where NURSING, MINISTRY and CATHOLIC MISSION meet

July 30, 2017

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Bette Crigger, PhD
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Re: Potential Position of Neutrality on Physician Assisted Suicide

Dear Drs. Gurman and Crigger,

The National Association of Catholic Nurses - U.S.A. (NACN-USA) is the national professional organization for Catholic nurses in the United States. A non-profit group of hundreds of nurses of different backgrounds, the NACN-USA focuses on promoting moral principles of patient advocacy, human dignity, and professional and spiritual development in the integration of faith and health within the Catholic context in nursing. Nursing has been a long-time partner with the medical profession. It is in our mutual care and concern for the good of our patients and respect for our professional commitment to them that we write to encourage the American Medical Association to maintain its opposition to physician assisted suicide and not to change to a position of neutrality.

It has been argued that the AMA should change its position to neutrality because physicians who practice in states in which it is legal feel distressed and conflicted when patients make such requests. It has been reported that nurses have had similar experiences.[1] However, it is precisely because of our commitment to patient advocacy and the promotion of human dignity that the American Nurses Association rightly and steadfastly continues to maintain its position against participating in assisted suicide. [2] Moreover, diligent attention to symptom management has been shown both to alleviate suffering and assist nurses to uphold professional standards when confronted with such requests.[3] Furthermore, by maintaining our professional commitment and tradition of "do no harm," patients know that we are committed to caring for them until natural death and that we will not intentionally cause their death, even if asked.

The cognitive dissonance and resulting distress experienced by physicians who participate in assisted suicide is evidence of the wrongness of such action that instinctively strikes physicians at their core. The profound emotional toll that takes place among physicians who participate in assisted suicide and, thus, "must take responsibility for causing the patient's death," is well documented and described as, "a huge burden on conscience, tangled emotions and a large psychological toll on participating physicians."[4] All the more reason for the medical profession to remain firm in its opposition to physician assistance in suicide and, by doing so, affirm the natural and appropriate revulsion physicians experience when causing the death of their patients who, in their vulnerability, are dependent on the commitment of physicians to care for them and not to intentionally end their life, which is to kill them.

It is important that the medical profession not allow itself to be distracted by imprecise terminology such as "aid in dying" or "assisted suicide," which are misnomers.[5] While there is no legal penalty for the person who seeks help in dying, the issue is *assisting* the person in doing so and whether there is a legal right to receive assistance in killing oneself without the assistant suffering adverse legal consequences.[6] However, even if the law decriminalizes assisting suicide, that does not mean that assisting suicide falls within the realm of medical practice. Medicine practices within the boundaries of the law but, just as it is not within the purview of medicine to define the practice of law, neither is it within the purview of law to define the practice of medicine. It is not the medical profession's long-standing prohibition against killing that is the problem. Rather, the problem is the law and its reversal of long-standing legal precedent that assisting a person to kill themselves is a criminal act.

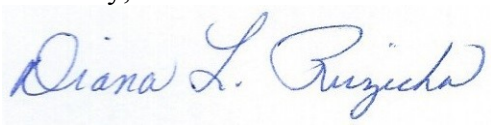
Furthermore, there is growing evidence that once something becomes legal the pressures, and even the legal mandates, forcing objecting physicians to participate in every legal procedure cedes control of the profession to the law. It is proposed that professional associations should declare that conscientious objection is unethical. [7] All one has to do is to analyze that phenomenon in the state of Vermont,[8] in which physicians almost lost the ability to refuse to cooperate in physician-assisted suicide, and have lost that ability north of us in Canada.[9] Changing a professional opposition to physician-assisted suicide to neutrality will not reduce the cognitive dissonance and moral conflict of physicians. It will do just the opposite for the majority of physicians who inevitability will lose the ability to practice their profession with moral integrity. This phenomenon will not only impact the objecting physician, but also every nurse caring for patients who are the victims of this violation of the tenets of both professions.

"Physicians must never kill. Nothing is more fundamental or uncompromising as this moral absolute. Nothing is more contrary than killing to the ends of medicine as a healing art...[Thus] Killing can never become healing. It is by definition a denial of the first end of medicine - acting for the good of the patient."[10] While there may be disagreement about what constitutes the good for a particular patient in particular circumstances, there is long-standing agreement that "there are certain irreducible and non-instrumental human goods...[and] that there is a moral imperative not to do intentional harm to such goods, and that such a rule would prohibit assisted suicide and euthanasia."[11] Therefore, even when physical healing is beyond the reach of medical knowledge and skill and the patient is dying, medicine remains a healing art in its change of focus to managing symptoms and allowing the patient to focus on healing relationships with others and with the transcendent.

Thus, for medicine to change its position to neutrality and allow physicians to kill their patients would change the medical profession in a fundamental way. Like nurses, physicians know, deep in their hearts, that the prohibition against killing their patients is a negative precept that allows

no exceptions. That is why they are distressed when they assist in suicide even where it has been decriminalized. That is why the medical profession must remain firm in its opposition to assisting suicide for the sake of physicians, patients, and for the very future of the medical profession itself. Diligent attention to symptom management has been shown to alleviate suffering and assist nurses to uphold professional standards. The same is true for physicians. As long-time partners with the medical profession, we nurses strongly encourage the AMA to maintain its position of opposition to assisted suicide.

Sincerely,



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5. Neil M. Gorsuch, *The Future of Assisted Suicide and Euthanasia* (Princeton: Princeton University Press, 2006) p. 5.

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8. Ibid.

9. *Carter v. Canada* (Attorney General), 2015 SCC 5.

10. Edmund Pellegrino, "Some things ought never be done: Moral absolutes in clinical ethics," *Theoretical Medicine and Bioethics* 26, (2005): p. 475.

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