

Euthanasia: Law & Ethics

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Medical Ethics: Values

1. **Personal Autonomy** - Patient has the right to refuse or choose their treatment. (*Voluntas aegroti suprema lex.*) To be **autonomous** is to be a law to oneself.
2. **Self-determination** embodies the right for all peoples to determine their own economic, social and cultural development.

Medical Ethics: Values

3. **Distributive justice** concerns what some consider to be socially just with respect to the allocation of goods in a society.

Medically, **Justice** concerns the distribution of scarce health resources, and the decision of who gets what treatment (***fairness and equality***).

Medical Ethics Values

- 4. Beneficence** - Practitioner should act in the best interest of the patient. (*Salus aegroti suprema lex.*)
- 5. Non-maleficence** - "first, do no harm" (*primum non nocere*).
- 6. Dignity** - Patient (and the person treating the patient) have the right to dignity.
- 7. Truthfulness & honesty** - the concept of *informed consent and refusal*.

END OF LIFE: Legal Issues

- Law of Pain Management
- Advance Health Care Planning
- Termination of Life Support
- Different Types of Euthanasia

Advanced Health Care Planning

1. Advance directive for health care (living will);
2. Durable power of attorney for health care (health care proxy);
3. Do-not-resuscitate document; and
4. Guardianship for Incompetents.

Termination of Life Support

■ Landmark Cases of Court Orders:

1976 – Karen Ann Quinlan (Stop artificial respirator requested by Parents.)

1990 – Nancy Cruzan (MVA, Feeding tube removed; request by Family)

2005 – Terri Shiavo (PVS 15 yrs; Feeding tube request by Husband; at Parents objections.)

LESSONS: *Quinlan, Cruzan, Schiavo*

1. **Competent adults** - Right to refuse Rx; Advance directives; & Appoint proxy.
2. **Physicians & Hospitals** - honor wishes.
3. **Incompetent adults** - Self-determination.
4. **Unascertainable** – Best interest of patient.
5. **States** – Level of proof differs in statutes and state court decisions.
6. **Differences within families** = trouble

Euthanasia

- The word "euthanasia" comes straight out of the Greek –
 - "eu", goodly or well, and
 - "thanatos", death
 - **euthanasia** = the good death, a welcome way to depart quietly and well from life; a good and easy death.

Classification of Euthanasia

1. **Active** Euthanasia
2. **Passive** Euthanasia
3. **Medical** Euthanasia
4. **Statutory** Euthanasia

1. Active Euthanasia (Mercy Killing)

- Accepted in Animals
- In Humans, it is illegal in all States
- Considered Murder
- No matter how well intentioned for severe pain and suffering.

2. Passive Euthanasia

1. Permits “Natural Death” for **COMPETENT ADULTS**.
2. Legal in ALL States.
3. Based on concept of “Self Determination”, principle of “Autonomy”, & “Right to Refuse Treatment”.
4. Method: Use of Advance Directives.

3. Medical Euthanasia

- Legal in U.S.; “**Dual Effect**” Doctrine;
- “Lethal Dosing”, “Terminal Sedation”,
Palliative Sedation to Unconsciousness.
- **COMPETENT ADULTS.**
- Terminal - < 6 months to live.
- **INTENT:** Relieve pain & suffering of an agonizing terminal illness (Physician aided death), **Not considered PAS.**

Types of Sedation

- 2006, American Academy of Hospice and Palliative Medicine, position Statement:
www.aahpm.org/positions/sedation.html
- 1. **Ordinary Sedation** – Patient Conscious
- 2. **Palliative Sedation** – Proportional to Distress
- 3. **Palliative Sedation to Unconsciousness**
– Rarely used; results in death from “dual effect” of the drug

4. Statutory Euthanasia

- Statutory right to assisted *terminal or palliative sedation to unconsciousness*
- *Stated intent to cause death.*
- **Suicide** & attempted suicide *-not illegal.*
- *Physician's “intent”* is to assist in the patient's death is illegal except in Oregon & Washington by ***statutes.***

Statutory Euthanasia

- Legalized Physician-Assisted Death.
- Terminally ill: < 6 months to live.
- Purpose: Prevention of pain & suffering by hastening death.
- **Competent patient:** Physician prescribes medications & gives instructions.
- **Patient takes the medications.**

Statutory Euthanasia:

“Right to Informed Consent to Die”

- Competent Adult
- Terminal (< 6 months to live)
- Right of Privacy
- Autonomy
- Self-Determination

Physician-Assisted Suicide

Cases

- Washington v Glucksberg, 521 U.S.702 (1997)
- Vacco v Quill 521 U.S. 793 (1997)
- Gonzales v Oregon 126 S.Ct. 904 (2006)

Treatment of the Terminally ill “Incompetent”

- Absence of advance directives (living will) & DNR
- Role of family?
- Role of providers?
- Role of courts?
- **Best interest of the patient.**

Treatment of Critically ill

- No inherent right to treatment
- Rx Refusal: No abandonment
- Competent patient decides
- What about Incompetent patients?

Pain Management Legislation

- Legislatures have been adopting laws to affirm the use of controlled substances for intractable and chronic pain.
- Typically, legislators have been responding to
 - (a) the undertreatment and overtreatment of patients with pain,
 - (b) inappropriate medical board discipline of some physicians, and
 - (c) proposed legalization of physician-assisted suicide or statutory euthanasia.