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Physician Assisted Suicide

by

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Recent articles in medical publications and in the lay press have dealt with the topic of *Physician Assisted Suicide* as an acceptable form of euthanasia. In the vast majority of articles on euthanasia, the predominant danger to society in accepting the practice of *Physician Assisted Suicide* is generally referred to as "The Slippery Slope of Euthanasia." Yet no attempts have been made to illustrate what the slippery slope might entail. The following narrative attempts to describe in concrete steps the descent down "The Slippery Slope of *Physician Assisted Suicide*."

At present many physicians, along with a large percentage of the public, are in favor of taking the first step onto the "slippery slope", i.e. legally permitting *Physician Assisted Suicide* to be limited to requests from competent adults with a terminal illness and suffering with uncontrolled pain. As we slide down the "Slippery Slope" to the next level, legislation would be extended to allow patient-requested *Physician Assisted Suicide* by competent adults with a terminal illness without meeting the criteria of intractable pain. The next step would be legislative approval of *Physician Assisted Suicide* for competent adult patients requesting *Physician Assisted Suicide*, not because of a terminal illness or intractable pain, but because of unbearable mental suffering. The door would open further for *Physician Assisted Suicide* to be legalized in state supported institutions, with the so called 'proper safeguards', for comatose adults who are in a persistent vegetative state. Next on the eligibility list would be incompetent adults who have no hope of making a contribution to society and are utilizing scarce medical resources.

Economics has now entered the world of *Physician Assisted Suicide* and as our population ages, *Physician Assisted Suicide*, again with the so called "proper safeguards", might be a necessity to free up beds in the nursing homes by being applied to nursing home patients who have no family. Once these "acceptable" economic and social criteria are legally applied to adults in the world of *Physician Assisted Suicide*, the next two logical steps would be to apply them to comatose children and then apply eugenic arguments to include newborn infants with congenital defects.

Consumerism coupled to cost-effective medical practices would lead to

competition for patients by hospitals with the establishment of enticing "Suicide Suites" within the hospitals. Then "Out patient Suicide Clinics" would be advocated to cut hospitalization costs for *Physician Assisted Suicide*. Further cost cutting would be achieved by allowing patients to purchase "Suicide Kits" with the "Proper safeguards" i.e. available only with a physician's prescription.

To make *Physician Assisted Suicide* more attractive to a specific niche in the market place, private health care networks would employ sound business entrepreneurial practices and offer "Suicide Cruises" at a profitable fee for service. A new medical specialty will arise and might be known as "eschatology" and would be probably referred to in the vernacular as "Suicide Squads". As health care costs continue to rise, the government will look to further cost cutting initiatives. For example, to those patients without health care insurance and in need of extensive health care, the government may offer them suicide incentives in the form of tax saving deductions that could be passed on to their children. The final solution to rising health care cost could conceivably be *Physician Assisted Suicide* via Government Order! With this last step we will have arrived at the bottom of the Slippery Slope of *Physician Assisted Suicide*. At the bottom of this slippery slope is the abyss in which physicians will have achieved *Physician Assisted Suicide* of the medical profession's noble traditions by counseling, endorsing and carrying out *Physician Assisted Suicide*, patient trust in physicians will be decimated and an outright lack of public respect for the medical profession will ensue.

By coupling "Physician Assisted" with "Suicide", *Physician Assisted Suicide* becomes an euphemism for "Suicide" since it implies that a suicide that is physician assisted is medical treatment and therefore morally acceptable. In direct opposition to the ancient and noble traditions of the practice of medicine, *Physician Assisted Suicide* is in reality an oxymoron of the first degree. For centuries the Hippocratic Oath was administered to all physicians prior to their admission to the practice of medicine. People are amazed to learn that currently practicing physicians who took the Hippocratic Oath are a rarity and are an endangered species. The abandonment of the administration of the Hippocratic Oath to graduating medical students in this country was the key that opened the door to the Slippery Slope of *Physician Assisted Suicide* in the 21st Century.
