

Good research paper about a patients right to dying with dignity

[Health & Medicine](#), [Euthanasia](#)



The subject of patient rights is controversial and ties heavily into human rights. Individuals have the right to autonomous choice provided their choices do no harm to others. Individuals also have the right to live their lives as they see fit within legal and moral boundaries. However, how society defines legal and moral is often up for debate. One such debate is centered on the right of an individual to commit legal suicide when they are faced with certain, painful and lingering death. There are many viewpoints on this topic. One viewpoint shared by many is that an individual who is sound of mind has the right to make the choice to die peacefully rather than painfully. Another viewpoint is that it is, in fact, inhumane to allow patients with terminal illnesses to suffer the degradation of loss of mental and physical acuity as well as horrible pain. An opposing viewpoint states that allowing individuals the right to commit suicide when terminally ill is dangerous because it gives doctors a cop out when faced with a difficult to treat patient.

When a patient is faced with a terminal illness, there are two options for their care. One option is to enter hospice care, and the other option is to enter palliative care. Hospice care is more routinely given in the home by a family member with the once daily supervision of a hospice nurse. Palliative care, however, most usually takes place in the medical center where the patient first received his/her treatment, and care is provided by medical staff rather than family. To receive hospice care an individual must have, in general, been diagnosed with a terminal illness that places him/her within six months of death. Palliative care has no restrictions on the remaining time of life.

When terminally ill patients are faced with their situation, many will consider ending their lives rather than enduring months of pain and subjecting their

families to both the cost of care as well as the emotional distress of watching their deteriorating condition. Two types of medical suicide are euthanasia and physician assisted suicide. With euthanasia, a physician will be the one to administer a lethal dose of medication at the patient's request. With physician-assisted suicide, the patient himself would administer his own medication. Both of these methods of suicide are contingent on the patient being mentally competent, and being diagnosed with a terminal illness. The Dying Person's Bill of Rights, established in 1975, states that individuals have the right to make decisions regarding their own care, including the right to be free of pain, not die alone and not be judged for their decisions by the morality of other individuals. (Berman, Snyder and Kozier, 1094). The Oregon Death With Dignity Act allows terminally ill patients to commit suicide through the use of lethal doses of prescribed medication. Proponents of the Act state that it is the right of every individual to make the autonomous choice whether to live or die when faced with an incurable, painful illness. People who choose suicide are often doing so in place of palliative care, especially when it has failed or when such care is not feasible due to finances or other reasons. In this viewpoint, autonomy takes precedence over the sanctity, or preservation of life. (Durante) Individuals who believe in autonomy state that human rights enable patients to make conscious choice and one human right is the right to a happy, healthy and good quality of life that is not possible if one is living with a painful terminal illness.

Brittany Maynard was a woman who was diagnosed with a terminal condition for which treatment would have required third degree burn inducing

radiation, the loss of her hair, potential resistance to morphine, which would have left her in agonizing pain over a period of time, and the knowledge that her mind would slowly deteriorate while her body lived. Rather than linger on in a nightmare state of brain cancer, Brittany wanted to peacefully end her life, on her own terms. She knew she had six months or less to live. Brittany did not believe that anyone had the right to tell her how she should live, or how she should die. She did not believe she deserved to suffer weeks upon weeks of debilitating pain and emotional trauma because of the moral judgments of other people. (Maynard)

Another viewpoint regarding PAS is that it is inhumane to allow people to suffer when it is not necessary. The root meaning of the word euthanasia is euthanatos, which means 'easy death.' (Podgers) Many people believe that allowing someone such as Brittany Maynard to live in pain is inhumane. Euthanasia is intended to reduce the physical and emotional suffering of individuals and their families, while maintaining the dignity of the ill patient. There are also other cases, such as that of the parents of Karen Quinlan, a woman in 1970 who went into an irreversible coma after an overdose of alcohol and drugs. (Podgers) It would have been inhumane to allow her body to vegetate in an indefinite, lingering state of existence when it was known that she was brain dead, and not coming back. Not only would it be unfair to her, but also to her family as well who would be responsible for her care and have no closure, since she was being kept physically alive.

Those who are against the Act state that allowing physician assisted suicide or euthanasia diminishes respect for life. (Durante) It is also believed that once physicians have the wholesale right to suggest euthanasia to terminally

ill patients, they will use this right irresponsibly. Doctors will have the ability to administer lethal doses of medication without first screening patients for depression or requiring the services of a counselor. Furthermore, the definition of terminal illness is vague, which could lead to dangerous interpretations. (Rosenbaum) Opponents do not want it to become easy for physician to recommend death to terminally ill patients, rather than exhausting all options of care, especially if the patient may be in a poor state of mind due to their illness. A general policy, opponents of euthanasia believe, that allows individuals the right to take their lives is not justified. They believe that the main duty of society is to protect life, not to legalize individuals to kill one another. It is believed that the medical system would become accustomed to administering death to terminally ill patients when all they were really asking for was a level of comfort to their care. (Podgers)

At some point in my career, I know I will have to care for a terminally ill patient, possibly one who is considering or has chosen suicide. It is also not outside the realm of possibility that I myself, or a family member, may one day face this circumstance. As a nurse, I know our code of ethics state “ to do no harm” and I agree whole-heartedly with that, but at some point, it seems as though medical interventions become harmful and letting a patient decide when they cannot take living with their disease becomes more humane. I do not believe this is the right path for every terminally ill patient or family but they should have the right to have the option of euthanasia or physician-assisted suicide. I know that in my case, I would want the right to choose whether to live until I die naturally, or to end my life to avoid pointless pain and degeneration of my mental and physical faculties.

Ultimately, our code is to do no harm, however sometimes harm can be construed as allowing a person to suffer when the suffering is in vain. Euthanasia or assisted suicide, this is a choice each individual should be allowed to make for themselves, and their choice should be respected by society and the law.

Works Cited

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