
A Controversy Over The Issue Of Physician Assisted Suicide

In the discussion about euthanasia and assisted suicide, we must begin by agreeing on what we understand when we talk about these actions and what relationship they have with other decisions about the end of life that also occur in the context of medical care. Euthanasia is the action performed by a doctor to cause the death of a patient, without pain, and at their request. Physician assisted suicide is when a physician participates in aiding a competent patient in ending their life using a lethal medical prescription. In the analysis of a complex issue such as euthanasia and physician assisted suicide, perspectives change depending on the point of view of each individual. However, it should be clarified that in many aspects it can only lead to two positions of either in favor, or against it. This raises many ethical questions, however, there are reasons to support euthanasia or physician assisted suicide as well as reasons not to.

Euthanasia can be classified into two different procedural types, passive or active, which also includes the perspective on whether its application is correct or not. Passive euthanasia is allowing the patient to die as in the means of withdrawing or withholding them from treatment. Active euthanasia is when a physician intentionally causes the patients' death, usually through lethal medication. Since ancient times, medicine has been governed by moral principles, setting the tone between what is right and what is wrong, thus becoming the basis for the development of professional duties. The issue of euthanasia is of great complexity, and since many viewpoints are becoming more and more liberal, nonconformity is shaping how the rules have been governed in such controversial cases. When presented with an individual with constant suffering that will be permanent until their last days of life, many believe it is right to wait for an end that is unmatched. This is why euthanasia has been classified from different points of view, which has brought controversy to the bioethical discussion of health professionals and even the patient's own family. In my opinion, euthanasia and physician assisted suicide can be ethical, moral and justifiable because everyone has the right to autonomy and consent.

For some, euthanasia is seen as murder or suicide by the doctor or of the patient, for others it is the grace to cease the suffering of the person. However, both views have in common the end of a life, either directly or indirectly. One argument to support euthanasia and physician assisted suicide involves the suffering the patient endures. Suffering can be defined as the state of undergoing physical, mental or emotional pain and distress. In favor of euthanasia, one may argue that in some situations, living is worse than dying. This is justified by the suffering and pain caused by a terminal illness that can make life so agonizing or difficult to carry, that death becomes a humanitarian act and is considered rational for the doctor to help suicide as a way to

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die with dignity. For a terminally ill patient, suffering can go beyond pain as a result of the conditions they are in and make life unbearable. For example, the loss of movement and activity, the complete loss of freedom associated with dependence on others, physical discomfort such as nausea, vomiting or dyspnea, the inability to work or talk, fear of dying, incontinence, weakness, loss of personal identity, dementia, life loses all quality and meaning, so death is preferable. In the book *wild and precious life*, Deborah Ziegler talks about her daughter Brittany Maynard, 29 who developed brain cancer in 2014. After her initial diagnosis, Brittany underwent a partial craniotomy and a partial resection of her temporal lobe in attempt to stop the growth of the tumor. However, the tumor soon came back even more aggressive. After months of research and doctors struggling to find successful treatments, Brittany came across the option of assisted suicide to die with dignity. She knew the brain cancer was going to kill her, but she refused to let it control when it would kill her. Brittany argued, "Who has the right to tell me that I don't deserve this choice? That I deserve to suffer for weeks or months in tremendous amounts of physical and emotional pain? Why should anyone have the right to make that choice for me?". Brittany was not prepared to live with the side effects she would endure so assisted suicide was her only option to enjoy the little time she had and also control her time. Having the prescription in her possession created a tremendous sense of relief. She argued that even if she decided to change her mind about taking the medication, it was ultimately in her control to take it and end her life. Having this choice at the end of one's life is significant because it leaves control, assurance and resolution. In addition, it brings tranquility during a difficult time that is usually overpowered by fear, uncertainty and pain. Ultimately, it makes us think if relieving suffering should be our highest priority.

When exploring the idea of autonomy, the question of ownership over your life arises. This controversy is another reason to support physician assisted suicide. A human being must not only have the right to life but must have an equal right to death. That is, each person must have the right to self-determination, making the choice between living or dying. Preventing a patient from ending their life would make physicians and health care providers imperious. If that is an individual's way to achieve peace and happiness, then it is their own right that cannot be refused. Patients should have complete freedom and control over their body and life. Each patient views and values life differently, so the prominence of the principle of autonomy has to be emphasized and respected. Furthermore, justice must be taken into consideration as well. Responsibility of beneficence or to act in the patient's best interest lies with the health care provider. It is their duty to alleviate and prevent harm and also provide palliative care. Besides physically caring for their patients, physicians must support the decisions the patient makes, including rejection of life sustaining treatment. The physician must respect the patient's decision, as well as their ethical and moral values. It is the act of compassion that fulfills a physician's obligations and avoids negligence.

In contrast, those against physician assisted suicide believe physicians shouldn't have a role or

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the authority to participate in ending a person's life intentionally. Although autonomy is to be respected, physicians must also equalize it with other ethical propositions. Along with practicing beneficence and non-maleficence, physicians should also play a role as a healer. However, practicing physician assisted suicide can lead to involuntary ending of lives, with the outcome of legalizing euthanasia for everyone whether for any reason or no reason. The Netherlands is an example of this. Euthanasia was made legal in the Netherlands in 2001, followed by the authority to euthanize children in 2004. In the article, now they want to euthanize children, Wesley Smith states "In the Netherlands, Groningen University Hospital has decided its doctors will euthanize children under the age of 12, if doctors believe their suffering is intolerable or if they have an incurable illness". In 2011, a protocol was developed by the Dutch Physicians Association which physicians followed to rule who should die. These guidelines stated, "a combination of social factors and diseases and ailments that are not terminal may also qualify as unbearable and lasting suffering under the Euthanasia Act". They further argued that these social factors included struggles financially and a lack of social skills. Basically, anyone with poor social skills, who is lonely and has non-life threatening health problems can request to be euthanized. This raises many ethical problems and concerns.

Legalizing euthanasia can affect the weak and vulnerable by allowing them to think this is their easiest way out. Moreover, it misrepresents the doctor-patient relationship because it reduces the trust that patients have within doctors and their oath to the life of their patients. The Hippocratic Oath is an oath that is taken by physicians to treat their sick patients best to their ability, preserve their privacy and keep them from harm. The oath also states not to administer lethal medicine if asked, which ultimately contradicts with the moral obligation of assisted suicide. Some believe that assisted suicide devalues life and paints the image of life not being worth it for others. Although the effect on others seems insignificant and small, the more it occurs the greater the effect with grow. Others also believe suffering can be alleviated without injuring the patient. Leon Kass once said, "The deepest ethical principle restraining the physician's power is not the autonomy or freedom of the patient... Rather, it is the dignity and mysterious power of human life itself and therefore, also what the Oath calls the purity and holiness of life and art to which he has sworn devotion".

Although physician assisted suicide is becoming more common in medicine today, there is evidence to support positions in favor as well as against it. Both positions have valid arguments, giving the topics more substance as time elapses. The most important factor, however, is respecting the oath of medical professions while also respecting a patient's autonomy, which can contradict each other. Physician assisted suicide goes completely against the oath, which is why it is still very controversial and raises many ethical questions.

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