

Text 4

The Supreme Court's decisions on physician-assisted suicide carry important implications for how medicine seeks to relieve dying patients of pain and suffering.

Although it ruled that there is no constitutional right to physician-assisted suicide, the Court in effect supported the medical principle of "double effect", a centuries-old moral principle holding that an action having two effects—a good one that is intended and a harmful one that is foreseen—is permissible if the actor intends only the good effect.

Doctors have used that principle in recent years to justify using high doses of morphine to control terminally ill patients' pain, even though increasing dosages will eventually kill the patient.

Nancy Dubler, director of Montefiore Medical Center, contends that the principle will shield doctors who "until now have very, very strongly insisted that they could not give patients sufficient medication to control their pain if that might hasten death".

George Annas, chair of the health law department at Boston University, maintains that, as long as a doctor prescribes a drug for a legitimate medical purpose, the doctor has done nothing illegal even if the patient uses the drug to hasten death. "It's like surgery," he says. "We don't call those deaths homicides because the doctors didn't intend to kill their patients, although they risked their death. If you're a physician, you can *risk* your patient's suicide as long as you don't *intend* their suicide."

On another level, many in the medical community acknowledge that the assisted-suicide debate has been fueled in part by the despair of patients for whom modern medicine has prolonged the physical agony of dying.

Just three weeks before the Court's ruling on physician-assisted suicide, the National Academy of Science (NAS) released a two-volume report, *Approaching Death: Improving Care at the End of Life*. It identifies the undertreatment of pain and the aggressive use of "ineffectual and forced medical procedures that may prolong and even dishonor the period of dying" as the twin problems of end-of-life care.

The profession is taking steps to require young doctors to train in hospices, to test knowledge of aggressive pain management therapies, to develop a Medicare billing code for hospital-based care, and to develop new standards for assessing and treating pain at the end of life.

Annas says lawyers can play a key role in insisting that these well-meaning medical initiatives translate into better care. "Large numbers of physicians seem unconcerned with the pain their patients are needlessly and predictably suffering", to the extent that it constitutes "systematic patient abuse". He says medical licensing boards "must make it clear...that painful deaths are presumptively ones that are incompetently managed and should result in license suspension".

36. From the first three paragraphs, we learn that_____.

- [A] doctors used to increase drug dosages to control their patients' pain
- [B] it is still illegal for doctors to help the dying end their lives
- [C] the Supreme Court strongly opposes physician-assisted suicide
- [D] patients have no constitutional right to commit suicide

37. Which of the following statements is true according to the text?

- [A] Doctors will be held guilty if they risk their patients' death.
- [B] Modern medicine has assisted terminally ill patients in painless recovery.
- [C] The Court ruled that high-dosage pain-relieving medication can be prescribed.
- [D] A doctor's medication is no longer justified by his intentions.

38. According to the NAS's report, one of the problems in end-of-life care is_____.

- [A] prolonged medical procedures
- [B] inadequate treatment of pain
- [C] systematic drug abuse
- [D] insufficient hospital care

39. Which of the following best defines the word “aggressive” (line 4, paragraph 7)?
- [A] Bold. [B] Harmful.
[C] Careless. [D] Desperate
40. George Annas would probably agree that doctors should be punished if they_____.
- [A] manage their patients incompetently
[B] give patients more medicine than needed
[C] reduce drug dosages for their patients
[D] prolong the needless suffering of the patients