

Physician-Assisted Suicide

Physician-assisted suicide must be prohibited for people with intellectual disability¹ (ID) due to the inherent risk of undue influence.

Issue

Physician-assisted suicide occurs when a physician provides a medical means for death, usually a prescription for a lethal amount of medication that the patient takes on his or her own². As the nation, individual states, and various interest groups consider the adoption of physician-assisted suicide policies, it is essential that people with ID have their rights and interests protected. Historical ignorance, prejudice, and discrimination against people with ID continue. Education of policy makers and society at large is critical.

Major problems that exist are:

- The documented history of denial of basic rights and medical care, including nutrition and hydration, places the lives of people with ID at extraordinary risk.
- Despite well-intended laws designed to protect people with ID, our constituents can be unduly influenced by authority figures such as doctors, health care workers, social workers, family, guardian/conservators, and friends, resulting in a lack of true informed consent.
- The current system of health services, particularly managed care, provides economic incentives for rationing health care, and can lead to the encouragement of physician-assisted suicide.
- Society often incorrectly perceives that people with ID, by definition, have a poor quality of life.

Public perception on this issue is sometimes confused with specific issues related to advance directives³ and death with dignity.

Position

We strongly oppose physician-assisted suicide for people with ID and believe it requires strong and absolute vigilance because:

- The death of any person with ID by way of physician-assisted suicide is never acceptable and should not be allowed by law under any circumstances;
- Laws and procedures, however strict, are not sufficient to protect people with ID from being coerced into ending their lives;

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- When the person is seriously ill and in pain, the use of appropriate medical or palliative care to reduce and/or eliminate pain and discomfort can and must be provided.

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¹ “People with intellectual disability (ID)” refers to those with “significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18”, as defined by the American Association on Intellectual and Developmental Disabilities (AAIDD) *Manual, Intellectual Disability: Definition, Classification, and Systems of Supports*, and the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV)*, published by the American Psychiatric Association (APA). In everyday language people with ID are frequently referred to as people with cognitive, intellectual and/or developmental disabilities.

² Physician-assisted suicide: Occurs when a physician provides a medical means for death, usually a prescription for a lethal amount of medication that the patient takes on his or her own. (In euthanasia, the physician directly and intentionally administers a substance to cause death.) (Ethics Manual, American College of Physicians, 2012). The American College of Physicians does not support legalization of physician-assisted suicide or euthanasia. “After much consideration, the College concluded that making physician-assisted suicide legal raised serious ethical, clinical, and social concerns and that the practice might undermine patient trust; distract from reform in end-of-life care; and be used in vulnerable patients, including those who are poor, are disabled [sic], or are unable to speak for themselves or minority groups who have experienced discrimination.” The American Medical Association also opposes physician assisted suicide: “allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.” (Code of Ethics, American Medical Association, 1996). As of March of 2012, only two states, Oregon and Washington, specifically authorize physicians, in limited circumstances, to assist suicide. These states, however, do not allow for the practice to be used in situations where the person choosing to commit suicide lacks mental competence.

³ See The Arc’s health care position statement regarding advanced directives.

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