Apr 1st, 11:00 AM - 2:00 PM

Physician Assisted Suicide: Promoting Death with Dignity or Empowering Exploitation?

Laura Klodnicki
Cedarville University, lklodnicki@cedarville.edu

Follow this and additional works at: http://digitalcommons.cedarville.edu/research_scholarship_symposium

Part of the Bioethics and Medical Ethics Commons

http://digitalcommons.cedarville.edu/research_scholarship_symposium/2015/poster_presentations/24
Abstract

Health care is intentionally moving in a direction which emphasizes patient autonomy. This mentality has caused some patients to seek control over their own death when faced with a terminal illness. Claiming the right to “death with dignity,” patients exercise the method of physician assisted suicide in order to avoid the inevitable suffering that comes along with certain disease progressions. Is such medical practice ethical? Should a patient have the choice to end her own life rather than experience the devastating pain that comes with a terminal illness? Could physician assisted suicide evolve to encompass putting to an end more than physical pain, such as psychological suffering, or physical or mental disabilities?

The practice of physician assisted suicide (PAS) violates foundational ethical principles and should not be considered to be a valid response to terminal illness. Medical experts and other professionals should not promote PAS to their patients based upon the inherent unethical nature of this form of active euthanasia.

Kantian Ethics:

First Categorical Imperative: “Act only on that maxim that you can will as a universal law.”

PAS is not compatible with this assertion because it cannot be universalized that someone should take her life when she feels that she cannot endure her circumstances.

Second Categorical Imperative: “Always treat humanity, whether in your own person or that of another, never simply as a means but always at the same time as an end.”

Human beings have absolute worth; therefore, ending one’s own life by PAS to escape painful circumstances is using a person as a means to accomplish a more tolerable condition.

Utilitarian Ethics:

Goal: Maximize the greatest good for the greatest number of people by considering the totality of consequences of an action.

An obligation exists to honor what is best for society as a whole even if it is not to an individual’s advantage.

Sacrificing personal desire for the will of the majority is necessary.

PAS is unethical because even though it could possibly benefit certain individuals, the procedure is harmful to humanity at large.

Conclusion:

From an evaluation of both Kantian and Utilitarian ethics, PAS is an unacceptable practice.

PAS is ethically wrong from a deontological perspective because it is intrinsically harmful to people who have unconditional value.

PAS is also unethical from a consequentialist point of view since its outcome is likely to cause more harm than good to the greater society.

Though these ethical frameworks differ on some issues, they can agree that PAS should not be considered a moral practice.

PAS and Disability:

Case in Belgium

- December, 2012
- 45 year-old twins, Marc and Eddy Verbsem
- Deaf since childhood
- Impending blindness
- Euthanized by their physician by lethal injection

PAS and Medical Insurance:

Case in Oregon

- July, 2008
- 64 year-old Barbara Wagner
- Cancer patient
- Doctor prescribed chemotherapy drug, Tarceva
- Oregon Health Plan denied the drug and offered “comfort care” by “physician aid in dying”
- Barbara did not choose PAS and was given Tarceva after her doctors contacted the pharmaceutical company

Extended Scope of PAS:

Evidence shows that although PAS is intended for terminally ill patients, the practice has been promoted to individuals who do not fit this criteria.

This form of active euthanasia has been extended to and can continue to extend to patients who wish to end their lives based upon undesired suffering outside the context of imminent death.

Furthermore, patients can be coerced to choose PAS instead of more expensive life-preserving treatment.

References


