Physician-Assisted Suicide

Things We Can All Agree On

- Maximal pain relief at the end of life is a moral obligation.
- Hospice is a gift from God.
- Nobody should die alone. (“We do not live to ourselves, and we do not die to ourselves.” – Romans 14:7)
- We should strive to create a world where no one would seek physician-assisted suicide.

Fallacious Arguments

1) “If I’m going to die, I don’t want to be hooked up to all those machines.”
   a) Fallacy from irrelevant grounds (“Straw-Man”)¹
   b) All patients have the right to refuse life-sustaining treatment. (Quinlan, 1976)
   c) Patients (even incompetent patients) have the right to refuse nutrition and hydration. (Cruzan, 1990)
   d) “It is morally acceptable to refuse treatment when it (1) does not provide a reasonable hope of success in sustaining life or restoring health or (2) results in an undue burden on the patient.”²
2) “This is about people who are in excruciating pain and are going to die anyway, when all other attempts at pain control have been unsuccessful.”
   a) Fallacy from defective grounds (“Atypical Examples”)³
   b) The Death with Dignity legislation only requires that patients be terminally ill; they need not be in any pain.
   c) “By focusing on extreme cases, we can unfairly undermine confidence in the firmness of moral rules that in the context of normal human existence are in fact sound and virtually exceptionless.”⁴
3) If there’s even one person who meets all the criteria you can come up with, for whom PAS would be ethically permissible, then this law should be passed.
   a) Fallacy from defective grounds (“Hasty Generalization”)
   b) Ignores the societal implications of legalization, which affect everyone (not just the patient)
   c) “If the prohibition [against suicide and euthanasia] is qualified to allow for exceptional cases outside of those we normally encounter, it will be regarded as no longer binding in the ordinary conduct of life.”⁵
4) “We all have the ‘right to die.’”
   a) Fallacy from ambiguity (“Equivocation”)⁶
   b) The Supreme Court twice unanimously ruled in 1997 that the Constitution affirms the right to be allowed to die (negative/liberty right), but not to be actively assisted in ending one’s life (positive/entitlement right)
      i) Quill v. Vacco There’s a difference between letting someone die and helping them kill themselves. The first is guaranteed by the constitution; the second isn’t.
      ii) Washington v. Glucksberg There is no constitutional right to suicide, because the guarantee of Due Process is outweighed by “compelling state interests.” The Court noted several state interests: sanctity of life, slippery slope, integrity of the medical profession, and protection of the vulnerable.
5) “But we already commit euthanasia all the time, when we ‘pull the plug.’”
   a) Fallacy from ambiguity (“Equivocation”)
   b) “Euthanasia implies killing, and it is misleading to extend it to cover decisions not to preserve life by artificial means when it would be better for the patient to be allowed to die.”⁷
Theology

Scripture

1) Our lives are a gift from God.
   a) “Do you not know that your body is a temple of the Holy Spirit within you, which you have from
      God and that you are not your own? For you were bought with a price; therefore glorify God in your
      body.” (1 Corinthians 6:19-20)
   b) “[The Christian] can claim no inalienable right to death on the grounds that his life is his own and that
      after due consideration has been given to the interests of other men and women, he may do with it
      exactly as he pleases.”

2) Through faith, we can find meaning even through suffering and death.
   a) “Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and the God of all
      consolation, who consoles us in all our affliction, so that we may be able to console those who are in any
      affliction with the consolation with which we are ourselves are consoled by God.” (2 Corinthians 1:3-4)
   b) “Three times I appealed to the Lord about this [thorn in the flesh], that it would leave me, but he said
      to me, ‘My grace is sufficient for you, for power is made perfect in weakness’ So, I will boast all the
      more gladly of my weakness, so that the power of Christ may dwell in me.” (1 Corinthians 12:8-9)
   c) Which of these statements regarding the end of life better reflects these Biblical sentiments?
      i) Cicely Saunders, founder of the hospice movement: “The often surprising potential for personal
         and family growth at this stage is one of the strongest objections most hospice workers feel for
         the legalization of a deliberately hastened death.”
      ii) Helmut Eichenburger, retired Swiss physician and Dignitas volunteer: “A lot of people feel lonely,
         lonesome at that stage and they say, ‘Well, I have nothing more. I have no relatives, I have no
         friends, no life … Why am I still living anymore? … That’s when I say the dying has begun.”
      c) Lambeth Conference (1998): “It is ‘care’ (in the form of agape), not simply the automatic relief of pain
         per se which is central to pastoral theology in this area. For the Christian, Christ is seen to identify with our
         sufferings but not always to relieve us of suffering. In Christ we believe we can see meaning and value
         beyond our sufferings, even if we cannot always see meaning and value within these sufferings. This is not
         to welcome pain and suffering, but it is to be guided by the belief that instant relief is not in itself the
         highest good.”

3) Yet, is there a limit?
   a) “Testing has overtaken you that is not common to everyone. God is faithful, and he will not let you
      be tested beyond your strength, but with the testing he will also provide the way out so that you may
      be able to endure it.” (1 Corinthians 10:13)

Tradition

1) Augustine
   a) “If it is not lawful to take the law into our own hands, and slay even a guilty person, whose death no public
      sentence has warranted, then certainly he who kills himself is a homicide, and so much the guiltier of his
      own death, as he was more innocent of that offence for which he doomed himself to die.”

2) Aquinas
   a) Suicide is “contrary to the natural law and to charity” and denies that “God is Lord of death and life.”

3) Jeremy Taylor
   a) Suicide is “impiety and rebellion against God … It is against the law, and the voice, and the very
      prime inclination of Nature. Every thing will preserve itself.”
Episcopal Church

1) **Euthanasia is wrong.** (Does this statement extend to Physician-Assisted Suicide?)
   a) General Convention (1991): “It is morally wrong and unacceptable to take a human life in order to relieve the suffering caused by incurable illness. This would include the intentional shortening of another person’s life by the use of a lethal dose of medication or poison, the use of lethal weapons, homicidal acts, and other forms of active euthanasia.”

2) **It is morally acceptable to use pain-relieving medication, even if it might hasten death.**
   a) General Convention (1994): “Palliative treatment to relieve the pain of persons with progressive incurable illnesses, even if done with the knowledge that a hastened death may result, is consistent with theological tenets regarding the sanctity of life.”
   b) “There is a clear distinction to be drawn between rendering someone unconscious at the risk of killing him and killing him in order to render him unconscious.”

3) **Social impact** (quotations taken from *The Official Report of the Lambeth Conference 1998*)
   a) Allowing assisted suicide would create “[a] diminution of respect for all human life, especially of the marginalised and those who may be regarded as ‘unproductive’ members of society.”
   b) The bishops also expressed concern about “the potential devaluing of worth, in their own eyes, of the elderly, the sick and of those who are dependent upon others for their well being.”

4) **Official statement of the Episcopal Church** (adopted by General Convention 2000)
   a) “The Episcopal Church should continue to oppose physician-assisted suicide near the end-of-life because suicide is never just a private, self-regarding act. It is an act that affects those with whom we are in relation within the community, denying them the sense of meaning and purpose to be derived from caring for us as we die. Moreover, it threatens to erode our trust in physicians, who are pledged to an ethic of healing. Finally, it denies our relationship of love and trust in God and sets us up as gods in the place of God.”

5) **Dissenting Anglican opinions**
   a) Dean Inge: “I do not think we can assume that God willed the prolongation of torture for the benefit of the soul of the sufferer.”
   b) Joseph Fletcher: “To prolong life uselessly, while the personal qualities of freedom, knowledge, self-possession and control, and responsibility are sacrificed is to attack the moral status of a person.”
      i) Suicide may be a moral choice for a Christian when
         1) the decision to hasten death is a truly informed and voluntary choice free from coercion
         2) a person’s condition is terminal or incurable
         3) pain is persistent and progressive
         4) all other reasonable means of amelioration of pain and suffering have been exhausted
         5) the decision to end one’s life has been discussed with significant others
         6) the method and timing of death have been clearly discussed and understood by the patient
         7) the plan for voluntary assisted death places maximum autonomy and command of the process in the hands of the dying person
      ii) Note: The Death with Dignity legislation meets only 4 of these 7 criteria (#’s 1, 2, 6, and 7)
         1) DWD legislation only requires that patient be terminally ill (need not be in pain at all).
         2) DWD legislation only requires that patient be informed of pain control options
         3) DWD legislation only requires that physician ask the patient to notify friends and family.
      iii) But the Death with Dignity legislation is more stringent than the Newark Report on criterion #2
           (requiring a life expectancy of < 6 months, and not merely a “terminal or incurable” condition).

6) **The central differences between those who favor and those who oppose assisted suicide ... lie in**
   a) the judgment they make about God’s purposes and power in light of human suffering and
   b) their evaluation of whether adequate safeguards can be built into a policy of assisted suicide/euthanasia.”
General Arguments Against Physician-Assisted Suicide

1) It's not required, because patients already have the right to
   a) refuse any treatment;
   b) to pain medication (even if potentially lethal doses are required); and
   c) (in extreme cases) to "palliative sedation" to the point of unconsciousness

2) Question of Motivation: How much of a part does depression play?
   a) "Patients with depression and psychological distress are significantly more likely to discuss euthanasia, hoard drugs, or read Final Exit." 22

3) Integrity of the Medical Profession
   a) Hippocratic Oath: "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."
   b) "Taking human life is antithetical to the work of healing and relieving suffering that is essential to the role of the physician." 23

4) Implications for the Physician-Patient Relationship
   a) "At present the syringe, the tablet or the draught in the hand of the nurse spells comfort if not cure. But once legislation has created the possibility that these were instruments of death, confidence would have gone; rationality alone would not protect us from even groundless fear."
   b) 2/3 of nursing home residents in the Netherlands are afraid that their doctors may one day kill them. 25

5) Slippery Slope
   a) Will there be an "obligation to die" if one becomes a burden (emotionally, financially) on one's family?
   b) Vulnerable patients 25
      i) In the Netherlands the practice has been expanded to include pediatric oncology patients, handicapped infants, and chronically depressed adults
      ii) Dan Brock, a leading proponent of voluntary euthanasia: "There is reason to expect that legalization of voluntary active euthanasia might soon be followed by strong pressure to legalize some nonvoluntary euthanasia of incompetent patients unable to express their own wishes." 27

6) The Lessons of History
   a) Netherlands: PAS and euthanasia approved in 1984, legalized in 2001
      i) 3,735 reported deaths from PAS and euthanasia in 1995.
      ii) In some instances of euthanasia, the patient never requested it. 28
   b) Oregon: PAS legalized in 1997
      i) From 1998-2002, 129 deaths from PAS
         (1) Median length of physician-patient relationship: 13 weeks (range: 0 - 851 weeks)
         (2) 1998-1999 data: in 61% of cases, the first physician refused the request
      ii) Psychiatric evaluation
         (1) 23% of patients were referred for psychiatric evaluation out of concern for depression
         (2) Only 6% of Oregon psychiatrists felt they could diagnose depression in a single visit 29
      iii) Reasons for requesting PAS: Loss of autonomy (83%), inability to participate in enjoyable activities (79%), loss of bodily functions (58%), burden on loved ones (35%), intolerable pain (22%), financial concerns (2%)

7) Official statements
   a) American Medical Society Code of Ethics (1994): "Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."
   b) Other groups who officially oppose legalization of PAS: American Nurses Association, British Medical Association, Canadian Medical Association, American College of Physicians, American Society of Internal Medicine, American Geriatrics Society, National Hospice Organization, American Cancer Society, American Diabetes Association, American Lung Association, Vermont Medical Society (1997; to be re-addressed in 2003)
Specific Components of the Death with Dignity Proposal


1) A mentally competent patient with <6 months to live (both criteria documented by two physicians) requests in writing a lethal prescription (witnessed by two individuals who attest to that the patient is competent and not being coerced), as well as verbally requesting it on two occasions at least 15 days apart.

2) If either physician feels the patient may have impaired judgment, counseling is required.

3) The physician requests that the patient notify the next of kin.

4) The physician informs that patient that the patient can rescind the request at any time (and must make this offer at the end of the 15-day waiting period).

5) The physician must wait 48 hours after the written request, last oral request, and opportunity to rescind, to write the prescription.

6) The department of health shall review records of PAD annually.

7) “Action taken in accordance with this act shall not be construed for any purpose to constitute suicide, assisted suicide, mercy killing, or homicide under the law.”

8) No health care provider is obligated to provide this service to his/her patients.

Specific Arguments Against the Death with Dignity Proposal

1) The bill defines “terminal condition” as “incurable and irreversible” with expectation of death within 6 months; however, the art of medical prognosis is very uncertain and may seriously underestimate a patient’s actual survival long beyond 6 months.

2) The “Counseling” component of the bill is inadequate:
   a) mental health counseling is “required” only if the attending or consulting physician deems it appropriate
   b) there is no definition of “counselor” so that a wide spectrum of individuals, even those with minimal training, could provide this service which may determine the timing of a person’s death
   c) Ludwig Minelli, founder of Dignitas, on how he is able to know in a single hour-long meeting if a patient seeking PAS is of sound mind: “Ah, it is not knowing. It is feeling, and that is much better than knowing.”

3) The patient need not be in any pain whatsoever.

4) Even if the patient is in pain, she may not have availed herself of any or all of the pain control options available.
   a) Even in the Netherlands “intolerable suffering” is a prerequisite for PAS

5) The patient may not have told any of his loved ones about his intentions.

6) The final sentence of the bill proposes a legal fiction that helping someone to take his or her own life is neither suicide nor assisted suicide.
   a) “Action taken in accordance with this act shall not be construed for any purpose to constitute suicide, assisted suicide, mercy killing, or homicide under the law.”

Note: #’s 3, 4, and 5 violate even the Newark Daunt, the most pro-PAS Episcopal statement.
Endnotes

1 “The straw-man argument is [a] diversionary tactic in which someone ends up making a case for or against a position that nobody in fact holds.” (Stephan Toulmin, Richard Rieke, and Allan Janik, An Introduction to Reasoning 2nd ed. [New York: Macmillan, 1984]: 141)
3 “When we take as our evidence examples that are unrepresentative of the given phenomenon and base a general conclusion upon that atypical evidence.” (Toulmin 153)
6 “The fallacy of equivocation occurs when a word or phrase is used inconsistently – that is, in more than one sense within a single argument – with the result that its various senses are confused.” (Toulmin 168)
7 On Dying Well 61.
8 On Dying Well 16.
12 Augustine, The City of God, Book I, Chapter 17.
13 Thomas Aquinas, Summa Theologica I-II, Q. 64, Art. 5.
14 Thomas Aquinas, Summa Theologica I-II, Q. 64, Art. 6.
15 Jeremy Taylor, Ductor Dubitantium or the Rule of Conscience.
16 On Dying Well 9.
18 Ibid.
21 Committee on Medical Ethics, Assisted Suicide and Euthanasia xii.
23 Committee on Medical Ethics, Assisted Suicide and Euthanasia 54.
26 See also concerns of the Lambeth Conference (1998) regarding the social impact of PAS
30 Sixty Minutes II (July 23, 2003).