
Principles: Physician-Assisted Suicide

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BACKGROUND

Physician-assisted suicide is allowed in California. Unequal access to services, including health care, remain. Fears and stereotypes about living with a disability persist. The lives of people with disabilities have not always been fully regarded as valuable in the health care system and in society overall. These principles list ways to make sure people are free from undue influence, coercion, wrong information, no information, or discrimination. Any of these can impact a person's informed choice about assisted suicide.

PRINCIPLES

DRC has no position on assisted suicide. Rather these principles are standards against which to measure policy initiatives on physician-assisted suicide.

Any legislation or initiative about physician-assisted suicide must:

- Ensure and document the patient is safe from coercion or influence at all times, including during the written and oral request and after the initial request for the drug.
- Ensure if the patient changes their mind, the drug is no longer available.
- Ensure and document that the patient requested assisted suicide; forbid health providers or insurers from offering or suggesting it.

- Ensure and document how the physicians and witnesses determine whether the patient is clear in their wishes, is not under duress or experiencing coercion or undue influence. If the decision conflicts with a previous statement, such as one requesting continuing treatment or extraordinary life-sustaining treatment, the reason must be documented.
- Ensure and document that each patient who requests a lethal drug is provided information about and guaranteed provision of alternatives, such as palliative care, hospice care, personal assistance services, further medical treatment and peer support and counseling. Providing a list of services does not satisfy this requirement. The patient has the right to refuse the alternatives and the refusal must be in writing.
- Ensure that people with disabilities are not discriminated against. Ensure people with disabilities, including seniors, are offered medical treatment on a non-discriminatory basis. Require the treating physician to sign a statement stating no treatment was denied because of the nature or extent of a person's disability. The patient has the right to refuse any medical treatment and the refusal must be in writing.
- Ensure managed care entities and health insurance companies have not overruled the physician's treatment decisions because of the cost of care. Require the treating physician to sign a statement that the physician's recommended treatment was not denied by the managed care entity or health insurance company.
- Prior to prescribing a lethal drug, require and document a review of the individual's Advance Directive and Physician's Order for Life Sustaining Treatment. Ensure the person's instructions about withdrawal of treatment and palliative care have been honored. For people without an Advance Directive or Physician's Order for Life Sustaining Treatment, provide information and independent help to complete an advance directive prior to authorizing a lethal drug.
- Allow the patient to decide whether the official cause of death is the lethal drug or the underlying diagnosis.
- Require stakeholder involvement, including California's protection and advocacy agency and other representatives of people with disabilities, to design regulations, oversight, specific safeguards, reporting requirements, and the collection and publishing of data on a variety of measures. The data must include information about the

race, ethnicity and income of people requesting the lethal prescription. Data must be provided about whether predictions of date of death by doctors who prescribe the lethal dose are accurate. The data must include patterns of prescription, which might be related to “doctor-shopping.”

- Prohibit broad protections for physicians or others who act “in good faith” even if the physician misdiagnoses, declines to provide medical treatment for the underlying condition, declines to approve palliative care, encourages assisted suicide as preferable to other alternatives, or knows about and does not report coercion or influence.
- Prohibit anyone with a financial stake in the death, including heirs and facility staff (e.g., nursing home staff) from being a witness to the written declaration requesting assisted suicide.
- Prohibit any witness without significant knowledge of the patient from assessing whether the patient is under duress, fraud or undue influence.
- Prohibit physicians who are new to the patient (e.g., nursing home attending and consulting physician) to make and confirm a diagnosis and approve the lethal drug.