Running Head: PHYSICIAN ASSISTED SUICIDE

Yes, Physician Assisted Suidice is Ethical

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Introduction

Physician assisted suicide is on the rise all over the world, especially in the United States. Many terminally ill patients are seeking physician assisted suicide for a multitude of reasons. With this increase in requests for physician assisted suicide, there is an increase in interest on this topic. According to the American Medical Association, physician assisted suicide is when a physician aids a patient's death by providing the lethal means necessary and/or the information to allow the patient to perform the life-ending act (American Medical Association, 2020). With the rise of self governance and the desire to control one's life, physician assisted suicide has caught the attention of many. The issue with this however is that there are many varying beliefs regarding the ethics of this act. When analyzing whether physician asssiated suicide is ethical or not it is impertinent to take into consideration ethical principles, including autonomy, beneficence, and nonmaleficence. These principles essentially guide the health care system in providing the best quality and effective care.

Aside from these ethical concepts, it is valuable to consider the laws and history concerning this topic, for example, examining Oregon's outcomes after passing their Death with Dignity Act in 1997 (Westefeld, Casper, lewis, Manlick, Rasmussen, Richards, & Sieck, 2013). There are multiple arguments created against physician assisted suicide. These opponents base their views on these ethical principles as well as opinions and assumptions, however, there are more refutes against those arguments. In this paper, the idea of how physician assisted suicide can be considered ethical will be analayzed and answered.

The first section of this paper will discuss and define the pertinent terms and elements surrounding physician assisted suicide in order to better comprehend the act. In the next section,

the many arguments made against physician assisted suicide will be explored and then will be refuted. In this third section the paper will also lay out other reasons as to why physician assisted suicide is ethical. In final section of this paper, the answer to "how physician assisted suicide can be considered ethical" will be answered in a well defined and understandable manner. The practice of physician assisted suicide should be considered ethical if performed with the intentions of appreciating patient autonomy, upholding beneficience, and sustaining nonmalficence; these three ethical principles guide health care guidelines and thus should still be regarded as standard when handling this form of end of life care.

Defining key terms

According to an American College of Physicians position paper written in 2017, physician assisted suicide is "physician participation in advising or providing, but not directly administering, the means or information enabling a person to intentionally end his or her life" (Sulmasy & Mueller, 2017). This does not entail the physician to actively murder or kill his/her patient, rather it is the physician providing the resources and manner in which a patient can activiely kill him or herself. When considering physician assisted suicide it is crucial to define the ethical principles surrounding the manner. Autonomy is the respect for a person's right to make his or her own decision and thus be self governing (Shibata, 2017). For example this would include respecting a patient's right to refuse medication. Beneficence is defined as doing the most good and promoting a patient's well being. Nonmaleficence is preventing and/or not doing harm to a person (Shibata, 2017). These are key elements in the discussion on physician assisted suicide because they guide any and all health care practices.

It is also important to take into consideration Oregon, since it was the first United States state to legalize physician assisted suicide, with the Death with Dignity Act instilled since 1997. Within this law any resident of Oregon that is 18 years or older and is capable of making adequate and well informed health decisions, with a terminal illness and a prognosis of less than six months to live can *request* a prescription for lethal medication (Dieterle, 2007). The key element to focus on here is that if qualified, these patients can request to die via physician assisted suicide, this does not mean however that they will be *granted* this request. Since the passing of this law, many revisions have been made as the state has witnessed and experienced time and cases regarding it. These include that the patient must make not only 2 oral requests 15 days apart, but also a written request signed by two witnesses. Also, the prescribing physician and a second physician must validate the diagnosis as well as the prognosis and they both must ascertain whether the patient is competent and capable of making this life ending decision. If either physician believes the patient's ability to make decisions is impaired by either psychiatric or psychological disorder then the patient has to be sent for psychological evaluation before the process can continue. Along with these provisions, the physician must fully inform the patient of other alternatives. The final criteria instilled is that the prescribing physician must request, but *not require*, the patient to inform his/her closest relative or relatives of the request (Dieterle, 2007). It is essential to look at Oregon's Death with Dignity Act when discussing how physician assisted suicide can be ethical because it gives valid criteria and example to base this decision off of.

Since the passing of Oregon's act, seven other states and Washington D.C. have legalized physician assisted suicide. These include California, Colorado, Hawaii, Maine, New Jersey,

Vermont, and Washington. Other states have prohibited it by common law while others have no specific laws in place in regards to physician assisted suicide or are ambiguous on the legality of it. The federal government though does not state any laws regarding physician assisted suicide at all (ProCon.org, 2019). It is also important to note that patients in the United States have a right to refuse treatment (Dieterle, 2007). This includes a right to refuse life saving treatment, like signing a Do Not Resuscitate. This is an act of voluntary passive euthansia which can never be controlled by a law since it is instilled that patients have the legal right to decide their course of treatment and care.

Why Physician Assisted Suicide is Not Ethical

There are a multitude of arguments against physician assisted suicide due to its unethical nature, yet these arguments are very simplistic and superficial and do not take into consideration the patient as an actual human being. When looking at ethics as a whole, The American College of Physicians does not support physician assisted suicide or the legalization of it. This group emphasizes that the role of physicians is to provide care and comfort and that they should not participate in ending someone's life because it contradicts their duty as a healer (Sulmasy & Mueller, 2017). Their argument is that physicians are "moral agents, not merely providers of service" (Sulmasy & Mueller, 2017). This entails that a physician's sole duty is not to carry out services of health care, rather their loyalty is to the moral ethics of care. They are responsible for providing quality and ethical care and for them, physician assisted suicide does not fall under that category. Though physicians do not doubt there is great suffering that comes along with dying, they ask the question of whether it is sensible to ask medicine to alleviate all human

suffering. An article on the ethics and legalization of physician assisted suicide from the American College of Physicians states, “Just as medicince cannot eliminate death, medicince cannot relieve all human suffering” (Sulmasy & Mueller, 2017). Their overarching theme in this debate is that the goal should be to decrease dying, rather than make dying more medical.

Many arguments are made against physician assisted suicide in defence of the ethical principles defined prior. In terms of autonomy, opponents of this type of death state that physicain assisted suicide lacks autonomy in respect to the physician (Shibata, 2017). It does not give patients the right to force physicians to take part in something they believe to be immoral. When considering the principle of beneficence, many declare that death is never promoting one’s well being (Shibata, 2017). Allowing someone to die can be seen as a health care provider giving up on a patient and succumbing to the finality of death. The third and final ethical principle to take into account is nonmaleficence. Many state that under this ethical principle the physician should not be causing the ultimate form of harm (Shibata, 2017). Death for many is the epitome of harm, thus why should an ethically competent physician cause that level of harm to a patient if they are guided by that principle.

Aside from the ethical principles that are utilized to oppose physician assisted suicide, other arguements are made to defer the idea that physician assisted suicide could ever be considered ethical. There is a theory that if physician assisted suicide were to be legalized, that people will begin to abuse the law. Many argue that patients may begin to feel pressured by family members, friends, insurance companies, or even health care workers to make the request for physician assisted suicide (Dieterle, 2007). These opponents believe that many will begin to

use the law for family financial benefit or that health care providers will suggest it in order to lessen their work load and avoid having to care for someone that is sick and dependent.

Another case that is made is that legalizing physician assisted suicide will corrupt medicine and its health care providers. This may cause doctors and nurses to start to have the mindset that certain patients would be "better off" dead. Proponents of this theory argue that this may lead health care professionals to become desensitized to death and cause them to start giving up on patients, even if they are not terminally ill (Dieterle, 2007). These supporters think that this legalization will make health care professionals become unethical and dishonorable. An additional assumption made as to why physician assisted suicide is unethical is that people will give up on life too easily, lose hope, and just resort to killing themselves. These advocates believe that people will see there is a way to end it all without further thought and effort and thus will act on that intuition and request the physician assisted suicide. They argue that there will be no more fight for life when death is so easy to attain (Dieterle, 2007). These core arguments are made with the assumption that these theories will occur, yet none of them have evidence to support their ideas. Thus, it is difficult and inappropriate to take them into account because they are opinions and guesses.

The rationality of physician assisted suicide must also be analyzed when deciding how it can be considered ethical. There is a general belief that, "self preservation is the fundamental principle of practical reason" (Wittwer, 2013). Under this concept it would be appropriate to say that living life as long as possible is the goal and thus any type of suicide is forbidden. The proponents of this idea state that a suicidal person can never be considered rational and that physician assisted suicide is a form of suicide. This idea stems from the fact that suicidal people

are in no condition or right mindset to make any decisions, especially regarding life itself. An article by Hector Wittwer states, “They are not considered sane and thus accountable for themselves and their desire to kill themselves cannot be taken any more seriously than a small child’s desire” (Wittwer, 2013). The argument for these beliefs is that anyone requesting death by physician assisted suicide is never in the right head space to make that decision and suffers from a mental or psychological disorder.

Since physician assisted suicide evidnetly affects a person emoitonally and mentally, it is beneficial to look at psychiatrists’ points of view on the matter. A study conducted in 2012 examined psychiatrists opinions and concluded that, amongst those participating, they had a more traditional outlook on physician assisted suicide than physicians did (Levy, Azar, Huberfeld, Siegel & Strous, 2012). These psychiatrists are well versed in mental disorders and the impact of them on a person mentally as well as emotionally. Their opinion resided on the notion that those that seek suicide as an answer, even physician assisted suicide, are suffering from a mental illness and thus are not in the proper condition to make this request.

There are many questions in place as well that debate the core ethical issues when discussing physician assisted suicide. These questions can be reasoned with both ideas that support and oppose physician assisted suicide, however, yet again it is seen that those that oppose it are answering superficially. The first question is, “Are there patients for whom death is beneficial?” (Goligher, Ely, Sulmasy, Bakker, Raphael, Volandes, Patel, Payne, Hosie, Churchill, White, & Downar, 2017). In opposition, the response is that the benefit of death cannot be known and that by ending life early the opportunity for healing is taken away (Goligher et al., 2017). Their defence is that there is no absolute way to define whether death is

beneficial because death is unknown. There is also the idea that if one were to carry out physician assisted suicide, that the chance of being healed is completely earased. The second question is, “Is physician assisted suicide morally equivalent to withholding / withdrawing life support?” (Goligher et al., 2017). These are quite similar in the eyes of opponents because they argue that the intent and method of dying are different. Their belief is that withholding or withdrawing life support does not purposely end someone’s life, though that is usually the end result of it (Goligher et al., 2017). These supporters view physician assisted suicide as a ultimate plan of death, whereas with withholding or withdrawing life saving treatment death is just a proposed outcome. The third and final idea examined is “Is it morally acceptable for physicians to cause death intentionally?” (Goligher et al., 2017). Those against, respond that it is never morally acceptable because by respecting someone we cannot turn a “somebody” into a “nobody” (Goligher et al., 2017). This argument takes into account that killing someone is never okay even with the person’s permission. Also, there is a duty to each human being to prevent death when possible in order to respect human life at its core.

Ethical Arguments For Physician Assisted Suicide

In this section of the paper the arguments made against physician assisted suicide will be refuted, as well as other arguments for it will be explored. The American College of Physicians as discussed is opposed to physician assisted suicide on the basis that is contradicts physician’s obligations. However, physician assisted suicide can be viewed as an act of compassion that respects patient preferences and thus achieves the physician’s duty of adhering to patients as well as honoring them (Sulmasy & Mueller, 2017). As moral agents and patient advocates, it is the

physician's responsibility to uphold and support the desires and demands of all patients. Opponents of physician assisted suicide state that it is their duty to alleviate suffering, however propenets argue that by carrying out physician assisted suicide they are actually fulfilling their duty of relieving suffering.

In relation to the ethical principles of autonomy, beneficence, and nonmaleficence physician assisted suicide fulfills these concepts when looked at deeply and with the proper understanding. In order for autonomy to be achieved, the patient's desires and wishes must be upheld and accepted. By not allowing physician assisted suicide to be carried out, one is not respecting the patient's right to self government and their deserving ability to make their own choices about their health care (Shibata, 2017). Physicians have a duty to their patients, whether they agree or not. It is part of their role as a physician to leave their biases and opinions at the door in order to provide the most patient centered quality care. Also, it is important to realize patients have the right to make choices about both their life and their death when applicable, "Just as psychologists support the many different mechanisms that human beings choose to live their lives, it seems consistent to take a similar stance in recognizing the various ways that human beings choose to end their lives, especially when they may be dealing with chronic pain and suffering" (Westefeld et al., 2013). In terms of beneficence, ending the suffering of a person is seen as merciful (Shibata, 2017). With this, physician assisted suicide is promoting the well being of a patient by eliminating the anguish the patient is experiencing. Physician assisted suicide is not seen as the ultimate cause of harm, rather it is seen as the ultimate cause of beneficence in that it alleviate patients of all their pain and suffering. There is an argument that nonmaleficence can be displayed in physician assisted suicide if death would mean relieving

excruciating pain, which would thus lead to personal benefit (Shibata, 2017). Those against physician assisted suicide based on these ethical principles are scratching the surface their meaning, when looked at intently it is evident that these princples accept physician assisted suicide as ethical.

In response to the theories created in assumptions, there are many counter arguments to give in support of physician assisted suicide. To refute the idea that the law will be abused if passed and cause a patient to feel pressured to seek physician assisted suicide, being a burden has not been documented as the only reason patients seek physician assisted suicide (Dieterle, 2007). Feeling as if one is a burden to family and seeking physician assisted suicide does not equate to the idea that a family member pressures or coerces the person to seek phyisician assisted suicide. It is also important to note that every law can potentially be abused. However, that chance has not stopped other laws from being enacted. Thus, the fear of the unknown cannot hinder the decision to legalize physician assisted suicide (Dieterle, 2007). There is also the theory that authorizing physician assisted suicide will cause corruption to ensue in the health care system and within health care professionals. However, it is crucial to note that the legalization of physician assisted suicide would not entail the legalization of homicide (Dieterle, 2007). It is inappropriate to assume that enacting physician assisted suicide would cause health care professionals to believe that killing other patients, that do not request physician assisted suicide, to be ethical. One cannot base the ethicality of physician assisted suicide on an assumption.

The idea that making physician assisted suicide an option will cause people to give up on life is also indecorous to suggest. Though it would be an option for some, it would not be an option for the majority, certain criteria would need to be met before physician assisted suicide

could be considered. Also, the innate nature to live life as long as possible would not be stripped from mankind because of the legalization physician assisted suicide. Those that give up on life rarely seek physician assisted suicide, they would resort to self induced suicide without physician aid if that was truly the case (Wittwer, 2013).

When discussing the rationality of physician assisted suicide many things need to be taken into account. Physician assisted suicide must be differentiated from suicide because it is not an act of spontaneity and they are not acting in response to feeling or emotions, rather they are acting on a thoughtout and deliberate plan. Also, those that seek physician assisted suicide do not hide their objective, they voice their wish to their physician multiple times (Wittwer, 2013). It is noted that pain and suffering alone do not render a person insane or incapable of making rational decisions. In an article on the rationality of suicide it states, “Cancer patients… often suffer extraordinary pain, which can certainly be a great mental burden as well. But this alone does not necessarily prevent them from reasoning practically and making decisions supported by reasons” (Wittwer, 2013). Whether a patient requesting physician assisted suicide is sane or not can only be determined by an educated specialist on a case to case basis (Wittwer, 2013).

In relation to the psychiatrist point of view on physician assisted suicide it is yet again crucial to make that differentiation between suicide and physician assisted suicide. Also, it is important to realize that psychiatrists have minimal professional interaction with terminally ill patients seeking physician assisted suicide (Levy et al., 2012). Rarely have these psychiatrists witnessed the extent these patients have gone through with their illness or the multiple treatment options already utilized. Another consideration to explain this difference in opinions between psychiatrists and physicians is that psychiatrists are often distracted by the reality that depression

is often undiagnosed and untreated. Since depression is one of the leading causes of suicide, these psychiatrists have a prenotion that those seeking physician assisted suicide as suffering from depression, explaining their conservative perspective (Levy et al., 2012).

The three questions examined earlier will now be discussed to prove that there are valid answers that support physician assisted suicide. The first question again is, "Are there patients for whom death is beneficial?" (Goligher et al. 2017). When truly examined, the "quantity of life can be sacrificed in the interest of the quality of life" (Goligher et al. 2017). In support of physician assisted suicide it is reasonable to state that some suffering can only end with death, which is why most seek this method of end of life care. The second question is, "Is physician assisted suicide morally equivalent to withholding / withdrawing life support?" (Goligher et al. 2017). Advocates state that essentially there is no ethical difference between physician assisted suicide and withholding or withdrawing life saving treatment because the ultimate outcome is the same (Goligher et al. 2017). Since there can never be a law to prohibit a patient's desire to withhold or withdraw life support, there also should not be a law forbidding patients to request physician assisted suicide if the outcome is equal. The benefit is that physician assisted suicide will eliminate that unecessary suffering that coincides with withdrawing or withholding life saving measures. The intent in both scenarios is also the same, to provide comfort and respect patient values. Additionally, the physician that adheres to withholding or withdrawing life support essentially has the same morals as the physician that adheres to physician assisted suicide because as stated the outcome is the same (Goligher et al. 2017). The final question explored is, "Is it morally acceptable for physicians to cause death intentionally?" (Goligher et al. 2017). Supporters of physician assisted suicide answer that it is not the same as murder

because concent must be given and their is a compassionate motive associated with physician assisted suicide. Also, physician assisted suicide is based on the idea to reduce harm and suffering, which signifies its morality (Goligher et al. 2017).

Aside from the arguments that were just refuted to expose why physician assisted suicide is ethical, other reasons are also provided to ensure the understanding and various perspectives that can be taken to prove its ethicality. In the eyes of many, "The value of life is great but not infinite" (Goligher et al. 2017). Life is not meant to be forever and people must accept this reality. The world fears death because of the unpredictability and finality of it and the unexplained nature of what occurs after death. However, if one can accept that life does not need to be prolonged because of these fears and that it can even be shorted with the intent of achieving peace and comfort, then one can accept that the value of life is not infinite (Goligher et al. 2017).

Physician assisted suicide is also considered ethical in terms of the ethical theory of Virtue Ethics created by Aristotle. This theory vouches for the idea that an action in itself will display the morality and virtues of a person (Jordan, 2017). The emphasis of this not on the outcome of death, but rather on the intent to provide peace and comfort. In relation to physician assisted suicide, this theory would accept this method of death so long as the physician is performing it with the intent to relieve suffering and uphold patient autonomy. The virtues of compassion and mercy are exemplified when this form of death is ensued (Jordan, 2017). The foundation that guides any physician in practice are the ethical principles and their duty to their patients. If one were to strictly observe physician assisted suicide through the lens of Virtue Ethics, physician assisted suicide could not be considered unethical if the physician's intensions are completely ethical and compassionate.

The Criteria for Requesting Physician Assisted Suicide

Outlined throughout this paper thus far has been relevant definitions and arguments against and for physician assisted suicide. In this section of the paper, the answer to the ominous question will be given as a criteria that must be met in order to consider the act of physician assisted suicide to be ethical. Before discussing physician assisted suicide, it must be acknowledged and accepted that the "standards for a life judged worth living can vary" (Wittwer, 2013). It is crucial to value each individual and their definition of a life worth living, "Whether it is better for someone to continue life or put an end to it can only be judged from that person's perspective" (Wittwer, 2013). Thus, anyone who attempts to make conclusions of another's decision to request physician assisted suicide or carry through with it can only be made through that person's perspective. Since it is relatively impossible to truly be able to view someone's choice solely from their viewpoint, it is inappropriate to judge. If a patient deems life to not be worth living due to suffering from their terminal illness, that must be respected.

Since this point has been made and accepted, it is now appropriate to continue with the criteria to consider physician assisted suicide ethical. First and foremost, the provisions laid out in Oregon's Death with Dignity Act must be upheld. The patient must be 18 years or older, diagnosed with a terminal illness with a prognosis of six months or less to live, two oral requests must be made at least 15 days apart, a written request must also be made and signed by two witnesses. Two physicians (the prescribing and consulting) must confirm the diagnosis and prognosis. They both must determine whether the patient is able to make this decision, and if either of them believe the patient is not capable then psychological evaluation will be engaged.

The prescribing physician must educate the patient on alternative treatment options, and the prescribing physician must request that the patient tell close relatives of his/her decision (Dieterle, 2007).

Aside from these standards, other criteria must also be met. The request must be completely voluntary. Is it at the discretion of the two physicians and the psychologist, if involved, whether the request is made voluntarily (Hartogh, 2017). If it is coerced or made involuntarily in some manner, the process will not continue. The patient must also be completely willing to cooperate throughout the entire process (Hartogh, 2017). This entails from the request all the way through the act. Along with this, the patient has the right, like always, to refuse. If the patient goes through with the decision up until the last minute then all efforts of performing physician assisted suicide must be stopped immediately.

It should also be criteria that right before the lethal means are administered that the patient is asked yet again if he/she wants to die by physician assisted suicide. Another standard is that the ethical principles of autonomy, beneficence, and nonmaleficence have to be at the core of following through with physician assisted suicide. The intent of all members in this decision and act must be to value and respect the patient's wishes, to grant mercy to the suffering patient, and to alleviate harm. This option must also only be considered after all other treatment options have been exhausted, including medications, therapies, homeopathic alternatives, and lifestyle changes. However, if these treatment options are causing more harm and suffering than good, or are not effective in reliveing suffering, then physician assisted suicide may be considered.

An additional expectation that must be met in order for physician assisted suicide to be ethical is that the physician carrying out the act should have witnessed the patient's battle with

the illness. Though in every case there may not be a relationship between the patient and the physician, the physician needs to be fully informed on the patient personally and meet with the patient several times in order to understand the reason for the request as well as why the patient believes physician assisted suicide is the best option (Blank & Bonnicksen, 1994). This places a level of humanity to the situation by allowing the physician to understand where the patient has been in terms of his/her illness, where the patient is headed in terms of his/her illness, the patient's preferences, and his/her mind set (Blank & Bonnicksen, 1994). This ensures that the patient is comfortable, understood, valued, and advocated for.

Conclusion

It is important to recognize that the "right to determine the time and manner of your own death can only be meaningful if you have access to humane means of ending your life" (Hartogh, 2017). After careful consideration of all paths and alternatives, through evidence based on reasoning and unbiased opinions, it is imperative and logical to view physician assisted suicide as an ethical act. Taking into consideration Oregon's Death with Dignity Act as an example of the effects of legalizing physician assisted suicide reveals the relieving nature of the act. It also proves that outside influences such as family pressures, hospital works, and insurance companies minially affect the decision to request physician assisted suicide for patients. In relation to the ethical principles of autonomy, beneficence, and nonmaleficence, which guide and influence the health care system, physician assisted suicide is grounded in these core values. With the correct intentions and the desire to relieve pain and suffering, physician assisted suicide must be ethical in terms of these principles.

Though the American College of Physicians may argue against the ethicality of physician assisted suicide, it is imperitive to understand that the sole duty of a physician is to respect and uphold patient decisions, whether they personally agree or not. A multitude of questions can be asked in regards to physician assisted siucide, however only the answers supporting it can be accepted since those are the ones grounded in ethics. Those that oppose physician assisted suicde do so in a contradicting, superficial manner, using assumptions and opinions to drive their position. Also, in terms of the ethical theory founded by Aristotle, Virtue Ethics, physician assisted suicide must be accepted if the intent of all involved are goodwilled and righteous.

Living a long and healthy life is the goal of many. It is what drives people to seek health care. However with respect to the statement that life is not infinite, one can understand why physician assisted suicide is an ethical and practical choice. Life cannot be prolonged due to the fear of death. The quality of life outweighs its quantity, thus one must appreciate and accept that physician assisted suicide gives patients a means to die in a peaceful and painless manner. It gives them a choice to choose compassion over pain.

This paper has evaluated both sides of the argument, while both sides have justified reasons, the freedom of allowing a person to make decisions controlling their own life should be upheld above all. Opposers must realize that a person seeking physician assisted suicide is not just a statistic or a “somebody”, that person is a pateint, a human being deserving of dying in peace. The health care system is built on the foundation of liberty. If a patient can meet all of the criteria explained in the section prior, then his/her freedom of choice should be respected.

References

American Medical Association. (2020). Physician-Assisted Suicide. Retrieved February 12, 2020, from https://www.ama-assn.ord/delivering-care/ethics/physician-assisted-suicide

Blank, R. H., & Bonnicksen, A. L. (1994). *Medicine Unbound: The Human Body and the Limits of Medical Intervention* (Vol. 3). New York: Columbia Univ. Press.

Dieterle, J. (2007). Physician Assisted Suicide: A New Look At The Arguments. *Bioethics*, *21*(3), 127–139. doi: 10.1111/j.1467-8519.2007.00536.x

Goligher, E. C., Ely, E. W., Sulmasy, D. P., Bakker, J., Raphael, J., Volandes, A. E., … Downar, J. (2017). Physician-Assisted Suicide and Euthanasia in the ICU. *Critical Care Medicine*, *45*(2), 149–155. doi: 10.1097/ccm.0000000000001818

Hartogh, G. D. (2017). Two kinds of physician-assisted death. *Bioethics*, *31*(9), 666–673. doi: 10.1111/bioe.12371

Jordan, M. (2017). The Ethical Considerations of Physician-Assisted Suicide. *Dialogue & Nexus*: Vol. 4, Article 12. Available at: https://digitalcommons.acu.edu/dialogue/vol4/iss1/12

Levy, T. B., Azar, S., Huberfeld, R., Siegel, A. M., & Strous, R. D. (2012). Attitudes Towards Euthanasia And Assisted Suicide: A Comparison Between Psychiatrists And Other Physicians. *Bioethics*, *27*(7), 402–408. doi: 10.1111/j.1467-8519.2012.01968.x

ProCon.org. (2019, July 25). States with Legal Physician-Assisted Suicide - Euthanasia - ProCon.org. Retrieved February 12, 2020, from https://euthanasia.procon.org/states-with-legal-physician-assisted-suicide/

Shibata, B. (2017). An Ethical Analysis of Euthanasia and Physician-Assisted Suicide: Rejecting

Euthanasia and Accepting Physician Assisted Suicide with Palliative Care. *Journal of Legal Medicine*, *37*(1-2), 155–166. doi: 10.1080/01947648.2017.1303354

Sulmasy, L. S., & Mueller, P. S. (2017). Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper. *Annals of Internal Medicine*, *167*(8), 576. doi: 10.7326/m17-0938

Westefeld, J. S., Casper, D., Lewis, A. M., Manlick, C., Rasmussen, W., Richards, A., & Sieck, B. C. (2013). Physician-Assisted Death and Its Relationship to the Human Services Professions. *Journal of Loss and Trauma*, *18*(6), 539–555. doi: 10.1080/15325024.2012.719345

Wittwer, H. (2013). The problem of the possible rationality of suicide and the ethics of physician-assisted suicide. *International Journal of Law and Psychiatry*, *36*(5-6), 419–426. doi: 10.1016/j.ijlp.2013.06.009