Assisted Dying: Glossary of terms.

For the purpose of this document the term Assisted Dying (AD) applies to any process where medical support is provided to an individual in ending their life. Variations exist, both semantically and in terms of the range of medical involvement indicated.

It may be helpful to examine various definitions[1] that tend to appear in the debate, and are used in cited sources in this document.

Assisted dying (AD) was introduced by Lord Joffe in his Assisted Dying for the Terminally Ill Bill in 2004, and is the term used by World Federation of Right to Die Societies, and is most common in the UK to describe any act or procedure to end life for a person who is suffering. Assisted dying includes the provision of medication to a person for self-administration as well as administration of medication by a health practitioner, in both cases causing death. It is the primary term that will be used in this document.

For the purpose of this document, the process (AD) will be understood to include a consistent fully-informed autonomous request made by a patient with clear mental capacity to be able to self-administer a lethal dose. With reference to Cosyns[2], the process will be

> "as solely done in the interest of the patient being killed and in no other. The "interest of the patient", furthermore, is defined by the patient and not by the physician, the state or anyone else (at least as long as the patient has decisional capacity—whether advance directives ought to give or reserve such power is another matter). As only contemplated in case of incurable and terminal illness that is beyond either cure or prolongation of a quality of life acceptable to the patient. In other words, it is a matter of optionality where the options are narrowed to only two: to live longer at the price of suffering longer or to suffer for a shorter time at the price of shortening life."

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[1] Adapted from: https://wfrtds.org/what-is-assisted-dying/

[2] Cosyns, Marc. Euthanasia, Physician Assisted Suicide and Other Methods of Helping Along Death https://www.academia.edu/113873484/Euthanasia_Physician_Assisted_Suicide_and_Other_Methods_of_Helping_Along_Death?email_work_card=view-paper

Assisted Suicide: The term used to describe the distribution of a drug that can cause the death of a person. The term is used in Switzerland, Austria and the Netherlands.

Autonomy: the freedom and ability of a rational individual to express personal agency and make informed decisions without coercion.

Beneficence: acting in the best interest of the patient and to ensure an acceptable quality of life.

Deep sedation: a state of depressed consciousness where the patient is less able to maintain coherence or consciousness, but can respond.

Double effect: sometimes referred to as the rule or doctrine of double-effect (RDE/DDE) where a heavy dose is prescribed in the clear knowledge that it can shorten or end life. Many would argue that this has at least one foot in the euthanasia camp. Some argue that it has been used as cover for intended euthanasia, in cases of intractable suffering where the outcome has more clearly been foreseeable and predictable.

Euthanasia: Deliberate termination of life by someone else, on the explicit request of the person involved to ease incurable, intractable and unbearable suffering. In the past, the terms passive/active were added to make a distinction between ending life-saving treatment (passive) and termination of life on request (active). The term is used in the Netherlands, Belgium and Luxembourg.

The original meaning of euthanasia was ‘a good death’. (Active) euthanasia is where the physician administers the medication, perhaps because the patient cannot self-administer or swallow e.g. due to paralysis or oesophogeal cancer.

Justice: in this context, fairness and equal treatment and access to social support and medical resources and benefits.

Legal assisted dying: In those jurisdictions where it is legal, assisted dying is an end of life choice for people who meet the eligibility criteria established by the law in their jurisdictions. Each jurisdiction requires the request to be voluntary.

Medical Aid in Dying (MAiD): The term used by some parties in the USA.

Medical Assistance in Dying (MAiD): The term used in Canada. In Canada MAID can be provided by either a physician or a nurse practitioner or it can be self-administered. In the case of self-administration, the physician or nurse practitioner provides or prescribes a drug that the eligible person takes themselves.

Non-maleficence: a duty to cause no intentional harm to a patient.

Passive euthanasia can be regarded as the refusal to provide or withdrawal of treatment.

Physician Assisted Suicide (PAS)/Physician Assisted Dying (PAD): where a physician provides, at the competent request of a patient, drugs which the patient can self-administer with the intention to end their life.

Terminal sedation: sometimes referred to as palliative or continuous sedation, a coma is induced and maintained until the patient dies. Recognised by Beauchamp and Childress[3] to challenge "the boundaries and use of the RDE [rule of double-effect]…Some commentators contend that some cases terminal sedation can be justified under the RDE, whereas others argue that terminal sedation directly, although slowly, kills the patient and thus is a form of euthanasia".

Terminally ill: According to Assisted Dying for Terminally Ill Adults (Scotland) Bill, "For the purposes of this Act, a person is terminally ill if they have an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death." Based on legislation elsewhere, for the purposes of this document, death predicted within a six to twelve month period will qualify a condition as terminal.

Voluntary Assisted Dying (VAD): The term is used in Australia. VAD is the provision of medical assistance to a terminally ill person for self administration of a drug which will cause their death. If the person is no longer able to self administer, a doctor can administer the drug.

Voluntary Stopping of Eating and Drinking (VSED): Also known as Voluntary Refusal of Food and Fluids (VRFF), this is a process which often

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[3] Beauchamp, TL & Childress, JF. The Principles of Biomedical Ethics, 7th Ed. Oxford University Press (2013): p168

involves medical staff (although it can also be carried out independently) to 'hasten' a person's death. The process is not restricted to terminal patients. Commonly done in conjunction with deep/terminal sedation and continuous care provided by medical staff. According to Wax et al[4],

> "Voluntary stopping of eating and drinking (VSED) is a deliberate, self-initiated attempt to hasten death in the setting of suffering refractory to optimal palliative interventions or prolonged dying that a person finds intolerable. Individuals who consider VSED tend to be older, have a serious but not always imminently terminal illness, place a high value on independence, and have significant illness burden."

[4] John W. Wax MD, Amy W. An MD, Nicole Kosier MD, Timothy E. Quill MD. Voluntary Stopping Eating and Drinking. Journal of American Geriatrics Society, Volume66, Issue3 March 2018, Pages 441-445