VIEWPOINT

Why Physicians Should Oppose Assisted Suicide

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Counter Viewpoint page 245

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Is physician-assisted suicide ever justifiable? —No.

"Physician assisted suicide is fundamentally inconsistent with the physician's professional role," according to a long-standing position of the American Medical Association.[1] That we are debating this question of whether physician-assisted suicide (or "physician-assisted death") is ever justifiable shows how far medicine has shifted toward redefining the role of physician. If the medical profession accepts physician-assisted suicide, it will be declaring decisively that "physicians" are mere providers of services, to be guided only by the desires of the individual patient, the will of the state or other third parties, and what the law allows. The idea of medicine as a profession, which embodies a shared commitment to care for persons who are sick and debilitated so as to restore their health, will quickly fade into memory. Those made vulnerable by sickness and debility, to whom physicians owe their solidarity *as physicians*, will have much less reason to entrust themselves to physicians' care.

For centuries, physicians have worked to preserve the health of persons with terminal illness, respecting patients' authority to refuse any treatment recommended. Often, physicians can do no more than preserve only small measures of health—such as the patient's capacity to rest, eat, or have a bowel movement—or relieve those insults to health caused by pain or other distressing symptoms. To patients who are concerned that palliative measures might hasten their death, physicians promise to use only those medications and dosages proportionate to relieve the symptoms the patient experiences. While acknowledging that death may come sooner as a side effect of palliation, physicians pledge never to intentionally hasten the patients' death. All this physicians do without controversy and under ethical norms that have guided medicine for centuries. Yet with physician-assisted suicide, the physician is to disregard what is perhaps the most universal moral injunction—do not kill—and write a lethal prescription with the express intent of helping patients kill themselves.

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What has changed that would make physician-assisted suicide justifiable? Many say that physician-assisted suicide is justified on the basis of compassion and mercy toward those in "prolonged and excruciating pain."[2] Evidence, nevertheless, indicates that calls for physician-assisted suicide are not mainly driven by the experience of pain or other refractory symptoms.[3] The case of Brittany Maynard illustrates a pattern. At the time she committed suicide, she was not experiencing symptoms beyond the reach of proportionate palliation. Rather, she feared the prospect of possible pain and abject debility, in which she might "suffer personality changes and verbal, cognitive and motor loss of virtually any kind."[4] This patient's case is consistent with reports from Oregon[3] that found patients requesting physician-assisted suicide reported being concerned about "losing autonomy" (91.5%), being "less able to engage in activities making life enjoyable" (88.7%), "loss of dignity" (79.3%), "losing control of bodily functions" (50.1%), and being a "burden on family, friends/caregivers" (40%). Only 1 in 4 (24.7%) even reported "concern about" inadequate pain control.

These data imply that improving access to palliative medicine will not satisfy those who seek physician-assisted suicide, because assisted suicide is driven primarily by the desire for self-determination and autonomy and the wish to avoid debility and dependence. Ms Maynard put the point clearly when she said, "I want to die on my own terms. I would not tell anyone else that he or she should choose death with dignity. My question is: Who has the right to tell me that I don't deserve this choice?"[4]

Who indeed? Yet here a contradiction is displayed. Patients already have the right to refuse life-sustaining treatment. They have the right to proportionate palliation, even if death is hastened as a side effect. They also have the liberty to end their lives by all manner of methods that do not involve physicians. With respect to physician-assisted suicide, the "right to die" is a euphemism for the putative "right to have a physician help me kill myself." This alleged right of self-determination, as Burt noted, is "radically incomplete as a justification for physician assisted suicide." "[T]he confident assertion of the self-determination right," he continued, "leaves unacknowledged and unanswered a crucial background question: who can be trusted to care for me when I am too vulnerable and fearful to care for myself?"[5]

The question of trust brings into focus what professional medical organizations[6] have long known but many seem ready to forget: "Physician assisted suicide is fundamentally inconsistent with the physician's professional role."[1] If physicians were solely service providers who accommodated the self-determining choices of patients, then physician-assisted suicide would be logical if assisted suicide were justified. But the heart of the medical profession is not providing services. Rather, the physician's constitutive professional role is to attend to those who are sick and

debilitated, seeking to preserve the measure of health that can be preserved, and to help them bear the pain and progressive loss of autonomy and bodily function that illness often brings. There would be no profession of medicine but for human beings' shared vulnerability to illness. There can be no practice of medicine if patients do not trust physicians to care for them when they cannot care for themselves.

And herein is the conflict. Insofar as physicians enjoy societal trust, it is because since Hippocrates, physicians have maintained solidarity with those who are sick and disabled, seeking only to heal and refusing to use their skills and powers to do harm. That is why Doctors Without Borders treats injured Taliban soldiers. It is why physicians have refused to participate in capital punishment, or to be active combatants, or to cooperate with torture. It is why physicians have refused to help patients commit suicide. Many patients with terminal illness fear unbearable pain or other symptoms. The physicians' role is to care for them in their illness so as to relieve pain or otherwise help them bear up under the symptoms they endure. Many patients loath the prospect of abject debility. The physician's role is to maintain solidarity with those whose health is diminished, not to imply that debility renders a patient's life not worth living.

In a culture enthralled with self-determination, limits to freedom of choice can appear as unwarranted obstacles. The boundary against intentionally causing the patient's death, however, gives patients a reason to trust physicians while also giving physicians the freedom needed to perform their duties and responsibilities. Physicians who care for patients with advanced illness know that both they and their patients will at times be tempted to do away with pain and other symptoms by ending the patients' lives. This temptation is not new. To guard against it, for millennia many physicians have sworn in the Hippocratic Oath, "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."[7] Rather than posing an obstacle to compassionate care, this boundary creates a space in which physicians can act freely and decisively to palliate distressing symptoms. Without this commitment, patients have good reasons to be concerned that the morphine that leads to sedation is dosed not in proportion to the pain but in an effort to hasten death.

In sum, physician-assisted suicide is never justifiable. It is never justifiable because it always violates the injunction not to kill. It is never justifiable because it unjustly patronizes the desires of the few who request physician-assisted suicide over the needs of the much larger number who have already endured, or expect to endure, the debility and dependence that advocates for physician-assisted suicide desire to avoid. Physician-assisted suicide contradicts the physician's professional role and undermines the distinctive solidarity with those whose health is diminished that makes the practice of medicine possible. Physicians who seek to sustain medicine as a healing profession will have to distinguish and distance themselves, just as Hippocratic physicians did, from those practitioners who are willing to kill. In the meantime, physicians should oppose the legalization of physician-assisted suicide and steadfastly refuse to condone or participate in it.

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