

## Physician-Assisted Suicide—Lesson Plan

### Student Objectives

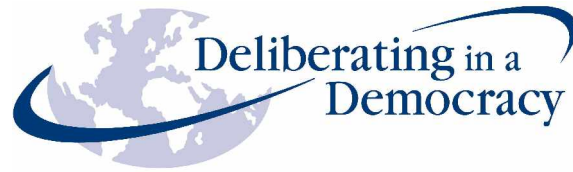
- Define *euthanasia* and explain its different forms.
- Connect the concept of euthanasia to democratic principles.
- Analyze the reasons for supporting and opposing euthanasia.
- Identify areas of agreement and disagreement with other students.
- Decide, individually and as a group, whether physician-assisted suicide should be legal; support decisions based on evidence and sound reasoning.
- Reflect on the value of deliberation when deciding issues in a democracy.

### Question for Deliberation

*Should our democracy permit physicians to assist in a patient's suicide?*

### Materials

- Lesson Procedures
- Handout 1—Deliberation Guide
- Handout 2—Deliberation Worksheet
- Handout 3—Student Reflection on Deliberation
- Physician-Assisted Suicide—Reading
- Physician-Assisted Suicide—Selected Resources
- Physician-Assisted Suicide—Deliberation Question with Arguments  
(*optional—use if students have a difficult time extracting the arguments or time is limited*)



## Physician-Assisted Suicide—Reading

1        A democratic government is responsible for protecting the lives of all its citizens. A central  
2        democratic principle, however, is that each person is autonomous (self-governing): people have  
3        control over their own lives. Finding the balance between these two principles often creates  
4        conflict.

5        While most citizens in a democracy want to protect life, they also believe and expect that  
6        they make their own personal decisions, particularly about their own bodies—to travel where  
7        they wish, eat and wear what they want, even decorate their bodies as they desire. People also  
8        assume that this right of control over their bodies extends to matters of life and death. For  
9        example, all democratic societies outlaw the cruel or unusual punishment of humans.

10       Many people believe that the right to live autonomously includes the right to decide when  
11       and how they end their own lives, particularly when “life” means facing a terminal illness,  
12       depression, or terrible pain. Yet many people around the world, because of their religious  
13       teachings, see end-of-life decisions not as personal choices but social responsibility; they oppose  
14       permitting suicide or enabling someone else to die. These divergent beliefs about protecting life  
15       and preserving autonomy come into conflict when people discuss whether the government  
16       should permit physicians to assist patients with suicide.

## 17 **Euthanasia**

18 Euthanasia, or “easy death,” means allowing or enabling people to die in a relatively painless  
19 way. The debate over euthanasia goes back at least to the time of Hippocrates, the ancient Greek  
20 physician known as the Father of Medicine. The Hippocratic Oath says in part, "I will neither  
21 give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect." Many  
22 medical schools still follow Hippocrates’ original promise, but others have adopted different  
23 oaths of conduct that permit physicians to participate in euthanasia.

24 When people talk about euthanasia, they refer to one or more of these practices:

- 25 • **Right to Refuse Treatment.** A competent adult has the legal right to refuse treatment even if  
26 this refusal will result in death.
- 27 • **Passive Euthanasia.** Under certain circumstances, family members may request that life-  
28 sustaining machines or treatment be stopped for patients with little or no hope of regaining  
29 consciousness.
- 30 • **Double Effect.** A patient may request his or her physician to administer powerful drugs such  
31 as morphine to ease unbearable pain and suffering. The patient knows that these drugs are  
32 also likely to bring death more quickly.
- 33 • **Physician-Assisted Suicide.** A physician assists in the suicide of a dying patient, usually by  
34 supplying him or her with a lethal drug and the means to take it.
- 35 • **Active Euthanasia.** A physician performs the death-causing act after determining the wishes  
36 of the patient or the patient’s family. This form of euthanasia is illegal in the United States,  
37 although a few physicians—such as Dr. Jack Kevorkian—have performed it and have been  
38 convicted of breaking the law.

39 **Euthanasia and the State**

40 During World War II, Adolf Hitler ordered the government of Nazi Germany to conduct a  
41 euthanasia program to eliminate “life unworthy of life.” At first, this policy was limited to  
42 newborn and very small children. Children were assessed by doctors and medical nurses, and a  
43 decision was made by a medical review board. If the panel decided that a person was “unworthy  
44 of life,” the patient was either killed or starved to death.

45 Very quickly, however, Hitler and the Nazis expanded their program, called “Aktion T 4,” to  
46 include persons who had incurable diseases, chronic conditions, or a physical or mental  
47 disability. Ultimately, the Nazi death program was extended to homosexuals and to persons of  
48 “inferior races,” particularly Roma (Gypsies) and Jews. By war’s end, the Nazis had murdered  
49 millions of people.

50 Since World War II, only the Netherlands and Belgium have permitted euthanasia on a large  
51 scale. Both active euthanasia and assisted suicide remain crimes in the Netherlands, but a doctor  
52 may grant a patient’s request for euthanasia if the doctor follows certain procedures. According  
53 to the “Termination of Life on Request and Assisted Suicide (Review Procedures) Act,” a doctor  
54 must:

- 55 a. be satisfied that the patient’s request is voluntary and well-considered;
- 56 b. be satisfied that the patient’s suffering is unbearable, with no chance of improvement;
- 57 c. tell the patient of his or her situation and further prognosis;
- 58 d. discuss the situation with the patient and come to agreement that there is no other reasonable  
59 solution;

- 60 e. consult at least one other doctor not connected to the case, who must see the patient and  
61 agree in writing that the attending doctor has done the four points above; and finally
- 62 f. exercise due medical care and attention during the euthanasia.

63 In 1996, the Dutch Supreme Court released a study on euthanasia. The study found that  
64 nearly 10,000 requests for euthanasia are received each year; about one third are granted. For  
65 most of these deaths, a doctor conducts active euthanasia by injecting a patient with a lethal drug.  
66 The study also found that the guidelines had been stretched to include patients with long-term,  
67 but not fatal, diseases. It identified cases of non-voluntary euthanasia that involved incompetent  
68 elderly persons, newborns with severe birth defects, and even a 6-year-old with diabetes who  
69 died because his parents refused to authorize regular injections of insulin. Similar violations of  
70 the law have been reported in Belgium. These and other developments illustrate what critics of  
71 euthanasia call the “slippery slope” that gradually leads to cases of individuals who seemingly  
72 have a “duty to die.”

### 73 **Who Decides When to Die?**

74 In 1975, Karen Ann Quinlan, a New Jersey (U.S.) 21-year-old, was in a “persistent  
75 vegetative state” caused by her taking a mixture of drugs and alcohol. Doctors told her parents  
76 that there was little hope she would ever regain consciousness. Karen’s parents asked a court for  
77 permission to remove her from a respirator (breathing machine). The New Jersey Supreme Court  
78 eventually agreed with their request, ruling that a person had the right to refuse medical  
79 treatment. In the 1990 decision *Cruzan v. Missouri*, the U.S. Supreme Court affirmed the right of  
80 patients to refuse or discontinue life-sustaining medical treatment.

81 In 1991, voters in the State of Washington (U.S.) turned down a ballot initiative that would  
82 have permitted “physician aid in dying.” Shortly afterward, the Washington state legislature  
83 passed a law forbidding physician-assisted suicide. Opponents challenged the law in the courts,  
84 arguing that competent terminally ill adults had a “fundamental liberty right” to have physician  
85 assistance in committing suicide. In the 1997 decision *Washington v. Glucksberg*, the U.S.  
86 Supreme Court disagreed; instead, the Court left the decision to each state.

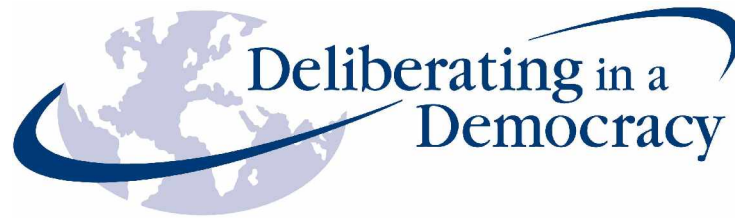
### 87 **Death with Dignity?**

88 Today, Oregon is the only U.S. state that permits doctors to assist the suicide of terminally ill  
89 persons. Oregon voters in 1994 approved a ballot initiative called the “Death with Dignity Act.”  
90 This law allows Oregon physicians to prescribe, but not administer, drugs to assist the suicide of  
91 terminally ill patients who expect to die within six months. Such persons may or may not be  
92 experiencing pain. The law, however, prohibits physician-assisted suicide for persons who suffer  
93 from psychological disorders such as depression. As it turns out, depression (which can be  
94 treated) is a greater factor in requests for physician-assisted suicide than unrelieved pain. Oregon  
95 has followed this law since 1998. Fewer than 50 people per year have been prescribed these  
96 medications.

97 Opponents of euthanasia point out that the Oregon law fails to require doctors to try  
98 “palliative care,” an approach that focuses on the prevention and relief of patient suffering, to  
99 ease the death of their patients. They note that depression, the most common reason given by  
100 people who want to commit suicide, is treatable. With medication for pain and depression, caring  
101 hospice facilities, and the love of family and friends, patients can die in peace and with dignity  
102 without having to resort to suicide. Medical schools in the United States are beginning to train  
103 doctors in palliative-care strategies. Critics also worry that events in the United States will follow

104 the Dutch experience, with physician-assisted suicide leading to active euthanasia and then  
105 involuntary euthanasia on people with mental illness, devastating diseases, or who simply are no  
106 longer “wanted.”

107 The debate about physician-assisted suicide will continue, and Hippocrates’ description of  
108 medicine remains as true today as it was 2,000 years ago: “Life is short and the art long, the  
109 occasion instant, experiment perilous, decision difficult.”



## Physician-Assisted Suicide—Selected Resources

### For Further Information

- BBC News, “Belgium Legalises Euthanasia” (May 16, 2002), <http://news.bbc.co.uk/2/hi/world/europe/1992018.stm>.
- Cruzan v. Missouri Department of Health*, 497 U.S. 261 (1990), <http://laws.findlaw.com/us/497/261.html>.
- “Nazi Euthanasia,” *World War II in Europe* (Boston: The History Place, 1996), <http://www.historyplace.com/worldwar2/timeline/euthanasia.htm>.
- “Oath of Hippocrates” (for physicians), <http://www.medword.com/hippocrates.html>.
- “The Oregon Death With Dignity Act,” Oregon Revised Statutes, Chapter 127 — Powers of Attorney; Advance Directives for Health Care; Declarations for Mental Health Treatment; Death with Dignity (1994), <http://egov.oregon.gov/DHS/ph/pas/docs/statute.pdf>.
- “Physician-Assisted Suicide” (Eugene: Oregon Department of Human Services), <http://egov.oregon.gov/DHS/ph/pas/index.shtml>.
- “Q & A Euthanasia: A Guide to the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act” (The Hague: Netherlands Ministry of Foreign Affairs International Information and Communication Department, 2001), [http://www.minbuza.nl/default.asp?CMS\\_ITEM=MBZ418607&CMS\\_NOCOOKIES=YES](http://www.minbuza.nl/default.asp?CMS_ITEM=MBZ418607&CMS_NOCOOKIES=YES).
- “Social Issues: Euthanasia and Assisted Suicide” (Portland, OR: Multnomah County Library, 2005), <http://www.multcolib.org/homework/sohc.html#euth>.
- Vrakking AM, et al., “Medical End-of-Life Decisions Made for Neonates and Infants in the Netherlands, 1995–2001,” *The Lancet* (April 9, 2005), Vol. 365: 9467, pp. 1329-1331, <http://www.thelancet.com/journals/lancet/article/PIIS0140673605610306/abstract>.
- Washington v. Glucksberg*, 000 U.S. 96-110 (1997), <http://laws.findlaw.com/us/000/96-110.html>.

### Anti-Euthanasia

- “Euthanasia” (Washington, DC: National Right to Life Committee, n.d.), <http://www.nrlc.org/euthanasia/index.html>.
- “The Euthanasia Corner” (Kelowna, British Columbia: InterLife, 2004), <http://www.interlife.org/euthan.html>.
- “International Anti-Euthanasia Task Force” (Steubenville, OH: IAETF, n.d.), <http://www.iaetf.org/>.
- “Not Dead Yet: The Resistance” (Forest Park, IL: Not Dead Yet, n.d.), <http://www.notdeadyet.org/>.

### Pro-Euthanasia

- “Compassion and Choices: Compassion in Dying, End-of-Life Choices” (Denver, CO: Compassion and Choices, 2005), <http://www.compassionandchoices.org/>.
- Death with Dignity National Center (Portland, OR: Death with Dignity, 2001-2005), <http://www.deathwithdignity.org/>.



## **Physician-Assisted Suicide—Deliberation Question with Arguments**

### **Deliberation Question**

*Should our democracy permit physicians to assist in a patient's suicide?*

### **Arguments to Support the Deliberation Question**

1. The Netherlands, Belgium, and one state in the United States (Oregon) have legalized physician-assisted suicide. The systems they have established are working well.
2. A person who is in unbearable pain and is terminally ill should be allowed to choose whether he or she lives or dies. U.S. citizens already have the right to refuse or discontinue treatment.
3. A law establishes rules that must be followed to ensure that the patient really wants the physician to help him or her die. These procedures would protect people from the possibility of involuntary euthanasia.
4. Citizens in a democracy have the right of personal autonomy. The right of control over one's body should apply to matters of life and death as much as it applies to the freedom to decorate one's body or travel freely.



## **Physician-Assisted Suicide—Deliberation Question with Arguments**

### **Deliberation Question**

*Should our democracy permit physicians to assist in a patient's suicide?*

### **Arguments to Oppose the Deliberation Question**

1. Most of the world has not legalized physician-assisted suicide. This practice is also against the teachings of most of the world's religions.
2. People who are in unbearable pain and terminally ill should be given medicine to control pain, a place where they are cared for, and love from their family and friends. People who are depressed often request assistance committing suicide, but depression is treatable.
3. The laws in existence now are not always followed and are often abused. Physician-assisted suicide will lead to physicians committing euthanasia on patients who do not want it.
4. Physician-assisted suicide is against the original Hippocratic Oath taken by doctors, which states: "I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect."