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The Morality of Physician-Assisted Suicide

In this paper, I will argue the morality of suicide and by extension, physician-assisted suicide (PAS) as a permissible act. It has frequently been debated whether there is rationalization behind the decision for an individual to take their own life, and that debate has become increasingly more complex as we consider the assistance of a third party member, such as physicians who are often present among individuals who wish to commit suicide. In regards to PAS, “there is increasing recognition that the patient must be at the center of health care decision-making, such that outcomes must be tailored to their individual needs and view. By extension, assisted dying might seem a logical step to help achieve these goals within the realm of end-of-life decision-making” (2014). Furthermore, Frost and others note, “There is no doubt that assisted dying would empower some patients to maximize control over the timing and manner of their own death. Such expression of autonomy would surely solidify moves towards a patient-centered approach to healthcare. However, the capacity for such consensual request remains in doubt. Clinically, the patient’s state of mind and the reliability of diagnostic predictions are of issue; philosophically the idea of informed consent for death is contradictory. The central tenet throughout has been the balance of individual’s rights, and the rights and responsibilities of third parties, such as physicians or any other individual who would be willing to assist in suicide. Ultimately, the challenge of deciding the morality of suicide, and more specifically physician-assisted suicide is for us as a society to decide where this balance lies”(2014).

In this paper, I will argue that PAS is morally permissible. First, I will define suicide and PAS as well as provide some cultural information. Next, I will set out to describe the ethical position that views PAS as a morally impermissible act while also pointing out weaknesses within the position. Finally, I will give reasons for supporting the contrasting position of viewing PAS as a morally permissible act, providing special attention to autonomy and compassion.

It is essential to clearly describe and clarify the meaning of the terms and actions that will be debated throughout the entirety of this essay. Suicide is defined as the voluntary and intentional killing of oneself. In some cultures, suicide has been viewed as morally acceptable or even honorable, while in others it is seen as an abhorrent sin except when necessary to glorify God, such as in the case of martyrs. However, self-interested suicide is rarely if ever justified in religiously driven cultures. PAS, as its name suggest, is defined as the deliberate termination of a patient’s life by administration of a lethal drug, removal of life support, or by a number of other means, which typically result in complete absence of pain or minimal discomfort. Likewise, PAS can be enacted through direct or indirect means. The term PAS is often used interchangeably with many other terms such as death with dignity, right to die, compassionates death, and medical assistance at the end of life. These many different terms provide a variety of emotions towards what is still the same action: a physician assisting a patient in ending their life.

Some consider PAS to be a morally impermissible act. This position mostly stands on the belief that suicide by itself is immoral and, hence, the assistance of a third party member, whether that person is a physician or not, is also immoral. "Should Assisted Dying be Legalized?” presents several arguments for why PAS should be considered immoral.

The first major premise in opposition to PAS is the belief that it will devalue human life. Although it should be agreed upon that all life has value, it cannot be agreed upon when a life ceases to maintain value. Likewise, determining the value of something is purely subjective and it could be argued that there is no longer value in a life that will only result in suffering until inevitably ending in death. However, it can be understood where Frost and othersview this premise as a justification to being opposed to PAS. There is a plausible fear that PAS could potentially result in the lessening of a life’s innate value and by extension result in milder responses toward other actions such as murder, abortions, and prisoner executions. Although, this first premise is not necessarily true as noted by my earlier objections.

1. If a life has value then it is wrong to kill oneself or assist in killing.
2. Life has value.
3. Therefore it is wrong to kill oneself or assist in killing.

Another premise that is utilized in an attempt to dispute PAS is the idea that permitting PAS will in turn make physicians less likely to actually try to heal people and will actually encourage them to simply allow patients to die without trying any beneficial preventive measures. However this is clearly not true, as PAS is legally allowed and yet physicians are still able to properly perform their jobs. Likewise, some opponents of PAS note “the act is a violation against the Hippocratic Oath of doing no harm to patients in any way”(Youngman 2013). To these groups, they view assisting a patient in the act of committing suicide as something that actually causes more harm than good, as well as something that violates the Hippocratic Oath. The Hippocratic Oath dictates the obligation of the physician, as Encyclopædia Britannica notes, “In the oath, the physician pledges to prescribe only beneficial treatments, according to his abilities and judgment; to refrain from causing harm or hurt; and to live an exemplary personal and professional life” (“Hippocratic oath”). However, it could easily be argued that by allowing a patient to suffer through treatments that are unlikely to be an effect or simply having them waste away because there is nothing else the physician can do as far as clinical treatments the physician is, in fact, neglecting the Hippocratic Oath and indirectly causing harm. The premises used in an attempt to support this position end up falling flat under close scrutinizing.

1. If physicians are meant to keep someone alive then killing oneself or assisting in killing is wrong.
2. Physicians are meant to keep someone alive.
3. Therefore, killing oneself or assisting in killing is wrong.

I believe that PAS is morally permissible because it allows the patient to be freed from the burden of suffering through so much pain, and by effect enhancing happiness via the sympathy of a third party member. As Robert F. Card, a philosophy professor at the University of Rochester Medical Center, notes, “In the contexts of physician-assisted suicide, right actions are those deemed to result in a greater degree of happiness rather than unhappiness. Another way to put this is happiness through the relief of suffering. When doctor, along with the patient decides to terminate the patient’s suffering and pain, this implies that the physician intends to minimize suffering and maximize happiness” (2004). PAS is a morally acceptable act because its entire intent is to alleviate pain and discomfort, and by extension, promote pleasure. There is no malicious intent in the act of PAS; rather the intent is compassionate in nature. If it is considered morally impermissible than the patients, especially in the case of terminally ill patients, will be left to suffer a potentially excruciating existence until they finally die.

By permitting PAS and noting it as a morally acceptable act we allow individuals to escape the inevitable pain that often encompasses the rest of their lives until the end of life, it allows individuals to determine their own fate and maintain some amount of control during a period when they typically have none. As Card further states, “the pro assisted-suicide advocates further advance that patients have the mandate to choose death or physician-aided suicide as a means of avoiding suffering” (2004). An argument that is often made in support of PAS is the argument of autonomy. In regards to autonomy John Stuart Mill’s states, “over himself, over his own body and mind, the individual is sovereign”. By this, Mill is implying the imperative nature of the individual’s ability to dictate his or her own life. In principle, it is expected that one should always be able to control the fate of one’s own body. To maintain some sense of dignity it is only right that an individual should have the ability to determine if they wish to die rather than to go through painful treatments that would potentially have little to no effect, as in the case of many patients with terminal cancer. The usual intent behind a third party member, specifically in this case a physician, assisting an individual in committing suicide is due to compassion. The sympathy that the physician feels to put an end to the miserable anguish that is the patient’s existence. Of course, a physician’s initial goal is to heal their patient but when the situation shows no silver lining they have but one last duty to their patients, and that is to attend to them and to show them kindness until their death. In this case, the compassion the physician feels towards the patient is incredibly virtuous and supports PAS as a morally permissible act.

In conclusion Frost’s, arguments regarding the immortality of PAS are extremely limited. The single convincing argument given about PAS lessening the value of human life is effectively refuted when noting that the value is completely subjective and at least partially based on the individual’s consideration of their own life as there can be no real value in a life made up only of pain and ever nearing death. As such, in contrast to Frost’s views, PAS is a morally permissible act. Some groups may make the argument that permitting PAS will create a number of issues in society, however, I believe that allowing PAS, especially in cases where the patient clearly understands the entirety of their decision and where they are mentally capable of making such an irreversible decision, will in fact benefit society by enhancing each of our owns basic humanity.

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