

Physician-assisted dying

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The authors of the article entitled *Ethics in physician-assisted dying and euthanasia* raise important concerns about the appropriateness of physician-assisted dying (PAD). While there is no consensus agreement about how we might resolve all of the ethical issues posed by PAD, there is a robust debate in the ethics and legal scholarship on the topic. There are a full range of issues that physicians, ethicists, and patients need to explore together, but two points in particular have received robust discussion.

First, the ethical issues involved in the possibility for disabled individuals to be disproportionately affected by physician assisted dying has concerned the bioethics community for many years. The concern was raised by ethicists in the context of the Supreme Court opinion in *Washington v Glucksberg*, 521 US 702 (1997) at 731 "... the State has an interest in protecting vulnerable groups—including the poor, the elderly, and disabled persons—from abuse, neglect, and mistakes." Studies have been done to examine the impact of existing laws on these groups, and have shown little evidence of heightened risk, except to individuals suffering from AIDS. It is important to note that neither legal opinions nor well done empirical studies dictate a single approach or provide individual answers in unique cases because individuals at the end of life are not a single group with a single point of view.

Second, as the authors note, public opinion is shifting on the issue of whether physician-aid in dying may be appropriate in some individual instances.

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New Jersey has just passed legislation joining seven other states and DC legalizing physician-aid in dying. However, physicians working for the VA may not. No federal money may be spent. For physicians working across medical systems the interplay of state and federal laws should prompt discussion with an attorney or ethicist who can help work out the best solution for a particular case.

I appreciate the authors' willingness to open discussion on an issue that is fraught with difficulties and prone to generalization. Enlisting the assistance of a wide range of viewpoints including an onsite ethics consultation focused on the particularities involved with individual cases can ensure that all patients are treated fairly, and neither physician nor patient is pressured to compromise care or conscience.

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REFERENCES

1. Margaret P, Battin MP, van der Heide A, et al. Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups. *J Med Ethics* 2007;33:591–597
2. Pasik D. These 26 N.J. doctors say they should be able to help dying patients end their suffering. Available at: <https://www.nj.com/opinion/2019/03/these-26-nj-doctors-say-they-should-be-able-to-help-dying-patients-end-their-suffering.html>
3. 42 USCS § 2380. Restrictions on use of funds for assisted suicide, euthanasia, and mercy killing. Text available at: <https://www.congress.gov/105/plaws/publ12/PLAW-105publ12.htm>