Physician assisted suicide

Health & Medicine, Euthanasia

PHYSICIAN ASSISTED SUICIDE WRITING ASSIGNMENT When I think about the meaning of “ Life" I think about the things that make me happy, living to the fullest and having the ability to do what I want at my own free will. To what point do we decide when the experience of being a human being ends? Is it based on the functioning of the body, or the brain? Today’s doctors are now performing what is known as physician-assisted suicide, which is when a doctor sets up a machine, but the patient actually kills him or herself. The right to assisted suicide is a significant topic that concerns people all over the United States. The debates go back and forth about whether a dying patient has the right to die with the assistance of a physician. Some are against it because of religious and moral reasons, and some are for it because of their compassion and respect for the dying. Physicians also take a big role on this issue. They differ where they place the line that separates relief from dying--and killing. The main concern with assisted suicide lies with the competence of the terminally ill. Terminally ill patients who are in the final stages of their lives have requested doctors to aid them in exercising active euthanasia. It is sad to realize that these people are in great agony and that to them the only hope of bringing that agony to a halt is through assisted suicide. When people see the word euthanasia, they see the meaning of the word in two different lights. Euthanasia for some carries a negative connotation; it is the same as murder. However for others, euthanasia is the act of putting someone to death painlessly, or allowing a person suffering from an incurable and painful disease or condition to die by withholding extreme medical measures. But after studying both sides of the issue, a compassionate individual must conclude that competent terminal

patients should be given the right to assisted suicide in order to end their suffering, reduce the damaging financial effects of hospital care on their families, and preserve the individual right of people to determine their own fate. There are two sides to this issue. One side is whether or not a person should be allowed to end his or her own life. The other side of the question is, whose decision is it to end a life? Medical technology today has achieved remarkable feats in prolonging the lives of human beings. Respirators can support a patient's failing lungs and medicines can sustain that patient's physiological processes. For those patients who have a realistic chance of surviving an illness or accident, medical technology is science's greatest gift to mankind. For the terminally ill, however, it is just a means of prolonging suffering. Medicine is supposed to alleviate the suffering that a patient undergoes. Yet the only thing that medical technology does for a dying patient is give that patient more pain and agony day after day. Some terminal patients in the past have gone to their doctors and asked for a final medication that would take all the pain away- lethal drugs. Terminally ill patients should have the right to assisted suicide because it is the best means for them to end the pain caused by an illness which no drug can cure. A competent terminal patient must have the option of assisted suicide because it is in the best interest of that person. Further, a dying person's physical suffering can be most unbearable to that person's immediate family. Medical technology has failed to save a loved-one. But, successful or not, medicine has a high price attached to it. The cost is sometimes too much for the terminally ill's family. A competent dying person has some knowledge of this, and with every day that he or she is kept alive, the hospital costs

skyrocket. " The cost of maintaining [a dying person]. . . has been estimated as ranging from about two thousand to ten thousand dollars a month" (Dworkin 187). Human life is expensive, and in the hospital there are only a few affluent terminal patients who can afford to prolong what life is left in them. As for the not-so-affluent patients, the cost of their lives is left to their families. Of course, most families do not consider the cost while the terminally ill loved-one is still alive. When that loved-one passes away, however, the family has to struggle with a huge hospital bill and is often subject to financial ruin. Most terminal patients want their death to be a peaceful one and with as much consolation as possible. Ronald Dworkin, author of Life's Dominion, says that " many people . . . want to save their relatives the expense of keeping them pointlessly alive . . ."(193). To leave the family in financial ruin is by no means a form of consolation. Those terminally ill patients who have accepted their imminent death cannot prevent their families from plunging into financial debt because they do not have the option of halting the medical bills from piling up. If terminal patients have the option of assisted suicide, they can ease their families' financial burdens as well as their suffering. Finally, many terminal patients want the right to assisted suicide because it is a means to endure their end without the unnecessary suffering and cost. Most, also, believe that the right to assisted suicide is an inherent right which does not have to be given to the individual. It is a liberty which cannot be denied because those who are dying might want to use this liberty as a way to pursue their happiness. Terminally ill patients should be allowed to die with dignity. Choosing the right to assisted suicide would be a final exercise of autonomy for the dying.

They will not be seen as people who are waiting to die but as human beings making one final active choice in their lives. On the other side of the issue, however, people who are against assisted suicide do not believe that the terminally ill have the right to end their suffering. They hold that it is against the Hippocratic Oath for doctors to participate in active euthanasia. Perhaps most of those who hold this argument do not know that, for example, in Canada only a " few medical schools use the Hippocratic Oath" because it is inconsistent with its premises (Barnard 28). The oath makes the physician promise to relieve pain and not to administer deadly medicine. This oath cannot be applied to cancer patients. For treatment, cancer patients are given chemotherapy, a form of radioactive medicine that is poisonous to the body. As a result of chemotherapy, the body suffers incredible pain, hair loss, vomiting, and other extremely unpleasant side effects. Thus, chemotherapy can be considered " deadly medicine" because of its effects on the human body, and this inconsistency is the reason why the Hippocratic Oath cannot be used to deny the right to assisted suicide. Furthermore, to administer numerous drugs to a terminal patient and place he or she on medical equipment does not help anything except the disease itself. Respirators and high dosages of drugs cannot save the terminal patient from the victory of a disease or an illness. Dr. Christaan Barnard, author of Good Life/Good Death, quotes his colleague, Dr. Robert Twycross, who said, " To use such measures in the terminally ill, with no expectancy of a return to health, is generally inappropriate and is-therefore-bad medicine by definition" (22). Still other people argue that if the right to assisted suicide is given, the doctor-patient relationship would encourage distrust. The antithesis of this claim is true.

Cheryl Smith, in her article advocating active euthanasia (or assisted suicide), says that " patients who are able to discuss sensitive issues such as this are more likely to trust their physicians" (409). A terminal patient consenting to assisted suicide knows that a doctor's job is to relieve pain, and giving consent to that doctor shows great trust. Other opponents of assisted suicide insist that there are potential abuses that can arise from legalizing assisted suicide. They claim that terminal patients might be forced to choose assisted suicide because of their financial situation. This view is to be respected. However, the choice of assisted suicide is in the patient's best interest, and this interest can include the financial situation of a patient's relatives. Competent terminal patients can easily see the sorrow and grief that their families undergo while they wait for death to take their dying loved ones away. The choice of assisted suicide would allow these terminally ill patients to end the sorrow and grief of their families as well as their own misery. The choice would also put a halt to the financial worries of these families. It is in the patient's interest that the families that they leave will be subject to the smallest amount of grief and worry possible. This is not a mere " duty to die." It is a caring way for the dying to say, " Yes, I am going to die. It is all right, please do not worry anymore." There are still some, however, who argue that the right to assisted suicide is not a right that can be given to anyone at all. This claim is countered by a judge by the name of Stephen Reinhardt. According to an article in the Houston Chronicle, Judge Reinhardt ruled on this issue by saying that " a competent, terminally-ill adult, having lived nearly the full measure of his life, has a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end

of his existence to a childlike state of helplessness, diapered, sedated, incompetent" (Beck 36). This ruling is the strongest defense for the right to assisted suicide. It is an inherent right. No man or woman should ever suffer because he or she is denied the right. The terminally ill also have rights like normal, healthy citizens do and they cannot be denied the right not to suffer.

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