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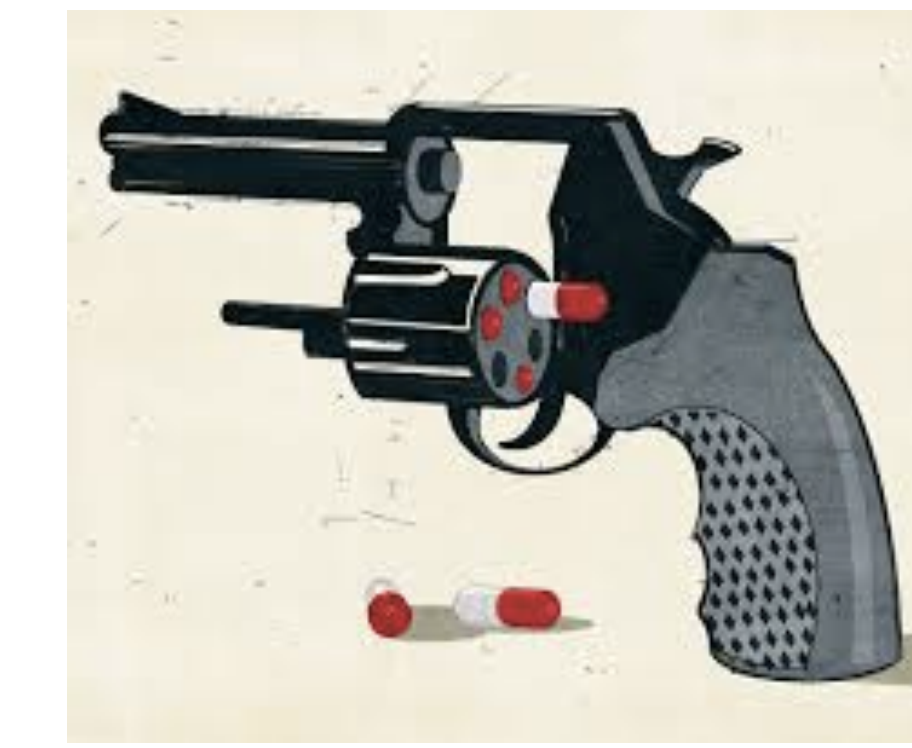
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Physician Assisted Suicide

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Abstract

Physician-assisted suicide (PAS) has been a widely debated topic over the last couple of decades. Euthanasia is a Greek word for “a good death”.¹ There are many various ways of completing PAS, there is active, passive, voluntary, involuntary, or non-voluntary. There are other end of life approaches, including hospice and palliative care in order to prevent the patient from choosing to end their life prematurely. This is a very controversial topic and many people disagree with whether or not people have the right to choose to die, or if physicians even have the right to provide or administer a drug that can induce death. The government and legalization also has a large impact on whether or not PAS or euthanasia is allowed. There are many biological and physiological processes to consider during the period in which patients are choosing to participate in PAS. Each and every case of a patient is unique, and PAS cannot be given a universal decision on whether it should or should not be allowed. Many studies have been done to assess the biological, psychological, bioethical, and religious views around PAS. Both bio-ethically and sociologically, there are many different points of views regarding if PAS is ethical and whether it should be allowed. A physician is said to have the role of healing people, and by allowing PAS, is it going against what their job is? Others may say that allowing PAS is helping the patient end their suffering and physicians should help a patient end their suffering.

Background

PAS is not a new innovation, it was commonly practiced in ancient Greece and Rome to spare people of high societal status from extended suffering. PAS is the act of intentionally killing yourself with the help of a physician in that they provide the medication to do it, but the physician does not administer the medication. Euthanasia is similar to PAS in that the physician provides the medication for the means of killing, AND the physician also administers the medication. Palliative care is a type of end of life care that consists of pain and symptom relief that can be done during treatment that may or may not have curative intent. Hospice care begins after treatment is stopped and it is clear that the person is not going to survive the illness. PAS can sometimes be called physician aided death because of the negative and immoral stigma around the word “suicide”. “Death with Dignity” is another way people tend to refer to PAS since “physician-assisted suicide” has such negative connotations to it.¹ Usually PAS is considered by a patient who is in the process of dying and seeking an option to hasten an already inevitable death. Voluntary PAS is when a person makes a conscious decision to die and asks for help to do so. Non-voluntary PAS is where a person is unable to give their consent to treatment and another person takes the decision on their behalf. Active PAS is when you deliberately intervene in ending someone’s life. Passive PAS is causing someone’s death by withdrawing life-sustaining treatments in the persons best interest. Each of these options are uniquely different, and it depends on the patient’s illness, needs, and desires.

Legal Questions/Laws

Should the Government Even be Allowed to Intervene?

Certain people took the stance that choosing physician-assisted suicide or euthanasia should be a private and personal decision that should not be controlled by the government. Others took the stance that PAS should be controlled by laws or rules and should not be allowed in all circumstances. Whether or not the Government should make this decision is widely debated across the world. In the United States, euthanasia is illegal, and PAS is only legal in six states.

Oregon

The first state to legalize PAS. The Death with Dignity Act of 1994 allows terminally ill Oregon residents to obtain prescriptions from their physicians for self-administered, lethal medications.² There are a specific set of requirements and steps that need to be done prior to being allowed to comply with PAS

The Netherland

Unlike Oregon, Euthanasia is also legal in the Netherlands. 4.5% of deaths in the Netherlands are the result of PAS. In 2002, it became the first country to make it legal for physicians to administer the medications. Without a restrictive system, there was naturally an increase in the number of people who used PAS and euthanasia.² Numerous issues arose with physicians falsifying death certificates; Stating that deaths occurred from natural causes in order to avoid paperwork and scrutiny from local authorities.

Perspectives



Moral/Ethical

People believe that it is unethical to end life prematurely, with the help of a physician. Autonomy is the patients control of their own body and what they want to do with it. One of the reasons that PAS was renamed to Death with Dignity was based off of the principle of autonomy and giving people the right to choose to end their life.

- ❖ **Against:** Doctors are here to protect the people who are sick, and we are here to promote health and in the event we cannot cure the person, healing can still continue to take place, PAS really goes against why we take the Hippocratic Oath and why we go into medicine
- ❖ **Pro:** To prolong a death in some cases is not helpful, it can be counter-productive. Doctors are still helping people who need help ending their pain and suffering

Religious

Catholic organizations are often the lead in organizing against PAS laws.¹⁰ Hindus say that a doctor should not accept a patient’s request for death since this will cause the soul and body to be separated at an unnatural time.¹⁰ Muslims are also against physician-assisted suicide. They believe all human life is sacred because it is given by Allah and Allah chooses how long people live.

Alternatives: Hospice and Palliative Care

End of life care does not get discussed as much as it should in the medical world. There are many effects that palliative care and hospice have to offer to patients who are terminally ill. There are many differences between hospice and palliative care but often times the two are used interchangeably by the general public due to the lack of knowledge of what the two do.

- Hospice is overseen by professionals usually at home, while palliative care is the doctors and nurses that perform comfort care in an institution (hospital, nursing home).
- Hospice is considered terminal care or within six months of death to be eligible, palliative care has no time restrictions.
- Palliative care can also be performed at any time whether the prognosis is terminal or not.
- Insurances can cover hospice care, but they also can vary extremely.¹¹ Some hospice programs do offer subsidized care for the economically disadvantaged. Palliative care is also usually covered by medical insurance since it is typically administered by the hospital at which the patient is staying.¹¹ Outpatient palliative care may get billed to the patient and may be more expensive.
- Hospice patients can focus on getting as much as they can out of the time they have left, without some of the negative side effects that life prolonging treatments may have.
- Palliative care acts to fill the gap for patients who want and need comfort at any stage of any disease whether terminal or chronic.¹²
- Many people have personal experiences with palliative care and hospice care that may have been positive or negative. This depends on their access to the care and the illness and prognosis of the patient.
- Many articles insisted that if there was a greater access to end of life care, people would utilize it way more and less people would have to consider PAS.
- An article by Radbruch et al. discusses the struggles with access to palliative care despite the overwhelming evidence of how implementation is effective.² The Radbruch et al. article also debates making palliative care part of a government-run policy.
- Studies have shown that palliative care and hospice are not spoken about or offered to patients as much as it should be.
- There are theories that believe that if there was more access to things such as palliative care and hospice, there would not be as large of a need for PAS and euthanasia.²

Conclusions

Physician-assisted suicide and euthanasia are very controversial topics that can be argued from many different perspectives all over the world.

- Government places a large role in legalizing PAS and euthanasia, but there are many arguments as to whether the government should even have an opinion. Some people agree with Oregon and their strict policy, and others believe it should be more open like in the Netherlands.
- There are countless different perspectives depending on an individual’s occupation, age, and personal experiences with terminal illnesses in family members and friends.
- Religion also plays a large role in how people feel about PAS and euthanasia. Multiple religions believe in autonomy and would like to be in control of their body and choices, while other religions believe that death should occur when time has come and should not be intervened by a physician.
- Palliative care and hospice care are two methods of end of life care that are overseen and not given enough credit. If these methods were utilized better by physicians, there may be an increase in the quality of life of terminally ill individuals and a decrease in the need for PAS.
- Ultimately, each patient has a different illness with a different progression and it is a case by case situation. Some people may really be terminally ill and in excruciating pain, but that might not always be the case for people who are asking for PAS. Many illnesses may also bring upon depression and other psychological issues that may influence their feelings on wanting to pursue PAS. PAS should be looked at case by case and should not be given an overall verdict of ethical or non-ethical, because it truly does depend on the diagnosis and prognosis of the patient and the decisions of the patient’s families.
- PAS will continue to be a widely talked about topic, and people will continue to fight for what they believe in.

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