

The Ethical Considerations of Physician-assisted Suicide

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With respect to physician-assisted suicide, several approaches to adjudicate an ethical position can be processed from the theories of utilitarianism, Kantian deontology, and virtue ethics. This paper will explore these three positions with respect to physician-assisted suicide and the pros and cons of each. In conclusion, based on my research and Christian beliefs, I will define why I reside with virtue ethics and why it leads me to a position that is against physician-assisted suicide at this particular point in my life.

Euthanasia has been a topic under debate within our world for many centuries; but with medicine advancing quicker every day, euthanasia is becoming more of a concern with society and the medical community as well. It has been a topic of concern that many different ethical theories have tried to tackle over the years, but remains just as controversial, if not more, today. There is not only passive and active euthanasia but whether each is involuntary, voluntary, or physician-assisted as well. This paper begins by describing each different type of euthanasia. It, then, goes on to talk more about voluntary active euthanasia as it pertains to physician-assisted suicide. Once physician-assisted suicide is established, the paper goes on to discuss the utilitarian, Kantian deontology and virtue ethical ideologies on this matter, and the pros and cons of each ethical theory. Finally, based on the research I have found, I will explain why I feel that my views resonate with the virtue ethical theory.

Types of Euthanasia

We must first look at the broad category of euthanasia. When narrowing down the various approaches to euthanasia, we see that they break down into two separate categories: passive or active

euthanasia. The differences are withholding or withdrawing of medication in order to allow the patient to die, which is passive; the second is killing the person, which is active.

Within each of the passive and active categories of euthanasia, they are further broken down into either being voluntary or non-voluntary/involuntary. Throughout my research, I have found that many researchers use the terms non-voluntary and involuntary interchangeably; for the remaining length of the paper, I will use the word involuntary. Voluntary constitutes the patient verbally deciding that he or she wants to die. Involuntary constitutes the patient having no choice in the matter of whether they die or live.

Examples of Euthanasia

Since each type of euthanasia has been broken down, let us now look at an example of each. Involuntary active euthanasia is the patient being injected with a lethal dosage of drugs by a physician without having the patient's consent.¹ Involuntary passive euthanasia is the withholding or withdrawing of medical care to a patient without consent. Voluntary passive euthanasia is where the patient actively consents for the physician to withhold or withdraw medical treatment in

¹ Manning, 1998

order to allow the patient to die. Voluntary active euthanasia is the patient's consent given to a physician in order to inject a lethal dosage of drugs to cause his or her death.² This type of euthanasia will be discussed further throughout the paper, and more specifically within the aspect of physician-assisted suicide.

Physician-Assisted Suicide

We now turn our focus to physician-assisted suicide. In the United States, six states have legalized physician-assisted suicide; these include California, Colorado, Oregon, Vermont, Washington, and Washington D.C. The state of Montana also has legal physician-assisted suicide through a court ruling. The law states that this option is only available to patients who are terminally ill or have a specific, limited life expectancy.³ So, what is physician-assisted suicide and how is it related to voluntary active euthanasia? In physician-assisted suicide, the physician plays an important role in enabling the death of a patient.⁴ Although the patient has given the physician consent to help aid with the process by prescribing the lethal dosage of medicine, the patient is actually the one who will administer it in order for him- or herself to die (typically by ingesting a lethal dosage of drugs). Therefore, physician-assisted suicide is a type of voluntary active euthanasia.

Arguments For and Against Physician-Assisted Suicide

So why is there such controversy over the concept of physician-assisted suicide and why is it not widely accepted by everyone? People who argue for the use of physician-assisted suicide believe in the fundamental principle of autonomy. This

allows for the patient to have the right to choose what is best for his or her life. In this case, it is whether he or she should live or die. Advocates for physician-assisted suicide also believe that no one should have to live through terminal suffering, and that if the physician cannot alleviate the pain any other way, then aiding in death is acceptable.⁵ On the contrary, people who are against the actions of physician-assisted suicide believe that it is not in the physician's job description to decide the fate of the patient, even if patient consent is given; they also believe that killing is intrinsically wrong.⁶ Many physicians and people fit their beliefs on this matter within ethical theories. Ethical theories help shape a person's morality and their behavior and actions in regards to their moral views. In order to understand how many people would determine their position on physician-assisted suicide, we must examine some of these ethical theories and determine their positions.

Rule and Act-utilitarianism

The first ethical theory to be defined is Jeremy Bentham and John Stuart Mill's utilitarianism. Utilitarianism, in all forms, lies on the weight of consequences rather than rules and it places emphasis on the good and bad rather than what is right or wrong.⁷ Though utilitarianism is usually talked about as one big category, it is often broken down into many different categories, and within this paper we will be looking at the categories of rule-utilitarianism and act-utilitarianism. Rule-utilitarianism believes an individual action is morally correct when it sides with the rules or codes that were already made on a utilitarian basis.⁸ It says that a person should act in agreement with the rule that brings about the largest balance

² *ibid.*

³ Yao, 2016

⁴ Degrazia, Mappes, & Brand-Ballard, 2011

⁵ *ibid.*

⁶ Uhlmann, 1998

⁷ Ashcroft, Dawson, Draper, & McMillian, 2007

⁸ Mandal, Ponnambath, & Parija, 2016

of good over evil for everyone involved within the situation.⁹ Act-utilitarianism is sometimes referred to as a type of situational ethics. This means that a certain kind of action can be wrong within one setting but right within another. This situation is either right or wrong considering which side brings the greatest amount of good for everyone involved.¹⁰

Rule and Act-Utilitarianism in Regards to Physician-assisted Suicide

Consider a patient who is terminally ill and in a lot of pain. He or she wants a physician to help speed up his or her death by prescribing a lethal dosage of drugs. A rule-utilitarian, in this situation, would consider raising the possibility of a justified exception to the rule of “do not kill.”¹¹ In most rule-utilitarian’s eyes, killing in self-defense is seen to be a justifiable exception to the rule of “do not kill.” Therefore, the rule-utilitarian that advocates for physician-assisted suicide believes that if the terminally ill patient would be able to escape a prolonged painful death, others involved would benefit as well. The hospital and physicians would benefit from not using unnecessary money that could go to another patient who would ultimately live. The family involved would benefit by not watching their loved one suffer anymore. The patient should be allowed to be the administration of the lethal dosage of a drug since the consequences will bring about the greatest balance of good over evil.

The act-utilitarian would agree with the rule-utilitarian on this matter as well. They agree that “do not kill” is a moral rule that should be followed, but if the terminally ill patient is in terrible pain, wishes to die, and everyone else who is involved would benefit as well, then physician-assisted suicide is justifiable. An act-utilitarian

would feel that the killing rule is better to be broken in order to bring about the better consequences for everyone involved. When applying both of these categories of utilitarianism, we see that, more than likely, most people who find that they agree with both theories agree with physician-assisted suicide.

Pros of Rule and Act-Utilitarianism

Rule-utilitarianism and Act-utilitarianism bring about strong points. In regards to rule-utilitarianism, a valid belief the theory presents is asking individuals to make their decisions based off of rules that exemplify morality. Act-utilitarianism looks at all sides of a situation before the decision is made. This is in order to maximize the utility of all people involved in, which is good since they are not trying to maximize the utility of just themselves. Therefore, in the case of physician-assisted suicide, the physician would look at all who were involved before consenting with the patient, rather than just deciding based on the patient’s belief.

Cons of Rule and Act-Utilitarianism

Though there might be pros to both rule and act-utilitarianism, arguments can be made for cons as well. With act-utilitarianism, one is allowed to break a moral rule, such as the case with physician-assisted suicide. However, there must be a reason to believe that breaking the rule will cause maximum utility, or the perfect balance between good over evil for all involved. With this brings about the problem of a person taking one’s interest more into consideration over everyone else involved along with the breaking of a moral rule. Similar to act-utilitarianism is the rule-utilitarianism, which says that moral rules are subject to exception if the exception has

⁹ Op. cit. ref. 4

¹⁰ *ibid.*

¹¹ *ibid.*

better consequences than the moral rule without the exception.¹² Both theories believe that if the consequences of the results to exception are better than the moral rule itself, then the action is justifiable. So, with each individual that wants to undergo physician-assisted suicide, if their particular situation, in their eyes, has better results by proceeding with the physician's assistance, then it is justifiable to do so. Since the individual within the situation decides which action produces the better consequences, shouldn't there be a stipulation with each individual on what constitutes what a better consequence entails?

Kantian Deontology

The next ethical theory to be discussed is Kantian deontology that was developed by Immanuel Kant. Kant believes that the categorical imperative is the fundamental principle that is the basis of all moral responsibilities.¹³ The categorical imperative is based on two formulations, but we will only be addressing one of these formulations. The one that is most prominent within the context of this paper is the second formulation, which says, "...treat humanity... never simply as a means, but always at the same time as an end."¹⁴ Kant furthers this formulation by breaking it down into four different duties. Of the four duties, "perfect duties to others," "perfect duties to self," and "imperfect duties to others" are the three that are relevant to our topic of physician-assisted suicide. The perfect duties to others include respecting others. Examples include not killing innocent people, keeping promises, and not lying. There is no exception, like utilitarian, in breaking these duties. They are simply off limits. With "perfect duties to self," you are not to disrespect yourself either.¹⁵ Kant

believes that this includes suicide, and that suicide is not acceptable under any situation. In Jecker, Jonsen, and Pearlman's work, they quote Kant saying, "...a system of nature by whose law the very same feeling whose function is to stimulate the furtherance of life should actually destroy life would contradict itself and consequently could not subsist as a system of nature."¹⁶ Killing oneself is seen to go against Kant's moral principle of the categorical imperative, and, therefore, is never to be broken. Kant deontology also expresses the duty of beneficence, which lies within the "imperfect duty to others" category. He believes that we are not only to treat people with respect but we are to further the happiness of others as well, but never at the expense of a perfect duty.¹⁷

Kant in Regards to Physician-assisted Suicide

In regards to physician-assisted suicide, based off of Kant's duties as explained above, it would seem that Kant would believe that there is no justification for this particular action. Since Kant's perfect duties to others and self seem to say that no matter the situation killing is wrong, it would seem that Kant would not ever be in agreement with physician-assisted suicide. However, through the duty of beneficence, the physician would be creating happiness for the patient who wants to die. This, however, still goes against Kant's categories of "perfect duties to others" and "perfect duties to self", which are to never be broken according Kant's belief in the categorical imperative.

Pros of Kantian Deontology

Kantian deontology brings about strong points when Kant points out that we

¹² *ibid.*

¹³ *ibid.*

¹⁴ *op. cit. ref. 6*

¹⁵ *op. cit. ref. 4*

¹⁶ Jecker, Jonsen, & Pearlman, 1977, p. 136

¹⁷ *op. cit. ref. 4*

must respect not only ourselves, but others as well. Kant believing that the notion of respecting others and not treating a person strictly as a means to an end is a key point in morality. This philosophy seems to be beneficial to everyone involved, not just the patient.¹⁸ Another valid point that Kant brings to the table is individual rights for everyone, and in this way he describes them as perfect duties to others in which a person, for example, is not to kill, which in turn causes you as an individual to not be killed either.¹⁹ So any source of suicide or killing is strictly forbidden, no matter the circumstance.

Cons of Kantian Deontology

Just like utilitarianism, Kantian deontology critics argue that it brings about some difficulties as well. Critics believe that often this ethical theory thinks too much about the individual and not enough about the community to the effect that the community is often non-existent.²⁰ Everyone is different and each person lives a different life, but Kant does not believe this to be true. Kant believes that no matter what the situation a person is in, everyone should come to the same conclusion when it comes to specifically killing and suicide. We can come to this same conclusion with physician-assisted suicide as well. This clarity is often misleading to some because it denies the role of the social experience in which this dilemma may occur.²¹

Virtue Ethics

The last ethical theory that will be discussed is the virtue theory as seen to emerge from Aristotle. The virtue theory, unlike the other two ethical theories

described previously, is not action-based. It is concerned with becoming a good person rather than acting a certain way. Virtue ethics is looking to achieve what is humanly excellent rather than looking to maximize utility or consistently performing duties. Virtue theory does not care whether or not the action brings about harm or benefits to the individual or a society, but it cares about the person performing the action showing virtuous behavior.²² It believes that actions show our inner morality and virtues are what help shape that morality within us.²³

Therefore, a virtuous person carries out the right action, and the right action describes a virtuous person. So, this brings up the question, what does virtuous behavior entail? Virtues are characterized by traits that are morally valued, which include, but are not limited to, truthfulness, compassion, courage, and sincerity.²⁴ Virtue theory also takes little consideration into rules and principles. This theory believes that cultivating enduring traits like honesty and loyalty through education and role models are a more reliable basis for a morally correct action than from knowledge of principles or rules.²⁵ It often asks the questions of “Who am I?”, “Who ought I become?”, and “How ought I get there?”²⁶ In conclusion, virtue theory relies heavily on the individual person rather than a group or what is best for everyone within a situation.

Virtue Ethics in Regards to Physician-Assisted Suicide

In regards to physician-assisted suicide, I believe the theory would view this action as going both ways. If the physician is virtuous, which means that he or she acquires the virtues as listed above, they are

¹⁸ op. cit. ref. 4

¹⁹ op. cit. ref. 4

²⁰ Garrett, Baillie, & Garrett, 1993

²¹ *ibid.*

²² Koçyiğit & Karadağ, 2016

²³ *ibid.*

²⁴ op. cit. ref. 4

²⁵ op. cit. ref. 4

²⁶ Rozier, 2016

able to use their virtues of compassion and mercy to help understand the pain that the patient is in. These virtues help guide the physicians in their decision-making and actions in regards to helping their patients. This theory would view that, in some physician's eyes, aiding in the death of a patient, under which he or she could not live anymore, to be a respectful, compassionate, and benevolent response to a patient's suffering.²⁷ However, other physicians could have these same virtues, and believe that physician-assisted suicide is wrong. It's difficult to draw conclusions on whether or not this theory believes that physician-assisted suicide is okay since it is strongly based on the individual person and the way that he or she pursues his or her virtues.

Pros of Virtue Ethics

In favor of virtue ethics, we can see that the other two ethical theories presented above often fail to face the fact that we often look at the character and motivation of a person and not just their actions. Another point that is valid is virtue ethics does not just go along with a set of principles, but rather learns from personal experience what is morally correct. It has no clear cut rules that it should follow, which allows individuals within this theory to have a little bit more space in his or her decision making. However, theory does call for the physician to use the virtues that he or she has learned in order to help with the patient at hand, rather than all of the people who are involved in the situation.

Cons of Virtue Ethics

Though we are able to see the upsides of this theory, how are we to know that the motivation of a physician in the case of a physician-assisted suicide is actually virtuous? Are we to trust that if the physician agrees to aid the patient in dying

that they are doing it out of their virtuous behavior? I think that it is difficult to exactly know the motivations of a physician and whether or not we can distinctly say that he or she is acting out of virtue. If our moral compass were to be learned by education or a role model, like the virtue ethics theory suggests, it would be difficult to know who the physician's role model was.

Conclusion

Before I started this paper, I understood very little of what euthanasia or even physician-assisted suicide entailed. I knew that there was major controversy concerning this topic, but I had never looked at each topic in light of the various ethical theories. In regards to the ethical theories presented within this paper, I find that I can accept parts of each of the theories in particular circumstances when it comes to the topic of physician-assisted suicide. However, I also find that I can see the downside of each of these arguments as well. I cannot discount that each ethical theory presented within this paper, at least at some point, has made me question my own beliefs on the matter, but it has also furthered my knowledge on this particular issue. Based on my research of the ethical theories investigated, I find that I reside more with the virtue ethics aspect of being against than for physician-assisted suicide at this particular point in my life. As a Christian, I believe that our virtues cause us to act, and I believe that these virtues are given to each of us from God in the form of the Holy Spirit. On the matter of Christianity and physician-assisted suicide, Lammers and Verhey state, "We need not glorify or seek suffering, but we must be struck by the fact that a human being who is a willing sufferer stands squarely in the center of Christian piety. Jesus bears his suffering not because it is desirable but because the Father

²⁷ Huxtable, 2002

allots it to him within the limits of his earthly life.”²⁸ God nor Jesus said that we were never meant to suffer within our human life, so I believe that this is where I have to lean toward disagreeing with physician-assisted suicide. With this belief, I also state that I have no doubt that there are holes within my argument, and that I believe the Holy Spirit may give each of us some of the same virtues but causes each of us to act

and think in a different way. The reason why I am hesitant to be fully against physician-assisted suicide is due to instances where I could understand it being open for discussion, such as a patient with amyotrophic lateral sclerosis, or ALS. However, I feel that much more research and thought is needed before we can agree with certain situations being acceptable in regards to physician-assisted suicide.

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²⁸ Lammers & Verhey, 1998, p. 659