

Physician assisted suicide as an ethical issue in health care

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Physician Assisted Suicide as an Ethical Issue in Healthcare Introduction The article addresses the reviews of judicial and legislative developments to be able to establish a context for physician assisted suicide. Physician assisted suicide raise ethical and legal issues for physicians and health care institutions (Darr 3). The legal counsel and the health care practitioners who are expected to provide advice on this issue have therefore, to have a clear understanding of the legal and ethical implications of the issues that arise for patients at the end of life. This article is medicolegal. The article analyses physician assisted suicide as a means of ending one's life and identifies the various legal and ethical questions that are raised. It further aims to address institutional policies in relation to physician assisted suicide to be considered in legalizing physician assisted suicide (Darr 5). Physician assisted suicide affects all citizens (Picken 1). On the other hand, it has a major impact on counsels, health care administrators, and clinicians. The physicians are prohibited from administering deadly drug and it is considered unethical to deliberately cause death, whether on patients requests or for a noble cause of pain relief. Physician assisted suicide has impacted on physicians who are able to learn and explore the patient's fears and wishes regarding ending their life, care and the options available (Darr 8). The physicians have also been able to learn about pain medications for the terminally ill and to refer patients more frequently to hospice. The public policy in relation to physician assisted suicide indicates that healthcare providers need to help patients live comfortably. It is illegal to assist a person take away their life. Physician assisted suicide has raised controversies. According to the German law it is illegal for physicians to assist patients to commit suicide. The Oregon law

permits physicians to assist patients to commit suicide. According to philosophers there is a continuing and troubling scenario of large individuals involuntarily or actively euthanized (Battin 17). Though some states feel that physician assisted suicide should be conducted on those with terminal illness, others feel that it can be used on people who are tired of living but who choose to end their life in this manner. Though some countries have put laws regulating physician assisted suicide some people still feel that their lives may be taken away without their consent. Physician assisted suicide has been a subject to new legislation and is under investigation. The legal practitioners are trying to understand and interpret the law in various countries to be able to protect their patients, health care givers, health practitioners and the institutions (Darr 11). The subject is still under investigation as researchers are trying to explain whether patients with disabilities and are not able to commit suicide have a legal right to voluntary active euthanasia. More studies also need to be conducted to establish whether medical institutions to help individuals in dying. The article was written to address the legal and ethical issues raised by physician assisted suicide among physicians and health care institutions and acute care hospitals. This article is a good resource for healthcare researchers because it is current, involves statistical information to support the facts and is well referenced. The references can be used by researchers to review past literature. To address issues or problems arising from physician assisted suicide, it is necessary to review and consider institutional policies. The law of the state should clearly indicate when it may be considered lawful or unlawful to assist a patient in dying. The law should also clearly state on

what patients should physician assisted suicide be carried out. This will help medical practitioners to help patients with ease. Strengths of the article include; well arranged document which has facilitated the flow of information from the beginning to the end. The information is reliable because it has been resourced from various resources and is supported by statistical data. The conclusion provides a clear summary of the whole document and provides room for future research. However, the article has various weaknesses which need to be addressed. The article does not outline the methodology used to obtain the information. This makes it lack its credibility and trust on the statistical information provided. The article also lacks future recommendations which could have provided solutions to the problems or issues of physician assisted suicide. I choose this subject because it has raised a lot of concerns today among health practitioners, legal practitioners and the citizens of various states. This article has clearly articulated the legal developments that have taken place in relation to physician assisted suicide. The article provides a clear understanding of the various legal and ethical issues that have arisen (Darr 15). The article abstract gives a summary of what is contained in the article which makes it easier to have a clearer understanding of what the article is all about (Darr 1). From the article I have been able to learn the legal and ethical issues related to physician assisted suicide. This has created a desire in me to conduct more research to clearly understand the legal issues surrounding physician assisted suicide and ensure that patients are able to understand their rights. The article has also helped me to clearly understand the controversies surrounding physician assisted suicide. New words Voluntary euthanasia- the person either has not

freely consented or is not able to freely consent but is thought to want to die. Voluntary euthanasia- means that the patient has free consent to die (Darr 4). Slippery slope- this refers to the situation where it becomes difficult to determine whether active euthanasia is not limited to a person who request for it or will be done to other individuals. Prognosis- refers to the forecasting of the probable course or outcome of a disease especially regarding the chances of recovery. Works Cited Battin, Margaret P. Ending Life: Ethics, and the Way We Die. Oxford University Press: New York, 2005, 17-63 Darr, Kurt. Physician-Assisted Suicide: Legal and Ethical Considerations. Journal of Health Law, 40(1): 1-19 Picken Andrew. Fears of Death Tourism Boom If Suicide Bill Becomes Law. Daily Mail (London), McClatchy-Tribune Information Services. 2010: 1-5