

# What's Happening with Physician-Assisted Suicide?

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**Mrs. Jane Patton** is a Vanderbilt University graduate, a nurse, and worked most recently in clinical research. Her interest in bioethics began in college with thinking through *Roe v. Wade* and the inherent value of human life. She has done further work in bioethics, and now volunteers with The Tennessee CBC. Below, Jane Patton addresses recent developments in physician-assisted suicide.

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Here we are in 2017, loaded with the benefits of technological innovation. In healthcare the movement is at warp speed such that we can be like frogs in the proverbial frying pan, not taking to heart the implications of such rapid and significant change. The Tennessee Center for Bioethics & Culture has a history of raising awareness, speaking into the culture to encourage reflection and conversation. Our context is that life is a gift and that as human beings we share a common inherent dignity.

Physician-assisted suicide (P-AS) — the practice as well as the pushback — is in the news:

- In Canada, the debate over assisted dying includes its economic benefits.

- The American Psychiatric Association (APA) issued a policy statement in December that draws a boundary for physician-assisted suicide. The APA is a globally influential body, as Michael Cook explains in the newsletter, *BioEdge*; you can read the APA statement and his explanation of its implications [here](#).
- As mentioned in the December newsletter, the Ohio legislature unanimously passed a law at the close of 2016 that makes assisting a person's death a third degree felony.
- Meanwhile, in Washington, D.C., a Death with Dignity bill that was signed into law in December by Mayor Muriel Bowser is being reviewed by Congress. The law would allow patients with six months or fewer to live to ask their doctors for medication that is lethal. If you would like to *make your voice heard* even if you don't live in D.C., see the link at the bottom of this article.

Increasingly, there is a connection between the need for human organs for transplantation and physician-assisted suicide. Allen H. Roberts II, professor of medicine and chairman of the ethics committee at Georgetown University Hospital, noting that organ donation euthanasia is alive and well in Europe writes: "In accord with the spirit of our age, advocates of death-by-donation establish individual autonomy and consent as the driving principle for decision-making... In ethics generally and medical ethics in particular, autonomy, freedom, and the supremacy of private judgment have become moral absolutes. ... human freedom extends to absolute mastery over one's life, a mastery which extends to being killed or assisted in suicide so long as these are voluntary acts." (Roberts II, Allen H., "A Grim Harvest," *First Things*, January 2017; Print.)

Of course, the doctor as well as the patient is integrally and intimately involved in the decision-making. See Dr. Joy Riley's interview with British physician John Patrick about the "myth of moral neutrality" and the doctor's role in death-by-donation here: <http://tennesseecbc.org/2016/04/27/what-hippocrates-knew/>

## **What can one person do?**

You can help raise awareness of the life and death issues that will face all of us:

- Engage people you know with a listening ear and thoughtful questions.
- Speak so policy makers can hear. The D.C. Death with Dignity bill is in the middle of a 30 day review by Congress. Washington, D.C., is unique, different from the states in that all legislation there is subject to Congressional review and may be overturned. Outsiders may express their views on the bill, even though it technically affects only D.C.