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Poverty – Not a Justification for Banning Physician-Assisted Death

The Hastings Center Report, 2018

Lindsey M. Freeman, Susannah L. Rose, and Stuart J. Youngner[1]

Short Summary

In this article Freeman et al. argue against the viewpoint that physician-assisted death (PAD) has the potential to disadvantage people who live in poverty and that it should be banned because of this. The authors argue that patients who are terminally ill have the right to choose to forego life-sustaining treatment irrespective of whether this is a choice made by the patient to minimize the financial burden on their loved ones or for other reasons. Drawing the line on access to PAD due to concern that it will alter the decision-making of terminally ill patients with limited financial means is therefore not justified.

Background

The article focuses on PAD in the United States. Currently PAD is permitted in California, Colorado, the District of Columbia, Oregon, Vermont, Washington and Hawaii. Patients eligible for PAD must be at least 18 years of age, competent, diagnosed with a terminal illness which they are expected to die from within six month, and able to self-administer prescribed medication. Before PAD can be carried out the patient has to verbally request it twice with at least fifteen days between requests, make a written request with two witnesses, and have an assessment of eligibility conducted by two physicians independently of each other.

Key Arguments

People who are at the end of life and experiencing financial pressure are likely to let that play a role in their choices around whether or not to pursue or reject aggressive treatment, but it doesn't follow from that that they will be more likely to request PAD.

- ***"Poverty is not incompatible with autonomous decision-making."*** (p 42)
    - Decisions around physician-assisted death are not made in a vacuum, but are influenced by familial and social circumstances. People who are economically disadvantaged may make different choices than those who are not, but that

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[1] Lindsey M. Freeman, Susannah L. Rose, and Stuart J. Youngner (2018). *The Hastings Center Report* 48, no 6 (2018): 38-46.

does not mean that their choices are not autonomous. A person's ability to make autonomous decisions is independent of their financial situation.
    - A patient who values independence or a sense of control may not want to be a burden to family or friends at the end of life. Such values and choices should be respected by the providers irrespective of whether the request is to withhold life sustaining treatment or it is for physician-assisted death.
- **"An inadequate social safety net does not justify banning PAD."** (p. 43)
    - Opponents of PAD in the United States argue that in a country where there is no general right to health care and where services such as hospice and palliative care are limited, the introduction of PAD puts an "unacceptably great financial burdens on some citizens at the end of life." Freeman et al. argue against this position, that not allowing PAD would have the opposite effect, in terms of exacerbating the injustice to those who cannot afford or get access to end-of-life care.
    - Economic pressure does not per se justify a moral distinction between a patient's request for PAD and for withdrawing of life-sustaining treatment. The way the U.S. health care system is set up in itself creates inequalities for those who are poor, as it limits their options for care.

Conclusion:

Banning PAD out of concern that socioeconomic status will alter the decision-making for certain terminally ill patients is not justified. Rather than focusing on patient's reasons for requesting PAD, more attention should be paid to how a patient's financial situation may impact their decision-making around end-of-life treatment in general. The authors suggest that it would be more appropriate to redirect attention to the neglect of disadvantaged populations in the US health care system generally.