
The Peculiarities Of Physician-Assisted Suicide

November 1, 2014, Brittany Maynard ended her life. In January of that year, she was diagnosed with terminal brain cancer. What was first a grade 2 astrocytoma, within four months, turned to a grade 4 astrocytoma (glioblastoma) with a prognosis of six months to live. After many failed treatments Maynard decided to take advantage of her right-to-die. Living in a state where physician-assisted suicide was illegal, she decided to move her and her family from California to Oregon and take advantage of their death with dignity laws. "Death with dignity is an end-of-life option that allows certain terminally ill people to voluntarily and legally request and receive a prescription medication from their physician to hasten their death in a peaceful, humane, and dignified manner" (Death with Dignity). Because of these laws, her doctor was able to prescribe her with a lethal dose of medicine that would end her life when she chose to take it. Brittany Maynard's story gained my attention because of her outrageous ability to talk about what she was going through and advocate for it from a personal perspective. The decision to use the Death with Dignity laws was made by Maynard and will be made by many more individuals in the future. So, what happens when a terminally ill patient decides they do not want to bear the pain of their illness any longer, but it is legally impossible to end their own life? Should individuals have the right to die as peacefully and painlessly as possible, terminally ill or not?

My main topic for research was the Death with Dignity laws. I found that the majority of states deem the practice of physician-assisted suicide illegal and have no Death with Dignity laws in place. Only eight states, including Washington D.C., have Death with Dignity laws, why is this? The state of Oregon was the first state to pass Death with Dignity laws through the Death With Dignity Act of 1994 and 1997 (Death with Dignity). However, in the states with Death with Dignity laws, an individual is only eligible for physician-assisted suicide if they're a mentally competent adult who has been given six months or less to live due to a terminal illness. But what determines an individual's mental competency? Is there a test? Is it ethically correct for one human to deem another mentally competent or not? I don't believe so. No school or degree could prepare someone to determine that of another person. Safeguards are also in place to prevent misuse of the practice. Examples of these safeguards include confirmation of the patient's diagnosis and prognosis from two different physicians, a required waiting period before the prescription is filled, and doctors' confirmation of the mental competency of the patient before administering the medication (death with dignity states). These safeguards make me feel as if the long repetitive process is there to tempt patients to change their minds. Nonetheless, patients who wish to die by physician-assisted suicide would have to travel to a state with Death with Dignity laws in place whether they agree with the underlying process or not and I am not quite sure I agree with the idea of that.

Because of the severity of physician-assisted suicide and its irreversible outcome, it makes sense for there to be qualifications and safeguards regarding the option. However, how is it fair to legalize such a practice and cut access to it off from well over half of the population? Joni Eareckson Tara touches on this idea in her book titled "When is it right to die? Suicide, euthanasia, suffering, Mercy" which is used as my second source. She states that "legalized euthanasia establishes a fundamental right to die and the U.S. Constitution affirms that fundamental rights cannot be limited to any one group, such as terminally ill." If this were the case and physician-assisted suicide was legalized it would have to be available on-demand for:

clinically depressed persons, children with cystic fibrosis, nursing home residents, people with AIDS, and those with large medical bills (Tada pp. 76). Is that the intended purpose of physician-assisted suicide? If one chooses to end their life and legal means of doing so are available, shouldn't everyone have access to it? I believe physician-assisted suicide should not be limited to just the terminally ill as there are many other reasons for an individual to feel the need to end their life. However, if the practice were just available to any and everyone, I believe it would undermine the practice of mental health professionals and be more "killing" rather than "assisted dying."

Specifically, with physician-assisted suicide, the key question that resonates with people is whether or not the practice should be considered "suicide" if it is physician-assisted. I wondered this myself. So, I turned to google to define each term. Google defines suicide as; "the act or an instance of taking one's own life voluntarily and intentionally. On the other hand, google defines Physician-assisted suicide as the voluntary termination of one's own life by taking lethal medication with the direct or indirect assistance of a physician." To me these definitions are fairly similar, they both require an individual to take their own life. Ultimately, I believe it is up to the individual if it is in their best interest to end their life, but what if there was a legal way of doing it? I do not advocate for traditional suicide nor am I against it, but I can admit I would feel more comfortable as an outsider to hear an individual has chosen legal suicide over the traditional means of suicide.

I also used google to find what society feels and believes about suicide. The stigma related to the word "suicide" is typically not good and I admit when hearing the word I too think of it negatively. This is the reason why mainstream medical, mental health and health policy organizations have adopted the terms "aid in dying" or "physician-assisted dying" to refer to this choice (Death with dignity terminology). But isn't dying a pretty serious ordeal? Is physician-assisted suicide something we should try to sugarcoat and make sound like something isn't? Regardless of the way the word sounds or how the practice is phrased suicide is simply the taking of one's own life, physician-assisted or not. I believe that the phrasing/wording of the practice should not be altered or changed to sound another way because assisted-suicide is exactly what it sounds like and is too serious of a matter to be changed.

In Eois Snyder and Arthur L. Caplin's book "Assisted suicide: Finding Common Ground" they discuss the domains of suffering and the idea that suicidal individuals, terminally ill or not, have the same thoughts and feelings whilst suffering (Snyder and Caplins pp. 46). Why is that? Does that imply that suicidal individuals and terminally ill patients are in the same headspace? Or at least close? In 1998 fifteen terminally ill residents of Oregon ended their lives by overdoses of medication legally supplied to them by their physicians (Snyder and Caplins pp. 84). Is this considered physician-assisted suicide? The answer is no, so why is it justified by society with the claim that the individuals were terminally ill? Why didn't they just use Oregon's Death with Dignity Laws? I believe that the idea of expressing suicidal thoughts is so difficult for individuals that even when the necessary means are available they aren't used. Same for individuals suffering from mental illness or other means that would drive them towards the option of suicide. I think the biggest misconception about suicide is that it is selfish, senseless, and easily avoidable which I believe plays a huge role in the suicide rates and ultimately makes these suicidal individuals feel like they can't talk to anybody. This is why I think neither traditional suicide or physician-assisted suicide should be ranked "more socially acceptable" over the other. And who are we to deem one more "acceptable" than the other?

Regardless of traditional or physician-assisted suicide religion argues neither are the answer and suicide in itself is wrong. I do not agree with that statement. According to Death with Dignity religion and spirituality webpage, the Roman Catholic Church believes “the killing of a human being, even by an act of omission to eliminate suffering, violates divine law and offends the dignity of the human person. Similarly, Christian Science believes that hastened dying is not a genuine expression of faith and is a denial of God’s presence and power (Death with dignity religion and spirituality). But does that mean an individual of a certain religion shouldn't have access to means they personally feel necessary? I don't believe so. I believe that no matter what religion a person practices they should have to ability to decide their fate if they feel it's necessary. On the contrary, I agree that religions set forth their own rules and regulations and are entitled to assign consequences if they have the power to do so.

Similar to the way many religions go against the practice, so does the Hippocratic Oath or does it? Google defines the Hippocratic Oath as “an oath stating the obligations and proper conduct of doctors, formerly taken by those beginning medical practice.” Today, it is most often cited as a single phrase, “First do no harm.” But isn't being the cause for an individual's death essentially causing them harm? Maybe, but I think that depends on how we as individuals define the word “harm.” To me, causing someone's death is doing them harm, but I believe physicians forcing terminally ill patients to endure pain and suffering when they would like to end their lives is also doing them harm.

Ultimately I believe that having access to death with dignity laws is more about the individual having the choice to die than actually dying. I find it evident that there is no way to enact Death with Dignity laws that cater to everybody. However, this shouldn't be the reason why it is not legalized. Regardless of beliefs, opinions, religion, oaths, and everything in between, I find common ground in the idea that doctors are here to help their patients in any way possible. In any way possible, to me, that includes prescribing a patient a medication that would cause their death. Although I agree there are strong reasons for people to feel uneasy about the legalization of the practice, it is certainly true that even with the legalization of the practice it is still only an option and does not by any means have to be used. At the end of the day, we're all going to die and some sooner than others. If those others have the option to do so in the most peaceful, least painful, and legal way possible, who are we to stop them?