

A Critical Examination of Physician-Assisted Suicide for Terminal Patients

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During the early 1980s, controversy erupted around the illegal practice of assisted suicide. Championed by Derek Humphry, the founder of the Hemlock Society, legal physician-assisted suicide (PAS), otherwise known as aid in dying, authorizes physicians to prescribe lethal medication to terminally ill patients. The Hemlock Society sought to decriminalize suicide for those with irreversible diseases and poured funding into what it called "Death with Dignity." After several years, the organization succeeded, and the first law legalizing physician-assisted suicide passed in Oregon in November of 1997. The State of Washington then followed suit eleven years later, approving an initiative legalizing PAS on November 4, 2008. Currently, Washington, Oregon, and Montana have endorsed physician-assisted suicide while efforts to pass legislation permitting the practice have failed in California, New York, Michigan, Vermont, and every other state that has debated the legalization of PAS. To fight this, promoters of aid in dying and so-called right to die organizations continue to lobby PAS legislation.

Under Oregon's "Death with Dignity Act," patients must fulfill over forty safeguards before receiving lethal prescriptions. The purpose of these guidelines is to prevent abuse of the terminally ill. The most important safeguards include: the patient living in Oregon for at least six months, one written request and two oral requests for lethal pharmaceuticals made fifteen days apart, two witnesses present at the signing of the written request who affirm that the patient has not been coerced, the patient's ability to self-administer the lethal medicine, and the patient's diagnosis of a terminal illness (Oregon Death). The States of Montana and Washington have very similar guidelines when compared to the Oregon legislation, and supporters of PAS argue that these regulations will protect the terminally ill from any form of abuse.

The patients following these safeguards are terminally ill. In all cases, they suffer from incurable diseases and have less than six months to live. Often, they cause intense physical pain

and emotional suffering. Loss of mobility is common and a person's inability to care for themselves and dependence on family is particularly distressful. Some may be required to use a bedpan or catheter to relieve themselves and many cannot do housework or make their own food. This could negatively affect a patient's pride or self worth and be a motivator for requesting PAS. Without comforting medical treatment, these diseases are even more crippling and cause severe trauma. Death often occurs within several months (Old 10). The majority of patients do not want to endure the horrible symptoms of a terminal illness, but many are not educated about suitable options. One of the most common choices is entering a standard hospital for treatment, but there are several disadvantages of normal hospitals. Joe Laconte, author of "Hospice, not Hemlock," cites a study by the Robert Wood Johnson Foundation that reveals a startling revelation. The study found that "...doctors [in hospitals] routinely subject patients to futile treatment, ignore their specific instructions for care, and allow them to die in needless pain" (n.p.). Pain is mismanaged, and extraordinary measures, such as life support, feeding tubes, and pacemakers are typically used to prolong death unless the patient specifically refuses care. Many view this treatment as torture.

Countless "Right to Die" organizations claim that "aid in dying" is the answer to both a patient's suffering and the misuse of medical technologies. Dr. Sidney Wanzer, author of *To Die Well*, writes that the most frequent concerns of the terminally ill are "loss of autonomy, loss of dignity, and decreased ability to participate in activities that make life enjoyable..." (169). Death, advocates claim, offers a peaceful respite from the pain, suffering, and shame of being terminally ill. However, although death may end a patient's suffering, there are serious ethical and logical issues surrounding the legalization of assisted suicide, and terminally ill patients have more dignified, honorable, and comfortable options than killing themselves.

