The Right to Die: Who Decides?

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This is a condensed version of a presentation given by Dr. Bernstein.

Who decides about your own dying, a family member's dying, or the dying of a patient, especially a terminally ill patient?

There are many variables to consider but I believe it should be a decision of the sufferer and not dictated by a political entity. And this right should not be limited to terminally ill patients who are mentally competent. It should be extended to allow assistance for those incapable of taking medications themselves, to allow the "mentally incompetent" to be included in those permitted to have their lives terminated, to allow the mentally "competent" but without a terminal disease to terminate their lives, and to allow children with terminal diseases the right to have their lives concluded.

Historically, as societies developed in size and complexity, and as medicine developed in scope and complexity, by default, physicians were handed over the power to dispense medications. Included in this arsenal of medications were those that could result in death. So, with the rise of concepts and acceptance of legal avenues to terminate life, the default mode for control fell to physicians, not only to dispense these terminal medications but to be directly involved in deciding who was eligible to receive them.

For a variety of reasons, physicians were, and are, uncomfortable with this role society has thrust upon them and some refuse to take part in the process.

A Letter to the Editor of the Caribbean Medical Journal, written by a group of four individuals ranging from doctor of medicine to a doctor of veterinary medicine, identified three pillars of medical ethics:
(1.) Autonomy, and specifically the ability patients to have a voice in their own treatments. This autonomy should extend by default to the patient in the decision to terminate his or her life.
(2.) Justice, as it applies to the legalization of assisted death. Legislation embodied in statutes will allow both those granted the ability to allow for the termination of life and those seeking to employ those statutes the comfort of knowing they can decrease potential suffering by providing a safe means to terminate their lives.
(3.) Beneficence, to the extent of preventing pain and suffering to both patients and loved ones, mental and physical to patients and mental to loved ones. They opine that by legalizing assisted-death, patients can be provided with the opportunity of a dignified passing. My preferred term would be a *dignicide*, distinguishing it from *suicide* which suggests less rational consideration and usually a less peaceful procedure.

I submit (my thesis #1) that not to allow people to either terminate their lives or have professional assistance to end their lives constitutes, in the words of the United States constitution, "cruel and unusual punishment."

The right to die and dying with dignity is a societal issue (thesis #2), not a medical issue, and as a societal issue is a public health issue. Physicians should not be the state's agent to provide life ending medications. The state should license, and allow the training of, public health officials, and may include physicians, to prescribe medications to terminate a life.

Every state, country or similar legal jurisdiction should allow those residing within its borders (thesis #3) the right to die and to die with dignity with laws not unduly interfering with these rights.

I have presented information, evidence and argument supporting the concept of a right to die and for dying with dignity. Ultimately, decisions in these regards are yours. I therefore leave you with the question:

What do you want for yourselves and for your loved ones?