

When and how a terminal patient dies, Jackie Goldenberg argues in “Physician Assisted Suicide,” should not be decided in the courts. She claims that the decision to end one’s life is similar to other personal decisions such as who to marry or how to raise one’s children. As such, it should be left to the patient and the patient’s family and physician.

Physician Assisted Suicide  
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Currently, debates about Physician Assisted Suicide (PAS) are made in legal terms, but this is not the type of subject best understood as a legal decision. Understandably, people are intimidated by death and by decisions surrounding the process of dying. However, if this difficult subject were handled in a way similar to other more everyday subjects, then it would be less overwhelming. Physician assisted suicide (PAS) is similar to decisions in life we already agree are not best understood as legal issues. When we take into consideration all the different parts of our lives, we can agree that generally, we get to decide what’s best for us. We are a society that values autonomy. We value the right to decide what church we go to, what our profession will be, whom we marry, and how we raise our children. In light of all of these ordinary decisions, why shouldn’t we choose how we die, particularly in the case of terminal illness? Our lives revolve around the choices we make and the relationships we have with others. When deciding how to end our time on earth, we should decide this consistently with how we decide other aspects of our lives. Euthanasia should be understood in ethical terms, as something to be decided between a doctor, a patient and a family. This is not something to be decided in the court of law.

Diane, a middle aged woman dying of leukemia, chose to withhold treatment so she could live the last few months of her life to the fullest. After talking to Diane, her doctor “gradually understood the decision from her perspective and became convinced that it was the right decision for her” (Quill 250-53). He explained, “When the time came, she wanted to take her life in the least painful way possible... In our discussion, it became clear that preoccupation with her fear of a lingering death would interfere with Diane’s getting the most out of the time she had left until she found a safe way to ensure her death” (Quill 250-53). Case studies like Diane’s make it clear that the decision to withhold treatment at the end of a person’s life can be both scary and uncertain, but it can have undeniable benefits too. If a patient is more comfortable having a way to end their suffering, then they should be given the means to fulfill this wish.

Diane’s doctor carefully considered the repercussions an ineffective suicide attempt would have on her family. Diane discussed her wish to die at length with them and together they decided they should respect her choice. Her doctor prescribed a drug for Diane that is used to treat insomnia but he also told Diane the amount needed to commit suicide. He said, “I wrote the prescription with an uneasy feeling about the boundaries I was exploring- spiritual, legal, professional, and personal. Yet I also felt strongly that I was setting her free to get the most out of the time she had left, and to maintain dignity and control of her own terms until her death” (Quill 250-53). In cases like this, why would we want the decision over PAS to be in the control of an impersonal state legislator

as opposed to a patient's family and her doctor? Relationships between doctors and patients are sacred and should not be minimized. PAS is an issue better thought of in terms of personal ethical decisions than in terms of legality.

Some may argue PAS could quickly spiral out of control if it was not legally regulated. Obviously, just like any law, PAS would need to have specific boundaries. However, if a person does fit the regulations, then death should not be taken out of their hands. Diane's decision concerning how and when to die was her personal choice.

But isn't physician-assisted suicide equivalent to murder? I don't think so. The verb "to kill" implies violence and moral judgment. Most people believe in the moral stance of the commandment "thou shall not kill". However, if a best friend was mortally wounded on the battle field screaming in horrible pain, a person's love for them might compel them to end their friend's suffering. The love that causes you to take someone's life in order to end their pain is distinctly different from the negative implications of killing someone. PAS is similar to mercy killing on the battlefield. In most cases, it is more like an act of love than an act of murder.

Some people believe that PAS is illegal because "it is a very charged and difficult issue and because most of us don't have the background knowledge to know if palliative care is sufficient or not" (P). However, just because something is a difficult issue does not mean it should be ignored or made illegal. In this situation, deciding not to act is the same thing as acting. In light of this fact, the question facing us is: what kind of action do we want to take? Do we want the

courts to step in and risk depriving a terminally ill person of their choice of when and how to die? Or instead, do we want to respect the personal, intimate decisions made between a doctor and a patient? Because being pro-PAS or anti-PAS represents an action *in either case*, the real debate should be about the kinds of actions – and the kinds of values those actions represent – which we as a society want to respect.

Finally, critics may argue that comparing death to everyday decisions, such as choosing a career path, minimizes the importance of death. However, death *is* an every day occurrence. Death is an aspect of life and therefore should be within someone's personal control. The decisions each of us make within the scope of our whole life is what makes life unique and sacred. In the United States, the government did not decide when my life began or how I lived it. Therefore, why should it decide when it ends?

#### Works Cited

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