

Papers On Physician Assisted Suicide

The "California Compassionate Choices Act," AB 374, is inching its way into the voter's booth. Are you ready to vote for or against physician-assisted suicide? California is not the only state facing this issue, and as a responsible citizen you will not be able to escape taking a position on this important social and personal moral question. This collection of essays was gleaned from the Jack W. Provonsha Lecture Series on physician-assisted suicide. Representing a variety of religious perspectives, the speakers address this topic in the hope that you will be more informed and better able to face this issue.

In *The Case against Assisted Suicide: For the Right to End-of-Life Care*, Dr. Kathleen Foley and Dr. Herbert Hendin uncover why pleas for patient autonomy and compassion, often used in favor of legalizing euthanasia, do not advance or protect the rights of terminally ill patients. Incisive essays by authorities in the fields of medicine, law, and bioethics draw on studies done in the Netherlands, Oregon, and Australia by the editors and contributors that show the dangers that legalization of assisted suicide would pose to the most vulnerable patients. Thoughtful and persuasive, this book urges the medical profession to improve palliative care and develop a more humane response to the complex issues facing those who are terminally ill.

Public policy surrounding the hotly debated issue of physician-assisted suicide is examined in detail. You'll find an analysis of the current legal standing and practice of physician-assisted suicide in several countries. Authors discuss the ethical principles underlying its legal and professional regulation. Personal narratives provide important first-hand accounts from professionals who have been involved in end-of-life issues for many years.

A riveting, incisive, and wide-ranging book about the Right to Die movement, and the doctors, patients, and activists at the heart of this increasingly urgent issue. More states and countries are passing right-to-die laws that allow the sick and suffering to end their lives at pre-planned moments, with the help of physicians. But even where these laws exist, they leave many people behind. *The Inevitable* moves beyond margins of the law to the people who are meticulously planning their final hours—far from medical offices, legislative chambers, hospital ethics committees, and polite conversation. It also shines a light on the people who help them: loved ones and, sometimes, clandestine groups on the Internet that together form the "euthanasia underground." Katie Engelhart, a veteran journalist, focuses on six people representing different aspects of the right to die debate. Two are doctors: a California physician who runs a boutique assisted death clinic and has written more lethal prescriptions than anyone else in the U.S.; an Australian named Philip Nitschke who lost his medical license for teaching people how to end their lives painlessly and peacefully at "DIY Death" workshops. The other four chapters belong to people who said they wanted to die because they were suffering unbearably—of old age, chronic illness, dementia, and mental anguish—and saw suicide as their only option. Spanning North America, Europe, and Australia, *The Inevitable* offers a deeply reported and fearless look at a morally tangled subject. It introduces readers to ordinary people who are fighting to find dignity and authenticity in the final hours of their lives.

Physician Assisted Suicide Expanding the Debate Routledge

Explores the moral and factual issues of the legalization of euthanasia and physician-assisted suicide

The issue of physician-assisted death is now firmly on the American public agenda. Already legal in five states, it is the subject of intense public opinion battles across the country. Driven by an increasingly aging population, and a baby boom generation just starting to enter its senior years, the issue is not going to go away anytime soon. In *Physician-Assisted Death*, L.W. Sumner equips readers with everything they need to know to take a reasoned and informed position in this important debate. The book provides needed context for the debate by situating physician-assisted death within the wider framework of end-of-life care and explaining why the movement to legalize it now enjoys such strong public support. It also reviews that movement's successes to date, beginning in Oregon in 1994 and now extending to eleven jurisdictions across three continents. Like abortion, physician-assisted death is ethically controversial and the subject of passionately held opinions. The central chapters of the book review the main arguments utilized by both sides of the controversy: on the one hand, appeals to patient autonomy and the relief of suffering, on the other the claim that taking active steps to hasten death inevitably violates the sanctity of life. The book then explores both the case in favor of legalization and the case against, focusing in the latter instance on the risk of abuse and the possibility of slippery slopes. In this context the experience of jurisdictions that have already taken the step of legalization is carefully reviewed to see what lessons might be extracted from it. It then identifies some further issues that lie beyond the boundaries of the current debate but will have to be faced sometime down the road: euthanasia for patients who are permanently unconscious or have become seriously demented and for severely compromised newborns. The book concludes by considering the various possible routes to legalization, both political and judicial. Readers will then be prepared to decide for themselves just where they stand when they confront the issue both in their own jurisdiction and in their own lives.

Essays discuss the legal and ethical issues related to physician-assisted suicide, the work of Dr. Jack Kevorkian, and lethal prescriptions for the terminally ill

Maintaining dignity for patients approaching death is a core principle of palliative care. Dignity therapy, a psychological intervention developed by Dr. Harvey Max Chochinov and his internationally lauded research group, has been designed specifically to address many of the psychological, existential, and spiritual challenges that patients and their families face as they grapple with the reality of life drawing to a close. In the first book to lay out the blueprint for this unique and meaningful intervention, Chochinov addresses one of the most important dimensions of being human. Being alive means being vulnerable and mortal; he argues that dignity therapy offers a way to preserve meaning and hope for patients approaching death. With history and foundations of dignity in care, and step by step guidance for readers interested in implementing the program, this volume illuminates how dignity therapy can change end-of-life experience for those about

to die - and for those who will grieve their passing.

"The book is extremely well balanced: in each section there is usually an argument for and against the positions raised. It is a useful and well-thought-out text. It will make people think and discuss the problems raised, which I think is the editor's main purpose." -- Journal of Medical Ethics "... a volume that is to be commended for the clarity of its contributions, and for the depth it gains from its narrow focus. In places, this is a deeply moving, as well as closely argued, book." -- Times Literary Supplement "This work is an excellent historical and philosophical resource on a very difficult subject." -- Choice "This collection of well-written and carefully argued essays should be interesting, illuminating, and thought provoking for students, clinicians, and scholars." -- New England Journal of Medicine "This book is highly recommended..." -- Pharmacy Book Review "This is a well-balanced collection and the essays are of uniformly good quality.... very readable.... should be useful to anyone interested in this topic." -- Doody's Health Sciences Book Review Home Page "Physician-Assisted Suicide continues in the fine tradition of the Medical Ethics series published by Indiana University Press. Chapters are authored by outstanding scholars from both sides of the debate, providing a balanced, in-depth exploration of physician-assisted suicide along clinical, ethical, historical, and public policy dimensions. It is important reading for those who want to better understand the complex, multilayered issues that underlie this emotionally-laden topic." -- Timothy Quill, M.D. "Robert Weir has produced the finest collection of essays on physician assisted dying yet assembled in one volume. Physician assisted dying involves ethical and legal issues of enormous complexity. The deep strength of this anthology is its multi-disciplinary approach, which insightfully brings to bear interpretations from history, moral philosophy, religion, clinical practice, and law. This is a subject, much like abortion, that has divided America. This volume provides balanced scholarship that will help inform opinions from the hospital and hospice bedside to the halls of federal and state legislatures and courtrooms." -- Lawrence O. Gostin, Co-Director, Georgetown/Johns Hopkins Program on Law and Public Health "This book is a timely and valuable contribution to the debate. Highly recommended for academic collections." -- Library Journal These essays shed light and perspective on today's hotly contested issue of physician-assisted suicide. The authors were selected not only because of their experience and scholarship, but also because they provide readers with differing points of view on this complex subject -- and a potential moral quandary for us all.

Providing a thorough, well-researched investigation of the socio-legal issues surrounding medically assisted death for the past century, this book traces the origins of the controversy and discusses the future of policymaking in this arena domestically and abroad. * Provides comprehensive, well-researched, and accessible information on a timely and controversial topic * Presents a socio-legal explanation rather than a simple description of the emergence and evolution of the legal concepts involved with medically assisted death * Offers invaluable historical perspective for academics in the fields of sociology, criminal justice, law, and related disciplines as well as practitioners who deal with end-of-life decision-making and lay readers

Physician-Assisted Suicide: What are the Issues? offers a detailed discussion of recent supreme court rulings that have had an impact on the contemporary debate in the United States and elsewhere over physician-assisted suicide. Two rulings by the U.S. Supreme Court have altered the contemporary debate on physician-assisted suicide: Washington v. Glucksberg (1997) and Vacco v. Quill (1997). In these cases, the Supreme Court ruled that state laws could prohibit assisted suicide and, therefore, physician-assisted suicide. These rulings mark the apex of over two decades of unprecedented litigation regarding end-of-life care and signal the beginning of a new clinical, ethical, and legal debate over the extent of an individual's rights to control the timing, manner, and means of his/her death. The debate over suicide and assisting suicide is ancient and contentious and intertwined with questions about the permissibility of voluntary active euthanasia or mercy killing. Responses to these issues can be divided into those who defend physician-assisted suicide and many of these other activities and those who object. But those who object may do so on principled grounds in that they regard these activities as wrong in all cases, or non-principled, in that they believe there are more prudent, less disruptive or more efficient policies. The authors in this book sort out these responses and look at the assumptions underlying them. Several of these authors give startling new interpretations that a culture gap, deeper and wider than that in the abortion debate, exists.

For patients and their loved ones, no care decisions are more profound than those made near the end of life.

Unfortunately, the experience of dying in the United States is often characterized by fragmented care, inadequate treatment of distressing symptoms, frequent transitions among care settings, and enormous care responsibilities for families. According to this report, the current health care system of rendering more intensive services than are necessary and desired by patients, and the lack of coordination among programs increases risks to patients and creates avoidable burdens on them and their families. Dying in America is a study of the current state of health care for persons of all ages who are nearing the end of life. Death is not a strictly medical event. Ideally, health care for those nearing the end of life harmonizes with social, psychological, and spiritual support. All people with advanced illnesses who may be approaching the end of life are entitled to access to high-quality, compassionate, evidence-based care, consistent with their wishes. Dying in America evaluates strategies to integrate care into a person- and family-centered, team-based framework, and makes recommendations to create a system that coordinates care and supports and respects the choices of patients and their families. The findings and recommendations of this report will address the needs of patients and their families and assist policy makers, clinicians and their educational and credentialing bodies, leaders of health care delivery and financing organizations, researchers, public and private funders, religious and community leaders, advocates of better care, journalists, and the public to provide the best care possible for people nearing the end of life.

There is no constitutional right to physician-assisted suicide says the U.S. Supreme Court. Most states have laws against it, but states can also allow it, as Oregon has done; others are considering legalization. Still very little guidance has been

offered about its practice. *Assisted Suicide: Finding Common Ground* fills that void. A diverse group of experts—some for, some against—provide a framework for thinking about what assisted suicide, particularly physician-assisted suicide, is and how its legalized practice might be guided. The book does not take a position on the continuing debate about the morality or wisdom of legalizing assisted suicide. But physician-assisted suicide is now taking place, and the more pressing concerns are those pertaining to its implementation. Editors Lois Snyder and Art Caplan attempt to find common ground on those real-world concerns. Among the questions asked and answered are: What is assisted suicide? Is physician-assisted suicide different from refusal of treatment? Are there alternatives to assisted suicide? How useful are currently available guidelines for physician-assisted suicide? Who should have access to what? Does assisted suicide necessarily mean physician-assisted suicide? Can the practice be effectively and meaningfully regulated? How should physicians respond to requests for assisted suicide? Assisted suicide is one of the most ethically challenging issues in medicine and bioethics, defining who we are and want to be as individuals and as a society. This book takes a hard look at alternatives to the practice, the implications for the patient-physician relationship, who should write guidelines, and how to regulate physician-assisted suicide and establish safeguards so that it is voluntary and an option of last resort.

A concise overview of the history and arguments surrounding euthanasia and physician-assisted suicide.

"The review of the literature on physician-assisted suicide will be discussed in Chapter One. In 1997, physician-assisted suicide was first legalized in the United States in Oregon. Since then, two other states, Washington and Vermont, have enacted laws. ... Chapter Two will provide a more in depth discussion on the relevant laws in participating states. Chapter Three will address the ethical issues which separate those who believe physician-assisted suicide is a basic human right and those who believe physician-assisted suicide is always wrong and should never be legalized. The ethical discussions surrounding physician-assisted suicide include: a patient's right to choose death over suffering; how laws should be written so there will be no abuse; a physician's obligation to uphold the Hippocratic Oath; the slippery slope or risk-of-abuse arguments questioning whether physician-assisted suicide will evolve into non-voluntary euthanasia; the alternative to physician-assisted suicide which is higher quality palliative care. Physician-assisted suicide is an emotional topic; most people feel strongly one way or the other with very little middle ground. ... This paper will argue in support of physician-assisted suicide laws as a human right..."--

"This book provides a history of Nazi medical euthanasia programs, demonstrating that arguments in their favor were widely embraced by Western medicine before the Third Reich. Contributors find significant continuities between history and current physician-assisted suicide and euthanasia and urge caution about their legalization or implementation"--
The moral issues involved in doctors assisting patients to die with dignity are of absolutely central concern to the medical profession, ethicists, and the public at large. The debate is fuelled by cases that extend far beyond passive euthanasia to the active consideration of killing by physicians. The need for a sophisticated but lucid exposition of the two sides of the argument is now urgent. This book supplies that need. Two prominent philosophers, Gerald Dworkin and R. G. Frey present the case for legalization of physician-assisted suicide. One of the best-known ethicists in the US, Sissela Bok, argues the case against.

First published in 2000. Routledge is an imprint of Taylor & Francis, an informa company.

After assessing the strengths and weaknesses of arguments for assisted suicide and euthanasia, Gorsuch builds a nuanced, novel, and powerful moral and legal argument against legalization, one based on a principle that, surprisingly, has largely been overlooked in the debate; the idea that human life is intrinsically valuable and that intentional killing is always wrong. At the same time, the argument Gorsuch develops leaves wide latitude for individual patient autonomy and the refusal of unwanted medical treatment and life-sustaining care, permitting intervention only in cases where an intention to kill is present.

Seminar paper from the year 2018 in the subject Medicine - Medical Frontiers and Special Areas, Egerton University, language: English, abstract: Physician assisted suicide has become one of the most contentious ethical issues in the United States of America. The current debate over whether euthanasia (physician-assisted suicide) should be legalized or not has evoked unprecedented controversy in the society because in this practice seems to encompass some ethical problems. Interestingly, physician-assisted suicide seem to have been used as a useful medical approach over a long time, even before the emergence of the controversial debate that seems to be assuming divergent directions day-by-day. It is also amusing to learn that those who are involved in the physician-assisted debate are not the beneficiaries of the practice. Initially, the precepts of the physician-assisted suicide imply that a terminally ill individual can request for a painless termination of his or her life, solely out of the individual's wishes. In addition, relatives to the ailing individual can request for the termination of the life of their loved one to avoid unnecessary agony and suffering. Moreover, the decision to terminate the life of a terminally ill individual can be made by the physicians depending with the severity of the disease condition. All these precepts agree with the terms of euthanasia, which defines it as "easy death" according to the Greeks who called it euthanatos. Physician-assisted suicide issue has turned out to be an ethical dilemma among the U.S population because; there is no universal explanation which is provided by the popularly known normative theories. These theories address the issue of physician-assisted suicide from diverse perspectives, leading to the observed ethical conflict. The other aspect of the physician-assisted suicide lies within the medical ethics. Physicians seem to be tied up by the medical ethics especially through the Hippocratic Oath, and yet they are ought to facilitate the practice. Therefore, this critical paper discusses euthanasia and its ethics.

This important book includes a compelling selection of original essays on euthanasia and associated legislative and health care issues, together with important background material for understanding and assessing the arguments of these essays. The book explores a central strand in the debate over medically assisted death, the so called "slippery slope" argument. The focus of the book is on one particularly important aspect of the downward slope of this argument:

hastening the death of those individuals who appear to be suffering greatly from their medical condition but are unable to request that we do anything about that suffering because of their diminished mental capacities. Slippery slope concerns have been raised in many countries, including Britain, the Netherlands, Canada, and the United States. This book concentrates most of its attention on the latter two countries. Stingl divides the book into four parts. Part I lays out the relevant public policies in the form of legal judgments, making them the philosophical point of departure for readers. Part II discusses the ever-present slippery slope objection to assisted suicide and other forms of euthanasia. Parts III and IV examine the role of social factors and political structures in determining the morality and legalization of voluntary and non-voluntary euthanasia. These sections are especially valuable. The inclusion of a selection of papers on the relationship between the morality and legality of euthanasia and systems of health care delivery is of particular interest, especially to those who want to make statistical, legal and moral comparisons between the USA and Canada.

In this volume, a distinguished group of physicians, ethicists, lawyers, and activists come together to present the case for the legalization of physician-assisted dying, for terminally ill patients who voluntarily request it. To counter the arguments and assumptions of those opposed to legalization of assisted suicide, the contributors examine ethical arguments concerning self-determination and the relief of suffering; analyze empirical data from Oregon and the Netherlands; describe their personal experiences as physicians, family members, and patients; assess the legal and ethical responsibilities of the physician; and discuss the role of pain, depression, faith, and dignity in this decision. Together, the essays in this volume present strong arguments for the ethical acceptance and legal recognition of the practice of physician-assisted dying as a last resort -- not as an alternative to excellent palliative care but as an important possibility for patients who seek it.

When the end of life makes its inevitable appearance, people should be able to expect reliable, humane, and effective caregiving. Yet too many dying people suffer unnecessarily. While an "overtreated" dying is feared, untreated pain or emotional abandonment are equally frightening. *Approaching Death* reflects a wide-ranging effort to understand what we know about care at the end of life, what we have yet to learn, and what we know but do not adequately apply. It seeks to build understanding of what constitutes good care for the dying and offers recommendations to decisionmakers that address specific barriers to achieving good care. This volume offers a profile of when, where, and how Americans die. It examines the dimensions of caring at the end of life: Determining diagnosis and prognosis and communicating these to patient and family. Establishing clinical and personal goals. Matching physical, psychological, spiritual, and practical care strategies to the patient's values and circumstances. *Approaching Death* considers the dying experience in hospitals, nursing homes, and other settings and the role of interdisciplinary teams and managed care. It offers perspectives on quality measurement and improvement, the role of practice guidelines, cost concerns, and legal issues such as assisted suicide. The book proposes how health professionals can become better prepared to care well for those who are dying and to understand that these are not patients for whom "nothing can be done."

Physician-Assisted Death is the eleventh volume of *Biomedical Ethics Reviews*. We, the editors, are pleased with the response to the series over the years and, as a result, are happy to continue into a second decade with the same general purpose and zeal. As in the past, contributors to projected volumes have been asked to summarize the nature of the literature, the prevailing attitudes and arguments, and then to advance the discussion in some way by staking out and arguing forcefully for some basic position on the topic targeted for discussion. For the present volume on *Physician-Assisted Death*, we felt it wise to enlist the services of a guest editor, Dr. Gregg A. Kasting, a practicing physician with extensive clinical knowledge of the various problems and issues encountered in discussing physician assisted death. Dr. Kasting is also our student and just completing a graduate degree in philosophy with a specialty in biomedical ethics here at Georgia State University. Apart from a keen interest in the topic, Dr. Kasting has published good work in the area and has, in our opinion, done an excellent job in taking on the lion's share of editing this well-balanced and probing set of essays. We hope you will agree that this volume significantly advances the level of discussion on physician-assisted euthanasia. Incidentally, we wish to note that the essays in this volume were all finished and committed to press by January 1993.

Dr. Linda Emanuel--one of America's most influential medical ethicists--has assembled leading experts to provide not only a clear account of the arguments for and against physician-assisted suicide and euthanasia but also historical, empirical, and legal perspectives on this complicated issue.

"Argues that people who promote the legalization of euthanasia ignore the vast ethical, legal and social differences between euthanasia and natural death. Permitting euthanasia, Somerville demonstrates, would cause irreparable harm to respect for human life and society." --Cover. In this book the author makes a case for legalized physician-assisted dying. Using the latest data from Oregon and the Netherlands, he puts a new slant on perennial debate topics such as "slippery slopes," "the integrity of medicine," and "sanctity of life." This book provides an in-depth look at how we die in America today. It examines the shortcomings of our end-of-life system. You will learn about terminal torture in hospital ICUs and about the alternatives: hospice and palliative care. The author scrutinizes the good, the bad, and the ugly. He provides a critique of the practice of palliative sedation. The book makes a strong case that assisted dying complements hospice. By providing both, Oregon now has the best palliative-care system in America. This book, above all, may help you or someone you care about navigate this strange landscape we call "end of life." It can be an informed guide to "a good death" in the age of hospice and high-tech medical intervention.

Ethics in the era of managed care This collection of AMA Council Reports from 1990 to 1997 examine a variety of ethical issues concerning managed care. Report topics include financial incentives to limit care, cost containment involving prescription drugs, restrictions on disclosure in managed care contracts, ethical issues in negotiating discounts for specialty care, capitation, and more. An analysis of current issues in medical ethics is also included.

Physician Assisted Suicide is a cross-disciplinary collection of essays from philosophers, physicians, theologians, social scientists, lawyers and economists. As the first book to consider the implications of the Supreme Court decisions in *Washington v. Glucksburg* and *Vacco v. Quill* concerning physician-assisted suicide from a variety of perspectives, this collection advances informed, reflective, vigorous public debate.

Margaret Pabst Battin has established a reputation as one of the top philosophers working in bioethics today. This work is a sequel to Battin's 1994 volume *The Least Worst Death*. The last ten years have seen fast-moving developments in end-of-life issues, from the legalization of physician-assisted suicide in Oregon and the Netherlands to furor over proposed restrictions of scheduled drugs used for causing death, and the development of "NuTech" methods of assistance in dying. Battin's new collection covers a remarkably wide range of end-of-life topics,

including suicide prevention, AIDS, suicide bombing, serpent-handling and other religious practices that pose a risk of death, genetic prognostication, suicide in old age, global justice and the "duty to die," and suicide, physician-assisted suicide, and euthanasia, in both American and international contexts. As with the earlier volume, these new essays are theoretically adroit but draw richly from historical sources, fictional techniques, and ample factual material.

The main strength of this book is that it examines the challenges facing the field of Bioethics today from medical, ethical and legal perspectives. A critical exchange of ideas from professionals in interdisciplinary fields allows everyone to learn and benefit from the insights gained through others' experiences. Examining, analyzing and understanding these complex medical-ethical-legal issues and cases and how they are resolved will serve as a paradigm for all professionals who will be confronted with these complex bioethical issues now and in the future. The more we face these challenges directly, examine them critically and debate them enthusiastically the more knowledge will be gained and hopefully, we will gain more practical wisdom.

In *Assisted Suicide and the Right to Die: the Interface of Social Science, Public Policy, and Medical Ethics*, Barry Rosenfeld examines how social science can inform policy and practice in the ongoing debates on end-of-life matters. While moral and ethical aspects of the controversy may not be the domain of science, many questions are amenable to scientific study, including the degree to which untreated pain or depression fuel requests for assisted suicide.

Examines the issue of physician-assisted suicide in several articles from a variety of perspectives.

The question of whether and under what circumstances terminally ill patients should be able to access life-ending medications with the aid of a physician is receiving increasing attention as a matter of public opinion and of public policy. Ethicists, clinicians, patients, and their families debate whether physician-assisted death ought to be a legal option for patients. While public opinion is divided and public policy debates include moral, ethical, and policy considerations, a demand for physician-assisted death persists among some patients, and the inconsistent legal terrain leaves a number of questions and challenges for health care providers to navigate when presented with patients considering or requesting physician-assisted death. To discuss what is known and not known empirically about the practice of physician-assisted death, the National Academies of Sciences, Engineering, and Medicine convened a 2-day workshop in Washington, DC, on February 12-13, 2018. This publication summarizes the presentations and discussions from the workshop.

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