Caroline Schiavo Revised First Essay: Question 2
I pledge that I have neither received nor given unauthorized assistance during the completion of this work. CES

This paper will argue that physician-assisted suicide (PAS), the practice whereby a physician provides the means for a patient to take his or her own, should be legalized as an option to die. First, I will argue that individuals who possess the mental acumen to make a self-determination decision and who are terminally ill should be allowed to receive PAS. Physicians should be able to exert lawful rights to perform PAS. Next, I will argue that PAS should also be made available to patients when there is no quality of life sustaining treatment, cure, or when there is chronic physical or mental pain. In addition, I will argue that patients want to die in the manner that they want people to remember them by. Patients want to preserve their dignity and integrity as independent, self-sufficient human beings, not die a slow death, even when they are not terminally-ill. I will also argue that legislation for PAS would facilitate choice to patients' documented wishes by treating the whole person, allowing individuals to execute orders to die with dignity. Furthermore, I will consider the counter-argument that traditional physicians are reluctant to perform PAS due to serious concerns about a tarnished reputation. I will also respond to the objection that PAS places physicians in a burdensome position with possible consequences in being labeled as killers, not healers. PAS should be legalized as an option for patients that are mentally competent, terminally ill, suffer from unbearable pain and are not terminally ill, and want to die while keeping their self-respect intact.

My view is that if an individual is deemed mentally competent to make a consent decision about their death and is terminally ill, then PAS should be legalized. I believe if a mentally able patient wishes to die and there is medical evidence that death is imminent, then there should be legislation that respects that patient's wish to die. To order PAS, I recognize a physician should be granted the right to prescribe and administer drugs to these patients under law. Furthermore, I trust that patients will be properly evaluated for competency to ensure that

they do not make a mistaken request to die, when they could be better off living, as referred to by Velleman (1992, 5). I claim that PAS needs to be viewed as a patient benefit. In addition, the patient-physician relationship is progressively evolving to treat the whole person's medical, emotional, and social well-being. I believe that if this relationship is one of trust, then a terminally ill patient will confide in their primary physician and turn to that physician to ask for assistance in ending his or her life. "There has been an increase in sensitivity to the desires of dying patients on the part of doctors," as noted by Wanzer (1989, 844). Therefore, this genuine relationship needs to be respected and taken seriously. In *Compassion in Dying v. Washington,* Justice Reinhardt "held that competent, terminally ill patients have a powerful liberty interest, … to enlist in the aid of their physician in hastening death via prescriptions or lethal drugs" (Arras 1997, 366). Additionally, "The results of one public-opinion poll indicated that 68 percent of the respondents believed that people dying of an incurable painful disease should be allowed to end their lives before the disease runs its course" (Wanzer 1989, 844). I believe that PAS should be available to physicians and healthcare providers as they have an obligation to the competent patient, that is terminally ill, to establish a setting of comfort and support, in life and in death.

I further believe that if an individual is not terminally ill but has a chronic mental or physical illness and is suffering debilitating pain, then laws should allow PAS. I cannot help but to think that if an individual has recurring daily suffering and pain and efforts to relieve pain are exhausted, why would they want live? To ease chronic suffering, often narcotics are prescribed in high dosages that leave a patient with diminished coherence, especially in a nursing home or hospice setting. I understand that patient quality of life is compromised and in prolonging death, suffering and pain continues. Why withhold options to make patients agents of their own life to seek PAS, if they are really not experiencing life to the fullest? In determining unbearable pain,

"who is to say, other than the patient … how much suffering is too much?" (Arras 1997, 369). Evaluating a patient's pain for the non-terminally ill is difficult, as it is highly subjective and based on autonomy. If one's "life is no longer worth living, why should a terminally ill … patient be granted PAS, but not [one whose] suffering is due to a non-terminal illness, [like] Arterio Lateral Sclerosis (ALS) [or another] intractable … [disorder]?" (Arras 1997, 369). Individuals with chronic suffering of a non-terminal illness should have the same PAS option to terminate their life, as those with a terminal illness.

I recognize that there are concerns regarding legislation supporting PAS and possible abuses, especially in non-terminal illnesses. However, I assert that from a humanitarian standpoint, PAS should be an option to individuals with severe illnesses, who often have feelings of worthlessness, diminished dignity and integrity, and limited control over their end-of-life decisions. I believe these humanitarian concerns outweigh possible abuses and patients should have the right to self-determination in choosing PAS. The option of PAS is humane and in the best interest of patients; but boundaries need to be established by policymakers to prevent misuse of PAS. In my readings by Eric Cassell from my Health and Caring Professions class, I recall his viewpoint that physicians often fail to fully understand human suffering as they are trained as diagnosticians relying on laboratory reports and medical data to heal patients. In doing so, they fail to recognize that in addressing only the medical intervention of patients, they are perpetuating suffering. As important, "the loss of integrity is the hallmark of suffering" (Wijsbeck 2012, 7). In the case of Diane in "Sounding Board," where she was diagnosed with leukemia, she refused treatment as "it was extraordinarily important to Diane to maintain her own dignity during the time remaining to her" (Quill 1991, 693). The physician provided sleeping pills allowing Diane to self-administer a dose to commit suicide. As important, the

physician realized the importance of understanding her wishes to die peacefully under her own terms, while she maintained her dignity and control. Another example is my maternal grandmother of 91 that lives with my family. Her living space is compared to a luxurious one-bedroom apartment. She has recurring daily physical pain, but she is mentally acute, has a large social circle, is independent, and is able to care of herself, with minor assistance from my family. Her dignity and integrity are intact as she has control over her life, making decisions. If she was unable to handle her life with meaning and dignity, I personally would have a difficult time letting her die. However, from a humanitarian perspective, I would fully support her self-determination option to enact PAS as I know she would not want to live without her full faculties.

According to Death with Dignity, "six states have approved PAS" legislation with progress made throughout the country ("Toward the Tipping Point"). Do we really want a country where a dying person is seeking PAS going from state to state? However, to speculate or hope that PAS will be nationally legalized and adopted anytime soon would be foolish as disparate opinions are upheld. Physicians increasingly understand medical aid is necessary to assist with a growing geriatric population that wants to ease suffering, rather than prolonging it. Many physicians already surreptitiously perform PAS. So, if PAS becomes law, how is it different than a prescription for a morning after pill, whereby a patient can be referred to another pharmacy if moral or ethical issues obstruct PAS orders? I favor PAS when patients are concerned about suffering an agonizing and painful death and legislation providing for a protected mechanism to exercise an option for PAS. I sense that circumstances regarding PAS are highly debatable and that some oppose it, as it is incompatible with a physician's role to be a healer. This controversy could raise serious moral and ethical risks about killing versus healing.

So, to what extent is society willing to accept the burden of human prolonged suffering of a patient that wants to die? Is that cruel? In the end, I believe losing one's dignity and independence can be more harmful, than a peaceful death that can be planned with loved ones by one's side, with PAS as an option.

In contrast, it is known that physicians are trained to save lives, not kill. But in doing so, they unknowingly perpetuate suffering as they are often emotionally detached from their patients and view their patients' life only from a clinical perspective. Physicians also feel that they are harshly judged by society if they engage in PAS, due to their oath to do no harm. I believe that the reputation of physicians would not be disgraced by PAS, but rewarded and justified, as they would put an end to prolonged suffering. Physicians need a law to extend their actions to provide PAS to eliminate suffering. "Even according to the traditional ethic of the medical profession, physicians have a solemn duty not merely to extend life whenever possible [and] … a doctor's lethal injection can be and often is, welcomed as a blessed relief" (Arras 1997, 366). Another example is from Wijsbek, who informs readers that Mrs. Boomsma, in the Netherlands lost two sons. They were her pride and joy and her only reason to live. Her sons were "the sole source of meaning in her life [which] had disappeared [and] she could not go on" (Wijsbek 2012, 7). I believe that patients like Mrs. Boomsma, who is mentally competent, should have the option of PAS as her suffering was insurmountable. She should have the autonomy to make her own decision regarding her life and death. I ascertain that in providing PAS as an option for patients with intolerable pain, a physician needs to take into consideration the whole person to relieve patient suffering and put them out of their misery. I uphold that suffering affects the mind and the body. I strongly believe that training and professional development of physicians is necessary to address their behavior and actions about patients dying with dignity. Relief from an

"intolerably degrading existence might constitute both a positive good and an important exercise of personal autonomy for the individual, … as a courageous physician [can] release [patients] from their misery" (Arras 1997, 368). I believe it is understandable that until legislation is widespread, avoidance of implementing PAS will continue to haunt physicians to prevent legal repercussions. Physicians take a solemn pledge to heal and not to harm. But they are also charged to prevent suffering. Physicians need laws to extend PAS to patients as an option to die, thereby alleviating suffering and preserving the integrity of the medical profession so they are not labeled as killers, but healers, providing compassionate patient care.

My foregoing arguments support the legalization of PAS with the option for patients to end their life. The physician-patient relationship is an established bond of trust, which is essential to supporting the whole patient, not just the illness. Physicians need to alleviate patient suffering and should be provided with a policy for PAS as an option for a patient's right to die. When a patient is terminally ill, and the patient is mentally competent, it is a patient's liberty to request PAS to end suffering. When a non-terminally ill patient is undergoing chronic suffering, impeding daily life, then that patient should be given the same PAS option as that of the terminally ill patient. Patients want to die with dignity and want their loved ones to remember them when they were well; it is humane to allow someone with unbearable suffering to die according to their own free will. Legislators need to clearly define PAS options to remove physician legal barriers to provide patients with the option of dying, when it would be more beneficial than prolonged suffering.

Outside References

"Toward the Tipping Point: Death with Dignity in 2018." *Death with Dignity*, 17 Jan. 2018, https://www.deathwithdignity.org/news/2018/01/death-with-dignity-in-2018/.

Wanzer, S. H., Federman, D. D., Adelstein, S. J., Cassel, C. K., Cassem, E. H., Cranford, R. E., … Eys, J. van. (1989). The Physician's Responsibility toward Hopelessly Ill Patients. *New England Journal of Medicine*, *320*(13), 844–849. https://doi.org/10.1056/NEJM198903303201306