Physician assisted suicide analysis

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Physician-Assisted Suicide An estimated 40-70% of patients die in pain, another 50-60% die feeling short-of-breath. “ The way I see it; our greatest prejudice is against death. It spans age, gender and race. We spend immeasurable amounts of energy fighting an event that will eventually triumph. Though it is noble not to give in easily, the most alive people I’ve ever met are those who embrace their death. They love, laugh and live more fully. ” …by Andy Webster, Hospice Chaplain in Plymouth, Michigan. Should Physician-Assisted suicide be legal?

What do you think? Some believe that PAS demeans the human life – that PAS would violate doctors’ Hippocratic oaths. Many religions prohibit suicide and the intentional killings of others. Even though PAS would violate doctors’ oaths, I believe physician-assisted suicide should be legalized. Vital organs could be saved and used allowing doctors to save the lives of others, people could die with dignity rather than endure tremendous pain and suffering, and the right to die should be a fundamental freedom of each person.

Physician-assisted suicide is the voluntary termination of one’s own life by administration of a lethal substance with the direct or indirect assistance of a physician (medicinenet. com). Physician-assisted suicide is often abbreviated PAS. In the U. S. , only the States of Montana, Washington and Oregon allows physician-assisted suicide. Known as the Oregon Death with Dignity Act, in Oregon, competent terminally ill state residents, likely to die within 6 months can receive prescriptions for self-administered lethal medications from their physicians.

This act does not permit euthanasia, in which a physician or other person directly administers a lethal dose of medication to the patient. A relatively very small number of people seek lethal drugs under the law and even fewer people actually used them. Many patients have said that what they want most is a choice about how their lives will end. First, physician-assisted suicide should be legalized because vital organs can be saved and used allowing doctors to save the lives of others. The number of patients on the waiting list for organ donation far exceeds the number of available donors.

For example, in early September 2004, 86, 000 people were on the waiting list for a transplant, while only 13, 000 transplant operations had been performed since January of that same year. We have long waiting lists for hearts, kidneys, livers, and other organs that are necessary to save the lives of people who can be saved. Doctor-assisted suicide allows physicians to preserve vital organs that can be donated to others. However, if certain diseases are allowed to run their full course, the organs may weaken or cease to function altogether.

Additionally, people could die with dignity rather than suffer tremendous pain and suffering. Improving the end of life and advocating for a “ good death” has become the mission of several individuals and organizations, and is also a frequent subject of research and focus for policy improvements (Jennings B, Rundes T, D’Onofrio C). “…too many Americans die unnecessarily bad deaths—deaths with inadequate palliative support, inadequate compassion, and inadequate human presence and witness.

Deaths preceded by a dying marked by fear, anxiety, loneliness, and isolation. Deaths that efface dignity and deny individual self-control and choice. ” (Jennings B, Rundes T, D’Onofrio C) Advocates working to improve care for dying patients have tried to determine what elements are necessary for a “ good death” to take place. Publications on the subject include books and peer-reviewed journal articles that survey patients, health care professionals, and family caregivers.

Common elements of a good death have been identified as adequate pain and symptom management avoiding a prolonged dying process, clear communication about decisions by patient, family and physician, adequate preparation for death – for both patient and loved ones, feeling a sense of control, finding a spiritual or emotional sense of completion, affirming the patient as a unique and worthy person, strengthening relationships with loved ones, and not being alone. Finally, the most important reason physician-assisted suicide should be legalized is because the right to die should be a fundamental freedom of each person.

Federal and state laws do not state or even imply that the government has the right to keep a person from committing suicide. Yet, this is exactly where the decisions about PAS lay. In the 1992 Supreme Court decision in Planned Parenthood v. Casey; it was infamously noted that “ at the heart of liberty is the right to define one’s own concept of existence, of meaning, of the universe, and of the mystery of human life. ” Under the view expressed here, morality is purely private, purely subjective. States must remain neutral about the content of the individual’s choice.

In the abortion context presented in Casey, the state must be indifferent whether the pregnant mother chooses life or death. As John Finnis has noted in commenting on the abortion cases, the Court's decisions adopt an " implicit assumption of neutrality: since it is obvious that the state could not constitutionally force a women to end a pregnancy against her will by obliging her to terminate the life within her, it must obviously and necessarily follow that the state cannot oblige her not to end that life. Symmetry. Since you must be permitted to choose life, you must be permitted to choose death. Federal and State courts have heard countless cases about the fundamental rights of individuals to end their own lives; Washington v. Glucksberg, Fitzgerald v. Porter Memorial Hospital, Schloendorff v. Society of New York Hospital, Cruzan v. Director, Missouri Department of Health to site only a few. Many found that it was the fundamental right of the patient to decide when and if they could die, yet only Oregon gives residents the choice to decide their own fate. Opposition Just as there are many reasons people feel that PAS should be legalized; there are also reasons that people feel that it should not.

Upon receiving a medical degree, all doctors are required to take a Hippocratic Oath, which among other things states, " First, do no harm". Many physicians believe that assisting in suicides would violate that oath, which would lead to a breach of doctor-patient trust. One reason the Hippocratic Oath was created was so patients were assured that doctors wanted to help, not hurt them. Also, some feel that loosening of the assisted-suicide laws could lead to abuses of the privilege. For example, non-terminal

patients who want to die for psychological or emotional reasons could convince doctors to help them end their lives.

Opponents of PAS are concerned that, if given the chance, some states may decide that any person can commit suicide at any time. Those opposing PAS contends that allowing PAS will lead us down a dangerous road. “ The moment we begin to define who can and cannot die, we are ultimately leading ourselves to new questions of who should and should not die. This is the same reasoning behind the eugenics movements and argument that spawned such horrors as the Holocaust” (Smith, 2010). This is an example of a slippery slope argument, which is not a sound basis for an argument yet has had a strong impact on policy decisions regarding the right to die.

Indeed, while it would violate doctors’ oaths, physician-assisted suicide should be legalized. As previously stated, vital organs could be saved and used allowing doctors to save the lives of others, people could die with dignity rather than endure tremendous pain and suffering, and the right to die should be a fundamental freedom of each person. I am not in favor of allowing all persons suffering from intolerable mental and/or physical pain to be given a prescription that will end their lives. But, if certain conditions exist, all people should have the RIGHT to decide whether or not to continue living their lives.

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