Academy of Aid-in-Dying Medicine

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Ethics Consultation Service

When the reason for requesting aid in dying is unrelated to the terminal diagnosis

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Ethics Question: To qualify for aid in dying, is it necessary that the causes of the patient's suffering (including future suffering) be related to their terminal diagnosis?

I. Case Summary

Our consultation service was contacted by a physician who had a patient with a hospice diagnosis of end-stage lung disease. The patient requested medical aid in dying, but his primary reason for doing so was his high risk of a stroke due to severe carotid artery disease, which was not amenable to surgery, in addition to poorly controlled chronic back pain. He denied any significant symptoms due to his lung disease.

The patient was already enrolled in hospice due to his advanced lung disease (COPD). His symptoms were well palliated, but he still had difficult-to-manage chronic low-back pain unrelated to his lung disease. The course of treatment for pain was unclear.

II. Discussion and Analysis:

There may be situations in which the terminal diagnosis is not the source of a person's suffering, which instead originates in an unrelated non-terminal condition, such as chronic pain, the recent loss of a spouse, or early dementia. Is the clinician duty bound to only consider the terminal condition? Aid in dying laws are silent on this.

There was consensus within the team that the first step is to address the patient's source of suffering. Is there more that can be done to better manage the patient's pain? Are there other steps, short of surgery, that can be taken to mitigate his risk of a stroke? Addressing these questions might necessitate pausing the aid-in-dying request process. If all efforts are made to reduce or eliminate the patient's suffering and there is no meaningful improvement, it would be legally and ethically acceptable to proceed with offering aid in dying based on the patient's overall prognosis.

III. Conclusion and Recommendations:

If there seem to be multiple reasons for a patient's request for aid in dying, further explore the reasons for requesting aid in dying. Ensure that all efforts have been made to alleviate their suffering, such as maximizing pain control. If the patient's reasons for making their request are unremediable, it is ethically supportable to offer aid in dying. This supports the patient's autonomous choice of aid in dying with the goal of remediating his current and potential future suffering.

Refusing medical aid in dying based solely on the fact that the patient's reasons for requesting it are not explicitly related to his terminal diagnosis would not be ethically supported. The intent of medical aid in dying is to alleviate suffering for patients who are deemed to be terminally ill. If a person's suffering is unremediable—regardless, of its direct source—and they are deemed to have a less than six month prognosis, honoring their request for medical aid in dying is supported by the concept of respecting that person's autonomous choice to end their suffering. This does not violate any of the legal paramaters spelled out in any of aid-in-dying statutes.

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