Euthanasia and Physician aid-in-dying

Krystal Pimentel

The University of Texas at El Paso

Abstract

Euthanasia and physician aid-in-dying are issues and controversies that have been going around for more than ten years. In this case doctors, religion and the rights of the patients are all gathered in order to develop organizations, laws, and solutions to the controversy of “is this the right choice.” This literature review provides information about both euthanasia and physician aid in dying. It recognizes organizations that are for and against the right of this issue. It also provides real life issues that include the conflicting ethical, moral and religious ideas that people have today. Lastly it will conclude on the reason why euthanasia has been an important topic in the past and why it is still one today.

Euthanasia and Physician aid-in-dying

Euthanasia is taking away someone’s life with the consent of the patient and family members. It is used when a patient is terminally ill or is stuck in an irreversible coma. In other cases there is Physician aid-in-dying or (PAD), which also consists in ending a person’s life but it is the patient themselves who do it. The issue at hand is considered not only in the United States but in many other countries as well, that there is conflict when euthanasia wants to be used on a defective new born or with a terminally ill patient. It is also in conflict with the ethics, morals and religions of both patients and doctors. People support it, oppose it, or they just do not care, but the issue is present and a lot of people think it should not be ignored. In order to create an unbiased report from this conflict, there are four important questions that need to be considered:

1. Euthanasia: who administers it, what is the reason, and how is the drug administered?
2. What are some of the ethical, moral and religious arguments that stay upon euthanasia?
3. What are the effects of euthanasia in today’s society?

The following perspectives will provide the reader on information about considering who administers it, why and when does euthanasia become a valid practice to enforce, the euthanasia treatment of defective newborns, on the moral views, ethics and religious values that people stand with respect to this issue, and on Physician aid in dying policies today.

**Euthanasia: who administers it, what is the reason,**

**and how is the drug administered?**

Euthanasia is illegal in all 50 states, but that does not mean it does not exist in other places like Canada or in the Netherlands. If euthanasia is administered, physicians, doctors would do it or any willing medical licensed person who is willing to put their license on the line, since euthanasia is not legal. In the case of Physician aid-in-dying or (PAD) the Physician gives the patient the medication and they must administer it to themselves if they want to die. Data that has been gathered over time, showing that “unlike the American public, physicians distinguish between euthanasia and PAD. They are much more likely to support providing PAD than euthanasia” (Emanuel, 2002). The controversies with physicians is that every year they are given surveys in order to control the cases of people who want to legalize assisted suicide in order to use it on themselves. As stated in JAMA Internal Medicine “Surveys of physicians' attitudes have evaluated 3 issues that have not usually been clearly distinguished: belief that euthanasia or PAS is ethically justifiable, support for legalization of either intervention, or willingness to perform either intervention” (Emanuel, 2002). With no justifications on these issues, physicians and lawmakers are unwilling and confused in trying to do something about the problem until they ask survey questions that are unbiased and legitimate. In other words in the United States, only in certain states can the patient administer the drug unto themselves.

There are various reasons for why people, patients specially would like to end their lives. The fact that some patients are mentally ill, terminally ill, or in an irreversible coma makes it hard for them to think that there is any more reason to stay alive. There is no scientific explanation why patients would rather use euthanasia than hope that there will be a cure for their disease. The issue in question here is whether it should be called suicide or the patient’s right to die? As Germain Grisez states “the route of the legalization of euthanasia is most easily perceived when one realizes that voluntary euthanasia is akin to assisted suicide” (Horan & Mall, 1980). This means that some people will consider it suicide instead of a way to free them from the pain that they are living through. Euthanasia can be used if the patient is going to die in a short term or if they are in severe pain so that they must be on pain medication all the time. It is not only is the pain that will tempt a patient to make this radical decision. Sometimes medical bills and financial problems will lead them to this decision in order to not cause further burden on their families. In an article that valued patients opinions it stated that “pain was cited as a major reason for requesting euthanasia; other influences included functional impairment, dependency, burden, social isolation, depression, hopelessness, and issues of control and autonomy” (Mak 2003). In other terms, patients noticed that if they kept on living they would see more negative effects rather than positive results, which resulted in ending their own lives.

There are other reasons regarding why euthanasia be considered, in some occasions the use of euthanasia is inevitable, as well as the use of assisted suicide. In an example, many families that have longed for a child and they have been told that their child would be born with disabilities. With parents ignoring the warning signs the child is born not only with physical disabilities but also issues with breathing and malfunctioning organs. The decision of the parents is to either raise their child in a way that they must protect it and they must make sure that the child is taking medication for the rest of his life, or they would administer mercy killing so that their child won’t have to suffer all of their life. The controversy is that are they making the right decision or is it another act of murder. This also relates to abortion and other issues. Also, there is a conflict in determining how much medicine doctors are supposed to administer at nurseries. Paul Ramsey concludes that “society should treat all members of the newborn nursery as equal”, which includes both disabled and healthy babies. In the U.S. babies who are born premature or with small lungs, heart disease, or any other illness that will prevent the child to live more than a few hours, euthanasia is administered by withholding treatment. The baby is left in the nurseries fighting for oxygen and trying to live, but if it is helped, it is cruelty to prolong its life but it is just as cruel to leave it unattended to die. Not only is this hard on parents but on nurses and doctors as well.

There are many methods that a person can use for euthanasia. Euthanasia varies between passive and active situations. Every method is different, and they cause a different kind of pain or satisfaction on the patient. There is withdrawn or withheld treatment, injections and drugs, carbon monoxide, helium, plastic bags, dehydration and Nitschke's 'Peaceful' Suicide Pill. By withdrawing or withholding treatment it means that the patients are left without food, water, or oxygen in order for them to die in a “passive” way. In the use of drugs, a physician can write a prescription that will kill the patient, in which the patient will take all the pills which cause an overdose. In an article from New Zealand it states that using this drug suicide “Patients either took longer to die than expected or woke from a drug-induced coma that was supposed to be fatal in 6% of cases” (Briscoe, 2011). The use of legal injections will cause the patient to die with no pain. Dr. Biscoe states that “First a coma is induced by intravenous administration of barbiturates, followed by a muscle relaxant,” which causes the patient either a sudden death or a cardiac arrest which will also lead to death. Gases, plastic and the peaceful pill lead to more controversy due to the fact that this is considered suicide no matter where people stand. This is the last resort a patient has if he or she does not get the doctors consent or prescription to end their lives. In the United States, physician aid in dying is administered in Oregon, Washington and Montana. In these states the physicians must prescribe a medication, but the patients have to self-administer it. This falls into the next topic in which it shows the treatment of choice.

**What are some of the ethical, moral and religious**

**arguments that stay upon euthanasia?**

Ethics are the principles that move a specific person or a group into a certain choice of behavior. Ethics in euthanasia raise many issues and dilemmas including questions that will lead to more questions. For example, is it right to end someone’s life if it will end anyways and they are in severe pain? Where is the line between killing someone and letting them die drawn in this issue? These questions are answered depending on how the audience views and knows about the issue. “There are also a number of arguments based on practical issues” (2012). In order for people to care, the issue must be happening to them or to someone they know. Joseph Fletcher who is the writer of Ethical Thoughts about Euthanasia, states that “It is harder morally to justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him to escape from such misery.” This shows that ethically, a person would be put above “biological life and function.” The controversy with using ethics is that people are unsure if human needs are above those of a higher power, for example in some religions God would be the higher power. Ethics and religion are separated by a fine line, and the reason is because of the question; should humans have the right to decide who lives and who dies?

 Majority of the world religions disapprove of euthanasia. The reason is that death is one of the most important aspects of human existence. As stated in a British Broadcasting Corporation (BBC) article “Religions regard understanding death and dying as vital to finding meaning in human life. Dying is often seen as an occasion for getting powerful spiritual insights as well as for preparing for whatever afterlife may be to come” (2012). For example the Roman Catholic Church is one of the many organizations who oppose euthanasia with the belief that “God gives people life, so only God has the right to take it away”. Pope John Paul II once stated that “euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person.” Some churches teach the importance of not interfering with death. Reasons on why many faiths prohibit euthanasia vary from God to human life. Examples of these reasons are that God has forbidden it and, human life is sacred and special. These reasons as stated before revolve around what the church or faith teaches the people who believe. In this instance the question is not what is ethical, but what do the religious beliefs teach people.

Morality falls into what is right or prudent. People believe that if euthanasia is overly used it shouldn’t be allowed even if it was morally right, because it could be abused and used as a cover for murder. In an occasion concerning terminally ill patients and morality there is a story of an 85 year old woman named Kate Cheney who had terminal cancer. She told her doctor she wanted assisted suicide but the doctor denied due to the fact that she was not on the edge of death. He prescribed her some medicine and told her to go to a psychiatric consultant. Her daughter was the one who was pushing for assisted suicide, since Kate had short term memory problems. Even with the family’s peer pressure and her own decision, the doctors finally decided that she was capable of choosing death if she wanted to. After some time she went to a nursing home and asked to be prescribed drugs in order to die. In this situation the conflict is between the family, Kate, the doctor and the psychiatrist. The problem was that she was mentally ill, and although the law states that if she wants to die she can, but it also states that if a doctor seems to be unsure that the patient is ready they must prescribe them to seek mental help. This patient is terminally ill, but she is not yet dying. Treatment for euthanasia “should” be given to those who ask for it in the states that were stated before. Yet morally is asking oneself, what would be the right and moral thing to do in this situation.

**What are the effects of euthanasia in today’s society?**

Today euthanasia is still seen as an issue and it is still not legal in many places. It is important for society to discuss this issue in order to prolong information. To be able to be free and to choose the time and place of your death is a right people are fighting for. People are trying to maximize the power of the being in the spotlight, the human who is terminally ill and in severe pain fights for the right to choose the manner of their dying. It is better to think about this issue now since in the future the world population will increase and that means that the number of terminally ill patient will increase as well so the issue of euthanasia will become more important. As shown in Figure 1, the chart in the left by the Voluntary Euthanasia Society, year after year surveys are held and there are more people each year agreeing with euthanasia and assisted suicide. The percentages include both physicians and patients who are willing practice assisted suicide. A survey was conducted by the author at The University of Texas at El Paso (UTEP). People who participated in the survey were second semester freshmen at the university. They were asked how many would consider assisted suicide for a family member or for themselves in the future. Out of 20 students 8 have never thought about it, 5 have had personal experiences, and 7 would strongly consider the thought of dying with dignity. These results only show the opinions of students with different backgrounds and majors. If a more precise study were done the age of the volunteers would become crucial for the survey. Dr. Jack Kevorkian also known as “Dr. Death” was a retired pathologist who campaigned and was an activist for assisted suicide. In an interview he once admitted that he helped more than 130 people end their lives. He stated that “The first suicide he was involved in was the 1990 death of Jane Adkins, 54, who suffered from Alzheimer’s disease. She died in Dr. Kevorkian's Volkswagen van in Groveland Oaks Park near Holly, Michigan” (BBC, 2011). He had assisted her using a ‘suicide machine’ that he built himself named Thanatron. He was pro euthanasia and he opened a suicide clinic, but the owner kicked him out when he saw that his first client died.  “In 1999, Kevorkian was sentenced to 10 to 25 years in prison for second-degree homicide after giving a 52-year-old patient named Thomas Youk a lethal injection in 1998,” which a program named 60 Minutes recorded the death on national television. He recently passed away in 2011, but he left a mark in the US. He left many other activists trying to follow his path to help and pursue the freedom of assisted suicide. There are also organizations that fight against this activist in order to control assisted suicide deaths.

**Figure 1**

**Conclusion**

Euthanasia and physician aid-in-dying are still issues being talked about today. In talking of them we must consider the administrator, the reason and it is exactly that they administer to the patients in order to cause their death. The issues go as far as questioning defective newborns and terminally ill patients. It also includes ethics and morals in religion and society, and what does faith in different religions teach about death and how people react to it. In the end it is concluded that euthanasia is important to know, whether the audience is for it or against it. It might not be a big deal today but in the future it will produce a great deal of problems to the people who are living in a free society but have no freedom. In providing real-life situations and organizations, it is recognized that in an unbiased research there is still a fifty-fifty chance that a person who is dying would be willing to use physician assisted suicide. And as stated in the introduction, people support it, oppose it, or they just do not care about euthanasia, but the issue is present and people would do better to not ignore it.

**References**

British Broadcasting Corporation (BBC). (2011, June 3). Who was Dr. Jack Kevorkian? -
 Euthanasia - ProCon.org. Euthanasia- ProCon.org. Retrieved April 5, 2013, from
 <http://euthanasia.procon.org/view.answers.php?questionID=000161>

Briscoe, T. (2011). *Methods of euthanasia.* Retrieved from
 <http://www.life.org.nz/euthanasia/abouteuthanasia/methods-of-euthanasia/>

Emanuel, E.J. (2002). Euthanasia and physician-assisted suicide: a review of the empirical data
 from the United States. *Arch Intern Med* *162*(2):142-152. Retrieved form
 <http://archinte.jamanetwork.com/article.aspx?articleid=214736>

Horan, D., & Mall, D. (1980). *Death, dying and euthanasia*. New York: University Publications
 of America.

Figure 1. (2013). Retrieved from
 <http://www.religiouseducation.co.uk/school/alevel/ethics/euthanasia/DpFS_PubOp.html>

Farrington, G. (2013). *Wisconsin right to life*. Retrieved from
 http://www.wrtl.org/assistedsuicide/personalstories.aspx

Macdonald, W. (1998). Social science and medicine. *(46).* Elsevier Ltd. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0277953697001469>

Mak, Y. W. (2003). Patients' voices are needed in debates on euthanasia.

*327*(7408), 213-215. doi: 10.1136/bmj.327.7408.213

Schneider, K. (2011, June 3). Dr. Jack Kevorkian Dies at 83 - Backed Assisted Suicide -
 NYTimes.com. The New York Times - Breaking News, World News & Multimedia.
 Retrieved April 5, 2013, from
 <http://www.nytimes.com/2011/06/04/us/04kevorkian.html?pagewanted=all&_r=0>

Williams, R. H. (1973). To live and to die: when, why, and how*.* *Ethics and Euthanasia*.

(p. 113-122). New York: Springer-Verlag.

Various. (2012). *What is euthanasia?* Retrieved from
 <http://www.bbc.co.uk/ethics/euthanasia/overview/introduction.shtml>