Pain or Peace?

SEARCH STORY

What if your doctor diagnosed you with a terminal illness and told you that you only had six months to live? Over the next few months, you experience pain, weakness, breathing problems, and nausea. Sometimes, you are unable to control your own limbs. You have finally had enough, and ask your doctor if there is anything you can do. He mentions PAS, or physician-assisted suicide. Countless questions begin to form in your head. *Am I qualified for assisted suicide? Is my doctor allowed to do this? Is assisted suicide even legal?* “In most surveys, approximately two-thirds of the population of the United States approve of assisted suicide as an option for patients with intractable suffering. But when the question of legalization comes to a vote, it is usually closer to 50/50” (Quill and Greenlaw). Many aspects of assisted suicide are strongly debated. People question if it is acceptable for a physician to carry out assisted suicide, or whether or not it would lead to mass deaths. People also debate if legalizing assisted suicide would benefit the terminally ill. Physician-assisted suicide should be legalized by the federal government as an option to treat patients with terminal illnesses.

I decided to research assisted suicide because I had a strong opinion about the topic and wanted to find out the opinions of other people from different perspectives. After picking my topic, I began the research process. First, we needed to search through the MEL databases for sources. I had a lot of trouble finding acceptable articles. The articles were often very short, and did not have much information on assisted suicide, mostly talking about certain individuals or events in different countries. At the time, I was still undecided on which side of the argument I was going to support, which also slowed down my search. When we were introduced to the C.R.A.P. Test, a test used to evaluate sources found through a search on the internet, I was excited because I thought I would be able to find quite a few sources outside the MEL databases. It proved to be much more difficult than I had anticipated. In the end, I had ended up with two outside sources, the bare minimum amount we needed to have. I found out I preferred using the databases.

Writing the working outline and thesis statements were probably the easiest parts of the whole paper. The working outline was fairly easy, aside from the conclusion, because while searching for sources, I was able to read a bit about the arguments each side presented. From that information, I was able to choose a few that I felt were the most interesting and convincing. At this point, I had decided that I would argue to support the legalization of assisted suicide. Writing the thesis statement was also very simple. I liked all of them, but eventually I had to pick my top two.

After we had all of our sources and outlines organized, we began writing notecards. For me, this was a very irritating and laborious process. On our notecards, we had to include which category in our outline the fact on the notecard fit into. I found that a large amount of my notecards did not fit into a category, which meant I was probably going to have to make major changes to my outline. In the beginning, I was great with pacing myself and getting a good amount of cards done every day. Then, I found that some of my sources were not useful because they did not have good information, or they were for the other side of the argument from when I was still undecided. Soon I was lagging far behind, usually making half as many notecards as we were supposed to check in that day. I thought I was never going to catch up in time. I was lucky that a break was coming up so I could use the time to get everything done.

Once I had everything organized and completed, I started focusing on my poll. Writing the questions took some thinking, but eventually I came up with a few that I thought were really good. However, the results did not turn out as I had expected. I was surprised that the amount of people that supported legalization of assisted suicide was equal to the amount opposed to it. I had thought that the majority would have supported it, like I did. The results of the other questions reflected what each person thought about legalization. I was happy that the majority believed it was more harmful to keep a suffering patient alive against their wishes than to use assisted suicide because that supported my side of the argument.

POLL RESULTS

For our research paper, each person either had to complete an interview or take a poll with questions or statements about their topic. I chose to take a poll because I wanted to find the opinions of the people and society around me, and what they thought about assisted suicide. I also didn’t have an idea on whom to interview, and how to contact that person. I made four questions and statement to ask people about assisted suicide. For the statements, the person could answer with “agree,” “disagree,” or “neutral.” For the questions, he or she could answer with “likely, unlikely,” or “neutral.” I asked ten people in total: Three Larson students, Catherine Lu, Shivapriya Chandu, and Alice Khaltsev, and three Larson teachers, Mr. Mignano, Mrs.Bammel, and Mrs. Scott. From my family, I asked my mom, dad, and sister. I also asked a friend of mine that lives in Indiana.

My first statement said, “Physician-assisted suicide should be legalized by the federal government as an option to treat patients with terminal illnesses.” Out of the ten people I polled, 40% agreed, 40% disagreed, and 20% said neutral. My next statement was, “It is more harmful to keep a suffering patient alive against their wishes than to relieve the suffering with physician-assisted suicide.” Out of ten people, 50% agreed, 30% disagreed, and 20% were neutral. My third statement was, “Physicians had an obligation to do everything in their power to keep their patient alive.” For this statement, 80% agreed, 10% disagreed, and 10% said neutral. I also made one question, asking, “How likely is it that legalizing assisted suicide would lead to the involuntary killing of people such as the elderly or disabled?” The majority said likely with 50%, 40% said unlikely, and 10% said neutral.

From my poll, I learned that the public opinion was generally split in half when asked whether or not assisted suicide should be legalized. On the other hand, I also learned that the majority agreed it was more harmful to keep a suffering patient alive against their wishes than to use assisted suicide. Although the results of my poll did not necessarily support my side of the argument, I learned what the people around me thought about physician-assisted suicide.

SEARCH FINDINGS

If physician-assisted suicide was legalized, it would benefit patients suffering patients with terminal illnesses. Physician-assisted suicide is when a physician provides a patient with the means of death, usually a prescription for a legal dose of drugs, but the patient administers the drug their self. It is also known as physician-assisted dying. To certify as ‘terminally ill,’ a person must have “an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months” (Tucker). As of today, five states in the U.S. have legalized assisted suicide; Oregon, Montana, Washington, Vermont, and New Mexico. Oregon, the first state to legalize assisted suicide, passed the Death with Dignity Act in 1994. This was blocked by a lawsuit until 1997, when it went into effect. Two other states, Washington and Vermont, also passed laws that permitted PAS. However, Montana and New Mexico were different. In Montana and New Mexico, assisted suicide became legalized by ruling of a court cases. The case in New Mexico was presented by a pair of doctors who wanted protection against persecution if they were to prescribe a fatal drug dose to their patient, a 49-year-old woman suffering from cancer. Judge Nash of the state court stated, “‘the liberty, safety, and happiness interest of a competent, terminally ill patient to choose aid in dying is a fundamental right under our New Mexico Constitution’” (Eckholm A16). “In Baxter v. Montana, a terminally ill patient, Robert Baxter, sued for the right to die, claiming that doctors who refused to assist him were violating his rights…In its ruling, the state supreme court said, ‘We find nothing in Montana Supreme Court precedent or Montana statutes indicating that physician aid in dying is against public policy’”(“Assisted Suicide”).

In relation to the court case Baxter v. Montana, patients should have the right to decide the limit of their suffering and control his or her own death.

*“The moral right of self-determination is the right to live one’s life as one sees fit, subject only to the constraint that this not involve harm to others. Because living one’s life as one chooses must also include living the end of one’s life as one chooses, the matter of how to die is fully protected by the principle of self-determination as any other part of one’s life. Choosing how to die is part of choosing how to live” (Torr 52).*

There is no rule against a person killing oneself. A person has a right to die in the way they choose, and assisted suicide is a fast and painless way to do so. Some patients choose to refuse treatment for their condition, but doing so extends the dying process and increases the severity of symptoms until death occurs, causing extensive and unnecessary suffering. Some argue that the option of assisted suicide to relieve misery is not needed because of the choice of palliative, or end of life, care. Nevertheless, not all suffering can be relieved by exceptional palliative care. Although most pain can be relieved, other symptoms such as weakness, loss of control of bodily functions, shortness of breath, and nausea, cannot. Patients know the limit of their pain and suffering, and should be allowed the option of assisted suicide if that is what they decide to do. Believing that living longer with pain and suffering is superior to the kindness of helping someone end their suffering easily and quickly is entirely wrong.

The Hippocratic Oath is one of the oldest binding documents in history, written by the Greek physician Hippocrates. It requires new physicians to swear, upon a number of healing gods, that they will uphold a number of professional ethical standards, such as treating the sick to the best of one’s ability and patient confidentiality. This Oath sparks controversy in the debate of legalizing assisted suicide. It includes a number of phrases that many believe assisted suicide contradicts. The Hippocratic Oath states, “I will not give a deadly drug to anyone, if asked for, nor will I make a suggestion to this effect.” However, the Oath’s very first sentence states it gives room for “ability and judgment.” Another part of the Oath is to not to do harm to people, and to try to help them. A physician who had taken the life of a patient with a lethal injection of morphine says this about his actions: “‘I don’t believe I broke my Hippocratic Oath…I thought I was not doing harm, but good in this case. I thought it was colleagues who were doing the harm in prolonging his pain and suffering. The Hippocratic Oath is in spirit of what I was doing. It will depend on your interpretation’” (Torr 177). Physicians are open to interpret and rely on the Oath in any way they want – if they choose to rely on it at all. In fact, physicians are not required to take the Hippocratic Oath. Many of them have never even read it. Few doctors today take the actual Oath. Even back then, the Oath has little relevance to modern medicine. In addition to the prohibition of giving a deadly drug, it also forbids abortion, being paid for teaching medicine, and performing surgery, all of which are acceptable today. The World Medical Association (WMA) has deemed the Hippocratic Oath outdated. In 1948, they issued a more current version of the Oath, known as the Geneva Oath. This revised Oath “contains no direct reference to abortion, to surgery, to payment…or to assisted suicide” (Torr 177). Physicians opposed to PAS still refer to the 2,500-year-old document and choose to ignore the fact that it has been deemed outdated.

Opponents of assisted suicide claim that legalizing the method would lead to a “slippery slope,” meaning that they believe it would lead to the involuntary killing of people, such as the elderly or disabled, who do not wish to die. They state that relatives or other individuals will convince the patient to choose assisted suicide merely to avoid medical bills and other sort of payments, or to inherit their possessions after they have passed. However, assisted suicide could not affect those groups of people in any way because they do not qualify as terminally ill. Assisted suicide would only be available to people who are diagnosed with terminal illnesses and are facing unavoidable death. In addition, slippery slopes are possible in all paths of life. They are neither predictable nor preventable, therefore, it is pointless to argue that providing right-minded adults with aid in dying would lead to undesirable deaths. In areas where PAS is legal, there is no evidence of slippery slope incidents. In Oregon, the first state in the U.S. to legalize assisted suicide, the law has been used prudently and exactly as intended. Over the course of 14 years after it was legalized, assisted dying had resulted in only 596 deaths. It accounts for less than 0.8% of deaths each year in the Netherlands. This number has decreased from when it was first legalized and has now stabilized at a very low percentage. Lastly, “…in Switzerland, where it has been permitted since 1942, it accounts for around 300 deaths each year, or around 0.5% of all deaths in the country” (“Easing Death, Assisted Suicide”). This evidence shows that permitting assisted suicide would not lead to involuntary deaths. Rules and safeguards have been established in the laws that prevents abuse and misuse. For example, in Oregon’s Death with Dignity Act, the resident must be at least 18 years old and must be capable of making and communicating health-care decisions themselves, eliminating the risk of another individual making the decision for the patient. “The request must also be signed by at least two witnesses, one of whom cannot be a relative, the patient’s doctor nor a person entitled to any portion of the patient’s estate” (Barone). This precaution ensures that the patient is not being persuaded to use assisted suicide for others’ benefit. In order to prevent slippery slopes, the laws must have strict rules and guidelines that do not allow abuse and guarantee that the laws are used in the correct manner, as the laws established already include.

Physician-assisted suicide is a quick and painless way to end the suffering of patients who have to live their last few days experiencing agonizing discomfort and misery. Physicians, despite what certain individuals say, are unquestionably permitted to aid in dying, and they should not be afraid to do so. Clear evidence of success and considerable benefits to the terminally ill should be adequate information to legalize assisted suicide. Five states have already taken this route, and the U.S. government should follow them. Due to the rights of the people, obligations of physicians, and evidence of growing success, terminally ill patients should be permitted by the federal government to be treated with physician-assisted suicide.