

# Give Me Liberty AND Give Me Death

When, Where And How I Want It



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Paul Chamberlain, a retired Charitable Accountant, was 63 years old when he was diagnosed with Motor Neuron Disease (MND). MND is a set of progressive neurological disorders that work to destroy motor neurons - the cells that control necessary and vital voluntary muscle activity such as talking, breathing, swallowing and walking. There is no known cure, rendering the disease terminal. Paul is on a ventilator for twelve to fourteen hours a day as his breathing has been affected by MND, and his neurologist has told him that his muscles will slowly waste away until he is unable to breathe and he will die. Most often, people diagnosed with MND lose the ability to communicate and some need to be fed through a tube. At this point, Paul has at least three options of what he can do: he can choose to continue his life as it is and accept that he may die a potentially very uncomfortable death, he can commit suicide himself, or he can travel to Switzerland and get help to die.

The first option would bring unnecessary suffering for both Paul and his family who would have to witness his uncomfortable decline. The second option means committing an amateur attempt at suicide. This means hoping he finds the right drugs, and that they actually work instead of leaving him with horrible side effects. He ruled out a violent suicide for himself, as it would cause trauma to those who have to deal with the aftermath of his suicide. Paul would also like to donate his brain and spine to MND research, but committing suicide himself would render this impossible. The third and seemingly final option means traveling abroad, which can be a financial burden, and his wife of 42 years, would have to travel back home alone with an empty wheelchair. His wife could also be prosecuted for assisting in a suicide, which is up to fourteen years in jail. What Paul really wants and needs is a fourth option.

The fourth option would be a certain and peaceful death assisted by a skilled physician, at home, surrounded by his dearest family and friends (Chamberlain).

What Paul desires can be accomplished through physician assisted suicide.

Physician assisted suicide (PAS) is defined by the Merriam-Webster dictionary as "Suicide by a patient facilitated by means (as a drug prescription) or by information (as an indication of a lethal dosage) provided by a physician aware of the patient's intent." It is important to make a distinction between PAS and Euthanasia.

Euthanasia is defined by the Merriam-Webster dictionary as "the act or practice of killing someone who is very sick or injured in order to prevent any more suffering."

While some would say that both PAS and Euthanasia are dealing with the same issue,

....the key difference is in who acts to end the patient's life. In physician aid-in-dying, the patient must self-administer the medications; the "aid-in-dying" refers to a physician providing the medications, but the patient decides whether and when to ingest the lethal medication. Euthanasia occurs when a third party administers medication or acts directly to end the patient's life. Euthanasia is illegal in every state, including Washington. (Physician Aid-In-Dying)

Some of the main opponents to the legalization of physician assisted suicide in the U.S., are certain religious ideologies.

The Judeo-Christian tradition teaches that physician assisted suicide goes against God's will. There are many Christians who believe and support this belief, but there are also some that do not. Regardless of what one Christian may think, and while this belief may be that of many religious peoples in the United States, it should not permeate into law. Just as abortion has been legalized in most states despite religious objection, physician assisted suicide should be legalized as well. There are also those that are against physician assisted suicide for moral reasons.

### Moral Argument

The following scenario will be used to explain why it is morally acceptable to legalize physician assisted suicide. Suppose there is a doctor treating a terminally ill patient being treated who is suffering extreme pain. Imagine that the only way to manage the pain and to lessen the patients suffering is to give the patient a certain medicine, but said medicine will most definitely expedite the patient's death. In spite of that, with the patient's consent, the doctor will most likely administer the medicine. The reason for this being that in this case, the best thing for the patient is relieving pain, and the lesser evil of the two options is the loss of life; after all, this patient has a terminal illness and is in pain, so the patient would die anyway and the time spent alive would not be of a very good quality. The patient benefits by having a shorter pain free life instead of a longer, more painful death.

When the doctor gives the medicine to reduce pain, it can be assumed that the doctor anticipates that the patient will die soon. Nevertheless, death is simply a side effect of the medicine, and not the doctor's main goal or purpose for giving the medicine. Death is not the intended result and the doctor would still give the medicine even if death were not a side effect. Because there is no intended death in this example, it is not yet a case of physician assisted suicide. In administering medicine to relieve the pain, the doctor is not just letting the patient die as the disease take it's natural course; the doctor gives a drug that leads to death. This can then be looked at as a case of killing, even though the death is not the intended result. In other cases it is easy to see that one can kill without intending the death, such as a speeding driver who runs someone over.

Now imagine that medicine no longer relieves pain, but giving it to the patient would still shorten the patient's life, therefore limiting the extent of his pain. Imagine

that the patient requests the medicine, knowing full well of its effects. The patient wants to take the medicine to end his pain, by ending his life. This now turns into medicine for death, rather than medicine to relieve pain. Is it still morally acceptable for the doctor to give the patient medicine? There are those that say it would not be okay to kill in this case. They are aware that pain relief is still the greater good and that death is the lesser evil. They know that the end result is basically the same as the case with medicine to relieve pain. The difference between the first case and the second is the intent behind the action. In the first case, the medicine is intended for pain relief and the doctor just foresees the death, but in the second case the intended result is death (the lesser evil). However there are those that do not think it is acceptable to act with the intent to result in an evil. They reinforce the idea that there is a large moral difference between acting with knowledge that the result will have some evil consequences and acting to create that same evil (even if it would result in a greater good). So by this logic killing the patient by giving medicine intended for pain relief is acceptable, and killing the patient by giving medicine intended for death is unacceptable.

The contrast between intending an evil and merely forecasting it, is what makes a moral difference. However this does not provide a reason to stop from assisting in suicide. There are many times when a doctor will intend the lesser of the two evils in order to produce a greater good. For example a doctor may amputate a health leg in order to remove a cancerous tumor that would have otherwise killed the patient. This doctor may intentionally cause the patient pain, which goes against the duty to relieve pain if doing so will save the patients life. The duty to save life is sometimes outweighed by the duty to relieve suffering. The question is then why is it unacceptable for doctors to intend death when it is the lesser of two evils, in order to

get the result of no pain; why is it morally impermissible to benefit the patient by giving him or her a shorter and less painful life rather than a longer and more painful one? In the case of the medicine for pain relief, it was a given that death is the lesser evil and pain relief is the greater good. Why is it unethical, then, for doctors to sometimes go against a duty to preserve life in order to relieve the patient's pain, just as the doctor could go against a duty to not intend pain in order to save the patient's life?

Therefore, suppose we say that it is sometimes acceptable to knowingly shorten a life by giving a medication that relieves pain, and also agree that it is sometimes okay for a doctor to intend a lesser evil in order to have an end result of a greater good. How then can it be unacceptable to knowingly shorten a life that will produce the greater good? When death is the lesser evil, it should be permissible (with patient consent) to intend death if it stop pain (Kamm). Dr. Kevorkian is a prime example of this argument.

### Jack Kevorkian

Dr. Jack Kevorkian was an American pathologist and euthanasia activist. He created the Thanatron, otherwise known as the suicide machine, which would allow his patients to self-administer lethal levels of narcotics. He also created the Mercitron, which used carbon monoxide to end the patient's life. He claims to have helped end the lives of around 130 willing people between 1990 and 1998. In the 1950s, Kevorkian proposed an idea to allow willing inmates on death row to die via anesthesia, which would enable them to donate organs and also be subjects for medical experimentation, instead of dying via poison gas or electrocution. During the 60s and 70s however, Kevorkian put aside his fascination with engaging death for social purposes and focused largely on traveling and practicing as a medical

pathologist. Through his work, Dr. Kevorkian paved the way for the Death With Dignity Act - a law that allows physicians to practice physician assisted suicide in distinct situations - and without him it is very probable that physician assisted suicide would not be legal in any state, let alone Oregon, Washington, Montana and Vermont. He was a large component in bringing this issue to life, though he will always be remembered to some as Dr. Death.

In 1984, propelled by the rising number of executions, Kevorkian revisited his previous idea of giving inmates the choice of donating their organs. The attention he got from the media and lawmakers regarding his plans only invigorated him to become more involved with the debate on dying with dignity. He traveled to the Netherlands in the late 80's to study the ways in which the Dutch physicians were able to assist in suicides without being prosecuted by the law. The next year he returned to the United States, where he began to advertise his new medical practice, which he called bioethics and "obiatory" - a word he created meaning the study of death. His practice would provide his patients and their families with "death counseling." He made it clear to journalists that his services were free, and he would pay for any expenses that arose.

Dr. Kevorkian came up with a system to both ensure his patients comfort, as well as protecting himself from the law. The patient would have to:

Express clearly a wish to die. Family physicians and mental health professionals were consulted. Patients were given at least a month to consider their decision and possibly change their minds. Dr. Kevorkian videotaped interviews with patients, their families and their friends, and he videotaped the suicides, which he called medicides. (Schneider)

His first patient was on June 4th 1990. Her name was Janet Adkins, a teacher from Oregon with Alzheimer's. She died in the back of his car in a campground near

his house. Kevorkian called the police immediately after and he was arrested. Kevorkian said that he was not guilty of murder because Janet, the patient, had administered the lethal injection, and not Kevorkian, the doctor. The next day, in an interview with *The New York Times*, in order to inform the nation of his plan, Kevorkian said, "My ultimate aim is to make euthanasia a positive experience. I'm trying to knock the medical profession into accepting its responsibilities, and those responsibilities include assisting their patients with death" (Belkin).

Kevorkian stood trial four times in the death of six people between May 1994 and June 1997 but was able to evade imprisonment thanks to his lawyer; three of those trials ended with acquittals and the fourth was labeled as a mistrial. However, Kevorkian was arrested for second-degree murder in 1999 after videotaping himself administering the lethal injection to Thomas Youk who was suffering from amyotrophic lateral sclerosis (Lou Gehrig's disease). Kevorkian sent the video to 60 Minutes where it was broadcast on national television. Originally sentenced to 10-25 years in prison, he was released in June of 2007 after he promised not to assist in any more suicides.

There have been many different opinions surrounding Dr. Jack Kevorkian and all that he did, but both critics and supporters agree that what he did made a difference and that "his stubborn and often intemperate advocacy of assisted suicide helped spur the growth of hospice care in the United States and made many doctors more sympathetic to those in severe pain and more willing to prescribe medication to relieve it" (Schneider).

Kevorkian pioneered the way for those supporting physician assisted suicide to become activists. Kevorkian wanted to end the pain and suffering of his patients and give them the ability to die with dignity. Although his practices were not always



being deemed appropriate, Kevorkian's mind and heart were both in the right place, and he paved the way for those who wanted to advocate for the right to be able to choose our final transitions.

The Death with Dignity Act, a law that allows physicians to practice physician assisted suicide in distinct situations, was passed by the Oregon legal system in November of 1994. Implementation of the act was put on hold due to a legal injunction, but the injunction was lifted in October 1997 and in November, voters reaffirmed the Death with Dignity Act, which made Oregon the first state to allow the procedure (Death With Dignity Act History).

Although Oregon allows physician assisted suicide, there are certain criteria that must be met before it is legal for the assisted suicide to take place. The regulations state that an individual must be: 18 years of age or older, a resident of Oregon, diagnosed with a terminal illness that will result in death within six months, and capable of making and communicating health care decisions for his or herself (Strohm).

"...it is illegal in all jurisdictions in the United States for physicians to directly administer lethal drugs to patients. Oregon permits physicians to prescribe drugs which patients then take themselves. For purposes of Oregon law, this is different from a physician injecting a patient with lethal drugs" (Terminology). This said, it can be unclear in some areas for how doctors avoid getting prosecuted by federal law.

Barbara Lee, President of the organization Compassion & Choices, a nonprofit organization that works to protect and expand end of life options, sums it up nicely when she says:

the law is murky in the majority of the states, and so the organization draws its line. We have our eligibility criteria. We have our protocols. We have certain rules that we believe keep

us on the right side of the law. We under no circumstances will ever be the source of the medication. We under no circumstances will absolutely ever be in the position of administering medication. No one does this to you. It is not euthanasia. It is not lying there and waiting for someone to administer the medication for you.(PBS)

Jack Kevorkian furthered the legal history of physician assisted suicide in the United States by bringing to light those who suffered and allowing them to die with dignity.

#### History of Suicide In The Christian Church

There has been some debate about the progression of the ban against suicide in the Christian Church. There are some scholars that say the ban came up as a result of enthusiastic Christians who sought martyrdom so that they could enter heaven right away and not have to risk staying alive and committing a sin that would keep them from entering heaven. It is then said that Saint Augustine made suicide a mortal sin so that the Christian population would not be wiped out by those committing suicide so as to be able to make an early appearance at the heavenly gates. This would mean that the ban on suicide in the Christian Church is more practical than ethical in its origin. There are also scholars that wholeheartedly reject this theory. They say that suicide was banned in the early church and that the group mentioned in the previous theory was far too small and removed from the general public that it would not have made a difference to the church (Mitchell, 31).

Something that most scholars agree on though, is that the suicides Christian virgins and married women committed in order to avoid rape by pagan males was accepted by the Church. Suicide that was to avoid arrest or torture after arrest was also accepted during the persecution of Christians. At the time, rape or torture by a pagan was considered far worse than death and so it was acceptable to commit suicide in order to avoid this fate. When thinking about suicide in this way, it is interesting to ponder why suicide to avoid torture by another human being is

acceptable, but committing suicide to avoid suffering through torture from a human cell or microbe is not (31). This brings us to different religious arguments against PAS.

### Religious Arguments

There are numerous religious arguments against physician assisted suicide. Most importantly, one of the most prevalent religious arguments against PAS is that it goes against the Bible and the word of God, as shown when we read, “By marking man’s nature with a divine character, God intended not only to bestow upon human life a special dignity but to limit man’s sovereignty over his own existence. That limitation is expressed, among other places in the commandment ‘thou shalt not kill’ which affirms the goodness of life as a divine gift and God’s abhorrence at the shedding of human blood” (Uhlmann 13). While this is most often interpreted as being about murder, the same thoughts are also applied to suicide, and therefore PAS. John Cartwright author of *Assisted Dying: a Christian Argument* says,

So, the most reprehensible insult to God in my view is paternalism; the taking away of my God-given gift to make my own moral decisions and be responsible for them. No one else can decide the value of my life for me, when it has no further use, I will end it – with or without assistance. (Cartwright)

Cartwright makes an interesting point coming from the perspective of someone who believes in God, and who believes in the sanctity of life, but at the same time believes that assisted suicide should be legal and that it benefits more than harms. It is important to note that throughout western history, society has become intensely devoted to the idea of preserving life.

The common belief in the past was that life was sacred and that God had set its limits. In a time with little to no medical technology it seemed very reasonable that

the time of death was in the hands of God, as humans did not possess the skills or tools to prolong it. There were no blood transfusions, organ transplants were unheard of, and the machines and medicine we use today to stimulate the heart and lungs were unimaginable. As medical technology advanced, it became deeply seeded into the minds of society that the only purpose of medicine and medical science was to prolong life. It was an important value then, and has remained so (Spong, 23).

However, as time has gone by, our world has changed greatly. What used to be unimaginable and unheard of is now a big part of our daily life. We have unfurled the confines of life so much that the values of the past now collide with the skills and technology of the present. Even the definition of murder is being questioned with this debate.

Is a doctor who performs an abortion a murderer? ... Is it murder for a father who can no longer bear to see his child in intense pain or lingering malaise when all conscious function has been lost, to take matters into his own hands? Is it murder for a wife of long years to order no further food to be given to her dying husband in order to speed his death? Would it be different if she placed a plastic bag over his head? Would one be more moral than the other? (23)

These questions and the ones below, posed by Bishop John Shelby Spong, of the Episcopal Diocese of Newark, NJ, and the president of Churchman Associates, Inc. are important to think about while considering assisted suicide, and bring up many of the complex issues rooted deep in the foundation of this issue:

In what does the sanctity of life reside? Is life sacred when pain is intense and incurable? Is it a value to drug a patient into insensibility for pain while continuing to keep him or her alive biologically? At what point does the quality of life outweigh the value found in the quantity of life? Is life's meaning found in the physical activities of the body or in the relationships that interact with the person whose physical body is alive? If those relationships can no longer exist, should the body be allowed to

continue functioning? Who should make the life and death decisions in this world? Should that power be given to doctors? But doctors today are less and less involved with patients as medicine becomes more and more impersonal and complex. (24)

These factors are why the controversy surrounding assisted suicide is emerging now more than ever. Not consciously facing the issues that are brought up will result in society drifting into decisions by default. This debate must be taken up and it is important that Christians be a part of it (25).

Humans have used the argument of God's will since the very beginning of organized religion, but which God do we mean? Is it the Christian God? The Jewish God? The Buddhist or Muslim God? Or what about the religions that have multiple Gods, is it those? For the sake of this argument, and because Christianity is the majority religion in the United States (Summary of Key Findings) we will go with the Christian God. There have been many times where there has been change of some sort and people will argue against it, saying that it goes against God's will. A good example of this can be seen when John Pridonoff says, "In earlier years, when antibiotics were discovered and developed, these religious power brokers maintained that these too were against 'God's Will' as was the art and science of surgery" (Pridonoff, 28). It wasn't until recently that the Roman Catholic Church hesitantly agreed to the use of pain medication and the Vatican changed their policy. The previous policy had been that if the pain medication would hasten the death of the person that the person was to remain in pain. Even this change only came after big pushes from medical groups, among others (28).

The Roman Catholic Church has historically taught that a big part of life is in preparation for the life that comes after death and resurrection. Suffering is thought of as worthy experience and as a way to get ready to bear your cross. Through that

suffering, you would be able to really experience what Christ experienced on the cross. The more suffering, the better because it brings you closer to Jesus and helps you more deeply understand the Gift of Sacrifice that Jesus gave. So assisted suicide - or suicide - at the end of someone's life, to reduce the amount of suffering, would ultimately steal that opportunity to prepare for death, and then later resurrection from that person. It is frustrating when religious groups try and force these beliefs on those who do not share them, or try and make people who believe in something else to feel guilty or inadequate in "the eyes of God" because they do not share the same beliefs (28).

It is the Christian belief that God has the ultimate power over life and death. Since it is God who decides when you die, by committing suicide you are making that decision yourself which is the height of human arrogance. "In doing so, you are literally playing God"(Mitchell, 39). But if someone dies in a hurricane or from a heart attack, did God make the decision for that person to die? If you group these into 'neutral' causes of death, then it seems that this would also mean that deaths from these types of causes are not God's decisions. Or, if God were to make a decision it would not be to intervene. It is interesting to think about this as if God is not responsible for these neutral deaths, since he has no duty to keep us alive forever. God is simply choosing to stay out of it, instead of using them as tool to kill us. God is then not the one who constantly makes the decision when it is our time to die, if we die in such a random way. But on the other hand, if God decided to use a hurricane or heart attack to end someone's life, why could not he decide to use ourselves to aid in our deaths, using suicide as the way to kill us (Mitchell, 39).

This brings in the idea of free will. It could be claimed that there is a difference between the hurricane and the heart attack and it is free will. Suicide is a

result of free will and therefore the person's choice at the time of death. This makes it appear that once God gives man free will, he is no longer capable of or at least unwilling to influence the choices made. John Mitchell, author of *Understanding Assisted Suicide: Nine Issues To Consider*, said,

Such powerlessness is inconsistent with an all-powerful being. It is also inconsistent with the record. I would say that the Flood and the destruction of Sodom and Gomorrah are two indications that God can and will try to influence the course of human choices. Repeatedly 'hardening Pharaoh's heart' against letting the Jews leave Egypt so that God could demonstrate to all the world the awesome power that would support those who worshipped him is another. So are the carnage God orders after the incident of the Golden Calf, the protection of Cain from retribution, and many other stories of God interfering in the choices of man. Also, no matter what choice a man might make as to ending his life, that choice is not final until God says it is. God can always bring the person back to life. (Mitchell, 39)

Mitchell is saying that a God who gives man free will and then lets him be and is maybe no longer capable or willing to change or influence the choices that man has made, does not go along with the God that is said to be all-powerful. He is also saying that there are points in the Bible that prove that "God can and will try to influence the course of human choices" (39).

Considered from a somewhat different perspective, are transplants, antibiotics and other life saving medicines (thought of as being immoral because they change the time a person would have died, without those medical benefits) intruding on God's power over when someone will die? "Or, as the philosopher David Hume wondered, is it immoral to leap away from a falling rock that would have otherwise killed us because by doing so we've interfered with our imminent death?" (40).

One answer to that question could be that man is supported with preserving God's gift of life by using what God gave him, whether it be by discovering and developing antibiotics or avoiding that falling rock, to help relieve the otherwise natural world of diseases, among other things. On the other hand, while both antibiotics and avoiding the falling rock lengthen someone's life rather than shorten it, they are still changing the moment of death. To say that God gave mankind the power to lengthen but not shorten life cannot be logically taken from the initial attitude placing God's power over death. "If God gave man power that allows him to influence death's timing, why alone among all man's techniques for influencing that timing is his conceptualization of suicide not a legitimate tool for negotiating with death?" (40).

The best way to think about it is to think of God's power over death as being with the fact that the person *will* die, and not *when* they will die. It is not often thought of as being immoral for someone who is suffering to cry out to God, begging him to let them die, because that does in fact respect God's power over the time of death. If that kind of communication is possible, then it is also possible for God to say yes. He could just make your heart stop, or God could also let you kill yourself. If a man who is dying, getting closer to his time of death, suffering through pain, says that he spoke to God and that God gave him permission to kill himself, who can say that that is not true? Who can know how God truly works? If someone claims that this cannot have happened because God doesn't tell people that they are allowed to kill themselves, that is human arrogance making an appearance. "For, in effect, that person has said, 'God works in mysterious ways, but I have a copy of God's manual, and that's not one of them'" (41).



Although when examined, all of these different theological arguments are not the main point. What is important is that theological beliefs about God's will, and all of these other ideas should not become law or influence laws in a nonreligious nation. A good example of this is abortion.

### Abortion

It is interesting to look at the similarities between assisted suicide and abortion, because they are both controversial subjects and gather a wide range of reactions. Like abortion, assisted suicide (or suicide) can and will happen without a physician signing off on it, but it can be more closely regulated and thought out if it happens with the consent and help of a doctor.

Physician assisted suicide and abortion also have similar religious arguments against both.

Despite religious objection, abortion is legal in the United States. Many of the religious arguments against abortion mirror those against physician assisted suicide. One of the arguments is that abortion goes against the sanctity of life. In Psalm 139, David begins to acknowledge that God is omniscient and knows everything David is doing at any moment. David also acknowledges that God knows everything he is thinking before he speaks his thoughts, and that God was present with him in the womb.

For you created my inmost being; you knit me together in my mother's womb. I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well. My frame was not hidden from you when I was made in the secret place. When I was woven together in the depths of the earth, your eyes saw my unformed body. All the days ordained for me were written in your book before one of them came to be (vv. 13-16). (Anderson)

In that quote, David is speaking about the relationship that God had with him while he was still in the womb and it is clear that the Bible does not refer to fetal life as matter that will *become* David, but rather it is already David being cared for by God (Anderson).

The landmark event in the history and legalization of abortion in the United States is the trial, *Roe vs Wade*. In 1971 Norma McCorvey - better known as Jane Roe - filed the case against Henry Wade, who was at the time the District Attorney for Dallas County and who enforced a Texas law stating that abortion was prohibited except if it was necessary to save a woman's life. Then, in 1973 the U.S. Supreme Court with a 7-2 vote, affirmed the legality of a woman having the right to have an abortion under the 14th amendment of the Constitution (*Roe v. Wade Fast Facts*).

While *Roe vs Wade* is primarily the case that people think of, there are others that hold up this same idea, and abortion is legal in the United States - although it is up to the state to put constrictions on how far along the woman can be in her pregnancy when she is legally allowed to receive an abortion. Despite there being religious objection to abortion, it has been made legal, with help from the of separation of church and state.

The separation of church and state is the idea that the government must maintain neutral attitude towards religion. The First Amendment states that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press; or the right of the people peaceably to assemble, and to petition the government for a redress of grievances" (First Amendment). The separation of church and state is an essential part of the argument for physician assisted suicide because, while it is important for people to have religious freedom, those beliefs should not carry over

onto decisions being made for secular nation. In a nation with no national religion, there are many people practicing numerous different religions and so to say that one religion is the most important does not fit in the country and society that we live in. If religious beliefs influence laws, it would only be fair to take into account all religions practiced in the US, which would lead to mass confusion and nothing would ever get done or be decided.

That brings up the question of where the line is drawn? Religious freedom is prevalent in the United States, and because there is no national religion, citizens have the right to choose whether religion is a part of their lives, and many of them do choose to make religion, specifically Christianity, a big part of their lives. If not religion, than what is it that politicians base moral and ethical standards on when making laws? Religion should not play a part in the legalization, or legality of things, but at the same time that is disregarding the views of a large population of the United States. Is it important to take that into account and to let it make a difference? Or is it better to ignore the religious beliefs of the majority because not everyone shares the same beliefs? While many of these questions may not get resolved any time in the near future, it is important to not completely ignore them.

Regardless of what I believe, or what Christians believe, something needs to be done for those who are suffering and have no way to relieve their pain. Something needs to be done to help those with terminal illnesses who want another way out, and something needs to be done for Paul Chamberlain. After emailing with Jo Cartwright, the Press and Campaign Manager for Dignity With Dying, I learned that Paul is doing well, but there has been no change in his situation at present. This only reaffirms for me the necessity for another option, and the urgency with which we need to reconsider our stance on physician assisted suicide.

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