

## **SAMPLE ARGUMENTATION ESSAY**

*Research Question:* Should assisted suicide be legal?

### **Assisted Suicide: Rights and Responsibilities**

A woman suffering from cancer became the first person known to die under the law on physician-assisted suicide in the state of Oregon when she took a lethal dose of drugs in March, 1998. The Oregon Death with Dignity Act passed a referendum in November, 1997, and it has been the United States' only law legalizing assisted suicide since then. According to the *New England Journal of Medicine*, more than 4,000 doctors have approved of the assisted suicide law (cited in "The Anguish of Doctors," 1996). The law allows terminally ill patients who have been given six months or less to live and wish to hasten their deaths to obtain medication prescribed by two doctors. The most important thing to notice is that this law does not include those who have been on a life support system nor does it include those who have not voluntarily asked physicians to help them commit suicide. The issue of doctor-assisted suicide has been the subject of the heated dispute in recent years. Many people worry that legalizing doctor assisted suicide is irrational and violates the life-saving tradition of medicine. However, physician-assisted suicide should be legalized because it offers terminally ill people an opportunity for a peaceful death and recognized the inadequacy of current medical practice to deal with death.

It has been argued that the reason why some terminally ill patients wish to commit suicide is nothing more than melancholia. Patients suffering terminal illness might tend to be negative, hopeless, and depressed. In "When Patients Request Assistance with Suicide," Maskin, an associate professor of clinical psychiatry at Columbia Presbyterian Medical Center in New York, argues that in many cases, dying patients' thinking is simply occupied by negative reactions to their critical condition (1999). In other words, most of the reasons why

terminally ill patients request doctors to assist them in committing suicide might be caused by problems such as hopelessness because there is no effective treatment, anxiety over doctors' very expensive fees, and regret for their family's burden of taking care of them. People who oppose doctor-assisted suicide believe that these patients are much too depressed to make a logical decision. For this reason, they argue that the terminally ill patient needs psychotherapy. Maskin also claims that "More often than not when the underlying problem is treated, patients decide that they don't want to die after all" (1999, p. 5). That is, terminally ill patients need therapy and counseling.

It may be true that all such requests, in which dying patients ask doctors to help them to kill themselves, come from depression as some psychologists have claimed and that some patients will change their minds if they participate in psychotherapy. However, all of those terminally ill patients who after psychotherapy finally choose to hasten their deaths are very determined. In "Opposing Views on Assisted Suicide," Girsh points out that many dying patients want to know about how to get help from a doctor to achieve a peaceful death even if ultimately they do not choose suicide (1999). In fact, the terminally ill patients in Oregon who voluntarily chose to ask doctors to help them commit suicide were those who decided carefully to take advantage of the doctor-assisted suicide law. First of all, patients who consider assisted suicide are aware of their exact medical condition through a mutual exchange of information with their doctor. Second, these patients understand their medical treatment along with risk, benefits and other options. Third, they must talk with a psychologist to determine if they are psychologically able to make such a decision. Therefore, terminally ill patients who finally choose to ask doctors to help them commit suicide are mentally competent and very determined about what they want to choose.

Furthermore, the most important thing that all Americans must consider is that every person has an individual right to make decisions about their life. When terminally ill patients

want to choose the time of their death, doctors must support them. This fact is supported by the American Constitution:

**Amendment XIV**

Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the state wherein they reside. No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any state deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

In other words, the Constitution allows every person to have free will. This includes a personal and informed choice by a mentally competent, terminally ill adult to commit physician-assisted suicide. Therefore, the right of a terminally ill patient given six months or less to choose to kill himself or herself is not irrational. However, to help a patient to commit suicide, one more law is needed. Without the doctor-assisted suicide law, dying patients cannot make a decision to ask doctors to help them commit suicide because doctors doing so will be sued for murder under criminal law. Therefore, physician assisted suicide should be legalized to protect the informed choice of terminally ill patients when they need help from the doctors to achieve their peaceful deaths.

It has also been argued that legalizing doctor-assisted suicide is against the tradition of medicine. The role of the doctor is not to recommend committing suicide but always to save patients' precious lives. According to "Should Doctors Be Allowed to Help Terminally Ill Patients Commit Suicide?," the physician-assisted suicide law might violate the principle that doctors should devote themselves to save patients' lives and that medical treatment that is offered to patients should be the best available (1993). In fact, the present medical community does strive to offer the best medical treatment for all patients and to sustain

patients' lives as long as possible. "The Anguish of Doctors" argues that America's current medical care offers long-term palliative care, which attempts to reduce either physical pain or psychological pain (1996). They go on to argue that this treatment has been worthwhile for terminally ill patients. Opponents of doctor assisted suicide strongly argue that modern medical treatment is capable of dealing with both physical and psychological pain of dying patients and that all doctors should make their best endeavor to look for the optimal medication for even dying patients. Therefore, it has been argued that legalizing physician-assisted suicide will be equivalent to denying the traditional value of medicine and will interfere with doctors' best efforts.

However, all Americans need to reconsider the question of who would be protected by the doctor-assisted suicide law. The importance of this law is to offer a legal option for terminally ill patients. The article "Should Doctors be Allowed" points out that death is also a part of medical treatment (1993). If some terminally ill patients, suffering unbearable pain, need assistance to end their life, doctors have a responsibility to help them. All pain is not bearable; especially people who face terminal and hopeless illness tend to be in great pain beyond description. In this situation, what is the best medical treatment for well-informed patients? "Should Doctors be Allowed" concludes that helping them to achieve a calm and peaceful end should be thought of as one of the best treatments for terminally ill patients (1993).

In addition, the fact that must be kept in mind is that up to now the medical community has not been good at dealing with death. Although opponents of assisted suicide have argued that modern medical treatment has provided various beneficial ways to save patients' lives, in fact, if the medical community provided better treatment, not only would this physician-assisted suicide law become even more controversial, but also terminally ill patients would not think about their hastened deaths. According to the American Institute

of Medicine, "Most Americans do not have proper access to long-term palliative care and a third die in pain that could be eased. Improve those figures, it is said, and there will be fewer requests for assisted-suicide" (cited in "Last Rights", 1997, p. 21). In other words, the existence of a physician-assisted suicide law is definitely related to the inadequacy of the present medical treatment at the end of life. Therefore, doctor-assisted suicide should be legalized to meet the needs of terminally ill patients and to compensate for the insufficiency of current medical practice.

In conclusion, the most crucial point of the doctor-assisted suicide law is "Who would it protect?" It is clear that the best effect of the doctor-assisted suicide law is in its ability to give some advantages to all dying patients. Therefore, although it has been argued that legalizing doctor-assisted suicide is harmful to terminally ill patients, counterproductive and violates the tradition of medicine, it is suggested that physician-assisted suicide be legalized in that this law will dramatically improve the current medical environment for dying patients. It is hoped that giving the informed choice of legalized assisted suicide will make terminally ill patients' lives more meaningful.

## References

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