At last, American psychiatrists speak out on euthanasia

By Charles Lane December 15



(Yves Logghe/Associated Press)

Euthanasia has been permissible in Belgium and the Netherlands since early in the 21st century, and the practice has expanded rapidly beyond cases of terminal physical illness, such as cancer, to encompass non-terminal illnesses including psychiatric conditions such as depression or bipolar disorder.

Note that this is far different from physicianassisted suicide as practiced in U.S. states such as <u>Oregon</u>, which can only involve physicians prescribing lethal doses to patients suffering from physical ailments certifiably expected to cause

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doctors themselves administer the lethal dose, usually by injection — and, to repeat, upon a request for alleviation of "unbearable suffering" caused by any disorder, terminal or non-terminal, physical or mental.

The troubling implications of physicians, especially psychiatrists, extinguishing life based on the supposed volition of mentally ill people who are, by definition, less capable of expressing clear intention — whose diseases are often manifest by a diminished grasp of reality — have stirred increasing concern both within Belgium and the Netherlands and beyond.

What's been missing from this picture is a forthright ethical response from the psychiatric profession around the world. But now that may be changing. This past weekend, the American Psychiatric Association gave final approval to a policy statement declaring its ethical opposition to psychiatric participation in assisted suicide or euthanasia for a non-terminal patient:

The American Psychiatric Association, in concert with the American Medical Association's position on Medical Euthanasia, holds that a psychiatrist should not prescribe or administer any intervention to a non-terminally ill person for the purpose of causing death.

Obviously, this is of little immediate practical effect in the United States, because non-terminal

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the potential slippery slope in this area, the APA statement lays down an important marker for the future. Also, the APA's stand may help influence the debate in next-door Canada, where physician-assisted suicide has recently been legalized for physical illness — and the government is going to make a formal study of extending it to "requests made by individuals with mental illness as their sole underlying condition." Most important, the statement implies the basis for a possible direct organizational protest by American psychiatrists to their Belgian and Dutch colleagues, the logical next step in the APA's welcome assertion of what should be a global ethical principle.