

Prompt #2: End-of-Life Decisions

Craig B. Merow October 1, 2009

Modern technology has given us the ability to extend life. There are people alive today whose injuries, diseases, or organ failures would have killed them a generation ago. Many have enjoyed years of productive life thanks to advanced medical procedures. But for some, the extra time is spent in a coma or in intolerable pain.

In 1990, 26-year-old Terri Schiavo suffered cardiac arrest, possibly as a result of a potassium imbalance. Whatever the cause, the lack of blood flow to her brain caused severe damage. Terri survived for 15 years in a vegetative state, kept alive with a feeding tube, while her fate was debated in newspapers, courtrooms, and the United States Congress. The intense media coverage of her case made concepts such as persistent vegetative state, advance directive, extraordinary versus ordinary treatment, and withdrawing and foregoing treatment, topics of dinner conversation. Many people concluded that Terri's life during her final years was not worth living and took steps to ensure that they would not be kept alive under similar circumstances.

Some went further and worked to pass laws that would enable physicians to help suffering patients pass away painlessly when faced with imminent death . Oregon and Washington now have physician-assisted suicide (PAS) laws that allow physicians to prescribe lethal doses of drugs for terminal patients. A similar law is currently (September 2009) being debated in Pennsylvania. Do these laws help doctors to reduce the suffering of their patients or do they tempt them to violate their oath to do no harm? Is there a danger that insurance companies may pressure doctors to avoid expensive treatments and recommend PAS? Does PAS enable patients to die with dignity or does it demean the value of human life?

What do you think? Read the dialog between Jessica and Anna, do a little research, and join the conversation.

Get Started:

Jessica: Hi, Anna. Have you voted yet?

Anna: No. I have two tests tomorrow and a lab report to finish. I don't have time to stand in line. Did you see the lines on the evening news? It's a record turnout.

Jessica: Anna! This is our first chance to vote. How can you be so apathetic at eighteen?

Anna: I'm not apathetic. I'm just interested in other things. Politics is a world of smoke and mirrors. I have enough trouble sorting through the physics data that I collected systematically, under controlled conditions. The only information available about the candidates is a morass of exaggerations, distortions, and fabrications. I'll stick to science.

Jessica: Well, how about PAS? Don't you want the PAS ballot initiative to pass?

Anna: What's PAS?

Jessica: Physician-assisted suicide. It has been legal in Oregon for over a decade. Doctors there can prescribe a lethal dose of a drug for a terminally-ill patient.

Anna: Are you serious? Oregon doctors kill people? On purpose!

Jessica: No! Patients who have less than six months to live can request a prescription from their physician. The doctor does not administer the drug; she simply writes a prescription.

Anna: And that makes a difference? Jess, when I go to my doctor I want to be healed, comforted, taken care of – not exterminated! I thought doctors pledged to “do no harm.”

Jessica: We are all going to die, Anna, and for many of us, it's going to be a process filled with pain, indignity, psychological suffering, and economic disaster. I want to depart from this life when I think it is my time.
Do you remember when my grandmother died? After her cancer spread to her bones, she was in constant pain. She was an incontinent, drugged zombie, totally isolated from everything she held dear. She pleaded with her doctor to end her life.

Anna: A zombie? Jess! You are talking about your grandmother. Why was she isolated? Why weren't you by her side? Why didn't the doctors control her pain? Life is sacred, Jess.

Jessica: She *wasn't* my grandmother anymore, not the grandmother I had known and loved, and she had just enough awareness left to know it. Her once-athletic body had become a shriveled, loosely

connected collection of skin and bones, wracked by pain, no longer under her control. The morphine made it impossible for her to follow a conversation. She didn't want us to see her in this condition – that's why she was isolated.

Grandmom was always in control. She ruled the house. She made the decisions. It's not right that she was not allowed to decide when it was time to die. She suffered. We all suffered. An incredible amount of medical resources was expended to no one's benefit. PAS would have been good for Grandmom and our family.

Anna: Even if PAS makes sense in your grandmother's case, that doesn't mean that it is good public policy. Legalized PAS could be abused in a number of ways.

Doctors make mistakes. What if the prognosis is wrong?

Some families may be more interested in their dwindling inheritance than their elderly relative's happiness. What could be sadder than a dying parent robbed of his or her last days by pressure from greedy children to commit suicide?

Insurance companies! Imagine the pressure insurance companies would put on physicians to push PAS. Just think of the money they could save!

It's a slippery slope, Jess. You are thinking about your cancer-ridden grandmother; I'm worried about the depressed patient who requests Nembutal instead of Prozac.

Jessica: Okay. Okay, Anna. You have some legitimate concerns, but they can be addressed through regulation. The people of Oregon are happy with their law, and the one on our ballot has similar provisions. Patients must make multiple requests for the drug. Two doctors must be involved. Psychiatric evaluations are made. People have been working on this for years.

Anna: I just heard about it five minutes ago.

Jessica: That's because you have angular momentum on the brain! I guess you're not coming with me to vote?

Anna: I could never vote for suicide.

Jessica: Then vote against it!

Anna: You want me to vote even though you know that my vote will cancel yours? I'll never understand you.

Jessica: Just get in the car! We're going to vote!

Get Informed:

Abelson, Raziell and Marie-Louise Friquegnon. Ethics for Modern Life. Boston, MA: Bedford/St. Martins, 2003.

See chapter three, "Physician-Assisted Suicide and Euthanasia," and the discussion questions on page 235 for additional essay ideas.

Anagnostopoulos, Georgios. "Euthanasia and the Physician's Role: Reflections on Some Views in the Ancient Greek Tradition." Bioethics: Ancient Themes in Contemporary Issues. Ed. Kuczewski, Mark G., and Ronald Polansky. Cambridge, MA: MIT Press, 2002. 251-290.

The ancient roots of the physician-assisted suicide controversy are investigated.

Battin, Margaret P. Ending Life: Ethics and the Way We Die. Oxford: Oxford University Press, 2005.

A wide-ranging analysis of end-of-life issues including physician assisted suicide by a philosopher with an international reputation.

Blank, Robert H., and Janna C. Merrick, eds. End-of-Life Decision Making: A Cross-National Study. Cambridge, MA: MIT Press, 2005.

Experts from twelve nations analyze end-of-life issues from the perspectives of their native cultures.

Caplan, Arthur L. Smart Mice, Not-So-Smart People. Lanham, MD: Rowan and Littlefield, 2007.

This volume includes two short, engaging essays relevant to our topic by the Director of the Center for Bioethics at the University of Pennsylvania: "Million Dollar Baby," and "Physician-Assisted Suicide in Oregon."

Caplan, Arthur L., James J McCartney, and Dominic A. Sisti, eds. The Case of Terri Schiavo: Ethics at the End of Life. Amherst, NY: Prometheus Book, 2006.

A superb and extremely diverse collection of legal, medical, political, and philosophical primary sources concerning this landmark case. Chapter introductions written by the editors help the layman navigate, often technical, waters.

Caplan, Arthur L., Lois Snyder, and Kathy Faber-Langendoen. "The Role of Guidelines in the Practice of Physician-Assisted Suicide." Annals of Internal Medicine 132 (2000): 476-481.

This paper thoroughly investigates regulatory guidelines for PAS. It is the result of extensive work by the Assisted Suicide Consensus Panel as part of the Finding Common Ground Project of the University of Pennsylvania Center for Bioethics.

Card, Robert F. Critical Thinking About Medical Ethics. Upper Saddle River, NJ: Prentice Hall, 2004.

See chapter 5, "Ethical Issues at the End of Life," for an extensive collection of readings.

Center for Bioethics, University of Pennsylvania. "Do Not Resuscitate" brief. 2008. Available: <http://www.highschoolbioethics.org/briefs/resuscitate.asp>.

A conflict between patient and family concerning end-of-life treatment. What's a doctor to do?

Drickamer, Margaret A., Melinda A. Lee, and Linda Grazini. "Practical Issues in Physician-Assisted Suicide." Annals of Internal Medicine 126.2 (1997): 146-151. Available <http://www.annals.org/cgi/content/full/126/2/146>.

Physicians discuss PAS from the point of view of the physician.

Foote, Philippa. "Euthanasia." Philosophy and Public Affairs 6.2 (1977): 85-112.

The distinguished Oxford philosopher argues that euthanasia is wrong when involuntary and active.

Gawande, Atul. Complications: A Surgeon's Notes on an Imperfect Science. New York: Henry Holt and Company, 2002.

See the case of "Mr. Howe," pages 224-227. While students usually support Frankie's decision to help Maggie end her life in "Million Dollar Baby," they also support "Dr. K.'s" decision to place a patient on a respirator against his clearly stated wishes. Compare the two situations. Is there an ethically significant difference? If so, what is it?

Levine, Carol, ed. Taking Sides: Clashing Views on Controversial Bioethical Issues, 11th ed. Dubuque, IA: McGraw-Hill, 2006.

Two physicians, Marcia Angell and Kathleen M. Foley, debate the question, "Should physicians be allowed to assist in patient suicide?" See pages 80-99.

Million Dollar Baby. Dir. Clint Eastwood. Perf. Clint Eastwood, Hilary Swank,

and Morgan Freeman. Warner Bros. Pictures, 2004.

Can be used as an introduction to the ethical problems concerning euthanasia in conjunction with Arthur Caplan's essay.

Mitchell, Paige. Act of Love: The Killing of George Zygmank. New York: Knopf, 1976. 18.

A dramatic (very dramatic!) case of "mercy killing."

Oregon Department of Human Services. "Death With Dignity Act." March 2007. Available <http://www.oregon.gov/DHS/ph/pas>.

A jargon-free summary and discussion of the provisions of the Oregon PAS law.

Pence, Gregory E. Classic Cases in Medical Ethics, 5th ed. New York: McGraw-Hill: 2008.

See "Part One: Classic Cases About Death and Dying," pages 1-73. This is a good starting point for anyone new to the field.

Quill, Timothy E. "Death and Dignity: A Case of Individualized Decision Making." New England Journal Of Medicine 324 (1991): 691-694.

A moving account of the interaction of a woman facing the end of her life and the physician who helps her to depart on her terms. Don't be afraid of the professional journal – accessible to a general audience.

Rachels, James. "Active and Passive Euthanasia." The New England Journal of Medicine 292 (1975): 78-80.

Questions the distinction between killing and letting die. A classic philosophical paper that can be (Should be!) read by high school students.

Ravitsky, Vardit, Autumn Fiester, and Arthur L. Caplan, eds. The Penn Center Guide to Bioethics. New York: Springer Publishing Company, 2009.

See "Part XII: End of Life," pages 747-794, for essays involving advance directives, medical futility, hospice care, and palliative care.

Rollin, Betty. Last Wish. New York: PublicAffairs, 1998.

A memoir of a woman's battle with cancer and her request for help in ending her life, told by her daughter.

University of Washington School of Medicine. "Physician-Assisted Suicide," 1998. <http://depts.washington.edu/bioethx/topics/pas.html>. (July 30, 2009).

Authoritative and comprehensive source for information on PAS.

Vaughn, Lewis. Bioethics: Principles, Issues, and Cases. Oxford: Oxford University Press, 2010.

Contains a chapter, "Euthanasia and Physician-Assisted Suicide," that provides a nice mix of introductory material, selected readings, and analysis. It includes some of the papers listed separately in this reference list such as the works of Rachels and Dworkin, et al.

Get Involved:

1. Would you vote for a PAS law similar to the Oregon statute? Why or why not?

2. In the movie, "Million Dollar Baby," trainer Frankie Dunn administers a lethal dose of adrenaline to Maggie Fitzgerald, at her request, after she becomes paralyzed from the neck down while boxing an older fighter. Is this action morally different from a physician shutting off Maggie's respirator, at her request, if her death were sure to result? Explain your position.

3. Abelson and Friquegnon pose the following question in their book *Ethics for Modern Life*:

In his powerful novel *Man's Fate*, the writer Andre Malraux describes a Chinese revolutionary who is captured with several others, all of whom are about to be thrown alive into a locomotive furnace. The revolutionary courageously gives his cyanide capsule to a boy who is trembling with fear at what awaits them. In this situation is the revolutionary assisting the boy at suicide, and if so, is he doing something morally wrong?

Is it logically inconsistent to accept the revolutionary's action as morally acceptable, yet reject PAS as morally unacceptable? Explain.