The New York State Task Force on Life and the Law

When Death is Sought
Assisted Suicide in the Medical Context

From The New York State Task Force on Life and the Law

The Risks of Legalization

We continue to believe that the profound dangers associated with legalizing Physician-Assisted Suicide (PAS) outweigh any benefits such a change in law might achieve in isolated cases.

- **Undiagnosed or untreated mental illness**. Many individuals who contemplate suicide, including the terminally ill, suffer from treatable mental disorders, most commonly clinical depression. Physicians routinely fail to diagnose and treat these disorders, particularly among patients at the end of life. Many requests are likely to be granted, even though they do not reflect a competent, settled decision to die.
- **Improperly managed physical symptoms**. Requests for assisted suicide are highly correlated with unrelieved pain and other discomfort of physical illness and are often grossly under-treated in current clinical practice. Physicians are likely to grant requests for assisted suicide from patients in pain before all available options to relieve the pain are thoroughly explored.
- **Insufficient attention to the suffering and fears of dying patients**. Suicide may seem the only solution to profound existential suffering, feelings of abandonment, or fears about the process of dying. While psychological, spiritual, and social support – particularly comprehensive hospice services - can often address these concerns, many individuals do not receive these interventions. They are likely to seek assisted suicide because their suffering and fears have not been adequately addressed.
- **Vulnerability of socially marginalized groups**. No matter how carefully any guidelines for PAS are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society. PAS will pose the greatest risk to the poor, elderly, isolated, members of minority groups, or those who lack access to good medical care.
- **Devaluation of the lives of the disabled**. A physician's reaction to a patient's request for suicide assistance is likely to depend heavily on the physician's perception of the patient's quality of life. Physicians, like the rest of society, may devalue the quality of life of individuals with disabilities and be particularly inclined to grant requests for suicide assistance from disabled patients.
- **Sense of obligation**. Legalizing assisted suicide would send a message that suicide is a socially acceptable response to terminal or incurable disease. Some patients are likely to feel pressured to take this option, particularly those who feel obligated to relieve their loved ones of the burden of care. Those patients who do not want to commit suicide may feel obligated to justify their decision to continue living.
- **Patient deference to physician recommendations**. Physicians typically make recommendations about treatment options, and patients generally do what physicians recommend. If implied that PAS is "medically appropriate," some patients will feel they have few alternatives but to accept the recommendation.
- **Increasing financial incentives to limit care**. PAS is far less expensive than palliative care at the end of life. As medical care shifts to capitation systems, financial incentives to limit treatment may influence the way the option of PAS is presented to patients or the range of alternatives they can obtain.
- **Arbitrariness of proposed limits**. Once society authorizes PAS for competent, terminally ill patients experiencing unrelievable suffering, it will be difficult, if not impossible, to contain the option to such a limited group. Individuals not competent, not terminally ill, or who cannot self-administer lethal drugs will also seek the option of PAS, and no principled basis will exist to deny them this right.
- **Impossibility of developing effective regulation**. Clinical safeguards proposed to prevent abuse and errors are unlikely to be realized in everyday medical practice. Moreover, the private nature of these decisions would undermine efforts to monitor physicians' behavior to prevent mistake and abuse.

When Death is Sought: Assisted Suicide and Euthanasia in the Medical Context
(New York: The New York State Task Force on Life and the Law, 1994). http://www.health.state.ny.us/nysdoh/provider/death.htm