Speaking Truthfully about Provider-Assisted Death

As physicians on the front lines of caring for people who are aged, infirm, and suffering, we applaud Anna Elsner and colleagues' even-handed reflection on the semantics surrounding the practice of assisted suicide and euthanasia in "Language Matters: The Semantics and Politics of 'Assisted Dying'" (September-October 2024). Their essay provides a thoughtful linguistic, political, and ethical reflection from an international perspective on some of the most contested practices in health care today. An increasing number of proponents of these practices are using the euphemism "medical aid in dying" or "MAID" to normalize practices that were considered unethical by many for centuries. The authors contend that euphemisms such as "aid in dying" prevent "people from seeing death clearly" (p. 6). For example, an advocacy organization in the United States, Compassion and Choices, uses "MAID" to refer only to the practice in which a lethal prescription is given to someone with a terminal diagnosis who then self-administers the medication. However, in Canada, the same term is used to describe both assisted suicide and euthanasia legally allowed for those with chronic, nonfatal diseases. In 2027, some people with mental health conditions will also be eligible to die by these methods in Canada. In that country, 99.9 percent of all cases of death by "MAID" are by euthanasia rather than self-administration. Some people have advocated for assisted suicide and euthanasia for those who are simply "tired of life."

We argue elsewhere that euphemisms such as "MAID" and "aid in dying" violate the principle of truth telling in clinical care—speaking and practicing with honesty and clarity. When a term is used that is vague in its meaning and intent, particularly when used for ethically problematic practices, it is ambiguous at best and deceptive at worst. We call on our fellow physicians and other clinicians to stop using euphemisms to describe assisted suicide and euthanasia. This is a matter of integrity and informed consent. As Elsner et al. declare, language matters.

We also agree with the call by Anna Wierzbicka, echoed by Elsner et al., for a "language-independent philosophical perspective" (quoted on p. 6). We must tease out the clear distinction between dying and death. Dying is an inexorable journey of indeterminate length not yet completed; death is the *terminus ad quem*, the final destination, the irreversible cessation of life. Palliation of the former is the goal of compassionate care; the latter is the goal of assisted suicide, euthanasia, and "MAID."

Thinking about death, let alone talking about it with patients, is not easy. As Blaise Pascal wrote, humans will put up any diversion to avoid thinking about it. For greater clarity, we recommend the following terms to describe assisted suicide and euthanasia, respectively: "provider-assisted death by prescription" ("PAD-P") and "provider-assisted death by administration" ("PAD-A"). These terms clearly describe the actions and intent of these life-ending activities. The term "PAD-P" connotes only the prescribing of a lethal substance by a health care provider and the subsequent, independent self-administration of the substance by the patient. The word "death" denotes the intended result of this practice. "PAD-A," by contrast, implies the active involvement of the provider in not only prescribing but also administering the lethal agent(s). The distinction is vital for two reasons. In some U.S. states where PAD-P is legal, providers are blurring the lines between prescribing and administering lethal substances—in one published case, by going to the patient's home, filling the syringe with the lethal substance, inserting the rectal tube, and handing the syringe to the patient (see E. Ardman, "Old Books, Warm Cookies, and Death with Dignity," *Annals of Family Medicine,* 2023). Additionally, research demonstrates that provider participation in administration of the lethal substance increases the likelihood that a patient will follow through with a request for PAD.

Health care professionals should provide highly competent and compassionate palliative care for those suffering from chronic and terminal diseases. We believe that this ethical responsibility does not entail an obligation nor a right to prescribe or administer death—nor should it. As clinicians who care for the suffering daily, we stand firm with the Hippocratic ethic that providers must not intentionally end the lives of their patients. We recognize that some providers with differing fundamental life assumptions reject this ethic. At a minimum, for the sake of simple truthfulness, providers should avoid the imprecision and obscurantism of euphemistic language in health care. In so doing, we may restore trust and civility among ourselves and rebuild trust with the broader community as we seek to provide ethical care for all.

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