One Physician’s Perspective: Euthanasia and Physician-Assisted Suicide

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This paper looks at the ambiguities which PAS (physician assisted suicide) and voluntary active euthanasia (VAE) present to the patient, his or her loved ones and the health-care team. The author pleads for a greater emphasis on humanizing the experience of the dying so that a team can meet their physical, emotional and spiritual needs.

KEY WORDS: useful and productive life; being alive vs having a life; changes in approach to life and death.

CLINICAL CASE SUMMARY

He was not a young man, but his children were grown with families of their own. His wife had died several years ago after a long, painful course with metastatic breast cancer. The patient’s diagnosis was beyond a reasonable doubt, having been thoroughly confirmed by careful testing and rigorous examination by the specialists at the University. The prognosis was equally beyond doubt. The patient had what was called a “progressively degenerative neurological syndrome, with a course characterized by increasing disability and intractable pain.” In the patient’s mind the choice was clear. It was between living a bit longer and suffering increasingly every day, or suffering less but at the price of giving up his life.

The letter to his family was brief, written in a shaky hand that poorly showed how weak he had become. Total disability was just around the corner, and he couldn’t allow himself to be a burden to them while the cost of his care consumed

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all that he had worked for all those years. The thought of no longer caring for himself, of losing his autonomy to act while maintaining his capacity to think clearly was intolerable to him. He expressed his love for his family and begged for their understanding.

The letter had one additional piece. In it, he expressed his gratitude to the physician that had helped him through his wife’s illness, and guided his journey through the complex world of medical consultants. He was grateful that the medications that had been given to him to control the pain also provided him the means to effect a peaceful and merciful death. He would just go to sleep.

The family was devastated, of course. One son was furious with his physician. How could he have provided the means of suicide for his father? Requests to the state medical board and the local district attorney’s office for investigations were filed.

**INTRODUCTION**

Although a few details have been changed to protect the anonymity of those involved, the case described above is a real one. It illustrates many of the concerns, which I will discuss in the paragraphs to follow and, at the end I will tell you how it turned out.

The concept of physician involvement with euthanasia or physician-assisted suicide is not a new one. In fact, its origins go all the way back to the Hippocratic Oath wherein physicians swear to never “give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.” (“Hippocratic Oath—Classical Version, 2004).” In Western medicine, the foundation of the Judeo-Christian ethic of the sanctity of life frames its historical opposition to euthanasia. The challenges associated with euthanasia and physician-assisted suicide, however, have become more poignant in today’s society where medical technology has the capacity of prolonging life well beyond what most would consider “useful and productive.” In order to determine how broad this subject really is, I recently did a “Google” search of the Internet and found the following results. For the keyword “euthanasia” I found approximately 556,000 citations. For “physician-assisted suicide” I found about 54,000. I then went to the medical literature, and using the electronic version of “Med Line,” I found 16,801 references for euthanasia and 901 for physician-assisted suicide. Clearly, this is a topic that has generated some discussion.

**LIFE AND ITS DEFINITION**

When we speak of life under these circumstances we unfortunately use one word to describe two different concepts: one is “being alive” and the other is “having a life.” This distinction, that was first elaborated by Rachels, further elaborated by Kushner, and stressed in the many works of Loewy, is a critical one (Kushner, 1984; Loewy and Loewy, 2004; Rachels, 1986). When it comes to these questions,