

# **End Of Life Option Act: Ethical Considerations**

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# **End Of Life Option Act**

## **ETHICS 101**

# Morality vs. Ethics

- Moral choices rest on values or beliefs that cannot be proved
- Morality refers to conduct that conforms to “the accepted customs or conventions of a people”
- Ethics connotes deliberation and explicit rational arguments to justify particular actions
- Ethics refers to a branch of philosophy concerned with the “principles governing ideal human character” or a professional code of conduct

# The Four Pillars

**Beneficence**

**Nonmaleficence**

**Autonomy**

**Justice**

# Additional Ethics Topics

**Empathy**

**Compassion**

**Fidelity**

**Integrity**

**Honesty**

**Confidentiality**

**Respect**

**Cultural Context**

**Professionalism**

**End Of Life Option Act**

**ETHICS OF PHYSICIAN-ASSISTED  
DEATH**

# Physician-Assisted Death & Suicide

- “Some controversy remains about what to call the practice. Common understanding of the word suicide equates it with mental illness and irrational behavior, and the medical obligation is to prevent it if at all possible. Dying patients who see their lives being destroyed by illness sometimes come to view death as the only way to escape their suffering and, therefore, as a means of self-preservation—the opposite of suicide.”



# Physician-Assisted Death Glossary

- **Euthanasia**: painlessly killing or permitting the death of individuals who are ill or injured beyond hope of recovery.
- **Voluntary active euthanasia**: hastening one's own death by use of drugs or other means, with a doctor's direct assistance
- **Passive euthanasia**: hastening death by withdrawing life-sustaining treatment and letting nature take its course.
- **Involuntary euthanasia**: causing or hastening the death of someone who has not asked for assistance with dying, such as a patient who has lost consciousness and is unlikely to regain it.
- **Physician-assisted death**: the practice of a physician providing the means for a patient to end his/her own life, usually with a prescription (medication) that the patient takes himself/herself.

# Pro/Con Physician Assisted Death Arguments

- **Pro:**
  - Patient Autonomy (individual liberty vs state interest)
  - Mercy/Compassion (relief of suffering)
  - Non-abandonment (obligation to care through entire dying process)
  - Justice (right to hasten death)
  - Honesty (acknowledgement of practice)
- **Con:**
  - Wrongness Of Killing (sanctity of life)
  - Physician Integrity (do no harm)
  - Risk Of Abuse (slippery slope)
  - Professional Fallibility (possibility of error)

Physician-Assisted Death, The Hastings Center Bioethics Briefing Book, 2008, 137-42.  
H. Starks et al., Physician Aid In Dying, Ethics In Medicine, Univ. of Washington SOM.

# Additional Ethical Considerations

- **“Killing” vs “Letting Die”**

- Traditionally, killing is prohibited, letting die is permissible under specific conditions. Contextual and circumstantial factors determine moral acceptability.
- Letting die occurs by both cessation of treatment and refusal of treatment; validity of cessation or refusal determines moral acceptability
- Physicians are neither “killing” or “letting die” in PAD

- **Valid Refusals and Valid Requests**

- Validity of request legitimate responses by physicians in PAD
- Validity of refusal predicated on physician reasoning, moral judgement
- “Death causation is wrong when it is morally wrong...because an unauthorised and unjustified harm or loss to the person occurs.”

# Physician Perspectives

- Surveys document 50% of physicians believe PAD to be ethically justifiable in certain cases (Cohen et al, 1994)
- Professional organizations such as the AMA have argued against PAD based on concerns of undermining professional integrity
- 1 in 5 physicians will receive a request for PAD sometime in their career (Back et al, 1994)
- Discussion of PAD involved concerns relating to depression, pain, symptom management, control issues, and fear of abandonment (Back et al, 2002; Dobscha et al, 2004; Ganzini et al, 2000, 2001)

**“Small minds discuss people.  
Average minds discuss events.  
Great minds discuss ideas.”**

**Anonymous**

# Reference Materials

- Jonsen, AR; Siegler, M; Winslade, W; Clinical Ethics: A Practical Approach To Ethical Decisions in Clinical Medicine; 7<sup>th</sup> Ed., 2010
- Lo, B; Resolving Ethical Dilemmas: A Guide for Clinicians; 2<sup>nd</sup> Ed., 2000
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- Beauchamp, T., The Medical Ethics of Physician-Assisted Suicide, *J Med Ethics* 1999,;25: 437-439.