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Re: SB 165

Via email to: [Julia.Ratti@sen.state.nv.us](mailto:Julia.Ratti@sen.state.nv.us)

The Honorable Julia Ratti  
Chair, Senate Health and Human Services Committee  
c/o Nevada Senate  
401 South Carson Street  
Carson City, NV 89701-4747

Dear Senator Ratti,

The American College of Physicians (ACP), the largest medical specialty organization and the second-largest physician group in the United States with 154,000 physicians, and our Nevada chapter, representing 900 physicians, writes to you to express our opposition to SB 165. This is a physician-assisted suicide (PAS) bill. The bill's summary says it "Makes various changes to provisions governing prescribing, dispensing and administering controlled substances designed to end the life of a patient." Asking physicians to use medical knowledge and skills to intentionally bring on a patient's death is deeply problematic; not medical care; and not within the goals of medicine. This is very different than the patient's right to refuse treatment which we strongly support. ACP does not support legalization of physician-assisted suicide (our position paper is attached and is also available at <https://annals.org/aim/fullarticle/2654458/ethics-legalization-physician-assisted-suicide-american-college-physicians-position-paper>; our position is reaffirmed in our current Ethics Manual (seventh edition, 2019)).

We are deeply sympathetic to the concerns and fears patients and their families have at the end of life. The physician must fulfill her or his ethical obligations and always act in the best interests of the patient as healer, comforter, and trusted advisor. Often, lack of awareness of the care physicians and others can provide to dying patients and fears that patients will not have access to this care drive interest in PAS. It doesn't have to be that way.

Unscientific and misleading polls are being used to assert that terminally ill patients want PAS. This is not true. In many states, outside lobbyists are pushing an agenda. This will harm our patients, physician relationships with patients and families, and trust in medicine. Medical research shows that many individuals do not know what palliative and hospice care are but when told definitions, more than 90% respond that is what they want if they or family members

become severely ill. Many patients never receive hospice care or are enrolled much too late, in the last few days of life. We can do better.

We need to ensure that all patients know they will be well cared for at the end of life. There is so much we can do to help terminally ill patients and alleviate suffering and fears, including for those with brain cancer like Brittany Maynard. Physicians and patients must search together for answers to the challenges posed by living with serious illness before death, not medicalize suicide. The highest priorities for the care of dying patients should include easing pain and other symptoms, a team approach to care, and strong support for the patient's right to refuse treatment, including life-sustaining treatment. Patients often fear pain at the end of life, but physicians have an ethical obligation to treat pain with competence and compassion. Vigorous management of pain at the end of life is ethically acceptable, even when the risk of hastening death is foreseeable, if the intent is to relieve pain, states the ACP Ethics Manual. This has been consistently supported by US courts.

We note the irony of legalization of PAS given marked disparities in access to and delivery of health care. Patients, especially disabled and minority patients, have deep concerns about the message legalization sends about the value of their lives and their ability to get the palliative and hospice care they want-- raising extremely valid points that legalization leads to "attitudinal changes, subtle biases about quality of life, and judgments that some lives are not worth living" as we discuss in our paper. Pressures on individuals to not be a "burden" are real.

Please help us advocate for education about and improved access to palliative and hospice care. We should encourage those who seek suicide with a physician's help to instead be provided with the care that can alleviate their suffering, reaffirming our commitment to all patients. No Nevadan should fear an undignified or pain-filled life or death.

Providing the best medical care to patients throughout life, including the last phase of life, requires our full attention. In this way, physicians can fulfill their ethical responsibilities and give dying patients and their families the care, compassion, and comfort they need and deserve. Thank you and please let us know if you have any questions.

Sincerely,



Ana María López, MD, MPH, MACP  
President, American College of Physicians



Evan M. Klass, MD, FACP  
ACP Nevada Chapter Governor

Attachment

*The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 154,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.*