

Most doctors oppose physician-assisted suicide, poll finds

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MD's role in helping patients die remains subject of debate.

(HealthDay)—Whether doctors should help patients die continues to be a hotly debated topic within the medical community, a *New England Journal of Medicine* poll finds.

The journal questioned readers about a hypothetical near-death case and received more than 2,000 valid responses. Roughly two-thirds worldwide—including 67 percent of replies from the United States—said they disapprove of physician-assisted suicide.

Most readers of the journal are doctors. Some said assisting a suicide violates a physician's oath to do no harm and might lead to euthanasia—intentional killing to relieve suffering and pain.

Those supporting physician-assisted suicide stressed the importance of [patient autonomy](#) and "noted that if physicians assist at birth, they should

also have a role in assisting at death," according to the report.

"What you see is a debate between the old paternalistic view of medicine—with the notion that you always have to keep the best interest of the patient at heart—and a more contemporary ethical perspective—that to me over-stresses the patient's autonomy," said Kenneth Doka, professor of [gerontology](#) at the College of New Rochelle in New York and a senior consultant to the Hospice Foundation of America.

Currently, physician-assisted suicide is legal in five countries: Belgium, Germany, Luxembourg, the Netherlands and Switzerland. In the United States, Montana, Oregon, Vermont and Washington allow physician-assisted suicide.

Of the 74 countries represented in the journal survey, readers in Mexico were most in favor of physician-aided suicide. In the United States, a majority of readers in 18 states favored allowing doctors to help patients die. However, most readers in Oregon and Washington, where physician-assisted suicide is legal, were not among them.

The survey, published online Sept. 11 in the *New England Journal of Medicine*, was conducted over the Internet, and presented the case of a 72-year-old man with advanced prostate cancer. However, the authors pointed out that "online voting . . . is prone to bias and is likely not to be scientifically valid."

Doka, who is also a Lutheran minister, believes that physician-assisted suicide shouldn't be seen in a vacuum, but should take into account the patient's wishes plus the impact on the patient's family and friends.

"That's the piece that's missing here," he said. "It's not just the effect on the patient and the physician. It's about what does this mean for the rest

of the intimate network of the patient."

Many respondents on both sides of the argument spoke of the importance of palliative care—relieving pain and making the end of life comfortable and dignified.

Dr. R. Sean Morrison, president of the American Academy of Hospice and Palliative Medicine, said palliative care is the issue the journal should be discussing.

"The focus should be on ensuring that people with serious illness and those at the end of life get the best quality palliative care," he said.

"When high-quality palliative care is provided, people are comfortable, they live longer, they spend time with their families and the worries that drive somebody to say 'I would like assisted death' typically vanish," he said.

Morrison noted that in Oregon and Washington, where physician-assisted suicide is legal, the number of people requesting prescriptions to end their life is much higher than those who actually do it.

"Those patients are provided high-quality [palliative care](#) and they change their mind," he said.

Advocates of physician-assisted suicide firmly believe patients have the right to control their time of death.

"It is unacceptable that people should be forced to endure suffering against their will," said Barbara Coombs Lee, president of Compassion & Choices, a nonprofit organization working to improve care and expand choice at the end of life.

Coombs Lee, however, doesn't believe doctors should be forced to do something they have an objection to. "But neither should [patients](#) be held hostage to the moral objection of a dissenting physician," she said. "Patients should have the option to transfer their care to another physician whose values are in line with their own."

The American Medical Association strongly objects to physician-assisted suicide. "Physician-assisted suicide is fundamentally inconsistent with the physician's professional role," the association states. "Requests for physician-assisted [suicide](#) should be a signal to the physician that the patient's needs are unmet and further evaluation to identify the elements contributing to the patient's suffering is necessary."

More information: For more information on physician-assisted suicide, visit the [University of Illinois College of Medicine](#).

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