

**The Right to Die:
A Genuine Right or Not?**

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“That they are endowed...with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness” (Hancock, 1776). In the Declaration of Independence and the Constitution of the United States there is no mention of a Right to Death. People are sent to jail for killing innocent people as murder infringed upon the right to Life. Physicians have their licenses revoked and are sent to jail for helping a person to end his life. Although there is no specific mention of a Right to Death in these documents, everybody does possess such a right, and revoking physicians’ licenses for assisting people to commit suicide is an infringement upon that right.

In today’s society, a suicidal person is labeled as ‘insane’ or diagnosed with a mental disorder. Somebody who uses legally prescribed drugs in direct opposition to the prescription is considered a criminal. A physician who provides legal drugs so that another person can end his life can be brought to court as a murderer for helping him commit suicide. However, a physician who unplugs the life support of a terminally ill patient at the patient’s request is just doing his job.

Medical patients have the right to refuse treatment, provided they are competent and understand the consequences of that decision. That decision could very well result in death, yet the patient is still free to make that decision and see it carried out. And a ‘sick’

person is not legally obligated to go to a doctor to be 'cured,' even if his condition could kill him.

Couples can buy contraceptives at their local store and women can go to their gynecologist and be prescribed several different forms of birth control. These couples then restrict their reproductive capabilities with the contraceptives and birth control. Some people could think of this as preventing the birth of a child. However, most people cannot go to their doctor and be prescribed different forms of death control, and then go home and end their life (Szasz, 1990).

Couples are allowed to decide if they want to have a baby or not, yet people are not allowed to decide when they want to die. The government is telling people that they need to live, and that living is better than dying. All health care emphasizes curing, rather than caring for, the patients (Smith, 1997). Some patients would rather die than be cured. They are the only ones who know when they want to die, not the lawmakers (Szasz, 2001).

In 1994, the state of Oregon passed the "Death With Dignity Act," which legalized voluntary euthanasia for certain patients. Oregon is the only state in the United States to have such a law in place. This law provides guidelines for physicians inducing death in a humane way for terminally ill patients. The patient must have made a voluntary request for medication to end his life, and at least two physicians must concur that the patient has a disease that will result in death within six months. The physicians must offer the patient a chance to take back his request, and the patient must be competent, informed of the consequences of his request, and not suffering from a mental disorder. There are

also other less significant provisions stated in the Act, which outline specific procedures for requesting lethal medication and obtaining it (Hofsess, 1995).

The Netherlands became the first country to legalize euthanasia in the spring of 2001, although the Netherlands had allowed doctors to assist with suicide with tacit approval following guidelines established in 1993. The Dutch law sets a number of restrictions on the patient and doctors, although they are not as restrictive as Oregon's Act (Newsday, 2001).

In the other 49 states in the US, and every country in the world except the Netherlands, it is illegal for physicians to provide medical assistance for a patient to end his life in a humane way. People can refuse treatment, hang themselves, jump off a building, or shoot themselves. These forms of suicide are not referred to as "merchant-assisted suicide" or "gravity-assisted suicide." There are numerous other ways for suicidal people to follow through with their tendencies, most of which result in police investigations, crime scenes, messy situations, and several other unpleasant ends. By having other states implement laws similar to Oregon's Death With Dignity Act, terminally ill patients would be allowed to die a painless and humane death. A new law would also make funeral and burial matters easier on surviving family members, as there would be ample time to prepare those arrangements.

There are, of course, several precautions that would need to be implemented. The most obvious problem with the proposal for a physician-assisted suicide law is that many people would abuse it, either to kill themselves (in the case of patients), or kill several of their possibly troublesome patients (in the case of physicians). However, with the proper restrictions and safeguards, abuse would be near impossible. Many such safeguards are

already in place in Oregon and the Netherlands and are working well. Under the Oregon Death With Dignity Act, the patient must undergo a rigorous qualifying test. If at any point the patient is not qualified, then his request will not be granted. This law provides several safeguards to prevent abuse by either the patient or the physician.

The most important restriction would be that the patient must be a resident of the state or country. This is present in both Oregon's Act and the Netherlands law (Hofsess, 1995; Newsday, 2001). This will prevent suicide tourism, or tourists taking trips just so they can be euthanized. The requirement of a two-doctor agreement would prevent doctors from euthanizing people who don't qualify for suicide.

The next restriction would also ensure that the doctor is not trying to kill his patient. The patient must make a voluntary request, and that request must be recurring. The patient must also be competent, as determined by his physician and another physician. The physician must also explain the consequences of his request. These measures are intended to make sure the patient is truly sincere about committing suicide.

The final major restriction would be on who could get euthanized. A leading expert on ethics, Dr. Richard Nicholson of the *Bulletin of Medical Ethics*, remarked, "there are a lot of old people who think they have quite lived long enough and for whom life holds very little" (Smith, 1997). By allowing physician assisted suicide, these elderly would then be able to pass away in a painless, humane manner and be out of their almost meaningless life. The terminally ill, as in Oregon's Act, and the elderly, according to Dr. Nicholson would qualify. People whose loved ones have all passed away and handicapped people are other potential patients. This is of course not to say that these people are worthless or incapable of living normal lives; instead, these are people who

might find the idea of living another 10, 20, or even 50 years unpleasant because of their current situation.

The law would also contain the guidelines of the process necessary for undergoing euthanasia. These would include which medicines could be used for the physician-assisted suicide, the manner in which a patient could request the medicine, ways for doctors to administer the medicines, and other similar details. Oregon's Law contains many guidelines, including a 15-day waiting period from the request to receive the medicine, the form of a request including witness qualifications, and responsibilities of the physician.

Another possible consequence of a new law in favor of physician-assisted suicide is that health care for the elderly, terminally ill, and others qualified for the procedure would become less important and thus less attention paid to those people (Smith, 1997). This is where the government would have to regulate the practice. Although the government is increasingly becoming involved with personal issues disguised as medical issues, as Thomas Szasz points out in Pharmacracy (2001), some issues and laws need to be regulated by the government. The purpose of government is to set and enforce regulations in issues pertaining to the whole of society.

Up until now, the terms euthanasia and physician-assisted suicide have been used almost interchangeably. For the most part, they are. However, in the context of law, there is a distinct difference between the two. In euthanasia, the doctor administers the lethal medication, and is the one who actually ends the patient's life. In physician-assisted suicide, the physician merely provides the patient with the lethal medication. It is the

patient who takes the medication and kills himself. In this case, it is ultimately up to the patient to go through with the suicide.

By allowing physician-assisted suicide and not euthanasia, the government would have an easier time regulating the practice. Any abuse of the law (e.g. prescribing lethal medication to a patient who does not want it) would be treated as a criminal action, as it is today. This could entail the doctor being charged with homicide and undergoing a criminal investigation, trial, prison time, and/or execution. In most states, committing suicide is not a crime. Thus, this new law would not violate any existing laws about suicide; only those prohibiting physician-assisted suicide would be reversed.

One major drawback to having the government regulate this procedure is the risk of repeating the abuse of the Sterilization Laws of Germany in the 1930s. Although the Laws started out as a harmless way of controlling population, the government misused the Laws and enacted more Laws in order to rationalize the killing of millions of Jews, in the name of medicine (Proctor, 1988). The voluntary nature of the procedure would prohibit such an abuse however. The patient must come to the physician in order to make a request for lethal medication, so physicians would not be able to prescribe lethal medicine to any patient who did not want it.

Although there are several caveats to a physician-assisted suicide law, there could be several potential benefits as well. As long as measures were taken to ensure that care for the elderly, terminally ill, and other qualified patients did not disappear, health care for those individuals might actually improve, due to the increased attention paid to those people. Treatment for depression and suicidal tendencies might also improve, as a way for those opposed to the law to avoid a physician-assisted suicide.

As health care stands right now, resources are being used on all different classes of people – elderly, young, cancer patients, accident victims, etc. Some of these people would rather not continue living, for various reasons. And some of these people would rather continue living, but there are not enough resources to provide adequate health care to allow them to do so. By allowing people who do not wish to continue living to commit physician-assisted suicide, health care resources will no longer need to be used on those people who do not want them. The current scarcity of resources will be eliminated and those people who could not receive care would then be able to do so.

Although there are several risks and precautions associated with a physician-assisted suicide law, the benefits far outweigh those risks and precautions. What greater benefit is there than letting hundreds and thousands of people pursue happiness, even if it is in death? Besides, what's the harm in accelerating the inevitable?

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