

Physicians Assisted Suicide – The major arguments and the reason it should be legalized

Jiahang Zhang

International Department, Affiliated High School of South China Normal University, Guangzhou, 510000, China

Keywords: Medical, professional ethics, patients.

Abstract: As far as the medical professional codes, physicians are forbidden to assist the patients' suicide even though it is the aspiration of patients. The practices of physician assisted suicide is still controversial. Voices of the advocates focused on two main arguments, 1. Physicians Assisted Suicide is incompatible with physicians' role; 2. It was recognized as "irrational" to take suicide due to the pain that the patient was suffered from the illness. Suicide is therefore considered a "moral injunction" which is a violation of human rights. However, compared with the against opinion, Physicians Assisted Suicide is supported by the increasing number of people including patients, physicians, and the family members of the patients. Proponents of physician-assisted suicide argue that this practice is crucial and helpful to relieve the unnecessary end-of-life suffering of patients. This paper will discuss the major arguments of Physicians Assisted Suicide and illustrate the reasons for the importance of PSA legalization from social reality and morality.

1. Introduction

Physicians Assisted Suicide is a practice of providing a potentially lethal drug for a patient upon his or her request to use with the intention of ending his or her own life. Physicians Assisted Suicide is distinct from euthanasia. In euthanasia, the physician directly acts to cause death. In PAS, the physician provides the necessary medication or method, and the patient performs the act— but the intention of helping to cause that death is the same (Michael Gloth, III, M.D. 2003).

Physicians Assisted Suicide is legal under certain circumstances in some countries throughout the world including Canada, the Netherlands, Spain, parts of the United States, parts of Australia, Switzerland, New Zealand, and so on. Different terminologies are used in different countries, so it is also known as 'Voluntary assisted dying' or 'medical aid in dying. In most of these countries, patients who choose to terminate his or her life voluntarily with the assistance of a physician must meet certain criteria, such as suffering from a long-term illness or having a terminal illness.

Physicians Assisted Suicide has its proponents and its opponents. There are some major arguments, and it can be concluded as 1. Incompatible with the physician's role because a physician should save patients' lives. 2. A suicide would cause grief to patients' family members 3. Patients might be upset or irritated when making decisions and such an impetuous decision cannot be taken seriously. 4. This is against some regions. To every argument, there is a counterargument.

2. The reason it has been criticized.

One argument in opposition to PAS is that PAS is an infringement of the Hippocratic Oath, which the oath is taken by physicians historically.

'I will not hurt my fellow or put a knife to his flesh if I don't know how, or give him an herb to soothe his pain, even if he begs for it in anguish if it might take away his breath.' (Hippocrates' Oath translated by Amelia Arenas)

The original oath has been modified many times and it is not required by most modern medical schools. However, some physicians still remind that physician's obligation is 'do not harm', and this

is in contradiction with PAS. Also, physicians always want to do everything to save patients' lives and PAS is 'fundamentally incompatible with the physician's role as healer' (Lagay, 2003).

Another argument is that people believed unnatural death, such as suicide, can cause severe grief reactions in family members. As PAS is also considered an unnatural death, it has been suggested that PAS may induce traumatic grief.

Also, a driving force of patients seeking PAS seems to be the loss of personal autonomy. They may feel unable to ease physical, emotional, or mental suffering. Thus, some people believed depression or suffering may cloud patients' judgment or the patients may not be adequately managed when the patients request PAS.

Furthermore, death is one of the most important things which religions deal with. PAS is disapproved by most religions and prohibited by some religions. Most religions state that those vulnerable people with illness or disabilities should have special care and protection, and quality end-of-life care is much better than seeking PAS.

3. The reason it was advocated to be legalized

In fact, the Hippocratic Oath should be interpreted and modified as necessary according to an individual patient's need. The original Hippocratic Oath also states that 'I will not give a woman a pessary to cause an abortion.' (Hippocrates' Oath Translated by Michael North, 2002) However, in some modern versions of the oath, there is no prohibition against abortion or giving "lethal medicine and there is no promise by the physician to "do no harm" as in the original Hippocratic Oath.

PAS could also reduce the pain and grieving of patients. Terminal diseases can cause a lot of physical pain as death nears and it can also turn into fear when the patient acknowledged that the death is just around the corner. For many people facing the end of their lives due to terminal illness, the grief evolves into depression and fear. So far, researchers at Baylor University Medical Center Trusted Source believed it affects up to 77 percent of people with a terminal illness (Cirino, 2018). Depression or fear is considered a normal reaction to their situation. However, depression or fear can result in an even more painful experience to a person with terminal illness than they feel from their actual illness. So, having the choice of PAS can relieve the patient from both physical and mental suffering.

Physicians Assisted Suicide can help to reduce the patient's suffering as well as the pain their family and friends feel when they see their loved one's suffering. This is because having PAS can end the patients' painful late period, relieve families' mental pressure from seeing patients suffering from illness and offer them a quick painless end. Also, the grief experienced by family members in other unnatural death or illnesses differs from grief after PAS. This is mainly because having the opportunity to say goodbye and the thought that the dying family member avoided prolonged suffering eased the grief. Therefore, being able to choose PAS can save not only the patient but also family members a great deal of pain.

The thought of 'depression or suffering may cloud patients' judgment' is unrealistic. People, especially patients with a terminal illness, in this case, should have autonomy which is basically the right to self-govern. The patient's autonomy always should be respected, even if it is opposite to the physician's normal obligation. It's crucial because patients should have the right to choose their own way of ending. In other words, if the patient decides to inject themselves with lethal drugs, it's his choice and we should respect that. By choosing their own way of ending, they are at least able to pass away with dignity. Dying with dignity provides them a way to increase their sense of control at the end of their lives and is important for them. PAS allows them to enjoy the remaining time. Instead of spending their remaining time in hospital, they can choose when and where to spend their last days. If the patients acknowledge that they have a way out when they can no longer manage the physical pain from illness, they can finally be relieved from emotional or mental suffering.

Furthermore, disapproval of someone from dying is also considered a violation of many peoples' religious freedom. For example, Methodists accept the freedom of individuals of choosing the way and the timing of death. Jains believe the soul cannot be destroyed from death and it will transition to a new body. There are lots of different faith traditions and many people with no religion also exist in

this world. Thus, people against physician-assisted dying just because of their own religion can be considered selfish. They can prohibit those people with the same religion to seek PAS, but they have no right to prohibit other people in the world from doing anything. It is like denying the patient from knowing their beliefs about the afterlife according to their religion. Since what happens to one after they die is unknown, patients should have the right to determine what they want to believe in.

Additionally, Legalizing PAS can reduce medical costs for patients' families. Medical costs for keeping those with terminal illnesses alive are extremely expensive. There is a widespread perception that some countries spend an excessive amount on high-technology health care for dying patients and the expenditures increase exponentially as death approaches. (Emanuel & Battin, 1998) To many people, reducing the use of expensive technological interventions at the end of life is very necessary and desirable. According to the investigation of Dr. Elliot Fisher from Dartmouth's, a patient with advanced breast cancer will need to pay \$55,000 to receive a chemotherapy drug called Avastin, even though this drug can only extend life on an average of a month and a half. A 93-year-old man with terminal cancer will need to pay \$40,000 to get a surgically implanted defibrillator if he happens to have heart problems. A study by Emanuel and Battin states that if a patient with long-term illness chooses to have that euthanasia or Physicians Assisted Death, this individual's family could save up to \$20,000. (Emanuel & Battin, 1998). This leaves it really difficult for families aside from the rich minority to be able to pay for all the medical bills. The most disastrous thing is that all this money spent can only extend the life of the patients but cannot truly cure them, and this also extends the pain that patients experience in the final months. Being able to have the choice of PAS can solve this problem. This way, when the patients with terminal illness choose PAS, they can not only save some money which can be used to support their family but also remove the feeling of guilt when the patient knowing that at least he had managed to take away some of the burden of their families at the end.

Currently, there are a few regions in the world that have legalized this action such as Netherland and Oregon, and some are going to be legalized. For example, assisted suicide will be lawful from 1 January 2022 in Austria. From the perspectives of the patients and their families, who are the most vulnerable and unfortunate ones, PAS should be legalized and provided to them.

4. Case Study

In 2014, a young Californian called Brittany Maynard was diagnosed with a brain tumor when she only married for a year. She has been told that her brain tumor was one of the most lethal types and she only has 6 months left. Maynard decided that instead of suffering from the side effects cancer would bring, she wanted to choose when she would die. However, the state she resided in, California, did not allow terminally ill patients to seek a PAS. So, she decided to relocate to Oregon with her family's help and planned to use Oregon Death with Dignity Act to have a peaceful death. During this time, she posted her story on a social website and got lots of views. She also wants to do her best to make the Death with Dignity Act lawful in California and became a spokesperson for this legalization. In her last months, she traveled to many places with her family. After her husband's birthday, she ended her life surrounded by her loved ones.

Maynard wrote in her final online post: "Goodbye to all my dear friends and family that I love. Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer that has taken so much from me ... but would have taken so much more." (Hartmann, 2014)

Her well-publicized death in 2014 under the regulations of Oregon has influenced her home state, California, to make PAS lawful in 2015. She also motivated her family to continue to share her story with the public which still played a key role in getting the Death with Dignity Act passed in other states.

Charlie aged 87 and Francie Emerick aged 88 are a couple from Oregon. They have been married for 66 years and both have terminal illnesses. On the last morning of their lives, they held their hands and died together on their bed after taking PAS. They allowed their daughter, and her husband documents their conversations and preparations before taking lethal medication obtained under the

state's Death with Dignity Act because they decided to have their life in the last days edited into a film that can be shared with the public. They had no regrets because it meant so much for them to be together even when they died. In the video Francie says:

“We have a faith that says life is not to be worshipped. It’s the quality of life that counts.” (Jonel & Kaiser, 2018).

5. Conclusion

Legalized PAS doesn't mean using it unconditionally. Human rights and autonomy should be respected, but religion and the opinion of their relatives should also be respected. In order to solve this issue, it is recommended that the legal system and professional service provider establish a close relationship with patients. So that the patients can communicate to physicians immediately when they have the thought of seeking PAS. Physicians, as professional services providers, should always pay attention to their social identity and legal responsibilities. Physicians do not have to approve every patient’s application on PAS because in some cases, the patient does not need to commit suicide to get relief. It is strongly recommended that the government can promulgate relevant regulations to avoid the potential risks. Each application should be reviewed individually depending on various factors and the procedure should be supervised by an approved legal system.

Ultimately, society has the obligation to help those people who struggled with a terminal illness. Physicians Assisted Suicide here seems to be an ideal option for them. It is always better for individuals to have choices. People, especially those who are experiencing unbearable suffering or terminal illness, should have the right to make decisions regarding how to end their own lives. When facing death, financial pressure, and a sense of self-denial as a burden, patients are the most desperate. So, help them, render our humanistic care to them.

References

- [1] ALECCIA, J., (2018). This Couple Died By Assisted Suicide Together. [online] Time. Available at: <<https://time.com/5179977/assisted-suicide-couple-death/>> [Accessed 7 December 2021].
- [2] Arenas, A. (2010). Hippocrates’ Oath | Arion. [online] Available at: <<https://www.bu.edu/arion/hippocrates-oath/>> [Accessed 7 December 2021].
- [3] Cirino, E., (2018). Depression in the Face of a Terminal Illness and Death. [online] Healthline. Available at: <<https://www.healthline.com/health/depression/terminal-illness>> [Accessed 7 December 2021].
- [4] Emanuel, E. and Battin, M., (1998). What Are the Potential Cost Savings from Legalizing Physician-Assisted Suicide? *New England Journal of Medicine*, 339(3), pp.167-172.
- [5] F, M., (2003). Physician-assisted Suicide: The Wrong Approach to End of Life Care Glenth RLP 2003 | USCCB. [online] Usccb.org. Available at: <<https://www.usccb.org/committees/pro-life-activities/physician-assisted-suicide-wrong-approach-end-life-care-gloth-rlp>> [Accessed 7 December 2021].
- [6] Hartmann, M., (2014). Brittany Maynard, ‘Death With Dignity’ Advocate, Ends Her Life. [online] *Intelligencer*. Available at: <<https://nymag.com/intelligencer/2014/11/death-with-dignity-backer-brittany-maynard-dies.html>> [Accessed 7 December 2021].
- [7] Lagay, F., (2003). Physician-Assisted Suicide: The Law and Professional Ethics. *AMA Journal of Ethics*, 5(1).
- [8] North, M. (2002). Greek Medicine - The Hippocratic Oath. [online] Available at: <https://www.nlm.nih.gov/hmd/greek/greek_oath.html> [Accessed 7 December 2021].

- [9] Quill, T. E., Meier, D. E., Block, S. D., & Billings, J. A. (1998). The debate over physician-assisted suicide: empirical data and convergent views. *Annals of Internal Medicine*, 128(7), 552-558.
- [10] Snyder, L., & Sulmasy, D. P. (2001). Physician-assisted suicide. *Annals of Internal Medicine*, 135(3), 209-216.
- [11] Wittwer, H. (2013). The problem of the possible rationality of suicide and the ethics of physician-assisted suicide. *International journal of law and psychiatry*, 36(5-6), 419-426.