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A Moral Ends to Painful Means: The Right to Assisted Suicide for the Terminally Ill

When Esther B. De La Torre argues for the thesis that competent terminally ill patients should be given the right to assisted suicide in her article, “The Right to Assisted Suicide,” she relies on three main premises:

1. Humans have the right to determine their own fate.
2. If humans have the right to determine their own fate, then competent, terminally ill patients should have the right determine whether or not assisted suicide is right for them.
3. Therefore, competent terminally ill patients should have the right to assisted suicide.

In what follows, I will explain the reasonings behind De La Torres’ belief in that assisted suicide should be a permissible treatment option in the United States for competent, terminally ill patients. I will first elaborate on what assisted suicide means. I will then explain the rationales behind the author’s first, second, and third premises. Following this, I will offer three raised objections against De La Torres’ argument. Finally, I will address two counterarguments raised by commentator Amber Gordon.

To elaborate on the argument presented by De La Torre, I must first explain the most significant aspect of this paper: What is assisted suicide? Assisted suicide according to “Physician-Assisted Suicide: Legality and Morality” is “the act of a physician prescribing a drug to a patient which drug the patient is able to take on his or her own without the assistance of a medical provider or another person” (Levin 2). To be clear, assisted suicide is *not* the same

concept as physician-assisted suicide, where the physician actively imposes the drug. Generally, the prescription drives the patient into unconsciousness within five minutes of consumption, and thirty minutes following that (Levin 2).

Now that it has been explained *what* assisted suicide is, I will present De La Torre's rationales for her premises. First, she states that (1) People have the right to determine their own fate. This is a "liberty which cannot be denied" (De La Torre 2). All people have unalienable rights— one of those being the pursuit of happiness, as is written in the Declaration of Independence. "...Those who are dying might want to use [the liberty of determining one's own fate] as a way to pursue their happiness," and so by De La Torres' definition, determining one's own fate is by extension an unalienable right (which cannot be denied).

Secondly, De La Torre says that (2) if people have the right to determine their own fate, then competent terminally ill patients should have the right to assisted suicide (De La Torre 1). As discussed previously, the right to determine one's fate is a liberty that "cannot be denied" according to De La Torre. If this is the case, then the right to assisted suicide surely cannot be denied, either, since it is a means of fate that is determined by the patient. Therefore, following this logic, (3) Competent terminally ill patients should be provided the option to choose assisted suicide (rather than other life-prolonging treatments).

Of course, De La Torre's argument is not without objection. Those against assisted suicide argue three main counterpoints: The Hippocratic Oath, compromise of doctor-patient trust, and that assisted suicide is not a right to be given to anybody at all.

The Hippocratic Oath is taken by all physicians and states that all physicians must promise to relieve pain and to never administer deadly medicine (De La Torre 2). To assist a

patient in suicide would be to relieve pain, but also to administer deadly drugs, which is where the violation of such an oath comes up. However, this argument has already been violated—deadly treatments are already administered and accepted in a wide range (De La Torre 2). For example, chemotherapy is a common treatment for cancer. Chemotherapy itself is a deadly medicine that does not relieve the pain of cancer but instead causes more. It has been accepted and used for many years, and still violates the Hippocratic Oath... Therefore, this argument against assisted suicide is invalid according to De La Torres.

Compromise of doctor-patient trust, while a valid concern, is also disproved in an article De La Torre references by Cheryl Smith advocating that ““patients who are able to discuss sensitive issues such as [active euthanasia] are more likely to trust their physicians”” (De La Torre 2). Because the physician is not actively administering the drug, the decision is left completely up to the patient. Further, since De La Torres’ argument applies only to the competent (which is assumably the mentally stable/capable), chance of coerced or forced assisted suicide between patient and doctor is low (De La Torres 3).

The opposing argument that assisted suicide is not a right to be given to anybody at all has been countered by De La Torre in her previous reasoning for her second premise; if the right to pursue happiness is unalienable, and the right to determine one’s fate is included in such, then the right to determine one’s fate, therefore, ought to be given to the person. This means that the right should not have to be ‘given’ to any one individual— it should already be a right they have inherently (De La Torres 3).

Commentator Amber Gordon from class has also provided two counterarguments against De La Torres’ premises. The first of these objections states: “All humans don’t have the right to

determine their own fate. Such as maybe in the case of a child whose consent is found in their parent's decisions for all medical cases until they reach the age of being legally an adult." I agree with this argument in terms of a child being unable to determine whether assisted suicide is the best treatment option, and I believe De La Torres would as well. There is a grey area in terms of the age of competency— a child is not legally or mentally competent, but around 16-21, this is rather fuzzy. Rather than countering this objection, De La Torres would likely alter her original argument to correct the flaw presented by the objection:

1. Humans have the right to determine their own fate.
2. If humans have the right to determine their own fate, then competent, terminally ill patients **above the age of [21]** should have the right determine whether or not assisted suicide is right for them.
3. Therefore, competent terminally ill patients **above the age of [21]** should have the right to assisted suicide.

The second objection presented by Gordon states: "Even if we do have the right to determine our own fate, just because we have the right to determine our own fate does not mean necessarily that it's morally permissible to act on that right. An exaggerated example would be, say, if I decided I wanted to go rob a bank one day and knew there was a good chance of me spending the rest of my life in jail because of that action. Even though I wouldn't be dying, I would just be in jail, I still would be technically determining my own fate. But I think many would argue that my actions would be morally unacceptable." Again, I believe that De La Torre would agree with certain aspects of the objection. As Amber stated, just because we have the right to determine our

own fate does not mean necessarily that it's morally permissible to act on that right. However, De La Torre would likely counter that the circumstances revolving around going to jail for life, versus dying painfully and slowly from a terminal disease, are inherently different, as is the outcome for both the individual as well as those around them.

Esther B. De La Torre argues for the thesis that competent terminally ill patients should be given the right to assisted suicide in her article, "The Right to Assisted Suicide." In doing such, she reasons that the fate of a human being should be left to said human alone, and that because of this, assisted suicide should be allowed (since the fate of oneself would be left to the competent individual).

Works Cited

De La Torre, Esther B. "The Right to Assisted Suicide." *The Right to Assisted Suicide*, Lone Star College, 1996, www.lonestar.edu/rightto-assist-suicide.htm.

Levin, Marvin. "Physician-Assisted Suicide - Moral, Legal & Ethical Issues." *Levin Papantonio - Personal Injury Lawyers*, Dec. 2001, www.levinlaw.com/news/physician-assisted-suicide-legality-and-morality.