Unit 3 Essay

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In 2021 more than 1300 people in the US and 10,000 people in Canada ended their lives as a result of physician-assisted death (Buchholz, 2022). Many people believe that it is morally wrong to intentionally help someone commit suicide especially for those people to be physicians. They support the idea that physician-assisted suicide should be illegal. They believe that there are many consequences to legalizing physician-assisted suicide such as the potential for error, a weakened doctor-patient bond, and a precipice leading to the use of euthanasia. I agree that the idea of physician-assisted suicide initially sounds morally wrong; however, I say that physician-assisted suicide should be legal because it is only used in very extreme circumstances.

Firstly, it is important to touch on the phrase physician-assisted suicide. The use of the word *suicide* gives the phrase a more negative connotation and leads people to believe that they understand what and how this process is practiced, however, they usually do not fully understand the entire topic. This is why for the rest of this essay instead of physician-assisted suicide it will be referred to as physician-assisted death or PAD. To get more specific, physician-assisted death is the process in which a patient requests assistance from their physician or doctor in their death. This is usually done through the use of lethal amounts of drugs and in legal or structured cases with specific lethal drugs. Currently, PAD or euthanasia can be practiced legally in Belgium, the Netherlands, Luxembourg, Columbia, Canada, Switzerland, and in 5 US states (Oregon, Washington, Montana, Vermont, and California) (Emanuel, 2016). Public support for PAD in the US hasn't increased much since the 1990s. In Western Europe, however, the support for PAD has increased exponentially, unlike in Western Europe, the support for PAD in Central and Eastern Europe has declined (Emanuel, 2016).

Now that the main idea of PAD has been explained it is important to talk about how common PAD is. Overall, less than 20% of physicians in the US report having received a request for physician-assisted death or euthanasia, and less than 5% have complied with the request (Emanuel, 2016). The Prevalence of euthanasia or PAD is much higher in Europe. More than half of physicians have received the request in the Netherlands and Belgium. 60% of Dutch physicians have granted a request for PAD or euthanasia before (Emanuel, 2016). Out of all the deaths in jurisdictions where PAD or euthanasia is legal, physician-assisted death has accounted for anywhere between 0.3% to 4.6% (Emanuel, 2016). Also, after the legalization of these practices, the number of deaths increased. Finally, cancer patients account for nearly 70% of the cases (Emanuel, 2016). Overall, it is blatantly obvious that in the US PAD isn't nearly as prevalent as it is in its European counterparts. Also, it is very important to recognize that 70% of the cases involved cancer, not only because it sheds light on the possible reasoning behind such requests but also because it shows that PAD rarely results in the death of a healthy person. This ties back to the previous idea of how some people call it physician-assisted suicide. The reason why the word suicide gives the phrase such a negative connotation is because when you think of suicide you usually don't think of physical illness such as cancer but rather more about mental illness and when you think like this PAD sounds more like doctors are killing healthy people and that is not in any way what is happening here.

In addition to statistics, it is also important to talk about the opinion of the physicians who choose to practice or not to practice PAD. Therefore, here is the first of two professional medical opinions that come from the AMA (American Medical Association) Code of Medical Ethics. Firstly, it is important to touch base on what the AMA is, the American Medical

Association or AMA, the place from which these professional medical opinions originate, has been and still is fundamental to the development of medical standards and ethics since it was founded in 1847. *Opinion 5.7* expresses the opinion of those who oppose the idea of euthanasia and PAD. The believers of opinion 5.7 do believe that it is understandable for patients to request PAD in the case of extreme pain, however, they state that "permitting physicians to engage in assisted suicide would ultimately cause more harm than good." They believe this because they believe that the idea of PAD and euthanasia is completely against the physician's role as a healer. They also believe that the use of PAD could cause "serious societal risks." They also believe that instead of engaging in PAD physicians: "Should not abandon a patient once it is determined that cure is impossible, must respect patient autonomy, must provide good communication and emotional support, must provide appropriate comfort care and adequate pain control." The writer of this opinion thinks that physicians are healers and PAD violates this role. However, I say that even though the idea of death does not strictly fall in the category of healing, the easement of pain does and if the patient accepts the consequences and more importantly requests them, physicians should be able to perform PAD. When some medical cases reach a certain point there is only one result and that is death. When the patient dies in the end no matter what, I say, that it is important to make the end of their life as painless and peaceful as possible. And this can be achieved easily achieved with loved ones and the use of PAD as a tool, not a weapon. Overall, many of the points about the cons of PAD brought up in this opinion, although valid, simply do not outweigh the pros.

In addition to the last opinion, this will be the second main opinion that most Physicians have regarding the neutrality of PAD coming from the AMA (American Medical Association)

Code of Medical Ethics. *Opinion 1.1.7* acknowledges that although "Physicians are expected to uphold the ethical norms of their profession", They "are not defined solely by their profession." Opinion 1.1.7 states that they also have many different beliefs, such as cultural, religious, or philosophical traditions and beliefs. It in turn states that the physician's beliefs and moral integrity may be strained by some patients and requests. It states that because of this "Preserving opportunity for physicians to act (or refrain from acting) in accordance with the dictates of conscience in their professional practice is important for preserving the integrity of the medical profession as well as the integrity of the individual physician, on which patients and the public rely." It also states that the physician's freedom is not infinite and that the physicians must comply with many different rules and policies that are put in place to protect both the physician and the patient. Overall Opinion 1.1.7 simply states that it is not only understandable but completely normal for many physicians to merge their personal foundational beliefs and morals with the obligations that come with being a physician. And with this understanding, the option gives many available options for the physician to act on should they find themselves in this position. The opinion states many ways in which a physician could professionally handle the situation. The most important of which is that "In general, physicians should refer a patient to another physician or institution to provide treatment the physician declines to offer." This is a crucial solution because it offers a possibility where the patient can receive the treatment they desire while still allowing the physicians to uphold their personal beliefs. This is such a good solution that it can be applied to the previous opinion because although they believe PAD is wrong, they can still try to do what's best for their patient and help them achieve their goal by referring them to someone else. With the help of this just this guideline alone, it is most certainly

possible for both the physician and patient to reach their philosophical and physical goals respectively.

Although physicians need to have their boundaries, not all their decisions can be based on emotion. That is why it is important to talk about the factual relationship between pain management and requests for PAD because it provides a factual logical basis for decision-making. Pain is one of the most important factors in the decision-making process of the patient when it comes to the request as well as with the physician when it comes to the administration of medication. In the first paragraph, It was mentioned that in 70% of PAD cases, there was a relation to cancer. This gives us an important insight because, when you take some information from a study on *The Relationship of Pain and Symptom Management to Patient Requests for Physician-Assisted Suicide* you will see that they found in one survey that "69% of cancer patients reported that they would consider committing suicide if their pain was not adequately treated." In the US and more specifically in California, "57% of those responding (physicians) reported that they had been asked by a terminally ill patients to hasten death. Persistent pain and terminal illness were the primary reasons for such requests for physician-assisted suicide." This shows physician-assisted death is not killing people who could otherwise go peacefully, without pain, or are healthy, instead, it helps ease the pain of terminally ill people that would be in complete misery for the rest of their lives. Also the role of the physician-patient relationship is very important in decision-making because the physician needs to make sure that all other options have been exhausted. Physicians should not simply comply with every request that a patient gives them, however, they should be able to consider them.

Overall, the role the physician plays in these situations Is extremely important. Also it is important to understand that helping someone relieve their pain in circumstances such as these does not contradict the role of a physician as a healer if anything it does the opposite. Also, although the problem itself is large the number of people receiving and requesting this type of treatment is very small. I would like to learn much more about the diverse ways in which pain can be managed and the pros and cons of those methods. I would also like to learn much more about the modernization and innovation of such methods and how we can reach a future where pain won't be a problem. Much of this information is in the *Journal of Pain and Symptom Management* study that was referenced, and I encourage you to read more about PAD just as I will continue to do. Finally, although they say that there are many deaths because of PAD, those deaths are justified in their purpose to help the patient seek peace from pain and suffering and that is why I say legalizing PAD is the right option for the US.

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