

## **Examination of the Right to Die: An Argument for the Legalization of Physician-Assisted Death in California**

In many respects, the Right to Die is a fundamental right. The Constitution already grants several unalienable rights such as the Freedom of Speech, the Freedom of Assembly, and the Right to Privacy. It is logical that the right to determine one's own manner of death be included among these basic freedoms. However, many critics argue that the taking of life - even should that life be one's own - is unethical, and thus unjustified as a fundamental right. While this may be true based on certain religious principles, physician-assisted death can be substantiated on moral grounds as it offers a compassionate and dignified alternative to an otherwise painful, slow, and degrading process. Since terminally-ill patients suffer substantially from their ailment and often the treatment as well, assisted death does not run counter to the basic purpose of medicine, as it fulfills the objective of improving an individual's quality of life. In this manner, patient-directed dying is both constitutional and moral: constitutional in its support of a natural right and moral in its alleviation of pain and suffering. The public has recognized the merit of these arguments, as indicated by polls evincing wide support for assisted death. Certainly, many concerns, such as abuse or possible misdiagnoses of patients' diseases, must be addressed. But, as Oregon and Washington have shown, successful decriminalization of patient-directed death is possible under proper safeguards. Thus, in support of a constitutional right, a compassionate alternative for suffering terminally-ill patients, and the demand of the people, legalization of physician-assisted death in California is suggested.

At the heart of the debate over end-of-life choices lies the fundamental question of who holds ultimate decision-making power regarding an individual's medical treatment. In most situations this power is vested in the physician. However, near the end of an individual's life, when an option for a full and rewarding life is not available, the situation is no longer "ordinary." Treatments for terminal illnesses often reduce the patient's quality of life. Cancer treatments in particular - chemotherapy, surgery, and radiotherapy - have severe side effects such as severe pain, nausea, and anemia<sup>1</sup>. Further, these procedures often lead to less visible but equally detrimental psychological and emotional suffering, such loss of self-autonomy<sup>2</sup>. In these unique circumstances, in which extended treatment may reduce rather than improve a patient's quality of life, the patient rather than the physician is in a better position to determine the necessity of further treatment. He or she has the better perspective from which to deliberate whether the benefits of treatment offset the resulting degradation in the quality of life. Mary, the wife of a patient who chose the route of assisted death, summarizes this reasoning best: "If somebody wants to take their own life, obviously they feel a reason for that, at that point in time. You may not think it is a good reason. I may not think it is a good reason. But you know what? It is that person's life"<sup>2</sup>. While in most circumstances the physician is trusted to determine the best method of treatment, the situation at the end of an individual's life demands unique consideration. Due to the severe detrimental effects of end-of-life treatments, the patient may or may not find extended medical care worthwhile. This ultimate decision of determining the necessity of an artificially extended life should be vested not in the physician or the state but rather in the individual.

In general, the public supports the argument that physician-assisted death is justifiable under the unique circumstances of an incurable terminal illness. Over the past 10 to 15 years, public opinion polls have consistently shown that two thirds to three fourths of the U.S. public support a more open and accessible practice of physician-assisted death<sup>3,4</sup>. Further, a limited poll I conducted in my high school showed that 61 out of 100 students of the Arcadia High School Class of 2010 supported giving competent terminally-ill patients the right to choose directed death (Table 1 and Fig. 1). While there are possibilities for errors due to limited survey samples, these polls nevertheless reflect public respect for the individual choices of terminally-ill patients, a view that the California government should recognize by establishing its own Death with Dignity Act.

A major concern for and counter-argument against decriminalization of assisted death is the potential for abuse. Many fear that patient-directed death will create a climate in which some individuals may be pressured into committing suicide<sup>5</sup>. Others anticipate that certain groups of people, lacking access to care and support, may be impelled towards assisted death<sup>3</sup>. However, these concerns have proven to be exaggerated. In 2009, 98.7% of Oregon participants in assisted death had some form of health insurance, indicating that these individuals were not financially motivated<sup>6</sup>. Overall, the Right to Die has been rarely used— only 53 2009 participants in Oregon and 42 in Washington<sup>6,7</sup>. As there was a total of 22,916 deaths in Oregon of individuals over 65 years and 48,315 such events in Washington (calculated from a rate of 724.9 deaths per 100,000 individuals)<sup>8,9,10</sup>, assisted deaths accounted for only 0.23% of deaths in Oregon and 0.087% of deaths in Washington. Clearly, the Death with Dignity Act has not, as opponents feared, resulted in an increased rate of suicide or abuse from fiscal motives. The successful implementation of Death with Dignity in both Oregon and Washington highlights the potential of similar success in California.

Whether from a constitutional or moral viewpoint, there is a strong argument for the legalization of physician-assisted death in California. The Right to Die should be a fundamental right protected by the Constitution that rightly grants competent terminally-ill individuals the freedom to choose their manner of death. Aid in dying also offers a compassionate and dignified alternative to an otherwise slow and painful process. As indicated by polls conducted both nationally and within my local high school, the public recognizes the benefits of decriminalizing assisted death. To confirm public support and legitimacy, a ballot proposition for legalization of aid in dying would be ideal for California.

**Table 1: Survey Results**

Answered	Group 1	Group 2	Average
YES	55	67	61
NO	45	33	39

Arcadia High School  
 CEEB: 050130  
 Class of 2010 (17-18 years old)  
 Sample size: 100 students per group, 2 groups

**Fig. 1: Survey Question Given**

Every day thousands of Californians suffer from diseases, such as malignant cancers and Alzheimer's, which have almost no chance of improvement or cure. Do you think doctors should be allowed by California law to help end the lives of these patients if the patient and his or her family request it?

YES                      NO

(Circle one)

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