



ETHICAL DIMENSIONS

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PHYSICIAN-ASSISTED DEATH: THREE LEVELS OF ETHICAL CONCERN

On November 3, Californians will vote on Proposition 161 which would legalize physician-assisted death—either as medication with which the patient can end his/her own life or as a physician-administered lethal injection. What ethical questions does Prop 161 raise?

INDIVIDUAL CASE ETHICS

On this level, there are several questions. Is it ever ethically right for a person to take their own life or to take the life of another individual at that individual's request? Some argue that taking life lies beyond the grasp of the human person. A religious way of saying this is that only God has the right to give and take life—no individual person may make such a decision for self or for others. Therefore all suicide, all assisted suicide and all killing of another at their request is ethically wrong. Others disagree. They claim that persons have a right to live and die as they see fit. They believe that unusual circumstances such as intense pain or suffering or great indignity can justify actively ending their life or asking for assistance in ending their life. In religious terms they might say that such a decision participates in God's creative activity and that such freedom is a delicate but real gift of God.

For those accepting this position, the next question is: What kinds of reasons justify ending your own life? Must you be terminally ill as Prop 161 demands? Must you be experiencing severe pain and suffering? Or is it purely up to the free choice of the persons seeking death? Who decides? Can only competent persons decide for themselves or can others decide for the noncompetent person? Prop 161 represents the position that competent

adults who are expected to die within 6 months do have a right to make a choice to end their lives—but others do not. They do not see severe pain and suffering as essential requirements.

INSTITUTIONAL ETHICS

Institutions must address the ethical questions posed by Prop 161 from a broader perspective. They will have to define their position on Prop 161—whether to be active in its support or defeat. Regardless of their position, institutions will have to prepare for implementation of its requirements if it passes. What policies/procedures and educational programs will they need? How will they incorporate its requirements into their PSDA policies/procedures? How will they explain to patients what the law permits and what their policy is? How will they address the diverse professional, religious, moral, and ethical stances of their staff? How will they deal with the economic considerations? Will the procedure be reimbursable? What if it is not? What provisions will be made for transfer if the institution does not allow physician-assisted death? These are just some of the questions which must be addressed from the institutional perspective.

SOCIETAL ETHICS

Societal ethics focuses on even broader concerns. Will society as a whole be better off if we legalize physician-assisted death? Proponents of Prop 161 say it will improve society by providing greater freedom of choice for patients and greater protection for cooperating physicians. They claim that potential abuses have been protected against with strong safeguards.

Opponents of Prop 161 have several major concerns, including: 1) The safeguards are not adequate; and 2) There is no requirement for a psychological evaluation. Opponents of Prop 161 would insist on several further safeguards, including:

A reasonable "cooling off" period during which time the physician and patient can explore this complex and delicate issue

A requirement for counseling about alternatives to assisted suicide

A requirement for psychological consultation to assure that the highest level of professional competence serves the psychological needs of the terminally ill person

Holland has some important lessons to teach us about such social change. In Holland, euthanasia is not technically legal, but it has been sanctioned for several decades. The Dutch experience suggests that approving euthanasia does more than make a one-time legal change. It starts a strong social process that goes beyond the intentions of its originators. The Dutch started out with more severe requirements and greater safeguards than Prop 161, but during twenty years, they have come to: widely ignore all of the original safeguards; terminate the lives of those who could not consent - severely handicapped newborns, demented elderly, severely mentally retarded; and increasingly empower physicians to make unilateral decisions.

The most important ethical issue for health care professionals and institutions will remain—whether Prop 161 passes or not. How will we meet the needs that the euthanasia movement points to? — more reasonable use of technology, respect for patient wishes, better pain treatment, and better treatment for dying patients.

An essential first step in dealing with ethical issues is to determine on which level we are working. Then we can decide *who* and *what ethical tools* are needed to address adequately the question on that level. The people and tools suited to one level are not always appropriate for other levels.



**OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.**