



e.Forum Posit

A California State Proposition is planned to permit Physician Assisted Dying, or Suicide. (See President Chatterjee's Message, March/April SSVMedicine on line at SSVMS.org.)

POSIT: "It is ethical for physicians to assist a mentally competent person to exercise a right to die by prescribing or administering lethal drugs."

Of 211 responses, a majority of 112 agreed. However many comments reflect the complex nature of this subject, consistent with the purpose of a posit: to promote an exchange of ideas rather than to carry out a valid poll or solve a problem. Two writers suggested that assisted dying be done only by non physicians. Some suggest that legalization would have the perverse effect of making vastly more difficult and expensive something that is now a very rare but straightforward private matter between physician and patient.

"The prevailing prime directive in medicine for hundreds of years has been: "Primum non nocere"/"First, do no harm". This is not to say: "Do no harm sometimes" or: "Do no harm if politically favorable". We live in an increasingly complicated world, where boundaries between acceptable and non-acceptable policy and behavior are becoming blurred. People come to physicians for support, constancy, and direction; if we blur our core beliefs, we ourselves become rudderless in a sea of uncertainty and confusion over what is best for our patients.

This blurring of boundaries starts insidiously: terminology is altered to make "physician-assisted suicide" into "physician-assisted dying" or "PAD", an acronym that superficially offers a sense of legitimacy and comfort. Any attempts to differentiate assisted suicide with "facilitated dying" ring as hollow as any other distinction without a difference.

I shudder at the thought of a world in which the doctor-patient relationship is compromised by politics, and in which the best thing a physician can provide his patient is to end his patient's life." - Tim Horeczko, UC Davis SOM Class of 2005

"I think that this should be in the domain of hospice medicine--I believe that a terminally ill patient has the right to be very comfortable during the dying process. I am less convinced that administering lethal drugs is our job as physicians. Of course, making a patient very comfortable with narcotics, etc., can speed up the process so there is a grey area here, making it hard to distinguish between comfort care and assisted death._

This statement is inappropriately brief in that it does not specify a requisite burden of suffering or illness that would provide a more suitable ethical context for such an extreme intervention." - Michael Gunther-Maher, MD

"I believe it is medically ethical to relieve human suffering for those who are near death and want to go. It is unethical to do otherwise. The Oregon law works well and provides the necessary safeguards. It is time common sense prevailed." - Irma M. West, MD

"We have no business killing people." - David E. Root, MD

"Making a person comfortable and pain free at an end of life experience is and has been a more successful endeavor with the advance in team management....This has also strengthened the moral imperative of preserving life..." - A. John Quinin, MD FACS.

"I have no problem helping patients relieve pain, even if that results in passive suicide. I have no problem telling patients that if they take their entire bottle of morphine, they will die. I do have a problem with sitting at the bedside and administering a lethal dose of potassium for the explicit purpose of killing someone." - William R. Lewis, MD

"Such a law runs contrary to what it means to be a physician - we treat disease, heal the sick, comfort the distressed; not kill them." - John F. Gisla, MD

"I don't believe that physicians should be the angels of death. There should be a mechanism for patients to be evaluated for their medical condition and then, if appropriate, referral to a technician that is licensed to provide the service." - Donald W. Hause, MD

"There are states worse than death! When death is imminent and certain, it should be the God given right of a patient in a free country to choose whether to suffer further with a fatal disease, or to arrest the process." - Reginald D. Rice, MD

"I personally am opposed to this and would not myself participate, but...could see it as within the ethical role of a physician to reduce unbearable and unalterable suffering."
- T. Warner Hudson, III, MD

"Though I believe that a mentally competent person has the right to die, I object to the idea that a physician would be expected to administer lethal drugs."
- Marlene M. Mirassou, MD

"I strongly disagree with this statement... focusing solely on the wishes of the patient, mentally competent or otherwise, reduces the physician to a morally neutral mechanical actor. Patient desires are important to consider, but they are not the ultimate arbiter of the physician's actions, regardless of the patient's mental competence."
- Stephen A. McCurdy, MD

"I definitely believe it is not ethical.... We need to stay firm to the oath that we took when we took on our white coat: Do no harm." - Jerry C.L. Huang, DO

"I think a lot of structure - like they have in Oregon - should be in place."
- Barbara M. Livermore, MD

"This is a little more than I am comfortable with. I am comfortable with the prescription of potentially lethal doses of medications which may ease the pain and suffering of a dying individual. I am comfortable with removing ALL life sustaining care regardless of how minor (feeding tubes, catheters) in a terminal illness. I'm not sure I could support physician assisted suicide to the extent of the frank prescription or administration of lethal drugs."
- Michelle S. Famula, MD

"I agree. Why should we withhold from our patients and families a privilege we extend to our pets?" - Mark L. Tong, MD

"As a medical oncologist, the need to relieve pain and suffering can sometimes justify such an approach, but I think it is actually a rare case.... I have no faith that if a law were passed allowing physician assisted suicide, it would not be corrupted by our legal system and taken advantage of by unscrupulous lawyers. That is why I voted against such a bill in the past, and will likely do so in the future." - Sidney A. Scudder, MD

"There needs to be very specific and reviewed process to determine the manner in which this is done. I believe in patients' 'right to die,' and I think there may be allowable or understandable circumstances to assist this process. But I also think that there exists a slippery slope that can lead to gross misconduct or negligence or which may be a liability to one's practice, medical group, or personal integrity." - Andrew D. Factor, MD

"...the details of such a law would be everything. Extreme care must be made such that assisted suicide is the only reasonable option, that a cure or more ordinary palliative care

cannot be provided." - Alexander H. Massey, MD

"Watching someone die painfully is not fun, particularly where there is no hope of avoiding death or where pain is so overwhelming that a mentally competent person asks for relief. It is the humane thing to do." - Byron H. Demorest, MD

"If such a situation was considered ethical or legal, I could never practice the procedure. The idea is repulsive to me." - Bryant N. Sheehy, MD

"Prescribing (PAS) OK, administering (euthanasia) no." - Mark V. Blum, MD

"[It]is ethical because the intent of the physician is to relieve pain and suffering, not to kill. Purposely killing patients with death-dealing agents is unethical." - Robert Griffin, MD

"I agree, under special circumstances, i.e., terminal cancer." - Allan Galbreath, MD

"Ironically, I think we can be guided by Hippocrates' dictum to 'do no harm.' Who better than a competent person to describe their own judgment about whether prolonged life feels more harmful to them than a shorter life and a comfortable death?"
- Alfredo A. Czerwinski, MD

"Dying is a very personal business. If a dying patient chooses to include a person (willing) or physician (also willing) then so be it...It should be looked upon as amoral (not immoral) personal choice, and a privilege to be included if so chosen." - Gregory A. Herrera, MD

"I agree. However, I believe the patient should administer his or her own drugs."
- William Blaisdell, MD

"I think that this should be in the domain of hospice medicine - I believe that a terminally ill patient has the right to be very comfortable during the dying process. I am less convinced that administering lethal drugs is our job as physicians." - Victoria F. Akins, MD

A posit is a statement intended to promote discussion. Posits do not necessarily reflect the views of SSV Medicine, the SSVMS, the Board Of Directors, Executive Director, editors, or editorial committee.

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