Should psychologically competent terminally ill individual have the option of physician assisted suicide?

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Introduction

One of the most controversial issues within the medical world relates to whether patients should be able to make the decision to end their lives, should they choose to die. Both sides fervently argue both for and against this issue. There is one essential piece to this whole puzzle that medical ethics cannot decide what to do with, the right to die. Many people confuse the terms euthanasia and physician assisted suicide. The two are actually quite different. Euthanasia refers to the physician performing the intervention of the patient's death with the patient's consent. It is the act of bringing about the death of a hopelessly or terminally ill and suffering person in a quick and painless fashion for reasons of mercy. However, physician assisted suicide consists of the physician only providing the necessary means and information for the patient to commit suicide. The patient is the one who finally decides to move forward and take the medication that will end his or her life.

Assisted Suicide Movement

There is much more support for physician assisted suicide as opposed to euthanasia, and that is not saying much. There have been arguments for years over whether it is a person's right to die or not. Two euthanasia and physician assisted suicide advocates set the debate back in motion barely two decades ago: Derek Humphrey and Jack Kevorkian. During the 1980s they pursued the idea that if someone with a terminal illness chooses to die then they should be given that option (The Life Resources Charitable Trust, 2011). The majority, meaning lawmakers, medical professionals and the public, say otherwise. There are various key players in this battle: religion, the law, morality and ethics all come head to head over physician assisted suicide.

Domestic Assisted Suicide Laws

Few States today even allow physician assisted suicide. In most states of the US physician assisted suicide and euthanasia is illegal. Oregon, Washington, Montana and Vermont are the only exceptions. Euthanasia is not permitted in the US, but is in some European countries. The rest of the country is fervently against it, declaring these actions will result in severe criminal prosecutions.

In 1997 Oregon enacted the Death with Dignity Act, which allows terminally ill patients to commit suicide through the voluntary self-administration of lethal doses of medication prescribed by their physicians (Oregon Health Authority, 2014). There are stipulations as to who is allowed this option. The patient must be declared psychologically competent by a state psychologist, must be 18 years or older, must be a resident of Oregon and have known their physicians for a certain period of time. Other requirements are that there must be two physicians that weigh in on the patient's decision to die, meaning the diagnosing and consulting physicians both have to agree on the circumstances. The patient must also have six months or less to live, make at least two oral and one written request and is willing to take the medication on their own (ProCon.org, 2014).

In 2008 Washington became the second state to allow physician assisted suicide, through a ballot that narrowly won enough votes. Washington laws held in place require much of the same Oregon's Death with Dignity Act, which require those that wish to use physician assisted suicide as a final treatment to their illness. Physicians have to report that the patient's cause of death was their terminal illness, not assisted suicide. The requirements for physician assisted suicide are also along the lines of Oregon's guidelines (ProCon.org, 2014).

The Montana Supreme Court established that, in the state of Montana physician assisted suicide was legal due to a court case in 2009. In *Baxter v. Montana*, Robert Baxter—who at the time was dying of lymphocytic leukemia—and four attending physicians went to trial to ask the Court if a constitutional right to receive aid in dying by physicians could be established. The Court ruled that competent terminally ill patients have a legal right to die under Article III Section 4 and 10 of the Montana Constitution, which includes the right to use physician assistance to obtain lethal doses of prescription medications that the patient takes on his or her own. Physicians are also protected under this right who aid the patients by prescribing the lethal drugs to the patient. Since then there have been a number of attempts to prohibit physician assisted suicide but none have prevailed thus far (Patients Rights Council, 2013).

Vermont's Patient Choice and Control at End of Life Act (Act 39) was passed in 2013. Patients who are Vermont residents are given the choice for their physician to prescribe a lethal dose of medication to accelerate the end of their life. Patients and physicians must follow the process set by the Act until 2016, and from then on they can follow guidelines set up by other institutions. However the Act will continue to provide immunity for physicians that prescribe the lethal medication and the suicide of the patients. One part is stressed: to engage in physician assisted suicide is completely voluntary. No physician or patient has to take part if it is against their beliefs and wishes (ProCon.org., 2014).

International Euthanasia & PAS Laws

Other countries both allow and forbid physician assisted suicide within their borders. Some permit euthanasia while others criminally prosecute the offenders. The bizarre thing is that various countries do not really consider physician assisted suicide to be illegal, and if there are

legal measures against it they are not heavily enforced—as long as the assisted suicides are not publicized and the physicians perform discreetly. The following countries allow through legislation physician assisted suicide:

- Switzerland (1940)
- Japan (1962)
- Colombia (1997)
- Albania (1999)
- The Netherlands (2002)
- Belgium (2003)
- Luxembourg (2008)
- Mexico (2008)

These countries all have similar laws and regulations regarding PAS and euthanasia. The patient must be terminally ill and pass a psychological exam by an appointed psychologist, police officials are informed, and there are laws in some countries that prevent foreigners from coming and taking advantage. Sometimes the country's court must be involved before the death takes place. In many of the countries listed above medical voluntary euthanasia, which consists of the physician taking the patient off of life-sustaining medicine in order to hasten the patient's death, is permitted. In most countries that have euthanasia and/or PAS, it takes place in such rare instances that it really is not an issue (Euthanasia Research & Guidance Organization, 2010).

Legislation and Assisted Suicide

Back in the US there is constant debate as to whether the right to die is given under the Constitution. Some argue that because it is not outlined in the Constitution, or vague rights such

as the 10th Amendment, the choice to die is up to the individual, not the government. Likewise, and for the same reasons, others think that the right to die is not a right provided to people. The Constitution does not grant it, so it does not exist and therefore is not an actual option for patients. In fact, it could prove detrimental to society because the PAS movement could lead to the prejudice of the fates of the disabled, including the elderly, the ill, etc. It could also potentially lead to physician abuse of the practice, or doctors more likely to neglect the patient if they have a terminal or similarly debilitative illness (Robert H. Lurie Comprehensive Cancer Center of Northwestern University, 2004). However it is not just legal ramifications that bind physicians from assisting in a patient's death or the patient's right to die.

The Hippocratic Oath—A Physician's Vow

Physicians want to do what is best for the patients and their health, but what if what is best is to save them the pain life and terminal illness is giving them? Physicians face a hard decision just as much as patients do, maybe more so because they are bound by an oath to take care of the individuals under their charge. The Hippocratic Oath physicians take when they enter their profession is to "first, do no harm". In fact, there is a specific part of the Oath that references assisted death: "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect... In purity and holiness I will guard my life and my art," (NOVA, 2001). Just from this statement alone PAS and euthanasia are not an option for doctors; but that does not stop them from considering the issue when asked by a terminally ill patient. There is a difference between the classic Hippocratic Oath and the modern Hippocratic Oath. While the classic is specifically against PAS and euthanasia, the modern Oath makes no such specific argument against it: "Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this

awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play God," (NOVA, 2001). It can be said that such death-hastening measures would be playing God, but is it really? Above all it is the patient's choice to die if they choose not to suffer. Physicians do not force the issue on the patient. In the modern statement there is an acknowledgement that physicians can give and take life, and although it is true they are not playing God when they take life when the patient and/or the patient's loved ones give their consent to end life.

How Much Is Too Much?

Doctors do not only battle using the Oath as a means of preserving life. There are times when miracles happen. Patients taking a turn for the worse miraculously get better or a treatment finally works and begins to turn the tides against the debilitative illness. Even when it looks bleak patients pull through at the last minute. Those arguing against PAS state that patients advocating to die before they begin to deteriorate or as they are deteriorating are wasting precious time they could be spending with their loved ones, or are moving too fast into hastening their death instead of waiting for the right time to go or giving up on life when there is the slight chance a breakthrough could be made. Not only that, but people associate a patient's request to die as a sign of neglect in palliative care on the hospital's part. If physicians provide the utmost palliative care then there should be no reason the patient would want to die (Quill, Timothy & Greenlaw, Jane, 2014). But palliative care can only do so much before the patient is past the point of futilely living on medical treatments that only prolong their suffering and death. Not everyone wants that for themselves, so there should be no reason to leave the patient to suffer. There are cases when terminal illnesses reach a point of no return, when there is absolutely no hope for the patient to live on. When there is no hope left for the patient and they choose to

hasten their death because they do not want to end their life in suffering the decision should be clear. Medical institutions and professionals cannot force patients to take a feeding or breathing tube, so if the patient decides to refuse all forms of medical treatment that is the patient choosing to end their life. All the physician can really do is help ease the pain as the patient slides into death.

Benefits of Assisted Suicide

As horrible as taking a life through PAS may be, there are benefits to the action. For example, there is much time and resources put into trying to prolong treating the terminally ill patient. Imagine that those resources could be put to good use in saving savable patients that have a better chance recovering and continue to live. This is not to devalue human life. If the patient chooses to live on life support then that is their choice. Those who want to pass on, should the option be available to them, allows their physician to attend to patients that can be saved, to use the resources on those patients to save their life. It also saves the hospital from using unwanted treatment on patients when it could be used on those who want or need it. PAS can be beneficial for patients even after death. Finances spent on medical treatments and procedures as well as family estates can be saved so family members do not have debts to pay and can move on with their lives as much as possible. Providing assisted suicide to patients that desire it helps with the burden of health care costs set up by insurance companies and the government. The patient's organs can be used to save other's lives, giving the living that much more a chance to continue living. It is a costly expense—not financial, but in other ways—to die earlier than intended and harvest organs from the ill, but it can save numerous lives, especially those who want to pass on before the illness really takes hold of the body and begins to destroy it (Quill, Timothy & Greenlaw, Jane, 2014).

Religion v. Assisted Suicide

Religion is a major factor to the fight against PAS. Most, if not all, religions make it perfectly clear that suicide is not okay. It is against religious laws. To take away the life that someone—a higher Being—had given would be very disgraceful and unappreciative to that Being. Suicide is one of the higher sins people can commit, and committing suicide to avoid the pain and suffering life is offering at the time is a religious crime. These are all lines of thinking when religious folk are confronted with an issue such as assisted suicide. It is understandable for families and the religiously affiliated to feel in such a way, and that can be taken into consideration by the patient. But religious beliefs cannot be forced on patients as a reason against PAS because in America it would be unconstitutional. The government's prevention of PAS taking place for religious reasons is against the Constitution because it is impressing religious values on citizens, which the Constitution prevents by the 1st Amendment to free practice of religion.

Conclusion

What some people may fail to realize, in all actuality and finality it should be the patient's decision to end their own life. No one should be able to tell a person no to a right that is theirs to have. No one should really have control over another's life but that individual. Many would say a higher Being has control over its people's lives, but if patients are okay with taking their life and facing judgment for doing so then that is their right. If it can be proven that they are psychologically sound in mind and a number of physician's can all agree on the patient's diagnosis then the patient should be allowed to die. No one really knows what the terminally ill go through, mostly because everyone is different in their will to live and their pain tolerance, etc. So people can only imagine what they are going through, and they have to place themselves in a

patient's shoes and ask themselves whether they would really want to live like this and how damaging it could be for loved ones. People must also weigh in the benefits of allowing assisted suicide. In some ways everyone benefits: the patient for ending their suffering, the family for closure and not having ti see their loved one suffer, the medical personnel for having more free time to help other patients and provide more quality care, other patients for that same reason and for potentially receiving organs from the patient, and it saves unnecessary funds from being spent on futile treatments. And just as there are benefits there are detriments, the main one being a life was lost, even though they were suffering. Loved ones and physicians feel the loss of life. Physician assisted suicide will always be a controversial issue for the medical world and beyond, but one thing that absolutely must be understood that, in the end it is the patient's God-given right to take their own life if that is what they choose to do, and no one else can make that decision for them.

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