
Physician Assisted Suicide: Should It Be Legal?

The topic that will be examining is physician assisted suicide, a well-known ethical dilemma which presents a multifaceted situation between moral imperatives. (PAS) is an extremely controversial topic such as abortion, death penalty, and cloning. Although these topics deal with different issues at hand, all four present contra claims on the matter of life which can be emotional and perplexing for many people. In this report I will cover the various claims that revolve around (PAS), as well I will state my personal position upon review of the material.

Opposing Arguments: Patients right vs Physicians Duty

Physician assisted suicide (PAS) can easily be mistaken for the act of euthanasia which is an entirely different method but will achieve the similar end result of patient death. In order to understand the issue at hand and its claims, it is best to understand the differences between these two methods in order to filter the claims that belong to each method. According to Engdahl (2009), physician assisted suicide is receiving assistance by a doctor in which the doctor will prescribe lethal drugs to a gravely ill patient and allowing them to make the choice whether they want to proceed to take the lethal drug or not. In contrast, the act of euthanasia differs in that a doctor will administer an injection of lethal drugs, this method is called euthanasia and still remains illegal throughout the United States today. One of the most popular opposing argument that ascends in a debate on (PAS) is that physicians should obey the Hippocratic Oath. According to a translated Greek text by North (2002), the Hippocratic Oath is a contract that in sworn in by physicians and states several values that a physician should abide by such as "I will do no harm or injustice" and "I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan".

Now that we are informed of the method of (PAS), we know that it results in a prescription of a lethal drug which leads up to our next argument, that of doctors who carry out such methods whether it is (PAS) or euthanasia will be negatively affected. An article written by Stevens (2009) reads that two surveys were conducted here in the U.S which examined and reported physicians and the effects from performing (PAS) or euthanasia. The first survey that was conducted was a randomly selected phone interview survey of oncologists who reported being a participant in such methods. The results from survey one exposed that just alone in the U.S, it has been reported that 24% of physicians who performed these methods were experiencing remorse, and another 16% reported feeling an emotional burden that they felt has affected their medical practice. The same article also states that in the second study a mail survey was conducted on physicians who performed (PAS) or euthanasia. The survey reported that 18% of the physicians felt uncomfortable with their role in writing a prescription.

So far, we have covered that physicians take an oath to do no harm, to not give any type of lethal drug, and also that physicians who have participated or performed PAS feel remorse, we now approach the third argument that opposes (PAS). "No state makes suicide itself illegal. Physicians, at present, are not schooled in the art of ensuring death." (Foley, K. M., & Hendin, H. ,2002) This article brings forward an important ethical dilemma and questions why physicians are needed in the first place to carry out a death. (PAS) is a procedure that contradicts the purpose of becoming a doctor which is to aid a patient and yields in patient death and opposes

the hypocritical oath, as we have seen in the argument before physicians who have successfully performed (PAS) or euthanasia have been negatively affected and some felt that it has impacted their practice. According to Foley, K. M., & Hendin, H. (2002) all states in the U.S have no enacted law that makes suicide illegal, in other words people have the freedom to die whenever they choose too, which begs the question why is a physician then needed to carry out the death of those with terminal illness or anyone who requests (PAS) or euthanasia? Physicians do not specialize in killing patients nor can they guarantee death from a lethal drug that they prescribe. Terminally ill patients are not restricted to live, there exists other methods that are more accessible which can achieve the same result without the need for a physician or delay.

Now that we have reviewed several claims that opposes (PAS), we will now focus on the claims that support (PAS). According to Fry (2005), a research study was conducted through a mail survey of 331 Canadian seniors between the ages of 60-85 years of age. The elderly claimed that they should have the uncontested right to decide when they want to terminate life and view (PAS) as a way to protect their dignity. One way to grasp this idea is by examining our personal lives, only we know what is best for ourselves and in this case the elderly feel like they would like to be the judge of their own health and be in control and have the option to terminate their life when they either feel emotional, intellectual or physical health-related quality has diminished to an unacceptable level. According to Fry (2005), there was a majority of respondents that favored a living will or an advance directive but what was a concerning factor for these respondents was their family circumstances or lack of contact between family members so (PAS) gave them the opportunity to be independent and not rely on members of a family that might not correspond to their wishes, "most respondents were doubtful about the effectiveness of this self-determining mechanism if a family member were designated to make medical decisions for them." (Fry, 2005)

A second argument is assisted suicide is not that simple to obtain, according to Lee (2005), there are rigorous standards that provide protection. For example, the Oregon Death with Dignity Act requires the volunteer to go through an elaborate procedure. Some of these requirements include two oral requests for lethal medication that have to be 15 days apart, followed by a written request that must be witnessed by two individuals and another 15-day waiting period. The physicians then assess if the volunteer is capable of making health related decisions and will inform the patient alternatives such as hospice or any related palliative care, volunteers also are given the option to withdraw at any time. Following a procedure as such ensures that the patient is not influenced and gives them full control to terminate their life within the comfort of their home and allows them to choose when it's time to go.

The final argument that we will cover today states "there ought to be a right to physician-assisted suicide under United States law in order to enable qualified patients to avoid unnecessary suffering, to enable qualified patients to die with dignity, and to respect those patients' right to autonomy or self-determination." (Wellman, 2009) According to Wellman (2009), patients are unwilling to commit suicide alone because the attempt might be unsuccessful and can leave them in a worse state of being than before, for this reason they seek a physician. If (PAS) is taken away from a terminally ill patient they will be forced to endure their pain, and distress that they cannot escape from. The Benefits from allowing (PAS) are that it allows the terminally ill patient to not only escape their pain, but it allows them to have a death with dignity and respects their right to autonomy as the first claim suggests.

In conclusion my position on this ethical dilemma is support for physician assisted suicide (PAS). Although there are many great claims that oppose (PAS) what was a convincing argument for me is the protection of dignity and the idea of family circumstances that one might have unlike others. I think it is part of human conditioning that instills in us the right to live and wanting others to live, suicide seems like no option because it contradicts this conditioning, however it does offer patients who are not just terminally ill but those who feel that their emotional, intellectual, or physical quality of life is vastly diminished. Physician assisted suicide gives people the independence to terminate their life without having to depend on others to carry out your wishes or directives.

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