



LANGUAGE MATTERS

As society considers important social questions, language is important. Words matter. Reporters and editors often use the term 'assisted suicide' to describe a terminally ill patient's choice to shorten a dying process that the patient finds unbearable. But this is the terminology of zealous opponents of this choice. Why would journalists adopt the language preferred by those opposed to this option?

Language evolves. In the same way that people with disabilities were once referred to as "crippled" or "handicapped," and people with developmental disabilities were referred to as "retarded," the words we use and the philosophies behind them change over time.

Medical, health policy and mental health professionals recognize that the terms "suicide" and "assisted suicide" are inaccurate, biased and pejorative in this context. Increasingly, mainstream medical, mental health and health policy organizations have adopted the term "aid in dying" to refer to this choice.

PROponents' LANGUAGE

Proponents argue that it's inaccurate to call it suicide when a dying patient chooses to ingest medication to bring about a peaceful death. Labeling that "suicide," is politicized language that implies a value judgment and carries with it a social stigma. Compassion & Choices, a national nonprofit organization working to improve care and expand choice at the end of life, believes the term "aid in dying" is accurate, value neutral, and understandable. This practice is legal in Oregon, Washington and Montana.

OPponents' LANGUAGE

Opponents of aid in dying use the terms "suicide" and "assisted suicide." The suffix "-cide" is defined as "to kill." It is most commonly used to denote illegal or egregious acts such as "homicide," "genocide," or "infanticide." The natural association "suicide" has with those words implies criminal activity when the term "physician-assisted suicide" is used. This is particularly beneficial to opponents when advocating against individual choice at the end of life.

VALUE-NEUTRAL LANGUAGE

To avoid media bias and failures of objectivity in media outlets which are attempting to be or that present themselves as objective or neutral, it is important that reporters and editors maintain an objective stance on this issue. Undiscriminating readers may accept the facts and opinions advanced in these publications as if they were objective and representative, becoming unknowingly and perhaps dangerously misled as a result. In order to avoid such misinformation, Compassion & Choices respectfully urges reporters and editors to consider adopting accurate, value-neutral language in all communications pertaining to end-of-life choices. We recommend the following value neutral language:

✓ **Aid in dying**

SUICIDE: INACCURATE AND BIASED

- ✓ **Oregon, Washington and Montana** are currently the states that have legalized a mentally competent, terminally ill patient's choice to ingest medications to bring about a peaceful death. The Oregon and Washington laws clearly state: "Actions taken in accordance with (the Death with Dignity Act) shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law."
- ✓ **A Washington State Judge** refused to allow the biased term "assisted suicide" on Washington State's Death with Dignity ballot measure, finding the term "suicide" is "loaded" and adding, "it's important that that term not be used."
- ✓ **The Oregon Department of Human Services (DHS)** adopted value-neutral language for describing practice under Oregon's Death with Dignity Act (DWDA). DHS will now use the functional term "persons who use the ODWDA" on its Web site and in all future reports. The language replaces the term "physician-assisted suicide" used in past DHS reporting.
- ✓ **The term 'assisted suicide' is inaccurate** and misleading with respect to the DWDA [Death with Dignity Act]. These patients and the typical suicide are opposites." – E. James Lieberman, M.D./Psychiatric News, Aug. 4, 2006

PATIENTS AND FAMILIES ARE HURT

Those facing a terminal illness do not want to die but—by definition—are dying. They are facing an imminent death and want the option to avoid unbearable suffering. Terminally ill patients who legally access the Death with Dignity Act find the word "suicide" offensive and inaccurate. Many have publicly expressed that the term is hurtful and derogatory to them and their loved ones.

- ✓ **Jack Newbold, a retired sea captain from Astoria, Oregon**, told a news conference he resented media reports that he is about to "kill" himself. "I'm not committing suicide, and I don't want to die. I was upset by media reports that I intend to 'kill' myself. I'm not killing myself; bone cancer is taking care of that. I may take the option of shortening the agony of my final hours."
- ✓ **Charlene Andrews, patient-plaintiff in *Gonzales v. Oregon***, addressed the National Press Club and attended oral arguments at the US Supreme Court. She pleaded with the media saying, "Please do not call it suicide; that is an insult to my fight against cancer. With cancer we know when there are no treatment options."
- ✓ **Louise Schaefer**, in an article published in the Lincoln/Sacramento Bee, proclaimed "All I am asking for is to have some choice over how I die. Portraying me as suicidal is disrespectful and hurtful to me and my loved ones. It adds insult to injury by dismissing all that I have already endured; the failed attempts for a cure, the progressive decline of my physical state and the anguish which has involved exhaustive reflection and contemplation leading me to this very personal and intimate decision about my own life and how I would like it to end."

WHAT THE EXPERTS SAY**American Medical Student Association**

“Whereas there is increasing use of neutral terms like ‘physician-assisted dying,’ ‘physician-assisted death,’ or ‘physician aid in dying’ to avoid the more emotionally charged ‘physician-assisted suicide’ ... therefore be it resolved that the Principles Regarding Physician-Assisted Suicide, Number 1 (pg 150) -be AMENDED to read: ‘Physician Aid in Dying.’”

**The American Medical Women's Association**

“The terms ‘assisted suicide’ and/or ‘physician assisted suicide’ have been used in the past, including in an AMWA position statement, to refer to the choice of a mentally competent, terminally ill patient to self-administer medication for the purpose of controlling time and manner of death, in cases where the patient finds the dying process intolerable. The term ‘suicide’ is increasingly recognized as inaccurate and inappropriate in this context and we reject that term. We adopt the less emotionally charged, value neutral, and accurate terms ‘Aid in Dying’ or ‘Physician Assisted Dying.’”

**Washington State Psychological Association**

“WSPA recognizes that the term ‘suicide’ implies psychiatric illness or other emotional distress that impairs judgment and decision-making capacity, and thus may not be an accurate or appropriate term for a terminally ill, mentally competent individual choosing to control the time and manner of his or her death. Therefore WSPA supports value neutral terminology such as aid-in-dying, patient-directed dying, physician aid-in-dying, physician-assisted dying, or a terminally ill individual’s choice to bring about a peaceful and dignified death.”



American College of Legal Medicine

"The term 'physician-assisted suicide' is arguably a misnomer that unfairly colors the issue, and for some, evokes feelings of repugnance and immorality. The appropriateness of the term is doubtful in several respects....ACLM rejects the term 'physician-assisted suicide.'"



American Public Health Association

In 2006, the APHA adopted a policy recognizing that "the term 'suicide' or 'assisted suicide' is inappropriate when discussing the choice of a mentally competent terminally ill patient to seek medications that he or she could consume to bring about a peaceful and dignified death." The APHA policy emphasizes "the importance to public health of using accurate language."

In 2008, the APHA, the nation's largest public health association, adopted a policy supporting aid in dying. The policy acknowledges "allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA are in place."



American Academy of Hospice and Palliative Medicine

"The term PAD (Physician Assisted Death) is utilized in this document with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged designation Physician-Assisted Suicide."

Compassion & Choices is a nonprofit organization working to improve care and expand choice at the end of life. As a national organization with over 30 chapters and 40,000 members, we help patients and their loved ones face the end of life with calming facts and choices of action during a difficult time. The organization is non-judgmental, affirmative and inclusive. Learn more at www.CompassionAndChoices.org.