**Debate Over the Acceptability of Physician Assisted Death**

As part of an ongoing discussion within the medical community, Ms. Melissa Bloodworth, Mr. Nathaniel Bloodworth, and Mr. Wesley Ely have presented an argument stating that physician-assisted death (PAD) and euthanasia is an unacceptable practice. They have also stated that their argument has no religious ties, motives, or reasoning. Their argument is in response to a pro-euthanasia video that was released by a student-led organization and they believe that healthcare professionals are being misinformed. In this paper, I will show that there are cases where physician-assisted death is acceptable. The anti-euthanasia argument found in the article is as follows:

The Unacceptability of Euthanasia Argument

1. Life, as stated in the Declaration of Independence, is an unalienable right that is unacceptable to take from another man.
2. If life is an unalienable right that is unacceptable to take away from another man, then PAD is unacceptable.
3. Therefore, PAD is unacceptable.

Modus Ponens

The rationale for premise (1) draws on one of the United States of America’s most historic and treasured documents, the Declaration of Independence. The Declaration of Independence states that “all men are endowed by their creator with the rights to ‘life, liberty, and the pursuit of happiness” (Bloodworth, Bloodworth, & Ely, 2015). By helping someone to commit suicide, you are taking away one of the basic rights that they are entitled to as an American citizen. In her opening statement, Melissa Bloodworth states, “…the profession of medicine was built upon the foundations of society itself, emphasizing the imperative of life” (Bloodworth, Bloodworth, & Ely, 2015). The purpose of medical care professionals is to assist and care for individuals by preserving their lives. If we stray from this purpose, then we break away from the very foundation of society itself and thus we destroy the bond of trust that exists between physicians and their patients.

The rationale for premise (2) has do to with the procedure of a PAD. In a PAD, the physician provides and sets up the materials needed to administer a fatal dose to the patient. In his opening statement, Nathaniel Bloodworth points out that very rarely is death an easy or painless process but even so all we can do is “...alleviate the suffering of our patients during this transition- but this role is sharply, firmly, and immutably distinct from apportioning death, even upon request”. (Bloodworth, Bloodworth, & Ely, 2015). Aiding a patient to do anything beyond existing in a less painful state then their condition allows goes against the basic definition of a healthcare professional, which is to care for someone’s health.

While the anti-euthanasia argument is valid, it is not a sound argument. I will not dispute premise (1) as it is true that the Declaration of Independence states that life, liberty, and the pursuit of happiness are three things that each American citizen is entitled to. However, the Declaration of Independence is an American document and therefore does not apply to mankind, as other nations do not abide by or accept it. Furthermore, the pursuit of happiness is also a right that man has been endowed. A person who is experiencing a painful and deteriorating disease or condition can no longer pursue their right to happiness.

My disagreement is with premise (2). Earlier I mentioned that most PADs are not performed by the physician, however, there are a few instances where the patient is physically unable to push that button in which case it is up to the physician to do so. Here, I can see why some medical professionals may feel that this is the equivalent to murder. One might argue that if the patient is unable to push a button, how could they be coherent enough to sign a legal document permitting a physician to end their life. To counter this argument, take into consideration those who are in comas and on life support. They are still living, although they are unresponsive, and will inevitably die. After a certain point, there needs to be a decision on whether to take them off life support. If the final decision is to take them off life support, then the physician does this, and ultimately ends the patient’s life, even though the patient never consented to this.

In both a euthanasia and life support example, the patient is, with certainty, going to die. The condition that they are living in is painful, unpleasant, and unhappy. I believe premise (2) to be false because in most cases, the patient is consenting to giving up their right to live, a decision that they are entitled to. Just because a person is given a right, doesn’t mean that they are required to exercise it. Voting, for example, is an inherent right that all citizens in the United States over the age of 18 are given, yet we are not required to vote. If someone can consent to give up their right to vote, then surely, they can also consent to give up their right to life. Therefore, premise (2) is false, making the argument valid but unsound.

In his opening statement, Wesley Ely states, “As physicians, we must strive to provide a quality dying process for those with terminal prognoses, making the switch seamlessly and successfully from cure to comfort…” (Bloodworth, Bloodworth, & Ely, 2015). I can think of no better way to make the switch from cure to comfort then by giving the patients the power to end their own life before the disease does and surrounded by the ones that they love, rather than endure a slow and painful end. If their prognoses are terminal and there is no further cure for their condition, why should they be expected to live out the full term of their life when they are unable to do or accomplish anything more. I believe that physician assisted death is an acceptable practice for those who have severe and terminal conditions. In these cases, allow the patient to exercise their third unalienable right, and grant them the liberty to greet death on their own terms.

Works Cited

Bloodworth, M., & Bloodworth N., & Ely W. (2015). A Template for Non-Religious-Based Discussions Against Euthanasia. *The Linacre Quarterly: Journal of the Catholic Medical Association.* Retrieved from, http://resolver.ebscohost.com.proxy.longwood.edu/openurl?sid=EBSCO%3aphl&genre=article&issn=00243639&ISBN=&volume=82&issue=1&date=20150201&spage=49&pages=49-54&title=The+Linacre+Quarterly%3a+Journal+of+the+Catholic+Medical+Association&atitle=A+Template+for+Non-religious-based+Discussions+against+Euthanasia&aulast=Bloodworth%2c+Melissa&id=DOI%3a&site=ftf-live