UNIT

6

PHYSICIAN ASSISTED SUICIDE

UNIT 6: PHYSICIAN ASSISTED SUICIDE (PAS)

Medical advance and new technology have blessed longevity to mankind, yet scientists every day thrive for miracle cure to life-threatening diseases, the unbeatable battles. Undeniably, a large number of people suffer from illnesses that can't be cured. To some of these suffering fellows, organ transplant can be their only hope, yet organ shortage is a tough fight yet to beat. To make matters worse, financial burden on hospital bills and cares remain important factors to consider not only by the patients themselves but also their family.

A large number of palliative care patients strive to claim their rights to decide for themselves if they have to endure 'unnecessary' pains and suffering or pass at their own will. This definitely is a very complicated issue, hence, physician assisted suicide has long been a subject of debates. Even medical professionals are splitting in their take on the issue. Religions of almost all beliefs do not entertain the notion of 'playing God'. Here, we explore this controversial issue with the views from two medical professionals.

1 BEFORE READING

1.1 Watch 'You before Me' and elicit what the title means, discuss why a person would seek such alternatives.

1.2 Watch 'The Suicide Plan' and discuss what you think about physician assisted suicide and whether or not your view on this controversial issue swayed once you've watched the documentary.

2 THE MAIN TEXT

Directions: Read the following text on physician assisted dying. Then, work on the exercises that follow.

VOCABULARY

- ✓ (n) authority, control
- ✓ (n) important journeys
- ✓ (adj) spreading worrying stories to try and frighten others

- ✓ (adj) relieving without curing
- ✓ (n) unsatisfactory compromise reached to evade a difficult problem
- ✓ (v) combine into one
- ✓ (v) be made afraid

WHY WE SHOULD ALLOW ASSISTED DYING: COMPASSION, CHOICE, AND SAFETY

Raymond Tallis
The Independent

Lord Falconer's Private Members' Bill to legalise assisted dying for mentally competent adults who have expressed a settled wish to control the time and manner of their death will today have its crucial Second Reading. The issue has attracted intense interest inside and outside parliament. An unprecedented 120 plus peers are tabled to speak and there has been extensive (and increasingly favourable) coverage in the media, prompted in part by declarations of support by prominent figures – notably Desmond Tutu and Sir Richard Thompson, President of the Royal College of Physicians - and by the fall-out between the Archbishop of Canterbury Justin Welby (against) and a predecessor George Carey (for). (1)

The overwhelming case for Lord Falconer's Bill can be summarised in three words: compassion; choice; and safety. The law at present lacks compassion for that significant number of dying people who have intolerable suffering which cannot be relieved by **palliative** care. It denies a terminally ill person the choice of assistance to escape this suffering. This is at odds with the fundamental principle of medicine – namely that the wishes of a patient with sound mind should be respected. What is more, the present situation is unsafe, encouraging decisions about end-of-life care to depend on a clinical, ethical and legal **fudges** such as the single-minded use of the double effect, whereby it is permissible to give a patient treatment that may shorten their life if the primary aim is to relieve their suffering. This is happening outside any clear framework of law. (2)

The alternatives to assisted dying are appalling: lonely suicides or botched attempts, ghastly **pilgrimages** to Switzerland for those who can afford them and are still fit enough to travel, slow death by starvation and dehydration, and amateur assistance from loved ones who face the possibility of prosecution and the place where they said goodbye to their loved one turned into a crime scene. (3)

So how has it taken so long to get to the point where a law supported by 80 per cent of the population at last has a fighting chance of surviving in the Lords to be debated in the Commons? The answer is deeply disturbing. The opponents, although they are small in number, have been highly organised and have been very effective in spreading confusion about Falconer's bill and disseminating factoids and inaccuracies about what happens in other **jurisdictions** that have liberalised the law on assisted dying. (4)

Falconer's Bill is routinely described by opponents as a "Right to Kill" Bill. Assisted dying for terminally ill people (where the last act is carried out by the patient) is **conflated** with assisted suicide for people who are not terminally ill, and euthanasia (where the final act is carried out by a third party). There is constant reference to slippery slopes where, so we are told, legalising assisted dying has resulted in pressure being placed on "burdensome' elderly" - or simply unhappy - people to accept medical death. (5)

The most pertinent evidence is from Oregon, which passed a Death with Dignity Act (DDA) 17 years ago. This is similar to the Falconer bill, though the latter has more safeguards. The proportion of deaths that are assisted has never risen above 0.25 per cent. There has been no extension to people who are not dying or who do not have mental capacity, and there is no public appetite to extend the law. What is more, for every person who is assisted to die, 10 or more people gain comfort from discussing this option with their medical team, and from knowing that it is available. (6)

The reassuring Oregon experience has prompted the passing of similar laws in Vermont and Washington. Tellingly, the Oregon Hospice Association – which, like palliative care physicians in the UK – initially opposed DDA , withdrew its opposition after eight years of seeing the law in action, observing "no evidence that assisted dying has undermined Oregon's end of life care or harmed the interests of vulnerable people". Essentially, they have confirmed what supporters of the Falconer bill argue: that an assisted dying Bill will not mean that more people will die but that more people will have good deaths. Needless to say, opponents of assisted dying ignore the evidence from Oregon and focus on other jurisdictions, such as Holland that have an entirely different law from that proposed in the Falconer bill. (7)

The population at large, however, does not buy this **scare-mongering**. What is more, there is a striking disconnection between the spokespeople for certain groups and those on whose behalf they claim to speak. In a recent survey, 79 per cent of people with disabilities supported assisted dying, though their leaders have repeatedly asserted that the Falconer bill would make them feel threatened, unwanted, and devalued. And a steady 70 per cent of Anglicans, Catholics, and Jews are at odds with the views of their bishops and rabbis. (8)

Most disturbing of all (because potentially most influential) is the position of the bodies purporting to represent the medical profession. The British Medical Association (BMA), the Royal College of Physicians (RCP), and the Royal College of General Practitioners (RCGP) are opposed. However, only a third of doctors would be against having assisted dying for themselves! In successive polls, two thirds of doctors feel that their representative bodies should be neutral as they believe (correctly) that this is a matter for society as a whole decide. "Doctor knows best" is, or should be, a thing of the past. (9)

Although the medical profession is deeply divided on assisted dying, the BMA refused to debate any of the 12 motions asking for a survey of members' views on neutrality put forward at this year's Annual Representatives Meeting. The RCGP has reaffirmed its opposition, having announced that 77 per cent of their members are against assisted dying, a figure based 234 individual respondents, or

0.48 per cent of the membership. The RCP is planning at last to poll its members, sensing perhaps that its current stance may not reflect the views of its members. (10)

The present situation is cruel, dangerous, and at odds with the deepest values of the profession of medicine which I practised for nearly 40 years. Lord Falconer's bill must not be blocked by an unrepresentative minority of opponents who may have their own reasons for denying the rest of us the right to die well. Let us hope that reason and humanity will prevail and that, if and when assisted dying is discussed in the Commons, politicians will have the courage to do the right thing and not be **cowed** by a very well organised minority exercising what they believe is their right to block attempts to alleviate the needless suffering of their fellow citizens. (11)

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2.1 COMPREHENDING THE TEXT

Directions: Briefly answer the following questions.

1 What are the three main arguments in favour of Lord Falconer's Bill?

_____

2 According to paragraph 2, what fundamental principle of medicine should be uphold?

_____

3 According to paragraph 4, PAS is supported by 80 per cent of the population, yet why has it taken so long to come to this stage in the legal approval process?

_____

4 How exactly have the minority caused confusion about the Falconer's Bill and what kind of factoids do they disseminate? (paragraphs 4-5)

_____

_____

5 Why does the writer mention Oregon's DDA? Explain. (Paragraphs 6-7)

_____

_____

6 Why does the writer claim that Oregon experience is reassuring? (paragraphs 6-7)

a _____

b _____

c More patients gain comfort from discussing the option and have more understanding of PAS.

2.2 DEVELOPING READING SKILLS

2.2.1 THE WRITER'S THESIS AND THE WRITER'S POINTS

In the title, the writer clearly states his position and outlines his arguments in favor of physician assisted suicide .

1 What is the writer's thesis?

_____

2 Points under discussion:

P.	Structure	The writer's points
1	Introduction	The writer introduces the article with the significance of the day, when he was writing the text, as physician assisted suicide has its Second Reading, and how the issue has drawn disagreeing opinions.
2	Body	The writer offers the main arguments for physician assisted suicide are given, namely compassion, choice and safety.
3		The writer portrays the unpalatable alternatives desperate patients opt for.
4		The writer blames the delay in the bill consideration on opponents who uses wrong evidence to argue against assisted suicide.
5		The writer presents the opponents' counter-arguments.
6-7		_____ _____
8-9		The position of some groups on the issue at odds with their members' views.
10		The writer criticises the positions of the bodies representing the medical profession and expresses doubts on their credibility in speaking for their members.
11	Conclusion	The writer restates his view and calls for support of Falconer's Bill.

2.2.2 IDENTIFYING THE WRITER'S REFUTATION

Opposing views	The writer's refutation
1 Data from other jurisdictions that have legalised PAS is worth-concerning.	1 The most relevant case to compare is Oregon's Death with Dignity Act, which indicates that PAS legislation hasn't posed problems as worried.
2 Falconer's Bill is a 'right-to-kill' Bill and it is no different from euthanasia. Besides,it opens gates to the unhappy or 'burdensome' elderly seeking this way out. (p.5)	2 Falconer's Bill is not for those who are NOT terminally ill, nor does it allow the third party to carry out the last act.

2.2.3 IDENTIFYING THE WRITER'S PURPOSE

1 What is the writer's purpose in citing Oregon's Death with Dignity Act?

_____

_____

2 *The RCGP has reaffirmed its opposition, having announced that 77 per cent of their members are against assisted dying, a figure based 234 individual respondents, or 0.48 per cent of the membership*. (Paragraph 8)

What is the significance of the statistics given in the above statement?

_____

_____

This in effect weakens the evidence put forward by PAS opponents, since when using the statistics, it's important that the data size is not only large but also representative.

2.3.4 INDUCTIVE AND DEDUCTIVE REASONING

The writer appeals to reasoning or Logos in this text. The following instances are reasoning the writer employs logos in resting his case.

1 In paragraph 7, to suggest that 'Falconer's Bill should be supported', the writer offers three premises:

Premise 1: Oregon's DDA is an assisted suicide bill that gives reassuring experience.

Premise 2: _____

Premise 3: _____

2 In the same paragraph, the writer suggests the opponent's line of reasoning as follows:

Premise 1: Holland's assisted dying bill has caused a lot of problems.

Premise 2: Falconer's Bill is an assisted dying bill.

(Implicit) Claim: _____

3 The writer, however, rebuts the opponent's counter-argument and lay his reasoning in this way:

Premise 1: _____

Premise 2: Oregon's DDA has yielded reassuring experience.

Claim: _____

All of the three arguments above follow the 'inductive reasoning' pattern, whereby the set of premises leads to the 'reasonable' conclusion.

2.3.5 MAKING INFERENCES

1 What effect might the portrayal of alternatives to assisted dying in paragraph 3 produce on the readers?

_____

_____

2 What persuasive technique does the writer employ here?

_____

_____

3 *There is constant reference to slippery slopes where, so we are told, legalising assisted dying has resulted in pressure being placed on "burdensome' elderly" - or simply unhappy - people to accept medical death*. (Paragraph 5)

According to the writer, should the public be concerned that those who are NOT terminally ill may 'reap' the benefit of PAS?

_____

_____

4 According to paragraph 5, what could be the opponents' counter-arguments against PAS?

a _____

b It can be extended to assisted suicide for people who are not terminally ill.

c It is not different from euthanasia.

d _____

5 *The present situation is cruel, dangerous, and at odds with the deepest values of the profession of medicine which I practised for nearly 40 years*. (paragraph 11)

In concluding his piece, the writer talks about his 40 years of experience in medical practice, what persuasive approach does the writer aim at?

_____

_____

6 What is more, for every person who is assisted to die, 10 or more people gain comfort from discussing this option with their medical team, and from knowing that it is available. (paragraph 7)

What inference about benefit of PAS legalisation can be drawn?

_____

_____

7 Although the medical profession is deeply divided on assisted dying, the BMA refused to debate any of the 12 motions asking for a survey of members' views on neutrality put forward at this year's Annual Representatives Meeting. (Paragraph 10)

What does the writer imply about the appropriate course of action by the BMA?

They should allow for debates on the issue.

2.3.6 TONE OF VOICE

1 *The opponents, although they are small in number, have been highly organised and have been very effective in spreading confusion about Falconer's bill and disseminating factoids and inaccuracies about what happens in other* ***jurisdictions*** *that have liberalised the law on assisted dying*. (Paragraph 4)

What tone of voice does the writer use in referring to the opponents?

_____

2 What is ironic about the position of BMA, RCP and RCGP on PAS and that of one third of doctors? (Paragraph 9)

_____

_____

Take a closer look at this as there are points worth-discussing:

a Are these organisations truly represent their members' stance on the issue of PAS? Possibly not…and possibly, this is what the writer tries to suggest.

b Also, assuming these organisations did represent their physician members' position, can it be that while most doctors oppose PAS in general, they honestly agree to assisted dying only for themselves. Of course, this is another instance of irony, since if you disagree with something, it shouldn't be the case that you disagree only if it applies to others and not to you.

3 Examine paragraphs 7 onwards, discuss if the writer's tone has somewhat more evident.

Yes, before paragraph 7, the writer has been more informative and neutral, but from this paragraph onwards, he is less so and more critical and indignant. Notice his use of 'reassuring, tellingly, ignore' (Paragraph 7), 'scare-mongering' (Paragraph 8) and 'most disturbing, (correctly) (Paragraph 9). In paragraph 9, he also uses an exclamation mark.

2.3.7 EXTRA FOCUS: LOGICAL FALLACIES

The syllogism we have discussed follows this pattern.

A is B; B is C; therefore, A is C.

In **Unit 3, 3.4 DEDUCTIVE REASONING AND INDUCTIVE REASONING**, we discussed that the arguments presented by the writer and the opponents are inductive reasoning.

Close examination of # 2 reveals that each premise doesn't have a strong link to each other, and the premises don't logically lead to the conclusion.

Granted, Holland's experienced problematic cases related to its assisted dying bill, but to claim that any assisted dying bill can't be allowed based on a case of a jurisdiction isn't a sound argument. Besides, to claim that Falconer's bill shouldn't be approved is to assume that the two assisted dying bills—that of Holland and the Falconer's bill are 'the same'.

When we compare this with data set # 3, however, we can probably see that the conclusion is 'more likely'. This is because, assuming the writer's expertise in speaking of assisted dying, Falconer's bill is not the same as the assisted dying bill in effect in Holland. It makes no sense then to presume the same unfavourable experience from the bill will happen should Falconer's bill get to pass.

In pointing this out, the writer in effect refutes the counterarguments of the opponents and probably has won some hesitant supporters over.

b *The population at large, however, does not buy this scare-mongering*. (paragraph 8)

Firstly, this is a claim *made by the writer*. The writer seeks to sway the reader to his side without any evidence to support his claim about 'the population at large'. Imagine if we've heard all negative things about assisted dying in the Netherlands and formed a negative idea about assisted dying, then we hear that most people do not believe that actually, the situation isn't all that bad. What might we feel? We could become less certain about your position on PAS. If this happens, we simply let our emotion override logical reasoning. Instead of looking up more information and make an unbiased, informed decision on the issue, we've surrendered our position to the pressure of the society or the general beliefs. When we are swayed by the idea, act, belief of the majority, you've fallen victim of appeal to popularity or 'bandwagon'.

C *The RCGP has reaffirmed its opposition, having announced that 77 per cent of their members are against assisted dying, a figure based 234 individual respondents, or 0.48 per cent of the membership*. (paragraph 8)

We already looked at the purpose of citing this data. Let's investigate the type of fallacy that is committed in this case. When we make a generalisation based on too small set of data, which don't represent the population in question, we are making Hasty generalisation. Hasty generalisation can be dangerous because, as seen in this case, if 77 per cent of the RCGP members are against PAS, then we are talking about the majority of the members. But if we have drawn a conclusion based on less than 1 per cent of the population, we cannot simply claim that the majority of RCGP members disagree with PAS.

D Examine the last paragraph again.

The present situation is cruel, dangerous, and at odds with the deepest values of the profession of medicine which I practised for nearly 40 years. Lord Falconer's bill must not be blocked by an unrepresentative minority of opponents who may have their own reasons for denying the rest of us

*the right to die well. Let us hope that reason and humanity will prevail and that, if and when assisted dying is discussed in the Commons, politicians will have the courage to do the right thing and not be **cowed** by a very well organised minority exercising what they believe is their right to block attempts to alleviate the needless suffering of their fellow citizens.*

What persuasive approach does the writer mainly rely on in this paragraph?

'Pathos'. This paragraph is emotional-packed. The writer's word choices clearly illustrate this. Note his use of 'cruel and dangerous'. Also, the writer directly accuses the opponents by his use of 'unrepresentative and minority'. Then he goes on with 'humanity, courage, right, not be cowed. He further blames the opponents' view, using 'believe'. Finally, he tries to win over the reader, calling on their compassion. The writer uses 'alleviate, needless suffering, fellow'. He literally says that if the reader feels for these people, he should support PAS. Appeal to pity is another instance of fallacy detected in this text. The writer wraps up his piece by appeal to pity. That is if the readers have sympathy for their 'fellow' citizens who are suffering, then they should support Falconer's bill.

3 FURTHER READING

Let's turn our attention to the other side of the pond, where the issue is equally drawing public attention. We now hear from another physician who opposes the idea. A lot of people, not in the same situation as those who are suffering from incurable diseases, intuitively oppose the idea, yet aside from the fact that it's simply 'wrong or unethical' to take away the life, be it voluntarily or not, we shall impartially examine what legalisation of assisted suicide entails so that we become more informed of the depth of this disturbing issue.

Directions:

a Watch Maynard's clip and discuss if you have changed your mind after hearing about her distressing story.

b Read the text and complete the exercises that follow.

VOCABULARY

- ✓ (n) a religious leader
- ✓ (n) a promise made by people when they become doctors to do everything possible to help their patients and to have high moral standards in their work
- ✓ (n) a word or phrase used to avoid saying an unpleasant or offensive word:
- ✓ (v) to allow your principles to be less strong or your standards or morals to be lower
- ✓ (v) to make a public statement of your approval or support for something or someone
- ✓ (n) unable to think or act clearly because you are extremely worried, angry, or excited by something
- ✓ (n) cruelty, showing no sympathy for others
- ✓ (v) to cause something to be the opposite of what it was before
- ✓ (v) to control the operation of something

PHYSICIAN-ASSISTED SUICIDE IS ALWAYS WRONG

BY Ryan T. Anderson 3/26/15 AT 4:08 PM

In recent months, heartbreaking stories of Americans such as Brittany Maynard struggling with devastating diagnoses have captured our empathy—and launched a national conversation about physician-assisted suicide (PAS). In response, activists are using these stories to advance legislation that has otherwise been rejected by the people. (1)

At least 18 states across the country are considering whether to allow physician-assisted suicide. But legalizing physician-assisted suicide would be a grave mistake. (2)

The merciful thing would be to expect doctors to do no harm and ease the pain of those who suffer and support families and **ministries** in providing that care. (3)

Indeed, that was the message of Senator Ted Kennedy's widow as she campaigned against physician-assisted suicide in Massachusetts in 2012. Victoria Reggie Kennedy pointed out that most people wish for a good death "surrounded by loved ones, perhaps with a doctor and/or clergyman at our bedside." But with physician-assisted suicide, "what you get instead is a prescription for up to 100 capsules, dispensed by a pharmacist, taken without medical supervision, followed by death, perhaps alone. That seems harsh and extreme to me." (4)

Indeed it is. (5)

The Hippocratic Oath proclaims: "I will keep [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." This is an essential precept for a flourishing civil society. No one, especially a doctor, should be permitted to kill intentionally, or assist in killing intentionally, an innocent neighbor. (6)

Human life doesn't need to be extended by every medical means possible, but a person should never be intentionally killed. Doctors may help their patients to die a dignified death from natural causes, but they should not kill their patients or help them to kill themselves. This is the reality that such **euphemisms** as "death with dignity" and "aid in dying" seek to conceal. (7)

Legalizing physician-assisted suicide, however, would be a grave mistake, as explained in a new Heritage Foundation report. It would: (8)

> Endanger the weak and vulnerable,
>
> Corrupt the practice of medicine and the doctor–patient relationship,
>
> Compromise the family and the relationships between family generations and
>
> Betray human dignity and equality before the law.

To understand the problems with physician-assisted, one must understand what it entails and where it leads. (9)

What Is Physician-Assisted Suicide?

With physician-assisted suicide, a doctor prescribes the deadly drug, but the patient must take the drug himself. While most activists in the United States publicly call only for physician-assisted suicide, they have historically advocated not only physician-assisted suicide, but also euthanasia: the intentional killing of the patient by a doctor. (10)

This is not surprising: The arguments for physician-assisted suicide are equally arguments for euthanasia. Neil Gorsuch, currently a federal judge, points out that some contemporary activists fault the movement for not being honest about where its arguments lead. He notes that legal theorist and New York University School of Law professor Richard Epstein "has charged his fellow assisted suicide advocates who fail to endorse the legalization of euthanasia openly and explicitly with a 'certain lack of courage.'" (11)

The logic of assisted suicide leads to euthanasia because if "compassion" demands that some patients be helped to kill themselves, it makes little sense to claim that only those who are capable of self-administering the deadly drugs be given this option. Should not those who are too disabled to kill themselves have their suffering ended by a lethal injection? (12)

And what of those who are too disabled to request that their suffering be ended, such as infants or the **demented**? Why should they be denied the "benefit" of a hastened death? Does not "compassion" provide an even more compelling reason for a doctor to provide this release from suffering and indignity? (13)

Although the Supreme Court has ruled in two unanimous decisions that there is no constitutional right to physician-assisted suicide, three states permit it by statute: Oregon, Washington and Vermont. (14)

Four Problems with Physician-Assisted Suicide

As explained in The Heritage Foundation Backgrounder "Always Care, Never Kill," physician-assisted suicide is bad policy for four reasons: (15)

1. Physician-assisted suicide endangers the weak and marginalized in society. Where it has been allowed, safeguards purporting to minimize this risk have proved to be inadequate and have often been watered down or eliminated over time. (16)

Physician-assisted suicide and euthanasia are allowed in three European countries —the Netherlands, Belgium and Luxembourg—and Switzerland allows assisted suicide. The evidence from these jurisdictions, particularly the Netherlands, which has over 30 years of experience, suggests that safeguards to ensure effective control have proved inadequate. In the Netherlands, several official, government-sponsored surveys have disclosed both that in thousands of cases doctors have intentionally **administered** lethal injections to patients without a request and that in thousands of cases they have failed to report cases to the authorities. People who deserve society's assistance are instead offered accelerated death. (17)

2. Physician-assisted suicide changes the culture in which medicine is practiced. It corrupts the profession of medicine by permitting the tools of healing to be used as techniques for killing. By the same token, physician-assisted suicide threatens to fundamentally distort the doctor–patient relationship because it reduces patients' trust of doctors and doctors' undivided commitment to the life and health of their patients. (18)

Moreover, the option of physician-assisted suicide would provide perverse incentives for insurance providers and the public and private financing of health care. Physician-assisted suicide offers a cheap, quick fix in a world of increasingly scarce health care resources. (19)

3. Physician-assisted suicide would harm our entire culture, especially our family and intergenerational obligations. The temptation to view elderly or disabled family members as burdens will increase, as will the temptation for those family members to internalize this attitude and view themselves as burdens. Physician-assisted suicide undermines social solidarity and true compassion. (20)

4. Physician-assisted suicide's most profound injustice is that it violates human dignity and denies equality before the law. Every human being has intrinsic dignity and immeasurable worth. For our legal system to be coherent and just, the law must respect this dignity in everyone. It does so by taking all reasonable steps to prevent the innocent, of any age or condition, from being devalued and killed. (21)

Classifying a subgroup of people as legally eligible to be killed violates our nation's commitment to equality before the law—showing profound disrespect for and callousness to those who will be judged to have lives no longer "worth living," not least the frail elderly, the demented and the disabled. No natural right to physician-assisted suicide exists, and arguments for such a right are incoherent: A legal system that allows assisted suicide abandons the natural right to life of all its citizens. (22)

The Alternative: True Compassion and Care

Instead of embracing physician-assisted suicide, we should respond to suffering with true compassion and solidarity. People seeking physician-assisted suicide typically suffer from depression or other mental illnesses, as well as simply from loneliness. Instead of helping them to kill themselves, we should offer them appropriate medical care and human presence. (23)

For those in physical pain, pain management and other palliative medicine can manage their symptoms effectively. For those for whom death is imminent, hospice care and fellowship can accompany them in their last days. Anything less falls short of what human dignity requires. The real challenge facing society is to make quality end-of-life care available to all. (24)

Doctors should help their patients to die a dignified death of natural causes, not assist in killing. Physicians are always to care, never to kill. They properly seek to alleviate suffering, and it is reasonable to withhold or withdraw medical interventions that are not worthwhile. However, to judge that a patient's life is not worthwhile and deliberately hasten his or her end is another thing altogether. (25)

Victoria Reggie Kennedy has said it best: (26)

My late husband Sen. Edward Kennedy called quality, affordable health care for all the cause of his life. [PAS] **turns his vision of health care for all on its head** by asking us to endorse patient suicide—not patient care—as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line.(27)

Palliative care focuses on improving a patient's quality of life by alleviating pain and other distressing symptoms of a serious illness. Palliative care is an option for people of any age at any stage in illness, whether that illness is curable, chronic or life-threatening. (28)

Citizens and policymakers need to resist the push by pressure groups, academic elites, and the media to sanction physician-assisted suicide. (29)

adapted from http://www.newsweek.com/physician-assisted-suicide-always-wrong-317042

3.1 COMPREHENDING THE TEXT

Directions: Briefly answer the following questions.

1 What is Victoria Reggie Kennedy's position on PAS? (Paragraph 4)

_____

2 Why could PAS be 'a grave mistake'?

The legislation could

a _____,

b corrupt the practice of medicine and the doctor-patient relationship,

c compromise the family and the relationships between family generations and

d _____

4 '…, one must understand what it entails and where it leads'. What does PAS entail and where does it lead? (Paragraph 9)

_____

_____

5 How could the weak and vulnerable be endangered by legalisation of PAS? (Paragraph 17)

_____

6 What does the writer suggest as alternatives to PAS?

_____

3.2 DEVELOPING READING SKILLS

3.2.1 THE WRITER'S THESIS AND THE WRITER'S POINTS

The writer is very clear on what he thinks of assisted dying with his thesis the very same as his title '_____'.

The writer's points:

P.	Structure	The writer's points
1-2	Introduction	As disheartening as stories of poor patients seeking a way to escape painful death are, physician-assisted suicide is always wrong.
3-4	BODY	Victoria Kennedy, Senator Kennedy's widow, is against PAS.
5-6		The Hippocratic Oath proclaims the opposite notion to PAS.
7		Death with dignity' and 'Aid in dying' simply are euphemisms of intentional killing.
8		PAS is wrong becausee of four reasons (to be further elaborated).
9-13		What actually constitutes 'PAS' and why it instigates 'slippery slopes'.
14		The Supreme Court doesn't guarantee PAS, yet Oregon, Washington and Vermont legalised the laws.
15-22		The four reasons why PAS is wrong are discussed in details
23-29	Conclusion	Alternatives to PAS are offered.

3.2.2 UNDERSTANDING THE TEXT ORGANISATION AND THE WRITER'S ARGUMENTS AND REFUTATION

In his introduction, paragraphs 1-2, the writer updates the reader on current situations of PAS, empathy for suffering people, national discussion on the issue and most importantly the fact that a few states are considering legalisation of PAS.

Then, in the last sentence of paragraph 2, he clearly states his position against legalising PAS. In paragraphs 3-4, the writer backs up his view by citing an authority—Victoria Kennedy—who too opposes the idea. And in paragraph 6, he cites the Hippocratic Oath to endorse his view as another 'authority'. Paragraph 7 comes the writer's own view. Then, in paragraph 8, he outlined his arguments.

The body structure of this text is somewhat different from the previous articles. After the writer outlined his four arguments against PAS, in paragraphs 9-14, he chooses to address the potential threat that PAS could lead to—euthanasia. He suggests that legalisation of PAS will likely lead to legalisation of euthanasia. And finally, from paragraph 15-22, he discusses extensively each argument.

In paragraphs 22-24, the writer wraps up his piece as most writers do—making a suggestion. He offers 'sensible' alternatives to PAS.

Let's now focus on the writer's arguments. The writer offers four arguments in support of his view and he discusses each in great length in paragraphs 15-22.

The writer argues that legalising physician assisted suicide would be a grave mistake. He discusses and supports his view extensively.

a PAS endangers the weak and the vulnerable

The writer dismisses the opponent's counter-argument that the safeguards in protecting these groups have proven never sufficient. He presents cases in those countries where PAS is in place to back up his claim.

b PAS corrupts the profession of medicine

The writer offers three premises: PAS allows use of healing tools for killing tools, it disrupts conventional doctor-patient relationship, and it could become a cheap alternative considering an increasingly expensive health care.

c PAS undermines the culture of family and intergenerational commitment

The writer explains that PAS could tempt family members to view the elderly or disabled member as burdens.

d PAS betrays human dignity and equality before the law

The writer insists that PAS disrespects some lives and seeks to override the natural right to life of every citizen.

3.2.3 IDENTIFYING THE WRITER'S PURPOSE

1 Why does the writer quote the Hippocratic Oath? (Paragraph 6)

_____

2 What does the writer aim at when he talks about the main argument of PAS, i.e. compassion? (Paragraphs 11-13)

_____

3 Why does the writer illustrate palliative care in details? (paragraph 28)

_____

3.2.4 INDUCTIVE AND DEDUCTIVE REASONING

1 Examine paragraphs 16-17 and complete the line of reasoning below.

Premise: The Netherlands has legalised PAS and euthanasia for over 30 years.

Premise: In thousands of cases, doctors have reportedly intentionally administered lethal injections to patients without a request.

Claim: _____

This is <u>inductive</u> reasoning.

2 Examine paragraph 23 and complete the line of reasoning below.

Premise:

_____

_____

Premise:

_____

_____

Claim: We should respond to suffering with true compassion and solidarity by offering the suffering patients appropriate medical care and human presence.

This is _____ reasoning.

3.2.5 THE WRITER'S ATTITUDE AND TONE OF VOICE

1 What tone of voice does the writer set in paragraph 6?

_____

2 What tone of voice does the writer adopt in paragraph 7 particularly when he talks about 'death with dignity' or 'aid in dying'?

_____

3 What tone of voice is set in paragraph 12?

_____

3.2.6 PARAPHRASING

1 *This is the reality that such euphemisms as "death with dignity" and "aid in dying" seek to conceal*. (paragraph 7)

_____

Note that in this paragraph, the writer criticises PAS bill, he claims that such terms are only less offensive that are coined to elude the public's perception of this cruel reality.

2 *The logic of assisted suicide leads to euthanasia because if "compassion" demands that some patients be helped to kill themselves, it makes little sense to claim that only those who are capable of self-administering the deadly drugs be given this option*. (paragraph 12)

_____

3.2.7 INFERENCE

1 What is the writer's intent in citing the case of Brittany Maynard?

Since heart-breaking stories like hers tend to draw sympathy and sway the public away from their original position on PAS, the writer wants to encourage the reader to consider the issue using logics rather than emotion.

2 How is PAS different from euthanasia?

_____

_____

3 According to paragraphs 16-17, how effectively could the weak and the marginalised be prevented from PAS?

_____

_____

4 When the writer brings up 'patient-doctor's' trust in paragraphs 18-19, what is his assumption about the doctor's treatment of the sick if PAS is adopted?

_____

_____

3.2.8 EXTRA FOCUS: RHETORICAL QUESTIONS

Rhetorical questions are questions that really are questions in their forms but not in their meaning or intent. In other words, when seeing rhetorical questions, the readers must ask themselves what really is the meaning intended, and not trying to answer such questions. The use of rhetorical questions allows the writer to imply his view yet not being too insistent or overt.

Examine the following questions. What does the writer really want to say?

1 *Should not those who are too disabled to kill themselves have their suffering ended by a lethal injection?* (Paragraph 12)

_____

_____

2 And what of those who are too disabled to request that their suffering be ended, such as infants or the demented? Why should they be denied the "benefit" of a hastened death? (Paragraph 13)

_____

_____

Posing the questions, the writer doesn't call for PAS for the demented, infants or the disabled but simply suggests the risk of legalising PAS. By the same argument of compassion, he cautions that it would likely lead to legalisation of euthanasia.

4 WRITING A SUMMARY

In this unit, we take a step further by looking at a 'critical' summary. A critical summary is the way to write about the issue that you have read, listing all the main arguments and adding in your critical comments. Writing a critical summary involves analysis as well as evaluation of arguments.

The following is one possible version of a critical summary of the first text 'Why we should allow assisted dying: compassion, choice and safety'.

In 'Why we should allow assisted dying: compassion, choice and safety', Raymond Tallis discusses the three arguments in support of legalisation of physician assisted suicides. Firstly, patients seeking PAS are suffering from incurable diseases which condemn them to lives that are not worth living. Secondly, patients shall not be denied of their rights in seeking this alternative to suffering. And last, the current situation whereby PAS is illegal allows some hopeless patients no options but potentially dangerous way to pass.

As moving as he makes his case, the writer fails to provide any hard facts to support his view. The writer's central argument is based on the assumption that PAS is the only alternative left for terminally ill patients. It only makes sense to examine if this truly is the case, in other words, whether or not every venue has been thoroughly explored. To begin with, the state undeniably has the obligation to extend comprehensive and accessible palliative care to these patients. Also, many countries have adopted the ideas of medical use of marijuana, which proves efficient in patients' pain relief. In the meantime, scientists have made significant progress in stem cell research. We should not give up on hope easily, nor should we surrender ourselves or our beloved to this easy way out. Every life is so precious and must be cherished in the best possible way. The society as a whole should be coming together and ensure that the patients have been looked after physically and emotionally. When the time must come for these patients, they will pass knowing that they had truly been cared for.

5 WRITING A JOURNAL

Directions: Choose either of the following topics and discuss your view in a short essay of about a page long.

1 Examine the arguments in both text and discuss which is the strongest and which the weakest argument in your view.

2 If 10 years from now, the PAS bill is to be proposed, will you vote for or against the bill? Why or why not? As an extension of this topic, interview a medical student and ask him if he would agree with the bill if it were ever introduced in Thailand.

3 If you are to run a campaign for or against a PAS bill, how would you do it?

4 Research countries or states in the U.S. where physician assisted dying is legal. Study the advantages and disadvantage these jurisdictions experience. Then write an essay expressing your view. Back up your position with data from your research.