

Physician assisted suicide

Introduction

Although health care is high today, especially in developed countries, it is still not as perfect as we think it should be, given that there are so many drugs and treatments that can help restore or cure disease. When we need professional medical help, there are many different issues that can affect patients and their families. These are issues related to life and death decisions, insurance coverage, the need for medicines, the cost of services and so on. At first glance, these things may seem negligible, but they do have a huge impact on whether a person can be properly cared for, whether in a hospital or outside a medical facility.

People often do not think about these problems until they are faced with some problem or their close to health problems. As a healthcare professional, I see first-hand the concerns and questions of family members about myself or their loved ones when they enter the facility. These are, for example, questions: Who is my doctor, is a student, this is a hospital where I or my beloved receive adequate health care, and so on.

As a healthcare professional, it is extremely important that I understand and reassure the patient that she has brought her loved ones or myself to the best facility to ensure that she receives proper care from the provider, staff, and organization she can provide. Patients may be asked various questions during the doctor's examination. One of the issues is a very sensitive topic that will surprise many. The question asked is whether they want to be resuscitated or not. The question is whether they want to be resuscitated or not. However, it is usually a question of a patient's serious medical condition, when the risk of the disease curing is low, it is usually the patient's terminal condition.

Interestingly, the question suddenly allows the patient to look at life completely differently. It attracts them to think about their affairs and that life can be unpredictable at all times. Asking these questions also allows the patient to share in his right to life if he wants to live or die with his conscious consent. However, for those who are not in a stable mental state to express their opinion, a spouse or close relatives is automatically resuscitated in the Czech Republic. In other states, he could then decide to be the closest relative of the patient. If no family is known, at least two doctors can determine which medical decision would be best for the patient. Allowing someone to be a part of their lives therefore opens up a topic of conversation that is highly debatable and controversial. The topic I will discuss later is assisted suicide by a doctor.

The topic I want to discuss is assisted suicide by a doctor. I chose this topic because it is not very often sought after and my goal is to explain this concept, describe the pros and cons of the alternative method and express my opinion on this topic. I also choose this topic deliberately, given that there is no such choice in the Czech Republic.

Characteristics of physician-assisted suicide

Physician-assisted suicide is another medical practice that is rarely discussed, but it is an option for patients who want to participate in the right to die. The definition of assisted suicide is the voluntary termination of life by administering a lethal substance with the direct or indirect assistance of a physician. (<https://medicinenet.com>)

The debate over physician-assisted suicide is still spreading around the world. In many states, physician-assisted suicide is still not legal. There are many advantages and disadvantages that are constantly advancing around physician-assisted suicide, see below.

Physician-assisted suicide is legal in several countries around the world, such as Switzerland, Japan, Canada, and some states in the United States. (<https://bbc.com/news/world-34445715>). Only about eight states in the United States have legalized PAS, such as California and Washington, to name at least some of the larger, larger and larger populations than others. According to the valid laws, this possibility does not exist in the Czech Republic. Patients suffering from incurable and terminal, painful diseases now have a choice other than medication, radiation, dialysis, etc., a method of assisted suicide by a doctor.

However, before proposing this method as an option, the patient should first be introduced to other methods, and if the patient disagrees, PAS should be the last proposed option. Again, recommending patients with this termination is not considered the first or best option. However, if the physician deems it appropriate that the patient complains that he or she wants to die, does not want to follow medication or treatment plans, and the health care provider cannot guarantee in any way that it will help cure the fatal illness, this solution may be proposed. If patients have been introduced to the PAS method, these patients should receive extensive in-depth counseling with the provider, including family members, about the PAS. The necessary knowledge and training skills for good preparation can help anyone involved.

As a result, the patient is expected to evaluate each area of their life, such as considering the costs that might require additional hospital stays as well as the burden on his or her entire family. In a painful state knowing that they will soon die, and only live in pain and feel uncomfortable. Ultimately, the choice to die sooner rather than later is beneficial to the patient because he can choose his day and time to die, and this option allows the family time to prepare for the departure of their loved one. However, if the patient has signed an end-of-life consent, he or she can change his or her decision at any time.

The biggest conflict in the assisted suicide controversy is that it is not ethical morally accepted and not in the beliefs of most individuals. For many, it is against their religion. When it is against their religion, many individuals include all members of their family and often include their friends. Many patients want their health and data to be confidential. Confidentiality is one of the oldest problems of medical ethics, according to Veatch.

Pros and Cons

Legalization of assisted suicide by a doctor has many positives, such as the patient's right to death.

The right of a competent, terminally ill person to avoid excruciating pain and to accept a timely and dignified death carries the sanctification of history and is implicit in the concept of ordered freedom.

(Euthanasia. ProCon.Org, 2013) From the court's point of view, a mentally competent person has the right to make legal decisions about marriage, contraception, the right to refuse medical care, as well as the right to abortion. This concept applies to the theory of principlism, in which the patient's ability to act in his own interest is recognized. Another positive aspect is the ability to end the suffering of a dumb man at the end of his life. "Leaving someone who justifiably does not want to continue should be considered a crime as taking life without consent." (Euthanasia. ProCon.Org, 2013)

Principlist theory also suggests an ethical responsibility to "do good" - in "doing good" means realizing the patient's desire for treatment. Nowadays, living wills are commonly used, in which the authors display their wishes at the end of life. "Thus, living wills can also be used to refuse rare, life-prolonging treatment and are effective in providing clear and compelling evidence that may be required by state law to refuse care after a disease has contracted an incurable disease. Living will provides clear and convincing evidence of a person's desire for end-of-life care." (Euthanasia. ProCon.Org, 2013) By living will, patients can describe how and whether they choose a physician-assisted suicide and under what circumstances.

The patient can then expect the doctors to fulfill their wishes. While there are many positives to PAS, there are some less clear areas. PAS is considered legalized murder. Dr. Edmund D. Pellegrino says, "If ending life is beneficial, the reason is why euthanasia should be limited to those who can consent? Why do we need to seek consent?" (Euthanasia. ProCon.Org, 2013) There is an idea that incompetent patients or the elderly could fall victim to assisted suicide through some regulation - in which they are unable to make decisions in their right mind.

Life-saving care can be very costly, whether it is a hospice or after a serious accident in which the patient stays in the hospital for a longer period of time. There are claims that assisted suicide drugs cost about \$ 35-45, which is much better than providing medical care. Many fear that the consequences of costs could lead to unjustified euthanasia. Finally, there are concerns about certain social groups that could be at risk of abuse.

They still believe that doctors have prejudices and are influenced by race and class like the rest of society. There are many fears that some social groups could be subject to unjustified euthanasia.

In the debate over euthanasia, commonly referred to as physician-assisted suicide, there are many valid claims for the pros and cons - the patient's right to die, end the

patient's suffering, and follow the patient's living will. While these arguments are valid, there are others that speak of contradictions, such as euthanasia called legalized murder, physician-assisted suicide due to spending, and social groups at greater risk.

There are many areas that need to be further discussed in the context of legalization; however, the patient has the right to decide on his treatment and, at the discretion of the psychiatrist, everyone should be able to choose euthanasia if they wish. However, this is an assisted suicide by a doctor viewed rather negatively. A study conducted in Oregon on the views of family members by a suicide doctor defined his family members as "individuals for whom they are independent

and some oversight is important, who predicts the negative aspects of dying and who believes it limits self-loss, abilities, and the value of life will be undignified." (Linda Ganzini, MD, MPH,

Elizabeth R. Goy, PhD & Steven K. Dobscha, MD, 2008) For these patients, euthanasia was an opportunity to give them control - power over the final aspect of their lives so that they could die with dignity.

According to Alan Marzilli, people should have the right to decide when and how they die. States should protect people from suicide and people should not make end-of-life decisions without medical advice. (Alan Marzilli).

Example of PAS application

One of the diseases that people seek out PAS is Alzheimer's disease. In addition, people with Alzheimer's disease suffer from delusions and restlessness. For example, they are in their bed, they see someone looking down at them, but they don't know who they are. They tell them it's time for their medicine. He will try to ask what medication. Still, when he tries, it looks like it comes out like a gurgling sound. This is what many people with Alzheimer's have to go through and what their family has to face. Instead of living a full life and dying with their family and friends by their side, they die without knowing the faces of their husbands or children. People with Alzheimer's disease will die after several years due to literal torture. This is not uniform, including what their families must feel when they witness a person they love so badly that they cannot even remember his name. All the memories one shares with this person now reside only with him. Imagine your own mother or father looking at you with fear or confusion in their eyes.

They don't understand who you are and why they just can't ask your name. I don't know what most people would think, but I believe it's even more painful than losing someone to death.

Conclusion

My opinion on a doctor's assisted suicide decision is debatable because I believe in the law of nature. The law of the universe, as created and governed by God Himself,

transcends and governs the laws, cultural laws, and laws that He created. According to Greek Stoic thinkers, who said that we have a duty to abide by the basic laws of nature, the key moral principle is to "follow nature." (Ethics: Theory and Current Issues, 9th Edition). I completely agree. Everything in life has a purpose and a reason, nothing happens just like that. Nevertheless, I must state that there may be exceptions, such as the above-mentioned example from practice regarding Alzheimer's disease, in which case I myself accepted the PAS as an exception.

End-of-life problem-solving is therefore always a difficult topic and a problem that we will face throughout our lives. Decisions of this kind will always be decided by morality and government decisions

I believe that life has meaning and that it is time for everything, including death. In my opinion, we are neither an author, nor a creator, nor a terminator of our lives, and therefore, in my opinion, the PAS method excludes the law of nature.

However, end-of-life issues will become increasingly important and popular in the coming years, and it seems to me that people have no respect for life and value nothing. Therefore, they can and will freely assist at the end of life without any guilt or shame.

References

Retrieved from www.medicinenet.com

Assisted Dying: What does the law in different countries say? BBC

Retrieved from <https://www.bbc.com/news/world-34445715>

Physician-assisted suicide / Alan Marzilli. Author: Allan Marzilli. Publisher: Philadelphia : Chelse House Publishers. c2004 ISBN: 0791074854(hc)

Assisted suicide/ Lauri S.Friedman. Author: Friedman, LAuri S., Publisher: San Diego, CA: ReferencePoint Press, c2009.ISBN:97816015204887 (lib.bdg.), 1601520484 (lib.bdg.)

American Medical Association . Copyright 1995-2018 All Rights Reserved.

Retrieved from <https://www.ama-assn.org/delivering-care/physician-assisted-suicide>

Retrieved from <http://physician-assisted-suicide.weebly.com/pros-and-cons.html>

Ethics: Theory and Contemporary Issues Authors: Barbara MacKinnon and Andrew Fiala

Edition: 9th edition Publisher: Cengage Learning ISBN: 978-1-305-95867-8

Michael Prinke, M210182