Physician-Assisted Suicide

Ethan Remmel, a 41-year-old psychology professor and father of two, took a lethal dose of prescription sedatives June 13, 2011 and died shortly after. Ethan had been diagnosed with terminal cancer one year earlier. Deciding that he would control the time and place of his death, he contacted physicians in the Seattle Cancer Care Alliance (SCCA) Hospital's "Death with Dignity Program." Once Ethan received additional medical opinions confirming that his cancer was indeed terminal, received counseling, and signed waivers, the SCCA provided Ethan with the lethal mix of prescription medications that would painlessly end his life after he ingested them. Explaining Ethan's decision and actions, Grace Wang, his former partner recalls that, "One of the things Ethan kept saying is he didn't want to deteriorate to the point where he couldn't interact with his kids." Dr. Elizabeth Loggers, Medical Director at SCCA, indicated that Ethan's wishes were not unusual. "If you look at the way most Americans say they want to die, it is in their home, with their family members present, not in pain, and with their mental faculties intact," she said.¹

Since the passage of Washington state's 2009 Death with Dignity Act, Ethan and 240 other terminal patients within the state have chosen physician-assisted suicide (PAS) as a viable option for ending potential suffering and ensuring their deaths occurred peacefully, as pain-free as possible, and at a time and place of their choosing. Montana, Vermont, and Oregon are the only other states where PAS is legal. In 1994 Oregon became the first state to legalize PAS. Since that time, 1,050 terminal patients in Oregon have requested lethal medication and 673 have died using it. According to Loggers, the most common reasons for patients to request PAS are, "loss of autonomy, an inability to engage in enjoyable activities and a loss of dignity." Loggers asserts that patients are not making these decisions lightly. "Each year," she says, "there are over 50,000 deaths in Washington state, and cancer is the second leading cause of death. The number who chose to participate in the Death with Dignity program is miniscule." ² Six other states including Pennsylvania, Hawaii, and Massachusetts are also considering Death with Dignity provisions.

Opponents of PAS programs, however, see "Death with Dignity" laws as a "corruption of the ethical code of the health care profession going all the way back to the Hippocratic Oath." A physician's job is to save lives, not end them, opponents say. "I believe it's God's job to decide when someone should pass away," said Edward Chase, an outspoken opponent of PAS in Vermont. Others, however, fear that incorrect diagnoses could lead to unwarranted PAS procedures. Erica Reill told Vermont Senate committees that she had been diagnosed with a "terminal illness" only to learn later that the diagnosis was incorrect. "How many other people are getting wrong diagnoses?" she asked. Other opponents worry that terminal patients may be pressured into PAS procedures by family or friends who are unable to deal with the lingering demise of a loved one. On May 20, 2013, Governor Peter Shumlin signed Vermont's "Death with Dignity Bill" making Vermont the fourth state where PAS is legal.

STUDY QUESTIONS

- 1. Under what conditions, if any, should physicians have the right to assist patients with suicide?
- 2. Should states legislate PAS or should end-of-life decisions be a left entirely to patients and their doctors?
- 3. What circumstances, if any, could justify suicide of any kind?

⁴ http://ncronline.org/news/politics/vermont-now-death-state-doctor-assisted-suicide-law-bishop-says



¹ http://www.nbcnews.com/health/doctor-assisted-death-dads-choice-sheds-light-national-issue-1C9299977

² http://health.usnews.com/health-news/news/articles/2013/04/10/physician-assisted-suicide-program-rarely-used-study-finds

³ http://www.burlingtonfreepress.com/article/20130129/NEWS03/301290015?source=nletter-top5&nclick_check=1