicians-conscience-rights-at-stake/>.

There is so much at stake if the American Medical Association, which is not only an advocate for patients, but also for the integrity of the profession, takes a neutral position on physician assisted suicide. It is well known that such a change in position caused the California enabling legislation to pass.¹⁰ Our health care professions cannot abdicate their responsibilities to protect the most vulnerable from irreversible decisions such as premature death. There are so many options for effective palliative care, even if the side effects of such care indirectly contribute to an earlier death. But to directly intend the end of a patient's life is the antithesis of good medicine, and eventually will erode the sacred trust between society and the medical profession.

Please retain your position of opposition to the legalization of physician assisted suicide.

Sincerely yours,

Dr. Marie T. Hilliard, MS, MA, JCL, PhD, RN
(Electronic Signature)

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¹⁰ Kathy Robertson, "‘Neutral’ stance by doctors helped pave path to historic assisted-suicide law," *Sacramento Business Journal* (Oct 5, 2015, 2:43pm PDT). <http://www.bizjournals.com/sacramento/news/2015/10/05/neutral-stance-by-doctors-helped-pave-path-to.html>.