

The double effect principle: conditions associated with it

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Choosing a career in the medical field will undoubtedly lead to you having to make difficult ethical decisions at certain times. A common issue experienced by many physicians is the decision to medicate a terminally ill patient in order for them to achieve a better quality of life. This is a difficult situation when medicating the patient will potentially reduce the life span. The doctor along with the patient must decide which is the better option: longer life with a low quality or a high quality of life with a shorter span. The Double Effect Principle can be used to make a decision in the even of a morally questionable situation. The principle is applied to the situations where a person's actions have two possible outcomes. An outcome that is potentially good and an outcome that is potentially bad are both possibilities. This principle is applied to the situation where a physician would have to make the decision to administer medication for a patient in severe pain. The good outcome of the medication is the patient would have a comfortable and higher quality of life free from pain. The bad outcome of the medication is the patient might die sooner than without the medication (Goldworth, 2008). There are four conditions that are associated with the Principle of Double Effect. The first is the action itself must be neutral or good in moral terms. The second condition is the intended effect from the action must be good and the intention must never be to cause harm. The third is the positive outcome must not be the result of the negative outcome. Lastly, there must be a much greater reason for permitting the bad effect. In the circumstance of administering life shortening pain medication, the intent must be to relieve the patient's pain and not to shorten their life span. Pain relief must be the effect that is intended for the patient. The positive effects must out

weigh the negative - the higher quality of life is more important than the length (Goldworth, 2008). Many arguments have been made against medicating terminally ill patients in order to raise their quality of life. The biggest debate states the laws in place against assisted suicide and euthanasia are in place to protect members of society from unethical doctors and other medical professionals (Marker and Hamlon, 2010). It is said that making an assisted suicide legal would be equivalent to legalizing murder. Assisted suicide is seen as the journey to direct euthanasia. Next would be voluntary euthanasia leading to non-voluntary euthanasia. When the termination of life is seen as a benefit it would not be limited to people giving consent but to those who choose not to give consent (Emanuel, 1998). Others have argued in favor of heavily sedating patients who are terminally ill. Faye Girsh stated in her article "How Shall We Die", "Life may not always be the supreme and highest good... keeping it is not always the best thing to do." She presented research showing that many people in the United States wanted their doctors to be able to assist in dying if they felt their suffering was too great. These patients wanted a peaceful death more than a long life. The goal of palliative care in today's society is to supply the patient with relief from pain and suffering at the end of their life. Any patient who is suffering from a severe terminal disease is entitled to any amount of medication to reduce the amount of their suffering. The amount of medication might be large doses of narcotic and sedatives that could accelerate death (Chalmers, 2002). My personal stance on the topic is that a patient should be able to access any amount of medication that is required to alleviate their pain and suffering. I have worked many hours in a hospital

and been exposed to many terminally ill patients. The quality of life in patients with severe end stage illnesses is lower than many people can imagine. Their suffering is great and they are incapable of having a decent life. I am in full support of medication does that may decrease the life span while improving the quality of life. It is a patients right to choose how they live their life. Even if the amount of medication means constant sedation, they quality of life would still be higher than without the medication. It is a patient's right not to be forced to suffer. References Chalmers, R. (2002). Time at end of life precious: MDs need care, not carte blanche, to control pain of dying patients. *Edmonton Journal*, A18, A18. Emanuel, L. L. (1998). *Regulating how we die: the ethical, medical, and legal issues surrounding physician-assisted suicide*. Cambridge, Mass.: Harvard University Press. Girsh, Faye. " How shall we Die? (OP-ED Jihad in America)." *Free Inquiry*. Council for Democratic and Secular Humanism, Inc. 2001. Retrieved November 06, 2012 from HighBeam Research: <http://www.highbeam.com/doc/1G1-82137201.html> Goldworth, A. (2008). Deception and the Principle of Double Effect. *Cambridge Quarterly of Healthcare Ethics*, 17, 471-472. Marker, R., & Hamlon, K. (n. d.). *Frequently Asked Questions*. Patient's Rights Council. Retrieved October 22, 2012, from www.patientsrightscouncil.org/site/frequently-asked-questions/