Is assisted suicide right or wrong (thesis), and why (evidence)?

Title:

Assisted suicide is a human right

Interdiction:

The subject of assisted suicide certainly invokes an emotional response as any life or death question surely would. I could not help noticing how my mood changed as I began to read up on the subject. Additionally, the conversation is quickly confused with terms such as persistent vegetative state, living will, coercion, proxy directive, and even more heart wrenching subjects like euthanasia of children. I aim to stay focused on the case of a cognitively normal American taxpayer faced with a prolonged and painful death who chooses to enlist the help of a professional physician to bring some sense of control and predictability to his/her final days. This is a right that needs to be exercised most carefully but it is a right nonetheless.

Body:

Perhaps one of the most difficult objections to assisted suicide is the religious one. Cardinal O’Malley’s depiction of assisted suicide as sheer brutality is not unique to Catholic Church or to Christianity. The God give it and God take it away is simply not an argument that can yield to reason. Attribution of an idea to a higher power is a device like Macguffin in a fiction. Attributions to God solicit immediate importance and stature for a statement without having to provide a shred of evidence. In contrast, it is probably more reasonable to trust one’s wisdom and defer to an individual’s sovereignty rather than blindingly yielding to an ancient edict. That citizen would know better than anyone else how much suffering he/she must endure or even is capable of enduring. The citizen is fully invested in the decision and its consequences, whereas the clergy’s connection to the event is an abstract one at best. Why should anyone, however theologically or philosophically eminent, presume to tell someone else how much pain is acceptable?

The doctors’ Hippocratic Oath as an obstacle to assisted suicide is eloquently put forth by Marcia Angell of New York Review. The letter of this lasting contract from third or fifth centuries B.C. that prohibits the practitioner from doing harm is very compelling. But the spirit of the oath allows room for debate. After all, the context of a doctor’s remedy is very important. Without context it is impossible to explain various surgical procedures. How else can we reconcile “do no harm” with an amputation? Clearly, the justification for clinicians’ role in assisted suicide is in line with their training and insight. Dr. Barry Rosenfeld steps beyond the actual mechanics of the procedure and nominates doctors as the most qualified to help in two critical areas of decision-making ability and decision-making process. Doctors should first evaluate one’s decision-making ability and provide consulting expertise that can guide one in the decision-making process. Therefore, to satisfy the objection that says physicals are only healers we need not rewrite the Hippocratic Oath, but consider the circumstance and perhaps reflect an expanded meaning of healing.

In a democratic society like ours, where individual right is paramount, giving ourselves this last human right, namely the right to choose the end of our life when faced with long and painful prognoses, requires our collective courage. The difficulty of this decision is not an argument against assisted suicide but a sign of our prudence. We Americans who champion human rights and freedom around the world are not quick to make our mind about assisted suicide. This shows that we could have reasonable expectations for safeguards against the slippery slope in which physician assisted suicide could eventually lead to euthanasia. New England Journal of Medicine tried to compare public opinion about assisted suicide in the U.S. with that of 74 countries around the world in a poll posted on its site last September. Overall, 65% of their visitors voted against assisted suicide. In comparison, 67% of the U.S. voters had a negative view of the idea. Interestingly, Oregon and Washington, where assisted suicide has passed the ballet initiative, were not among the 18 U.S. states that voted in favor of assisted suicide on the web based survey. It stands to reason that even if assisted suicide was available nationwide people would still consider it an unpleasant last resort. Even in Switzerland, where opinion polls show 80% support nationally, the lawyer and self-described humanitarian that actually provides this service, Ludwig Minelli, is almost universally reviled.

In conclusion, a broad perspective associated with modernity and evolved thinking allows us to see suicide as an appropriate action to take in carefully limited situations. When released from the limits of a religious opposition, we can logically build on expertise of specialized clinicians to provide a well-planned and compassionate alternative to long suffering and pain; this is the assisted portion. The unpalatable nature of suicide, combined with physician’s involvement protects us from providing precedence for euthanasia. After a life time of work and participation in our community, if faced with the unlucky prospect of long and painful end of life, it is our right to decide the circumstance in which we last close our eyes.

Catholic

http://www.catholicnewsagency.com/news/cardinal-omalley-initiative-disguises-sheer-brutality-of-assisted-suicide/