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Death, the inevitable end to our time on this planet. Sooner or later it comes for us all. Everyone in this room has seen it in some form, no matter if it was the loss of a loved one, a treasured pet that had to be put to sleep, or even a close brush with it ourselves. When it finally does come for us, are we not entitled to go to it on our own terms. The word euthanasia, literally translated from Greek, means good or easy death. This being the case, I personally feel that if a patient is willing, of their own accord, with minimal outside influence, they should have the right to a release from whatever pain they are feeling, up to and including assisted suicide if they so choose. However, on the idea of euthanasia, or killing by medical personal directly, with or without the consent of the patient, I think is too prone to abuse and should not be legal.

In diving into this issue, first we need to have a good idea of what the laws regarding euthanasia look like around the world. 5 out of the 50 states in the US, them being California, Oregon, Vermont, Montana, and Washington all have laws on the books that allow for doctors to proscribe medication for the purpose of physician assisted suicide, with Montana being notable in that it did not legalize the practice officially, but instead instituted laws that protect doctors from legal action in such cases, with this ruling standing after a 2015 house decision. This practice is also legal in Canada, Finland, Germany, Luxembourg, The Netherlands, and Switzerland. The laws regarding euthanasia are much stricter and less prevalent, with it only being legal in The Netherlands, Luxembourg, Columbia, Canada but only in Quebec, and Belgium. In a more local sense, and in regards to the length of this paper, the laws of the US are those I most deeply dived into. These laws, throughout all but Montana, almost universally requiring the oral testimony of 2 different doctors, of which they must be 15 days apart, and one written testimony from a doctor, according to Procon.org. The patient must also be judged to be of sound mental health, and in all cases it has to be the choice of the patient. In Oregon in 2015, 218 people were subscribed DWDA (Death With Dignity) meds, with only 132 people actually taking the prescribed meds, according to Oregon health authority. Of those whom took the meds, 72 % of these people were suffering from cancer, with another 10% suffering from Misc. illness, and the rest split up between heart disease, chronic lower respiratory disease. In total over the entire life of the law in Oregon 991 people have committed suicide via DWD meds up until 2015. In the US proper, numbers are kind of foggy, due to the in efficacy of the reporting system in states like Montana. All things considered, these statistics are up from previous years but using Oregon as a reference state, all of the cases that could be linked with the meds were from patients whom had received proper approval from physicians and did so of their own free choice, as far as my research shows.

With all of this being said, in other countries the system does not fare so well, and does give some credence to the slippery slope argument, such one report from the Netherlands of someone being euthanized against their will to free a hospital bed, according to J. Pereia. There is also a rather famous case in Oregon of a 64-year-old women, whom had been diagnosed with lung cancer, being denied a 4000 dollar treatment, but being approved for assisted suicide pills instead, according to ABC News. Now considering her medical history as a lifelong smoker and multiple chemo treatments and medical equipment, the expense was fairly large, however in a case even like this I do not condone the actions taken by the insurance company, which was in my mind against the law and rather predatory. I can see the danger of this type of system, but I also see that due to it not being legal on a large scale, the issues with government oversight and more specific and strict laws regarding the practices of insurance companies in this way. Any system with the gravity and importance that this has being poorly funded and state ran is going to have issues like this, almost to the point where we need to see large scale oversight by a federal entity or the outright banning of it entirely, of which I see no one winning, someone suffers from the banning of it, and someone also suffers from it remaining the way it is. Even from a utilitarian prospective, that being the idea that the act which is most beneficial, or provides happiness to the largest number of people being the correct course of action, according to out textbook, I can see the reason why people are so against assisted suicide. By this same logic however, I also see that wide spread adaption and sweeping reforms regarding factors that may influence a patient’s decision, that these issues could be solved.

In regards to the idea of euthanasia, by this logic if the killing of a few people whom are suffering or are deemed to have less years or a lower chance of survival would benefit a larger number of people, then it should be just. This is something that I personally have a massive issue with, because it only takes into account the idea of one death is a tragedy, a million is a statistic, and in this sense, flips it. It makes those whom might not have a choice in the first place, and dehumanizes them. However, in the argument of doctor assisted suicide, in my mind the idea of Utilitarianism, especially in the second definition, takes on a whole new meaning. By this logic, it makes no sense to attempt to keep patients or those whom are terminal alive against their will. This is not promoting the largest amount of happiness among the masses. Personally, I have observed this with my great grandmother, she was kept in a nursing community due to her advanced age and inability to care for herself. I watched her go from someone whom when she lived by herself and up until her admission, she was one of the fullest of life people I have ever known, she went from that to someone whom was a shadow of a shadow of her former self. She no longer talked, she didn’t do anything. I can remember on several counts the nursing home that she was at getting her meds wrong, not tending to her as was dictated by regulation, and from my grandmother speak to her about no longer wanting to live, due to the quality of life and the issue of her having no freedom anymore. This is not to say anything for her health, which being 99 years old was fragile to say the least. She eventually ended up refusing to take her medication, and within 3 days of this, she passed away. Now I understand that my experience is a rather unique case, and that not all nursing homes, or care programs for that matter, are that flawed, however this is to miss the point.

Patient assisted suicide is something to not ever be taken lightly, and in its current state the system does not work. It puts too many people at risk and allows for too much abuse by insurance companies and the like, however, with proper reforms and action taken by the government, I see no reason to let someone whom is ready to leave this earth be kept here in pain and suffering. Ultimately it is the choice of the person what they do with their bodies, and going back to a quote from my last paper. My freedom ends, where someone else’s nose begins, highlighting the need for at the end of it all for it to be the patients decision, with no pressure from insurance companies or doctors, and their decision alone.

Works Cited

James, Susan Donaldson. “Death Drugs Cause Uproar in Oregon.” *ABC News*, ABC News Network, 6 Aug. 2008, <http://abcnews.go.com/health/story?id=5517492&page=1>.

Keown, John. “Oregon: the Death with Dignity Act.” *Euthanasia, Ethics and Public Policy*, 4 Feb. 2016, pp. 167–180. doi:10.1017/ccol0521009332.020.

“State-by-State Guide to Physician-Assisted Suicide - Euthanasia - ProCon.org.” *ProConorg Headlines*, Pro Con, <http://euthanasia.procon.org/view.resource.php?resourceid=000132>.

Pereira, J. “Legalizing Euthanasia or Assisted Suicide: the Illusion of Safeguards and Controls.” *US National Library of Medicine*, <https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3070710/>.

MacKinnon, Barbara. *Ethics: Theory and Contemporary Issues*. Belmont, CA, Wadsworth Pub. Co., 1995.