

End of Life Language Choices Matter: It's "Aid in Dying," not "Assisted Suicide"

"I've got just a few days left to live, and I don't want to put my wife and family through a prolonged death. I'm not committing suicide, and I don't want to die. But I am dying, and I don't want someone dictating to me that I've got to lie down in some hospital bed and die in pain. I was upset by media reports that I intend to 'kill' myself. I'm not killing myself; cancer is taking care of that. I may take the option of shortening the agony of my final hours."

— Jack Newbold, terminal Oregon cancer patient and former sea captain, now deceased.

How one describes this end of life choice is critical to how it is perceived. This personal end-of-life choice is most accurately described as "aid in dying." Research has shown that referring to aid in dying for terminal patients as "suicide" is biased, inaccurate, and demeaning to people who simply wish a choice in the manner of their imminent deaths.

"Suicide" is inaccurate. It indicates a self-destructive act that kills a person. Fatal diseases kill terminally ill patients while causing unbearable suffering, or symptoms that cannot be relieved. When mentally competent patients choose to avoid a prolonged dying process, they should not be negatively categorized. Calling dying patients "suicides" impacts the terminally ill patients, their families and survivors. It's not accurate and it's not fair.

It is also not accurate to refer to the Oregon law as "physician-assisted suicide." Recently the Oregon Health Division removed all reference to "assisted suicide" from its reporting on the Oregon Death with Dignity Act. A spokesperson admitted the agency probably never should have used the term in the first place.

"Suicide," or "assisted-suicide," or "physician-assisted suicide" are loaded, pejorative terms that paint terminally ill patients in the same negative light as terrorist bombers.

Oregon's "Death with Dignity" law decriminalizes and regulates a practice properly called "aid in dying" or "patient-directed dying."

Please consider the following facts when choosing language:

Suicide is a sin in many religions, and physician-assisted suicide is a crime in all states. The term should be reserved for behavior like encouraging a suicidal person, or playing Russian roulette. Suicide may carry legal consequences for insurance and other contracts. Therefore, the Oregon law makes it clear that assistance in dying is not suicide.

Dying Patients Have No Life to Live

People who want the choice of aid-in-dying do not want to die. They are facing an imminent, inevitable death, and they want the power to avoid unbearable suffering. "Suicide" is hurtful and derogatory toward both a dying patient and the patient's loved ones. It conjures images of irrational, depressed teenagers, adults with mental illness, and terrorist bombers. It suggests guns and violence. It suggests the patient could choose to live if she wished.

In fact, patients asking for assistance in dying find themselves at the end of all possible curative therapies, left with only the choice of how death comes to them. They may choose "the least worst death," but they cannot choose life.

Terminal Oregon patient Charlene Andrews told the National Press Club, it is "an insult" to her fight against cancer to call the choice she wants "suicide."

History of the Term

Physicians originally embraced the term "physician assisted suicide" to distinguish the practice from euthanasia. People like Drs. Timothy Quill and Marcia Angell adopted it to signify the patient self-administered medication and doctors did not inject it. They did not consider the effect of the term on patients, nor its negative connotation among the general public and in churches that withhold sacraments from "suicides." They were after a strictly clinical distinction.

Experts and Neutral Parties are Adopting More Neutral Language

The American Public Health Association, one of the nation's most esteemed health policy organizations, recognizes the profound differences between a typical "suicide" and the choice of a terminally ill, mentally competent adult to take life-ending medication if suffering becomes unbearable.

Use of "suicide" is inconsistent with descriptions of similar medical practices. Current medical practice allows patients to choose to withdraw or withhold medical treatment that will cause death. Current medical practice allows physicians to prescribe medication that sedates the patient into unconsciousness while food and hydration is withheld, thus hastening death. This process is called "terminal sedation," not "terminal suicide" because the patients are dying.

Independent Research Shows "Suicide" is Biasing and Inaccurate

Public opinion research shows that use of the term "suicide" to describe the end-of-life choices of terminally ill patients is inaccurate, biasing audiences against patients and their families. A May 2005 Gallup Poll indicated that 75% of Americans support euthanasia for certain patients, but only 58% support "doctor-assisted suicide" for the same patients. Use of the term "suicide" was the only difference in the question asked. The Gallup Poll concluded, "The apparent conflict in values appears to be a consequence of mentioning, or not mentioning, the word 'suicide'."

"Suicide" is used by opponents to sow confusion and negativity. The public does not view dying patients who choose to hasten death to avoid unbearable suffering as suicides, but opponents want the negative emotional impact of that term.