Unit 2: A Matter of Life and Death: Should Illinois Allow Physician-Assisted Suicide?

Overview

Death is an unavoidable part of life—people have no choice about whether they will die. But debate rages about how much control people—especially terminally ill patients suffering considerable pain—should have over the time and manner in which they die. Illinois is one of 36 states with specific laws prohibiting doctors from helping patients commit suicide. Advocates of physician-assisted suicide argue that patients who are dying and going through extreme pain should have the option of asking their physician to assist them in ending their own lives. Allowing this practice would give people the opportunity to die with dignity. Opponents counter by pointing out that assisting in suicide violates the Hippocratic Oath, which all doctors take. They also say that if all patients received appropriate palliative care, they would not want to commit suicide. In this unit, students explore arguments on both sides of the assisted suicide debate.

Note: Terminology can be confusing when discussing end-of-life issues. Differentiating between euthanasia (essentially when the doctor actively kills the patient; illegal throughout the United States) and physician-assisted suicide (when the doctor provides information or means for the patient to kill him/herself; legal in a few states) is critical for clarity. For that reason, the second activity in this unit is a vocabulary development exercise that will help students understand key differences, but using the right terminology is stressed throughout the unit, which focuses on physician-assisted suicide rather than euthanasia.

Focus Question

- Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide?

Objectives

- Identify beliefs that underlie views on physician-assisted suicide.
- Define terms related to physician-assisted suicide, differentiating physician-assisted suicide from euthanasia.
- Present arguments for and against an Illinois law permitting physicians to assist terminally ill patients who wish to commit suicide.
- Deliberate the question of whether Illinois should permit physician-assisted suicide and identify areas of agreement with classmates.

Materials

2A: Activity: Introducing the Focus Question
2B: Handout: What Would You Do?
2C: Activity: Analyzing Quotes on Physician-Assisted Suicide
2D: Quote Gallery: Quotes on Physician-Assisted Suicide
2E: Handout: Hippocratic Oath (Modern Version)
2F: Activity: Defining Terms
2H: Activity: Deliberating Physician-Assisted Suicide
2I: Handout: Defining Deliberation
2J: Reading: Should Illinois Permit Physician-Assisted Suicide?
Physician-Assisted Suicide: Selected Resources
2A: Activity: Introducing the Focus Question

Objective

Students are introduced to the focus question and put themselves in the place of a member of the Illinois General Assembly faced with letters from constituents on both sides of the question.

Procedures

- Ask students if they have heard of physician-assisted suicide. Do they know what the phrase means? Clarify that physician-assisted suicide involves doctors providing information or means (e.g., a prescription for drugs) that a patient needs to commit suicide. It is not the same as euthanasia, in which the doctor acts to end the patient’s life (e.g., by administering the drugs).
- Introduce the focus question for the unit: *Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide?* Students will have the opportunity to explore both sides of this question; they will start by putting themselves in the place of a member of the Illinois General Assembly, who is faced with letters from constituents on both sides of the question.
- Distribute Handout 2B, and go over the directions with students. Have students work in pairs to read and discuss the letters.
- Poll students as to whether they would vote for or against the bill permitting physician-assisted suicide. Record the class tally on the board and allow time for a few students to present their reasons. Tell students they will be learning more about arguments for and against such a bill in the next lesson.
**2B: Handout: What Would You Do?**

**Directions:** Imagine that you are a state representative. Each morning, staff members leave letters from constituents on your desk. The letters are about issues you will vote on that day. Today, you will be voting on a bill that would allow doctors to assist dying patients who wish to commit suicide. You have not made up your mind on how to vote on the bill.

Read the two letters the staff has placed on your desk today. Will you vote for or against the bill?

---

Dear Representative Smith,
I am writing to support the bill that would permit physicians to assist terminally ill patients who wish to commit suicide. I have incurable cancer. I have been through four years of grueling treatments and surgeries. Nothing has worked, and I have now stopped all treatment. I am waiting to die and enduring terrible pain. The doctors have given me serious painkillers—but they cause me to sleep most of the day and to feel groggy when I am awake. I have no real life, and I feel like my illness is ruining my loved ones’ lives. If I could get a prescription for a drug that would allow me to commit suicide, I would be so thankful.

My doctor says that prescribing a deadly drug violates the Hippocratic Oath. But Hippocrates also wrote doctors should “do no harm.” Allowing patients to suffer unbearable pain for no reason is, in my view, “harm.” Besides, Hippocrates lived more than 2000 years ago. I think the times have changed, and so should doctors!

My doctor also says that if physicians are allowed to help patients commit suicide, it will change the relationship between doctor and patient. I agree, but I think the change would be a good one. If I can trust that my doctor will help me when all hope is gone, that would strengthen our bond.

Please vote for this important bill. You will help me and many others like me, whose lives have become a river of pain.

Sincerely,
R. T. Bryant
Dear Representative Smith,

I am a physician in suburban Chicago. I have been in practice for 20 years. I am writing to oppose the bill that would permit physicians to assist terminally ill patients who wish to commit suicide. There are several reasons I oppose the bill.

First, helping patients commit suicide is forbidden in the Hippocratic Oath, which sets out the principles by which doctors must work. The Oath says: “I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.” Even if Illinois legalizes this type of activity, my Oath will still forbid it.

Second, my religious beliefs make it impossible for me to assist in suicide. My religion holds that life is sacred. Taking a life is morally wrong.

Third, allowing physicians to participate in assisted suicide would put our state on a slippery slope. Soon, family members might be pressuring patients to lighten their burden by committing suicide. People might start advocating for a more active role for doctors—administering the “suicide drug” or actually making the decision to kill a terminal patient who is in terrible pain. That could be very dangerous.

Finally, my job is to heal. If I participate in patient suicides, I may become insensitive. My patients may lose confidence in my commitment to their cure. Doctors’ public image could suffer.

Please vote against this bill.

Yours truly,

J.P. Gonzalez
2C: Activity: Analyzing Quotes on Physician-Assisted Suicide

Objective

Students analyze quotations on both sides of the assisted-suicide issue. Through discussion of the quotes, they will have an opportunity to identify beliefs that influence their own views on the focus question.

Procedures

- Enlarge the quotes provided in 2D: Quote Gallery. Post the quotes around the room.
- Remind students of the focus question for the unit: Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide? Today students will have the opportunity to explore further both sides of this question, using a Quote Gallery that you have set up in the classroom.
- Point out the quotations you have posted around the classroom and explain that students are to tour the gallery, reading and thinking about the quotations. Each student is to identify the quote that has the most meaning for them and be prepared to talk about their selection with classmates. The quotes they pick do not have to reflect their exact point of view; the quotes should be those that make a point students find personally relevant.
- When students have had time to read all the quotations, organize them into groups of three or four. Ask students to share the quotes they selected and the reasons those quotes were most meaningful.
- Draw the activity to a close with a class discussion of what students gained from reading and discussing the quotes. Did they gain insight into the beliefs that influence their own and others’ views of physician-assisted suicide? What values are most important to people on both sides of the issue? (Supporters: personal autonomy/dignity; Opponents: Protection of life, equal treatment of all)

Optional Activity

- Before starting the “Analyzing Quotes Activity” have students read the modern version of the Hippocratic Oath (Handout 2E) and ask them to write what it means in their own words. Discuss the Oath as a class before proceeding.
Quote 1

Approaching the problem of suffering among the dying through the lens of assisted-suicide is like looking through the wrong end of binoculars; it narrows and distorts the view. . . . In the very rare situations in which physical distress is extreme, it is always possible to provide comfort through sedation.

Dr. Ira Byock, Geisel School of Medicine at Dartmouth College and author of Dying Well.

Quote 2

The much-quoted reference [in the Hippocratic Oath] to “do no harm” is also in need of explanation. Does not doing harm mean that we should prolong a life that the patient sees as a painful burden? Surely, the “harm” in this instance is done when we prolong the life, and “doing no harm” means that we should help the patient die.

Dr. Philip Nitchschke, Director, Exit International

Quote 3

The right of a competent, terminally ill person to avoid excruciating pain and embrace a timely and dignified death . . . is implicit in the concept of ordered liberty. The exercise of this right is as central to personal autonomy and bodily integrity as rights safeguarded by this Court’s decisions relating to marriage, family relationships, procreation, contraception, child rearing and the refusal or termination of life-saving medical treatment.

ACLU brief in the case of Vacco v. Quill (1996)

Quote 4

. . . assisted suicide and euthanasia will be practiced through the prism of social inequality and prejudice that characterizes the delivery of services in all segments of society, including health care. Those who will be most vulnerable to abuse, error, or indifference are the poor, minorities, and those who are least educated and least empowered.

New York State Task Force on Life and the Law (1994)
Quote 5

Our opposition to physician-assisted suicide is not to hinder freedom but to protect the right to die with human and Christian dignity. . . . It will be our compassion toward the sick and dying that will ultimately make our teaching on assisted suicide effective and credible enough to shape and guide the public agenda.


Quote 6

. . . human life has inherent dignity, which may be compromised when life is extended beyond the will or ability of a person to sustain that dignity . . . Unitarian Universalists advocate the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths.

Unitarian Universalist Association General Resolution on The Right to Die with Dignity (1988)

Quote 7

The patient’s autonomy always, always should be respected, even if it is absolutely contrary—the decision is contrary to best medical advice and what the physician wants.

Dr. Jack Kevorkian, convicted of second-degree murder for assisting suicide

Quote 8

Legal acceptance of PAS [physician-assisted suicide] will put gobs of grease onto the path that leads to death as a legally permissible solution to the suffering of the non-terminally ill, the elderly, the disabled, the parent suffering the loss of a child, the person suffering chronic back pain, the depressed teenager, and so on. In other words, the legal acceptance of PAS puts us on a slippery slope that embraces death as a solution to medical, social, and psychological problems.

Dr. Hendrik van der Breggen, philosophy professor, Providence University College (2011)
2E: Handout: Hippocratic Oath (Modern Version)

I swear to fulfill, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

—Written in 1964 by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today.
2F: Activity: Defining Terms

Objective
Having examined quotations expressing a variety of opinions on physician-assisted suicide, students begin the process of digging deeper into the issue by defining key terms in the debate over physician-assisted suicide.

Procedure
- Remind students of the distinction you drew between physician-assisted suicide and euthanasia in the opening activity. Point out that this distinction is broad and there are other, more specific terms that they should understand before students dig into this topic.
- Distribute Handout 2G and go over the directions with students. Have students work on the exercise in pairs. Allow them to use reference materials if they wish to do so.
- Make sure students have properly matched the terms and definitions:
  - Involuntary active euthanasia: The doctor actively causes the patient's death (e.g., by administering a fatal dosage of drugs) without the patient's consent.
  - Voluntary active euthanasia: The doctor actively causes the patient's death (e.g., by administering a fatal dosage of drugs) with the patient's consent.
  - Physician-assisted suicide: The doctor provides information or the means by which the patient commits suicide.
  - Passive euthanasia: The doctor withholds treatment at the request of the patient or family, resulting in death.
- Discuss how students placed the four options on the continuum. While there is no “right” answer, by forms of active euthanasia are likely to be close to the “no acceptance” end of the continuum, while passive euthanasia will be closer to the “full acceptance” end. Physician-assisted suicide belongs somewhere in the middle (public opinion polls suggest that slightly more than half of Americans support physician-assisted suicide for terminally ill patients in great pain; for more opinion polls on this topic, see http://euthanasia.procon.org/view.resource.php?resourceID=000134#1). Point out that while there is agreement among people at both ends of the spectrum, in the center there is disagreement and thus controversy.
- Remind students of the focus question: Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide? Ask if there are any other terms in the focus question that students should have a common definition of before they learn about the arguments related to this controversy. You may want to start a collaboratively created unit dictionary (on a section of the board or as a Google document) to which students can add as they proceed through the unit.
**2G: Handout: What Is Physician-Assisted Suicide?**

**Directions:** Below are four terms describing different ways in which a doctor might be involved in the death of a patient. With your group, decide which definition matches each term. You may use reference materials to help you complete the task.

- **Involuntary active euthanasia**
  
  The doctor causes the patient’s death by withholding treatment.

- **Voluntary active euthanasia**
  
  The doctor actively causes the patient’s death (e.g., by administering a fatal dosage of drugs) without the patient’s consent.

- **Physician-assisted suicide**
  
  The doctor provides information or the means by which the patient commits suicide.

- **Passive euthanasia**
  
  The doctor actively causes the patient’s death (e.g., by administering a fatal dosage of drugs) with the patient’s consent.

Once your group has agreed on the definitions of the terms, place each term on the continuum below to show to what extent you think each type of physician involvement in patient death is acceptable to the public.

**Public Acceptance of Physician Involvement in Patient Death**

- **No acceptance**
- **Full acceptance**
2H: Activity: Deliberating Physician-Assisted Suicide

Objective
This activity is designed to introduce students to the opposing views on the focus question: Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide? Using the Structured Academic Controversy (SAC) methodology, students consider various perspectives on the issue and attempt to find areas of agreement.

Procedures
Step 1: Introduction (In class the day before)
- Distribute Handout 2I. Explain that students are going to be deliberating the focus question: Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide? To be successful with this task, students need to understand the process of deliberation.
- Discuss the definition of deliberation (Handout 2I). Explain that deliberation is different from debate because in a debate there are winners and losers. In a debate, people only listen to each other to find flaws in the other side’s reasoning; they pick apart those flaws to win the argument. The point of a deliberation is to listen to and analyze multiple viewpoints to uncover new ideas and possible solutions to a problem.
- Discuss why it is important to learn how to deliberate. Explain that, in a democracy, people must be willing and able to exchange ideas in a civil way to make effective public policy. The more people who have a chance to contribute to a solution to a problem, the more likely the solution is to be successful and to gain broad acceptance.
- Review the rules of deliberation, focusing on keeping an open mind and remaining respectful even when there is disagreement.
- Assign students to read the deliberation text (Handout 2J) as homework.

Step 2: Careful Reading of Text (10 minutes in class to review reading done as homework)
- Separate the class into heterogeneous groups of four students each. Have students review the text in their small groups.
- When students are finished reading, check for understanding and clarify any unfamiliar terms. If students do not understand the reading, the deliberation will not be successful.
- Ask each small group to identify at least three interesting or surprising facts and/or ideas presented in the text. Have each group reach a decision on the most interesting or surprising point and report it to the whole class. Remind students that this is not a time to present their opinions, but information they learned from the text.

Step 3: Taking Sides (15 minutes)
- Tell students that they are going to be assigned a role to play as either a supporter or opponent of a law allowing physicians to assist terminally ill patients who wish to commit suicide. Their job is to be as convincing in this role as possible whether or not it reflects their personal opinion.
- Divide each small group into pairs, TEAM YES and TEAM NO.
Ask Team Yes to find at least two compelling reasons to support (say YES to) the law and Team NO to find two compelling reasons to oppose (say NO to) the law.

Once each pair has chosen at least two reasons, instruct the pairs to share their reasons with each other, starting with TEAM YES, followed by TEAM NO. The two teams should have an equal amount of time to present their reasons (two to three minutes each will be plenty).

Remind students to listen carefully to the other pair’s reasons. They should not respond, argue, or insert their personal beliefs at this point of the deliberation. However, students should be encouraged to ask clarifying questions if they did not understand something.

**Step 4: Reversing Roles (5 minutes)**

Next, tell students that they will be switching roles. TEAM YES becomes TEAM NO and vice versa.

Ask each pair to explain the best argument they heard from the other team and then find at least one additional reason to support their new position. Remind students to base their arguments on logic and sound reasoning.

Again give each team time to present their reasons, beginning with the new TEAM YES. One minute per team is likely to be enough for this step.

**Step 5: Open Deliberation (15 minutes)**

Tell students to drop their roles and deliberate the question in their small groups. Now, they can use personal opinions and experiences to support their reasoning.

Remind students that the role of deliberation in a democracy is to reach well-reasoned decisions. Ask students to work together civilly to reach a decision on the focus question in their small group. If they are unable to reach consensus on the question (YES/NO), they should find points of agreement. For example, “We all agree that all patients should have access to adequate pain management.”

**Step 6: Whole Class Debrief (20 minutes)**

Have the class reconvene as a whole. Ask groups to report on such questions as:

- What were the most compelling reasons for each side?
- What areas of agreement did you find?
- What questions do you still have? Where can you get more information?
- Did anyone change their mind during the deliberation? If so, why?

Poll the class on the deliberation question. Once the class stance is evident, ask the students to briefly discuss why they think the class arrived there. Do most students agree? Why? Is there broad disagreement? Why?

Ask students to take a step back from the content of their deliberation to discuss the deliberation process. (Hint: The following strategy can be useful in ensuring equitable opportunities to participate. Have the class sit in a circle. Give each student three Popsicle sticks. When a student says something, he/she must toss a Popsicle stick into the middle of the circle. Each student has to use all three, and once they have used all three, they cannot say anything else.) Use such questions as the following to stimulate discussion:

- How was the deliberation different from the way you normally speak to each other?
- Why do you think deliberation is important to democracy?
- Why do you think it is important to practice deliberating? Why are deliberation skills so important?
- What did your group do particularly well in the deliberation?
- What could your group improve?
- Is reaching agreement difficult? Why or why not?
- Do you feel more informed about the focus question as a result of taking part in the deliberation? Why or why not?

Conclude the deliberation by asking students: If you feel passionately about this issue, what can you as an individual or the class as a whole do to make your views known? To help others understand the issue?

2I: Handout: Defining Deliberation

- What Is Deliberation?
Deliberation is the focused exchange of ideas and the analysis of multiple views with the aim of making a personal decision and finding areas of agreement within a group.

- Why Are We Deliberating?
People must be able and willing to express and exchange ideas among themselves, with community leaders, and with their representatives in government. People and public officials in a democracy need skills and opportunities to engage in civil public discussion of controversial issues in order to make informed policy decisions. Deliberation requires keeping an open mind, as this skill enables people to reconsider a decision based on new information or changing circumstances.

- What Are the Rules for Deliberation?
- Read the material carefully and ask questions if you do not understand.
- Focus on the deliberation question.
- Listen carefully and analyze what others are saying.
- Speak and encourage others to speak.
- Refer to the reading to support your ideas.
- Use relevant background knowledge, including life experiences, in a logical way.
- Remain engaged and respectful when controversy arises.

Deliberation question: Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide?

| Reasons to Support the Question - YES | Reasons to Oppose the Question - NO |

Source: Adapted from Deliberating in a Democracy (Chicago, IL: Constitutional Rights Foundation Chicago, 2005, 2006, 2007).
2J: Reading: Should Illinois Permit Physician-Assisted Suicide?

Should Illinois permit physicians to assist terminally ill patients who wish to commit suicide?

What Is Current Law Regarding Physician-Assisted Suicide?

Under current Illinois law (Illinois Criminal Code Section 12-34.5), “inducement to commit suicide” is a crime. A person is guilty of the crime when he or she knows someone is intending to commit suicide and provides the means for the person to do so. If the person kills him/herself, the offense is a Class 4 felony. If the person attempts suicide but survives, it is a Class A misdemeanor.

Over 30 states have similar laws. Physician-assisted suicide is a crime under common law in nine states. The past fifteen years have seen 75 bills introduced in 21 states, all designed to permit physician-assisted suicide. None have passed. Referenda to legalize the practice have been on the ballot in six states. Those states are California (1992), Oregon (1997), Michigan (1998), Maine (2000), Washington (2008), and Massachusetts (2012). The measures passed in Washington and Oregon. In Montana, the state Supreme Court has ruled that, if the patient consents, a doctor cannot be prosecuted for assisting in a suicide (Baxter v. Montana).

Federal law prohibits federal funds from being used to support assisted suicide. This means assisted suicide cannot be covered by Medicaid, Medicare, military and federal employee health plans, veterans' health care systems, and any other federal programs.

The U.S. Supreme Court has decided some important cases related to this issue. In two 1997 cases (Vacco v. Quill and Washington v. Glucksberg), the Court took into consideration the long history of anti-suicide laws in the United States. It ruled that the Fourteenth Amendment's due process clause does not provide a right to assisted suicide. However, the Court did recognize the right of states to permit the practice. In the 2006 case Gonzalez v. Oregon, the Court held that the federal government could not use drug laws to prosecute a doctor who wrote a prescription under the Oregon law permitting physician-assisted suicide.

Since Oregon has the longest experience with legalized physician-assisted suicide, that law is worth more detailed examination.

How Has Oregon’s Assisted Suicide Law Worked?

Oregon’s Death with Dignity Act became law in 1997. It allows adults who are terminally ill to get a prescription for a lethal dose of medication from their doctor. The patients take the medication themselves. To be eligible, a patient must be 18 or older, a resident of Oregon, capable of making decisions, and diagnosed with an illness that will lead to death within six months. The doctor decides whether the patient meets these criteria.
The state of Oregon keeps detailed data on assisted suicide. The numbers have increased significantly from 1998 to 2012.

![Chart showing DWDA prescription recipients and deaths, by year, Oregon, 1998-2012](image)

Source: Oregon’s Death with Dignity Act—2012 (Eugene, OR: Oregon Public Health Division, 2013),

The most common reason given for requesting the fatal prescription is loss of autonomy (93.5%). Second is decreasing ability to participate in activities that made life enjoyable (92.2%). Third is loss of dignity (77.9%). Critics of the Oregon law say that doctors should be required to try palliative care first. Palliative care is an approach that focuses on the prevention and relief of pain. If pain is controlled, patients may decide not to commit suicide.

Why Should Physician-Assisted Suicide Be Permitted?

Supporters of legalizing physician-assisted suicide give many reasons for their position:

- Suffering is a part of life. But prolonged suffering at the end of life is unnecessary and cruel. People should be able to stop their pain. That pain may be physical, existential, social, or psychological. Palliative care cannot address all of these issues. Physician-assisted suicide is a compassionate response to suffering.
- Assisted suicide allows patients to keep their autonomy. That is, it allows them to control their own lives and deaths. The right to self-governance is a fundamental right in our democracy.
The state has no compelling interest in prolonging the life of someone who is going to die anyway. The state's lessened interest is reflected in the fact that people are allowed to refuse life-extending treatment.

Patients who are on life-support systems can have those treatments withdrawn to hasten death. Terminal patients who are not receiving that type of treatment have no options for hastening death. Thus, allowing assisted suicide is just. It provides an equal opportunity for all terminal patients to escape their pain.

Laws can be written with specific guidelines. These guidelines can provide protection for patients who are disadvantaged in some way. This can prevent use of assisted suicide to control costs or for other bad purposes.

Physicians already assist patients in committing suicide. But they must cover their tracks. Legalizing assisted suicide would allow honest discussion of this topic. End-of-life issues would be more transparent.

Why Should Physician-Assisted Suicide Remain Illegal?

Opponents of physician-assisted suicide also provide numerous reasons:

- Life is sacred. Suicide of any kind violates the sanctity of life. Thus, it violates the moral precepts of many religions. It also violates secular beliefs about life.
- The purpose of medical care is to heal. In fact, the oath taken by doctors specifically says “I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect.” Putting doctors in the role of prescribing lethal drugs changes the patient-doctor relationship. It may make doctors less sensitive to human needs. It may also harm the public image of doctors.
- Using pain management drugs can control suffering. If doctors were better trained in palliative care, patients could spend precious time with loved ones. Suicide would not be seen as a good option.
- Many patients request assistance in committing suicide because they are not getting good care or because they have psychological issues. Some people believe that asking for assistance is actually a symptom of a psychological problem.
- Physician-assisted suicide leads down a slippery slope. If we become used to this practice, active euthanasia could easily follow.
- Some patients may be pressured to opt for assisted suicide. If a patient lacks health insurance, family members or health care providers may push for suicide for cost-related reasons.
Physician-Assisted Suicide: Selected Resources

Sources


Court Cases


Information and Analysis

Death with Dignity National Center, www.deathwithdignity.org/

Patients Rights Council, www.patientsrightscouncil.org/site/