Physician-Assisted Suicide and Euthanasia Is Incompatible With Medicine: A Response From Medical Students

To the Editor:

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We would like to respond to the article published in a recent issue of Critical Care Medicine by Goligher et al (1) discussing ethical issues on physician-assisted suicide and euthanasia (PAS/E), specifically to whether it is morally acceptable for physicians to intentionally cause death.

As medical students, we are concerned with PAS/E, because these proposed measures fundamentally change the physician-patient relationship. Physicians implicitly promise patients basic conditions of trust. These include protecting their confidentiality, not engaging in sexual relations with patients or third parties that are involved in their medical decision-making process, and not prescribing medications with the intention of killing patients. For centuries, the physician-patient relationship has been based on these basic tenets of trust, and PAS/E disrupts that fundamental bond.

We are entering this profession with the understanding that medicine must always be used to heal and treat the patient; central to our trade is to eliminate the disease, not the person. The medical profession was never meant to decide when a patient should die; rather, medicine is a profession focused on the art of healing, with the intention of pursuing the health of each individual as a human being, regardless of their medical diagnoses.

Doctors must not pretend that we can cure every disease. However, where we can no longer cure, we can still offer palliative care. Refractory pain is most often spoken about in the debates on PAS/E, but the reality is that medicine is able to offer a wide range of options to control refractory symptoms. In fact, data show that patients often seek PAS/E not because of intolerable pain but rather due to fears of the future, feelings of diminished independence, and loss of control (2). For the majority of the patients we care for, diminished independence and loss of control are inevitable aspects of their disease processes. Thus, by supporting PAS/E, we would implicitly affirm that PAS/E is appropriate treatment for many, if not all, of our patients. Furthermore, precisely because so many patients experience some degree of loss of control, it is in the best interest of doctors and patients to set clear roles for the physician: to accompany patients through the disease process, not prescribing medications causing death.

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As students, we have continuously witnessed the power of a doctor’s affirmation, be it implicit or explicit. It can drastically change a patient’s decisions due to the authority that comes with holding the title of physician. In end-of-life care, we believe that the responsibility of the physician is not to offer a life-ending solution but rather to support the patient in living the best quality of life possible within the realities of their limitations. The proposed and existing laws supporting PAS/E, however, send a clear message that life is only worth living if a person is maximally functional and independent.

Over the past few years, the medical profession has increasingly been in the spotlight as an authority on many high-impact propositions, and we, as students, are concerned about where our profession is headed. We strongly urge our colleagues to shift the focus of our efforts to improve end-of-life care for patients and onto the enhancement of patients’ quality of life through robust symptom management and palliative care.

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The authors reply:

We applaud Rhee et al (1) for their contribution to this discussion and agree that the perspective of future physicians on the nature of the physician-patient relationship is of great relevance. Indeed, it is possible that the legalization of physician-assisted suicide and euthanasia (PAS/E) will change the nature of the physician-patient relationship for some, but in most countries where surveys have been conducted, a large majority of the public supports the legalization of PAS/E (2). Furthermore, a survey from Oregon suggested that only a tiny minority (7%) of physicians have had a patient become upset after learning their views on PAS/E, and those who opposed PAS/E were actually more likely to have had a patient leave their care as a result of their attitude toward PAS/E than those who supported PAS/E (3). In the face of such data, it is hard to sustain the argument that the bond of trust between doctors and patients is based on an assumption that the physician should not perform PAS/E.

We are relieved that future physicians place a high value on healing and treating patients, since our own healthcare will one day be entrusted to them (hopefully not too soon). We agree that the emphasis is best placed on high-quality palliative care for patients nearing the end of life, since PAS/E will only ever be an option taken by a small percentage of patients. But there is clear evidence that we can legalize PAS/E and improve palliative care at the same time (4). And we encourage readers at all stages of their career to better understand the perspective of those who support legalization, even if they do not share this perspective. Those who support legalization of PAS/E do not wish to end life or decide when patients should die. They merely recognize that some suffering cannot be relieved by even the best palliative care, and they feel that incurably ill patients are better positioned than anyone else to decide when their intractable suffering is bad enough to justify the hastening of death. We hope that patients would not reach that point, and most do not. But some do, and we do not feel that there is a compelling reason to force them to endure that suffering when there is an alternative.

Despite our efforts to present clear and cogent arguments for both viewpoints, our article will not resolve the moral debate about PAS/E, which preceded us and will continue long after our own death (natural or otherwise). Our aim was to describe the different perspectives on the core issues that underpin this debate, in the hope that this would lead to mutual understanding, respect, and support. We encourage the next generation of physicians to appreciate the importance of balanced dialogue, particularly when it comes to controversial issues.

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