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Physician Assisted Suicide: Morally Permissible or Impermissible?

 Physician assisted suicide is when a physician helps a patient who has requested to die rather than continue receiving treatment. This is an issue discussed and argued by politicians and philosophers everywhere. In this paper I will be analyzing and explaining Li Lam Hon’s argument from the article “What We Owe Terminally Ill Patients.” In this paper I will argue the permissibility of Physician Assisted Suicide (PAS) under the Beneficial Foreseeable Death Case. I will prove some of Lee’s theory to be true by explaining his arguments and giving my own rationales and arguments for physician assisted suicide as well.

 I will first talk about Lee’s theories and the example arguments he uses for and against PAS. I will then return to his arguments for PAS in the various scenarios and focus on the one I believe to be morally permissible. I will explain why I do not agree with his full argument for PAS in both Beneficial Foreseeable Death and Beneficial Intended Death Cases.

Hon begins his article by defining the different forms of PAS. He immediately rules out any arguments against a patient refusing treatment in order to end their death quicker as that is their legal right to do so. He then explains that he will be focused on two cases through his article. That of intended death by morphine, and that of foreseeable death by morphine. He says:

The term “passive euthanasia” covers several different cases in which the patient wants and seeks to die:

[…]

1. Patients who want to die are given morphine with the result that the patient will die sooner than otherwise. These cases can further be distinguished into:
	1. Patients who want to die are given morphine to alleviate pain with the *foreseeable* result that they will die. (The physician *foresees*—but does not intend—that her patient will die). (Beneficial Foreseeable Death Case)
	2. Patients who want to die are given morphine with the *intended* result that they die (Beneficial Intended Death Case). (Hon 225)

He then outlines a number of cases and arguments for and against PAS. Before going in depth about his argument for PAS, he discusses the impermissibility of killing someone in general but explaining Thomson and Scanlon’s theory that “[the act of killing someone through PAS or otherwise] are equally permissible (or impermissible) if the only difference between them is the intention, *everything else being equal*” (Hon 229). Hon states that he believes the foreseeable case and the intentional case are both as equally as permissible as the above example given as long as everything else is the same. The only thing that could change this is based on intension. However, I do not agree. In the cases given in Hon’s article, the people did not choose to die, In the case of PAS, the patient is asking for the physician’s help in making their life less miserable, in the case of them knowing they are going to die soon anyway.

 After reading through all of Hon’s arguments and cases he brought up, I have come up with the following argument:

1. If the patient is classified under the Beneficial Foreseeable Death Case, then PAS is morally permissible.

2. The patient is classified under the Beneficial Foreseeable Death Case.

3. Therefore, PAS, under the Beneficial Foreseeable Death Case, is morally permissible.

I believe Physician Assisted Suicide is not morally permissible if the death is intended through the distribution of a morphine overdose. I believe each person has a right to their own life, which is why each patient has the right to refuse treatment and let nature take its course.

Works Cited

Hon, Lam Li. "What we Owe Terminally Ill Patients." *Asian Bioethics Review* 8.3 (2016) *ProQuest.* Web. 7 Nov. 2017.