Doctor assisted suicide

Law

Doctor Assisted Suicide Introduction and Claim The controversy has always gone on as to whether or not doctor assisted suicide is an act of mercy ormurder. The issue has attracted even more controversy because of the fact that there has been legal backing for the issue of doctor assisted suicide. Indeed, death remains a very sensitive issue in different cultures and socio-cultural backgrounds around the world. Death may be considered a very sad phenomenon or a necessary evil for rest depending on circumstances under which the death occurs. It is this bi-dimensional feeling on death that makes doctor-assisted suicide highly controversial. In the sight of the law however, doctor-assisted suicide may be necessary to end the suffering of dying patient Background The issue of doctor-assisted suicide in the United States was more or less started by Dr. Jack Kevorkian who remained a vocal campaign for doctor-assisted suicide for over three decades. It is reported that " Kevorkian helped an estimated 130 terminally or chronically ill individuals kill themselves between 1990 and 1999" (Gwaltney, 2010). The doctor was not found guilty of any of those acts, in which he virtually provided a means and served as a witness; but in 1998 he was found guilty of the law of homicide when he personally undertook the injection that ended the life of his ailing patient. As of the time, the need to give the subject of doctor-assisted suicide gained much prominence in the American media with views being very divergent. As of the year 2009, Montana had become the third state in the United States to legalize doctor-assisted suicide. All in all, the law envisions that " most deaths by physician-assisted suicide are likely to occur for the illness of cancer and in the elderly and that physicians will deal with most requests for assisted suicide" (Hicks, 2012). Whether Autonomy Decision can rightly be taken by the seriously sick

A very central theme of the issue of physician assisted suicide is the topic of autonomy decision by the sick. The law provides that the decision to admit to the suicide should come only by consent from the sick. The point of discussion however remains as to whether or not the sick person may be in his or her right sense to take such a decision. It would be appreciated that most people are highly at fear to pain and discomfort. To such people who may see death as a last resort and a means for eternal rest, there is the greater possibility that they may not be in a position to take very ethically informed decision on the need for them to accept medical suicide. This therefore calls for the need for the law to be critically reviewed regarding who should have the final say to death consent. More so, most sick people may not understand the medical alternatives available to them and so may opt for medical suicide wrongly. Indeed, it may not always be right that a sick person who opts for medical suicide or even a doctor who suggests it may be perfectly right that there remained no hope for recovery. The decision for opting for medical suicide should therefore be made more difficult and binding to take. Even if the law will stay, it should come only as a last resort. Alternatives for survival and relief There could also be the debate of what medical experts and other health professionals could do as alternatives for survival and relief. Without any doubt, for us to continue believing that medical cases could get to such a situation where medical experts and professionals could do nothing about is tantamount to saying that our medical system is the least developed. With the advancement of technology and its use to solve several globally prevailing phenomena, it should be possible to have medical alternatives of giving relief to sick people without necessarily causing their deaths. To this end, artificial life support

technologies that can sustain human life for longer periods are suggested. These artificial life supports should also be provided while meeting other health responsibilities of the sick person in giving such person total healing (Curlin, 2008). Conclusion The act of living is a fundamental human right and so must be protected to the later. It is however important that the need to live must be done in a state of good health and sound life. To this end, doctor assisted suicide should be accepted as right only under a circumstance, that health practitioners find that continuous existence would be the worse choice of the patient. It is also important that decision to commit medical suicide be left in the hands of experts who can be the sole decision makers as whether or not there remains any hope for sick people (Hodge, 2009). REFERENCE LIST Bernstein, Sid. Doctor-Assisted Suicide. 1999. Aish Journals. Web. April 11, 2012 Curlin, Farr A et al. To Die, to Sleep: US Physicians' Religious and Other Objections to Physician-Assisted Suicide, Terminal Sedation, and Withdrawal of Life Support. 2010. Am J Hosp Palliat Care. 2008 Apr–May; 25(2): 112–120. Gardener, Helana. Some Good News To End The Year With. 2009. Associated Press. Web. 11, April, 2012. Gwaltney, Mike. Kevorkian Physician Assisted Suicide. 2010. APUS Database. Web. April 12, 2012 Hicks, Hsiao-Rei M. Physician-assisted suicide: a review of the literature concerning practical and clinical implications for UK doctors. 2006. BioMed Central Ltd. Web. April 11, 2012 Hodge, Richards. Motivated to Live. Ultimate Press Limited: New York. 2009. Print.