

Decisions at the End of Life

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This paper presents a system for making decisions at the end of life. It emphasizes the role of patient autonomy and the importance of patient and family participation with the physician in decision-making. Definitions are presented for the terms: terminal illness, withholding and withdrawing life sustaining treatment, physician assisted suicide and euthanasia. Three cases are briefly described to illustrate the application of the decision-making system. A detailed discussion is then presented of the divergent views expressed by different authors about the moral differences or similarities between forgoing life sustaining treatment and physician assistance in dying. It is concluded that the view that these two actions are fundamentally different, as supported by the United States Supreme Court, in 1997, is the correct one. Physician assisted suicide (PAS) remains a controversial issue. Physicians and societies in individual countries must work out their own approaches to PAS. However, forgoing invasive or intensive life support in terminally ill patients consistent with their wishes is considered appropriate.

Key words: *attitude to death; death, assisted; death with dignity; euthanasia; life support care; Oregon; physician-assisted suicide; right to die; suicide, assisted; terminal care*