

## **Hospice Minnesota**

### **Statement on Assisted Suicide, Physician Assisted Suicide and Euthanasia**

Hospice Minnesota supports end-of-life care in which the patient is respected as a participant in decisions about his or her care to the fullest extent possible.

#### **PURPOSE**

This statement has been prepared to address ethical considerations and offer guidelines for end-of-life decision making.

#### **DEFINITIONS**

*Assisted suicide* is the act of ending one's own life with the assistance of another individual.

*Physician assisted suicide* is physician involvement in a patient's willful hastening of his or her own death.

*Euthanasia* is the intentional killing of a person at his or her request or the request of a proxy, as part of the medical care being offered.

#### **BACKGROUND AND CONTEXT**

Minnesota law does not condone, authorize or approve assisted suicide, physician assisted suicide or euthanasia. It is illegal in Minnesota for anyone, including health care providers, to aid in suicide. Minnesota has specific state statutes relating to pain management that allow health care providers to administer, prescribe or dispense medications or procedures to relieve a patient's pain or discomfort, even if the medication or procedure may hasten or increase the risk of death. Medications or procedures may not be administered, prescribed or dispensed, however, with the intent to cause death.

#### **HOSPICE MINNESOTA VALUES**

- Health care providers have an ethical obligation to provide adequate pain and symptom management for purposes of alleviating suffering and providing comfort.
- The patient's plan of care should clearly define care and treatment goals in accordance with the patient's own values, beliefs and interpretations of what constitutes benefit and burden. Values, beliefs and interpretations described in a health care directive document may guide decisions about treatment if the patient is not able to participate in treatment decisions.
- Patients or their health care agents have the right to refuse medical treatment or to withdraw medical treatment that has been started. Refusing or withdrawing a treatment is not assisted suicide or euthanasia.
- Health care providers must be prepared to address the feelings and fears that lead a patient to consider suicide or ask for help to bring about death. The health care provider's role is to listen, promote empathetic discussion, engage family and friends in the discussion, and assess factors such as depression, lack of pain control, loneliness and fear of abandonment.

- Hospice Minnesota's members are committed to serving anyone who can benefit from hospice care. Therefore, we will not exclude anyone because he or she raises questions related to issues of assisted suicide or euthanasia.
- Hospice Minnesota encourages ongoing discussion and debate of the issues surrounding end-of-life decision making, including assisted suicide and euthanasia.
- Hospice Minnesota promotes quality care for people who are dying and their families and believes that care should include:
  - Earlier and increased use of palliative care and hospice;
  - Increased use of and respect for advance care planning and health care directives;
  - Effective pain and symptom management;
  - Psycho-social support for dying patients and their caregivers;
  - Attention to the spiritual needs of dying patients and their caregivers;
  - Efforts to assist the health care systems to support diverse beliefs, values and rituals of dying patients and their families.

Adopted 11/94

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