End-of-Life Decisions
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What Is a "Good Death?"

Now we turn to some issues that arise at the end of life. Like sexual morality, the issues of euthanasia and physician-assisted dying—sometimes called "physician assisted suicide"—are at the intersection of the public and private spheres. Sex and death are deeply personal, and yet society has a strong interest in both.

The debate about end-of-life decisions traditionally focuses on euthanasia— the "good death" caused by a physician. Euthanasia is seen as mercy killing by physicians of terminally ill persons "for their own good," much as a veterinarian might euthanize an ailing pet. Assisted suicide is similar, except that instead of a physician administering a lethal drug (for example, by injection), the physician instead helps the patient to take the drug. (Sometimes people are so ill that they cannot simply put pills into their mouth and swallow, for example.)

Many people feel that this kind of deliberate killing (euthanasia, or assisted suicide) is morally wrong. I think you'll be interested in the important essay in this week's learning resources by utilitarian philosopher James Rachels, originally published in the *New England Journal of Medicine*, the major medical journal in the United States. Rachels argues that

the *moral* distinction between "letting someone die naturally" and "killing them" may not be as straightforward as we think.

The moral consideration of euthanasia has become more complex with changes in the practice of medicine and increasingly sophisticated medical technology. Here are some factors that complicate end-of-life decisions.

- The end of life now includes consideration of brain function, not just whether the person is breathing or can be kept alive with artificial respiration.
- Relationships between physicians and patients change when medicine is conceptualized as a business. Patients are seen as health care consumers with rights, including the right to information about their condition and the right to refuse treatment. These changes are quite recent, within my adult lifetime.
- People can now live longer, and be kept alive despite suffering severe physical ailments.
- "Mercy killing" is construed as "physician-assisted suicide" if the physician (as with Dr. Jack Kevorkian) can contrive a way to let the patient self-administer a fatal drug. But since suicide itself raises moral issues, in an effort to use more neutral terminology, some are calling this "physician-assisted dying."
• As the influence of religious institutions declines, social views toward death and dying become more diverse.

**Advance Directives and Health Care Proxies**

If you decide to have a living will (legally called an "advance directive"), you may also want a "health care proxy" designating someone to make decisions on your behalf if you cannot make them for yourself.

The person who you feel closest to (spouse or parent) may not be the best person to serve as your health care proxy.

Many organizations provide information and counseling about living wills, including this one: [http://www.compassionandchoices.org/what-we-do/advance-planning/](http://www.compassionandchoices.org/what-we-do/advance-planning/)

You may want to review the carefully-conceptualized and humanely written "Five Wishes" document.

Information about it here: [www.agingwithdignity.org/](http://www.agingwithdignity.org/) Here are the "Five Wishes":

1. The person I want to make health care decisions for me when I can't make them for myself.

2. My wish for the kind of medical treatment I want or don't want.

3. My wish for how comfortable I want to be.

4. My wish for how I want people to treat me.

5. My wish for what I want my loved ones to know.

There are other such forms available as well. Consider asking your medical, legal, or spiritual advisors for suggestions.

Under current law, an **advance directive** or **health care proxy** can order that treatment be **withheld or stopped**—but it **cannot** order or request mercy **killing**. If you want to act on these matters, discuss them with the people who are closest to you, including your family physician.

Do not sign a directive or health care proxy unless you are clear and comfortable with what it means. If you decide to make an advance directive, give copies to several people so that your wishes are widely known. For members of the military community, free legal advice is available on the use of such forms.