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One very controversial topic in the world of medicine and bioethics is physician-assisted suicide. There are only two states out of the fifty that have legalized physician-assisted suicide. Those states are Oregon and Washington. This practice has not been legalized in the other 48 states because there are many different views. Those who argue for physician-assisted suicide believe that it alleviates suffering. However, the Catholic church does not endorse physician-assisted suicide and believes it is morally wrong. In this paper, I will show that Dr. Hilliard’s article proves to show that physician-assisted suicide is morally wrong. Be aware that this paper is coming from a religious, specifically Catholic standpoint.

There are several arguments being presented in the article. However, the main overall argument is as follows:

Society’s understanding of suffering impacts the development of health care public policy.

If society’s understanding of suffering impacts the development of health care public policy, then the increase in scientific advantages will cause a societal expectation of one to have “the perfect life.”

If the increase in scientific advantages will cause a societal expectation of one to have “the perfect life,” then the imperfect life is ended at its earliest or later stages though physician-assisted suicide.

If the imperfect life is ended at its earliest or later stages though physician-assisted suicide, then physician-assisted suicide is killing.

If physician-assistant suicide is killing, then it is morally wrong.

Therefore, physician-assisted killing is morally wrong (Hilliard, 2011).

Now, the argument presented is pretty lengthy and has a lot of depth to it, but each premise can be described thoroughly. The first premise states how society’s understanding of suffering impacts healthcare policy. There are many different ways suffering is defined. According to the article, in a pluralistic society, suffering is often seen as “an unavoidable element of life, punishment for sin, something to be avoided at all costs, a retractor from human dignity, something reducible to pain and discomfort,” all of which can be alleviated (Hilliard, 2011). In this culture that promotes the idea that suffering is something to be avoided at all costs and ended as soon as it appears, causes suffering to be eliminated at all levels without considering the cost of the actions that end the suffering. This then leads into the next premise stating that if the health care policy is impacted, then the increase in scientific advantages will cause a societal expectation of one to have “the perfect life,” (Hillard, 2011).

Society’s definition of suffering is nothing less than eliminate the bad and make the good. Scientific advantages such as pre-implantation genetic diagnosis, sex selection, and designer babies, allow one to obtain the so called “perfect life” as described in the article (Hillard, 2011). The thing with the perfect life is that it is not the life designed by God. God makes everyone for a purpose and when an embryo is altered by such scientific advancements, that embryo is no longer living. This can also be stated as the embryo is being killed by physician-assisted suicide to end the imperfect life made by God to make the perfect life pictured by society. This strips the human of their dignity and personhood rights. Using physician-assisted suicide to end the imperfect life is the next premise being discussed.

If the imperfect life is ended at its earliest or later stages though physician-assisted suicide, then physician-assisted suicide is killing. A study was show in the article addressing the real reasons behind requesting physician-assisted suicide. Many would think the main reason is to alleviate pain, however, that is not the case. The main reason is because those who request it feel that if they live, their dignity will be lost and they will be “undeserving of respect and abandoned,” (Hilliard, 2011). This is often seen in patients with clinical depression and can be treated. However, by enacting and following through physician- assisted suicide, one is condoning the idea that there is no other option left for you other than to die. Not only does Catholicism disagree with the thought of condoning death/killing, but it is often seen as a palliative care failure which means pain and depression cannot be ameliorated. From here the patient will only continue to feel that their only option is to die thus requesting physician-assisted suicide. Furthermore, if one person is requesting dying for this reason, physician-assisted suicide is not doing the good deed that everybody thinks it does-relieve pain and suffering. Therefore, the conclusion of the argument presented by Dr. Hilliard is physician-assisted suicide is morally wrong.

The article was so dense that many of the additive arguments were not mentioned. Such sub arguments included the use of advanced directives are morally right, love is the richest source of the meaning of suffering, and narcotics are morally right as long as they are there to alleviate suffering, but still allow natural death to occur (Hillard, 2011). To briefly describe each of these arguments, the use of advanced directives will be discussed first. When patients are unable to communicate their desires, the issue of what to do arises. Having a patient fill out an advanced directive before conditions get to this point is beneficial so that what is done is in the patient’s best interest. Having the patient’s best interest at mind is in itself enough for advanced directives to be morally correct according to Catholicism. The next argument regarding love can be seen as if love is the richest source of meaning of suffering, then assisted suicide is the refusal to love by those involved. Love is seen as the richest source of meaning and suffering because suffering resembles Jesus Christ’s crucifixion. Furthermore, if assisted suicide is the reversal to love by all those involved, then assisted suicide is morally wrong. Thus, concluding assisted suicide is morally wrong. The last argument mentioned, narcotics are morally right as long as they are there to alleviate suffering, but still allow natural death to occur. This is just because if physician-assisted suicide is morally wrong, then suffering needs to be alleviated another way. Other ways can be loving care, psychological and spiritual support, and appropriate remedies. However, if those do not do the job, then that is where the use of narcotics come into play. Even though it is highly likely that they will cause decreased consciousness and shortening of life, it is okay because pain and suffering is being relieved without an unnatural way or death that is not by God (Hilliard, 2011).

 Many will object to the claim that physician-assisted suicide is morally wrong due to the sole fact that they do not believe in the religion or follow the Bible. Another reason to fight against the argument set up by Dr. Hilliard is that one may believe it is ethical if a patient consents. However, to counterargue this thought, no one should end their life prematurely because God is the one that created it, so he is the one that should end it. In addition, going back to previous arguments, the main reason why people request physician-assisted suicide is because they lost hope and not because of pain. When hope is regained, assisted suicide is no longer a request. With that being said, a patient’s consent to this act is not consent. It is a last resort.

 Overall, Dr. Hilliard’s argument against physician-assisted suicide is proven. Though various arguments, Dr. Hilliard was able to get his argument across to the audience in both a valid and true sense. This article can be very controversial regarding the fact that is solely through a Catholicism standpoint, however, the argument remains sound. As a whole, Catholicism is very nature minded. Therefore, in relating Catholicism to other topics covered this semester such as stem cell therapy, xenotransplantation, genetic interventions, human cloning, amongst others, whatever falls toward nature is typically what Catholicism will believe is morally right.

Hilliard, M., Ph.D., R.N. (2011). Utilitarianism impacting care of those with disabilities and those at life’s end. *The Linacre Quarterly, 78*(1), 059-071. doi:10.1179/002436311803888474