

# Approaches And Viewpoints Towards Assisted Death

Posted on October 2, 2018

## Abstract

A controversial issue in medical bioethics relates to assisted death. Assisted death has two generally known types: PAS or physician-assisted suicide and euthanasia. To study the acceptability, viewpoints, and attitudes of nurses and medical practitioners towards the concept of assisted death and its methods, a research proposal is made in which a comprehensive plan to undertake a literature search is suggested using a variety of online libraries. Two appropriate types of research are compared and reviewed initially and a research plan is suggested on how to undertake further exploration and research of this issue. The initial literature review studies outlooks toward assisted death in the United Kingdom using qualitative data analysis. The research methodology is presented alongside an initial discussion of the subject matter that will precede the extensive planned research.

Keywords: Euthanasia, Assisted Death, Right to Die, Legal, Viewpoints

Approaches and Viewpoints Towards Assisted Death

## Introduction

Assisted death is a consensual suicide that is committed with the help of another individual, usually a physician, because of a medical condition. There are two forms of assisted death: euthanasia and physician-assisted suicide (PAS). Generally, assisted suicide is mostly used to refer to PAS by rights groups who object to the word suicide. The process involves a doctor “knowingly and intentionally providing a person with the knowledge or means or both required to commit suicide, including counseling about lethal doses of drugs, prescribing such lethal doses or supplying the drugs” (Gabriel, 2011). This form of death is often mixed up with a different concept known as euthanasia. The difference between the two forms is that, in cases of physician-assisted suicide, a sane individual willingly communicates the will to die and, for that purpose, appeals for a lethal medication dose to end his/her life. In euthanasia, however, it is the doctor who administers a lethal drug that becomes a means of death. Physician-assisted suicide PAS, on the other hand, involves the patient to self-administer the drug.

Assisted death, whether euthanasia or PAS, has remained a matter of controversy up to this day. Some states have “Death with Dignity” legislation that permits terminally ill adults with mental competency to demand a drug from their therapist in order to hasten their death. Varying viewpoints

and attitudes have been observed worldwide towards this concept, and legislation varies from country to country. The viewpoints of doctors and nurses can also vary individually because of their controversial nature, owing to their personal or religious beliefs or backgrounds. The 'American Medical Association's Code of Ethics evidently asserts that physician-assisted suicide PAS is illegal because it is "fundamentally incompatible with the physician's role as healer" and due to it being "difficult or impossible to control, and would pose serious societal risks" (Lagay, 2003). The 'West's Encyclopedia of American Law postulates that "a 'mercy killing' or euthanasia is generally considered to be a criminal homicide" and went as far as saying that the act is a synonym of homicide; the difference is that it is committed on the request of the patient (Mohanty, 2004).

## Aims Of The Study

A divisive public opinion exists in many states of the world over the ethical, moral, and legal issues concerning assisted death or euthanasia, and is unsurprisingly one of the core subjects of bioethics today. As a nurse, it is not unusual to come across incidents where the patients consent to assisted death or to see doctors consider euthanasia to facilitate a patient's "death with dignity." This research uses secondary data aiming to investigate if an amendment in the legislation is required to illuminate the correct position regarding assisted death in the United Kingdom and whether, for individuals with a terminal illness or those with an incessant poor quality of life, assisted death should be made legal or not. In countries or states where it is legal for terminally ill patients to consider PAS, such as in Oregon (USA), Belgium, or the Netherlands, one still comes across disapproval from focus groups or doctors. Furthermore, they require a residency to be considered eligible for this process.

There is a substantial amount of data available on the internet regarding the viewpoints of professionals in medicine, but little information on the general public opinion on this issue. The aim of this study, therefore, is to not only study the viewpoints of nurses and physicians but also to investigate why PAS or euthanasia generates a strong divisive debate and the reasons, including religious and ethical, over why people and doctors continue to oppose it. An attempt will be made to provide a definitive answer using secondary resources as well as limited primary research in order to provide an overview through a systematic review of the data collected. Furthermore, the study seeks to relate sentiments in nations that have decriminalized assisted death with those nations that still prohibit its application.

## Research Variables

The factors considered in the research are legal factors and ethical and social perspectives. The questions that are asked include the opinions opposing or supporting a change in public policy in the United Kingdom and, subsequently, other nations. Should assisted death be legalized? Which parts of the society oppose the move, which sections are more supportive, and what is the reason for their support or opposition?

# Study Design And Sampling

The study restricts itself to obtaining sample results from the UK primarily, as there is visibly unclear and vague legislation on modes of assisted death, which corresponds with the aim of the study, which is to provide clarification from the legal and ethical perspective for people in the UK. Furthermore, as legislation affects thoughts and opinions, therefore qualitative questionnaires and interviews were conducted in selected UK healthcare institutions where the practice is currently illegal. Therefore, the literature selected as a secondary research source also restricts itself to qualitative sampling data collected from the United Kingdom.

## Methodology

The research will be accomplished by the selection of articles, books, videos, journals, published thesis, as well as interviews with doctors and other concerned professionals in this field. It would be necessary to use structured and semi-structured interviews and go see doctors who have experienced situations related to assisted death, PAS, or euthanasia. It would also be beneficial to talk to families who might have gone through some form of tragedy related. The families should be asked about their decision, the illness that occurred to their loved one, and the everyday life and condition of the person who was put to their death. Questionnaires regarding how they reacted to this, also how they felt about it, as well. Facts and information would be given, and their opinion would be asked for and noted as part of the survey.

## Initial Literature Review

To proceed with the research plan, an initial review of related literature was undertaken using the library databases online such as Sage, EBSCOhost, Cochrane Library, and Science Direct. The keywords used to identify the literature include Euthanasia, Assisted Death, Right to Die, Legal, Viewpoints, and the United Kingdom. Two journals were identified as a result. The first paper reviewed is in English by Clive Seale, Ph.D., from the Centre for Health Sciences, Barts and The London School of Medicine and Dentistry, London and is called 'The Legalization of Euthanasia or Physician-Assisted Suicide: Survey of Doctors' Attitudes' (Seale, 2009). The research examined various viewpoints about the legalization of assisted death from doctors and medical professionals compared to the public opinions from people belonging to different sections of the UK. The research methodology involved a series of carefully structured questions on questionnaires over a sample of 3733 practitioners using qualitative data analysis methods and statistics to prepare quantitative data.

The second source for the initial study includes a 'Survey of doctors' opinions on the legalization of physician-assisted suicide (William Lee, 2009). The research method involved dispatching a questionnaire survey by post to a sample size of 1000 medical practitioners or senior consultants selected according to commercially available data, out of which 372 surveys were used. Statistical

analysis was carried out on the variables in order to predict the outcomes in quantitative tables and plot graphs according to the data analysis.

## Phase 2: Data Collection And Results

As the second and major phase of the research, the plan for secondary data collection involves using a qualitative methodology. The aim is to 'understand each individual's view without making any judgments during the data collection (Kawulich, 2005). To supplement the qualitative data, empirical data will be collected through extensive planned research that will be launched 1 year before the actual project is published. During this time library databases will be searched for quality peer-reviewed journals and books using a combination of relevant keywords to identify appropriate search material to be used in the research. Features in databases, such as Boolean operators, will be used to enhance search results. Quantitative surveys from the UK, as well as from different countries, will be obtained to supplement the findings from other sources used in the data collection process. Medical textbooks utilized in training professional nurses and medical practitioners that describe various aspects of assisted death and euthanasia will be made use of in order to gather backup information on which to base the advanced portions of the research. In the next phase when data collection is complete, the entire data will be thorough, analyzed, critically evaluated, and compared using university guidelines. Data will be logically sorted to obtain relevant statistics, and quantitative data will be loaded into SPSS software to generate findings. Together with qualitative data, the facts, results, and findings will be systematically presented using tables, plotting graphs, and generating suitable charts to supplement the conclusions.

## Initial Discussion And Analysis

The initial studies by (William Lee, 2009) and (Seale, 2009) that were reviewed are part of the results obtained from searching available databases and represent only a small proportion of the available data. As part of the research plan, these libraries will be further scrutinized for more surveys and studies from journals and published material that incorporate other superior research methodologies. The methodology adopted by the researchers whose work was initially reviewed involved questionnaires dispatched through posts and emails with follow-up posts a while later. Both the reviewed journals obtained results from medical professionals and used their views to conclude their results. The studies did not use primary data from the British public and relied on online surveys to provide a comparison. As part of our extensive research plan, primary data will be collected from the general public and government records will be accessed, especially to identify and interview families who have gone through the experience of seeing a loved one opt for the procedure. The researchers relied heavily on the qualitative data from their survey to publish their findings. The outcome demonstrated by the initial literature review before the actual plan was implemented showed a majority of senior medical practitioners oppose any legislation to legalize assisted death generally, and those caregivers attending to patients on the brink of death opposed the notion even more.

strongly. Religious views of the surveyed professionals also motivated them to oppose any laws to be passed that seek to develop clarification on the assisted death issue. The research by (Seale, 2009) highlighted the fact that the British Medical Association (BMJ) took a neutral stance to assist death despite a majority of surveyed doctors opposing the move. Belgium and the Netherlands have legalized assisted death and euthanasia, whereas the state of Oregon in the US is the only state that approved legislation to permit physicians to prescribe lethal drugs under the 'Death with Dignity Act 1998' as long as it does not involve administration (K Hedberg, 2009). As the data used in the initial review is a few years old, the new research plan as part of phase two of the research will be an ideal time to analyze how views regarding assisted death have changed in these few years, as compared to the earlier results. Therefore, more recent papers will be incorporated in phase 2 of the research plan. A Bill was presented in the UK's parliament seeking to allow doctors to prescribe lethal drugs in order to achieve a dignified death for the terminally ill, but that generated a prolonged debate taking into consideration various social, ethical, and practical implications of the law. The Bill (Parliament.UK, 2005-2006) was not passed but will be analyzed further as part of the research plan and compared to the findings obtained from the general public as well as professionals.

## Conclusions

Both the journals used in the initial study used questionnaires to gather qualitative data that helped understand the views of medical professionals better. The two journals had different sample sizes and moderately different approaches. What is noted from the responses of the doctors so far is their optimism that their efforts can relieve their patient's suffering; therefore, they should not be allowed to commit assisted suicide. To reach a definitive conclusion requires a greater sample size spanned over a greater area and time because the individual experience of terminally ill patients may influence their as well as their therapists' views on assisted death. It was also observed that in some cases, the views of the public often differed from those of doctors. It is therefore proposed to continue the further investigation and research and proceed with phase two of the research plan, in order to better understand how the views of doctors, patients, and the public have evolved over the years.

## Constraints

### Ethical

According to the university's guidelines related to ethical issues in research, the selected journals, data, and books that will be studied and reviewed will be peer-reviewed and ethically approved. A major part of the research plan involves studying other works to gather information; therefore, before issuing a conclusion, ethical considerations regarding the survey will be adhered to.

## Practical

To begin phase 2 of the research, which will span over a year, it is important to begin the research at a period of time where it will not result in rushing through research data during the end and, therefore, influence results. The variation in understanding certainly associated terminologies regarding assisted death, such as the difference of opinion on what euthanasia is and whether it is the same as assisted death, will also be considered. A group of researchers implementing the research plan together will not only improve efficiency but have a positive influence on the quality of research.

## Implications

The debate over assisted death and euthanasia sees strong arguments presented from both sides that raise tough questions regarding their moral, social, or clinical implications. If an individual can choose how to live his life, can he choose how to die? Moreover, if euthanasia is legalized, to what extent will people make use of it, and will it remain limited to terminal illness or include social considerations? The results of the study can have great clinical as well as social impacts on society if its results are to be considered for forming public policy. It is possible that legalizing assisted death may inhibit motivation to find cures for diseases as any disease could be deemed incurable and therefore warrant euthanasia. Hospital care programs may be compromised if the use of Euthanasia becomes widespread, and the human motivation to live and preserve life itself can be affected. This has happened in the Netherlands before, where voluntary euthanasia legalization has been reported to lead to non-consensual euthanasia based on the doctor's personalized judgment. However, a complete ban on PAS can be argued to have civil liberty concerns, where terminally ill individuals could be deprived of the right to avoid excruciating pain by choosing to die with dignity. The results of the research could, therefore, have political implications as well.

## References

- Gabriel, M. A. (2011). Physician Assisted Suicide: the right to life or the right to death? *Royal College of Surgeons in Ireland Student Medical Journal*, 4(1), 84-86. Retrieved from <http://www.rcsismj.com/4th-edition/pas/>
- K Hedberg, D. H. (2009). The 10-year experience of Oregon's Death with Dignity Act: 1998-2007. *Journal of Clinical Ethics*, 20(2), 124-132. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19554816>
- Kawulich, B. B. (2005). Participant Observation as a Data Collection Method. *Qualitative Inquiry: Research, Archiving, and Reuse*, 6(2), 43. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/466/996>
- Lagay, F. (2003). Physician-Assisted Suicide: The Law and Professional Ethics. *AMA Journal of Ethics*:

*Illuminating the art of medicine*, 5(1). Retrieved from  
<http://journalofethics.ama-assn.org/2003/01/pfor1-0301.html>

Mohanty, M. K. (2004). Variants of homicide: a review. *Forensic and Legal Medicine*, 11(4), 214-218.  
doi:10.1016/j.jcfm.2004.04.006

Parliament.uk. (2005-2006). Assisted Dying for the Terminally Ill Bill [HL]. *House of Lords*.  
Westminster, London: Government of UK.

Seale, C. (2009). Legalisation of euthanasia or physician-assisted suicide: survey of doctors' attitudes.  
*Palliat Medicine*, 23(3), 205-212. doi:10.1177/0269216308102041

William Lee, A. P. (2009). Survey of doctors' opinions of the legalisation of physician assisted suicide.  
*BMC Med Ethics*, 10(2). doi:10.1186/1472-6939-10-2