

Ethics theory practice critical thinking example

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



Physician-assisted suicide has been a controversial topic within the medical sector. Over a prolonged period of time, employees within the medical field have maintained a long tradition of making sure that the life of a patient is protected no matter the cost. However, there has been a shift in this tradition over the recent past. Some medical practitioners have begun to embrace the decisions of patients about what they would like to do with their own lives. This accounts for the reason as to why many doctors have been known to aid patients in their death. The embracement of physician-assisted suicide has aroused heated debates both in the medical industries and in the public domain. The main reason for this debate lies on the ethicality of this medical practice. This paper intends to argue that physician-assisted suicide is a practice protected by the constitution of many countries for example the United States. This paper therefore intends to use the deontology and emotivism to support the idea that every patient has a right to dictate what they would like to be done with their lives. In addition, this paper intends to support the idea that forces that dissent the practice of physician-assisted suicide are shaped by emotivism which is deeply rooted in the cultures and societies across the world.

First of all, it is important to understand that over the past century, the world has undergone a series of technological and social changes. The world that existed back in the 1800's cannot be compared with the world we live in the 21st century. Back in the 1800's health facilities were rare; most people did not go to any health facility once they began to suffer from an ailment. Instead most people stayed at home while they recovered from illness. The methods of treatment that were present at this time were mostly traditional

and often done at the comfort of the patient's home (Weir, 2007, p. 64). This means that it was difficult to understand how people died during this time. However, technological advancements that were realized at the turn of the century introduced health technologies where people have to go to hospitals to enjoy them. This means that most people die in hospitals as they undergo treatment compared to the past where most people died at home. This poses the question of whether assisted suicide took place in the past. Critically, there were no definite records in the past to list down the way people died. However, it remains clear that some of the diseases that some people contrasted were deadly and highly communicable. In order to avoid the spread of these diseases across the society, the ill people had to be isolated from the rest of the community. These people were left helpless and ended up dying in sad circumstances. The idea of leaving patients to die in this way is not much different from incidences of assisted suicide that exists within health facilities today. For example, physicians often detach patients from medical apparatus that might be aiding a patient to accomplish physiological processes like breathing. After detaching a patient from these aiding tools the patient ends up dying. In both cases, a second party is involved in helping a patient to die. Therefore, these two incidences would be treated as being cases of assisted suicide.

This brings in the idea that assisted suicide existed even in the past. The only thing that has changed today is that improvements in technology have allowed people to understand that this occurrence happens in many places across the world. It is hence worthwhile to allude that the current cases that arise today of people resenting the practice of physician-assisted suicide is

driven by emotivism. The societies that people live in today are not ready to take in the idea that assisted suicide has been around for a long time in many parts of the world. In addition, some of the people in the world today that are against physician-assisted suicide are more concerned with the act of dying (Ondrey, 2006, p. 74). They believe the life is something that should be left in the sphere of the deity.

Second, it is important to understand that the medical world is driven by a code of ethics. Therefore physicians follow a given set of rules as they administer different kinds of medical services. One of the key provisions within the medical field in the United States is that physicians are asked to respect the decision of the patient provided the patient is of mentally sound and has an age of twenty one years all more. The concept that is given to this phenomenon within the medical field is patient autonomy. Physicians believe that the patient is the one who holds the final say of what they would like to be done with their body. Therefore, if a patient requests that a physician to withdraw any medical aid from him or her and allow her to die, the physician has the obligation to extend this right to the patient. This inclination by the medical field is a clear indication that the needs of a patient and their rights are well protected. However, people who are opposed to such an action forget that the patient is the one who is subjected to pain. Therefore, if the patient feels that the pain that he or she is experiencing is unbearable, then the patient has a right to request for the termination for his or her life.

Third, physician-assisted suicide is ethical in that it goes per the requirements of the medical code of ethics in the sense that physicians do

not use unsound medical treatments during assisted suicide. The top priority of all physicians is to make sure that the life of the patient is well protected. Failure to do so is considered as being a failure in the part of the physician. Before a decision is reached to aid a patient in assisted suicide, physicians have to evaluate the request of the patient. Although the physicians respect the rights of the patient in dictating what the patient would like to do with their lives, physicians find it important to evaluate the decisions of the patient (Morrison, 2009, p. 56). Some of the considerations that physicians conduct are whether there is a likelihood of the patient getting well if he or she remained alive. This means that if physicians believe that there is likelihood that the patient will be well, it is less likely that they will agree to aid the patient in committing assisted suicide. The idea of evaluating the request of the patient before conducting assisted suicide is entirely a utilitarian ideal (Manning, 2009, p. 27). This is because this is the most ethical thing that one could do. There is no need of assisting a patient who is likely to recover to commit suicide. This is because societal forces would be harsher on such a decision compared to the aiding patient who is in the verge of death to commit suicide. This case brings out the idea that physicians are rational thinkers that understand what is right and what's wrong. Therefore, physicians by virtue of their knowledge understand the best time to commit suicide. Hence, the theory of deontology would be the best in explaining the pressure that faces the practice of physician assisted suicide in that it is clear that physicians are more concerned with the final consequences of making sure that the patient is contented in the long-run by the decisions reached by the people working in any medical field.

Fourth, religion is also a major cause of the opposition that exists in the world today relating to assisted suicide. Most religions that have a Judeo-Christian philosophy believe in the value of life. People who are more attached to religion believe that life comes from the deity and only He can take it away. Therefore, there is a notion within many religions that death should be natural and not one that is induced by man (Carr, 2010, p. 19). However; one might question whether deaths that result from human induced activities like accidents are natural. Clearly, these deaths require human induced forces for them to happen. However, many people would treat accident related deaths as being natural while those related to physician-assisted suicide as being un-natural. This poses the question of what the dividing line between natural and unnatural death really is. Definitely, it all lies on the conceptualization that the society places on different causes of death. Since the society strongly agrees that the idea of accidents is a common place experience, many people tend to believe that it leads to natural deaths. On the other hand since activities like assisted-suicide are heavily condemned by many societies then it is treated as by un-natural. This brings in the idea of emotivism. The notion that assisted suicide is unethical lies on the conceptualization of society and not its ethicality.

Fourth, the manner in which physician-assisted suicides are conducted is ethical. This is because medical physicians do not lead to the death of patients by not giving them the required medical assistance or medicine. Instead, they withdraw medical assistance from patients who request that they would like to have an assisted suicide. The rationale behind this argument is the fact that killing a patient by with-holding medical assistance

is not ethical. This is because a patient might survive if the medical resources withheld from the patient are available. On the other hand, withdrawing medical resources from a patient means that the patient in question is already under the use of medical resources. However, the medical resources that have been allocated to the patient end up not working thereby making the patient hopeless of getting well. Therefore, when an assisted suicide is done, a lot of measures to protect the patient from death have already been put in place but end up being futile. Assisted suicide is therefore the final option that physicians have. The fact that physicians first try their best to make sure that the patient survives is ethical. The idea of taking the next step of conducting the action of killing the patient through assisted suicide creates debates of whether it is ethical or not but the fact remains that deontology is the best theory to justify the ethicality of this process. This is because physicians are more concerned with the final consequence of the action that they take but not whether the society is in favor of the decision or not. Therefore, the society might argue that the action of assisted suicide is not ethical due to the culture of emotivism that is shaped by forces within the society for example religion. On the other hand, physicians are interested in making sure that both the patient and the physician are contented with the outcome of the action of conducting assisted suicide on the patient in question.

In conclusion, deontology and emotivism are the best theories that can be used to describe the question of whether assisted suicide is justified or not. This is because physicians are most concerned with the final consequence of whether the patient will be contented with the practice or not. This accounts

for the reason as to why physicians have to conduct a thorough evaluation on the patient before respecting the decision of the patient to conduct assisted suicide. However the society is driven by the culture of emotivism which is shaped by forces like religion. This creates a phenomenon whereby the society creates the idea that death can be classified as natural and natural. Since the society today, is pre-dominantly opposed to the idea of physician assisted suicide, the practice is considered as being a source of unnatural which makes it unethical in the perspective of many societies across the world.

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