Life or Death Decisions:
A Look into the Ethical Question of Doctor Assisted Suicide

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Mr. Henry Kuyt is a seventy-seven year old man with a loving wife of fifty-six years and two children both with families of their own. Mr. Kuyt lived a very happy life for the first seventy-six years. He took up fishing, hunting, and vacationing after putting in his thirty-five years at General Motors. Everything was great until I diagnosed him as having terminal cancer two days after his seventy-seventh birthday. I have been Mr. Kuyt’s physician for about twenty years now, so when he asked to talk to me about his options I felt quite comfortable speaking with him. Mr. Kuyt’s very first words to me shocked me. He asked if I would assist him in taking his life. This opened up an ethical debate I was hoping to avoid. Should I, as a physician, aid my patient in committing suicide?

Looking at the situation in depth, I see that Mr. Kuyt is an aged man who has a family and friends. He had always lived a very active lifestyle. He loved life to the fullest. Now however he has been diagnosed as having cancer. The cancer is terminal and there is no hope for a cure in time. As it is right now Mr. Kuyt will probably live another month. His health is deteriorating fast, and he is bedridden. I have already prescribed 25.0 mg. of Morphine every 4 hours, the maximum amount allowed at this point. Mr. Kuyt has been holding on until now through the support of his family and friends, but it appears this is no longer enough. After looking at the situation, I see only two options. Option number one: I help Mr. Kuyt in his request for a final exit. Option number two: I refuse to comply with my patient’s wishes, even though I know he may just turn to Patient Refusal of Nutrition and Hydration (PRNH) or another less humane option.¹
The values I consider important to me will play a significant role in my decision. The values I hold most highly are dignity, autonomy, and quality of life. Dignity comes into play, in this situation, regarding the way the patient dies. This is a very important thing to keep in mind throughout my analysis of the situation. The autonomy of my patient is another substantial thing needing attention. To what point should I allow Mr. Kuyt the right to judge what is best for him? Lastly, Mr. Kuyt’s quality of life should be considered. Is living the rest of his natural life going to accomplish anything, or is the quality of life too low to appreciate? When I look at the two options, these values will make a notable impact on my final decision.

The ramifications of each of my two options are very different. For example, if I decide to proceed with assisting in the proposed suicide it will cause many different effects for various parties. The first party to consider is Mr. Kuyt. He knows that by taking his own life he will be ending his physical and emotional pain. For the patient there is very little evidence of disadvantage coming from this choice, as long as it is one-hundred percent certain that death is imminently close to begin with. The second party to consider is Mr. Kuyt’s family and friends. This group of people will see both advantages and disadvantages originate from the choice to proceed with the proposed suicide. Among the top advantages for this party is the way in which they remember the patient. If I help him commit suicide, his family and friends will be spared from having the last memories of him being ones of a man delirious from Morphine and not able to do anything for himself. On the other side, proceeding may mean that the family will have to live with the stigmatism of having a family member that took their own life. Another party that must be recognized is the physician. If I decide that I will abide by my
patient’s wishes, I take the risk of facing criminal charges, and I would be in direct violation of the Hippocratic Oath. The Hippocratic Oath clearly states that I, as a physician, will do no harm, this is called non-maleficence. The question that naturally arises is what actually causes more harm to the patient, allowing the patient to suffer from pain and mental anguish or killing them in a merciful way.

The second option, that of not assisting my patient, presents a whole different set of effects. In the case of the patient, not assisting Mr. Kuyt in his request could bring about some very negative effects. For example, as stated above, Mr. Kuyt could choose to refuse food, water, antibiotics, etc. This would cause an undesired affect of making death a more painful process. The next party to be considered is the family and friends of the patient. Once again this is a mixed viewpoint to hold. The family and friends could look at my decision not to aid Mr. Kuyt as a good thing because they simply want to have every possible moment with him that they can. This decision may also go against the religious values of the patient’s loved ones. On the flip side, as stated previously, not aiding Mr. Kuyt may leave the family and friends with memories of the patient that are not pleasant ones. Lastly, I, the physician, am affected by this decision. By not helping Mr. Kuyt with his request, I have held up to the literal reading of the Hippocratic Oath, and I have not exercised maleficence. However, I will also live with the fact that I could have stopped Mr. Kuyt’s suffering, but instead I ignored his request and prolonged his death.

After many hours of debating with myself over this ethical dilemma, I have come to the decision that assisting Mr. Kuyt in the act of committing suicide is ethically the correct thing to do. I arrived at this decision using the teleological theory of ethics. More
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precisely, I weighed the positives and the negatives and then I determined which option caused the greatest good for the greatest number of people. This is known as utilitarianism. Although I do believe aiding Mr. Kuyt is the correct thing to do, I would not say that assisting a patient in taking his or her life is always the ethical thing to do. I believe that each case needs to be looked at on an individual level, thus my action stems from act rather than rule utilitarianism. Looking back now, at the values that I hold as being important, I see that my values support the decision that I reached. Dignity\(^3\) and autonomy are retained by Mr. Kuyt while at the same time the quality of Mr. Kuyt’s life is acknowledged as being low and not worth striving to maintain.\(^4\) When the deontological theory of ethics is applied, I arrive at the same answer but from a different route. In this view, my action would be viewed as my moral duty. Thus in either case, I know that helping my patient is the proper thing to do. From my decision, I believe I can make a stance on the subject of the legalization of physician assisted suicide. I have come to the conclusion that a doctor should be allowed to aid his or her patients in the ending of the patient’s life. I do, however, recognize the need for restrictions and supervision in order to prevent abuse and misuse of this privilege.\(^5,6\)

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\(^2\) Depending on the State in the Union that the incident occurs. The 14\(^{th}\) Amendment no longer protects the physician.


\(^6\) Leo, J. Good sense on the ‘right to die’. USnews and world report. 123(1): 14;1997