



Commentary

Aid-in-dying practice in Europe and the United States: Legal and ethical perspectives for pharmacy

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Summary

This article briefly reviews ‘aid-in-dying’ options such as euthanasia and physician-assisted suicide in Europe and the US. Physician-assisted suicide is now legal in four US States. Current practices, medications used and statistics relating to prescription frequency and death rates from the participating States are briefly discussed. This paper also examines the role of pharmacists in assisted suicides; legal, ethical and professional challenges that they face, and future implications on pharmacist education to enable them to make an educated decision about their involvement in aid-in-dying practices.

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Introduction

From 2009 to 2014, there have been approximately 1410 reported physician-assisted deaths in 3 US States: Oregon, Washington and Vermont,¹ and this figure well under-represents the number of deaths that are planned in some way by patients, their families, or their physicians. Patients have taken control over the decision to end their life and have sought professional assistance. Healthcare professionals all over the world have faced the moral, professional and ethical dilemma of whether to participate in this practice. Clinicians who are proponents or supporters of this practice defend the patient’s right to a dignified

death, whereas those against it, deem it as a barbaric practice that violates the ethical and professional oath of a physician or a pharmacist.

Aid-in-dying practice

Physicians have played a prominent role in aiding patients in planning and executing their death. Physician-assisted death encompasses a spectrum of actions ranging from voluntary withdrawal of life support, hydration, or nutrition to actively terminating the life of an incompetent patient; either directly by the physician or providing the patient with the lethal dose of medications, for this purpose.

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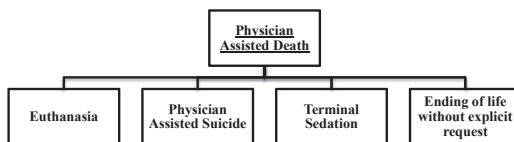


Fig. 1. Aid-in-dying practices used by physicians.

Terms used

A number of terms have been used in the media and literature to describe physician-assisted death (Fig. 1). Terms such as physician-assisted suicide, euthanasia, death with dignity, assisted suicide, mercy killing are all used interchangeably, although they might have different legal ramifications and need to be defined accordingly.

Definitions

Physician-assisted death and its associated terms have various definitions in literature. Some of them are as follows:

Physician-assisted death is defined as the ‘administration of drugs with the explicit intention of ending the patient’s life with or without the patient’s explicit request’.²

Physician-assisted suicide is defined as ‘the prescription or supplying of drugs with the explicit intention of enabling the patient to end his or her own life’.²

Ending of life without an explicit request of the patient (LAWER) is defined as ‘the administration of drugs with the explicit intention of ending the patient’s life without a concurrent, explicit request by the patient’.²

Euthanasia is the action of inducing a gentle and easy death. – Oxford English Dictionary Online, September 2015.³

- “The term euthanasia ... originally meant only ‘good death,’ but in modern society it has come to mean a death free of any anxiety and pain, often brought about through the use of medication. Most recently, it has come to mean ‘mercy killing’ – deliberately putting an end to someone’s life in order to spare the individual’s suffering.”⁴
- The Pro-Life Alliance defines it as: ‘Any action or omission intended to end the life of a patient on the grounds that his or her life is not worth living.’⁵
- The Voluntary Euthanasia Society looks to the word’s Greek origins – ‘eu’ and ‘thanatos,’ which

together mean ‘a good death’ – and say a modern definition is: ‘A good death brought about by a doctor providing drugs or an injection to bring a peaceful end to the dying process.’⁶

- It is also defined as “actions or omissions that result in the death of a person who is already gravely ill. Techniques of active euthanasia range from gunfire to lethal injection, while passive euthanasia can be achieved by failing to treat a pneumonia or by with-holding or withdrawing life sustaining support.”⁷

Euthanasia versus physician-assisted suicide

In case of the physician-assisted suicide, the physician prescribes the deadly dose, but the individual has to self-administer the dose; whereas in case of euthanasia, someone other than a rational and fully competent patient; usually the physician, is making the decision and taking the necessary action to terminate life, although perhaps with explicit or implicit prior direction from the patient.⁸ Physician-assisted suicide and euthanasia have been prevalent since the dawn of medical history; but reliable data on the statistics and methods adopted have been collected only recently. Four states in the United States have so far legalized the practice of physician-assisted suicide, wherein the physician and the pharmacists are indirectly involved in the process, and which requires three explicit requests from the patient who wishes to end their life.

Countries (and US States) that have legalized euthanasia and physician-assisted suicide are as follows⁹:

Allows euthanasia

- Belgium
- Netherlands
- Luxembourg

Allows physician-assisted suicide

- Switzerland (under specific laws)
- United States
 - Oregon
 - Washington
 - Vermont

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