Is Physician-Assisted Suicide Morally Acceptable When a Person Is Suffering From a Painful, Incurable, Terminal Condition?

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**Introduction**

The paper will address the arguments for doctor-assisted suicide. Physician-assisted deaths are the voluntary termination of a person’s life by using lethal substance directly or indirectly by a doctor. There are strong arguments on the subject from both sides. Proponents of the practice believe that it should be allowed in circumstances of suffering and pain to facilitate a death of dignity. On the other hand, others argue that it should not be allowed since it can be subject to abuse by physicians, and it is also unethical.

**Argument**

An article by Ira Byock, in the New York Times, argues that Doctor-Assisted suicide is unethical and dangerous. The professor of medicine at Dartmouth’s Geisel school of medicine states that although the support of physician-assisted suicide is on the rise, the old dictum that physicians should not kill patients should prevail (Byock, 2015). It further says that doctors lack the moral authority to use the practice, especially since they may abuse it since most patients in such situations lack the cognitive abilities to engage in favorable decisions.

The newspaper article states that principles are fundamental, especially when support for Physician-assisted suicide is on the rise. Prohibitions that exist in medical practice are meant to protect patients and the public from specialized knowledge and skills wielded by doctors. Doctors principle on saving lives should triumph as legalizing assisted suicide is not a solution and morally upright.

The main argument from the article is that accepting or legalizing assisted suicide goes against the principle of saving lives which has always defined the way doctors care for patients. The author asserts that when doctor-induced death becomes recognized as a way of handling suffering, logical extensions grease the slippery slope. Doctors may make judgements and end a life of misery suffered by patients out of compassion if the law on assisted suicide is allowed, thereby going against their principles designed to go against social upheavals for any profession. It is vital to protect patients who are acutely ill, old, frail, or with prolonged standing disabilities from such practices.

Byock uses several examples to show the impact of assisted suicides. He gives a scenario in Holland where more than forty people sought the practice for reasons such as depressions and mental illness. The situation had blown out of proportion to a point where even pioneer psychiatrist of the program became worried. In another case, a 47-year-old mother of two was allowed to end her life after battling tinnitus for a long time. Also, deaf twins aged 45years were euthanized to avoid losing their sight in Belgium (Byock, 2015). Proponents of assisted suicide argue that excesses witnessed in other places cannot happen in the United States. That argument is baseless considering it happened in Holland and Belgium who have sophisticated universal health care. Besides in the US, doctors are mostly inadequately trained in basic palliative expertise, the healthcare system is driven by profitability, and nursing homes are understaffed hence the situation is worse off as individuals feel undignified, unwanted and uncomfortable. The author also reasons that the situation can be compared to the case of advanced cancer, neurological disorders, and heart diseases in Washington, Oregon, and Montana where persons can qualify for assisted suicide but not for Medicaid and Medicare since they are deemed to be healthy or require treatment for their terminal illnesses. Base on the arguments from the article, it is observed that assisted suicide goes against the moral standings of doctors.

**Argument on the Other Side of the Issue**

An article on the CNN website argues that physician-assisted death is necessary for some aspects, especially in terminal illness. It argues that instead of subjecting patients to a life of suffering, there should be serious considerations for the option. The article was written from a doctor’s point of view and is from one of the most trusted news outlets in the world. The author of the CNN Article argues that at a certain point, the suffering of ongoing treatment does not constitute a life worth living (klitzman, 2018). Klitzman disputes the term physician-assisted suicide since it carries a negative connotation and explains the logic behind the term. The main argument by Robert Klitzman is that at some point in life may not be worth the immeasurable suffering of an unalterable disease hence the need for physicians aid-in-dying. The practice has only been legalized in six states and the District of Columbia; it is limited to individuals with a terminal illness who have a few months to live. Instead of them experiencing pain and distress in the remaining days, they can consider that option. Critics of this practice are afraid doctors may misuse it although there is no evidence of such concerns from parts where the practice has been legalized.

The research supports the argument using an example of his father, who was suffering from a terminal illness and an Australian scientist who was 104 years. His father had developed Leukemia and was undergoing aggressive chemotherapy and suffered intense side effects that made him distraught. He had been through a lot in life but always remained strong, but the medical procedures were too much to bear, but doctors continued to keep him alive. Despite the unrelenting efforts of the medic he still died a while later. The other example involved David Goodall, who was old and had deteriorating health to a level that he could no longer enjoy the life he did involving theatre performance. The scientist preferred to die as a result and wanted his decision to promote legalization of Physician-assisted death globally.

According to Robert Klitzman, those who oppose this practice are the one who refers to it as physician-assisted suicide. The negative connotation suggests that those with terminal illness are on the verge of giving up and cannot stand their condition (klitzman, 2018). It depicts that those affected want to live, but upon the realization that death is larking, they prefer to avoid the unnecessary struggles and to instead die with dignity. It is rational to assume that some suffering could be so terrible hence the preference on death. The author convincingly gave personal and known accounts of events that demand such practices due to the nature of the suffering encountered by victims. He has somewhat dismissed the underlying basis of saving lives and opted for an objective approach in discussing the matter.

**Conclusion**

There are two compelling arguments on Physician-assisted suicide or physicians-aided –in-dying as termed by others. Those in support of this practice believe that it is better to die than suffer due to a terminal illness. On the contrary, others are against the idea of allowing doctors to assist patients with their death as it has been abused and used unnecessarily by doctors. The two sides provide reasonable points of view on the sensitive subject matter that is had to dismiss. Nonetheless, terminal or incurable diseases subject to individuals to untold suffering. They are only prudent to allow them the choice of the practice with all factors put into considerations, including cognitive abilities and also doctors should maintain their long standing principle of saving the lives of their patients.

References

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