Psychological Aspects of Social Issues

Chapter 10
Euthanasia & P.A.S.

Outline/Overview

- Historical Perspective
- Important issues/distinctions
- Oregon law
- Prohibitions against suicide
- Newborns as a special case
- Writings from text
- Historical Political Perspective
- Current literature

Euthanasia

- Defined: the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy
- Often translated as "good" or "easy" death
- Case discussion: Baby Theresa
- Defining personhood, central to discussion, again
Historical Perspective
- Ancient Greeks – morally acceptable to end one's life
- Irish culture – death celebrated
- Religions vary
  - Catholics – historically argued no moral difference between allowing someone to die and killing
  - Muslims – only Allah has the right to end life.
  - Hindus/Buddhists – teach respect for life
- 1957 – Pope Pius XII
- Many Protestants and some Jews believe patient's wishes of greatest importance

Issues and Distinctions
- Ordinary vs. extraordinary measures
- Who defines where cut offs go?
- Should cost be a factor?
- Passive vs. Active distinction
- Many forms of passive, examples?
- "Purpose" served in preserving life?
- How do we define "reasonably fulfilling?"

Euthanasia vs. Assisted Suicide
- What is the difference?
- Dr. Jack Kevorkian
Oregon’s Death with Dignity Act
- 1994/1997
- DoJ challenged without success
- Criteria
  - OR resident
  - 6 mos. or less terminal diagnosis
  - Mentally competent
- 2012 – 115 prescriptions, 67 used (66 died from using), 11 used old prescriptions, 23 died of other causes
- Since law passed in 1997 – 673 have died

Gill’s moral defense of OR law
- Intends to promote the autonomy
- Critics argue: simplistic, shallow, and shortsighted
  - Self-contradictory since PAS destroys a person’s ability to make decisions
- Gill argues since the loss of autonomy is inevitable, person is simply choosing time
- Two judgments physicians make
  - Physician’s duty?
  - Decision is ultimately the patient’s

Status in other states
- PA — Assisted suicide is illegal
  - § 2505. Causing or aiding suicide.
  - (a) Causing suicide as criminal homicide.—A person may be convicted of criminal homicide for causing another to commit suicide only if he intentionally causes such suicide by force, duress or deception.
  - (b) Aiding or soliciting suicide as an independent offense.—A person who intentionally aids or solicits another to commit suicide is guilty of a felony of the second degree if his conduct causes such suicide or an attempted suicide, and otherwise of a misdemeanor of the second degree.
- Two other states legalized via legislation (WA & VT)
- One state PAS rendered legal by court ruling (MT)
Suicide and legal system

- Paternalism
- Involuntary commitment
- State decision
- Right to refuse treatment
- Importance of advance directives

Newborns and withholding medical support

- Different positions on acceptability
  - Permissive - any serious defect, might place a great burden on the family
  - Middle of road – no significant potential for meaningful human existence
  - Most conservative – never acceptable to withhold treatment

Case discussion

- Baby K
- Right to expensive and futile treatment?
Gay-Williams - “The Wrongfulness of Euthanasia”
- intentionally taking the life of a presumably hopeless person
- Argues that we sometimes mislabel behaviors as passive euthanasia
  - More narrow definition rules out:
    - Accidental killing via medication
    - Not treating

James Rachels – “Active and Passive Euthanasia”
- Active vs. Passive = irrelevant distinction
- Withholding treatment can prolong suffering
  - More humane to minimize suffering by making death as swift and painless as possible
- Down’s syndrome example – acceptable means to desired end, not valid reason
- Killing vs. Letting Die – argues no difference
- Conflation of killing vs. letting die with circumstances of most actual cases

Dan Brock “Voluntary Active Euthanasia”
- voluntary active euthanasia is rooted in individual autonomy & well-being
- concerns about how end of life will play out
- right to end my life doesn’t obligate any physician to assist
Brock (cont.)

- **Good**
  - Self-determination restored
  - Reassures majority of Americans
  - Merciful end is provided
  - End life quickly/peacefully

Brock (cont.)

- **Bad**
  - Incompatible w/ moral & professional commitments of physicians
  - Weakens commitment to high quality care
  - Threatens progress in securing rights of patients
  - Can make people worse off
  - Weaken prohibition against homicide
  - Slippery slope

John Hardwig “Is There a Duty to Die?”

- continuing medical advances will generate a widespread “duty to die”
- families have a duty to stand by and care for each other
- Objections to a duty to die
  - Higher duty takes precedence
  - Doesn’t recognize human dignity
  - Ill already bear a horrible burden
- Incompetent cannot have duty to die
- Social policies
- Connection with meaning in life
Political perspective

- 400 B.C. Hippocratic Oath
- English common law condemned
- Increasing public support in the early 1900's
  - reports of forced euthanasia in Nazi Germany swung the tide back against it.
- 1906 Ohio bill legalizing euthanasia.
- In 1914, common law

Where is euthanasia legal?

- Oregon (since 1997)
- Switzerland (1941)
- Belgium (2002)
- Netherlands (lawful since April 2002 but permitted by the courts since 1984)

Netherlands

- Active and passive euthanasia and assisted suicide all legal.
- 1990 study concluded that about 39% of deaths appeared to be preceded by a medical decision that likely hastened death.
- Since 1991 Dutch physicians have had to report all cases where they acted with explicit intention of hastening a patient's death.

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<th>1990</th>
<th>1995</th>
<th>2001</th>
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<td>% of all deaths – euthanasia</td>
<td>1.7-1.9</td>
<td>2.3-2.4</td>
<td>2.2-2.6</td>
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<tr>
<td>% of all deaths – physician assisted suicide</td>
<td>0.2-0.3</td>
<td>0.2-0.4</td>
<td>0.1-0.2</td>
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<tr>
<td>Life ended without explicit consent</td>
<td>0.8</td>
<td>0.7</td>
<td>0.7</td>
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<tr>
<td>Reduction of pain or other symptom, with life shortening effect</td>
<td>18.8</td>
<td>19.1</td>
<td>20.1</td>
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<td>Physician has done either euthanasia or pas</td>
<td>54</td>
<td>53</td>
<td>57</td>
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<tr>
<td>Would never perform or refer</td>
<td>4</td>
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<td>1</td>
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<tr>
<td>Ended a life without an explicit request ever</td>
<td>27</td>
<td>23</td>
<td>13</td>
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<tr>
<td>Would never end a life w/o explicit request</td>
<td>41</td>
<td>45</td>
<td>71</td>
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## Allen et al - American public’s attitudes
- 1936 Gallup poll approval of voluntary euthanasia 46%, fell to 36% by 1950.
- 1973-2002 peaked at 75% in 1986 and more recent data, 72% in 2002.
- "Do you think a person has the right to end his or her own life if they have an incurable disease" 38% yes in 1977 to 61% yes in 1998.
- Americans broadly believe that assisted suicide should be an available option
- most say they would not utilize it

## Dickinson et al - physician attitudes
- Should PAD (Physician Assisted Death) be legalized? 31-71%
- AVE (Active Voluntary Euthanasia) legal? 35-71%
- Approval of PAD (14-67%) AVE (23-63%)
- Requests for PAD (16-63%) AVE (11-63%)
- If legal would you participate? PAD 18-57% AVE 8-57%
Physician attitudes (cont.)

- Ever participated in PAD? 2-53% All but one study < 24%, most < 10%
- Different wording of questions
- Confusion over what constitutes PAD/AVE
- Slome et al study
  - San Francisco HIV Providers
  - 53% had helped at least one person commit suicide
  - 50% responded affirmatively to a vignette

References


