Physician Assisted Suicide

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Abstract
Physician assisted suicide is usually required by individuals who suffer from incurable terminal stage illnesses, are under extreme pain and very often dependent on other people even for their most basic needs. Medical participants, in these types of situation, are required only to provide a terminally ill patient with the information, guidance and means to take his or her own life. Physician assisted suicide becomes a delicate ethical matter from the moment we recognise a terminally ill patient's desire for his/her "extreme" form of expression to be acknowledged not just as a decision without moral value (as is suicide), not as a form of resignation from life, but, on the contrary, as a reasonable decision that expresses recognition of the value of human life. In this context, the precise understanding of physician assisted suicide, in a way that distinguishes it clearly from other forms of end of life procedures such as euthanasia, the ethical foundations or implications of the acceptance of such a procedure, the social impact it may have in the way we face life and death, are some of the most pressing issues we owe to address.

Scientific development in the last century has changed drastically the way medical practice is performed. Medicine is in the position to prolong or even hasten life with the use of methods like mechanical ventilation or terminal sedation respectively. The concept of natural death has now become decrepit; the burden of deciding when to die is much more in human hands. One of the most controversial forms of end of life decision-making in medical practice is the Physician Assisted Suicide. Physician Assisted Suicide raises considerable methodological, ethical and sociological issues. Some of the most important issues we should address are the definition of Physician Assisted Suicide, which involves facing the question of how it differs from other forms of end of life procedures like euthanasia, the ethical foundations and implications of the acceptance of such a procedure, as well as the social impact it has in the way we face life and death.

Physician Assisted Suicide is usually asked for by individuals who suffer from incurable terminal stage illnesses, are under extreme pain and often dependent on other people even for their most basic needs. The doctor involved in the process of Physician Assisted Suicide is confined only to providing an individual with information, guidance, and means to terminate his or her own life. Physician Assisted Suicide differs from euthanasia and other forms of life ending procedures in that in the former a patient's death is caused intentionally but not by a third person, in our case a doctor.

Given the above description of Physician Assisted Suicide, it is crucial first to investigate whether we can actually find any significant reason which could render the medical practice of Physician Assisted Suicide morally acceptable. The most common reason people offer for justifying this type of practice is relief from intolerable not combatable pain or other forms of physical suffering. Admittedly pain constitutes a decisive

criterion for the acceptance (or not) of Physician Assisted Suicide, and no one doubts that the relief from pain is one of the most basic duties of a doctor. It is true that certain terminally ill patients suffer from unbearable and "incurable"[1] pain, which usually makes them want to terminate their life. (Characteristic examples are individuals suffering from final stage cancer and experience exceptional pain even in their most basic physical functions, as when coughing, swallowing or even yawning, without the possibility of satisfactory confrontation of pain with analgetic treatment and simultaneously maintenance of senses.)

However, relief from pain constitutes a lean theoretical criterion for the acceptance (or not) of Physician Assisted Suicide. The criterion of pain alone cannot be used as a reason for valuing or disvaluing life; we by no means can undervalue human life, even when the living conditions are exceptionally bad, because conditional values cannot be weighted against unconditional values on which they depend[2]. If we tend to value life according to the satisfaction we gain from it, we come close to adopting a *Consumer's Perspective*[3], which amounts to treating life as having only instrumental value. This in turn means that the value of life is measured according to one's expectation of receiving more satisfaction or more pain. If the charms of life exceed pain, then life is worth living, while if somebody gets more pain than joy, then her life is not worth living. From a moral point of view such a theory is seriously questionable. As Hill characteristically says *" The pertinent question is, `What will I get?' not ` What can I make of it?""* [4]

Advocates of the Physician Assisted Suicide often invoke the notion of autonomy. Autonomy, however, is not a well-defined notion. People have different perceptions of autonomy, and this difference renders imperative a theoretical delimitation of this notion. As Ronald Dworkin argues, autonomy has been variously equated with "Liberty…dignity, integrity, individuality, independence, responsibility and self-knowledge…self-assertion…critical reflection…freedom from obligation…absence of external causation…and knowledge of one's own interest."[5] In Bioethics the notion of autonomy is usually understood basically as the person's ability to make independent choices and actions. This understanding of autonomy, however, as a negative right is not entirely satisfactory; "autonomy, understood as freedom from interference on the part of others ceases to be a meaningful value, insofar as it

[1] Not incurable in the sense of confrontation of pain and simultaneously maintenance of senses. It is also argued that a significant number of dying patients experience untreatable severe physical suffering, such as nausea, severe air hunger, morphine-induced unpleasant hallucinations and severe constipation.
[2] See Velleman, J. David, "A Right of Self-Termination", p.613.
[3] See Hill, E. Thomas Jr., *Autonomy and Self-Respect,* p.98.
[4] Hill, E. Thomas Jr., *Autonomy and Self-Respect*, p.100.
[5] Dworkin, Gerard, *The Theory and Practice of Autonomy,* p.6.

ignores the fabric of relationships within which our actions necessarily take place."[6]

The crucial question in our case is not whether we can intervene in an action (like suicide) which probably does not bear on the interests of others, but if we can, under the veil of autonomy, recognize the demand of somebody to end her life not as an action that diminishes the sanctity of life but on the contrary as contributing to the recognition of the value of human existence. This is because a person who wants to commit assisted suicide, although one can usually manage this also without medical assistance, may wish that his "extreme" form of expression be recognized not as an unreasonable or immoral decision (as is suicide) or even as a form of resignation from life, but as a logical decision which indeed respects the value of human life.

As regards Physician Assisted Suicide the only principle that could provide such recognition seems to be autonomy in the sense of positive freedom. Autonomy as positive freedom is "the property of the will of all adult human beings insofar as they are viewed as moral legislators, prescribing general principles to themselves rationally, free from causal determinism, and not motivated by sensuous desires"[7]. Autonomy in this sense functions as a normative principle which is inherent in each rational human being and imposes certain restrictions, like, for instance, respect for human life. This is the Kantian form of autonomy, which operates as the foundation of human dignity and the source of morality. Autonomy in this sense binds all rational human beings in conceiving humanity as an end in itself. In the case of assisted suicide, autonomy can acquire importance and binding value, that is, it can function as a compelling reason imposing obligations in so far as it is an expression of human dignity, which is considered to be a universally accepted moral value.

The element which obliges us to recognize an individual action as an action that expresses dignity is the normative function of autonomy, which is crucial for the maintenance of a certain *moral* identity. This identity can be qualified as the one which is constrained by the requirements of universally acceptable moral principles (in our case as is respect for human life). The integrity in maintaining a certain practical identity plays a crucial role in a person's life. The integrity[8] in maintaining a certain 'moral' identity arguably binds every rational human being as a holder of moral values. This needs some more explanation, which is offered below.

Each person as 'author' of his own life wishes that his or her life has certain meaning and that he expresses his own convictions and beliefs through his actions. This amounts to maintaining a particular

[6] Mann., S. Patricia, "Meanings of Death", p.19.
[7] Hill, E. Thomas Jr., *Autonomy and Self-Respect,* p.44.
[8] For a better definition of how integrity in maintaining a certain personality relates to dignity see Ronald Dworkin, *Life's Dominion,* (First Vintage Books Edition, 1994).

identity, a «practical identity»[9], which marks him or her as a member of a certain religion, a certain nationality, a certain profession, somebody's friend or relative and so on.[10] The importance of recognizing a person's wish for maintaining a certain identity becomes crucial in the case of assisted suicide. This is because a person may be convinced that the maintenance of a certain identity constitutes an essential condition for the existence of any other obligation.[11] Hence as regards assisted suicide, we are compelled to recognize the normative function of the person's wish to maintain a certain identity, certain beliefs and values. Furthermore, for reasons of dignity, that is to say for reasons of respecting the maintenance of a particular *moral* identity as described above we should probably accept as a morally acceptable choice the choice of a terminally ill patient in unbearable pain to end her/his life. Respect for people does not necessarily mean keeping them alive; it just obligates us to treat them with respect in any way that is required by their personhood.[12] The recognition of the value of human life does not imply, as it is often argued, that somebody is obligated to live.

The only reason which would probably justify the voluntary ending of life is the inability to maintain one's identity in a dignified way. Only then suicide can be considered as an expression of respect for personhood, when, for example, "life involves such unbearable pain that one's whole life is focused on that pain".[13] Some people would prefer to die than to be degraded (as they see it) through the deterioration in time because of serious illnesses, infirmity, and pain. Even if pain constitutes, as mentioned above, a lean criterion of moral acceptance, yet the unbearable situation that a continuous, not combatable pain causes, arguably prevents the maintenance of a certain identity and can offend one's dignity. This means that it is not the pain which would make assistance in suicide acceptable, but rather its consequences on someone's personality.

Confronted with the question of whether assisted suicide is morally acceptable, we are led to the conclusion that probably the only right to the matter in question is "*the right in maintaining your identity with dignity*". Such a right seems to entail the recognition of one's understanding of dignity, even if it's not consistent with our own personal convictions, as long as it respects humanity. It also seems to emerge that "the value of living is not entirely determined by the content of the life one makes; rather, life acquires value partly because it is the expression of one's choice as its author".[14] Dignity requires treating yourself and others as an end in itself and resides in the agent's capacity to choose, which

[9] Korsgaard, M. Christine, *The Sources of Normativity,* p.101.
[10] See Korsgaard, M. Christine,*The Sources of Normativity*, p.120.
[11] ibid, p.122
[12] See Velleman, J. David, "A Right of Self-Termination", p.616.
[13] Velleman, J. David, "A Right of Self-Termination", p.618.
[14] Hill, E. Thomas Jr., *Autonomy and Self-Respect*, p. 99.

presupposes our ability to critically reflect upon our identity, in order to decide which identity to maintain. Man can thus give a certain coherent meaning to one's life, and this has good claims to be considered as an essential feature of human dignity[15].

The practical implications of recognizing such a right could possibly lead to confusing or even troubling conclusions. We should make clear that by no means can such a right obligate a physician to participate; the physician's personal convictions could be at odds with those of the patients. This right only obligates us to recognize the value of a personal identity that respects humanity, even if it's inconsistent with our own personal beliefs. It obliges us to recognize integrity in maintaining an identity that presupposes certain conditions and is expressed in a personal, dignified way, justified as manifestation of autonomy. In addition this right seems to strengthen the view that action should be taken to prevent suicides "which people commit because they feel that they themselves are worthless and, as a result, that life has no meaning and nothing is of value…For this kind of suicide is not the denial of this or that value, but the denial of value itself."[16]

Physician assisted suicide constitutes a very delicate matter, because in substance it is not related, as Thomas Hill argues, to human rights or obligations, but mostly to attitudes failing short of an ideal. It is usually argued that with the legalisation of physician assisted suicide our view of death will change drastically. It is also claimed that our convictions about "what is considered proper, moral, or even sane, would be transformed if assisted suicide is legalized".[17] It is not, however, necessary that such a drastic change would occur. If physician assisted suicide is allowed only in extreme cases and only on the grounds of human dignity and with the appropriate provision and safeguards, there should be no reason to think that the above mentioned fears would come true.

To conclude. There is no doubt that suicide is a highly disputed matter because such an action often occurs as the result of rejection of values. Yet the wish to have one's life terminated because one wishes to maintain a certain identity in a dignified way does not seem to fall in this same category. We can very well imagine a very rational and moral person who would like to end her life out of choice, believing that this decision does not in the least contradict the intrinsic value of human life. Surely the legalisation of physician assisted suicide would require new and strict regulations concerning medical practice. But it seems more important from an ideal point of view that any person, as 'author' of her/his life, should have the opportunity to define the plot, the content,

[15] See Beyleveld D., Brownsword R., *Human Dignity in Bioethics and Biolaw.*
[16] Korsgaard, M. Christine,*The Sources of Normativity* 162.
[17] See Mwaria, Cheryl, "Physician Assisted Suicide: An Anthropological Perspective," *Fordham Urban Law Journal*, (forthcoming).

and the end of his "work" (that is, his life) by making the crucial choices, deciding what is meaningful, trivial, terrible, or unbearable.[18]

NOR dread nor hope attend
A dying animal;
A man awaits his end
Dreading and hoping all;
Many times he died,
Many times rose again.
A great man in his pride
Confronting murderous men
Casts derision upon
Supersession of breath;
He knows death to the bone --
Man has created death.
-William Butler Yeats, *Death*

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[18] Hill, E. Thomas Jr., *Autonomy and Self-Respect*, p. 98-99.