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Physician Assisted Suicide

 “My intent was to carry out my duty as a doctor, to end their suffering. Unfortunately, that entailed, in their cases, ending of the life,” Dr. Jack Kevorkian, also known as “Dr. Death”, was a retired pathologist who assisted people with terminal illnesses to end their own lives. This is known as physician assisted suicide. It is different from euthanasia in that the doctor does not actually kill the patient; they give the patient the means to kill themselves. Kevorkian designed a machine that would allow the patient to initiate the flow of barbiturates and potassium chloride through a saline IV that he started. His medical license was revoked and he was no longer able to obtain the chemicals he has used. He then started using carbon monoxide gas in a mask that was placed on the patient. The patient had to start the flow of the gas. This was in the nineties and at the time there were no laws against assisted suicide. He eventually was convicted of murder after a tape was found of him administering a lethal injection (Darr). The explanations supporting physician assisted suicide do not provide enough evidence for this topic to be accepted into our country today.

The reason we have doctors and nurses is to help, allowing them to assist in suicide would contradict this purpose:

Perhaps the most important reason for traditional HSOs [health service organizations] to decline to assist in suicide is that the public will find it fearsome and inconsistent that providers whom they are asked to trust to help them regain and maintain their health also assist in suicide (Darr)

Allowing physicians to assist with suicide would create an uneasy feeling in the public about physicians. It would lower the trust that they are doing everything they can to help. Because of this contradiction to their purpose, many physicians do not agree with assisting with suicide.

 There are medical organizations that do not support physician assisted suicide. One such group is the American Nurses Association (ANA). Their *Code of Ethics for Nurses with Interpretive Statements* states, “…nurses may not act with the sole intent of ending a patient’s life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations” (Lachman). This belief means that nurses should not participate in assisted suicide because it is a violation of the ethical traditions of the practice. Another organization that does not support physician assisted suicide is the American Medical Association in Chicago (“The evolving policy…”)

 If there are nurses and doctors refusing to accept physician assisted suicide, there must be a legitimate reason why it should not be allowed. It was found that, “nurses who frequently care for dying patients did tend to be less supportive of euthanasia” (Lachman).These are the people who deal with patients on a daily basis that are in a terminal state. Their opinion should hold more weight in the argument because they are the ones who have devoted their lives to helping these patients.

 If physician assisted suicide was allowed by law, there would be many health service organizations denying the requests made by patients to die. “Conscience-clauses protect personal and institutional providers who refuse to provide services, such as abortion, that they find morally repugnant” (Darr). Because of the number of physicians and nurses opposed to assisting suicide, they will exercise their right to refuse the service. Lachman also states that people are not obligated to carry out acts that violate their conscience, even if it is legal.

 Allowing physician assisted suicide may result in pressuring the terminally ill to hasten their death to relieve the burden they cause. Relatives may cause them to feel guilty about the cost to continue care for them. They may choose physician assisted suicide involuntarily, because they felt they had to (Scoccia). There are also those who are terminally ill and do not wish to choose suicide. They may feel they have to defend their choice of a “natural death.” On the other hand, some patients may not want the option because they fear they will become weak and choose suicide, even if it is against their morals (Scoccia).

 There is also the argument that physician assisted suicide is the same as removing someone from life support, this is not true. Just like there is a difference in physician assisted suicide and euthanasia, there is also a difference in refusing life support. The difference in physician assisted suicide and euthanasia is who actually does the killing. If the physician is the one who gives the lethal injection, etc. it is euthanasia. In physician assisted suicide, the patient starts the flow of the chemicals, etc. The physician only gives them the means (Darr). Ending life support is not the same as these. If the person is on life support they cannot function on their own, they are in a vegetative state. If a person is requesting physician assisted suicide they are able to sustain life on their own. It may be painful and ending soon, but they are still able to function on their own. Taking someone off life support does not include giving them substances to kill them.

 A big reason people request for a physician to help them take their life is dignity. They have suffered a loss of dignity and, “prefer a quick death to a prolonged one in order to avoid such indignity” (Scoccia). But is there any dignity in killing yourself to prevent indignity? It would show more self-respect to not give up on oneself. There are numerous stories that can be found of those who had a terminal illness or other serious condition and ended up recovering. Miracles do happen; the fear of indignity does not authorize suicide.

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