


Psychological Aspects of Social Issues

Chapter 10
Euthanasia & P.A.S.


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Outline/Overview

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

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Euthanasia

- o 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
- o Often translated as “good” or “easy” death
- o Case discussion: Baby Theresa
- o Defining personhood, central to discussion, again

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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

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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?"

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Euthanasia vs. Assisted Suicide

- What is the difference?
- Dr. Jack Kevorkian



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- ● ● | 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

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- ● ● | 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

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- ● ● | 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)

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● ● ● | Suicide and legal system

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

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● ● ● | 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

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● ● ● | Case discussion

- Baby K
- Right to expensive and futile treatment?

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● ● ● | **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
- Wrongfulness supported by: 1. Nature, 2. Self-Interest, & 3. Practical Effects

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● ● ● | **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

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● ● ● | **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

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Brock (cont.)

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

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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

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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

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● ● ● | 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

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● ● ● | Where is euthanasia legal?

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

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● ● ● | 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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Onwuteaka-Philipsen et al (2003)			
	1990	1995	2001
% of all deaths – euthanasia	1.7-1.9	2.3-2.4	2.2-2.6
% of all deaths – physician assisted suicide	0.2-0.3	0.2-0.4	0.1-0.2
Life ended without explicit consent	0.8	0.7	0.7
Reduction of pain or other symptom, with life shortening effect	18.8	19.1	20.1
Physician has done either euthanasia or pas	54	53	57
Would never perform or refer	4	3	1
Ended a life without an explicit request ever	27	23	13
Would never end a life w/o explicit request	41	45	71

- ### Allen et al - American public's attitudes
- o 1936 Gallup poll approval of voluntary euthanasia 46%, fell to 36% by 1950.
 - o 1973-2002 peaked at 75% in 1986 and more recent data, 72% in 2002.
 - o Forgoing life sustaining treatment, in 1973, 62% agreed acceptable, by 1991, 81% agreed.
 - o "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.
 - o Americans broadly believe that assisted suicide should be an available option
 - o most say they would not utilize it

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

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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

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References

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