

Sample essay on end of life alternatives; physician assisted suicide and continue...

[Sociology](#), [Ethics](#)



End of life alternatives: physician assisted suicide and continue sedation

Introduction

Today, many people are dying in hospitals due to chronic disease which often call for a decision regarding the end of life. Sometimes, these decisions lead to the shortening of life and have often roused immense debate based on ethical implications. “ Physician Assisted suicide” (PAS) remains one of the most debated subjects in ethical circles. This is whereby the physician provides a patient, at their own request, with a lethal form of medication which is self-administered by the patient. On the other hand, Continuous Sedation (CS) when used at the end of life takes or reduces the patient’ s consciousness until death occurs (Raus, Sterckx and Mortier, 2011). This paper discusses the end of life alternatives: Physician assisted suicide and continued sedation.

Physician Assisted Suicide has a long history. Long ago, it was admirable for citizens to kill themselves for a greater cause. The Greeks believed that voluntary death was a good way to put an end to suffering. Physicians gave patients poison upon their request. However, this later drew sharp criticism from doctors who were Hippocratic school members. These doctors remained in the minority until their views gained acceptance when Christianity spread widely. During the Enlightenment period, some philosophers thought of suicide as rationally thought-of protest to conventional morality. There are different forms of sedation. Sedation may be achieved through light sedatives. This means that the patient may be woken through mild arousal. Sedation can also be deep and used for a short period of time (such as in

surgery anesthesia) (Raus, Sterckx and Mortier, 2011). Sedation can also be continuous. This means that the patient is sedated continuously until they die or intermittently, whereby the patient is sedated during the night and remains awake in daylight hours. Labels commonly associated with this practice include: “ terminal sedation” and “ palliative sedation”. The determination of which term to use between the two is a debate topic (UIC, 2011).

Various arguments emerge regarding the ethics of PAS and CS. The Hippocratic Oath is often used to settle matters of PAS and continuous sedation. This is because it expressly declares that the physician shall not give anybody a deadly drug if they ask for it nor make a suggestion regarding the use of this drug (Raus, Sterckx and Mortier, 2011). However, the main challenge to this notion and allusion to the Hippocratic Oath is that it goes against the values and goals of the medical profession which include the alleviation of suffering. Another view regarding PAS is that it falls outside the bounds of moral medical practice. This view holds that there should be other designated professionals whose work is in assisting in this kind of death. Yet another argument in this debate is that if the medical profession tolerates differences in opinion regarding issues of abortion, it should also tolerate differences when it comes to PAS. Those arguing against PAS state that it is not compatible with the goal of medicine which is to heal (Pies, 2011). They argue that requests for death are often associated with poor care and lack of recognition of psychological needs of the patient. It is also argued that PAS is unethical in that it kills and discriminates against the weak and disabled. Arguments in favor of PAS and CS are that they put an

end to needless suffering. It respects the patient's autonomy, respects diversity and protects against some debilitating conditions not well managed by medicine.

In legislative circles, assisted suicide has roused a storm as well. *Washington v. Glucksberg* (1997) comprised of a case where Dr. Harold Glucksberg alongside 4 other doctors, 3 terminally ill patients and an NGO challenged the ban on Physician Assisted Suicide by the state of Washington. The court held that the State of Washington's ban on PAS was rational in that it was related to the legitimate interest of preserving life and the protection of medical ethics which shield terminally-ill and disabled patients from prejudices which may influence them to terminate their lives. Predominantly, regulations regarding CS in Britain, Norway and Netherlands state that CS should be applied as a "last resort" for terminally-ill patients with a short time to live and refractory symptoms (Friend, 2011). In the US, the American Medical Association stipulates that physicians contemplating on CS should consult a multidisciplinary team and an expert in palliative care. There is a debate on whether CS is preferable to PAS in an ethical sense. Generally, CS is regarded as a better alternative to PAS. This is because clinically, CS appears different to PAS (Friend, 2011).

In the United States, most states are against Physician Assisted Suicide (PAS). However, three states have legalized it. These are Oregon, Vermont and Washington. In these states, for patients to request PAS, they must be residents of any of the three states, terminally ill and with less than six months left to live (Ganzini, Goy and Dobscha, 2008). In addition, for this to be allowed, the patient needs to be competent, sane and has to make that

request voluntarily. There is a waiting period before PAS is approved, after which the patient must forward another request together with a submission from an independent physician who concurs that the patient is terminally ill. Ganzini, Goy and Dobscha (2008) conducted a survey on people whose family members had chosen PAS and CS in Oregon. Results indicated that those who had chosen PAS had done so to for independence reasons, seeking control of the circumstances, loss of dignity and wanting to spend their last days at home. Those who chose CS did so to alleviate the pain and reduce suffering.

Conclusion

Physician assisted suicide (PAS) is the instance in which the physician provides a patient, at their own request, with a lethal form of medication which is self-administered by the patient. Continuous Sedation (CS) takes or reduces the patient's consciousness until death occurs. These two have been in practice for a long time, and with numerous debates on their ethics. Most of the arguments against their practice are based on the Hippocratic Oath which forbids physicians from knowingly administering drugs or suggesting the administration of drugs which may hurt the patient (whether it is done with their knowledge or not) (Pies, 2011). The major arguments in favor of PAS and CS fronted include the premise that curtailing the patient's wish to die is that it goes against the value of medical practice in reducing suffering and that it ignores the patient's autonomy.

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