

Dying to Live: A Study of the Bioethics of Assisted Suicide in the United States
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“The Declaration of Independence says that we should have the right to pursue life, liberty, and the pursuit of happiness. Nothing in it says we have the right to pursue death, nothing” asserts U.S. Senator Tom Coburn. The right to end one’s life medically has created a new topic of controversy in the field of bioethics. One side of the argument claims that as a human being in the United States, one possesses a democratic right to decide whether the relief of death is preferable to the pain of dying. The other aspect of the argument lies with Senator Coburn and the injustice of suicide no matter the circumstance. These two assertions form both the theological and philosophical aspects of bioethics, the study of ethical problems arising from biological research and its applications. The reality of the situation remains that whether a human life be theologically important as a gift from God or philosophically important as a mean’s to self-autonomous rights, it is a valued possession that, no matter the circumstance, cannot be squandered through death.

The topic of assisted suicide is examined from a variety of standpoints due to the constantly evolving field of bioethics. Since originating as a theological area of study, bioethics has evolved into a medical field that attracts a wide range of intellectual perspectives. It has developed what Andrea Vicini, a Boston College graduate and professor with a Ph.D. in Ethics, calls two “souls:” one of which is theological and the other philosophical (Vicini 170). These two parts of the bioethical soul are “independently self-sufficient” and thus in functioning as two separate parts they create two differing perspectives on how to approach bioethical issues (Vicini 171). The first part of bioethics is the theological soul, rooted in religious traditions and relying on social justices, virtues, and the importance of human life as a gift from God. On the other side

of Bioethics is the philosophical soul. In order to understand this soul one must consider Darryl Macer's definition of bioethics as "love of life" (Macer). Here the term "love" can be categorized into four types: loving self (autonomy), others (justice), life (nonmaleficence), and good (beneficence). These four facets form the philosophical or principle-based soul of bioethics, an argument centered on the human right to self-autonomy (Macer). Applying these two souls to the controversy over assisted suicide, the theological bioethicist might argue that "all killing of innocent persons (whether consensual or not) is wrong." On the other hand, the philosophical bioethicist might argue that allowing a dying patient to continue suffering is morally unjust and that in Macer's terms, they have a right to "self autonomy" (Steinbock 375). While these two souls are very different, they both place value on the human life. Theologically, the human life is a gift from God and philosophically according to Vicini, the human life is a means to self-autonomy. The power of human life is essential to both arguments, thus no matter the bioethical standpoint, assisted suicide cannot be justified.

As terminally ill patients fall further into a state of suffering, they lose their ability to reason, thus dismantling the philosophical argument that human beings have a right to self-autonomy as contemplative animals. During the 2011 annual meeting of the American Society for Bioethics and Humanities, over 850 participants arrived to discuss the themes of generations and transformations and the evolution of bioethics (Vicini 169). The theological heritage of bioethics gained little attention as the philosophical soul dominated the meeting. Based on Macer's bioethical definition of the philosophical soul as "self-autonomous," human beings have an innate right to make their own decisions, for they possess the ability to reason. This ability to reason is what separates a human from an animal. For example, as dogs fall ill or are overcome by old age, taking them to the vet to have them "put down" is customary. "Putting down" is just

a softer way of saying euthanasia, yet because dogs do not possess the human ability to reason there is little controversy surrounding this practice. Nonetheless, as Philosophy professor David Velleman suggests, many terminally ill people lose their ability to reason and “because of their suffering [lose] their sense of self” (Steinbock 386). In other words, without a sense of self and identity as a human being, one loses the human capacity to reason. In turn, the philosophical claim that human beings are entitled to their own decisions loses credibility, and the justification of physician assisted suicide as a self-autonomous right is invalidated.

Another worry that accompanies legalizing assisted suicide is the possibility of abuse due to the mutable and obscure circumstances that qualify one for euthanasia. For consideration to undergo assisted suicide, one prerequisite is that the patient must have a terminal illness. The term “terminal illness” is in its nature unclear as a formula to project one’s exact date of death does not exist. In Oregon and Vermont, where physician-assisted suicide has been legalized, physicians can “write a prescription for lethal drugs if requested by someone who is terminally ill and mentally competent” (Karaim). But again, the terms “terminally ill” and “mentally competent” are not compact terms that are indisputable.

Specifically, the vagueness of the terms used in Oregon’s Death with Dignity Act leaves critics fearful of abuse. Through the Act, ratified in 1997, more than 1,100 people have obtained life-ending prescriptions and about 750 used them (Pope). The Act states, “Patients must be mentally healthy residents...who have had two physicians determine that they have no more than six months to live” (Pope 1). Here, critics argue that “mentally healthy” is disputable because, as argued earlier, a terminally ill patient loses their ability to reason as their mental health declines due to illness. Additionally, the law does not require a third party psychological evaluation of the patient, so all evaluations that determine whether the patient is “mentally healthy” are being

controlled by the doctor that is administering the prescription. Suffering from physical illness versus depression are two different ailments. Without a psychological evaluation to determine which the patient endures, the decision to oversee assisted suicide cannot be lawfully administered (Karaim). Moreover, even if two physicians have determined that a patient only has six months to live, this prediction cannot claim perfect accuracy. The act continues, “A physician must educate the patient about all options, including palliative care, pain management and hospice” (Pope 1). This requirement is disputable for it does not specify how the physician must educate the patient or to what degree. The act then goes on to state, “The patient... must administer the medication themselves” (Pope 1). Here critics first counter that compliance is self-reported so there exists no impartial third party to assure that the procedure is being followed (Karaim). Secondly, the act does not require that an independent witness be present when the patient is “voluntarily” taking the prescription thus it cannot be confidently affirmed that the dose was self-administered (Karaim). With a disputable set of rules that determine what qualifies someone for physician-assisted suicide, authorizing the procedure becomes less calculable.

Patients who have experienced the physician’s miscalculation firsthand understand the true value of human life whether they consider that to be a theological gift from God or philosophical means to self-autonomy. John Norton, a retired bus driver, serves as an example of a case in which the doctor’s diagnosis was in fact inaccurate. When he was eighteen years old, Norton noticed a twitching in his right hand. When he visited the University of Iowa Medical School, doctors shared with him the fatal news that he had Lou Gehrig’s disease and would die in three to five years. When he went to the Mayo Clinic in Rochester, Minnesota, and they confirmed the diagnosis, his condition continued to worsen. Then, one day his illness inexplicably stopped progressing and began improving. Fifty-four years later, Norton is seventy-

five years old, married with kids and leads a healthy life. He admits, "If, when I was diagnosed with ALS, I had been given an easy way out with a doctor's prescription and support, I would have taken that opportunity. I would have missed the bulk of my life" (qtd in Karaim). This anecdote shows that if Norton's doctor's prediction proved false, physicians cannot always make an exact determination of a human's life expectancy. This conclusion creates unification between Vicini's two parts of the soul. Theologically, the human life is precious and cannot be ended prematurely. But now on the same side of the argument, philosophically, the ending of human life through assisted suicide cannot be justified for not only are terminally ill patients incapable of making their own cognitive decisions, but their physicians cannot always accurately make predictions of their life expectancy either.

If physician-assisted suicide were legalized, it would progress beyond the patient at risk and make a dangerous statement about the nature of suicide. Marilyn Golden, a policy analyst with the Disability Rights Education and Defense Fund in Berkeley, California believes that the issue is not simply a matter of individual rights but rather holds implications for society as a whole. "Public policy is about weighing benefits and harms," she says. "Proponents of assisted suicide would want you to believe there [are] only benefits and no harms...But if you look at everything, I think the risk of harms vastly overwhelm the benefits"(qtd in Karaim). Golden's quote demonstrates her belief that if doctors legalized physician-assisted suicide, they would be projecting suicide as culturally acceptable.

On the other hand, supporters counter that end-of-life options like expanded hospice, modern medicine and palliative care only provide relief for a select few while physician-assisted suicide could account for those excluded from this relief (Karaim). Nonetheless, the argument remains that legalization would project suicide, in general, as socially acceptable. Under the

Pope's authority, the United States Conference of Catholic Bishops refutes the supporters' claim that assisted suicide is a deserved act of freedom. They preach that, "One cannot uphold human freedom and dignity by devaluing human life" (qtd in Karaim). Their argument characterizes Vicini's theological soul. Human life, the greatest of God's gifts, is portrayed as invaluable through the legalization of physician-assisted suicide. Thus, legalization could be interpreted as societal approval of the act of suicide, an allusion that theological critics refuse to allow.

With so much controversy regarding the topic of assisted suicide, it is interesting to consider how European countries like the Netherlands, Switzerland, Belgium and Luxembourg all allow assisted suicide while the United States, land of the free, fights momentum for this new practice. The answer is not so simple as human rights for many other factors like patient's cognition, doctor's intentions, pre-procedural evaluations, and implications for the term "suicide" universally must also be carefully considered. While theological bioethicists value human life as a gift from God and philosophical bioethicists value human life as a means to self-autonomy, in the end, the root of the matter remains that no matter the state of an individual's mind or physical well being, "the choice to take one's life is a supreme contradiction of freedom, a choice to eliminate all choices" (Karaim). To end one's life may be justified in the philosopher's eyes as yet another choice that humans have the right to make but this serves as a contradiction. If human life is the means to human reason, then it follows that ending human life would end access to this tool. By legalizing assisted suicide, the United States would devalue the human life and make a statement that not only is suicide an acceptable way to end one's life but also putting a loved one, like one's mother, to sleep is no more important than putting one's house pet to sleep.

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