

PHYSICIAN-ASSISTED SUICIDE

ISSUE DATE: May 7, 1999

AUTHORITY: Public Law 105-12, Section 1073, Title X, U.S.C., Chapter 55

I. BACKGROUND

A. When writing the Assisted Suicide Funding Restriction Act of 1997 (Public Law 105-12), Congress found the following:

1. The Federal Government provides financial support for the provision and payment for health care services, as well as for the advocacy activities to protect the rights of individuals.

2. Assisted suicide, euthanasia, and mercy killing have been criminal offenses throughout the United States and, under current law, it would be unlawful to provide services in support of such illegal activities.

3. Because of the recent legal developments, it may become lawful in areas of the United States to furnish services in support of such activities.

4. Congress is not providing Federal financial assistance in support of assisted suicide, euthanasia, and mercy killing and intends that Federal funds not be used to promote such activities.

B. It is the principal purpose of this Act to continue current Federal policy by providing explicitly that Federal funds may not be used for items and services (including assistance) the purpose of which is to cause (or assist in causing) the suicide, euthanasia, or mercy killing of any individual. See Policy below for specifics regarding this subject.

II. DESCRIPTION

Physician-assisted suicide occurs when the patient is “killed” by medication.

III. POLICY

A. No TRICARE funds may be used:

1. To provide any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death on any individual, such as by assisted suicide, euthanasia, or mercy killing;

TRICARE POLICY MANUAL 6010.54-M, AUGUST 1, 2002

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2. To pay (directly, through payment of Federal financial participation or other matching payment, or otherwise) for such an item or service, including payment of expenses relating to such an item or service; or

3. To pay (in whole or in part) for health benefit coverage that includes any coverage of such an item or service or of any expenses relating to such an item or service.

B. Situations where treatment is withdrawn and the patient dies from the underlying pathology are not considered physician-assisted suicide. Also, there are times when a physician withholds or withdraws treatment with the intention of respecting the patient's wishes and not to cause the person's death. This policy, therefore, does not affect:

1. The withholding or withdrawing of medical treatment or medical care;

2. The withholding or withdrawing of nutrition or hydration;

3. The use of an item, good, benefit, or service furnished for the purpose of alleviating pain or discomfort, even if such use may increase the risk of death, so long as such item, good, benefit or service is not also furnished for the purpose of causing, or the purpose of assisting in causing, death, for any reason.

C. Limitation on Federal facilities and employees with respect to health care items and services furnished includes those provided:

1. By or in a health care facility owned or operated by the Federal government, or

2. By any physician or other individual employed by the Federal government to provide health care services within the scope of the physician's or individual's employment, no such item or service may be furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

D. When the contractor becomes aware that a provider has been prosecuted and convicted of a physician-assisted suicide or when documentation is attached to the claim indicating a physician-assisted suicide, the care is to be denied.

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