The National Association of Catholic Nurses – USA

February 24, 2017

Dr. Andrew W. Gurman, MD
AMA President
330 N Wabash - Ste 43482
Chicago, IL 60611-5885

Dr. Bette Crigger, PhD
Secretary, Council on Ethical and Judicial Affairs
American Medical Association
330 N Wabash - Ste 43482
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Re: Potential Position of Neutrality on Physician Assisted Suicide

Dear Drs. Gurman and Crigger:

I am writing on behalf of the National Association of Catholic Nurses-U.S.A. (NACN-USA) to ask you not to reverse your longstanding opposition to physician assisted suicide, which is consistent with your duty as physicians to respect justice and to do no harm.

NACN-USA is a non-profit group of hundreds of nurses of different backgrounds, focusing on promoting moral principles of patient advocacy, professional development, spiritual development, the integration of faith and health, all within the Catholic context in nursing. It provides guidance, support, and networking for Catholic nurses and nursing students, as well as other healthcare professionals and non-healthcare professionals who support the mission and objectives of the NACN-USA.

As nurses, we are intimately aware of the needs of persons experiencing end-of-life care issues. We are at the bedside, in the home, in the school, in clinics and provider offices, and even insurance companies. Our members address the needs of the most vulnerable and even abandoned patients in need of expert palliative care, including physical, psycho-social, and spiritual care. It is here that patient and provider meet in a most intimate and sacred space, where trust is critical to the wellbeing of those served. That trust demands that we walk with our patients unto death, not abandoning them to suicide. Data from the Oregon Department of Health (the state with the longest experience with physician assisted suicide), clearly indicate that fear of abandonment is the reason for requesting physician

assisted suicide.[1] Pain and finances currently are the least frequent reasons for such requests.[2] However, there is growing evidence with reimbursement policies that providing the drug for enabling physician assisted suicide will be funded when treatment protocols are not.[3] In fact, data are clear that Oregon victims of physician assisted suicide often have no health insurance or are covered only by Medicare or Medicaid (a total of 42.8%).[4] They are financially vulnerable populations, who again, need our care and advocacy, not our assistance to kill themselves.

Increasingly, it is evident that, in countries that have legalized physician assisted suicide, eligibility has moved from a patient having a terminal illness to having cognitive and physiological impairments,[5] and from assisting a person to die, to active euthanasia.[6] Informed consent is being eroded, and parents can consent to the assisted death of their children.[7] All of this should provide great concern for all professions, such as nursing and medicine, charged with providing just and beneficent care to patients. We want to collaborate with you to protect patients from violations of these rights to just and beneficent care.

As health care providers, NACN-USA remains greatly concerned over the implications of the lack of autonomy of health care providers, as evidenced in Vermont,[8] as well as in Canada.[9]

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[1] See Oregon Public Health Division, "Table 1. Characteristics and end - of - life care of 991 DWDA patients who have died from ingesting DWDA medications, by year, Oregon, 1998 - 2015," Oregon Death with Dignity Act 2015 Data Summary: Loss of autonomy (91.6%), loss of dignity (78.7%), and being a burden (41.1%) all equate to a fear of abandonment as a patient moves to an inevitable reliance on others.
http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf.

[2] Ibid.

[3] Bradford Richardson, Assisted-Suicide Law Prompts Insurance Company to Deny Coverage to Terminally Ill California Woman," *The Washington Times* (Thursday, October 20, 2016).
http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/.

[4] Op cit Oregon Public Health Division.

[5] Rachel Aviv, "The Death Treatment: When should people with a non-terminal illness be helped to die?" Letter from Belgium, *The New Yorker* (June 22, 2015 Issue).
http://www.newyorker.com/magazine/2015/06/22/the-death-treatment.

[6] Rachel Roberts, "Doctor who asked dementia patient's family to hold her down while she gave lethal injection cleared: Panel finds the doctor acted 'in good faith' in controversial case," *Independent* (February 5, 2017). http://www.independent.co.uk/news/world/europe/doctor-netherlands-lethal-injection-dementia-euthanasia-a7564061.html.

[7] "Under 12s have right to die: Dutch paediatricians," *Times Live* AFP (2015-06-19 14:32:10.0).
http://www.timeslive.co.za/world/2015/06/19/Under-12s-have-right-to-die-Dutch-paediatricians.

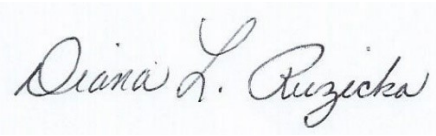
[8] Bradford Richardson, "Vermont doctors push back against assisted-suicide requirement," *The Washington Times* (Thursday, July 21, 2016).
http://www.washingtontimes.com/news/2016/jul/21/vermont-doctors-push-back-against-assisted-suicide/.

When something becomes legal, that does not necessarily equate to ethical, as time has demonstrated. Health care providers are not vending machines, responsible for delivering services at the demand of a patient. There is nothing more apt to erode the autonomy of nurses and physicians to deliver just and beneficent care than an ethic that sees no limitations on what patient autonomy can demand of a health care provider.

There is so much at stake if the American Medical Association, which is not only an advocate for patients, but also for the integrity of the profession, takes a neutral position on physician assisted suicide. It is well known that such a change in position caused the California enabling legislation to pass.[10] Our health care professions cannot abdicate their responsibilities to protect the most vulnerable from irreversible decisions such as premature death. There are so many options for effective palliative care, even if the side effects of such care indirectly contribute to an earlier death. But to directly intend the end of a patient's life is the antithesis of good medicine, and eventually will erode the sacred trust between society and the health care professions.

Please retain your position of opposition to the legalization of physician assisted suicide.

Sincerely yours,



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President, NACN-USA

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[9] Lynn Wardle, "Canada's assisted suicide warning: Physicians' conscience rights at stake," *New Boston Post* (March 23, 2016, 6:37 EST). http://newbostonpost.com/2016/03/23/canadas-assisted-suicide-warning-physicians-conscience-rights-at-stake/.

[10] Kathy Robertson, "'Neutral' stance by doctors helped pave path to historic assisted-suicide law," *Sacramento Business Journal* (Oct 5, 2015, 2:43pm PDT). http://www.bizjournals.com/sacramento/news/2015/10/05/neutral-stance-by-doctors-helped-pave-path-to.html