

PHYSICIAN-ASSISTED SUICIDE: MERCY OR MURDER?

Sara Bobenmoyer
Exploratory
Grayling High School, Grayling, MI

One of the saddest experiences of my life was the time I visited my sister-in-law, Bonnie, at her bedside in the University of Michigan Hospital. During the trip to see her, memories of the energetic, hardworking woman filled my mind as tears filled my eyes. When Bonnie was diagnosed with cancer of the stomach, her doctor said she would have six months to live. I did not have the opportunity to visit her until three months after the diagnosis. When I first saw her, my heart sank like a lead weight--Bonnie had transformed into a weak, eighty-pound skeleton. The cancer was ravaging her body and she was too exhausted even to lift her arms to give me a hug. What was most devastating to realize was the fact that her mind was sound, yet the doctors could do nothing to alleviate the torture that the cancer made her endure. Chemotherapy did not even touch the cancer, but Bonnie lost all of her hair due to the treatment. Bonnie's husband and daughter could only stand by her side and painfully watch the disease slowly take away their beloved. Bonnie faced the fact that she would die soon, but the horrendous pain she endured was so prevalent in her eyes. Three months later, my thirty-five-year-old sister-in-law appeared like a ninety-year-old woman lying in her casket. It was torture for every person who loved her to witness such a slow and miserable death.

Many terminally ill patients must endure such intense pain and suffering that their only means of relief would be to end their lives. In many cases, the only way to be able to do so would be to seek help from a doctor. Physician-assisted suicide should be allowed, using specific guidelines for such patients who are determined to seek such treatment and who are mentally competent to make such a vital decision. For the benefit of those who severely require it, physician-aided suicide should be recognized as a honorable way to achieve alleviation of painful distress. If physician-assisted suicide were accepted by society, patients' rights would be acknowledged, a humane way to end suffering would be effected, and the incurably ill would be able to die with dignity.

A patient diagnosed as having a terminal illness and an approaching death deserves the right to determine whether he wishes to prolong his life or end his heart-wrenching agony by committing suicide with the help of a physician. It is estimated that as many as ninety percent of patients die in too much pain (Gibbs 36). If it is ensured that a patient enduring an incurable disease is competent, perhaps through an explicit psychological examination by a psychiatrist, his desires should be fulfilled in order to maintain his sense of worth. Although opponents to assisted suicide state that the Declaration of Independence grants the right to life, which should never be discarded, the same declaration also grants the inalienable right to liberty and the pursuit of happiness (McCord 21-3). Therefore, if the only way a patient feels he can gain happiness or liberty is to end his intolerable pain, the right to choose physician-assisted suicide should be acknowledged. Every person must realize that even the terminally ill and those who are near death deserve the same basic rights and freedoms as all other Americans do.

Some may argue that no form of suicide should be tolerated since it is against the law. In fact, these laws seem unconstitutional in many cases. In Michigan, for example, a new law against physician-assisted suicide declares that an individual could be sentenced to a prison term or a fine if he is found guilty of supplying another person with the means of death used to commit suicide (Annas 1574). Under this law, if someone were to commit suicide by swallowing two bottles of sleeping pills, the supermarket clerk who sold the pills to him would be just as guilty, in principle, as a physician who sets a lethal dose of medication next to a dying patient's bed. In essence, the laws have no consideration for the ordeal the patients go through, and it is unfortunate that the doctors who aid their suicides must do so illegally.

Since physicians play a major role in assisted suicide, they are also a primary focus of the opposition. As physician Howard Brody has noted, opponents may argue that a doctor's main duty is to prolong life, while advocates of physician-assisted suicide defend the fact that a doctor's primary function should be to relieve pain and suffering and respect his patients' decisions (1384). The underlying reason why people seek the advice or help of a doctor is so that they will be able to feel better. If a person breaks a leg, for example, he goes to the physician to alleviate the pain, not necessarily because it would make his life last longer. The Council on Ethical and Judicial Affairs of the American Medical Association claims that a compelling relationship between a compassionate physician and a patient is ultimately necessary (2233). When this occurs, a physician will be able to realize what is best for his patient and to help that patient carry out her decision and wishes. In the event that a doctor's role of sustaining life is impossible due to deterioration caused by an illness that cannot be cured, and there is no method to help alleviate suffering, a doctor should be able to help the mentally sound patient end his own life when such requests are made.

Dr. Jack Kevorkian, a pathologist working in Michigan, has boldly taken the initiative to assist twenty terminally ill persons to commit suicide (Hosenball 28). He accomplished this with the use of a machine that delivers poisonous chemicals through tubes hooked up intravenously or with a mask that delivers the toxic carbon monoxide gas, both devices allowing the patient to decide when and if to administer the deadly treatment (Annas 1573-4). In a *Journal of the American Medical Association* article, David Orentlicher, M.D., points out the worries of the opposition that the physician assisting in a suicide may not be assured that the patient's decision is final (1845). That argument does not cause Kevorkian any anxiety since his devices are set up so that it is only the patient who can make the ultimate decision whether to let the poisons enter his already ravaged body and to end his life. As Kevorkian has done so many times, Timothy Quill, M.D., Christine Cassel, M.D., and Diane Meier, M.D., argue that "when an incurably ill patient asks for help in achieving such a death [as suicide], we believe physicians have an obligation to explore the request fully and, under specified circumstances, carefully to consider making an exception to the prohibition against assisting with a suicide" (1381). In an interview with Todd Barrett and Frank Washington of *Newsweek*, Kevorkian stated that even if assisted suicide is illegal, he will still aid a suffering patient because that is a physician's duty (48).

Physician-assisted suicide is a humane way to end a patient's misery caused by a terminal illness. Diseases such as Acquired Immune Deficiency Syndrome, Multiple Sclerosis, and cancer involve an incurable deterioration of a person's physical well-being while leaving his mind alert and competent. Generally, these are the types of patients who would seek aided suicide from a physician. Betty Rollin, who made arrangements for a physician to help her mother, who was dying of cancer, commit suicide, stated that, "Having a terminal illness and being in excruciating pain is like being locked in a room without knowing where the key is. This measure [physician-assisted suicide] gives patients a means of escape" (qtd. in Goldberg 107). Most people would prefer to die with loved ones by their side and in the comfortable setting of their homes, over dying in a sterile, cold hospital (Annas 1573). Physician-assisted suicide would allow this opportunity since patients could decide the location and in whose company they would end their lives.

When arguing against physician-assisted suicide, opponents fear the "slippery slope," which is defined as the threat of physicians not knowing where the boundaries lie in dealing with who should be allowed to receive aid in committing suicide (Bender and Leone 117). Some fear that if terminally ill patients are assisted in their suicide attempts and this is accepted both legally and morally, other patients with less serious illness will also be allowed to or be expected to die. However, physician-assisted suicide should be allowed only under very specific conditions. These circumstances would include: that the patient is severely suffering from a disease diagnosed as incurable, that all other options have been sought, that the patient requests the suicide of his own free will a number of times, that the patient is fully competent according to the physician or a psychiatrist, that a second opinion of the diagnosis is sought, and that all of these circumstances are well documented and observed by witnesses (Quill, Cassel and Meier 1381-2). In an interview with *Time's* Midwest bureau chief Jon Hull, Kevorkian admits that in order to prevent death becoming too easy to accomplish, "Only certain specialists should be allowed to do it [aid in suicide], in conjunction with personal physicians and any other consultants they bring in" (39). By using guidelines such as these, there should be no threat that soon mentally retarded individuals or those who are blind will be forced to consider, or even allowed, physician-assisted suicide.

Every person desires to and deserves to die with dignity. This may occur through physician-assisted suicide since there is a feeling of having control over one's life based on the control over the date, time, and with what procedure that is ultimately in the hands of the patient (Hamel 129). In order to maintain their honor and self-respect, some patients would want to seek aid in dying rather than aid in prolonging an excruciatingly painful life (Quill, Cassel and Meier 1380). Physicians like Kevorkian should be allowed to help their terminally ill patients seek a quick and painless death when it is judged necessary by the patient, instead of forcing the doctor to prolong an existence that would ultimately end in inconceivable suffering.

Until the medical field can find cures for terminal illnesses such as cancer or AIDS, patients will continue to suffer profoundly through agonizing pain. No human who possesses a healthy existence of the mind

deserves to have his body slowly taken by a terminal and distressful disease. Therefore, physician-assisted suicide is the only hope of relief that these patients can receive, and the act should be both allowed and tolerated by society.

Works Cited

- Annas, George J. "Physician-Assisted Suicide--Michigan's Temporary Solution." *The New England Journal of Medicine* 27 May 1993: 1573-76.
- Bender, Robert M., and Bruno Leone. *Euthanasia: Opposing Viewpoints*. San Diego: Greenhaven Press, Inc., 1989.
- Brody, Howard. "Assisted Death--A Compassionate Response to a Medical Failure." *The New England Journal of Medicine* 5 Nov 1992: 1384-88.
- Council on Ethical and Judicial Affairs, American Medical Association. "Decisions Near the End of Life." *Journal of the American Medical Association* 22/29 Apr 1992: 2229-33.
- Gibbs, Nancy. "Rx for Death." *Time* 31 May 1993: 35-39.
- Goldberg, Stephanie. "Assisted Suicide Resolution Defeated." *ABA Journal* Apr 1993: 107.
- Hamel, Ron. "Shaping Public Policy on Health Issues: Is Rights-Talk Enough?" *Second Opinion* Jan 1992: 129-31.
- Hosenball, Mark. "The Real Jack Kevorkian." *Newsweek* 6 Dec 1993: 28-29.
- Hull, Jon D. "Kevorkian Speaks His Mind." *Time* 31 May 1993: 39.
- McCord, Willian. "Dignity, Choice, and Care." *Society* July/Aug 1992: 20-24.
- Orentlicher, David. "Physician Participation in Assisted Suicide." *The Journal of the American Medical Association* 6 Oct 1989; 1844-45.
- Quill, Timothy E., Christine Cassel, and Diane Meier. "Care of the Hopelessly Ill." *The New England Journal of Medicine* 5 Nov 1992: 1380-83.
- Washington, Frank, and Todd Barrett. "A Conversation with 'Dr. Death'." *Newsweek* 8 Mar 1993: 48.