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 In recent years, certain states in the United States have enacted the “Death with Dignity” (DWD) statute, which permits patients whose doctors certify have six months or less to live to choose to end their life with the aid of a drug prescribed to the patient by their physician. The law allows the doctors to prescribe a lethal dosage of drugs, which the patient must administer themselves. In *An Undignified Side of Death with Dignity*, Plaisted argues that the current legislation implies that the lives of those with less than six months to live are not worth enough for the state to prevent them from committing suicide. When arguing against DWD, Plaisted relies on three premises of his argument. His first premise is that DWD does not respect the autonomy of the individual. The second premise is that if DWD does not respect the autonomy of the individual, then DWD diminishes the value of life in those with less than six months to live. His third and final premise argues that if DWD diminishes the value of life in those with less than six months to live, then DWD is not morally permissible. In this paper, I will show that Plaisted’s argument against DWD is false.

1. DWD does not respect the autonomy of the individual.
2. If (1), then DWD diminishes the value of life of those with less than six months to live.
3. If DWD diminishes the value of life of those with less than six months to live, then DWD is not morally permissible.
4. Therefore, DWD is not morally permissible.

I will first explain the authors defense of his first premise, based on the definition of autonomy, and how he believes that DWD, and the state, do not respect it. I will explain his second premise, and the logic behind his theories. Following, I will then explain his third premise, and how he connects that to his conclusion. Finally, I will explain the example he gives to support his conclusion, and provide a counterexample to prove that it is false, while also considering an objection to my counterargument. I will then conclude that Plaisted’s argument is false, and does not provide enough solid evidence to make his argument true.

Plaisted begins his argument based on the autonomy of the individual in question. Autonomy, within itself, means independence, is something that he describes as being “essential to many when it comes to dying with dignity” (Plaisted 201). Plaisted continues to argue that when a patient is given the option for DWD, no one considers what is best for the patient. He argues the states’ attempt at autonomy only results in what is best for the state, whether that means the state’s interest in preserving human life, the state’s interest in preserving the integrity of the medical profession, or wish to prevent the “slippery slope effect” to non-voluntary euthanasia. Plaisted argues that autonomy rights “exist in a context where other legitimate rights and values can clash with them”(Plaisted 206). When arguing that all of the state’s interests outweigh the autonomy of the patient to make their own decisions, Plaisted believes that DWD does not respect the autonomy of the individual.

For his second premise, Plaisted makes the connection that since the autonomy of the individual is compromised with DWD, then DWD diminishes the life of those who have less than six months to live, whom of which DWD applies to. He argues, “For autonomy receives permission to operate only after the state relinquishes its claim on your life, and it relinquishes its claim only when it judges that your life is no longer of sufficient length for it to wield control over. This, again, is surely an affront to, a slap in the face of, the dignity of those with less than six months to live. These people are basically being told that since they are as good as dead anyway, they may exercise their autonomy to end their lives with a doctor’s help” (Plaisted 224). Plaisted is convinced that the “dignity” that is being offered through DWD is simply not there, since all it is saying is that people with less than six months to live have no value to their lives. He believes that the state has decided that their remaining life is too short to protect, thus creating a decrease in the value of their lives.

Finally, Plaisted argues that since DWD devalues the life of those with less than six months to live, it is not morally permissible. He argues that DWD would not receive constitutional support, and gives the example that “one of the main justifications for there being a constitutional right to engage in a practice is that the practice is rooted in our nation’s history. That certainly cannot be said of [DWD]” (Plaisted 227). Plaisted believes that since DWD devalues life and is not something that our forefathers would have believed in, that we should not permit DWD to happen. His final thoughts argue that, “this is not a dignity-promoting way to confer the right to physician’s assisted suicide on those with less than six months to live, for it implies that they are, for all intents and purposes, as good as dead already” (Plaisted 228).

I do not agree with Plaisted’s premises on DWD, nor do I believe them to be true. In the case of autonomy, I do not agree with what Plaisted argues. If anything, I believe that DWD gives patients more autonomy then ever. This allows patients to, as the title suggests, die with dignity. So many people have various different diseases that causes so much pain and hurt in their lives, so why wouldn’t they want to choose to end their life of pain to die in a dignified way? DWD allows people to have more autonomy in their lives, not restrict it. Plaisted also has issues with the state placing the six-month rule on DWD, but I believe that it gives people protection. When it comes to ending your life, it is not something that you should simply be able to do on a whim. The state places these rules on DWD in order to save as many lives as possible, not to convey that those with less than six months to live have any less value.

In his argument, Plaisted ultimately wants to convey that when autonomy is taken away through DWD, then those with less than six months left to live lose value within their lives. He thinks that due to the fact that the value of life is decreased, then it should not be morally permissible. I do not agree with this argument. The example that Plaisted gives about constitutional rights does not make sense with this argument. Abortion is not in the constitution, nor was it something that was legal in the past, but due to cases such as Roe V. Wade, it is now an option women have. If women can have this option, then why shouldn’t patients with less than six months to live have an option to end their lives if they choose?

An objection to my counterargument could be that due to the fact that DWD is only applicable to those with less than six months to live, it is not right, especially for those people who wish to end their lives, but have more than six months left. Many may wonder what happens at the six-month mark that makes it okay to contemplate suicide, but the day before it was not permissible. In the case of DWD, however, is all about balance. The state allows a compromise between certain values a person may have, and their right to self termination. Terminal patients with less than six months of life remaining are given the freedom to exercise control over the timing and manner of their own deaths. But prior to the six-month mark, the state’s important interest in preserving life can outweigh personal autonomy.

 Plaisted makes several arguments about Death with Dignity and how it can effect one’s personal autonomy and value of life. However, I do not think that his arguments are plausible when it comes to physician’s assisted suicide. I do believe his arguments are valid, as his premises support his overall conclusion, but I do not think his premises are true, nor the rationale behind them.

Works Cited

Plaisted, Dennis. "An Undignified Side Of Death With Dignity Legislation". *Kennedy Institute Of Ethics Journal*, vol 23, no. 3, 2013, pp. 201-228. *Johns Hopkins University Press*, doi:10.1353/ken.2013.0008.