



SENATE JOURNAL  
COMMITTEE NO. 43  
DATE 2/9/11  
NO. SB167

## E-2.211 Physician-Assisted Suicide

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (eg, the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide). It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. (I, IV) Issued June 1994 based on the reports "Decisions Near the End of Life," adopted June 1991, and "Physician-Assisted Suicide," adopted December 1993 (JAMA. 1992; 267: 2229-33); Updated June 1996.

POLICY  
MONTANA MEDICAL ASSOCIATION  
UPON  
PHYSICIAN ASSISTED SUICIDE  
Adopted February 21, 2009

The Montana Medical Association does not condone the deliberate act of precipitating the death of a patient. This does not imply, however, that a physician using his or her best judgment should not allow a patient to die with dignity.

MMA supports and advocates for compassionate and competent palliative care at the end of life and, furthermore, acknowledges that medical efforts to eliminate irreversible and extreme pain and suffering at the end of life are an appropriate medical response that may result in hastening the patient's death. MMA acknowledges the patient's legitimate right to autonomy at the end of life, but does not accept the proposition that death with dignity may be achieved only through physician assisted suicide.

(20090221, MMABoT, 54<sup>th</sup> IM)