



# ASSISTED SUICIDE: FATALLY FLAWED

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## The Role of Physicians

*"I will keep them (the sick) from harm and injustice... I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect"*

### The Hippocratic Oath

#### The Role of Healer

Physicians frequently perform procedures that harm the body with the end goal of healing it. Think of chemotherapy, open-heart surgery, or even a simple IV. They are painful, sometimes extraordinarily so, but their aim is to heal. However, with physician-assisted suicide (PAS), doctors provide patients the ability to kill themselves. This represents a fundamental shift from the role of a physician as a healer.

*"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer"* – The American Medical Association

#### PAS Harms the Doctor-Patient Relationship

The doctor-patient relationship rests on trust. It is impossible to maintain trust, and therefore a healthy doctor-patient relationship, when the physicians or healthcare providers can consider intentional death as something in a patient's best interest. In this environment, patients must contemplate the possibility that their physician may recommend the administration of poison instead of medicine.

This dynamic is exacerbated for individuals with disabilities. In states where PAS is legal, individuals with disabilities can automatically qualify for PAS due to the chronic nature of their conditions – each and every time they see a doctor, the option for them to take their own life is on the table. Vulnerable patients feel this<sup>1</sup> acutely, given the history of healthcare abuses targeting minority and disabled populations.



## PAS Relies on a Faulty Assumption

Advocates for PAS claim that all PAS legislation requires a terminal diagnosis as one of the guardrails to ensure safe and effective policy. However, doctors can misdiagnose<sup>2</sup> life expectancy, sometimes declaring patients have days to live only for them to die years later. Traditionally, medical malpractice relates to poorly administered treatments or misdiagnosis of an illness; yet with PAS<sup>3</sup>, doctors are not legally liable for misdiagnosing a patient's life expectancy. Doctors cannot be expected to predict the future, so even well-meaning professionals may understandably make errors in this life-or-death prognosis.

## PAS Exacerbates Mistrust in Institutional Medicine

Only 34% of Americans<sup>4</sup> say they have a great deal of confidence in the medical system. A system designed to provide healing but repurposed to cause death exacerbates cratering public trust, particularly given the extraordinary financial incentives in funneling patients towards PAS. Canada justified its far-reaching PAS regime in part through a 2017 study<sup>5</sup> that estimated savings of up to \$138 million annually for their health care system. It is much more economical for the poor to be offered PAS instead of life-saving treatment.

### CASE STUDY: Canada

In 2021, Donna Duncan<sup>6</sup>, a resident of British Columbia, requested PAS after sustaining a concussion in a car accident that severely altered her behavior. However, when her general practitioner of 20 years refused to fulfill her request for PAS due to Donna's mental state, she went searching for a new physician who would approve her request. She was eventually approved and was killed shortly after. Donna's daughters have filed a lawsuit so that the physicians that approved their mother's PAS request will be held accountable for medical malpractice.

### CASE STUDY: Oregon

In 2011 Kathryn Judson<sup>7</sup>, an Oregon resident, brought her severely ill husband to the doctor, optimistic that he would get the treatment he needed. However, she overheard the doctor trying to convince her husband to use PAS by using Kathryn as an excuse, saying that he wouldn't want to be an excess burden to her.

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## Notes

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