

Physicians for Compassionate Care Education Foundation (PCCEF) has serious concerns about the American Academy of Hospice and Palliative Medicine (AAHPM) Board of Director's recent position statement regarding "Physician-Assisted Death" where they have changed their position from opposing physician-assisted suicide to one of "studied neutrality".

Physician-assisted suicide, despite confusion caused by the use of misleading euphemisms, remains what it is--an inherent conflict of interest for the medical profession. Those in favor of situational killing generally utilize three main tactics to promote assisted suicide: first, they seek to "neutralize" physicians who object; second, they actively distort reality through the use of euphemisms; and third, they strive to paint a rosy picture about what is happening here in Oregon.

As such, we are particularly concerned with the use of the term "physician-assisted death". In fact, the act that AAHPM wants to "study" is physician-assisted suicide. The AAHPM affirms this understanding with the use of the term "suicide" in their website address referring to this position statement: www.aahpm.org/positions/suicide/html. Physician-assisted suicide has two components: 1) the physician prescribes a lethal dose for direct and intentional medical killing and 2) the patient takes this medication as prescribed resulting in a suicide. The term "physician-assisted death" is dangerous, as this could simply describe appropriate pain management and other palliative care given to the dying. At the same time, physician-assisted death could also encompass voluntary or even involuntary medical killing or euthanasia.

Promoters of assisted suicide are committed to having medical killing sanctioned by society. They know that all social engineering is preceded by verbal engineering. The word "suicide" clearly describes the act of taking a massive overdose to end one's life. Yet killing yourself with an overdose doesn't have much public appeal. This then explains why the promoters of assisted suicide actively avoid the very word which best describes what they want.

This raises important questions. Is there a political bias favoring assisted suicide among the leadership of AAHPM? Has one of the key authors of this revised position, Timothy Quill, a known supporter of assisted suicide, pushed the AAHPM Board of Directors to shift the power and influence of the organization in alignment with other promoters of assisted suicide and euthanasia? Is Dr. Quill's radical desire to license doctors to end some patient's lives--really representative of the majority of the members of AAHPM? Given the previously published work of Dr. Quill, we find the claim of "neutrality" of this important group of physicians disingenuous if not frankly deceitful.

PCCEF encourages all who are involved with the national effort to improve end-of-life care to rededicate themselves to avoid the conflict of interest inherent in assisted suicide. We particularly call on the membership and leadership of AAHPM to reject assisted suicide as a final solution to challenging care at the end of life.

PCCEF also encourages everyone reading this to contact the board of AAHPM to express your concern about their position statement. Please write, phone, or email the AAHPM board <http://www.aahpm.org/about/board.html>, and let them know how their action has contributed to the gradual change in the role of the physician in society from healer to executioner, how this is

harming trust in the patient-physician relationship, and how this is putting those who are vulnerable at risk.