Annotated Bibliography


Balch and Waters discuss the importance of using up-to-date medications to control severe pain in suffering patients as an alternative to physician-assisted suicide (PAS). Uncontrollable pain is one of the most common complaints among those who request PAS. Therefore, it is extremely important that pharmacological as well as non-pharmacological measures are being utilized to provide optimal pain control; thus eliminating the need for assisted suicide altogether. Technological advancements mentioned by Balch and Waters include the patient controlled analgesia pump (PCA) and the 72-hour duragesic (Fentanyl) patch. The patch and pump both allow for less sleep disturbances as well as eliminating the delay in receiving pain relief. Balch and Waters believe we have the capability to successfully control pain and we need to use it effectively. They feel PAS should not be legalized, but rather the public should ensure that doctors are utilizing effective pain management methods.


Braddock and Tonelli discuss the following in the article: arguments in favor of and against PAS, whether PAS is illegal or ethical, the medical professions’, patients’, and general public’s opinion regarding PAS, and what you should do if a patient asks you for assistance in suicide and if the request persists. In addition, the article distinguishes PAS from euthanasia as well as other similar practices. More often than not, PAS and euthanasia are used interchangeably, which is incorrect. Although they are similar in nature, they have two different meanings. Euthanasia refers to the physician ending a patient’s life, for instance, by means of lethal injection. PAS occurs when the physician provides the means for death, usually with a prescription.


In chapter 19, Lo begins by effectively distinguishing active voluntary euthanasia from assisted suicide, which are often used interchangeably. He then delves into the arguments in favor of and against PAS. Arguments in favor of PAS include respect for patient autonomy and compassion for patients who are suffering. On the other hand, arguments against PAS involve: the sanctity of life, a patient’s suffering can almost always be relieved, requests for assisted suicide are not autonomous, fears of abuse, and the role of the physician. Chapter 19 also discusses the legalization of PAS in Oregon as well as the practice of PAS and active euthanasia in the U.S. In addition, the chapter contains valuable information regarding physician response to requests for PAS and active euthanasia. Physicians can respond by finding out the reason for the request, providing more intensive palliative care, and reaffirming patient control over treatment decisions.

This article discusses several arguments surrounding PAS regarding: pain and suffering, Christian beliefs, freedom of choice, family pressure, and disabled peoples. Each one of these topics forms the controversial foundation on which PAS stands. The article stresses the need to utilize painkillers more effectively, but also discusses the cost of these painkillers, often making them inaccessible to many people. As for religion, the article mentions the fact that not everyone follows the same religious path, therefore, setting the stage for argumentation. The article also stresses the importance of freedom of choice, meaning that it is ultimately up to the patient to decide life or death. Lastly, the author discusses that if PAS were to be legalized, patients would be pressured into it by their families due to financial problems as well as doctors abusing it to rid the human race of the physically and mentally disabled.


Pretzer discusses the pros and cons regarding physician-assisted suicide, PAS background history, and opposition from congress resulting in the passing of the Pain Relief Promotion Act. This act 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. In addition, the article includes Republican and Democratic representative commentary regarding the act.


This website provides background information as well as arguments in favor of and in opposition to physician-assisted suicide. Some ideas the article contains in favor of PAS include “a person should be free to choose to die when life ceases to be worth living, sometimes it is not in a patient’s interests to be kept alive, and the option of physician-assisted suicide would give patients and their families’ peace of mind.” Ideas presented in opposition to PAS include “physician-assisted suicide is not a suitable replacement for proper medical care, suicide is morally wrong and certainly should not be facilitated, and physician-assisted suicide discriminates against the disabled.”