

Supporting Appropriate Language Used to Discuss End of Life Choices

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THE AMERICAN PUBLIC HEALTH ASSOCIATION has recognized that persons with terminal illnesses suffer both physically and emotionally across all stages of the illness.¹

APHA has recognized that it has dual objectives of promoting the quality of life for dying individuals and their survivors and to promoting death with dignity.¹

APHA has recognized that to seriously ill and infirm patients, death is sometimes preferable to any alternative.²

Therefore, recognizing that::

1) Death is a universal experience affecting nearly 2.5 million persons annually in the United States; and three-quarters of all deaths are of persons 65 years of age and older, with the vast majority being from chronic disease.¹

2) A fraction of dying patients confront a dying process so prolonged and marked by such extreme suffering and deterioration, that they determine that hastening impending death is the best alternative.^{2, 3}

3) The State of Oregon has enacted the Oregon Death with Dignity Act, which establishes tightly controlled procedures under which competent, terminally ill adults who are under the care of an attending physician may obtain a prescription for medication to allow them to control the time, place, and manner of their own impending death.⁴

4) The Oregon law expressly provides: "Actions taken in accordance with ORS 127.800 to 127.897 shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law."⁴

5) The Oregon Department of Human Services, which reports on implementation of the Dignity Act, adopted a policy in October 2006 to cease using the term "physician assisted suicide" when referring to persons who use the Oregon Death with Dignity Act, and to instead refer to them as "persons who use the Oregon Death with Dignity Act."⁵

6) A working group of the American Psychological Association has recognized: "It is important to remember that the reasoning on which a terminally ill person (whose judgments are not impaired by mental disorders) bases a decision to end his or her life is fundamentally different from the reasoning a clinically depressed person uses to justify suicide."⁶

7) 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.^{7, 8}

Accordingly, recognizing the importance to public health of using accurate language, APHA urges that health educators, policy makers, journalists, healthcare providers recognize::

- that the choice of a mentally competent terminally ill patient to choose to self administer medications to bring about a peaceful death is not "suicide", nor is the prescribing of such medications by a physician "assisted suicide."
- that accurate, value-neutral terms such as "aid in dying" or "patient directed dying" be used to describe this choice.

References

1. Supporting Public Health's Role in Addressing Unmet Needs at the End of Life, Policy No. 2005-9, American Public Health Association (2005).
2. Death with Dignity, Policy No. 8123, American Public Health Association (1981).
3. Robert Pearlman & Helen E. Starks, Why Do People Seek Physician-Assisted Death?, *PHYSICIAN-ASSISTED DYING, THE CASE FOR PALLIATIVE CARE & PATIENT CHOICE*, 91, 93 (Timothy E. Quill & Margaret P. Battin, eds., Johns Hopkins Univ. Press 2004).
4. ORS 127.800 to 127.897.
5. <http://www.oregon.gov/DHS>; <http://www.ama-assn.org/amednews/2006/11/06/prsc1106.htm> (Oregon's Dept. of Human Services announced last month that it no longer would use the term "physician-assisted suicide" to describe terminally ill patients who ask doctors to help them die.)
6. Brief of Amicus Curiae Coalition of Mental Health Professionals at 17, *Gonzales v. Oregon*, 126 S. Ct. 904 (2006) (No. 04-623).
7. *A Time to Die, the Place for Physician Assistance*, Charles McKhann, Yale University Press (1999).
8. Smith, Pollack, A Psychiatric Defense of Aid in Dying, *Community Health Journal* (Dec. 1998, p. 547).

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