Physician-Assisted Suicide: NOT Exactly What Its Proponents Advertise It to Be

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This Australian stamp was issued in celebration of the General Assembly of World Medical Associations almost 50 years ago. At that time, the hypodermic syringe was a symbol of cure. Now, the picture of gloved hands administering an injection can represent something much more menacing.

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The topic of physician-assisted suicide (P-AS) is a persistent one, especially when people are in pain or are worried about impending death. We need to think deeply and well about this issue. To help, the Tennessee Center for Bioethics & Culture is addressing P-AS from a different perspective for the second time in as many months. Read on…

Attorney John Jay Hooker, in his effort to legalize physician-assisted suicide, has sued the State of Tennessee. *The Tennessean* reports his concerns:

" . . . do I want to sit there in bed and be the prisoner of that pain?" Hooker said. "Does the government have the right to tell me I can't check out of this hotel? I say the government can't tell the people they can't do something that is in pursuit of their own happiness, and that doesn't involve anyone else."

Mr. Hooker is neither the first, nor the last, person to ask these important questions, and they deserve our attention.

1) We all dread pain and will typically avoid it if possible. C. S. Lewis wrote in *The Problem of Pain* that there are two types of pain: "A" and "B". "A" pain is that which we would recognize as physical sensation; "B" pain is "any experience, whether physical or mental, which the patient dislikes." He

finds "B" pain "synonymous with 'suffering', 'anguish', 'tribulation', 'adversity', or 'trouble' . . ." (*The Problem of Pain*, San Francisco: HarperCollins, 2001; pp 87-88.)

Must we be "prisoners of pain," to use Mr. Hooker's term? Not necessarily. If the plethora of narcotics and other pain relievers at our disposal can be well-employed, most of our "A" pain can be remedied. The "B" pain requires more of us, however, and more from those who share our lives. Having the presence of others whom we love and who love us is invaluable, especially during the painful chapters of our lives. "Suffering with" — the essence of compassion — can make the suffering more bearable. Lewis warns the bystanders of the suffering, "Indignation at others' sufferings, though a generous passion, needs to be well managed lest it steal away patience and humanity from those who suffer and plant anger and cynicism in their stead." (*The Problem of Pain*, p. 108.)

2) The State has an interest in the lives of its citizens. Both the Declaration of Independence and the Tennessee Constitution include the term "happiness", which historically has intended the virtuous life — a well-lived life. It is a reference to the Greek term, *eudaimonia*. *Eudaimonia is happiness, contentment, and fulfillment; it's the name of the best kind of life, which is an end in itself and a means to live and fare well.* (Internet Encyclopedia of Philosophy)

To address the suicide rate in Tennessee (14.7 per 100,000 population, or 932 deaths, by suicide in 2010), our state has formed the Tennessee Suicide Prevention Network. In recent years, the rate of suicide in adults in our state has actually increased. The *Older Adult Suicide Prevention Plan* is the state's response.

3) Assisted suicide, as in physician-assisted suicide (P-AS), by its nature involves someone besides the patient. Prescriptions are written by physicians and filled by pharmacists. These are people who have spent many years learning the science and art of helping people.

P-AS is not simply putting pen to paper, fingers to a keyboard, or pills in a bottle. It is far more. Each person involved bears responsibility for aiding someone in a suicide. This is complicity, pure and simple, and it is a corruption of the years of training to be healers. The bonds of trust between patient and caregiver would be irrevocably damaged by any state mandate to involve physicians and pharmacists in assisted suicide.

In summary, we as patients, pharmacists, and physicians need to work together to provide care for one another. The provision of relief from pain, and an easing of suffering are important goals. Extinguishing the life of the sufferer is not one, however. The bonds of community demand that physician-assisted suicide should not be requested, and certainly not proffered. We as physicians and pharmacists must not kill our patients.

Physician-assisted suicide has its proponents: Brittany Maynard, Dr. James Downar, and John Jay Hooker, to name a few. We can thank them for helping raise some important questions, but The Tennessee Center for Bioethics & Culture cannot endorse their positions.

Further reading:

"Doctors must not help patients commit suicide," by C. Ben Mitchell, Ph.D., Provost and Vice President for Academic Affairs at Union University, Jackson, TN, and Tennessee CBC Board Member.