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A Conversation about Assisted Suicide
Jessica Thomas

The following is a discussion between two doctors: one who advocates for physician assisted suicide and another opposed to the idea. Both are Christians, and will be talking respectfully in an attempt to convince the other. They will not go into great detail, only using points that they believe significant in an attempt to make their case that assisted suicide is either morally wrong or morally acceptable. There will be no conclusions drawn; this is, after all, a debate.

Doctor Lang and Doctor Munson are on their lunch break one day, and the topic comes up in their conversation. They are not close friends, only acquaintances. They have always known they think differently on the issue, but have never taken the time to discuss it in length. The setting is at a bagel shop down the road from the hospital.

Dr. Lang: I am glad that we have this chance to eat together and discuss this issue. First, I just wanted to let you know that I greatly respect your clinical work.

Dr. Munson: Well, thank you Dr. Lang, I think the same of you. I am going to get another cup of coffee and a bagel. Would you like anything?

Dr. Lang: No thank you.

Dr. Munson (a few minutes later): OK Doctor, my first question is: Where do you stand on the sanctity of human life idea? Human beings have a natural desire to live, and life is a gift. Why would we end life, when it is God's gift to us, and it is valuable? (Cauthen, 1996)

Dr. Lang: I think that the sanctity of life is very important, yet I believe that life is not valuable after a certain point. When a patient is in a tremendous amount of pain, and wants his life to end, he no longer has this "natural desire" to live. I think that a patient's dignity is important as well. Everyone has the right to die with dignity ("Euthanasia," 1996). It doesn't seem reasonable to force patients to live when "their present standard of life has 'degenerated to the point of meaningless,' when doctors can no longer help, and perhaps the pain has become

unbearable” (Larue, 1988, pg. 153). Doesn’t every person have the right to die with dignity, rather than suffer a painful, humiliating death?

Dr. Munson: Dignity is important, as you say, but is it dignified to take one’s own life? A bioethicist named Sullivan claims that human beings have inherent dignity. This cannot be gained nor lost. Therefore, a patient has dignity from the day she is born until the day she dies (2006). In addition, suicide can itself be painful, and it is certainly unnatural. If life is not valuable after a certain point, where do we draw the line? I can only find dignity in preserving the sanctity of life that God has given us, not in assisting a patient to commit suicide.

Physician assisted suicide can lead to the devaluation of human life. Is it OK for a depressed person to take his own life because he feels “dignified” in doing so, and no longer believes he is valuable? (“Euthanasia”, 2005). Also, I believe that God is the giver of life, and the only one who can take it away. Aren’t we usurping God’s will if we assist in taking the life of our patients? (“To Live or not to Live?” 2005).

Dr. Lang: In response to your first point, I see a difference between suicide due to mental illness and physician assisted suicide due to a painful terminal illness. Both may be legal in some places, but I only see the latter as moral. Therefore, your question seems to be irrelevant. Drawing the line would have to be on a case-by-case basis. This is hard to do, but I believe it is up to the patient. If patients are in pain and, I believe that they have the right to die.

Secondly, I believe that it may be God’s will that the patient takes her own life. God is a good God, and would not want His son or daughter to be in pain. I believe He would want the patient to die a peaceful, non-painful death (“Euthanasia”, 2005). I put the question back to you: shouldn’t a person be allowed to die naturally, instead of experiencing a prolonged death by medical equipment?

Dr. Munson: First, I would say that this line is difficult to draw, and several problems may occur. I would ask you to think about why you believe one type of suicide is wrong, and the other morally acceptable. It may be difficult to make a law, saying only those who are terminally ill and in a great amount of pain are allowed to die. Sooner or later, we may start to make exceptions.

Also, what about others with serious illnesses? They may begin to think they need to justify living. For example, “Seriously ill and disabled persons could feel that they had to justify a choice to stay alive. They could feel that suicide is, in some sense, ‘expected’ by family or friends” (Lynn, 1999, pg. 1).

Also, you said that it is up to the patient. What if the patient is not able to make this decision, especially if he is not mentally competent? Is it then up to the family or up to the doctor? This could get very tricky and cause a lot of controversy. I believe that if something is God’s will, then the situation will not require us to take this into our own hands, especially with something as valuable as life. God is all-knowing and he has a plan for every patient we come in contact with. I do not believe it is up to us to assist a patient in suicide, when God is the sustainer of both life and death.

Finally, I do not believe assisting a patient in suicide is natural. This seems to me too much like a forced death, and goes against God’s word. Our duty as physicians requires us to act compassionately and to do everything in our power to ease a patient’s pain and help her recover (Cauthen, 1996). Besides, isn’t it contrary to the Hippocratic Oath if we participate in physician assisted suicide?

Dr. Lang: Actually, I feel that assisted suicide is consistent with my duties. As doctors we are not compassionate if we let our patients to continue in excruciating pain. If they want to die, it should be up to them, not us. As to the Hippocratic Oath, I am aware of it, but I have never recited it. It was not a requirement for completing medical school (“To Live or Not to Live?” 2005).

We must do what is in the best interest of our patients. Perhaps the question could be phased this way: “What is the best thing I can do to help my patients in whatever circumstances arise, given my special knowledge and skills? In nearly every case the answer will be . . . to preserve and enhance life. But in some extreme, hopeless circumstances, the best service a physician can render may be to help a person hasten death in order to relieve intolerable, unnecessary suffering that makes life unbearable as judged by the patient. This would be an enlargement of the physician's role, not a contradiction of it.” (Cauthen, 1996, pg. 4). And this preserves a patient’s freedom of choice.

Dr. Munson: My response is simple. If a patient wants to jump out the hospital window, we certainly would not let him do this in the name of freedom of choice. Ultimately, assisted suicide is the doctor's decision, but we can't use the autonomy argument to support it, because personal autonomy is not absolute. Also, a patient might be depressed temporarily and make a rash decision. If we legalize assisted suicide, then a lot of patients may end up dying when they really do not want to. I also truly believe that miracles can happen and misdiagnoses sometimes occur. By interceding in this way, we are playing God, and not waiting to see what He can do.

Besides, there are many alternatives to suicide. That is why you and I have been trained in pain management and hospice care (Cauthen, 1996).

Dr. Lang: Well, it's time we got back to work. I would like to talk more about this issue sometime. I think that we both brought up some great points today, and it's been a pleasure joining you for lunch.

I'll leave you with one last thought of mine, and you can do the same. "In any humane or humanistic view of what is good, it is morally wrong to compel hopelessly suffering or irreversible debilitated patients to stay alive when death is freely elected" (Larue, 1988, p. 151). That is truly what I believe, but I respect your opinion as well.

Dr. Munson: It was my pleasure to talk with you as well. I too respect your opinion. I will leave you with this, "Nearly everyone agrees that sometimes it is permissible to cause the death of another. The question in each case is whether the action is justified under the circumstances" (Cauthen, 1996, pg. 4). Morally, we permit causing death in self-defense, war, and capital punishment. In most of the U.S., we have not yet permitted physicians to assist in the death of their patients. Are you sure you want to open up this can of worms?

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