

Terminology of Assisted Dying

It is imperative that reporters, editors, bloggers, students, healthcare professionals, and the general public use accurate terminology when describing a terminally ill patient's choice to shorten a dying process that the patient finds unbearable—and it is incumbent upon us to ensure they do so.

VALUE-NEUTRAL LANGUAGE

It is important for media outlets which are attempting to be or that present themselves as objective or neutral to avoid outright bias and failures of objectivity through using terminology favored by opponents.

Undiscriminating readers may accept this language, and the facts and opinions it advances, as if it is objective and representative, becoming unknowingly and perhaps dangerously misled as a result.

In order to avoid such misinformation, we respectfully urge reporters and editors to consider adopting accurate, value-neutral language in all communications pertaining to end-of-life choices.

Accordingly, we recommend the following value-neutral language:

- Death with dignity
- Assisted dying
- Assisted death
- Physician-assisted death
- Physician-assisted dying
- Aid in dying
- Physician aid in dying
- Medical aid-in-dying

OPPONENTS' LANGUAGE

Physician-assisted suicide, or PAS, is an inaccurate, inappropriate, and biased phrase opponents often use to scare people about Death with dignity laws. "Suicide" is politicized language deployed with the intent of reducing support for the issue. It implies a value judgment and carries with it a social stigma.

Reporters and editors often use the term "assisted suicide" to describe a terminally ill patient's choice to hasten the dying process. This is, perhaps unknowingly, adopting the terminology of zealous opponents of the choice.

"The term "assisted suicide" is inaccurate and misleading with respect to the Death with Dignity Act. These patients and the typical suicide are opposites.

—E. JAMES LIEBERMAN, M.D., *PSYCHIATRIC NEWS*, AUGUST 4, 2006

A common misperception about terminally ill people who opt to access assisted-dying laws is that they are depressed and suicidal. On the contrary, many patients dying of cancer or another common underlying condition want to live; they simply recognize that their death is imminent and wish to avoid unnecessary pain and loss of autonomy by choosing the option of death with dignity.

"SUICIDE": INACCURATE AND BIASED

California, Colorado, District of Columbia, Hawaii, Oregon, Vermont, and Washington are currently the jurisdictions that have legalized a mentally competent, terminally ill patient's choice to ingest medications to bring about a peaceful death.

The laws in each of these jurisdictions clearly state:

“Actions taken in accordance with [the Death with Dignity Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.

—OREGON DEATH WITH DIGNITY ACT

A Washington State Judge refused to allow the biased term "assisted suicide" on Washington State's Death with Dignity Act ballot measure, finding that the term "suicide" is "loaded" and adding, "it's important that that term not be used."

The Oregon Department of Human Services (DHS) adopted value-neutral language for describing practice under Oregon's Death with Dignity Act. DHS will now use the functional term "persons who use the ODWDA" on its website and in all future reports. The language replaces the term "physician-assisted suicide" used in past DHS reporting.

"SUICIDE": HURTFUL AND OFFENSIVE TO PATIENTS AND FAMILIES

Those facing a terminal illness do not want to die but—by definition—are dying. They are facing an imminent death and want the option to avoid unbearable suffering.

Terminally ill patients who legally access death with dignity laws find the word "suicide" offensive and hurtful. Many have publicly expressed that the term is hurtful and derogatory to them and their loved ones.

I'm not committing suicide, and I don't want to die. I was upset by media reports that I intend to 'kill' myself. I'm not killing myself; bone cancer is taking care of that. I may take the option of shortening the agony of my final hours.

—JACK NEWBOLD

All I am asking for is to have some choice over how I die. Portraying me as suicidal is disrespectful and hurtful to me and my loved ones. It adds insult to injury by dismissing all that I have already endured; the failed attempts for a cure, the progressive decline of my physical state and the anguish which has involved exhaustive reflection and contemplation leading me to this very personal and intimate decision about my own life and how I would like it to end.

—LOUISE SCHAEFER

WHAT THE EXPERTS SAY

Medical, health policy, and mental health professionals recognize that the terms "suicide" and "assisted suicide" are inaccurate, biased and pejorative in this context. Increasingly, mainstream medical, mental health and health policy organizations have adopted the terms "aid in dying" or "physician-assisted dying" to refer to this choice.

Most recently, state medical associations have been switching their positions from opposed to neutral, with language reflecting the change.

As of February 2018, state medical associations in California, Colorado, Hawaii, Maine, Maryland, Massachusetts, Nevada, Oregon, Washington as well as Washington, D.C. hold a neutral position on death with dignity.

CALIFORNIA MEDICAL ASSOCIATION

In a release announcing the CMA's position change, President Luther Cobb, M.D. wrote: "The decision to participate in [California's] End of Life Option Act is a very personal one between a doctor and their patient, which is why CMA has removed policy that outright objects to physicians aiding terminally ill patients in end of life options. We believe it is up to the individual physician and their patient to decide voluntarily whether the End of Life Option Act is something in which they want to engage."

VERMONT MEDICAL SOCIETY

"Even when physicians use all the tools at hand to care for pain and suffering, a small number of patients still suffer. The Vermont Medical Society recognizes that medical aid in dying, in the form of Vermont Act 39, is a legal option that could be made in the context of the physician-patient relationship."

MASSACHUSETTS MEDICAL SOCIETY

"The Massachusetts Medical Society adopted the position of neutral engagement, which allows the organization to serve as a medical and scientific resource as part of legislative efforts that will support shared decision making between terminally ill patients and their trusted physicians.

"If medical aid-in-dying is legalized, the MMS will support its members with clinical and legal considerations through education, advocacy and other resources, regardless of whether the member physician chooses to practice medical aid-in-dying."

AMERICAN MEDICAL STUDENT ASSOCIATION

"Whereas there is increasing use of neutral terms like 'physician-assisted dying,' 'physician-assisted death,' or 'physician aid in dying' to avoid the more emotionally charged 'physician-assisted suicide' ... therefore be it resolved that the *Principles Regarding Physician-Assisted Suicide*, Number 1 (pg 150) be AMENDED to read: 'Physician Aid in Dying.'"

THE AMERICAN MEDICAL WOMEN'S ASSOCIATION

"The terms 'assisted suicide' and/or 'physician assisted suicide' have been used in the past, including in an AMWA position statement, to refer to the choice of a mentally competent, terminally ill patient to self-administer medication for the purpose of controlling time and manner of death, in cases where the patient finds the dying process intolerable. The term 'suicide' is increasingly recognized as inaccurate and inappropriate in this context and we reject that term. We adopt the less emotionally charged, value neutral and accurate terms 'Aid in Dying' or 'Physician Assisted Dying.'"

WASHINGTON STATE PSYCHOLOGICAL ASSOCIATION

"WSPA recognizes that the term 'suicide' implies psychiatric illness or other emotional distress that impairs judgment and decision-making capacity, and thus may not be an accurate or appropriate term for a terminally ill, mentally competent individual choosing to control the time and manner of his or her death.

"Therefore, WSPA supports value neutral terminology such as aid-in-dying, patient-directed dying, physician aid-in-dying, physician-assisted dying, or a terminally ill individual's choice to bring about a peaceful and dignified death."

AMERICAN COLLEGE OF LEGAL MEDICINE

"The term 'physician-assisted suicide' is arguably a misnomer that unfairly colors the issue, and for some, evokes feelings of repugnance and immorality. The appropriateness of the term is doubtful in several respects.... ACLM rejects the term 'physician-assisted suicide.'"

AMERICAN PUBLIC HEALTH ASSOCIATION

In 2006, the APHA, the nation's largest public health association, adopted a policy recognizing that "the term 'suicide' or 'assisted suicide' is inappropriate when discussing the choice of a mentally competent terminally ill patient to seek medications that he or she could consume to bring about a peaceful and dignified death."

The APHA policy emphasizes "the importance to public health of using accurate language."

In 2008, the APHA adopted a policy supporting aid in dying. The policy acknowledges "allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon [Death with Dignity Act] are in place."

AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

"The term PAD (Physician Assisted Death) is utilized in this document with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged designation Physician-Assisted-Suicide."

AMERICAN ASSOCIATION OF SUICIDOLOGY

In 2017, AAS stated that "physician aid in dying is not suicide."

The AAS "recognizes that the practice of physician aid in dying, also called physician assisted suicide, Death with Dignity, and medical aid in dying is distinct from the behavior that has been

The next, most important step in resolving these controversies is to move beyond the issue of whether physician aid in dying is suicide and think instead about intentions, about choices, about what range of options we want, what roles we want to be able to play in our own eventual deaths. We know how somebody else's political or religious beliefs can hijack our options; we need to recognize that somebody else's language can hijack our options too. If we call it by the most neutral term, "physician assisted dying," we can reduce much of the tension over matters so important to our own personal futures.

—PEGGY BATIN, UNIVERSITY OF UTAH