Physician-Assisted Suicide: An Act of Cruelty or Dignity?

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Abstract

Physician-assisted suicide (PAS) occurs when a doctor provides a patient with the means to end his or her own life. The doctor usually prescribes a lethal dose of medication that the patient can self-administer, while knowing the outcome. Much controversy surrounds this issue, as one could imagine. Physicians are faced with questions regarding PAS as well as requests for it. How should these doctors respond? Should a doctor hold the power to help a suffering patient transition from life to death? Both sides of the debate produce very strong arguments, making it hard to judge right from wrong. Furthermore, in 1994, Oregon became the only state in the U.S. to legalize PAS. Supporters were elated and opponents outraged. Is it only a matter of time before other states follow Oregon’s example? In contrast, the House of Representatives passed the Pain Relief Promotion Act in 2004, which if approved by the Senate, will ultimately demoralize Oregon’s law.
Introduction

Physician-assisted suicide (PAS) is an age-old debate that has divided not only physicians, but also the general public, since the birth of Western medicine. PAS occurs when a physician provides the means that the patient can self-administer to end his or her own life. In 1999, Dr. Jack Kevorkian was convicted of second-degree murder for the death of Thomas Youk, which is most likely the sole foundation for the controversy over PAS and euthanasia today. Those in favor of PAS claim that patients experiencing uncontrollable suffering should have the option to end their own life, while opponents believe that God will determine one’s passing.

Furthermore, suicide is legal in the United States, which in some cases, can be much more gruesome than a lethal prescription or injection. However, would PAS make that physician a murderer? Yes, in every state except Oregon. In 1994, the Death with Dignity Act was passed making Oregon the only state where PAS is legal. Oregon has paved the way and opponents fear that other states will soon follow Oregon’s example. This report covers four major topics: Oregon’s law, opposition from Congress, physician response to PAS requests, and arguments surrounding PAS.

Oregon’s Law

Legalization of PAS in Oregon

According to Bernard Lo, patients in Oregon are able to voluntarily request PAS as well as withdraw their request at any time. The patient must be competent and acting completely voluntary. The process begins with a written request, accompanied by two witnesses confirming the competency of the individual. Next, the patient must orally repeat the request after fifteen days has elapsed since the written request. Lastly, the
lethal prescription can then be filled only after another 48 days has passed (Lo, 2000, p. 159-160).

In addition to patient guidelines, physicians and consultants must also abide by certain rules before assisting a suicide. Physicians are responsible for correctly informing their patients of their diagnosis, prognosis, and therapeutic alternatives, while the consultant seeks confirmation of terminal disease and ensures the patient is acting voluntarily, and not coerced. If all provisions of the law are met, the patient’s request is then fully approved and physicians are granted legal immunity, exempting them from criminal, civil, and professional disciplinary actions for murder (Lo, 2000, p. 159-160).

Unfortunately, the coverage of this law does not apply to everyone, Lo claims. Patient limitations include sufferance from non-terminal illness, inability to make decisions, or those whose prognosis does not predict them surviving the waiting periods. In addition, under the law, active euthanasia, mercy killing, and lethal injection are forbidden. If patients are too debilitated to take lethal medications themselves, the physician is unable to provide assistance (Lo, 2000, p. 159-160).

Oregon is the only state that recognizes PAS and protects its physicians from legal implications. With all of this law’s checks and balances, PAS can be successfully carried out.

**Opposition from Congress**

*The Pain Relief Promotion Act*

In reference to the article, *Taking Life Away*, written by M. Pretzer, the Pain Relief Promotion Act, passed by the U.S. House of Representatives last October (2004) and awaiting Senate approval, would make it illegal for a physician to prescribe a
controlled substance with the knowledge that the patient plans to use it to end his or her life. This challenges Oregon’s law and takes away the physician’s role in assisting a suicide. There are many in favor of the bill including the American Medical Association as well as several House members who are physicians. Family physician and Oklahoma Republican, Tom Coburn states, “As soon as doctors have made the decision that they are the givers or takers of life, they no longer are physicians” (cited in Pretzer, 2000, p. 2).

On the other hand, Jim McDermott, a psychiatrist and Democratic Representative from Washington, opposes the Pain Relief Promotion Act, according to Pretzer. He fears that pain medication for non-suicidal patients would be compromised with passage of the act due to the fact that physicians would then be hesitant to prescribe them for anyone. “Faced with the specter of investigation by the Drug Enforcement Administration, prison, or loss of their practice, many doctors will treat pain less aggressively than is required for full relief” (cited in Pretzer, 2000, p. 2).

Just as in society, there is much debate in Congress regarding PAS. Government control with such a personal issue can be disastrous.

**Physician Response to PAS Requests**

*Determine the Reasons for the Request*

Many other factors can lead to a request other than pain, Lo claims. It is the job of the physician to find out why the patient is requesting suicide. Events that may lead to a request include: loss of dignity, pain, dependence on others, unrelieved suffering, psychosocial problems, and demand for autonomy (Lo, 2000, p. 162-163).
Provide More Intensive Palliative Care

According to the author, physicians can arrange consults with palliative care specialists to establish a pain management regimen individualized for each patient (Lo, 2000, p. 162-163). Uncontrollable pain is a common complaint among those who request PAS, therefore, it is extremely important that medications utilized are up-to-date and used more widely and completely to provide adequate pain relief (Balch & Waters, n.d.). In addition, administering pain medication around the clock versus “as needed” can aide in pain relief. Also, it is important for the physician to remain available during the patient’s final weeks and days (Lo, 2000, p. 162-163).

Reaffirm Patient Control Over Treatment Decisions

It is extremely important that the physician respect the patient’s decision regarding treatment plans, Lo emphasizes. Some patients do not want to be exposed to life-sustaining interventions therefore; they may seek to expedite death. Furthermore, physicians must remain non-judgmental and respect their patients’ wishes to forego these interventions (Lo, 2000, p. 162-163).

The manner in which a physician responds to a patient’s suffering may reduce the request for PAS. Adequate palliative care and patient autonomy are important issues for physicians to consider.

Arguments Surrounding PAS

Pain and Suffering

According to the article, Physician-Assisted Suicide, pain and suffering is a major issue brought up by the opponents of PAS. Many feel that given the medicinal advancements regarding painkillers in the past few years, physician-assisted suicide
should not even be needed. However, those presenting this idea do not take into account the cost of these painkillers intended to reduce patient suffering. Shouldn’t those unable to afford painkillers have another option? The only affordable alternative is physician-assisted suicide. Furthermore, the results of a national survey of approximately 3,000 doctors revealed that about 75% of the people they assisted in suicide requested it because they were experiencing severe pain and could not afford painkillers. Moreover, if PAS were to be legalized, evidence shows that people would be willing to make use of it (physician-assisted suicide, n.d.).

Ultimately, the article claims it would be morally wrong to ban PAS across the United States. In cases where painkillers are out of the question, the only alternative for these patients would be to try to come up with the money or continue to suffer, which is unethical. Legalizing physician-assisted suicide would help these people to escape the intolerable pain they don’t go a day without (physician-assisted suicide, n.d.).

It is difficult to determine the level of pain that one would be experiencing to warrant PAS. The expense of palliative care is overwhelming; thus producing the desire to end one’s life rather than endure the pain and cost of dying a slow death.

**Christian Beliefs**

In reference to the article, many religious groups are opposed to PAS for a number of reasons. They believe that God would never send someone into a situation that they were unable to deal with, thereby, eliminating the option of PAS. They also feel that one can connect with Christ through suffering and to consider their suffering a purification experience sent from God. However, the major problem is that not everyone
is of the same religious background and believes the same ideas. Imposing one group’s beliefs upon everyone is at the crux of the PAS dispute (physician-assisted suicide, n.d.).

In addition, Christians claim people possess a natural tendency to want to live therefore; physician-assisted suicide should not even be considered. Most terminally ill patients request PAS because they acquire a sense of overwhelming worthlessness. Usually, strict bed rest orders are implicated, leading these patients to feel they have nothing to live for; thus opposing the Christian belief. They become angry and ashamed of their declining health state and deterioration of their body and sometimes mind (physician-assisted suicide, n.d.).

The article suggests that the legalization of PAS would be a tremendous blessing for terminally ill patients and their families. Christians may choose not to partake in physician-assisted suicide, but at least the option would be there for those who wish (physician-assisted suicide, n.d.).

Religion can be so influential that it may serve as the sole foundation on which a controversial issue stands. Different religious paths generate different viewpoints, which can set the stage for argumentation. In addition, society is passionate about religion, which makes this issue so volatile.

Freedom of Choice

Several people believe that PAS is equivalent to committing murder, according to the article. This view is primarily based on the fact that Dr. Jack Kevorkian was tried for murder because he helped his patients to end their lives. He was convicted of second-degree murder, but nonetheless, he was just respecting his patient’s wishes. It is important for doctors to respect their patient’s wishes because if they don’t, then they are
violating that person’s rights. If a patient’s suffering is so out of control that painkillers alone are not effective, then a physician should have no problem in helping them commit suicide, or refer them to someone who will. Moreover, it is not considered murder if the patient has determined to end his or her life, and suicide is legal in the United States. Ultimately, the legalization of PAS would allow doctors to respect their patient’s wishes when it comes to death and dying issues (physician-assisted suicide, n.d.).

People acquire “patient rights” the moment they set foot into a hospital, including the right to participate in treatment decisions. It is the physician’s responsibility to ensure s/he does not violate these rights. Dr. Kevorkian was just respecting his patient’s rights and wishes and should not be labeled a “murderer” for practicing death with dignity.

*Family Pressure*

A potential problem with the legalization of PAS the article discusses is the fact that once it is legalized, patients will be pressured into utilizing it because their families are suffering from financial problems as a result of large hospital bills. However, research shows that most patients do not request means for assisted suicide until well into their last days of life. Therefore, family members would not save that much money as compared to what they have already spent if they pressured their loved one into PAS (physician-assisted suicide, n.d.).

On the other hand, if family members initiate pressure when the patient still has several months to live, as much as $20,000 could be saved. As a result, strict controls would need to be implemented to ensure that patients are not being pressured or influenced by others. For instance, in order to give the patient sufficient time to think
about their decision, these controls might require a waiting period before PAS could be utilized (physician-assisted suicide, n.d.).

Strict controls regarding the utilization of PAS is needed because terminally ill patients do receive pressure from their families. This way, the patient’s stress level would be drastically reduced and they could rest peacefully during their final days.

Disabled Peoples

Another area that would require the implementation of strict controls would be that dealing with the handicapped, the article claims. Opponents of the legalization of PAS fear that doctors will abuse it in order to rid the human race of the physically and mentally disabled. In order to prevent this, written or verbal consent from the patient would be required, and if the patient is unable to give consent, then the family would be called on to make the decision of whether or not to utilize PAS. However, some feel doctors will still find a way around these restrictions if PAS is legalized, but many also feel this will not happen. Those in favor stress the need for assisted suicide to allow people who are physically unable to commit suicide to have some assistance if they have chosen to end their life. Ultimately, legalization of PAS throughout the United States would make it more readily accessible for all (physician-assisted suicide, n.d.).

As with family pressure, it is imperative to implement strict controls when dealing with the disabled in order to prevent inappropriate use of PAS by physicians. In addition, the legalization of PAS would provide assistance to the mentally and physically disabled if they have chosen to end their life.
Conclusion

Summary and Overall Interpretation of Findings

Physician-assisted suicide has sparked debates all across the country and will always remain controversial. Everyone is entitled to their own opinion, which is generally the sole foundation for controversy. Factors contributing to the formation of an opinion pertaining to a controversial issue include religion, morals, and values in which one believes. Due to different belief systems, several viewpoints are generated. What one might see right and just, another may see wrong and unfair.

Currently, Oregon is the only state in which PAS is legal, however, PAS requests exist everywhere. Physicians must become “investigators” to try and figure out why the patient has made such a request. Uncontrollable pain is a common complaint among those who request PAS, therefore, it is important to utilize medications correctly and effectively and we have the capability to do so.

Ultimately, flexibility exists for individual states to legalize PAS and hopefully more states will follow Oregon’s lead. For the time being, physicians must utilize effective pain management measures appropriately to help ease the pain in suffering patients. Furthermore, with passage of the Pain Relief Promotion Act through the House, intensive palliative care may become the only option for the suffering.
References


