As I travel the country advocating for passage of legislation introduced in 27 states that would give terminally ill adults the option of medical aid in dying to peacefully end intolerable suffering, person after person tells the same story: “I’m dying. I’ve accepted that I’m dying, but I shouldn’t have to suffer. I want an option to end my life peacefully if my pain and suffering becomes too great.”

This humane option of medical, or physician, aid in dying already is authorized in California, Colorado, Montana, Oregon, Vermont, Washington and the District of Columbia. Medical aid in dying has been practiced for 40 combined years across these seven jurisdictions without a single instance of abuse or coercion. According to nearly 50 different surveys, the American public has embraced medical aid in dying: about seven out of 10 adults support the option.

Specifically, this medical practice allows a mentally capable, terminally ill adult with six months or less to live the option to request a prescription for medication they can decide to self-ingest to peacefully end their life if their suffering becomes unbearable.

This long-established medical practice is often described by the media, health professionals and practitioners as “assisted suicide.” It even appears in many dictionaries with that label.
Dying patients who want to access this option find this language deeply offensive. They desperately want to live, but they have a terminal illness that is taking their life. They are not committing suicide. They are just asking for the option to take medication to peacefully shorten an agonizing dying process if their pain and suffering becomes too great.

After all, many of these people have been using medical advances to extend their life for decades. Why should we now deprive them of medication they can take to peacefully end their life if their suffering has become unbearable?

Thankfully, the American Association of Suicidology (AAS), a national organization devoted to promoting the understanding and prevention of suicide and supporting those who have been affected by it, recently issued a policy brief making this point. The brief recognized that the practice of physician aid in dying (PAD) is distinct from the behavior that has been traditionally and ordinarily described as “suicide.” The executive director of the American Association of Suicidology concluded that “the term ‘physician-assisted suicide’... should be deleted from use.”

The American Association of Suicidology joins the American Academy of Hospice and Palliative Medicine, The American College of Legal Medicine, American Medical Women’s Association, American Medical Student Association, and American Public Health Association in recognizing that medical aid in dying is distinct from and different than suicide. In addition, state legislatures and courts in states where the practice is authorized have also codified into law that the practice of medical aid in dying differs from suicide and assisted suicide.

Today, in celebration of National Hospice and Palliative Care month, we issue a call to the media, national medical and health associations, publishers, practitioners and others to immediately stop using the terms, “assisted suicide” and “physician-assisted suicide” when describing the practice of medical aid in dying.

The overwhelming body of evidence — including a national organization whose singular mission is to prevent suicide — concludes that the terms “assisted suicide” and “physician-assisted suicide” should not be used to describe the practice of medical aid in dying. The continued use of these terms is offensive, disrespectful and primitive. It’s time we respect patients’ values and priorities and embrace medical aid in dying as one option on the palliative care spectrum and a critical element of patient-driven care.

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