LANGUAGE MATTERS: IT’S “AID IN DYING,” NOT “ASSISTED SUICIDE”

As society considers important social questions, language is important. Words matter. In the context of a mentally competent, terminally ill adult’s decision to end his or her life, medical health policy and mental health professionals recognize that the terms “suicide” and “assisted suicide” are inaccurate, biased, and pejorative. Increasingly, mainstream medical, mental health, and health policy organizations have adopted the term “aid in dying” to refer to this choice.

Language evolves. In the same way that people with disabilities were once referred to as “crippled” or “handicapped,” and people with developmental disabilities were referred to as “retarded,” the words we use and the philosophies behind them change over time.

SUICIDE: INACCURATE AND BIASED

California, Montana, Oregon, Vermont, and Washington are currently the states that have legalized a mentally competent, terminally ill patient’s choice to ingest medications to bring about a peaceful death. The California, Oregon and Washington laws clearly state: “Actions taken in accordance with (the Death with Dignity Act) shall not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide, under the law.”

A Washington State Judge refused to allow the biased term “assisted suicide” on Washington State’s Death with Dignity ballot measure, finding the term “suicide” is “loaded” and adding, “it’s important that that term not be used.”

The Washington Death with Dignity Act did not legalize assisted suicide in Washington. RCW 9A.36.060 states that “A person is guilty of promoting a suicide attempt when he or she knowingly cause or aids another person to attempt suicide,” and “Promoting a suicide attempt is a class C felony.” Assisted suicide is still illegal in Washington.

PATIENTS AND FAMILIES ARE HURT

Terminally ill individuals do not want to die but—by definition—are dying. They are facing an imminent death and want the option of aid in dying to avoid unbearable suffering. Terminally ill patients who legally access the option of Death with Dignity find the word “suicide” offensive and inaccurate. Many have publicly expressed that the term is hurtful and derogatory to them and their loved ones.

WHAT THE EXPERTS SAY

American Academy of Hospice and Palliative Medicine

“The term PAD (Physician-Assisted Death) is utilized in this document with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged designation Physician-Assisted Suicide.”
American Medical Student Association

“Whereas there is increasing use of neutral terms like ‘physician-assisted dying,’ ‘physician-assisted death,’ or ‘physician aid in dying’ to avoid the more emotionally charged ‘physician-assisted suicide’...therefore be it resolved that the Principles Regarding Physician-Assisted Suicide...be AMENDED to read: ‘Physician Aid in Dying.’”

The American Medical Women’s Association

“The terms ‘assisted suicide’ and/or ‘physician-assisted suicide’ have been used in the past, including in an AMWA position statement, to refer to the choice of a mentally competent, terminally ill patient to self-administer medication for the purpose of controlling time and manner of death, in cases where the patient finds the dying process intolerable. The term ‘suicide’ is increasingly recognized as inaccurate and inappropriate in this context, and we reject that term. We adopt the less emotionally charged, value neutral, and accurate terms ‘Aid in Dying’ or ‘Physician-Assisted Dying.’”

Washington State Psychological Association

“WSPA recognizes that the term ‘suicide’ implies psychiatric illness or other emotional distress that impairs judgment and decision-making capacity, and thus may not be an accurate or appropriate term for a terminally ill, mentally competent individual choosing to control the time and manner of his or her death. Therefore WSPA supports value-neutral terminology such as aid in dying, patient-directed dying, physician aid in dying, physician-assisted dying, or a terminally ill individual’s choice to bring about a peaceful and dignified death.”

American College of Legal Medicine

“The term ‘physician-assisted suicide’ is arguably a misnomer that unfairly colors the issue, and, for some, evokes feelings of repugnance and immorality. The appropriateness of the term is doubtful in several respects...ACLM rejects the term ‘physician-assisted suicide.’”

American Public Health Association

In 2006, the APHA adopted a policy recognizing that “the term ‘suicide’ or ‘assisted suicide’ is inappropriate when discussing the choice of a mentally competent, terminally ill patient to seek medications that he or she could consume to bring about a peaceful and dignified death.” The APHA policy emphasizes “the importance to public health of using accurate language.”

In 2008, the APHA, the nation’s largest public health association, adopted a policy supporting aid in dying. The policy acknowledges “allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon Death with Dignity Act are in place.”