

# Arguments in favor of physician assisted suicide law medical essay

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Physician-Assisted Suicide: Is it Ethical and Moral not to? Tiffany C.

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This paper explores the technical aspects of Physician-Assisted Suicide (PAS) and Physician Aid-in-Dying (PAD) as well as the public policy on this topic and the personal opinion of the author. Using two published medical ethics journal articles, as the American Medical Association's website for references, the information on PAS and PAD is defined and debated, then using an peer reviewed article from Raus, K., Sterckx, S., & Mortier (2011), the concept of continuous sedation is introduced and said to be a " better alternative" to PAS or PAD.

Through the combination of all of the information gathered, the author explains why the opinion given is upheld that PAS and PAD is the more ethically sound decision for patients who are facing end of life decisions and who deserve to end their suffering and not face grief for their decisions or cause their doctors to receive anguish for their help. Keywords: physician – assisted suicide, physician aid-in-dying, morality, autonomy, passive, active, continuous sedation

Physician-Assisted Suicide: is it Ethical and Moral not to?  
Mrs. Samantha Jones, 84, has severe dementia and has lived in the same nursing home for the past 8 years. She is no longer able to walk or talk, is incontinent and needs 24/7 care. Due to her medical condition, she has stopped eating and incurring dangerous weight loss. The nurses and staff at the nursing home decide to feel Mrs. Jones using a nasogastric tube; however she rejects this type of tube and attempts to pull the tube out. As a result of this, the doctors recommend inserting a gastrostomy tube through her stomach, but this too is pulled out by the patient. There is no known friends or family of Mrs. Jones and the staff is beginning to question if

continuing the attempts to replace the tubing is futile and whether or not Mrs. Jones should be allowed to die.

## **Technical Aspect**

In the above scenario, Mrs. Jones and her health care team are coming to an impasse. Should she be allowed to incur physician-assisted suicide? The American Medical Association (1994) defines Physician-Assisted Suicide (PAS) as occurring when " a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act." There are four different types of PAS are: active, involuntary - killing the patient against their wishes, active, voluntary - killing the patient in line with the patients wishes, passive, involuntary - patient dies by not giving medical interventions against patients wishes and finally, passive, voluntary - patient is allowed to die after not having medical interventions given in line with the patients wishes. I will mainly discuss passive, voluntary and active, voluntary types of PAS, their pros and cons, as well as talking about Physician Aid-In-Dying (PAD), which is legal in some states. The ethical and moral questions involved in PAS and PAD bring this to the forefront of medical social policy and make for an extremely debatable issue. According to the American Medical Association (1994), " It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious

societal risk." This goes to show that the thinking of the nation is slow to process that just because you are physically causing someone harm, you will be alleviating their terminally, incurable pain that they are desperate to have some relief from. Physician Aid-In-Dying in Oregon and Washington can be enacted under the Death with Dignity Act, which provides a moral and legal way to allow the physicians to help their patients. In the article by Starks, Dudzinski, White, Braddock III, Tonelli, 2009, it is explained that patients have to be over 18 years old, with a definable terminal illness, which has been confirmed by an additional independent doctor. It is required that there are two oral requests within a certain period after the written request that needs to be witnessed. Finally the patient must be able to self-administer the end of life drugs being given, making this a passive, voluntary act. A clause that makes this allowable under the law, is that any provider may decline to be involved (consulting, prescribing, etc.) for any reasons they see fit under this act. There are many other factors that go into end of life decisions; however these are the basics in the two states that the Death with Dignity act is enacted and can best be seen in practice. The public policy on PAS and PAD are different throughout the nation, and other alternatives can be seen as a " better" alternative, however if prolonging life and suffering, can it truly be called better?

## **Public Policy**

The topic of PAS and PAD are extremely controversial all over the nation. Suicide itself is generally looked down upon, being a poor way to greet death, sometimes thought of as selfish and the easy way out. However, when you get into end of life decisions, and an incurable pain that is so

excruciating, death is the welcome option, it begs to be looked at as a viable option. With autonomy being such a huge part of medicine, the free will to choose what medicine you use and choose, it would seem that PAS would not conflict. If it is the free will of a person to want to die, then they should have the right to do so. This is contested when people understand that a physician will be involved to some degree, either prescribing a lethal dose of medicine or physically stopping treatment so that the patient may die with dignity. In the end, there are significant arguments both for and against PAS that show the importance of autonomy and highlight the key points in this heated debate.

### **Arguments in Favor of Physician-Assisted Suicide**

An article by Timothy Murphy at the University of Illinois, Chicago (n. d) states the arguments in favor of PAS as such: (1) it protects people who do not want to suffer painful, drawn out deaths, (2) it respects the patients autonomy, (3) it is defensible as policy because it respects social diversity, (4) it protects against physician paternalism and unwanted treatments, (5) it protects against debilitating conditions that can be out of reach by medicine and (6) the state will not force a patient to suffer if they have a wish to die. All of these arguments are valid and show how it is morally the right thing to allow the terminally ill and in need to have help they can trust in their last act to be pain free. People should have the option to a safe way to die if there are no other alternatives. To make patients and doctors feel like pariahs because of their desire to die/help a patient die, is wrong and only prolongs the suffering of the ill.

## **Arguments Against Physician-Assisted Suicide**

On the contrary, there are also many arguments against PAS, as Murphy discusses: (1) suicide is wrong, even for the ill, (2) it is incompatible with the healing oriented goals of medicine, (3) given appropriate palliative care, it could be considered unnecessary, (4) requests for death are induced by lack of care and/or unmet psychological needs, (5) the practice of PAS desensitizing physicians to human needs of survival and (6) it can lead to a possible killing of the ill, weak and disabled for unlawful reasons, other than terminal illnesses. These arguments, while being marginally valid, all assume that human nature is weak and the medical professionals assisting in the suicide would be negligent, incompetent and possibly criminals. In line with being against PAS, a new alternative has been introduced and is more legally acceptable in some cases. According to Raus, Sterckx & Mortier, 2011, continuous sedation is seen as an alternative to PAS and is seen more morally acceptable, as the patient is kept in a relatively pain free, usually unconscious state that allows for them to be pain free but still alive. This is continued until the patient eventually dies on their own, prolonging their death and the suffering of themselves and those around them. In the article, they state: " According to one version of the argument that CS is ethically preferable to PAS, sedation is portrayed as morally unproblematic whereas PAS is clearly regarded as problematic." CS is said to be a " compromise" of PAS, in that it is legal and therefore halts the need for legalizing PAS as it alleviates the need. It could be said, that there is still a need because it is still a person that is alive, possibly sometimes in pain and using financial means when they could be in a state of no more pain, should they desire it.

CS is a good alternative for those that want it, but should not hinder others from being allowed to ask for help from their physician should they so desire.

## **Personal Opinion**

In my personal opinion, I believe that PAS or PAD should be legal everywhere. I feel that this is a very personal and private decision, assuming the competency is still there to make such a decision. When it comes to morals, the only person who should be morally or ethically affected is the patient that is doing the deciding. If they feel that it is not morally or ethically right, they are not going to ask for this treatment, and if their physician is uncomfortable, morally or ethically, then that is their right to say so and the patient should be welcome to get a new physician that can fulfill their wishes. Under Oregon Legislature, physicians are allowed to aid in the death of terminally ill patients and I believe that this is the best course of action. It allows the patient to have their dignity and sense of normalcy that they so righteously crave and it allows the physician and medical team to know that they provided the comfort that their patient craved until the very end. Looking at it from a legal standpoint I believe is moot, if there is evidence that the patient is/was terminal and it can be validated and it is in line with the patient's wishes (maybe not the family's wishes, but the patients) then legally there should be no problem. Again, ethically, if it goes against a person's morals they will not ask for such treatment, and others not in their painful and agonizing position should have no right to make judgment if this is what the patient so desires. In the case of the argument for continuous sedation (CS) (Raus, et. all, 2011) I believe that this is not a suitable alternative to PAS or PAD. With this type of care, the patients are

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sometimes still conscious, depending on the type of CS used, the ultimate "goal" if you will is still death, but it is prolonging it. I feel that this only prolongs the suffering of the people around the patient in putting off their grief and keeps the patient alive for the sake of others. When it comes down to a person, in their right mind and in a terminal situation, with documented conditions and their wits about them, I feel that the assistance of the physician, in giving the prescription or helping in another way, is the most moral and ethical thing that can be done for the sake of the patient. At the end of all the discussion, the question becomes quite clear, is it morally and ethically right to take the choice out of the person's hand who is desperately in need of the service? Who are we to say that someone who wants to die (for valid and documented reasons) cannot have that as an option? Why should we, who are relatively pain-free, be able to tell someone that they must stay on this earth and continue to suffer? It is my opinion that it is not ethical or moral to tell patients and physicians that they cannot help in allowing someone to die with dignity, on their own time, rather than suffer and wait for the end.