PCAG
Palliative Care Association of Grenada

PCAG Newsletter

Sukhpreet Kaur

November 4, 2023

ΙΕΑ
IOTA EPSILON ALPHA
INTERNATIONAL HONOR MEDICAL SOCIETY
ST. GEORGE'S UNIVERSITY

Ethical Concerns Surrounding Physician-Assisted Death

Ethical concerns surrounding physician-assisted death is a complex and evolving terrain. Physician-assisted death (PAD) involves the physician providing the means for death through the provision of lethal drugs or other means, but eventually, it is the patient who has to decide to use the drug prescribed to effect death (Lagay, 2003). This practice has been a subject of intense ethical debate for many years, as it touches upon profound questions of autonomy, suffering, and the role of healthcare providers in facilitating death.

One of the central arguments in favour of physician-assisted death is the belief that individuals have the right to make decisions about their own lives, including when and how they should die. This perspective is grounded in the principle of autonomy, which places a high value on an individual's ability to make choices that affect their well-being. Advocates argue that patients facing unbearable suffering, especially in cases of terminal illness, should have the option to control the timing and manner of their death.

On the opposing side, many ethical concerns stem from the belief in the sanctity of life. Those who hold this perspective argue that intentionally ending a human life, even at the request of the patient, conflicts with the fundamental duty of healthcare professionals to preserve life. They worry that allowing physician-assisted death could lead to a slippery slope where the criteria for eligibility might broaden over time, potentially including vulnerable populations such as those with mental illness or minors.

The debate over physician-assisted death often revolves around two prominent ethical frameworks. Some argue that permitting PAD can maximize overall well-being by relieving the suffering of individuals who request it. They contend that a society that allows for PAD can potentially reduce the pain and distress associated with end-of-life situations. Others assert that there are moral duties that must be upheld, regardless of the consequences. From a deontological perspective, intentionally ending a human life is inherently wrong, regardless of the circumstances or the potential relief it may offer to the patient.

The legality of physician-assisted death varies across the globe. Some countries, like the Netherlands, Belgium, and Canada, have legalized PAD under certain conditions, while others, such as most U.S. states, maintain prohibitions (Landry, 2015). These legal frameworks often reflect the ethical debates within each society. In addition to physician-assisted death, there are alternative approaches to end-of-life care, such as palliative care and hospice care. Ethical discussions should include an exploration of how these options can be improved and made more widely accessible to alleviate suffering without resorting to PAD.

The ethical concerns surrounding physician-assisted death are multi-faceted and deeply rooted in differing philosophical and moral perspectives. As society continues to evolve, these debates will persist and may even intensify. Future editions of this newsletter will delve further into specific ethical considerations, case studies, and international developments in the realm of physician-assisted death. We encourage our readers to engage in this conversation and stay informed about the ongoing ethical discourse surrounding this complex and emotional issue. Together, we can navigate the intricate ethical landscape surrounding physician-assisted death with empathy and respect for diverse perspectives.

References

1. Lagay, F. (2003). Physician-assisted suicide: The law and professional ethics. AMA Journal of Ethics, 5(1). https://doi.org/10.1001/virtualmentor.2003.5.1.pfor1-0301

2. Landry, J. T., Foreman, T., & Kekewich, M. (2015). Ethical considerations in the regulation of euthanasia and physician-assisted death in Canada. Health Policy, 119(11), 1490–1498. https://doi.org/10.1016/j.healthpol.2015.10.002