

LETTERS TO THE EDITOR

MORE TO LIFE

I read with grave concern the articles on Physician-Assisted Dying in the recent issues of the *Journal of Lancaster General Hospital*.^{1,2,3} Though the tide of public opinion may be turning, neither California nor public opinion should rob us of our insight to determine the right course of action. I think we should start by calling this process what it is. When physicians assist in the process, it is less messy and less dramatic, but it is still suicide. It is the process of a person actively taking their own life facilitated by their doctor, which is distinctly different from withdrawing care at the end of life. I would like to state that I do not condemn or judge those in favor of legalizing PAS. I believe that most of them are interested in the welfare of their patients, and do sincerely care for those in these circumstances. But for the reasons that follow, I cannot agree with this practice.

1. Prognosis: We all know vast numbers of people who have lived long beyond their predicted life expectancy. Though there may be deep pain and suffering involved, we could be robbing patients and families of valuable time with each other, which could include very meaningful interaction between the two parties.

2. Pain: While much of our work in medicine is to alleviate pain, the elimination of pain should not be the ultimate goal in health care. The ultimate goal should be the promotion of the best physical, emotional and spiritual health possible. Pain is difficult, and we do want to relieve it, but I suspect all of us can recall painful times in our life where we grew tremendously as a person in the midst of a difficult and even painful time. Pain can often result in the strengthening of relationships, in a stronger spirit, and in the growth of our spiritual character to a point not otherwise attainable without the depth of trials. Kara Tippetts, a brave wife and mother who victoriously challenged breast cancer even to her early death, stated, "Suffering is not the absence of goodness, it is not the absence of beauty, but perhaps it can be the place where true beauty can be known."

3. God: God has given us life, and it is not our prerogative to decide when to end it, whether for ourselves or for our patients. We may not understand why He allows people to go through certain types of suffering, but we can trust His goodness and love, even in the hard time, and if we turn to Him, we will find the grace and ability to get through it. Though numbers of those who do not believe in God are rising, the majority in our nation still do believe He exists. And even if you believe that there is no God, or that the presence of God should have no effect on our lives, you must follow that to its natural end. Take away God, and you must remove any moral absolute. Then, follow the logic: killing a terminally ill patient is acceptable, as is killing a disabled person, a demented person, or perhaps someone you just dislike. As Nietzsche said, "You have your way. I have my way. As for the right way, the correct way, and the only way, it does not exist." Without God, there can be no accuser of ISIS or Hitler; everyone does what is right in his own eyes, and no one has the right to tell him that it is wrong.

4. The Soul: Though there are many differences of opinion on this as well, many Americans (myself included) believe that we all have a soul, and that our souls have an eternal destination. End-of-life care for patients should include discussion about their beliefs on this. Too many times we are primarily focused on this life alone as opposed to what will happen afterwards.

American people and physicians are trained to be in control. We all have patients for whom we do not know how to improve their health. How much more helpless do we feel caring for a patient with a terminal illness that will prematurely end their lives and is causing them severe physical or emotional pain. All of our medical interventions cannot save this life indefinitely. In our minds, the way to achieve control is to use a medical "treatment" that will end it sooner. We can therefore preserve the illusion of control and power over the disease process with the tool of PAS.

We must better utilize hospice and palliative care,

which will help our patients and families endure their illnesses. Yet even these will fall short at times in eliminating pain and suffering, physical and emotional. As mentioned before, and as many dying patients can attest to, God can meet us in our pain and do something beautiful that may not have been possible otherwise.

I have experienced time with patients in their last days, and enjoyed precious moments with those who were close to death, who had not chosen to end their lives early, but instead decided to make the most of every moment they have. I will also point the reader to two other sites, as they speak in more experienced and personal ways why we must keep PAS illegal. The first is from a physician in Oregon (referenced by Dr. Bonchek), who has seen first-hand the frightening and negative effects of PAS in his state, and who also walked alongside his wife of 40 years who lived beyond her prognosis before succumbing to cancer.

The second is a letter from Kara Tippetts (quoted above) to Brittany Maynard, the 29-year-old who utilized PAS to end her life after being diagnosed with a brain tumor. Please consider these as primary sources

relating the imminent dangers inherent in PAS, and the incredible value of every minute of life that we have, even when there is deep suffering involved. Can we not care best for our patients to walk with them in the dying instead of leading them to it?

<http://www.wsj.com/articles/a-doctor-assisted-disaster-for-medicine-1439853118>

<http://www.aholyexperience.com/2014/10/dear-brittany-why-we-dont-have-to-be-so-afraid-of-dying-suffering-that-we-choose-suicide/>

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Editor's Note: *I received many supportive verbal comments and emails about the recent editorials on Physician-Assisted Dying (PAD). Nonetheless, some readers surely disagree silently, and though this letter is the only opposing opinion we have received, it merits serious consideration. The authors express passionately the reasons for their personal view that physicians should not assist patients to die, even when the patients have intractable suffering.*

My view remains that we should not impose our personal beliefs and values on patients if they are facing an intractably difficult period at the end of life. As moral physicians we provide treatment to patients only if they consent to receive it; if patients refuse life-saving medication or surgery, we accede to their wishes even if it means they will die. PAD is another facet of that same morality; under very carefully circumscribed circumstances, we provide treatments requested by patients even if it means they will die. Physicians who disagree remain free to deny such requests.

As to whether one can be "good without God," that question has been adequately discussed by scholars. Those interested might start by googling Jeremy Bentham and Utilitarianism, and Immanuel Kant and the Categorical Imperative.

REFERENCES

1. Bonchek LI. Physician-assisted dying. *J Lanc Gen Hosp.* 2015; 10(2):33-36
2. Bonchek LI. Physician-assisted dying; additional thoughts. *J Lanc Gen Hosp.* 2015; 10(3): 65-68.
3. Bonchek LI. Right to die and right to try. *J Lanc Gen Hosp.* 2015; 10(4): 97-98.