



National Hospice & Palliative Care Organization

COMMENTARY AND RESOLUTION ON PHYSICIAN ASSISTED SUICIDE

Background

The years leading up to the end of the 20th century and the first years of the 21st century witnessed an unprecedented focus on end-of-life care. The combination of life-prolonging medical technologies and the rise of autonomy as the leading ethical principle in healthcare have moved the debate over ethical and legal aspects of intentionally hastening death into the forefront of theology, medical ethics, moral platforms, and public policy forums. Over this time period, ethical and legal views have shaped a professional consensus with regard to two key issues in end-of-life care, namely withholding and withdrawing life support in the face of terminal illness, including medical provision of (i.e., “artificial”) hydration and nutrition.^{1,2,3}

In two important cases^{4,5} the Supreme Court ruled that there is not a constitutional right to aid in dying, and that states may (or may not) choose to criminalize physician involvement in a patient’s willful hastening of his/her own death (commonly termed Physician Assisted Suicide [PAS].) Aggressive symptom control to relieve unnecessary pain and suffering, which is consistent with a patient’s expressed wishes or values, is both legitimate and consistent with the ethical and legal practice of medicine, even if it may unintentionally hasten the patient’s death. After these Supreme Court rulings, several states considered enacting laws to sanction PAS, but only Oregon, to date, has instituted such provisions as being lawful (State of Oregon Death with Dignity Act, 1997).

¹ *In re Quinlan*, 355 A. 2d 647 (1976), *cert. denied*, 429 U.S. 922 (1976)

² *Cruzan v. Director, Missouri Department of Health*, 497 U.S. 261, (1990)

³ President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. *Deciding to Forgo Life-Sustaining Treatment*. Washington, DC: Government Printing Office, 1973.

⁴ *Washington v. Glucksberg*, 521 U.S. 702 (1997)

⁵ *Vacco v. Quill*, 521 U.S. 793 (1997)

Events have shown that end-of-life concerns extend beyond the logic of intellectual or even conceptual understanding. Belief systems, moral and religious views, political exigencies, and the emotions of loss and grief make it unlikely that biomedical ethics consensus statements or legal precedents will ever go unchallenged in this area. The longstanding tension between individual rights and external authority in our society comes fully to the fore with PAS. Realizing this, the Chief Justice of the Supreme Court concluded the *Glucksberg* case with the statement, “Throughout the nation, Americans are engaged in an earnest and profound debate about the morality, legality, and practicality of physician-assisted suicide. Our holding permits this debate to continue, as it should in a democratic society.”⁴, pp. 735-36

Indeed, the debate has continued, with the benefit of exhaustive analyses and compelling arguments by proponents and opponents of PAS.^{6,7} It is within this historical context, the ongoing considerations and formulations of public policy, and the evolution of palliative care services within U.S. healthcare that NHPCO undertook a review of the original National Hospice Organization (NHO) policy statement on PAS (dated 1996.)

NHPCO and the Policy-making Process

The NHPCO document titled *Resolution on Physician Assisted Suicide* (dated 2005) summarizes what was a lengthy, complex, and iterative decision-making process leading to its creation. The decision within the organization to review the original resolution and the significance of the topic as a matter of public policy warrants a comment about how this process proceeded within NHPCO.

The integrity of policy-making within NHPCO is dependent upon processes that respect both the membership and leadership roles and responsibilities of the organization. The governance structure assures a broad representational voice from its many constituents; the interdisciplinary senior leadership structure, guided by adherence to the organization’s mission, vision, values and Board-approved strategic plan, assures a sound leadership organization perspective. The informing, independent, and then overlapping processes of literature review,

⁶ Foley K, Hendin H. *The Case Against Assisted Suicide: For the Right to End-of-Life Care*. The Johns Hopkins University Press, Baltimore MD, 2002

⁷ Quill TE, Battin MP. *Physician-Assisted Dying: The Case for Palliative Care & Patient Choice*. The Johns Hopkins University Press, Baltimore MD, 2004

Board of Director forums, Public Policy Committee and Ethics Committee input, Executive Committee and Senior Staff involvement and feedback throughout, assures a multilayered and in-depth synthesis of relevant stakeholder concerns and policy implications.

Patients and Family Needs at End of Life, NHPCO and Public Policy Decisions

Because NHPCO promotes excellence in care for all patients with life-limiting illnesses and their families, our policies must be crafted to consider what will serve their best interests. This includes an overriding necessity to maintain a strong, consistent, and persuasive voice for their needs, attainable only through wise stewardship of limited resources and ongoing building of good will among influential parties and stakeholders of all beliefs.

It is a difficult reality to accept, but any policy on a subject as rife with meaning--both concrete and symbolic--as PAS will necessarily fail to meet the needs of some individuals. Nevertheless, it is NHPCO's view that every person is the major stakeholder in her/his own end-of-life decisions and as such, it is the organization's intention that all voices and points of view should be respected, even if its policies cannot or do not coincide with every individual's personally-held views on end-of-life issues.

Foundational values of NHPCO include universal access to high quality palliative care, fully informed decision-making, mitigation of unwanted suffering, non-abandonment and support for the bereaved. All policies must strive to reflect or support the core tenets and mission of the organization while respecting the values of the larger society within which it operates. In discussions leading to a position statement on PAS, mindful of NHPCO's mission and the needs of the vast majority of terminally ill patients and their families, two dominant assertions emerged:

NHPCO Values Life: The philosophical constructs and evolving practices of hospice/palliative care are concerned foremost with the dignity of persons throughout the trajectory of life-limiting illness. When symptoms or circumstances become intolerable to a patient, effective therapies are now available to assure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as the means to that end. These modalities and the means to safely administer them must be within the expertise of and available from all hospice/palliative care providers as an alternative to PAS.

To Be Effective as “The Architect and Catalyst for Social Change in End-of-Life Care” NHPCO’s Efforts Must Focus on Improving Access to High Quality End-of-Life Care: Our society’s ability to meet the comprehensive needs of patients with life-limiting illnesses and their family members (from day-to-day caregiving through bereavement) are severely deficient. The work that must be done in the areas of professional education, public awareness, healthcare systems development, alignment of financial driving forces, public policy revision to eliminate barriers and promote best practices, and research to increase the fund of knowledge needed to improve care, is monumental.

Conclusion

Through the review process concerning a policy statement on PAS, NHPCO’s commitment to improving access to high quality end-of-life care is reaffirmed and this will remain the thrust of its public policy efforts. These considerations lead to the resolution that the National Hospice and Palliative Care Organization does not support the legalization of physician assisted suicide. NHPCO looks forward to participating in and guiding the ongoing dialogue and debate to continuously improve upon and promote comfort and dignity in life closure, and affords the highest regard for patient choice and self-determination⁸.

(Resolution continued on next page.)

⁸ Approved by NHPCO Board of Directors, September 2005

National Hospice & Palliative Care Organization

RESOLUTION AND COMMENTARY ON PHYSICIAN ASSISTED SUICIDE

WHEREAS, The National Hospice and Palliative Care Organization is the leadership voice for the nation's hospice and palliative care communities; and,

WHEREAS, The National Hospice and Palliative Care Organization's membership comprises individuals and organizations with perspectives and expertise drawn from direct experience with those facing a terminal illness, making them uniquely and highly qualified to provide comment to the Congress, the Administration, the Courts, the media and the general public; and,

WHEREAS, The National Hospice and Palliative Care Organization supports an American's right to have knowledge of and access to all forms of therapy that have been shown to enhance quality of life and reduce suffering; and,

WHEREAS, The National Hospice and Palliative Care Organization supports the right of all persons to participate in all decisions regarding their care, treatment, and services; and,

WHEREAS, Avoiding a prolonged period of suffering as one dies is a goal commonly expressed by seriously ill persons; and,

WHEREAS, The goal of hospice and palliative care is to facilitate safe and comfortable dying with focus on quality of life as each dying person defines it;

WHEREAS, The National Hospice and Palliative Care Organization does not support the abandonment of the person and remains committed to meeting the medical, emotional, psychological and spiritual needs of people and their families; and,

WHEREAS, There has been ongoing public attention to physician assisted suicide; therefore, be it

RESOLVED, That the National Hospice and Palliative Care Organization reaffirms its commitment to the value of life and to the optimization of the quality of life for all people at the end of life.

RESOLVED, That the National Hospice and Palliative Care Organization supports improved knowledge of and access to hospice and palliative care for terminally ill people and their families, regardless of individuals' views, decisions, or preferences regarding physician assisted suicide.

RESOLVED, That the National Hospice and Palliative Care Organization does not support the legalization of physician assisted suicide.

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