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The Alternative to Physician-Assisted Suicide: Respect Human Dignity and Offer True Compassion

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Allowing physician-assisted suicide (PAS) would be a grave mistake for four reasons, as explained in a Heritage Foundation *Backgrounder*, "Always Care, Never Kill."[1] First, it would endanger the weak and vulnerable. Second, it would corrupt the practice of medicine and the doctor–patient relationship. Third, it would compromise the family and intergenerational commitments. And fourth, it would betray human dignity and equality before the law. Instead of helping people to kill themselves, we should offer them appropriate medical care and human presence.

This *Issue Brief* focuses on alternatives to physician-assisted suicide. People seeking PAS typically suffer from depression or other mental illnesses, as well as simply from loneliness. We should respond to suffering with true compassion and solidarity. For those in physical pain, pain management and other palliative medicine can manage their symptoms effectively. For those for whom death is imminent, hospice care and fellowship can accompany them in their last days. Anything less falls short of what human dignity requires. The real challenge facing society is to make quality end-of-life care available to all.

This paper, in its entirety, can be found at **http://report.heritage.org/ib4409**

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Mental Health and Palliative Care: True Compassionate Treatment

Instead of embracing PAS, we should respond to suffering with true compassion. Most people seeking PAS suffer from depression or other mental illnesses, physical illness, or simply loneliness. Dr. Aaron Kheriaty notes:

> Suicidal individuals typically do not want to die; they want to escape what they perceive as intolerable suffering. When comfort or relief is offered, in the form of more-adequate treatment for depression, better pain management, or more-comprehensive palliative care, the desire for suicide wanes.[2]

Rather than helping suicidal people to kill themselves, we should offer them treatment and support. For those in physical pain, palliative care and other pain management can manage their symptoms effectively. For those for whom death is imminent, hospice care and fellowship to accompany them in their last days is what a true death with dignity looks like. Victoria Reggie Kennedy has said it best:

> My late husband Sen. Edward Kennedy called quality, affordable health care for all the cause of his life. [PAS] turns his vision of health care for all on its head by asking us to endorse patient suicide—not patient care—as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line.[3]

Palliative care focuses on improving a patient's quality of life by alleviating pain and other distressing symptoms of a serious illness. Palliative care is an option for people of any age at any stage in illness, whether that illness is curable, chronic, or life threatening.

When a patient receives a terminal or life-altering diagnosis, the subsequent life changes are not limited to the medical challenges. Patients encounter the physical trauma of the medical diagnosis while also experiencing psychological difficulties, social changes, and even existential concerns. In Oregon Health Authority research, 91 percent of those who were assisted with suicide cited loss of autonomy as their motivation to end their lives, and 71 percent cited loss of dignity as their motivation. Only 31 percent cited inadequate pain control.[4] These needs require different forms of care. Palliative care seeks to take into consideration every facet of the patient's situation—with professionals who can attend to all aspects of the patient's needs.

The most common structure in which patients receive palliative care is in hospice. Hospice care can be provided in patients' homes, hospice centers, hospitals, long-term care facilities, or wherever a patient resides. By rejecting PAS and committing to palliative care and hospice care, we can better people's lives at the end of life. As Dr. Leon Kass notes:

> We must care for the dying, not make them dead. By accepting mortality yet knowing that we will not kill, doctors can focus on enhancing the lives of those who are dying, with relief of pain and discomfort, moral and social support, and, when appropriate, the removal of technical interventions that are merely useless or degrading additions to the burdens of dying.[5]

Regrettably, palliative care is not as widely available as it should be. The United States has only one palliative care physician for every 1,200 persons living with a serious or life-threatening illness. Even with the aging population, only 63 percent of hospitals report a palliative care program.[6]

In order to increase the availability and understanding of palliative care, medical schools should ensure that students are trained in managing pain and other common distressing symptoms and that they learn how to talk to patients about palliative options at the end of life. As Drs. Hendin and Foley note, when there is a lack of comprehensive support for patients with terminal or life-altering diagnosis, "the focus shifts away from relieving the distress of dying patients considering a hastened death to meeting the statutory requirements for assisted suicide."[7] This we must resist.

Conclusion: Always to Care, Never to Kill

Doctors should help their patients die a dignified natural death, but doctors should not assist in killing or self-killing. Physicians are always to care, never to kill.

Physician-assisted suicide endangers the weak and marginalized in society. Where PAS has been allowed, safeguards that were put in place to minimize this risk have proved inadequate and over time have been weakened or eliminated altogether.

1. See Ryan T. Anderson, "Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality," Heritage Foundation *Backgrounder* No. 3004, March 24, 2015, http://www.heritage.org/research/reports/2015/03/always-care-never-kill-how-physician-assisted-suicide-endangers-the-weak-corrupts-medicine-compromises-the-family-and-violates-human-dignity-and-equality.
2. Aaron Kheriaty, "Apostolate of Death," *First Things*, April 2015, p. 19.
3. Victoria Reggie Kennedy, "Question 2 Insults Kennedy's Memory," *Cape Cod Times*, November 3, 2012, http://www.capecodtimes.com/article/20121027/OPINION/210270347 (accessed March 5, 2015).
4. Oregon Public Health Division, "Oregon's Death with Dignity Act—2014."
5. Leon R. Kass, "Dehumanization Triumphant," *First Things*, August 1996, http://www.firstthings.com/article/1996/08/002-dehumanization-triumphant (accessed January 28, 2015). Elsewhere, Kass adds that "death with dignity, understood as living dignifiedly in the face of death, is not a matter of pulling plugs or taking poison." Leon R. Kass, *Life, Liberty and the Defense of Dignity: The Challenge for Bioethics* (San Francisco: Encounter Books, 2002), p. 249.
6. R. Sean Morrison and Diane E. Meier, "America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals," Center to Advance Palliative Care and the National Palliative Care Research Center, May 2011, p. 9, http://reportcard.capc.org/pdf/state-by-state-report-card.pdf (accessed January 30, 2015).
7. Herbert Hendin and Kathleen Foley, "Physician-Assisted Suicide in Oregon: A Medical Perspective," *Michigan Law Review*, Vol. 106, No. 8 (June 2008), p. 1616.

Introducing PAS changes the culture in which medicine is practiced. It corrupts the profession of medicine by permitting the tools of healing to be used as techniques for killing. It also distorts the doctor–patient relationship by reducing patients' trust of doctors and doctors' undivided commitment to the healing of their patients. Physician-assisted suicide also creates perverse incentives for insurance providers and the financing of health care.

Worse yet, PAS negatively affects our entire culture. The temptation to view elderly or disabled family members as burdens will increase, as will the temptation for elderly and disabled family members to view themselves as burdens. Instead of solidarity through civil society and true compassion, PAS creates quick-fix, discriminatory, and lethal solutions.

The most profound injustice of PAS is that it violates human dignity and denies equality before the law. Every human being has intrinsic dignity and is the subject of immeasurable worth. No natural right to PAS exists, and arguments for such a right are incoherent. A legal system that sought to vindicate a right to assisted suicide would jeopardize the real natural right to life for all of its citizens.

For all of these reasons, citizens and policymakers need to resist the push for physician-assisted suicide.[8]

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8. Anderson, "Always Care, Never Kill."