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Another Voice/Healthcare

Another Voice: Professional medicine should not endorse assisted suicide

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Last month the Medical Society of the State of New York (MSSNY) endorsed **assisted suicide** legislation for the first time. While some state medical societies have adopted positions of neutrality with respect to assisted suicide, the MSSNY is the first to support such legislation. We believe this is unwise and unethical for the following reasons.

The Medical Aid in Dying Act, currently being considered in the New York State Legislature, would allow terminally ill patients access to lethal drugs prescribed by a physician. The bill has fewer safeguards than other states that have legalized assisted suicide. Unlike most other states, it lacks a residency requirement, potentially making New York a destination for suicide tourism. If successful, the legislation will also be the first U.S. policy to omit a waiting



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period for obtaining lethal drugs,
enabling terminally ill patients impulsively to end their lives.

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The legalization of assisted suicide sends the message that the intentional introduction of death is an appropriate treatment option when illness compromises one's quality of life. It is no wonder, then, that among the most vocal critics of assisted suicide tend to be **palliative care physicians** and the **disability rights community**, which hold that the legislation does not protect the vulnerable against coercion and provides a lethal end-around to sufficient medical and social support for the terminally ill and disabled. The experience of Oregon **shows** that patients choose assisted suicide not primarily for reasons of pain-relief but because they are afraid of losing their autonomy and burdening others.



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Doctors have consistently opposed assisted suicide at least since the Hippocratic Oath because it involves the intentional introduction of a fatal pathology into a patient's body. The American Medical Association still maintains a strong position against assisted suicide, **stating** that it is “fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

It is true that the MSSNY also expressed support for a doctor's decision to refuse to participate in assisted suicide. However, this overlooks the difficulty that many physicians will experience when assisted suicide is thought of as a regular treatment option by their patients.

Even now, some dying patients avoid hospice care because they believe that such care will intentionally hasten death. Imagine how much more difficult it will be to care for the dying—and suffering patients in general—in an environment where assisted suicide is a legal right with institutional support.

Many physicians are of course well-meaning in their support of aid in dying. And this is obviously a complex and difficult issue for many terminally ill patients and their families. But doctors better protect the practice of medicine and its patients by formally opposing the option of intentionally causing death.

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