Physician Assisted Suicide

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AT THE AGE OF 87, my great-grandmother tripped on her Newfoundland dog and fractured her hip. As a teen, I was shocked to learn that her physician had suggested putting her out of her misery. My great-grandmother rallied, her hip mended, and 5 years later she wrote and published a family chronicle. She continued to be an avid bridge player and Yankees fan and her life remained full. In her 99th year, her physician told her she was not well enough to fly to the Adirondacks in her son's seaplane. She turned to him and said, "Young man, when the time comes that you are telling me how to live my life, it is not worth living." She died within a month, just shy of her 100th birthday.

Recently, an old friend called me from out of the state regarding her husband, Tom, who was in intractable pain from cancer of the pancreas and wanted to end his life. My friend wanted information on lethal dosages of medication. I demurred and suggested more aggressive pain control. She told me her husband's pain specialist said he could do no more. I urged her to get in touch with Hospice. Through the ensuing advocacy of his Hospice nurse, Tom got a morphine pump implanted and lived pain free until his death at home 3 months later.

These examples attest to the patient's wish for control over his life. They also illustrate how physicians who feel at loss to control pain or defy death, may abandon terminally ill patients by responding over or under aggressively. Ideally, a physician will advocate for the dying patient's needs while also adhering to medical ethics and state law.

Oregon had enacted law which permits physicians to prescribe lethal doses of medication to the terminally ill and other states may soon follow suit. Pending suits argue that state prohibitions on physician-assisted suicide violate the constitutional right to privacy. Professor Robert Burt of Yale cautions that legislation permitting physician-assisted suicide would contribute to physicians abandoning the dying rather than focusing on their comfort. He further expresses concerns about vulnerable populations — the depressed, the unassertive, and those concerned with the cost of living who might welcome "a quick and easy exit." The latter could deprive patients and families of valuable time needed to reconcile with death and farewells.

Oregon law provides several safeguards: 1) Physician-assisted death is permissible only when comfort care ceases to be effective for those who are terminally or incurably ill, 2) The physician must seek a second opinion, 3) The patient must be free from mental illness, and 4) Physicians may not be subject to legal or disciplinary action for helping a patient die. Lethal doses may be prescribed by law but not administered by the physician. Miller et al, argue that any treatments intended to cause death lie outside of standard medical practice and should be reserved for extraordinary circumstances and only when requested by the patient.

Competing ethical principles guide us in these situations. On the one hand, the Hippocratic Oath states, "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." Margaret Mead empathizes that historically, the Hippocratic Oath distinguished physicians from shamans and sorcerers, who had the power to both heal and kill. One the other hand, the ethical principles of relieving suffering and respect for self determination are invoked by those wishing to justify physician-assisted suicide. Both the APA and AMA remain opposed to physician-assisted suicide.

If we allow suicide for intractable pain, do we enter upon a slippery slope in which we permit it for the severely retarded or brain damaged, or those who suffer from intractable pshychic pain? We should also be concerned that, in this era of diminishing health care funds and resources, physician-assisted suicide could be rationalized as being in society's best interest. If we yield to pressures to help terminate a life are we moving ahead and accommodating to changing times and practices or are we reverting to shamanism? Further debate is needed within our profession and among legislators to help resolve this issue. N

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Tamara Hodge-Wells, Executive Administrator

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