

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 03-A-25

Subject: Reconsidering the Terminology to Describe Physician Assisted Suicide

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At the 2023 Interim meeting, Resolution 004-Reconsideration of Medical Aid in Dying (MAID) was referred and asked, “that our AMA study changing our existing position on medical aid in dying, including reviewing government data, health services research, and clinical practices in domestic and international jurisdictions where it is legal.” This informational report provides supplemental background and analysis to support Board of Trustees Report 18-A-25, which responds to the referred resolution.

ETHICAL ISSUE

The AMA [Code](#) and [HOD](#) policies use the terminology Physician-Assisted Suicide (PAS) to refer to the practice of facilitating “a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act” [1-2]. In CEJA Report 2-A-19, “Physician-Assisted Suicide,” the Council addressed the question of appropriate terminology for this practice [3]. Some have argued that this terminology is divisive due to its moral and political connotations and question whether its use is appropriate [4].

RELEVANT PRACTICAL MATTERS FOR CLINICAL PRACTICE

The terminology used in the AMA *Code of Medical Ethics* to describe this practice offers a clear delineation of intent and action. The use of other terminology to describe this practice has the potential to confuse patients and unduly influence decision making [5]. Descriptors such as Medical Aid in Dying (MAID), physician aid-in-dying, and death with dignity could apply to palliative care practices and compassionate care near the end of life that do not include intending the death of patients. Some have argued that the term ‘suicide’ may be an affront to patients and negatively affect the patient-physician relationship [6-7]. However, it would be discriminatory only to protect patients who choose to end their lives rationally from the stigma of the term ‘suicide’ while doing nothing to protect patients struggling with mental illness from the negative consequences of the word.

REVIEW OF RELEVANT LITERATURE

Throughout the history of medicine, this practice has embodied many names including, mercy killing, euthanasia, physician aid-in dying, and medical aid in dying [8]. Currently, the American Medical Association (AMA) refers to this practice as Physician Assisted Suicide (PAS) in both HOD policies and *Code* opinions. There is no consensus regarding the correct terminology to describe PAS in medical, legal, or ethics literature [6]. Notably, however, several prominent philosophers who are in favor of legalization of the practice have argued that physician-assisted suicide is the preferred terminology as it is the clearest and most accurate description of the practice [9-10]. State legislatures, state medical associations, and national medical specialty associations also use varying terminology. In addition to a lack of a national consensus on the use

of terminology, globally varying terminology is utilized including euthanasia and voluntary active euthanasia. Although terminology may vary between nations, it is important to note that both legal and ethical differences in the scope of this practice exist between the United States and other nations. The primary distinction being who administers the lethal dose of medication. When a physician actively administers a lethal dose of medication to the patient upon their request, the practice is referred to as euthanasia or more specifically, voluntary active euthanasia [11]. This practice is distinct from PAS which requires the patient to self-administer the lethal dose of medication themselves. All delineations of euthanasia, including voluntary active euthanasia, are neither legal nor ethical in the United States [12].

ETHICAL ANALYSIS

In CEJA Report 2-A-19, “Physician-Assisted Suicide,” the Council briefly addressed the question of appropriate terminology for this practice. Below, the terms ‘medical aid in dying’, ‘end of life expanded treatment options’, and ‘physician assisted suicide’ are discussed.

‘Medical Aid in Dying’ (MAID)

MAID is not a precise or accurate term because physicians provide compassionate aid to patients in the dying process in many ways, including palliative care, which includes comfort care and hospice. The practice of PAS intentionally causes the patient's death, making it ethically distinct from widely accepted standard forms of palliative care that accept but never intentionally hasten death. Attributing the term medical aid in dying to the practice of PAS is neither precise nor accurate and may contribute to the already existing confusion regarding the ethical scope of palliative and hospice care. As stated in CEJA Report 2-A-19, “Physician-Assisted Suicide,” terms such as ‘aid in dying,’ ‘medical aid in dying,’ ‘assisted death,’ or ‘death with dignity’ “could be used to describe either euthanasia or palliative/ hospice care at the end of life and this degree of ambiguity is unacceptable for providing ethical guidance.”

‘End of Life Expanded Treatment Options’

End of life expanded treatment options are more imprecise and inaccurate than *MAID* and it could refer to expanding access to hospice or psychiatric care at the end of life. Moreover, it does not indicate the precise option to which the phrase is meant to refer.

‘Physician Assisted Suicide’

In CEJA Report 2-A-19, “Physician-Assisted Suicide,” the Council determined that PAS was the terminology which described the practice best. The report supported this supposition with the following analysis:

The Council recognizes that choosing one term of art over others can carry multiple, and not always intended messages. However, in the absence of a perfect option, CEJA believes ethical deliberation and debate is best served by using plainly descriptive language. In the Council’s view, despite its negative connotations, the term “physician assisted suicide” describes the practice with the greatest precision. Most importantly, it clearly distinguishes the practice from euthanasia. The terms “aid in dying” or “death with dignity” could be used to describe either euthanasia or palliative/hospice care at the end of life and this degree of ambiguity is unacceptable for providing ethical guidance.

1 *The Use of Other Terminology*

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3 The Council recognizes that others may choose to use other terminology when describing this
4 practice.

Fiscal Note: None.

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