In her work for “Advanced College Essay,” taught by Stephen Butler, Sophia Chou scrutinizes the discourse surrounding physician-assisted suicide in the United States. By analyzing the medical procedure and the mentality of its advocates and adversaries, she creates a discerning argument for compromise and understanding.

**POLITICIAN-ASSISTED COMPROMISE**

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On January 1st of 2014, 29-year-old California resident Brittany Maynard learned that she had terminal brain cancer. A few months later, in April, she was told that she had roughly six more months to live. With the limited amount of time she had left, she was indirectly given two choices: accept treatment for the cancer that would ultimately take over the remainder of her life, or continue on in pain without medical assistance. After endless days of research, Maynard decided she would make a third choice: physician-assisted suicide. Her decision and the debate that it sparked received national coverage and mixed reactions, many of them negative. After moving her family to Oregon, where the procedure was legal, Maynard died from a lethal prescription of barbiturates with “brain tumor” as the cause of death.

Assisted suicide, also known as physician-assisted death or ‘death with dignity,’ is the act of “hasten[ing] the death of terminally ill patients who wish to spare themselves and their loved ones from the final, crippling stages of deteriorating health” (“Offering a Choice to the Terminally Ill”). However, this practice is only legal in the states of Oregon, Washington, Vermont, New Mexico, Montana, and, most recently, California as a result of the extensive debate and controversy that surrounds the subject. Although Oregon, the first state to legalize assisted suicide, is the most notable location for this procedure, there are still many strict protocols and regulations that are involved. In order to receive the medication to end their lives, a
patient is required to “have a terminal illness, with no expectation of living beyond six more months” and have two doctors verify and “attest” to their diagnosis and expectancy (Haberman). The individual also has to “be judged mentally competent, must be able to swallow the drugs and must be the one to ask for them—twice verbally, with each request separated by 15 days” (Haberman).

However, those who oppose the legalization of the procedure have pointed out flaws within the protocols. Within Oregon’s law, “there is no requirement for an evaluation by a mental health professional,” and “the requirement that the patient receive a diagnosis of a terminal illness that will lead to death within six months can turn out not to be the case,” as many situations have shown the patient living beyond their expectancy (Freedman). Regarding the use of the procedure for mental illnesses, some psychiatrists believe that “[i]f depression is present, once treated, there can be a lifting of spirits, desire to stay around longer and rediscovery of a sense of meaning in life” (Freedman). By legalizing physician-assisted suicide, doctors would be allowing these patients to make rash decisions when they are faced with a “premature false sense of hopelessness” and ultimately allowing them a shortcut to fixing their problems (Freedman).

Ross Douthat’s New York Times article “The Last Right” provides further insight into the reasoning of those who advocate against the legalization of physician-assisted suicide. The article delves deeper into why many believe that ending a terminally-ill individual’s life through medication should not be considered normal, let alone legal. Douthat ponders why a large number of liberals are “considerably more uncomfortable with the idea of physician-assisted suicide than other causes, from abortion to homosexuality, where claims about personal autonomy and liberty are at stake.” Why is it that, above other causes, this one seems so important? Douthat explains that “liberal writers…warn of the danger of a lives-not-worth-living mentality.” In other words: one of the major fears that has caused many setbacks for the right-to-die movement is the belief that the procedure would result in devaluing human life.

Those who advocate against the legalization of the procedure predict that allowing physician-assisted suicide to become a norm will eventually lead to the development of a “slippery slope” where “the
law would gradually expand to include those with nonterminal illnesses or that it would permit physicians to take a more active role in the dying process itself” (Hafner). In their eyes, if physician-assisted suicide began to be considered a norm, society may come to no longer cherish life and become desensitized to death. This argument is especially concerned with individuals in lower socioeconomic standings, as many believe that those who are unable to afford treatment or hospice care will quickly turn to the procedure to avoid high medical bills that they would be unable to afford. Those in opposition believe that its legalization would lead to a drastic increase in the number of people willing to end their lives and cause a decrease in self-value and overall sense of humanity.

However, for New York Times writer Clyde Haberman, “the slippery-slope arguments are overwrought.” The patients that request an “early exit tend to be relatively well off and well educated” and “there is no evidence...to suggest that such laws have been used promiscuously by either patients or their doctors” (Haberman). In states where the procedure is already legalized, the majority of those who receive the medication are “white, well educated and financially comfortable,” different from the demographic of citizens of lower socioeconomic standing that the opposition believes the legalization will most affect (Hafner).

Although a majority of the country has proclaimed the procedure illegal, nationwide movements have openly voiced their support for its legalization. A viewpoint that supporters believe many people do not understand is that those who seek voluntary euthanasia “are dying patients. They are not suicidal and do not want to die, despite what many assert” (Leven). Patients who request the procedure are often seen by the public as individuals who have given up on life and chosen a shortcut to death. However, David C. Leven, the executive director of the End of Life Choices New York, offers counter-arguments to those who oppose the procedure. While many fear the legalization of assisted suicide will lead to its abuse by ill patients with lower socioeconomic standing, it is known that “just about all who end their lives by aid in dying have health insurance, the majority are college educated, and the vast majority are receiving hospice care” (Leven). Regarding the claims that the patients show no regard for their own
lives and are not mentally well, Leven states that these dying patients “opt to take prescribed medicines only because they can no longer endure terrible suffering,” not simply because they want to die from hopelessness.

Though Daniel Callahan, a philosopher on biomedical ethics, has suggested that “the occurrence of suffering [should] not entail that life should end, even if there were a duty to bear suffering,” that does not mean or imply that refraining from physician-assisted suicide “would promote the significance [one’s] existence has from [their] own viewpoint” (Varelius 567). On the contrary, patients that consider this method already view assisted suicide as a good and meaningful way to die that they would be content with and are unlikely to change their minds about. When justifying her decision, Brittany Maynard explained that her choice to go forward with the procedure had “given [her] a sense of peace during a tumultuous time that otherwise would be dominated by fear, uncertainty, and pain” (qtd. in Slotnik). Those who asked her to reconsider her decision and continue living ultimately and indirectly asked her to endure great pain and suffering for the short amount of time she had left.

While those who are against the legalization focus primarily on values and morality, which can be highly ambiguous and vary greatly amongst a wide variety of people, the consequences that come along with the procedure’s prohibition must be considered as well. It is imperative that physicians understand how to approach and interact with patients suffering from terminal illnesses, as faults in this area can lead to later predicaments and problems. “[S]imply prohibiting physician-assisted suicide without giving guidance” on the appropriate manner in which to interact with patients who seek the procedure can cause an “increase [in] patients’ fears about physicians’ abandonment in the face of severe suffering” (Quill and Cassell). There is also a possibility of “reinforc[ing] clinicians’ tendencies not to acknowledge the intolerable suffering” that these patients are forced to experience which leads patients to feel that their decisions are met with criticism because they are not properly understood.

While politicians may be able to keep the procedure illegal, they ultimately do not make the final decision for the patients themselves and do not understand the psyche and mindset of the patient. Those
who are denied physician-assisted suicide and who are unable to relocate to a state that provides it are sometimes so driven and dead-set on ending their lives that they will find other methods to do so. Many have dehydrated and starved themselves, dragging their deaths on for days on end until they finally die. Politicians and anti-assisted suicide advocates are aware of what patients denied the procedure are doing and seem to only be outraged when a doctor grants the patients their death ahead of schedule and with less suffering. The controversy surrounding physician-assisted suicide is one that plays into a large tension in American culture, namely the tension between the need for state governments to tell individuals what they can and cannot do with their own bodies, also known as the idea of paternalism, and the libertarian mindset that demands freedom of choice on all personal matters.

Members of modern American society have a wide range of political views. In the *New York Times* article “The Coming Democratic Schism,” Thomas B. Edsall cites studies from the Pew Research Center that has shown that “huge generation gaps have opened up in our political and social views, our economic well-being, our family structure,” and many other aspects in American society. Andrew Kohut, founding director of the Pew Center, characterizes it as a “libertarian streak that is apparent among . . . left-of-center young people” (qtd. in Edsall). Many would say that these libertarian views are the ones that advocate for physician-assisted suicide and are defiant against the laws of the government. Kohut views these individuals as “socially liberal but very wary of government,” as they believe that they should be given freedom to make their own decisions (qtd. in Edsall). Although there is a wide range of libertarianism, the desire for freedom of choice is an idea constant throughout its different levels.

Opposite to the free-spirited thinking of libertarians is the idea of paternalism, where the government takes the welfare of its people into its own hands, believing that the general population does not know what is best for its people. A popular example of paternalism is the actions of Mayor Michael Bloomberg, who developed his own “nanny state” in New York City (Sunstein). His attempts to “restrict soda sizes” and “his proposal to ban cigarette displays in New York stores” have left many outraged by his efforts to restrict the freedoms of his
people (Sunstein). Cass R. Sunstein explains his viewpoint on this belief in his article “Why Paternalism is Your Friend,” published in The New Republic. Sunstein discusses the fact that “various forms of paternalism are all around you, and at least some of them aren’t so bad.” For him, the government’s decisions about what it considers best for its people are usually decisions that any rational individual would make, but it is only certain laws that the public chooses to focus on and use as representations of paternalism.

Both Sunstein and Richard Thaler believe that the most effective solution in this conflict is to seek compromises between the two political stances. In an article in The American Economic Review, they argue that this compromise can be achieved with the development of what they call libertarian paternalism, “an approach that preserves freedom of choice but that authorizes both private and public institutions to steer people in directions that will promote their welfare” (Thaler and Sunstein 179). However, in order to begin such compromises, understandings must be reached on both sides. Radical libertarians who firmly protest any forms of paternalism are often led on by misconceptions, as they usually only notice the laws and rules that cause uproars and protest. However, the truth of the matter is that paternalism has already been weaved into our lives without many realizing, because “when paternalism seems absent, it is usually because the starting point appears so natural and obvious that its preference-shaping effects are invisible to most observers” (Thaler and Sunstein 177). While many may express their disagreement with paternalism, it is almost unavoidable. However, the same can be said for libertarians, as the presence of those who demand freedom of choice is inevitable as well. Therefore, the most effective method would be the acceptance of its presence and developing an arrangement that may be able to satisfy both sides of the spectrum.

The clashing beliefs in the debate over physician-assisted suicide display the differing sides of libertarian and paternalistic views. Those who support the legalization of the procedure express their discontent with its prohibition and demand their freedom of choice, displaying libertarian views. On the other hand, the state governments display their paternalism in the prevention and forbiddance of physician-assisted suicide, which they believe is for the good of its people.
However, the debate has been dragged on for years on end and the ferocity displayed by both sides to achieve what they want has been unwavering. As discussed by Thaler and Sunstein, the presence of both viewpoints is unavoidable, as there will always be those who agree and those who disagree with paternalism. The accommodation between paternalism and freedom-of-choice, however, offers the beginnings of a solution to the controversy of physician-assisted suicide.

In order to promote both the public advocacy for physician-assisted suicide while still considering the viewpoints of those who stand against the procedure, it is vital that compromises be made. The support for the procedure should be met with understanding, as simply ignoring one side of the debate and sweeping it under the rug will only create more issues. Justin Trudeau, the Prime Minister of Canada, has begun these compromises in his attempts to pass the legalization of the procedure in his country. Jody Wilson-Raybould, the Minister of Justice of Canada, stated that, “for some, medical assistance in dying will be troubling” and “for others, this legislation will not go far enough” (Austen). However, the compromises made for the law act as a median between the two sides. The requirements proposed for those who request the procedure are similar to those in Oregon but have also included much more restrictive conditions as well as not forcing doctors who are uncomfortable with the procedure to perform it (Austen). Through these compromises, steps can be taken to shed light on the topic and decrease the negative stigma that surround both supporters and those who seek the procedure. By allowing a more open conversation where both sides can be met with equal consideration, the general public may also obtain a more in-depth understanding of the choices made by the patients that choose to end their lives through the assistance of a physician.

The controversy regarding physician-assisted suicide has been present and ongoing in the United States for years. It shows no signs of dying out any time soon, however, in the majority of states the debate has become stagnant, with no changes in state laws regarding the procedure. While those who are against the law speak about the dehumanizing of human life and the possibility of individuals abusing the procedure once it is legal, supporters of physician-assisted suicide
ask the politicians to consider the feelings of the suffering patients who seek an early end to their pain. The opposing sides of the argument display the ongoing issue in American culture concerning the paternalism of state governments and the libertarian views of individuals who seek minimal government control over their freedom of choice. In order to create a balance not only between these differing political and social standpoints but in the debate over physician-assisted suicide, compromises between the opposing sides must be developed. While these arrangements will not fully appease either side, they will hopefully act as a median and promote more understanding between the two. Through these arrangements, those who had primarily opposed the procedure may begin to understand the mentality and reasoning behind those who request their death, as it is not as simple and one-dimensional as they had originally thought.

WORKS CITED


