

Drugs college essay



euthanasia

By: Anonymous

Euthanasia In recent years, Euthanasia has become a very heated debate. It is a Greek word that means “ easy death” but the controversy surrounding it is just the opposite. Whether the issue is refusing prolonged life mechanically, assisting suicide, or active euthanasia, we eventually confront our society’s fears toward death itself. Above others, our culture breeds fear and dread of aging and dying. It is not easy for most of the western world to see death as an inevitable part of life. However, the issues that surround euthanasia are not only about death, they are about ones liberty, right to privacy and control over his or her own body. So, the question remains: Who has the right? Under current U. S. law, there are clear distinctions between the two types of euthanasia. One group of actions taken to bring about the death of a dying patient -withdrawal of life support, referred to by some as passive euthanasia- has been specifically upheld by the courts as a legal right of a patient to request and a legal act for a doctor to perform. A second group of actions taken to bring about the death of a dying patient -physician-assisted death, referred to by some as active euthanasia- is specifically prohibited by laws in most states banning “ mercy killing” and is condemned by the American Medical Association. Although it is not a crime to be present when a person takes his or her life, it is a crime to take direct action intentionally designed to help facilitate death–no matter how justifiable and compassionate the circumstances may be. 1 With active euthanasia, it is the doctor who administers the lethal drug dose. Since it is tantamount to homicide, the few U. S. doctors who perform it have been brought to trial but

none of them have ever been convicted and imprisoned. Modern interest in euthanasia in the United States began in 1870, when a commentator, Samuel Williams, proposed to the Birmingham Speculative Club that euthanasia be permitted "in all cases of hopeless and painful illness" to bring about "a quick and painless death." The word "painless" is important: the idea of euthanasia began gaining ground in modern times not because of new technologies for agonizingly prolonging life but because of the discovery of new drugs, such as morphine and various anesthetics for the relief of pain, that could also painlessly induce death. Over the next three decades Williams's proposal was reprinted in popular magazines and books, discussed in the pages of prominent literary and political journals, and debated at the meetings of American medical societies and nonmedical professional associations. The debate culminated in 1906, after the Ohio legislature took up "An Act Concerning Administration of Drugs etc. to Mortally Injured and Diseased Persons", which was a bill to legalize euthanasia. After being debated for months, the Ohio legislature overwhelmingly rejected the bill, effectively ending that chapter of the euthanasia debate. ² Euthanasia reemerged in the 1970's, when in 1976 California was the first state to legalize a patient's right to refuse life-prolonged treatment. The Legislature passed the Natural Death Act, which allows for living wills, an advance directive to a doctor requesting the withholding or withdrawing of life sustaining treatment. ³ Today, all states have some form of living will legislation. In addition, the individual who wishes to have such a will, may also designate a family member or friend as a proxy to make the decisions for him or her, should he or she be unable to make the decisions himself or herself. Some states also require the

individual to sign a power of attorney to do so. 4 In 1976, the New Jersey Supreme Court decided the parents of Karen Ann Quinlan won the right to remove her from a ventilator because she was in a persistent vegetative state. The justices unanimously ruled that this act was necessary to respect Quinlan's right to privacy. 5 Some medical ethicists warned then that the ruling was the beginning of a trend—the slippery slope—which could lead to decisions to end a person's life being made by third parties not only on the basis of medical condition but also on such considerations as age, economic status, or even ethnicity. 6 In 1990, the Supreme Court case, *Cruzan v. Missouri*, recognized the principle that a person has a constitutionally protected right to refuse unwanted medical treatment. In 1983, Nancy Beth Cruzan lapsed into an irreversible coma from an auto accident. Before the accident, she had said several times that if she were faced with life as a “vegetable,” she would not want to live. Her parents went to court in 1987 to force the hospital to remove the tube by which she was being given nutrition and water. The Missouri Supreme Court refused to allow the life support to be withdrawn, saying there was no “clear and convincing” evidence Nancy Cruzan wanted that done. The U. S. Supreme Court agreed, but it also held that a person whose wishes were clearly known had a constitutional right to refuse life-sustaining medical treatment. After further proof and witness testimony, a probate court judge in Jasper County, Mo., ruled Dec. 14, 1990, that Cruzan's parents had the right to remove their daughter's feeding tube, which they immediately proceeded to do. Nancy Cruzan died Dec. 26, 1990. 7 The Cruzan decision sparked a fresh interest in living wills and in 1990 Congress passed the Patient Self-Determination Act. It requires health care facilities that receive Medicare or Medicaid funds (95 percent of such

centers) to inform new patients about their legal right to write a living will or choose a proxy to represent their wishes about medical treatment, and what kind of measures will be taken automatically for patients as institutional policy. Where state law permits, these institutions must honor living wills or the appointment of a health care proxy. 8 On March 6, 1996, for the first time in U. S. history, in the case *Washington v. Glucksberg*, the U. S. Court of Appeals for the 9th circuit in San Francisco overturned a Washington State law that made assisted suicide a felony. The existing ban on assisted suicide was successfully challenged under the equal protection clause of the Constitution's Fourteenth Amendment. The court noted that, under present law, a dying patient on life support may legally have it removed to facilitate death while another dying patient, not on life support but suffering under equivalent circumstances and equally close to death, has no means by which to end his or her lives. The court, ruled that, bans on assisted suicide constitute a violation of the second patient's equal protection rights under the Fourteenth Amendment. 9 In his majority opinion, appellate Judge Stephen Reinhardt of Los Angeles wrote: " If broad general state policies can be used to deprive a terminally ill individual of the right to make that choice, it is hard to envision where the exercise of arbitrary and intrusive power by the state can be halted." 10 Reinhardt's analysis relies heavily on language drawn from U. S. Supreme Court abortion case, *Roe v. Wade*, because the issues have " compelling similarities," he wrote. Like the decision of whether or not to have an abortion, the decision how and when to die is one of " the most intimate and personal choices a person may make in a lifetime," a choice " central to personal dignity and autonomy." 11 On April 2, 1996, in the case of *Vacco v. Quill*, the U. S. Appeals Court for the Second Circuit in <https://assignbuster.com/drugs-3727-words-college-essay/>

New York struck down that state's law making it illegal for doctors to help terminally ill people end their own lives. But whereas the Ninth Circuit decision was based on the Fourteenth Amendment and privacy issues, the Second Circuit ruling in April invoked an "equal protection" argument that people suffering terminal illnesses should have the same right as those, such as Quinlan, who are in a coma and have the law on their side in the decision to halt life-sustaining nourishment or treatment. "Physicians do not fulfill the role of 'killer' by prescribing drugs to hasten death," wrote Second Circuit Judge Roger J. Miner, "any more than they do by disconnecting life-support systems." 12 In 1997, both *Washington v. Glucksberg* and *Vacco v. Quill* went before the Supreme Court. The Court took a look at the cases and backed away from the "slippery slope" by their unanimous decision to uphold state laws in Washington and New York, banning doctor assisted suicide. Chief Justice William Rehnquist wrote, "Throughout the nation, Americans are engaged in an earnest and profound debate about the morality, legality and practicality of physician-assisted suicide. Our holding permits this debate to continue, as it should in a democratic society." 13 However, the Court left open the possibility that such bans might be invalid when applied to individual cases involving great suffering at the end of a terminal illness. 14 In 1994 a limited right to die measure squeaked through in Oregon. The Oregon law allowed doctors to prescribe, but not administer, a deadly dose of medication to terminally ill patients, defined as those diagnosed as having less than six months to live. By the Court kicking back the decision to the states in June, the Supreme Court then refused to hear the challenge on that physician assisted suicide law on October 14, 1997. Doctors in Oregon are now permitted to prescribe life-ending medication to

<https://assignbuster.com/drugs-3727-words-college-essay/>

anyone who is mentally competent and diagnosed with less than six months to live. But the patient may only take a lethal dose after completing a 15-day waiting period. The law does not specify what medication may be used.

Under the approved Oregon law, patients may request doctor assisted suicide if: 1) They are mentally competent. 2) They are diagnosed as having less than six months to live. 3) They request a lethal prescription from a doctor today, and wait the required 15 days. After the waiting period, during which patients can rescind their request at any time, they are free to take the drugs. Oregon Board of Medical Examiners will oversee physician compliance with the law, patients or families with concerns can contact the board, and a 25-member task force of health and ethics experts will decide some of the policy questions that will guide the state's oversight of the new law. Several experts expect there will be further guidelines to carry out this new policy. 15 Sooner or later, discussions about euthanasia and assisted suicide in the United States turn to the situation in the Netherlands. Although euthanasia still is a criminal offense there, punishable by up to 12 years in prison, it is increasingly tolerated in practice. Dutch physicians who put hopelessly ill patients to death after being asked to do so are not prosecuted if they follow certain guidelines formulated by the courts. 16 In a series of Dutch court cases decided between 1973 and 1984, two conditions were deemed essential for legitimizing euthanasia. First, the patient must make the request at his own initiative, repeatedly and explicitly expressing his wish to die. Second, the patient must be suffering from severe physical or mental pain, with no prospect of recovery. Since 1984, Dutch courts have added a third condition—that a physician intending to perform euthanasia first consult a colleague to confirm the accuracy of the diagnosis, verify the

planned means of bringing about death and ascertain that all legal requirements are being met. Some court cases have also cited as requirements the presence of an incurable disease or a demand that death by euthanasia not inflict unnecessary suffering on others. 17 Typically, a Dutch euthanasia patient is first given a shot of barbiturates, which causes unconsciousness within three to five seconds. A follow-up shot of curare produces death in 10 to 20 minutes by paralyzing the respiratory system. A Dutch doctor who performs euthanasia is not permitted to attribute death to “ natural causes” on the death certificate. Rather, he or the coroner must inform the police that a medically aided death has occurred. The police, in turn, report to the district attorney, who decides whether to prosecute. 18

Recently, Dr. Jack Kevorkian killed a man suffering from Lou Gehrig’s disease and gave the videotape to “ 60 Minutes.” Thomas Youk, 52, was killed by lethal injection of potassium chloride at the hands of Dr. Kevorkian. The ex-pathologist has claimed to have taken part in over 130 assisted deaths, but this time Dr. Kevorkian taken his work to a new level: he had injected the poisons himself, rather than rigging up his homemade “ suicide machine” so the patient could kill himself. When Michigan banned assisted suicide in September, Kevorkian decided it was time for a new- and perhaps final- showdown in court. This new mercy killing case revived the long and contentious debate over whether we have the right to die-and whether doctors should take part in their patients’ deaths. More than 30 states have banned assisted suicide-the act of helping a person take his own life. Now Kevorkian has gone a step further, to euthanasia-the act of actually carrying out a mercy killing. 19 With his new step toward active euthanasia, Dr. Kevorkian may have lost a number of his supporters. A Detroit Free Press

<https://assignbuster.com/drugs-3727-words-college-essay/>

pool showed most Michigan residents were wary of Kevorkian's latest move. And some assisted suicide activist who once idolized Kevorkian are refusing to support his graduation to euthanasia. Even if he is acquitted of the first degree murder charge, he could find that he is no longer taken serious and could hurt actually his cause. 20 Euthanasia opponents envision a bleak future for dying patients who don't have access to health insurance, adequate pain control treatment, or the money to pay for long term care. Some may feel forced or be coerced by their families and doctors to opt for euthanasia. Of course, no law can guarantee that coercion will never occur. We can't know for sure what family members' motives may be in any number of already legal health care and other decisions in which they participate. But should we reduce our available choices because we don't believe people can always make the right decisions for the right reasons or because we fear possible abuses? Or should we continue to expand our individual choices and freedoms while doing our best to prevent inappropriate and coerced influences and to educate all people in critical decision making? In fact, abuses are far more likely to occur within the present unregulated, covert, and occasional practice of assisted suicide. There is no accountability for such deaths, no procedures, no safeguards, and no reporting requirements. How much safer would it be if laws such as those in Oregon were in place nationwide? Can the debate over legalization of Euthanasia be compared to the debate over legalizing abortion? Wasn't the main reason for legalizing abortion because it was being done anyway. People still had access to abortion, it was just being done terribly. We're in exactly the same situation today. People do have access to assisted suicide, it's just being done poorly. I believe, that if in this great country, we have the

right to life, liberty, and the pursuit of happiness then why shouldn't a person have the right to control the conditions of their death as much as they have the right to control the conditions of their living. If procedures similar to the Dutch model can help us avoid unnecessary suffering, it would be worthwhile to work out with the legal and medical professions. By firmly establishing the right to die in America, an extension of the right to privacy, we are safeguarding such fundamental rights against governmental exploitation. If not a legal law, there is certainly a moral law over one's own body and our life should be subject to our own self-determination. We have a right to end our own life; and if we cannot accomplish the task on our own, at our discretion, another person should have the right to end it for us, as an act of compassion.

History of Euthanasia in America

1973- The American Medical Association issues the Patient Bill of Rights. The groundbreaking document allows patients to refuse medical treatment.

1976- The New Jersey Supreme Court rules that the parents of Karen Ann Quinlan, who has been in a tranquilizer-and-alcohol-induced coma for a year, can remove her respirator. She dies nine years later.

1979- Jo Roman, a New York artist dying of cancer, makes a videotape, telling her friends and family she intends to end her life. She later commits suicide with an overdose of sleeping pills.

1985- Betty Rollin publishes "Last Wish," the story of her mother's battle with ovarian cancer. The book reveals that Ida Rollin killed herself with a sedative overdose.

1990- Dr. Jack Kevorkian performs his first assisted suicide, using a homemade machine, to end the life of Alzheimer's patient Janet Adkins. Meanwhile, after protracted legal wrangling, the parents of Nancy Cruzan, who has been in a coma for seven years, are allowed to remove her feeding tube. Friends and co-workers testify in court that she would not have wanted

to live. 1991- Hemlock Society founder Derek Humphry first publishes “ Final Exit.” The controversial suicide “ how-to” book later becomes a national best seller. 1994- Voters in Oregon pass a referendum making it the only state in the country that allows doctors to prescribe life-ending drugs for terminally ill patients. The hotly contested law was not put into effect until last year.

1995- George Delury publishes “ But What If She Wants to Die?” a diary chronicling his wife’s long battle with multiple sclerosis. The book describes the couple’s agonizing decision to end her life with a drug overdose. Delury served four months in prison for attempted manslaughter for his role in her death.

1997- In a unanimous decision, the Supreme Court rules that the Constitution does not guarantee the right to commit suicide with the help of

a physician. The decision upholds laws in New York and Washington state

making it illegal for doctors to give lethal drugs to dying patients. 1998- In

November, Michigan voters defeat a measure that would have made

physician-assisted suicide legal. Michigan Poll On Dr. Kevorkian and

Euthanasia²² 1. After watching that segment which showed Jack Kevorkian

administering a lethal injection of drugs, do you think it was appropriate or

not appropriate for “ 60 Minutes” to show that scene on television?

56%Appropriate 35% Not appropriate 10% Undecided/Don’t know/Refused 2.

Did the experience of watching Dr. Jack Kevorkian cause a man’s death

influence your opinion about assisted suicide, or would you say that your

opinion about assisted suicide was not influenced at all by the “ 60 Minutes”

program? 11%Influenced opinion about assisted suicide 84%DID NOT

influence opinion about assisted suicide 5%Undecided/Don’t know 3. Did the

experience of watching tonight’s “ 60 minute” segment on Jack Kevorkian

influence you to be more supportive of assisted suicide or more opposed to

<https://assignbuster.com/drugs-3727-words-college-essay/>

assisted suicide? 6% Much more supportive of assisted suicide 31% Somewhat more supportive of assisted suicide 13% Somewhat more opposed to assisted suicide 38% Much more opposed to assisted suicide 12% Undecided/Don't know 4.

Generally speaking, do you favor or oppose laws that would allow physician assisted suicide for terminally ill people who are in a sound state of mind? 31% Strongly favor 14% Somewhat favor 10% Somewhat oppose 40% Strongly oppose 5% Undecided/Don't know

5. Dr. Kevorkian has invited law enforcement authorities to arrest him and charge him with a crime for his actions in the death shown on television. What do you think? Should Dr. Jack Kevorkian be arrested and charged with a crime for his actions, or do you think authorities should do nothing? 50% Kevorkian should be arrested and charged 34% Authorities should do nothing 16% Undecided/Don't know

6. If Dr. Kevorkian is arrested for his involvement in the death of the man shown on "60 Minutes," for what crime do you think he should be charged—violating Michigan's new law banning assisted suicide, for committing a more serious crime, such as murder, or for committing a different crime? 30% Violating law banning assisted suicide 45% More serious crime – such as murder 16% Something else 9% Undecided/Don't know

7. If he was charged with violating Michigan's new law banning physician assisted suicide instead of murder, based on what you saw on television tonight, would you find Dr. Jack Kevorkian guilty or not guilty of that crime? 62% Guilty of assisting a suicide 26% Not guilty of assisting a suicide 12% Undecided/Don't know

8. Dr. Jack Kevorkian has publicly stated that he is trying to force the issue of assisted suicide and euthanasia by his actions, and, if necessary, he will starve himself in prison to become a martyr for his beliefs. Do you believe that Dr. Kevorkian is doing what must be done for the cause of assisted

suicide, do you think he has gone too far and is hurting his cause, or, do you think he should do even more to force changes in assisted suicide laws?

28%Doing what must be done 55%Has gone too far and is hurting his cause

8%Should do even more to force changes 9%Undecided/Don't know 9. In the

recent November 3rd election, did you vote YES in favor of Proposal B, the

assisted suicide proposal, did you vote NO to oppose it, did you vote in the

election but skip that proposal, or were you unable to vote at all on

November 3rd? 24%Yes 56%No 5%Did not vote on that proposal 11%Did not

vote in the election 2%Can't remember 2%Refused Works Cited 1. Dority,

Barbara. "The Ultimate Civil Liberty". Humanist. July/August 1997. p. 17. 2.

Emanuel, Ezekiel. "Who's Right to Die?". Atlantic Monthly. March 1997. p.

75. 3. Henry, Sarah. "The Battle over Assisted Suicide: A Time to Die".

California Lawyer. January 1996. p. 1. 4. Ubell, Earl. "Should Death Be a

Patient's Choice?". Parade. February 9, 1992. p. 25. 5. Birenbaum, Arnold. "

The Right to Die in America". USA Today. January 1992 p. 28. 6. Hallock,

Steve. "Physician-Assisted Suicide: "Slippery Slope" or Civil Right?"

Humanist. July/August. 1996. p. 9. 7. Worshop, Richard L. "Assisted Suicide".

Congressional Quarterly Researcher. February 21, 1992. p. 153. 8. Martinez,

Elizabeth. "Going Gentle into That Good Night: Is a Rightful Death a Feminist

Ideal?" Ms. July/August. 1993. p. 67. 9. Dority, Barbara. p. 18. 10. Weinstein,

Henry. "Assisted Deaths Ruled Legal: 9th Circuit Lifts Ban on Doctor-Aided

Suicide". Los Angeles Times. March 7, 1996. p. A1. 11. Hallock, Steve. p. 12-

13. 12. Hallock, Steve. p. 13. 13. Beck, Joan. "Backing Away from a Very

Slippery Slope". Chicago Tribune. June 30, 1997. p. A1. 14. Johnson, Tim. "

Legal Euthanasia Unsettles Colombia". Miami Herald. June 30, 1997. p. 7A

15. Maier, Thomas. "Death By Choice". Newsday. November 6, 1997. p. A5.

<https://assignbuster.com/drugs-3727-words-college-essay/>

16. Emanuel, Ezekiel. p. 73. 17. Worsnop, Richard L. p. 59. 18. Worsnop, Richard L. p. 59. 19. Bai, Matt. “ Death Wish”. Newsweek. December 7, 1998. p. 31. 20. Bai, Matt. p. 33. 21. Frehm, Ron. Newsweek. December 7, 1998. p. 32-33. 22. Detroit Free Press poll of 300 Michigan residents conducted November 22, 1998 by Epic/MRA, of Lansing.