

CLINICAL DECISIONS

INTERACTIVE AT NEJM.ORG

Physician-Assisted Suicide — Polling Results

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Recently, we gave readers the opportunity to share their opinions on physician-assisted suicide in Clinical Decisions, an interactive feature in which experts discuss a controversial topic and readers vote and post comments. We presented the case of a 72-year-old man in Oregon who was receiving palliative care for metastatic pancreatic cancer and was contemplating physician-assisted suicide.¹ State laws in Oregon² and Washington³ permit physicians to assist patients with such requests through the use of life-terminating drugs.

Experts provided opposing viewpoints on physician-assisted suicide. J. Donald Boudreau and Margaret Somerville of McGill University argued that physicians should not be permitted to assist in suicide since doing so conflicts with the duty of physicians to heal. Nikola Biller-Andorno of the University of Zurich presented the position that physicians have a duty not only to heal but also to ease suffering and that in the case of some patients, this may involve assisting them in ending their lives. This Clinical Decisions article coincided with the publication of a Special Article that discussed the implementation of a physician-assisted suicide program in Seattle and presented data on the use of the program throughout Washington and Oregon.⁴ Only a few countries now provide a legally sanctioned mechanism for physicians to assist patients in ending their lives, but the issue is the focus of many current legislative bodies, courts, and medical organizations.

Our website received a total of 5205 votes. However, we noticed that there were multiple votes in quick succession from several locations in Canada. We could not distinguish valid votes from erroneous votes and therefore eliminated those votes from this discussion. Readers participating in the Clinical Decisions polls are asked to vote only once. Online voting like that used for Clinical Decisions articles is prone to bias and is likely not to be scientifically valid.

Readers from 74 countries cast 2356 unique votes; U.S. readers from 49 states cast 1712 votes.

Overall, 65% of the readers thought that physician-assisted suicide should not be permitted; the rate among U.S. voters was similar, with 67% voting against physician-assisted suicide.

Among the 74 countries, 11 had a majority of votes in favor of permitting physician-assisted suicide. Readers in those countries cast a total of 97 votes; the largest number of these votes (37) was cast by readers from Mexico. Eighteen U.S. states had a majority of votes supporting physician-assisted suicide. Interestingly, Oregon and Washington were not in that group.

More than 200 comments were posted. Readers opposed to physician-assisted suicide questioned whether suicide was a civil right or a human right, expressed the belief that assisting suicide violated a physician's oath to do no harm, and worried about a slippery slope in which physician-assisted suicide could eventually lead to euthanasia. Comments in favor of physician-assisted suicide highlighted the importance of honoring patients' autonomy and noted that if physicians assist at birth, they should also have a role in assisting at death. A large number of commentators on both sides of the divide agreed on the importance of palliative care, including hospice, for helping terminally ill patients manage their symptoms, both physical and psychological.

The voting and commentary indicate that the way in which patients die and the role of palliative care will remain issues of much debate.

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

1. Physician-assisted suicide. *N Engl J Med* 2013;368:1450-2.
2. Oregon Health Authority. Death with Dignity Act. 2012 (<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/pages/index.aspx>).
3. Washington State Department of Health. Death with Dignity Act. 2012 (<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct.aspx>).
4. Loggers ET, Starks H, Shannon-Dudley M, Back AL, Appelbaum FR, Stewart FM. Implementing a Death with Dignity program at a comprehensive cancer center. *N Engl J Med* 2013; 368:1417-24.

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