

# Good example of research paper on social work

[Life](#), [Death](#)



\n[[toc title="Table of Contents"](#)]\n

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1. [People with Disabilities and Their Families](#) \n \t
2. [Statement of the Problem](#) \n \t
3. [Objectives of the Study](#) \n \t
4. [Review of Related Literature](#) \n \t
5. [Research Methodology](#) \n \t
6. [Findings](#) \n \t
7. [Conclusion](#) \n \t
8. [References](#) \n

\n[/toc]\n \n

## **People with Disabilities and Their Families**

Assisted Suicide

Introduction

Death is usually considered to be something appalling that everyone should avoid or overcome. However, no matter how modernized our medical technologies are, dying is an unavoidable thing in life. In this regard, there are concerns involving physician assisted suicide that can be depicted as a proceeding wherein the patient is agreeable to end their suffering with the assistance of a physician. Physician assisted kind of suicide or death is a process of prescribing a certain medication to a patient with an intention of ending his or her own life by way of eliminating the extreme pain voluntarily by means of an application of a drug prescription or by a lethal substance provided by a physician given that the patient is aware or conscious of the

situation.

Patients who request to have a physician assisted suicide are keenly involved in deciding their own demise. It is then called suicide due to the fact that the patient intentionally wants to end his or her own life. It is said to be physician assisted because the physician does not only be in agreement to the patient's decision, but he will also be the one assisting the patient's death by stipulating a lethal dose of medication (Butler, et. al. 2013).

The issue regarding the physician assisted suicide has been talked about by many people. The arguments about the widespread concern of physician assisted suicide whether a dying patient with disability has the right to die by way of being assisted by a physician. There are some people that are against this for the reason that it can affect religious and moral beliefs. Families and relatives of the disabled person are also against it because of their compassion and value for the person who is dying.

Albeit opposing views to this important matter, it will be upon the judgment of the patient or the person with disability if he or she would want to end his or her suffering by means of physician assisted suicide. Hence, critically ill patients should be supposed to be given the right to decide on their own life by means of physician assisted suicide to end their affliction, trim down the financial hospital expenses, and safeguard the personal right of every individual to come to a decision for their own providence.

## **Statement of the Problem**

The impending issue of whether relentlessly sick patients should be permitted to a physician assisted suicide to stop their health suffering has been argued since the olden times. It was suggested by many campaigns and

organizations that this kind of life and death situation was outside the responsibilities of the physicians. However, unlike euthanasia, physician assisted suicide is said to be legal because the final decision in doing this kind of medical intervention will come from the patient and not from anybody else like the physicians or the patient's family and relatives (Steinbock, 2004).

Controversies still linger on the subject of how people will identify this practice. Patients on their last legs to live see their years being shattered by disabilities and illnesses come to see death as the solitary way to get away from their suffering by the use of this practice that is more acceptable than committing suicide. This is also the reason why many health department and physicians started calling it as physician-assisted death and not physician assisted suicide. Moreover, the public continues to be on different views and opinions on this issue of allowing physician-assisted death practices.

## **Objectives of the Study**

The objective of this study is to know the valuable reasons on why physician assisted suicide or death should be passed on or not. Also, this study will seek answers to some issues or concerns about the real essence of this practice and how it differs from euthanasia. The paper aims to identify what factors are affecting the people's judgment about physician assisted death and their acceptance for this kind of medical practice.

Moreover, this research study wants to bring awareness and understanding for people who will be affected by this kind of medical practice especially those persons with disability, their families and relatives, hospital affiliations, physicians and other health care practitioners and the society as a whole.

## **Review of Related Literature**

According to Daily Health News (Gordon, 2013), laws concerning physician assisted suicide escalated some controversies and issues, however a study from the State of Washington put forward that those are just misconceptions of people. Years after the Washington's Death with Dignity Act was enacted, only two hundred fifty five people had got hold of a lethal recommendation from their physicians. This only proves that even if there are laws about the legal exploitation of a physician assisted suicide, it will all boil down to the personal decision of the patients if they would want to end their suffering by means of assisted suicide.

One great example of a person with disability who underwent physician assisted death is Brittany Maynard. She was then suffering from a life-threatening brain cancer and was terribly ill. When her physicians said that she only has six months to live, she decided to publicize her intention to go to Oregon and go through the physician assisted suicide since the state of Oregon has legally authorized the practice of physician assisted suicide through the Death with Dignity Act. She passed away with dignity at the age of twenty nine (Hirschhorn, 2014).

On the other hand, a study from the US National Library of Medicine National Institutes of Health observed the correlation between depression experienced by patients and interest in physician assisted suicide in patients who are in a life threatening condition. Hence, it is concluded that it is not clear how depression can impact the likelihood of making a demand for physician assisted suicide (Levene & Parker, 2011). Moreover, there is a study about the patients who engaged in physician assisted suicide on how

they are motivated in doing this kind of suicide. According to the said study, the reasons that trigger off the passage of physician assisted suicide can hand round as a delineation of issues to explore with patients suffering from disabilities and illnesses (Pearlman, et. al. 2005).

In addition, the practice of physician assisted suicide or death would be a serious fault and oversight for four important reasons. This is according to the study of Heritage Foundation (Anderson, 2015). The first reason is that it would cause danger and perils to the weak and helpless patients. Next, it would distort the medicine practices and the relationship between doctors and their patients. The third one would be the concession of the patients' families. And lastly, the practice of physician assisted suicide would let down human distinction and equal opportunity ahead of law. Instead of assisting people to end their lives by way of assisted suicide, health care practitioners should be supposed to tender them with proper health and remedial care and medical services that they need. Physicians should assist their patients to depart their own lives in a venerable death of innate causes, for they should always be regarded as the ones to care and not to kill.

Furthermore, a study conducted by Michigan oncologists aimed to determine the position of oncologists headed for the practice of physician assisted death, on top of their personal or professional experiences toward the legalization of this medical practice. The respondents were two hundred fifty practicing oncologists all over the state of Michigan. Albeit having reservations and qualms regarding physician assisted death legalization and practices, a lot of oncologists in Michigan are willing to mull over such

practices should it become permissible and officially permitted by laws (Doukas, et. al. 1995).

## **Research Methodology**

This study employed the descriptive research method in knowing more about the controversial topic or issue regarding physician assisted suicide or death that contains moral or ethical constituent within the area of disabilities. This method simply looks with intense accuracy and described precisely what the researcher sees. It involves the description, recording, analysis and interpretation of the present nature, composition or processes of phenomena.

The main goal of this type of research is to describe the data and characteristics about what is being studied. The researcher used observations, review of former research studies, and interviews with patient's families and physicians to know their take on this issue as the research instruments for the study. This will benefit the research in fulfilling the specific research objective of knowing the effects of physician assisted suicide and the views of other people about this medical practice.

## **Findings**

As a result of the progress in medical technology and on how patients are treated, patients can now lengthen their lives and prevent causes of death. But the capacity to live longer frequently brings about a weakened quality of life to those people who are experiencing incurable illnesses or disabilities. The yearning to attain superior control over conclusions involving life and death situations has been stimulated by various factors that have looked

after people's attention and curiosity about euthanasia and physician assisted suicide.

The impact of medical breakthrough innovation and the modern thinking of many people have altered the results of arguments about assisted suicide. However, opposing views still arise as they believe that this practice can result to perils especially to those people who have disabilities and the deflation of the lives of these people that effected from physician assisted suicide. The point to which medical advancement can extend life has turned out to be a general knowledge for the people. This only proves that people and their family members have the right to consider and decide on what they think would be appropriate for them.

There are cases when people with disability might want to undergo physician assisted suicide. Most of them come up with conditions which they prefer that they would rather want to die than to continue to suffer with their disabilities. People suffering from severe pain or worsening such as neurological diseases like Amyotrophic lateral sclerosis (ALS) and Multiple sclerosis (MS) have a vacillating preference of undergoing physician assisted death or suicide. Other people with these neurological disability submit themselves to physician assisted death to clearly terminate their life because of such disability or condition that causes them intolerable suffering or pain. Moreover, the escalating outlays in the health care industry as well as medical proceedings have been one of the pertinent contemplations in the decision to consider the practice of physician assisted death and have it legalized. Because of the expenses brought upon by hospitalization and other medical assistance or services, patients tend to consider to end their



own sufferings and the costs incurred and remunerated by their families because of medical expenses and other necessary payments that they need to fulfill in order to be discharged or to get the medical assistance the patients need in order to survive or prolong their lives.

The legalization of physician assisted suicide however, has proponents and opponents. The personal autonomy and freedom of choice of an individual is one of the primary concerns for legalizing the assisted suicide practice in a medical set up. It also proposes limitations in the usefulness of care in lessening the pain and suffering of individuals who suffer from medical disorders and disability. Further, one of its justifications also includes the fact that the recognition of Physician-assisted suicide takes place even though it isn't legal. Moreover, this practice is occurring without sufficient control.

Contrary to the proponents of physician assisted death legalization, the arguments include the basic social value of respect for life which said that killing is fundamentally wrong. Furthermore, those who are financially unstable might use Physician-assisted suicide because of institutional resources that might not be affordable for them. Also, the opponents of such practice argue that the legalization might lead to some abuses in particular to the respect for the defenseless members of society.

On the other hand, based on some observations and interviews conducted by the researcher, it is very evident how people especially those who have a family member that is suffering from medical disabilities have different views and opinions on this issue most probably because of religious affiliations, cultural differences and knowledge about health care. Meanwhile, physicians also have different reactions and suggestions about physician assisted

death. Most of them are not promoting it but also not against it. To put it briefly, it will all boil down to the decision of the patients if they would want to still fight for their lives or if they would want to end their suffering because of their illnesses, diseases or physical and mental disabilities. This will be the turning point of this issue and this will also put answers and understanding to those who are against it in the first place.

## **Conclusion**

When it comes to issues about life, there are different factors why people tend to disagree when moving towards the topic of euthanasia and physician assisted suicide or death. Sometimes, people will seek for any solutions to some problems even if it is against their will. But because of different beliefs and diverse personalities and attitudes, reactions regarding the legalization of physician assisted death have pooled different perspectives of the public especially people who are suffering medical failures and the physicians or other health care professionals who will give medical services to their patients.

Assisted suicide stays as a current and debated topic in the health care industry that also has an impact to the whole society. Practicing medical practitioners who are concerned for their dying patients should be aware of the emotional and psychological effects of physician assisted suicide to them as well as to their patients and their families. The proper mindset is very necessary for these physicians for them to be prepared when the time comes that they need to undergo in this kind of life and death situation. Regardless of whether the physician assisted death becomes legal or not, the decision will only depends on the patient who is suffering a lot about

their health and physical disability.

In conclusion, arguments and disagreements about physician assisted death will continue to affect the society as well as the health care industry for the reason that life threatening situations will always be integral in every person who might submit themselves in this kind of condition or decision about ending their lives to stop suffering that they experience in the course of their medical situations.

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