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## Physician Assisted Death

The saying “live like you are dying” is one used regularly in our society as a motivator to inspire people to go beyond the boundaries of their daily lives and act fearlessly. However, after closer examination of the phrase it becomes apparent that it was not well thought out. The brutal reality of the situation is that those who are in the position of nearing death are often bedridden and lacking the ability to perform the most basic of tasks. So, in actual fact, the saying lends itself to the question, is living as though a person is dying really living at all? These people are said to be on “borrowed time”, but at what price? How much pain and suffering is a human expected to pay for another day on this earth? These are the questions that many Americans currently find themselves asking. The purpose of Physician Assisted Death is to offer aid to those in chronic pain and suffering in their final days and is an ongoing debate across the United States. It will likely continue to be that for the foreseeable future.

Compassion and Choices defines physician assisted death as “giving mentally competent, terminally ill adults the option to request a doctor’s prescription for medication they can take in their final days to end their dying process painlessly and peacefully, ending unbearable pain and suffering.” Others, such as Christopher Hale of Time would say that giving a patient the option to end their life is “legally protected suicide.” It is a morally grey area with many people finding it difficult to find any middle ground.

The requirements for assisted death according to Compassion and Choices are as follows; “18 years of age or older, a resident of the state; capable of making and communicating health care decisions for him/herself; and diagnosed with a terminal illness that will lead to death within six months”. Two physicians must determine whether these criteria have been met. As stated the patient must be a citizen of a permitting state. As of November 2015 these states include Oregon, Montana, California, Vermont and Washington. The patient wishing to end their life must be of sound enough mind to communicate their wishes directly with their physician in both written and verbal requests. Their diagnosis must be grim with no chance of a recovery with death being eminent in the following six months.

This topic has been receiving much media attention in previous years from both supporters and those hoping to take the conversation off the table. Opponents of the right to die believe that patients can be coerced into taking lethal dosages by either family members or physicians. This point could be countered by the psychiatric assessments done on the patients after their requests and also the need for two independent physicians to come to the conclusion that the patient is of sound mind. Other opponents of the right will note that many doctors can be inaccurate when predicting the prognosis of their patients, and that these physicians could mistakenly prescribe a patient the lethal dosage before their time is really due. However, there is also the point that once the dosage has been prescribed, there is no legal obligation upon the patient to take the prescription until they should so wish. This came to light when in the year of 2014 in Oregon. Of the 105 patients that ingested lethal medication in the state under the death with dignity law, 11 of these had obtained the dosage between 2012 and 2013. Perhaps the most common argument is that which states that those of lower socioeconomic standings would qualify for assisted-death drugs but not for treatments or hospice should they fall ill. Many

people would fear that this drug would be used as an alternative to working toward ensuring sufficient health care for everybody. This would include the 12 million people in California's Medicaid program. A rebuttal for this argument is the study of the 859 people who have died in Oregon under their death with dignity law which was passed in 1997. Since this time, virtually all of the 859 were middle class and white. Almost half of these people had, at a minimum, a college degree. Although there are many groups that strongly oppose this law, sixty-eight percent of Americans support physician assisted death.

Closer to home, after two decades of failed attempts, the law was passed in California on September 11, 2015. It was signed by Governor Jerry Brown who said, "I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others." Many of the main advocates for this law have been those who find themselves affected by terminal diseases and since this bill will not come into effect until April, there is a chance that many of the main supporters will go without medical assistance as they near their end. There is also the fear that the law may be repealed on the 2016 ballot, so it is fair to say that the fight is far from over.

Christy O'Donnell, aged 47 has quickly become the face of the fight for the right to die in California. She suffers from a terminal cancer and was, from her hospital bed, one of the key components in the passing of the Right to Die law. O'Donnell will most likely not be able to receive the medication she has fought so hard for. In the coming months her liver will fail, she will experience nausea, swelling, and sharp pains in her abdominal area. She is intolerant to morphine and, with no other alternative; she must face into the coming weeks with a lot of trepidation. She will not have the option of ending her suffering for the sake of her dignity.

Outside of her hospital room there are people with many options and many choices. Some of these people will choose to continue fighting to strip people in similar situations to Christy O'Donnell, of their right to decide what happens to their terminally ill bodies.