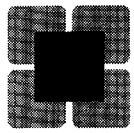

Caring for dying patients: physicians and assisted suicide

IS IT ethical for doctors to actively assist patients in dying? Referendums and initiatives to legalize assisted suicide have appeared in several states, and one recently passed in Oregon. Regardless of what each of us personally believes, physicians will have to devise standards regarding this practice. Arguments both for and against point out the need for better palliative care: if we improved the care of patients at the end of life, there would be less demand for assisted suicide.

THE HIPPOCRATIC OATH: FOR WHOSE BENEFIT?

The Hippocratic oath says, "I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect." However, the next line says, "In purity and holiness I will guard my life and my art." I would suggest that the Hippocratic oath is much more a statement about a narrow perception of the integrity of the profession than about what patients need.

A hospital ethics committee once consulted me about a patient who had widespread metastatic ovarian cancer, terrible ascites, and foul-smelling draining wounds—a competent, alert woman who hated the delirium and somnolence caused by morphine and who requested an overdose. The committee said, "We cannot do this. It is against the law." Instead, they recommended that she be sedated and put into a pharmacologic coma until she died.

That was a reasonable solution, I suppose. But whom did it benefit? It did not help the patient. Rather, it helped the committee and the physicians feel virtuous—*they* were not breaking the law.

Adapted from a talk given at The Cleveland Clinic Foundation Division of Medicine Grand Rounds.

THE 'SLIPPERY SLOPE'

According to the "slippery slope" argument, assisted suicide would be abused and euthanasia would be practiced on people who actually do not want to die, the public would lose trust in the medical profession, and, most profoundly, there would be a loss of reverence for life throughout society. I do not underestimate the importance of these arguments. In a nation that still cannot guarantee universal health care to its citizens, and in which we still have much discrimination against certain people (ie, people without adequate health insurance or with certain kinds of diseases, such as AIDS), we do need to worry about it. Indeed, already, people in disadvantaged groups are less often offered life-sustaining treatment.[1–3]

But possibly, keeping this practice secret may allow more abuse than if it were open and documented and if physicians were made accountable for it. The American Society of Internal Medicine conducted an informal survey of its members; 20% said they had actively assisted a patient in dying, and 20% more said that they would under certain circumstances.[4] Why should we think that the problem is helped by keeping this practice hidden?

LOSING THE PUBLIC'S TRUST

In 1990, Janet Adkins was a vigorous woman in her 50s who had early Alzheimer's disease and did not want to see herself deteriorate from that disease. Consequently, she travelled to Michigan and sought out Dr. Jack Kevorkian, who helped her commit suicide by lethal injection. An opinion poll at that time showed that 53% of the public supported Dr. Kevorkian.[5] In 1994, 20 deaths later, public support

for Kevorkian had risen to 73%, even though none of his "patients" had terminal illness.

I think the public is sending us a clear message: they are afraid to die in our hospitals, and they do not trust us to let them keep their dignity at the end of life and die the way they want to. Just possibly, if we confront this issue, the public will trust us more, not less. The same may be true for the question of reverence for life. Our denial of death is not so much a way of expressing reverence for life as it is a reflection of our fear of death, our inability to accept mortality.

ASKING THE IMPORTANT QUESTIONS

Opponents of assisted suicide also argue that if it were allowed, there would be no incentive to improve care of the dying. It would be easier to give everybody a prescription for secobarbital than to take care of their symptoms as they struggle with death.

Perhaps. But perhaps, actually engaging with our patients about this very difficult question would then give us the courage to also ask them the more important questions: "What are you afraid of?" And "how can I relieve your pain?" Doing this, we could learn how to treat their symptoms and allow them the dignity they want.

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