

Online Journal of Health Ethics

Volume 13 | Issue 1

Article 8

Legalization Of Euthanasia And Physician-Assisted Dying: Condemnation Of Physician Participation

Samira Mazloom

Gemology Institute of America

Alireza Hamidian Jahromi

Louisiana State University Health Shreveport, alirezahamidian@yahoo.com

Bahar Bastani

Saint Louis University, bastanib@slu.edu

Follow this and additional works at: <https://aquila.usm.edu/ojhe>

 Part of the [Bioethics and Medical Ethics Commons](#)

Recommended Citation

Mazloom, S., Hamidian Jahromi, A., & Bastani, B. (2017). Legalization Of Euthanasia And Physician-Assisted Dying: Condemnation Of Physician Participation. *Online Journal of Health Ethics*, 13(1). <http://dx.doi.org/10.18785/ojhe.1301.08>

This Article is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Online Journal of Health Ethics by an authorized editor of The Aquila Digital Community. For more information, please contact Joshua.Cromwell@usm.edu.

Legalization of Euthanasia and Physician-Assisted Dying: Condemnation of Physician Participation

By

Samira Mazloom , Alireza Hamidian Jahromi, & Bahar Bastani

ABSTRACT

The topic of physician-assisted dying has always been a controversial topic raising a strong ethical dilemma. Currently, six states in the USA (Oregon, Vermont, Washington, Montana, California, & Colorado) have developed regulations legalizing physician-assisted dying (medical euthanasia). We propose that physicians, because of their Hippocratic oath, should be exempted from participating in it. We suggest experts in professional assisted dying (Euthanasia Specialists) be ethically, and where possible, medically trained to perform such a task when deemed appropriate.

Key Words: Euthanasia, Physician assisted, Suicide, dying, Ethical Dilemma

Samira Mazloom
Gemology Institute of America

Alireza Jahromi
Louisiana State University
alirezahamidian@yahoo.com

Bahar Bastani
Saint Louis Univeristy
bastanib@slu.edu

Legalization of Euthanasia and Physician-Assisted Dying: Condemnation of Physician Participation

By

Samira Mazloom , Alireza Hamidian Jahromi, & Bahar Bastani

Introduction:

We read with interest that the physician-assisted dying law, the *End of Life Option Act*, took effect on June 9, 2016 in California [McGreevy (March 10, 2016) & Editorial Board, Washington Post (September 22, 2015)], and on November 8, 2016 in Colorado [Colorado End of Life Options Act, Proposition 106 (2016)]. California and Colorado have now joined four other states (Oregon, Vermont, Washington, and Montana) in regulating and legalizing physician assisted suicide and medical euthanasia. In Montana, it has been relegated to a court ruling. In the other 45 states, this act is still considered illegal and is punishable [CNN Library (June 7, 2016)]. The state of Oregon was the first to legalize physician-assisted suicide in 1997 (Oregon Death With Dignity Act: 2015 Data Summary). In New Mexico, it was transiently legalized in January 2014 [Barfield H (November 18, 2014), only to be overturned in August 2015 by the New Mexico Court of Appeals [Richardson (2015)].

Euthanasia (from Greek: "good death"), an ethical dilemma, has always been a controversial topic where people held strong views depending on their personal perception. In an analysis of research published in bioethical journals, Borry, Schotsmans, and Dierickx (2006) found that ethical problems related to end of life issues and euthanasia are among the most common subjects studied in medical ethics. With the current ongoing discussions focused on this topic worldwide, it is predicted that other states and nations may legalize euthanasia in the near future.

We submit that exploration of this multi-dimensional and complex issue, in conjunction with its impact on individuals and society at large, should include a thorough assessment inclusive of the potential moral, religious, political, economic, social, and ethical consequences. Evaluation of the available literature and online forums reveal that the debates on the act of medical euthanasia have gained strength in favor of and against rationalizations or counter arguments. The focus on such discussions about legalization of physician-assisted dying and euthanasia should not distract our attention entirely away from the potentially needed preparations that are required to be in place should it become legalized by the legislators. As authors, we take no position in favor for or against legalization of physician-assisted dying. We propose that in states where it is considered legal, that physicians, because of their Hippocratic oath, should be exempt from participating in it. We propose some non-health care professionals be trained for delivering such services.

It is still a common requirement for medical school graduates to swear upon a number of principles and professional ethical standards associated with the Hippocratic oath or one of the other available codes of practice considered as a substitute for the Hippocratic Oath. The Declaration of Geneva drafted by the World Medical Association (WMA) is another such oath. *Primum non nocere* (Latin, "first, do no harm") is one of the most important principal precepts of medical ethics taught to all medical professionals and is considered a binding concept, ideally, not open for situational interpretation by individuals. Participation of medical professionals in the act of euthanasia, even in case of legalization, in our opinion is in direct opposition with the Hippocratic oath of the health care professionals.

Physician assisted suicide (PAS) is an alternative to medical euthanasia. In the former, a medical professional would prescribe or prepare the medication, or intentionally give knowledge of the lethal dose of the medication, and the patient (not the physician) will administer the lethal medication, while in the latter, the medical professional will administer the lethal dose of medication upon the request of a suffering terminally ill patient. The authors believe that such acts are in breach of the medical profession Oath (Primum non nocere) and its principals. Hence, we suggest complete removal of the sworn healthcare professionals from any involvements and participation in medical euthanasia or PAS.

Instead of medical professional's active participation in assisted-suicide, please consider how selected deaths were handled in medieval Europe. There, public executioners, also known as hangsmen, were trained and authorized by the state to execute a death sentence on a criminal. The official warrant would prevent the executioner from further prosecutions and being charged of murder or physical damage. Having a court order, a state warrant, or legalization of the act, may protect the physician from further charges in case of Euthanasia or PAS legally. However, to us, this legalization still does not justify the physician's participation in these acts.

Applying the same principle used in the creation of public executioners in the past, we suggest training experts in medical euthanasia and professional assisted suicide. Such professionals may be called "Euthanasia Specialists" (we propose the term "Euthanasialogist"). They would be ethically and to some degree, medically trained, to carry out acts of euthanasia. The euthanasia specialists (Euthanasialogist) would not be required to swear on the Hippocratic Oath or alternative codes of practice that are counter to their educational ideologies. Those individuals who are trained would receive a state warrant and only perform medical euthanasia or PAS in places where such acts are legalized.

It is for the abovementioned reasons that the authors suggest to eliminate the participation of physicians and other healthcare professionals in the act of medical euthanasia or PAS, since it is diametrically opposed to the Hippocratic Oath taken by many healthcare professionals.

References

- McGreevy P (March 10, 2016). <http://www.latimes.com/politics/la-pol-sac-assisted-suicide-law-can-take-effect-20160310-story.html>
Editorial Board (September 22, 2015). https://www.washingtonpost.com/opinions/californias-landmark-right-to-die-bill/2015/09/22/8c070eea-5e38-11e5-b38e-06883aacba64_story.html?tid=a_inl
- Colorado End of Life Options Act, Proposition 106 (2016). [https://ballotpedia.org/Colorado_End_of_Life_Options_Act,_Proposition_106_\(2016\)](https://ballotpedia.org/Colorado_End_of_Life_Options_Act,_Proposition_106_(2016))
- Barfield H (November 18, 2014). <https://prezi.com/whfdtfy7kvst/physician-assisted-suicide/>
CNN Library (June 7, 2016). <http://www.cnn.com/2014/11/26/us/physician-assisted-suicide-fast-facts/index.html>
- Oregon Death With Dignity Act: 2015 Data Summary. <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>
- Richardson V* (August 11, 2015). "[New Mexico court strikes down ruling that allowed assisted suicide](#)". *Washington Times*.
- Borry P, Schotsmans P, Dierickx K. (2006). Empirical research in bioethical journals. A quantitative analysis. *J Med Ethics*; 32(4):240-5.