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Room for Debate – Expanding the Right to Die

## It Violates Medical Principles and Is Dangerous

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American health care is undergoing tumultuous changes and showing signs of strain. The recent IOM report attests to persistent deficiencies in care and social support that seriously ill people and their families experience. Witnessing the suffering of our relatives, friends and, for clinicians, our patients gives rise to moral distress. It is not surprising that support for physician-assisted suicide is also rising. The age-old dictum that doctors must not kill patients can appear antiquated, out of touch with hard realities, and even heartless.

On the contrary, this is when such principles are most important. Principles are the I- beams of civilization's architecture, designed to withstand the forces of social upheaval. Prohibitions on medical practice protect vulnerable patients and the public from the power that doctors wield due to their specialized knowledge and skills. People who are poor, or old and frail, or simply have long-standing disabilities, such as cerebral palsy or quadriplegia, may worry that when they become acutely ill, doctors might see their lives as not worth living and compassionately act to end their supposed misery.

When doctor-induced death becomes an accepted response to suffering of dying people, logical extensions grease the slippery slope. In Holland last year, over 40 people sought and received euthanasia for depression or other mental illness. Even [the psychiatrist](#) who began this practice in 1997 recently wrote an op-ed declaring the situation "off the rails".<sup>1</sup> In April a [47-year-old Dutch mother](#) of 2 was granted her wish to die because of long-standing tinnitus (ringing of the ears).<sup>2</sup> In late 2012, 45-year-old congenitally deaf [twins](#) were euthanized in Belgium rather than face the prospect of losing their sight.<sup>3</sup>

Proponents of Oregon's law claim that such excesses couldn't happen in the US. Really? Holland and Belgium are sophisticated countries with universal health care. In America patients are commonly pauperized by a profit-driven health care system, doctors are often inadequately trained in basic palliative skills, and nursing homes are under-staffed, leaving people to feel uncomfortable, unwanted and undignified. Even today people with advanced cancer, heart disease or neurological disorders in Oregon, Washington, Montana and Vermont may qualify for physician-assisted suicide, but be deemed ineligible for hospice under Medicare and Medicaid – either because they are too healthy or still want treatment for their terminal condition.

Moral outrage is appropriate and needed to fix the sorry state of dying in America. Legalizing assisted suicide fixes nothing. The principle that doctors must not kill patients stands. Two moral wrongs, don't make a right.

1) <http://nieuwsuur.nl/video/598441-euthanasiewet-is-ontspoord.html>

2) <http://www.omroepwest.nl/nieuws/15-04-2014/vrouw-uit-nootdorp-vertelt-euthanasieverhaal-ik-heb-oorsuizen-en-ik-wil-dood>

3) <http://www.dailymail.co.uk/news/article-2262630/Brother-deaf-Belgian-twins-killed-euthanasia-describes-final-words-reveals-live-learning-going-blind.html>