Patient refusal of hydration and nutrition: an alternative to physician-assisted suicide or voluntary active euthanasia.

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Patient Refusal of Hydration and Nutrition An Alternative to Physician-Assisted Suicide or Voluntary Active Euthanasia

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Abstract

PUBLIC AND scholarly debates on legalizing physician-assisted suicide (PAS) and voluntary active euthanasia (VAE) have increased dramatically in recent years.[1-5] These debates have highlighted a significant moral controversy between those who regard PAS and VAE as morally permissible and those who do not. Unfortunately, the adversarial nature of this controversy has led both sides to ignore an alternative that avoids moral controversy altogether and has fewer associated practical problems in its implementation. In this article, we suggest that educating chronically and terminally ill patients about the feasibility of

patient refusal of hydration and nutrition (PRHN) can empower them to control their own destiny without requiring physicians to reject the taboos on PAS and VAE that have existed for millennia. To be feasible, this alternative requires confirmation of the preliminary scientific evidence that death by starvation and dehydration need not be accompanied by suffering.

DEFINITIONS Before proceeding, we will

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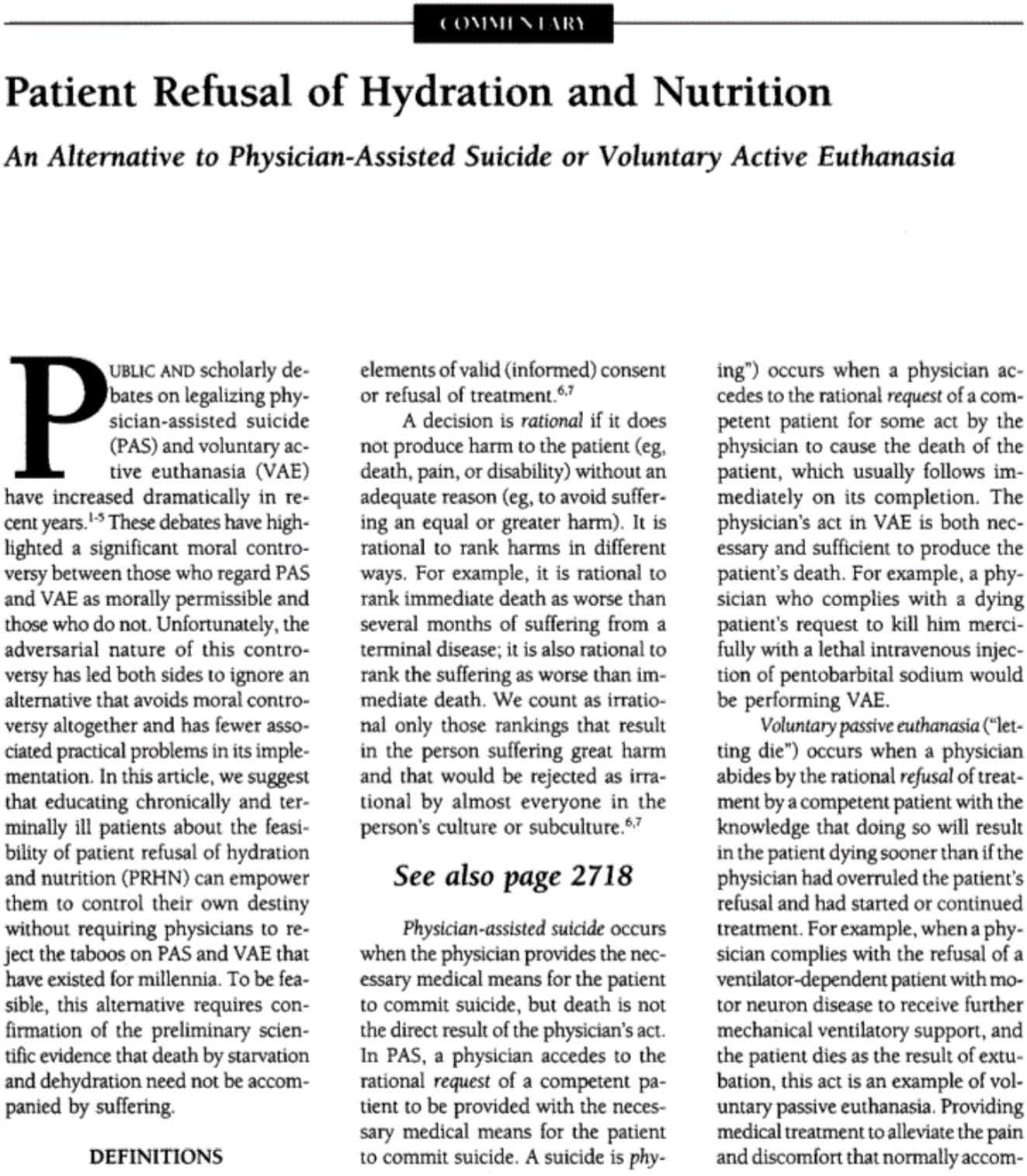

COMMENTARY

Patient Refusal of Hydration and Nutrition

An Alternative to Physician-Assisted Suicide or Voluntary Active Euthanasia

PUBLIC AND scholarly debates on legalizing physician-assisted suicide (PAS) and voluntary active euthanasia (VAE) have increased dramatically in recent years.[1-5] These debates have highlighted a significant moral controversy between those who regard PAS and VAE as morally permissible and those who do not. Unfortunately, the adversarial nature of this controversy has led both sides to ignore an alternative that avoids moral controversy altogether and has fewer associated practical problems in its implementation. In this article, we suggest that educating chronically and terminally ill patients about the feasibility of patient refusal of hydration and nutrition (PRHN) can empower them to control their own destiny without requiring physicians to reject the taboos on PAS and VAE that have existed for millennia. To be feasible, this alternative requires confirmation of the preliminary scientific evidence that death by starvation and dehydration need not be accompanied by suffering.

DEFINITIONS

elements of valid (informed) consent or refusal of treatment.[6,7]

A decision is *rational* if it does not produce harm to the patient (eg, death, pain, or disability) without an adequate reason (eg, to avoid suffering an equal or greater harm). It is rational to rank harms in different ways. For example, it is rational to rank immediate death as worse than several months of suffering from a terminal disease; it is also rational to rank the suffering as worse than immediate death. We count as irrational only those rankings that result in the person suffering great harm and that would be rejected as irrational by almost everyone in the person's culture or subculture.[6,7]

See also page 2718

Physician-assisted suicide occurs when the physician provides the necessary medical means for the patient to commit suicide, but death is not the direct result of the physician's act. In PAS, a physician accedes to the rational *request* of a competent patient to be provided with the necessary medical means for the patient to commit suicide. A suicide is *physing*") occurs when a physician accedes to the rational *request* of a competent patient for some act by the physician to cause the death of the patient, which usually follows immediately on its completion. The physician's act in VAE is both necessary and sufficient to produce the patient's death. For example, a physician who complies with a dying patient's request to kill him mercifully with a lethal intravenous injection of pentobarbital sodium would be performing VAE.

Voluntary passive euthanasia ("letting die") occurs when a physician abides by the rational *refusal* of treatment by a competent patient with the knowledge that doing so will result in the patient dying sooner than if the physician had overruled the patient's refusal and had started or continued treatment. For example, when a physician complies with the refusal of a ventilator-dependent patient with motor neuron disease to receive further mechanical ventilatory support, and the patient dies as the result of extubation, this act is an example of voluntary passive euthanasia. Providing medical treatment to alleviate the pain and discomfort that normally accom-

Before proceeding, we will define several terms. Patients are *competent* to make a decision about their health care if they have the capacity to understand and appreciate all the information necessary to make a rational decision. Patient competence, freedom from coercion, and the receipt of adequate information from the physician are the

sician-assisted if the physician's participation is a necessary but not sufficient component to the suicide. For example, a physician who complies with a dying patient's request to write a prescription for 100 pentobarbital tablets that the patient plans to swallow at a later time to commit suicide would be performing PAS.

Voluntary active euthanasia ("kill-

panies extubation neither alters the fact that the physician is letting the patient die nor makes the act PAS. *Patient refusal of hydration and nutrition* is an example of voluntary passive euthanasia.

There are critical differences in the morality and legality of these acts. Physician-assisted suicide is legally prohibited in many jurisdictions, and there is a current controversy about

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