PHYSICIAN-ASSISTED SUICIDE

Philosophy

Benton Hospice Service reaffirms a basic element of the hospice philosophy that states that because dying is a natural process, hospice neither seeks to hasten nor postpone death. BHS also reaffirms the philosophy that hospice does not abandon dying patients and their families. BHS acknowledges that there may be hospice patients who will wish to avail themselves of their legal right under Ballot Measure 16 (passed by the Oregon voters in 1994) to pursue physician-assisted suicide, and BHS will not abandon these patients or their families. However, BHS recognizes that this is a matter between the patient and his or her physician; consequently, BHS will not actively participate in physician-assisted suicide.

Policy

Patients who inquire about the option of physician-assisted suicide will be asked to contact their attending physician. Benton Hospice Service will continue to provide standard hospice services to patients regardless of their stated interest or intent in pursuing physician-assisted suicide.

Neither staff nor patient care volunteers will assist with staff nor volunteers will assist with or participate in the act of physician-assisted suicide. BHS will not provide, deliver, administer, or assist with medication intended for physician-assisted suicide.

Staff and volunteers who are morally or ethically opposed to physician-assisted suicide will have the option of transferring care responsibilities to other staff, if their patient states an intent to pursue physician-assisted suicide.

Procedure

As is customary, BHS staff will explore and evaluate patients’ statements related to suicide if they arise during routine visits.

If patients or family members make an inquiry about physician-assisted suicide, BHS will respond to inquiries or requests for information and refer them to their attending physician. BHS will not act as an agent in initiating physician-assisted suicide.

Staff or volunteers who are aware that a patient is considering physician-assisted suicide will notify the executive director, the patient care coordinator, and the social worker. Patients who verbalize this intent will be told that this information will be shared with the hospice team, and they will be strongly encouraged to discuss it with their family if they have not already done so.
Staff and volunteers working with a patient/family who has verbalized an interest in physician-assisted suicide will document all discussions and interventions with patient, family, other team members, and any other person who may be involved with the patient. This documentation will become part of the patient’s permanent medical record.

A team conference will be convened, and it will include all of the available staff and volunteers working with the patient/family as well as members of the interdisciplinary group and the attending physician. The purpose of this meeting will be to examine the patient’s reasons for considering physician-assisted suicide and to discuss how to address these issues if possible. Staff having contact with such patients will consult with and be supported by the social worker, patient care coordinator, and/or the executive director on an ongoing basis.

If the patient chooses to pursue physician-assisted suicide, BHS staff will work with the patient/family to address or attempt to resolve any problems or issues that may be contributing to this intent. The patient/family will be informed of the role of BHS regarding participation in the law; that is, this is an issue between the patient and physician. BHS will continue to serve the patient and family; we will offer our customary hospice services that seek to meet not only the physical needs of the patient/family, but the emotional, social and spiritual needs as well. BHS will not be involved actively in the suicide itself.

If a patient asks his/her physician for a prescription for medication to end his/her life, the patient and family will receive ongoing support. There will be continued exploration and evaluation of the problems and issues that led to the request for the lethal dose of medication with the goal that the patient’s quality of life can be maintained or improved.

As is customary, bereavement support will be available to all families.

The BHS Ethics Committee will meet annually to review cases involving physician-assisted suicide and to review our Physician Assisted Suicide Policy and Procedure. The Committee will also meet at the request of staff to discuss concerns about physician-assisted suicide, to review an individual case or to review our policy and procedure.