The Impact of Assisted Suicide in Society

Lillie Carrigan-Bauer

Keuka College

ENG 112-03

Professor Reed

December 3, 2020

The Impact of Assisted Suicide in Society

In today's world, innovative technologies are being discovered, and what it means to be a health professional is evolving into more than could ever be imagined. One of the more recent ideas that has been proposed is the practice of assisted suicide, or more aptly called, aid in dying. A similar procedure is called euthanasia. It is considered a highly controversial topic due to the possible legal issues it may bring to practitioners or their practices, as well as the harm it may cause to possible patients who suffer from suicidal thoughts and actions. But at the same time, assisted suicide respects a patient's autonomy and could be a relief of suffering. Some people and institutions impacted by this problem are medical professionals, patients who could be terminally ill or suffering from other medical diagnosis and their families, as well as medical institutions such as hospitals. In order to solve the case of legalizing assisted suicide, more research needs to be done for people to actually discover if assisted suicide is a realistic option for patients or not. With extensive research, it can be shown that assisted suicide can be a worthwhile practice and help a lot of people as well as their families with the relief of the patient's suffering and ensuring that patients are participating in a very safe procedure while maintaining their control until the very end.

Background

Assisted suicide, or sometimes referenced as aid in dying, is legal in many countries around the world like the Netherlands, Belgium, Luxemburg, and Canada without any requirement of a patient having to be terminally ill (Magelssen et al., 2016). Countries like Germany and Switzerland have allowed assisted suicide to be practiced, but continue to prohibit

euthanasia (Magelssen et al., 2016). The United States has limited exposure to assisted suicide and the practice of it because in reality, few states have assisted suicide legalized, but with strict terms on who can receive the controversial care. The method that these states use is when a patient has a disease that could end their lives in the next six months, two doctors must be involved in the assisted suicide procedure, and the patient cannot have any conditions like depression that could impact their decision in order for assisted suicide to be done (Svenaeus, 2019). In the United States, only Oregon, Washington, Montana, Vermont, and California have legalized assisted suicide if the patient is terminally ill (Magelssen et al., 2016). In the United Kingdom, both euthanasia and assisted suicide are illegal and are punishable with up to 14 months in jail (Glasper, 2020).

When people usually think of assisted suicide, euthanasia comes hand in hand but there are distinct differences between the two practices that make some countries allow one but not the other. Euthanasia is defined as “intentionally killing a person by injecting drugs, at that person's voluntary and competent request” (Magelssen et al., 2016), while assisted suicide is defined as “intentionally helping a person to commit suicide by providing drugs for self-administration, at that person's voluntary and competent request” (Magelssen et al., 2016). The practices are similar through their complete clarification that the patient consented to the practice but have their distinct differences. Assisted suicide and euthanasia are different from other practices like removing someone from life support, which is often chosen by the family when the patient is extremely unlikely to ever return from their unresponsive or vegetative state.

An example of where assisted suicide was an option for patients is with Charlie and Francie Emerick in 2017. They chose to participate in assisted suicide because they were both suffering from life-threatening diseases and wanted to end their life together (Aleccia, 2018). In

Oregon, which is the first state to legalize physician-assisted suicide, 1,300 people have voluntarily decided to participate in assisted suicide by getting a prescription of a lethal quantity of drugs (Aleccia, 2018). Another example is Ethan Remmel in 2011. He was diagnosed with terminal cancer at age 40 and chose to overdose on prescription drugs in Washington through their 2009 Death with Dignity Act (Aleccia, 2013). An example of assisted suicide was in February 2020. This is not a typical example because it focuses on someone who deliberately starved themselves. The patient was Michael Askham, a 59-year-old who wanted to raise awareness for assisted suicide in hopes of changing the United Kingdom laws concerning assisted suicide (Glasper, 2020). When it comes to assisted suicide, the focus is on relief of suffering, a patient's autonomy, and how it is and can be a safe medical practice.

Relief of Suffering

One of the main reasons for allowing assisted suicide is the likely relief it will bring the patient and their family from suffering. Sometimes it can be a struggle to determine if the patient is able to recover from their illness or disease, but that is where the doctor's expertise comes into play. A definite sign to anyone, not just doctors, is when a patient is in intolerable pain, cannot breathe at all, has constant nausea, not able to hold their bladder, and even not being able to do the simple everyday tasks like eating or drinking, or even going to the bathroom independently, as well as losing their memory or sanity (Svenaeus, 2019). Like Washington's 2009 Death with Dignity act, patients want to be able to die with their dignity still intact because they feel once they cannot function without help and become fully dependent on others, they have lost their place in the world (Svenaeus, 2019). Another way a patient can be diagnosed with "persistent physical or psychological suffering" (Vilpert et al., 2020), in which assisted suicide would be better in the long run because they would not have the constant suffering, physically or mentally.

A lot of possible patients may feel like life is hopeless, but it is important to think about all of the possibilities with assisted suicide as a last resort because if a patient is able to regain their quality of life they once had or enough to enjoy life again, other treatments are needed.

Assisted suicide can be determined as a relief of suffering for the family as well because there could be a lot of pressure on the family to try and provide for their family members and make their life the best they can. In the end, "It's the quality of life that counts" (Aleccia, 2018), and knowing that the family member is no longer suffering and unhappy brings a lot of relief to the family. Especially in the United States, healthcare can be extremely expensive even with notably good insurance, so hypothetically, if a family member was diagnosed with a fatal illness, if a family chooses to go through with other treatments in order to help the family member, the cons might outweigh the pros. While there are multiple treatment options offered to patients and their families, it might be a better decision for someone to accept the situation and do what is best for themselves and their families. The focus of assisted suicide is for a patient to figure out what is best for their future.

Another concern of many others is if assisted suicide is truly the best solution to some medical diagnoses. A common myth about assisted suicide is that it can be compared to putting down an animal, in crude terms. In fact, while this is false, it can also be relatable. Usually, when an animal is put down by its owners, it is for the greater good because they are too sick to be able to live their life. By putting them to sleep, it is the most painless way for the animal, but maybe not so much the human. With human patients, assisted suicide is considered a relief of suffering, similar to putting an animal to sleep, in the most compassionate and humane way (Dugdale et al., 2019). While it may seem wrong to compare a human and an animal, their family and patient as well as the doctor just want the best for the patient in question, and assisted suicide can be

considered one of the most painless ways to die. When establishing that someone's suffering is unbearable, the request for assisted suicide can and should be seriously considered in order for the patient's suffering to decrease by tenfold (Evenblij et al., 2019).

Patient's Autonomy

In most societies around the world, the freedom to make our own decisions for ourselves is one of the most crucial factors, especially when living in the United States. A lot of patients are used to making decisions about many things in their life, including their healthcare, so the question is why a patient should not be able to choose to participate in assisted suicide. Patients should be able to have control over every aspect of their life, like the circumstances of their deaths (Dugdale et al., 2019). Patients have control over what goes into their body, who their doctor is, and even if they go to the doctors in the first place, so in regard to autonomy, why would the choice to pass away not be on our own terms be part of the process?

The most well-known and important job of a physician and anyone in the healthcare field as a whole is to ensure that their patients are happy, healthy, and comfortable. Throughout a person's life, they have a lot of possible health issues that can be solved by medication or through taking care of themselves better, so when a health issue comes up that is incurable, the main objective of the doctor is the time between a patient and the end of their lives. At the end of the day, "relieving the suffering of a patient is not only the primary mission of palliative care but it is also a core obligation of any physician" (Varkey, 2020, para. 5). If a patient wishes to participate in assisted suicide, it is the responsibility of the medical professional to help them achieve that goal. Even though few states offer assisted suicide as an option to a patient who is terminally ill, it is still the patient's choice to get the service that can be provided to them.

Especially today, some people believe that the implementation of masks in order to protect others and oneself is all a control tactic from the government and refuse to mask until they are refused service, which at that point, they comply with the guidelines or leave. While a patient chooses what kind of healthcare services they receive is different from the mask situation, the important part is that letting a patient have control over what matters to them allows the world to run more smoothly. When a person refuses to wear a mask, it creates a hiccup in the routine of the world. Patients often choose assisted suicide to remain in control since they are quickly losing control of how fast their disease progresses, their ability to enjoy life to the fullest, and many other factors. They feel like the only way to stay in control is to choose how, when, and where they end their lives instead of it being unexpected (Vilpert et al., 2020).

Therefore, by allowing patients to make their own informed medical choices, including how they die, patient autonomy is truly met through the encouragement and enablement of assisted suicide and recognizing that the patient has all of the control (Vilpert et al., 2020). When only a few states in the United States and many countries around the world have legalized and actively use assisted suicide as a medical practice, the only solution to make sure patients have full autonomy with their medical decisions is through legislation, which has to go through a lot more research to make sure everyone: patients, doctors, and hospital and health systems as a whole, are protected (Luzon, 2018).

Having the ability to control most parts of our lives causes other institutions to do what the general public encourages, so by having a push for assisted suicide in more places, “It is how we can build a health care system that will actually help people achieve what’s most important to them at the end of their lives” (Gawande, 2014, p. 135, as cited in Svenaeus, 2019). By encouraging healthcare professionals and systems to do what is best for the patient in the end and

to try their hardest to figure out the best way to provide the service, assisted suicide, not just internationally, but in more states in America. Ethan Remmel, in the state of Washington, wanted others to focus on the fact that "It gives [him] great relief to know that [he did] have some control over [his] dying process" (Aleccia, 2013). Full patient autonomy makes thinking about dying easier and through the stories of people and their families who have gone through the process, assisted suicide does more good than harm in the long run, especially if it is formatted and enforced correctly.

Assisted Suicide as a Safe Medical Practice

One of the main worries about assisted suicide is if it truly is the right choice for patients, but the truth about assisted suicide is that it is extremely planned out and has many limitations. A major part of assisted suicide legislation is that the patient is informed of all of the options they have for the end of their life. Two witnesses confirm that the patient is practicing assisted suicide with their own autonomy, the patient is not coerced or manipulated, and finally that the patient is able to ingest the medication for assisted suicide themselves (Dugdale et al., 2019). Since there are a lot of measures to make sure that everyone involved in the procedure is safe and sane, assisted suicide can be one of the safest medical procedures ever done.

Without consent, both involuntary and if the person is unable to give consent, the procedure can not be considered assisted suicide or euthanasia because consent is one of the key concepts of assisted suicide (Varkey, 2019). Safeguards are always put into place with all types of people but since worries are most focused on people who cannot advocate for themselves, like patients with disabilities or elders, the safeguards are there and are meant for them as well because everyone who has a terminal illness should have access to services like assisted suicide and should not be limited to other services.

Assisted suicide can be compared to when someone passes while they are sleeping, but assisted suicide is planned, while someone passing in their sleep is generally unexpected. The difference between the two and the benefits of assisted suicide is that assisted suicide is extremely planned in advance of someone's impending death, and the family has time to cope with the future loss of their family, therefore making assisted suicide a more reliable medical choice because people are given time to come to terms with the patient's death. Both the patient and patient's family are fully aware of what is going to happen during the procedure of assisted suicide.

An example of a common procedure is heart surgery or coronary bypass surgery. A lot of people go through this procedure with very low mortality rates, but after the surgery, there can be a great number of complications like infections, blood clots, and even a heart attack, but in the end, people still go through this procedure even though there are a lot of risks involved ("Coronary Bypass Surgery," 2018). When comparing a surgery that has the possibility of being very dangerous to a procedure that is very simple and the only complex part is leading up to the assisted suicide itself, it seems assisted suicide should become more of an option for the public. In conclusion, assisted suicide, with all of the limitations and legislation to make sure it is safe, can be considered a very safe medical practice and one of those medical practices that is extremely straightforward.

Concerns with Assisted Suicide

While assisted suicide is becoming more of a well-known subject, there are still many concerns with manipulation and coercion of patients, concerns with a doctor's true purpose as well as the limited number of doctors who have actually performed the procedure and have experience in the field as a whole. Legislation around the world has many limitations about who

can be provided with assisted suicide procedures. For example, in states like Oregon, Washington, and California, the patient has to have a terminal illness. People around the world worry about patients with disabilities being pressured by other people as well as patients with mental health disorders being influenced by their minds and bodies to participate in assisted suicide (Glasper, 2020).

Even though there is a lot of legislation to make sure everyone involved in the procedure is safe and consenting, some people even go as far as accusing states of unlawful conduct because they feel that the healthcare system is taking advantage of the patients, whom they deem to "lack the capacity to request" (Luzon, 2018) assisted suicide in the first place. A term that is often used is "slippery-slope hypothesis," which is used when severely ill or elderly patients are pressured to received assisted suicide, which can happen either on purpose or totally by accident. This is where the fear of manipulation comes into play with assisted suicide (Vilpert et al., 2020).

Another concern with assisted suicide is that it is not necessary, even though it has many benefits that other end-of-life options do not have. For instance, assisted suicide has not been a popular service until the last decade or so, but in the 1880s, it was being used more often. Now that doctors have more knowledge, technology, and are better able to treat pain in the first place, assisted suicide is not always considered a necessary practice to implement (Svenaeus, 2019). With a different perspective on assisted suicide, it's considered to have a high "incompatibility…with the medical deontology" (Vilpert et al., 2020) because the traditional view of doctors is that "doctors are supposed to save lives, not end them" (Svenaeus, 2019), but in modern times, the definition of a physician and medical systems have drastically changed.

The next concern is the fact that not many doctors have performed assisted suicide. Statistics show that only "2.78% of general practitioners, 47.8% of elderly care physicians, 22.7% of medical specialists and 3.7% of psychiatrists" have performed physician-assisted suicide (Evenblij et al., 2019), and these statistics are from a foreign country, so the statistics of medical professionals who have performed assisted suicide in the United States is unknown. The fear is that inexperience can cause potential clinical problems, as well as emotional distress with those involved in the procedure, especially the medical professionals (Vilpert et al., 2020). While there are many fears involving assisted suicide and all of the things that can go wrong, that happens with all medical procedures, and extensive research and rules on the subject need to be done to determine how the mistake, involving assisted suicide can be decreased or completely eliminated.

Conclusion

To try and solve the controversy of assisted suicide, it is obvious that an extreme amount of research and testing needs to be done to make sure it is a completely safe procedure that is much less unfamiliar with the general population. The first step to exposing people to the possibility of assisted suicide is "to help people change the way they think about dying" (Aleccia, 2018). Assisted suicide is seen in such a negative light that it does not get recognized for what it can do for someone and their family, but instead gets more attention from what it can take away from them.

Another approach to assisted suicide is simply changing the wording to make it more approachable for everyone. People are often influenced either to support or oppose an issue with something as simple as something called context effects, where answers are impacted by the attitude with which the question is asked (Magelssen et al., 2016). Another way questions can be

worded in a biased way is with question order effect, which can be defined as when "question order influences the way the target question is interpreted and answered" (Magelssen et al., 2016), both of which can influence people's overall opinions on the subject. The wording and tone of a piece of writing can determine people's opinions on a subject, so with assisted suicide, adjusting the wording to be neither positive or negative makes the reader form their own opinion about the procedure. While a positive view of assisted suicide is the ultimate goal, having an unbiased opinion is the first step in the process of this goal.

After assisted suicide is brought to the public's attention, it is time to bring legal issues into play, especially in the United States, since approximately only 10% of the states in America have assisted suicide as an option. A focus of the legislation is to make sure the patient has time to understand the information given to them, retain it long enough to make a decision, as well as communicating their decision to the appropriate personnel (Glasper, 2020). Five approaches to legalizing assisted suicide, presented by Golan Luzon (2018), begin with "maintenance of the status quo [then] ...de-prioritization, de-criminalization, and legislation." (Luzon, 2018), all of which can be done by modeling the health systems of other countries who have put physician assisted suicide into place and imitating what works for the United States healthcare system.

With people like Ethan Remmel and Charlie and Francie Emerick in Washington and Oregon, all of whom choose assisted suicide as the final procedure of their life because in Oregon, Washington, and three other states in the United States, assisted suicide is a widely accepted option for people, and modeling legislation from these states and places would be a successful policy. A more progressive health system allows for people to have a plethora of options, especially with new technologies that are being produced and developed every minute.

In other words, by allowing patients to have assisted suicide on their radar, not even as a focus, it becomes more of a reality instead of a fantasy.

References

Aleccia, J. (2013, April 10). Doctor-assisted death: A dad's choice sheds light on national issue. *NBC News.* https://www.nbcnews.com/healthmain/doctor-assisted-death-dads-choice-sheds-light-national-issue-1C9299977

Aleccia, J. (2018, March 6). This couple died by assisted suicide together. Here's their story. *Time*; Time. https://time.com/5179977/assisted-suicide-couple-death/

Coronary bypass surgery - Mayo Clinic. (2018). Mayoclinic.org. https://www.mayoclinic.org/tests-procedures/coronary-bypass-surgery/about/pac-20384589

Dugdale, L. S., Lerner, B. H., & Callahan, D. (2019). Pros and cons of physician aid in dying. *The Yale Journal of Biology and Medicine*, *92*(4), 747–750.

Evenblij, K., Pasman, H. R. W., van der Heide, A., van Delden, J. J. M., & Onwuteaka-Philipsen, B. D. (2019). Public and physicians' support for euthanasia in people suffering from psychiatric disorders: a cross-sectional survey study. *BMC Medical Ethics*, *20*(1), NA. https://link.gale.com/apps/doc/A600224983/OVIC?u=nysl_sc_keukac&sid=OVIC&xid=34a976a6

Glasper, A. (2020). Polices and guidance on euthanasia and assisted suicide. *British Journal of Nursing (Mark Allen Publishing)*, *29*(7), 442–443. http://proxy.keuka.edu:2082/ehost/detail/detail?vid=6&sid=9a130ac0-7ab9-4374-b0d3-c56b5f3ba5a4%40pdc-v-sessmgr03&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=142668429&db=c8h

Luzon, G. (2018). The Practice of Euthanasia and Assisted Suicide Meets the Concept of Legalization. *Criminal Law & Philosophy, 13*(2), 329–345. http://proxy.keuka.edu:2082/ehost/detail/detail?vid=4&sid=9a130ac0-7ab9-4374-b0d3-c56b5f3ba5a4%40pdc-v-sessmgr03&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#AN=136114174&db=i3h

Magelssen, M., Supphellen, M., Nortvedt, P., & Materstvedt, L. J. (2016). Attitudes towards assisted dying are influenced by question wording and order: a survey experiment. *BMC Medical Ethics, 17*(24). https://link.gale.com/apps/doc/A451338169/OVIC?u=nysl_sc_keukac&sid=OVIC&xid=c3eef5a3

Svenaeus, F. (2019). To die well: The phenomenology of suffering and end of life ethics. *Medicine, Health Care, and Philosophy, 23*(3), 335-342. http://proxy.keuka.edu:2136/10.1007/s11019-019-09914-6

Varkey, B. (2020). Defining euthanasia and the need to be circumspect in the usage of the term. *Medical Principles and Practice, 29*(5), 499-500. https://proxy.keuka.edu:2163/docview/2447955257?accountid=27791

Vilpert, S., Borrat-Besson, C., Borasio, G. D., & Maurer, J. (2020). Associations of end-of-life preferences and trust in institutions with public support for assisted suicide evidence from nationally representative survey data of older adults in Switzerland. *PLoS ONE*, *15*(4), e0232109. https://link.gale.com/apps/doc/A621763360/OVIC?u=nysl_sc_keukac&sid=OVIC&xid=376d7692