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## Legalization Of Physician-Assisted Suicide

Being diagnosed with a terminal illness with less than six months to live is something many people are faced with. These patients are usually put on hospice and started on end-of-life care, where the patients' needs are accessed and they are made to feel as comfortable as possible until the end of life. For many patients faced with these illnesses, this type of care is not enough. Physician-assisted suicide, or PAS, is when at the request of a terminally ill patient with less than six months to live requests a lethal dose of medication from their physician to end their life. While this is currently legal in California, Colorado, District of Columbia, Hawaii, Maine, New Jersey, Oregon, Vermont, and Washington, this controversial act is not universally approved of. Many people are advocates for the legalization of PAS while many people oppose the practice. The authors on the subject use the rhetorical strategies of ethics and emotions to persuade their readers on the position of legalization of physician-assisted suicide.

In the article "Euthanasia and Physician-Assisted Suicide are Unethical Acts", the authors believe PAS should be illegal and side with The World Medical Association (WMA) on this issue. The authors use ethics as a rhetorical strategy. In an attempt to persuade their readers to oppose PAS, the authors argue the reasons for WMA to keep their stance on the matter of opposing euthanasia and physician assisted suicide. The authors of this article express the ethical views in the medical community to be contradicting to the legalization of PAS "The vast majority of doctors around the world wish only to foster the will to live and to cope with illness and suffering, not to facilitate acts of suicide..."(Goligher, et al. par 6). The author is implying with this statement that most doctors are not participating in PAS and the ones that are, are not doing so with the intention of allocating for their patients but rather helping them commit suicide. The implication that doctors should only want to do good and the ones that are prescribing PAS to their patients are not adequate physicians.

This article goes over the debate on the view of the value of a patient by participating in PAS. "To claim that E&PAS is compassionate is to suggest that a patient's life is not worth living, that her existence is no longer of any value." (Goligher, et al. par 3.) The implication of this statement is that the physician participating is abandoning their ethical obligation as a medical provider to only do good and help people. By helping a person end their life the author is saying they don't value the person if the person will cease to exist by prescribing PAS. The author is saying that to be compassionate would be to help the patient through their illness to the end when the end is natural.

Brittany Maynard would strongly disagree with Goligher's feelings on the devaluing effects that PAS has on patients. Maynard uses her personal experiences with terminal illness to persuade the reader. She uses an emotional approach to convey her need for physician-assisted suicide to be legalized. Maynard describes her personal experience with her illness to evoke emotions through the description of her treatment options. She states "I probably would have suffered in hospice care for weeks or even months." This sentence in the article is important because it is where Maynard decides to look into physician assisted suicide. She wants the audience to know that it is a hard decision and ultimately, she does not want to be in a great deal of pain at the end of her life.

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Using words like uproot can bring feelings of distress. That is what Brittany Maynard portrays in the statement, "We had to uproot from California to Oregon, because Oregon is the one of only five states where death with dignity is authorized." By using the word uproot she wants her audience to make a call for change. She is painting the picture that her and her family's life was interrupted by a devastating move to be able to utilize a law only offered by another state. If the death with dignity act was legal in her state it would have made her terminal illness a little easier to manage. Uprooting her family was implied to be yet another disadvantage to her diagnosis.

In an attempt to emotionally influence the audience, Maynard makes a final plea to her fellow Americans. "I hope that you would at least be given the same choice and that no one tries to take it from you.", Maynard states. She wants her audience to put themselves in her situation and feel the burdens that she felt when being faced with her terminal illness and the potential loss of autonomy. By being given the option of PAS she wants her audience to be empowered by her choice while advocating for the legalization of PAS in all other states. By telling her story she may be able to bring about change that way others may be given the same end-of-life option she took.

The author Sulmasy also relies on emotion for rhetorical analysis. The doctor, Sulmasy, opens his debate with the statement, 'Part of my job is to help people die in comfort and with dignity. But I do not want to help you, or your daughter or your uncle commit suicide (Sulmasy et al. par 7). The doctor describes PAS as killing yourself or a loved one by saying he will not help you commit suicide. The opening statement is geared towards people who currently think PAS should be legalized. By using emotional words like these, the doctor hopes it will persuade the audience to change the way they look at PAS to actively change the laws in the current state it is legal and prevent the passing of the bill in new states.

The World Medical Association as described by the author is "the voice of the International community" (Goligher, et al. par 1), they are a well-known organization known for representing physicians all over the globe, so for this the author expresses that being neutral on a social topic of PAS would be in the best interest of the medical community. "A change in the WMA statement would imply a tacit endorsement of E&PAS and render the WMA complicit with such practices." (Goligher, et al. par 8). This statement is implying that if WMA changes their view on their ethical belief against PAS this could change the way other jurisdictions looks at the matter and may possibly be helping the legalization of PAS in these places. The author is saying that the medical community should stay out of everchanging social debates. By keeping WMA opposing PAS it will in return not be able to help other jurisdictions in its legalization. The author feels this will help support patients and physicians.

Much like Goligher, the article 'Non-Faith-Based Arguments Against Physician-Assisted Suicide and Euthanasia' by Dainiel P. Sulmasy, John M. Travaline, Louise A. Mitchell and E. Wesley Ely, the authors also play on ethics for a stance against physician-assisted suicide. The article uses words such as suicide to portray a moral and ethical discourse. 'Assisted suicide and euthanasia require us to accept that it is morally permissible to act with the specific intention-in-acting of making a somebody into a nobody, i.e., to make them dead' (Sulmasy, et al. par 13). The doctor in the article is using the words 'morally permissible' in the statement to ask what is tolerated. The audience in this part of the article is geared indefinitely to congress. By explaining that as a doctor he does not ethically believe PAS is right and implies he will be murdering your loved ones if he partakes in PAS, it would push lawmakers to reconsider passing this bill in other states.

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Sulmasy also brings up the Hippocratic Oath and what it means to patients and physicians. It is an oath that creates trust. In this article, the author uses the quote from Austriaco Nicanor Pier Giorgio on the subject of PAS, 'If doctors were permitted to engage in practices that harm their patients, then patients would never know if their doctors were truly acting in their best interests. (qtd. in, Sulmasy, par. 39)'. With these ethical strategies, the author is engaging all people that would want to have trust with their physician. By showing people that if a physician has the legal right to euthanasia, who is to say their physicians will always have their best interests in mind while treating them. As mentions in the article can lead to a 'slippery slope argument'.

In comparison to Sulmasy, 'Why Active Euthanasia and Physician-Assisted Suicide Should Be Legalized' by Len Doyal, also bases part of his argument around ethics. The word moral comes up many times as the author tries to speak to his audience about what the definition of morals is and what would constitute as morally right. 'So it is sometimes acceptable for doctors to stop life-sustaining treatments when there are grounds for assuming that this is in the best interests of severely incompetent patients (Doyal, par 4).' The author, as a professor of medical ethics, is trying to educate his peers and physicians on the morality of legalization of PAS. In doing so more physicians would feel comfortable utilizing Physician-assisted suicide and from the author's standpoint, more patients would get the help that they desire.

In opposition to Doyal, John M. Rowe in the article "A Piece of My Mind." believes in the right for legalization of physician assisted suicide for terminal ill patients. A medical doctor, and much like Brittany Maynard, he uses his terminal illness to influence his readers emotions on the topic of PAS. He uses the sentence, "I will eventually die of anemia or infection of some sort." to explain to the reader that he will die of his illness but the exact reason is not known and may be excruciating. By explaining this he is saying that he will suffer in some way and he chooses not to endure that type of pain. This is important because he wants his audience to know that he is lucky to be able to be in a state that PAS is legal.

Rowe explains that other people do not have the same choices of death with dignity as he does. He uses the words starvation, dehydration and active suicide to evoke feelings of concern and sorrow for the other people in his same situation that are unable to make the choice to die by physician assisted suicide. Rowe uses these words to inform his readers of the difficulty one could face if a person without choice can face in a state where PAS is not available.

Based on these sources the argument to legalize physician-assisted suicide was most powerful. The rhetorical strategy of emotions was able to persuade the reader heavier than ethics. Maynard and Rowes use of their personal experiences with terminal illness was more influential due to the fact that they were both experts on the subject as in actually facing the decision to choose PAS.