

Physician assisted suicide: good or bad



**ASSIGN
BUSTER**

Physician Assisted Suicide-The Debate Physicians and patients debate over whether or not physician assisted suicide is okay to do in any circumstances, because there are pros and cons to every side. One might say that if a physician assists in the suicide it may help someone not suffer through a slow painful death. Another person might argue that if a physician does assist even by just prescribing the medicine is morally wrong and against the oath the physician takes at the beginning of his or her career.

Understanding some people are terminally ill and want to just die versus putting up the fight is a hard situation to understand, but some physicians do “ understand”. Even though they understand does not mean that they will agree to assist in taking the pain away from someone. On the other hand a patient may want to live as long as possible and prosper every bit of their life even if it means being in a vegetative state. According to the article “ Assisted “ Suicide is the Euthanasia of Hope” this patient “ was dying from ALS, or Lou Gehrig’s disease. cited in Smith, 2011 para 3). “ He had been suicidal for 2 ? years after the solar plexus blow of his diagnosis” (cited in Smith, 2011 para 4). This shows that a terminal illness can effect a person’s will to live as well as their thinking on how things can work out if you just hang tough and wait out the storm, so to speak. Our text states that, “ The argument is straightforward: A person is 99% certain to die within a certain time, but before that death naturally occurs, the patient is kept alive only to suffer” (Mosser, 2010, section 2. , para 34), but this is only one option. On the other hand “ life is a gift from God and precious. To end it prematurely is to reject that gift. ” (Cited in Mosser, 2010, section 2. 3, para 35). In ending your life prematurely a person must face their religious beliefs

consequences. Each belief comes with incentives and consequences, but those might be a thing that can be changed or forgiven by God. In choosing this decision one must be 100% sure, because there is not a “bring back potion” to make one become alive after you have chosen to commit suicide.

You also have to remember that you are putting a burden on the physician’s oath that he or she took when they became a doctor to begin with. The approval of this decision is just not a good choice because there is not anyone who can change your mind, but yourself. In choosing to live with palliative care until the good Lord is ready to take you has its advantages, because if you are a family person you may be surrounded by the people that care about you most in the last breaths of your life.

Family and friends are an important part of life to encourage you to stay motivated with your health issues. Most physicians’ state not to give up and choose not to be a part of helping anyone commits suicide. Physicians do not want to be held liable for someone committing suicide if they write the prescription to help suffice the pain or depression. In a general perspective the physician has the right to refuse to assist in any type of suicide, but a patient also has the right to decide what they want to do with their own body.

This is known as “autonomy-to decide what will or won’t be done to his or her own body. There is almost universal agreement that a competent adult has the right to self-determination, including having the right to have life-sustaining treatment withheld or withdrawn.” (cited in Rogatz, 2001. Para. 3). On the other hand “If patients seek such help, it is cruel to leave them to

find for themselves weighing options that are both traumatic and uncertain, when humane assistance could be made available. (cited in Rogatz, 2001. Para. 3). The physicians that do agree with assisting in suicide get condoned and that is wrong if the patient is competent enough to make that decision. One physician can take care of so many patients at once; my question is how do they keep track in their mindset as to which patient is taking which drugs and how many each day and whether or not they are a suicide risk. They take an oath when they get their degree and as a medical professional the oath must stand or you lose your license.

A license in the medical profession is a very important piece of paper, because it is your life and reputation. If someone messes up and causes an accidental death, accidental medication, or accidental sedation, etc. That doctor or nurse can lose their license, job, sometimes the only career they have, and possibly much more even including jail/prison time. “ Physician-assisted suicide isn’t about physicians becoming killers. It’s about patients whose suffering we can’t relieve and about not turning away from them when they ask us for help. ” (cited in Rogatz, 2001. Para 1).

This shows us that someone may need the help for pain or depression and when they ask for help a physician is not obligated to help commit suicide, but is obligated to help with their problems. On the other side of this a patient shouldn’t have to wonder if they are dying with medication from their doctor. In an article I read it states, “ This is curious reasoning; patients are not lying in bed wondering if their physicians are going to kill them—and permitting assisted suicide shouldn’t create such fears, since the act of administering a fatal dose would be solely within the control of the patient.

<https://assignbuster.com/physician-assisted-suicide-good-or-bad/>

(cited in Rogatz, 2001. Para. 10). We as patients should not be worrying about this, but then on the other hand we should be worrying, because a physician does see so many patients each day. Now in our text we read about the Schiavo case where someone in the family wanted the patient to be in a vegetation stat for the rest of her life, but one person was ready to let the patient go peacefully because that is what the patient would have wanted. Religious reasons were tried in the court cases with this situation, but were eventually thrown out of the courts, because the patient was in a “vegetative state”. Religious traditions, particularly the three great monotheisms we have focused on, give some guidance. ” (Cited in Mosser, 2010. Section 4. 4, para. 28). They may give guidance, but I don’t believe they give the answers in a desperate need of answering time. Each family member may have a different situation, but no matter the situation each decision would be difficult to make; religion plays a factor, but not the whole point when making a decision. References WOLF, S. M. 2008). Confronting Physician-Assisted Suicide and Euthanasia: My Father’sDeath. Hastings Center Report, 38(5), 23-26. Retrieved from EBSCOhost. Mosser, K. (2010). A Concise Introduction to Philosophy. Bridgepoint Education, Inc. Retrieved from: <https://content.ashford.edu/books/AUPHI200.10.2/> Smith, W. (2011). Assisted Suicide is the Euthanasia of Hope. Rogatz, P. (2001)/ THE POSITIVE Virtues OF Physician-assisted Suicide. Humanist, 61(6), 31. Retrieved from EBSCOhost.