



**SANCTITY OF LIFE**

**VS**

**RIGHT TO DIE**

**How should we address end-of-life issues?**

# INTRODUCTION

Citizens around the country have been fighting over how to reach a solution to the Death with Dignity vs. Sanctity of Life issue. However, due to the controversy surrounding the topic and its varied solutions, it is evident that the debate around assisted dying is a wicked problem. The fact that legal euthanasia is so scarce around the world can tempt Americans to ignore the euthanasia issue. However, it is increasingly possible that new discussions on euthanasia could come up soon. More states are legalizing physician-assisted suicide, medical technology continues to evolve, and Death with Dignity procedures around the world is receiving media attention. Americans could soon rally to protect the right to die, or the right to defend life with medicine no matter the situation. While Death with Dignity vs. Sanctity of Life is not a pressing debate today in the United States, especially to the younger generations, it could be very soon.

Euthanasia is highly controversial in the United States. In 2017, a Gallup poll indicated that 73% of respondents were in favor of euthanasia in the U.S., and 67% were in favor of doctor-assisted suicide. However, many people strongly oppose these procedures, as shown in [medicalnewstoday.com](http://medicalnewstoday.com), "Several faiths see euthanasia as a form of murder and morally unacceptable. Suicide, too, is 'illegal' in some religions. Morally, there is an argument that euthanasia will weaken society's respect for the sanctity of life". As seen in these statistics, the debate of Death with Dignity vs. Sanctity of Life has no brighter, stronger side; both sides of the debate provide valuable insight to their point of view.

# INTRODUCTION

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As Americans, we have great freedom to talk about issues democratically. If we can sit down and rationally deliberate, we as a nation can tackle very complicated issues. As a result, we will have the experience as well as the education to face other moral issues in our society constructively, unlike our current political systems. Once we can do such a thing, we as a society will be able to progress and create a society that we are proud to call our own. One understands that the end of life does not seem like an idea that is relevant daily, but we should focus some political attention around it. It is an issue that many people in the United States face or may face daily. Not only morals are being dealt with in the Death with Dignity vs. Sanctity of Life issue, but emotional and physical pain must also be taken into account. The Death with Dignity vs. Sanctity of Life issue is a highly controversial topic that plagues the United States and the Commonwealth of Kentucky. Death with Dignity laws are laws permitting physician-assisted suicide, withdrawal of treatment, and euthanasia. The most currently controversial Death with Dignity procedure is physician-assisted suicide, and is legal in nine of the States. It is not present in Kentucky legislation. Currently, aid-in-dying laws only exist in nine U.S. states and territories: Oregon, California, Washington, Colorado, District of Columbia, Maine, Hawaii, New Jersey, and Vermont. These states allow patients to decide how they wish to spend the last week months of their life, and even the option to die with dignity.

# INTRODUCTION

On the local level, Death with Dignity legislation is scarce in the Commonwealth of Kentucky. One of several legal documents regarding death in Kentucky is the Living Will. The Kentucky Living Will Directive of 1994 made it possible for Kentuckians to document their specific end-of-life wishes legally. Under this law, any adult with decisional capacity may record their wishes regarding life-prolonging treatment, artificial nutrition and hydration, and organ donation. Through the Living Will, patients may choose whether or not they want to be sustained by life-prolonging treatments and if they want those treatments to be withdrawn. However, this does not allow patients to choose to end their life through physician-assisted suicide or euthanasia. Under KRS 216.302, medical professionals will lose their license if they assist a patient in ending their life. The Death with Dignity options in Kentucky do not include assisted dying.

## Definitions:

**Sanctity of life:** The belief that all life is sacred and should be preserved at all costs.

**Dying with Dignity:** The debated legal right of terminally-ill patients to choose their death.

**Physician-Assisted Suicide:** Refers to the physician providing the means for death, typically with a prescription.

# INTRODUCTION

The debate over Death with Dignity vs. Sanctity of Life in the Commonwealth is vast and complex, with no clear-cut solution. Kentuckians are left searching for answers that are unclear to their legislators, leaving many with lost hope and living their final days in pain. However, many Kentuckians enjoy keeping their loved ones close and safe under the proper medication for as long as possible and may view suicide as selfish. While other states have been quick to pass Death with Dignity laws, Kentucky may not see legislation of this sort soon, but there is always a possibility for change. Death is an emotional rollercoaster that many choose not to think about or discuss with their peers, but with millions of terminally ill patients across the United States, and many in their communities, it is a conversation, an awkward conversation that needs to occur. Death is a subject that not many want to talk about, or even feel comfortable talking about, but it is a big deal and something that should not go ignored. With euthanasia, it is hard to say who decides who gets to die or legally to define when death occurs and who qualifies to die. With every argument, there are pushes and pulls, but how we as Americans approach the issue is how it will come to a “uniform” solution. Eventually, finding a clear-cut solution to such a wicked problem.

## Definitions:

**Euthanasia:** The painless killing of a patient suffering from terminal illness or in an irreversible coma.

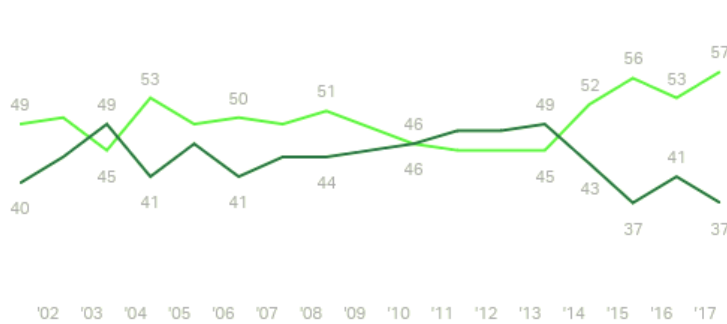
**Living Will:** Written statement describing a patient's will regarding medical treatment in the case they are no longer able to give consent,  
**Withdrawal of Treatment:** The moment when treatment used to sustain or extend life is taken away (with consent from the patient or family.)

# STATISTICS

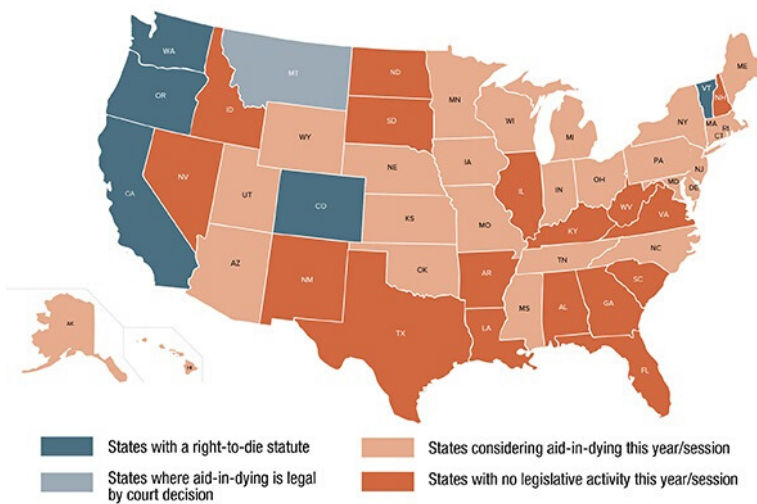
## U.S. Views of the Moral Acceptability of Doctor-Assisted Suicide

Regardless of whether or not you think [this issue] should be legal, for each one, please tell me whether you personally believe that in general it is morally acceptable or morally wrong. How about doctor-assisted suicide?

■ % Morally acceptable ■ % Morally wrong



GALLUP

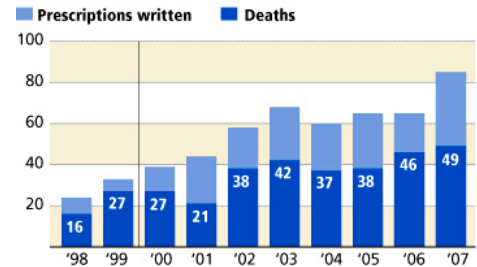


SOURCE: DEATH WITH DIGNITY NATIONAL CENTER

## DEATH WITH DIGNITY ACT

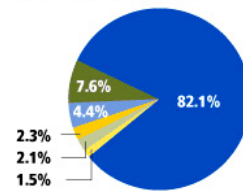
In the first decade of legal aid in dying in Oregon, 341 people died after ingesting a lethal dose of medication. Two hundred more patients received prescriptions but did not take the medication.

### Use of the Oregon Death With Dignity Act



### Underlying illnesses

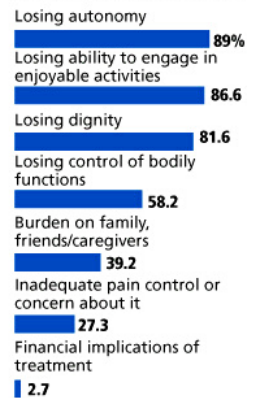
Cancer was by far the primary illness for those who ended their lives through the Oregon Death With Dignity Act.



Illness	Deaths
Cancer	280
Amyotrophic lateral sclerosis	26
Chronic lower respiratory illness	15
HIV/AIDS	7
Heart disease	5
Other	8
Total	341

### End-of-life concerns

Those who died under the Oregon Death With Dignity Act cited three main concerns.



Source: Oregon Department of Human Services

# OPTION 1

## Legalize Options in Favor of Death with Dignity for All

There is much uncertainty with legalizing anything illegal for almost all of eternity. Change is a hard pill to swallow for most people, and changing something so important comes with many risks. Maybe the importance of the issue is why a change is needed. Death with dignity has been a problem for many years but has risen in awareness in recent years as states are slowly, one-by-one, legalizing physician-assisted suicide. As we make a change on this issue, there is much to consider. What are the potential benefits? Do they outweigh the tradeoffs? How does it affect the average, everyday person? One interviewee, Mr. Mark Flener, has close relations to this view of legalizing options in favor of death with dignity. With many years of experience in trauma and ER units, he has much experience with end of life patients. He claims that the option of euthanasia and physician-assisted should be offered to everyone. It shouldn't be about what the nurse, physician, and family thinks, but rather what the patient wants for themselves. He also says that with how the world is today, we will eventually have to legalize these options to lower the number of patients and help relieve the nursing shortage.

### Strategies for Action:

- Legalize options in favor of death with dignity
- Raise awareness through social media
- Share stories/scenarios where death with dignity options would be beneficial

# OPTION 1

## Legalize Options in Favor of Death with Dignity for All

### Potential Benefits:

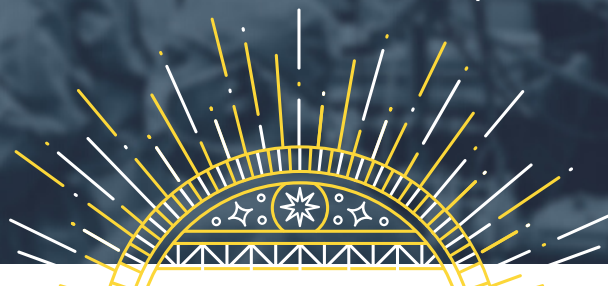
- Patients have the choice to end their life the way they want, whether that's hooked up to a bunch of machines and prescribed medicines or dying peacefully. The choice is theirs.  
Not having so many medicines and procedures saves money for the patient, the patient's family, and even insurance companies.
- There's less competition for power. If the patient makes the decision, the family, physician, nurse, and anyone else no longer have a legal say in what happens to the patient. That way the patient can decide whose opinions they value more.
- Allowing patients the choice of death results in less patients to take care of. This is beneficial as we are in a nursing and healthcare labor shortage already.
- If the patient is an organ donor, you could use their organs to help save other lives.

### Trade-Offs:

- Insurance companies can significantly increase the prices of medicine to end life peacefully.
- Patients could abuse the option by choosing death for reasons other than physical pain.
- Second opinions aren't relevant. If the patient is seen to have autonomy, the family and friends of the patient have no say in the decision.
- Information given may not be accurate. If the physician is biased towards one way, they could give information that could lead the patient to make a decision towards their bias.
- Could cause emotional stress on the families of the patients.

### Questions for Deliberation:

- What role does religion play in this issue?
- Would these resources be abused? If so, how?
- How would all of this affect insurance companies?





# OPTION 2

## Allow Death with Dignity Procedures Case-By-Case

In regards to controversial topics such as Death with Dignity, things are never just black and white. Every situation is different and every family affected has contrasting beliefs and choices they want to make. With every choice made, principles must be kept in mind, some examples being “autonomy, non-maleficence, beneficence and justice.” If blanket policies are applied to all cases, patients will suffer. The same treatment can not be applied to everyone, therefore physicians should “provide the best care for each patient.” (Harlow) To do this, different treatments must be used in different cases. According to the Hippocratic Oath, physicians should “do no harm,” and to treat every patient the same way, it could be argued, is harmful.

### Strategies for Action:

- Educate healthcare professionals on Death with Dignity procedures.
- Pass legislature with restrictions to ensure no abuse of the system.
- Develop better comfort care procedures to be a better alternative to these procedures.

# OPTION 2

## Allow Death with Dignity Procedures Case-By-Case

### Potential Benefits:

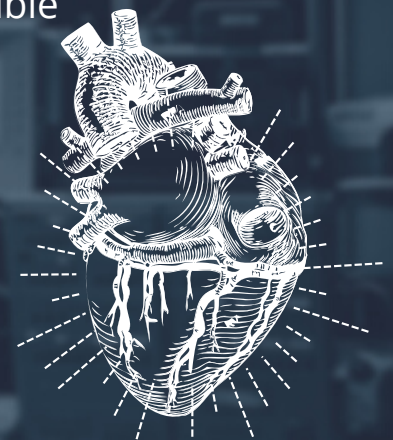
- This option would almost totally ensure the best course of action to take for each patient based on the situation.
- It would keep autonomy and the patient's best interests as a priority.
- This could help patients avoid unnecessary suffering.
- This option gives patients control over their life, which could discourage them from taking other measures to end suffering.

### Trade-Offs:

- It would be a difficult and lengthy process to screen patients for eligibility to possibly go through any Death with Dignity procedures, which could cause anxiety or even suffering for the patient and their family.
- Healthcare professionals would have to be educated on how to determine eligibility case-by-case, but could turn the process into a matter of opinion.
- Some doctors could refuse or be uncomfortable with administering Death with Dying procedures.

### Questions for Deliberation:

- How could physicians determine if a patient is eligible to use Death with Dignity procedures?
- What are some alternatives that could be offered to discourage patients from this procedure?



## OPTION 3

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### Preserve Life at All Costs

It is truly a wonder how the intricacies of the human body all come together to harbor life; the heart pumps and beats to move us through each day, as our minds absorb the world around us. The beauty and complexity of life demand respect. Some believe, for religious and other reasons, that life is precious, holy, or sacred, and that the end of life should come only by natural causes. According to Option Three, no matter the circumstance, medical treatment should be administered to maintain life. Individuals who agree with option three are generally against physician-assisted suicide, euthanasia, and withdrawal of life-sustaining treatment. Medical professionals who agree with this option can face difficulty from all angles, burdened by the suffering of dying patients, while also facing the moral dilemma of being asked to provide treatment to assist dying if it is legal in their state of practice. Tonia Kelly, RN at the Anna Mae Owen Residential Hospice House of Murray, KY, provides an example. Kelly laments, "I am a believer...I have questioned God, why are they still here? Why do they have to go through this? But I know realistically too, it is not for us to decide...I do not think it was intended for us to have the choice to end our life." According to option three, medicine should only be used to maintain life, not to end it.



"it is *not* for  
us to decide"

-Tonia Kelly

# OPTION 3

## Preserve Life at All Costs

### Potential Benefits:

- If patients did not have Death with Dignity options to end their life, patients might push through treatment and suffering and have more years of quality time. (Tonia Kelly)
- If Death with Dignity options were all illegal, there would be no way for them to be abused.
- Physicians would not have to face the emotional toll of prescribing or administering a drug that ends someone's life.

### Trade-Offs:

- Allowing death to take its natural course prolongs the dying process which could, in turn, prolong the suffering of patients.
- Banning Death with Dignity options might encourage healthcare officials to illegally aid patients in dying out of sympathy.
- Federal legislation to repeal and ban Death with Dignity options of the states could cause uproar about infringement on states' rights.

### Strategies for Action:

- Protest and repeal legal Death with Dignity options around the United States.
- Prevent the further legalization of Death with Dignity options around the United States.
- Place emphasis on comfort in end of life rather than speeding the dying process; put money and research into finding better pain relief options and ways to help dying patients feel respected.

### Questions for Deliberation:

- According to this option, life should be preserved at all costs through treatment. Should this be true for those terminally ill or enduring extreme suffering?
- If physician-assisted suicide, euthanasia, and withdrawal of treatment were banned, would doctors just perform these procedures in secret anyway?
- Could banning Death with Dignity options under the presumption that life is sacred be constituted as an inappropriate intersection with religion and law?

# CONCLUSION

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Death is a touchy subject. Many do not feel comfortable about talking about the Death with Dignity vs. Sanctity of Life issue, let alone tackling it. When there are three viewpoints and no “correct” option to settle on, compromise is something that needs to be done to address a problem such as this. Yes, it may be uncomfortable, but it does not mean Americans and Kentuckians should shy away from the issue. It is the more painful and difficult issues that require conversations. For wicked problems like this, Americans must come together and be able to speak with open minds. Finding common ground will only unify us and create a better environment for all. Restricting one’s right to choose death or remain alive through treatment is hard to do. At the same time, one must be willing to stand up for their own beliefs. The current strategy that Americans take to debate wicked problems is only creating more problems, and as a result, we are becoming more divided. Through empathetic listening, strategy for action, and compromise, Americans and Kentuckians can find common ground in the Death with Dignity vs. Sanctity of Life issue.

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