APA Official Actions

Position Statement on Psychiatric Participation in Physician Assistance in Dying

Approved by the Board of Trustees, July 2025
Approved by the Assembly, May 2025

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:
Physician assistance in dying or physician-assisted death (PAD)[1] is now legal in a growing number of jurisdictions in the U.S. and Canada. Although medical organizations, psychiatrists, and other physicians continue to struggle with the ethical considerations of this developing aspect of medical practice, a growing number of U.S. jurisdictions have developed statutes that now permit and regulate PAD.

These jurisdictions recognize that participation in PAD is distinct from the phenomenon of suicide. Individuals choosing to participate in legally sanctioned PAD are suffering terminal illnesses and typically, absent the illness, would not be choosing to die. In many of these jurisdictions, mental health assessments are encouraged in certain circumstances where there are concerns that psychiatric symptoms may impair decision-making capacity. According to some statutes, psychiatrists are specifically designated to assess the capacity of individuals to make the decision to die. This position statement gives guidance to psychiatrists who undertake this role.

In addition, some countries have permitted PAD in non-terminal cases, including in persons suffering solely from mental illness. While mental illness can cause subjective experiences of suffering comparable to terminal physical illnesses, this position statement opposes PAD for individuals suffering solely from mental illness. While recognizing that individual subjective assessment of suffering is respectful of patient self-determination, there is a notable lack of consensus on the concept of terminal mental illness and the complexities of predicting long-term prognosis of mental disorders. In addition, some mental conditions involve temporary alterations in a patient's preferences that reflect the underlying disorder. Finally, central to the psychiatrist-patient relationship is the foundational value of sustaining hope for improvement and reducing suffering.

Legislation that permits PAD for persons seeking PAD for mental illness is incompatible with this foundational value of the psychiatrist-patient relationship. Labeling a mental illness as terminal or irremediable is inconsistent with present treatment approaches in psychiatry, and there are reasonable concerns that PAD could become an alternative to the provision of adequate treatment and social

[1] Please note that this is referred to as "Medical Aid in Dying" and "Physician-Assisted Suicide"

support. The risk of abandonment of patients with mental conditions is of concern if certain mental conditions are characterized as terminal or irremediable.

APA Position:

The APA opposes legislation that permits physicians to prescribe or administer an intervention for the purpose of causing death to persons seeking PAD solely for mental illness. It is the position of the APA that psychiatrists should not prescribe or administer such interventions. In jurisdictions where PAD is legal and a mental health assessment is requested or required, it is ethically permissible for psychiatrists to assess the capacity of such persons.

Author: Council on Psychiatry and Law

Collaborators: Ethics Committee, Council on Research, Council on Consultation-Liaison Psychiatry, Council on International Psychiatry and Global Health