Physician-assisted suicide continues to remain a controversial topic. Both medical experts and the general public have so far failed to come to a consensus that could balance the issue of dying with dignity with the interests of the individual and society as a whole. At the Euroanaesthesia meeting in Geneva, a special session has been dedicated to debate this issue.

See Also: Benelux: Focus on Euthanasia

Physician-assisted suicide is defined as a physician intentionally helping a person to terminate his life by providing drugs for self-administration. The help is given at the request of the patient. (Definition by the European Association for Palliative Care).

At the Euroanaesthesia Congress this year, Dr Nathalie Dieudonné-Rahm of Bellerive Hospital, University Hospitals of Geneva, Switzerland speaks in favour of assisted suicide. She will highlight the fact that in some circles, physician-assisted suicide has now become an important expectation because of fears that some patients' lives may be prolonged unnecessarily or may end in unbearable distress. She points out that in our modern medical system, even individuals who opt for PAS have significant hospital care. Death in most cases, is expected. PAS is a natural evolution because time and circumstances of dying are personal and should be considered as such.

Dr. Dieudonné-Rahm believes that physician-assisted suicide is in line with the principles of autonomy, justice, compassion, honesty, individual liberty and transparency. Patients who choose PAS are those who are suffering greatly, have no prospect of recovery, feel isolated or fear that they may be burden to their family. Their goal is not to harm society or their relatives.

She concludes: “To address the question of PAS, frameworks and regulations are needed to help curb pressure on vulnerable people and health care professionals and to avoid the risk of a ‘slippery slope’ or other kinds of suicides. Considerations of relatives’ needs should be addressed.”

Dr Calum MacKellar, the Director of Research of the Scottish Council on Human Bioethics, Edinburgh, Scotland; Visiting-Lecturer at St Mary’s University, London, UK and Fellow with the Centre for Bioethics and Human Dignity at Trinity International University, Chicago, U.S. argues against physician-assisted suicide. He points out that the entire debate surrounding physician-assisted suicide revolves around human dignity. While advocates of PAS suggest that individuals have the right to determine their own dignity and quality of life and the right to die with dignity reflects their personal choice, there is another definition of dignity that also exists. "It is the dignity which sustains the permanent, immeasurable, inviolable and equal value and worth of all members of a society," he explains.

Dr MacKellar argues that legalising assisted suicide essentially means that the entire society accepts the fact that some individuals can have lives that have no inherent worth and meaning. This means that the value and significance of a human life is based on subjective choices and decisions as to whether a certain person's life meets certain quality standards. This affects everyone in the society, not just those who are contemplating assisted suicide.

Dr MacKellar acknowledges that patients with progressive Alzheimer's, Parkinson's and other terrible injuries may be suffering deeply but does this suffering justify taking away the value and worth of a human life? He does not believe this is so.

He adds: "If the measure of a life is only related to happiness and pleasure, then everyone would have a life with a different value and worth. Civilised society would then be a thing of the past. For it to survive, society must recognise that all lives are seen to be wonderful even if they do experience suffering and even if they are a burden to others."

Source: ESA

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