NYU Grossman School of Medicine

DIVISION OF MEDICAL ETHICS
HIGH SCHOOL BIOETHICS PROJECT

LESSON 14:

Physician Aid in Dying

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Overview

If someone knew that they were going to die, they would most likely want to die peacefully and painlessly alongside their friends and family. Some people with terminal illnesses who have less than six months to live request physician aid in dying (PAD), also known as medical aid in dying (MAID), so they can die when and where they want. As of May 2024, PAD has been legalized in more than 10 states and the District of Columbia. In 2009, Montana's Supreme Court ruled that nothing in the state law prohibited a physician from honoring a terminally ill, mentally competent patient's request by prescribing medication to hasten death. On the other hand, in 2023 Nevada's governor vetoed a bill to allow PAD in that state, even though 82% of citizens supported the measure. It is important to note that each state's law may present differing provisions regarding eligibility, limitations, etc. People living in other states may not request PAD unless they establish residency in one of the aforementioned states. For example, Brittany Maynard, who will be discussed later in the module, moved from California to Oregon in 2014 to request PAD (Maynard, 2014).

Maynard's case was one of the major factors that led Californians to legalize PAD in their state (Diaz, 2016). Many people oppose PAD because it goes against their religious values of life. Others oppose it because it contradicts the healing role of a physician. This module explores the philosophical, medical, and legal perspectives that contribute to this fierce debate.

Learning Outcomes

After completing this lesson plan, students will be able to:

1. Learn the definition of PAD and recognize the differences between PAD and other ways of hastening death
2. Understand the arguments for and against PAD and be able to argue both sides
3. Know where PAD is legal and why certain laws for/against PAD were passed
4. Describe and analyze case studies within an ethical framework

Procedures and Activities

This unit uses a student-centered and interactive approach to teaching. Activities are designed to allow for a maximum degree of student participation and collaboration. Each activity is marked as an individual, partner, or group activity, or as a teacher-directed class discussion.

Introduction to Topic

Individual Activity

Students should answer these questions individually at the start of the unit. The purpose of this activity is to collect students' individual thoughts before being presented with any information in the unit, so teachers should avoid answering too many questions about terminology that is used.

1. Do you know anything about physician aid in dying?
2. What kinds of people would request physician aid in dying?
3. Why would someone go to a physician to commit suicide?
4. What is a physician's role? Would aiding someone to die violate that role?
5. In what cases do you think it is justified to request physician aid in dying? Why?\

Terminology and Context

In this section, we differentiate between three methods of hastening death. Physician aid in dying (PAD) is distinguished from both euthanasia and life-support termination. Each practice hastens a person's death, but with varying involvement on the part of the physician.

Physician aid in dying (PAD) occurs when a physician prescribes a lethal drug to a terminally ill patient. Most states in which PAD is legal specify that only patients with less than six months to live may request PAD. The patient fills their prescription at a pharmacy and is free to take the drug at any point thereafter. The prescribing physician does not need to be (and usually is not) present when the patient takes the drug and subsequently dies. Death occurs as a direct result of ingesting the prescribed drug, usually within minutes. PAD is legal in nearly a dozen US states and the District of Columbia. The specific policies will be discussed later in the module (Starks, Dudzinski, & White, 2013).

Active Euthanasia occurs when a physician directly administers a lethal injection or intravenous (IV) drug to a patient, resulting in death soon after. Death occurs as a direct result of administering the lethal injection or IV drug, usually within minutes. Euthanasia is illegal in the United States (Starks, et al., 2013). This is distinct from **passive euthanasia**, in which a physician withholds artificial life support, such as a ventilator or food or hydration.

Life-support termination occurs when someone (who does not need to be a physician) withdraws life-sustaining devices for the purpose of ending a patient's life. Life-support termination may take the form of withdrawing respiratory

assistance (“taking out” a breathing tube) or withdrawing nutrition and water assistance. Death may occur several minutes, hours, or even days after terminating life support. In this instance, death occurs naturally as a result of disease, such as organ failure, rather than as a direct result of a lethal drug. Life-support termination is a legal and common practice in U.S. hospitals. Patients have the right to refuse treatment and withdraw life-sustaining treatment, letting illness “take its course” (Starks et al., 2013).

PAD, euthanasia, and life-support termination may be classified as voluntary, involuntary, or nonvoluntary. The process is *voluntary* when death is hastened or care is withdrawn at the request of a competent patient, *involuntary* when it is against a patient’s expressed wishes not to hasten their death (this is akin to murder), and *nonvoluntary* when the patient is unable to participate in the decision to hasten death (such as when they are in a coma or vegetative state). See chart below for clarification.

	PADs	**Euthanasia**	**Life-Support Termination**
Voluntary	Physician prescribes lethal drug upon patient request	Physician administers lethal drug (usually via IV) when patient asks for it	Someone (usually a physician) withdraws life-sustaining devices to end a patient’s life with consent of patient or family members
Involuntary	Physician prescribes lethal drug against patient’s will. (Note: this may occur if a patient is pressured into PAD, but state laws should prevent this)	Physician administers lethal drug against patient’s will (murder)	Someone (usually a physician) withdraws life-sustaining devices to end patient’s life against patient’s will (murder)
Nonvoluntary	Physician prescribes lethal drug without patient input (Note: this situation is unlikely as one in a coma cannot take medication)	Physician administers lethal drug without any patient input (e.g. if patient is in a coma)	Someone (usually a physician) withdraws life-sustaining devices to end a patient’s life without patient’s input (e.g. patient in a coma)

It is important to note that, when carried out in accordance with state laws, PAD is *always* voluntary in that the patient makes the choice to request the lethal prescription. Even after the prescription is filled and the patient has a lethal drug in their position, the patient still has a choice of whether to take it or not.

Teacher-Directed Class Discussion

- What is the physician's role in PAD, euthanasia, and life-support termination?
- In PAD and euthanasia, death occurs as a direct result of ingesting or injecting a drug. In life-support termination, death occurs as a result of the naturally occurring organ failure; therefore, death is hastened but not directly caused by the action of terminating life-support. Does this matter morally? Why or why not?

PAS vs. PAD

Different people and groups use different terms to name the situation in which a physician prescribes a lethal drug to a requesting patient. Some use "'physician-assisted suicide" (PAS) while others prefer "physician aid in dying (PAD). We will use the term physician aid in dying (PAD) throughout this module.

For a while, 'physician-assisted suicide' was the only term used to refer to the practice of prescribing a lethal drug to someone with a terminal illness. Then, people started distinguishing between those who request the drug when they have a terminal illness, such as cancer or neurodegenerative diseases, and those who request a lethal drug because they suffer from depression or mental illness, or are overwhelmed at the thought of continuing to live but are otherwise healthy. Nowadays, PAD refers to helping the terminally ill to die on their own terms, and PAS refers to helping someone to commit suicide when they are suffering or overwhelmed but not dying from a terminal illness.

This shift happened in part when vocal supporters of the practice started using the term PAD or even "death with dignity" (*Medical Aid in Dying*, 2016), because they believed that the term "suicide" implied that the person who requests a lethal drug to hasten death has a mental illness (Starks, et al., 2013). National organizations such as the Oregon Department of Public Health, American Public Health Association, American Psychological Association, American Academy of Hospice and Palliative Care, American Medical Women's Association, and the American Medical Student Association use the term PAD to avoid the negative connotations of the word "suicide" (Starks, et al., 2013). The term PAD is used among its supporters, state governments, and other organizations.

Opponents of legalizing PAD tend to use the term PAS (Engdahl, 2009, pp. 16-17). These parties believe that "physician aid in dying" does not emphasize enough that the person requesting assistance to die is making an informed, voluntary decision to hasten their own death. The arguably negative connotations of the word "suicide" do not matter to these parties: the definition of suicide is "killing oneself," so it is the most accurate word to use when discussing a patient's desire to die.

We will use the term PAD, in keeping with current meaning and usage. Teachers should discuss the differences in terms with students and think about which term more accurately describes the practice.

Modern Philosophical Debate

This debate is centered around four key questions.

1. Is there ever a moral justification for suicide?
2. Is it morally justified for one to choose how they die?
3. If one has a "right to die" does that mean that others, including doctors, must help, or at least not interfere, with achieving death?
4. Should PAD be legal?

Question 1: Is there ever a moral justification for suicide?

NO: Suicide is Never Morally Justified

1. Immanuel Kant argued that suicide violates our moral duty to honor and value rational creatures, which encompasses nearly all human lives, no matter the life's value to others or to the person living it. From a Kantian perspective, humans have a duty to respect life in ourselves and others due to the inherent value of human life. Kantians believe that the destruction of a human life is wrong, even if death would lead to more happiness or improve someone else's life (Johnson & Cureton, 2016). This is derived from Kant's Formula of the End-in-Itself, which says that we must always act so as to treat people as ends in themselves.
2. "Thou shalt not kill": Killing is wrong, whether you kill another or yourself. This is the sixth of the Ten Commandments, and it is a bedrock principle of many religions and cultures. Some religious organizations add that:
    a. Suicide degrades the value of life, even if it is a life of suffering.
    b. Suicide nullifies humans' relationship with and violates their duty to the Divine
    c. God has given us the gift of life. Life is too valuable to throw away.

YES: Suicide is Morally Justified in Certain Cases

1. Life is not inherently valuable; it is valuable because it is full of goods such as love, health, family, and enjoyable activities. A life devoid of those goods is not valuable. Therefore:
    a. An act of suicide does not necessarily devalue the human life when that life is full of pain or suffering, or otherwise lacking certain goods.
    b. A terminal illness may, in a sense, already drain someone of the goods they once enjoyed in life (e.g., traveling, eating good food, engaging with loved ones). They may believe that their existence on the edge of life and death holds no value.

   c. It is justifiable to take life, whether of one's own person or that of someone else, when that life holds no further value.
2. David Hume provides the following points against the religious argument:
   a. "It would be no crime in me to divert the *Nile* or *Danube* from its course were I able to effect such purposes. Where then is the crime of turning a few ounces of blood from their natural channels!"—If we can manipulate nature, we can also manipulate life.
   b. If conforming to the Divine's will is supposed to produce our happiness, it would be rational to commit suicide if doing so would lead to our happiness.
   c. Since God is presumably able to interfere with human actions, His indifference can be seen as His consent to one's suicide. "No distinction exists between those of our actions to which God consents and those to which He does not" (Cholbi, 2016).
3. Finally, one might provide a justification for suicide by showing that the "inherent value of life" idea is flawed. If the "value of life" position were to be upheld, it must hold:
   a. Consistently, meaning the forbiddance of capital punishment, killing in warfare, and killing in self-defense.
      i. Most of us think that there are exceptions, and taking a human life can be justified in these circumstances. Why not in the case of extreme suffering and terminal illness?
   b. That life is more valuable than the happiness of the person living it.
      i. This statement is problematic because it implies that someone whose life is guaranteed to be spent in unbearable pain is morally obliged to live just because they possess a human life.
4. Peter Singer argues against the "value of life" position because he believes that the value of a life is to be determined by the individual's likely future quality of life; therefore, suicide may be the most compassionate choice when that quality is low (Cholbi, 2016).
   a. Suicide might be the right choice for someone who does not have much time to live and is ready to die (has said their "goodbyes," etc.): they would die peacefully rather than painfully.

Question 2: Is it morally justified for one to choose how they die?

YES: Freedom to Choose

1. Everyone has a right to decide what they do with their own body. Similarly, people have the right to decide how to live their lives, make medical decisions, decide where to live, and choose what to do; accordingly, they should have the right to choose how they die. This view is consistent with a commitment to liberalism. Liberals, like philosopher John Locke, have typically maintained that humans are naturally in

"a *State of perfect Freedom* to order their Actions…as they think fit…without asking leave, or depending on the Will of any other Man" (Locke & Laslett, 1988, p. 287). As long as one's actions do not harm others, people can decide for themselves what actions are good for them. It is consistent with this position that:

a. People should have the freedom to die on their own terms.
b. People should be able to decide the method by which and the time at which they die, just as they are able to control the major events in their lives.

NO: Value of Life

1. Similar to the argument above that concludes that suicide is immoral because human life is inherently valuable, this argument states that we cannot choose when to die, because doing so would degrade an inherently valuable life. Just as we cannot take life, we cannot choose when life will be taken, since that would imply that it is morally permissible to end a life at a certain point.
2. In a religious vein, some might argue that only God has the power to take a life, and only He can choose when we die. We "play God" when we step in and decide whether, when, and how we want to die.

NO: Not Completely Autonomous

This line of argument shifts focus to the idea that the decision to die from a patient with less than six months to live could never be completely autonomous.

1. Liberalism, as mentioned above, holds that people have a right to choose for themselves how to conduct their lives; however, that assumes that when we decide to do one thing rather than another (e.g., decide to forgo medical treatment for a terminal illness), we are doing so autonomously. Autonomy is the capacity to make one's own choices that are consistent with their values. The prospect of death and dying is very scary to many people, and that fear may cloud one's ability to make choices that are genuinely consistent with one's values.
    a. For example, if someone is extremely afraid of needles, they may decide not to get a routine blood test; however, since routine blood tests are an important way to monitor one's health, their fear of needles would get in the way of making the "right" choice, even by their own lights. The same may go for death. Fear of dying may cloud one's ability to make choices that are consistent with one's values, such as spending time with family and friends. One may opt for PAD out of fear rather than because it is an extension and expression of what is important to them

According to this argument, since PAD always occurs in the face of imminent suffering and death—possibly a scary and depressing point of one's life—the decision can never be truly "autonomous." In order to protect people from bad choices, they should not choose how to die.

Question 3: : If one has a "right to die," does that mean that others, including doctors, must help, or at least not interfere, with achieving death?

YES: Rights Impose Duties on Other People

1. This argument states that as long as one has a "right" to die and choose how to die, duties are imposed on others to help achieve that goal, or at least to not interfere. After all, we can't be said to have a right to something if we are blocked from obtaining it.
    a. For example, Americans have a right to practice religion. That right imposes duties on others to, at the very least, not interfere with religious practices. Shouldn't the right to die also be assured in the same way?

YES: Helping Others Die can be an Expression of Care

1. We should be able to relieve a loved one of suffering if both parties consent. When a loved one is suffering and wishes to die, helping them to die rather than letting them suffer may be the best expression of care and concern.
2. It is selfish to interfere with someone's wish to die
    a. For example, Person A interferes with person B's wish to die so that person A can have person B in their life; however, person B is suffering and would rather die than live. Therefore, person A is disregarding person B's pain so that person A can feel good about themselves and keep a loved one (person B) in their life.
3. Physicians are especially well-suited to aid in suicide because they have expert knowledge of the physiological mechanisms of death and the drugs used to achieve death, including dosages. A physician's role is not only to heal, but also to assuage suffering, care for patients, and ensure their comfort. Helping someone to die in a painless and humane manner does not only fall into a physician's role to care for patients and lessen their pain, but also may even be a moral requirement for a physician.

NO: It is immoral to participate in someone's death

1. Nobody should contribute to someone else's death, either directly or indirectly, even if the outcome is desired by the dying person. This argument relies on the familiar idea that life is valuable, even if someone desires to die. Just as suicide is immoral, it is immoral to take steps to facilitate suicide (or let suicide occur despite there being easy ways to prevent it).
2. It is noble to interfere with someone's wish to die.
    a. As a continuation of the example in point 2 of the previous argument: What if person B could recover? What if person A is interfering because they know that person B will get better? What if person A is interfering for the greater good/for person B's good rather than for their own selfish gain?

NO: Physicians' Should Participate Neither Directly nor Indirectly In Suicide

1. Physicians are healers, not killers.
    a. Even if individuals do have a right to die, physicians do not have a duty to assist them.
2. Physicians' involvement in aiding a patient to die violates the Hippocratic Oath. This idea will be discussed in more detail in the next section.

Question 4: Should PAD be legal?

Even if one thinks that suicide is ethically permissible, and that doctors are especially well positioned to aid in dying, they might not think that PAD should be legal. Why not?

NO: Slippery Slope

1. The "Slippery Slope" is the strongest position against PAD. It holds that:
    a. If PAD is legal, it will inevitably lead to approval of euthanasia as well. Since euthanasia is obviously wrong, we should not inch any closer to its legalization.
    b. If PAD is legal for the terminally ill, eventually it will be open to people with life-debilitating disabilities, chronic illnesses, or even mental illnesses, as has happened in other countries like the Netherlands. The more people PAD is accessible to, the closer we become to provide suicide to anyone who wants it.
    c. If PAD is legal, insurance companies will have less of an incentive to pay for high quality end-of-life care and palliative care, resulting in low quality of life and poor care for those at the end of life. Patients may feel pressured to request PAD if insurance does not cover end-of-life care, and they may not be able to afford care otherwise. This effect of legalizing PAD will disproportionately affect poor people, leading to a violation of justice. One requirement of justice is that all people have the same choices available to them. If good end-of-life care becomes prohibitively expensive, more people will choose PAD just to spare expenses that ought to be covered by insurance.
    d. If PAD is legal, society may think lives of the terminally ill are not worth living.

NO: Too difficult to regulate

1. What if a terminally ill patient has a mental illness such as depression?
2. What happens to unused lethal drugs?
    a. Over the past 20+ years across all jurisdiction, only 63% of patients who received drugs for PAD died from taking them, meaning that up to 37% of patients who get drugs for PAD do not take them (Compassion and Choices, "Medical-Aid-in-Dying Report").
    b. The unused PAD drugs of the 37% could accidentally kill others.

YES: Arguments against The Slippery Slope

1. The legalization of PAD does not pose a threat to potentially vulnerable groups
    a. Margaret Battin studied PAD in many groups: women, the elderly, the uninsured,

   a. people of low educational status, the poor, racial and ethnic minorities, and people with HIV/AIDS. Out of these groups, people with HIV/AIDS are the only people who have a higher rate of death in places where PAD is legal (Battin, van der Heide, Ganzini, & van der Wal, 2007).
   b. A 2022 study examining requests for PAD assessment at the London Health Sciences Centre found that a disproportionate number of requests came from patients with lower socioeconomic status. However, similar proportions of patients from each socioeconomic level actually received PAD (Tran et al., 2022).
   c. From 1998 to 2020 in the United States, individuals who died from PAD tended to be older, white, educated, and diagnosed with cancer across all jurisdictions where PAD is legal (Kozlov et al., 2022). The highest rates of PAD are found in educated white men with a median age in the 70s (Engdahl, 2009, p. 117; Kozlov et al., 2022, p. 3042).
2. In Oregon in 2022, 431 people received prescriptions for lethal doses of medications under the provisions of the Oregon Death With Dignity Act (DWDA), compared to 384 reported during 2021. During 2022, DWDA deaths accounted for an estimated 0.6% of total deaths in Oregon (Oregon Public Health Division 2023). Across the United States, 5329 patients have died by PAD, while 8451 received a prescription between 1998 and 2020 (Kozlov et al., 2022).
3. Most patients who request PAD do not have depression or any other mental illness (Ganzini, Goy, & Dobscha, 2008). Symptoms of depression *seem* logical when one is on the brink of death, yet autonomy is most people's top reason for supporting PAD (Pies & Hanson).

Group Activity

There are 3 ethical frameworks by which to determine whether PAD should be legal. Each framework asks a slightly different question to determine if the legalization of PAD is ethically appropriate.

Utilitarian Framework: This approach aims to maximize overall happiness or well-being and minimize suffering by choosing actions that result in the greatest good for the greatest number of people.

Justice Framework: This perspective emphasizes fairness, equity, and equality in the distribution of resources, opportunities, and treatment among individuals and groups within society.

Care Framework: This framework prioritizes caring relationships, empathy, and compassion in moral decision-making, highlighting the importance of personal connections and the well-being of others.

For more information on these frameworks, please visit the *What is Ethics?* and *Conceptual Foundations of Bioethics* lesson plans.

Have students consider these three frameworks and debate whether the framework ultimately favors the legalization of PAD or not. For example, people may disagree over whether legalization of PAD is overall beneficial to society, or whether it increases justice. The following questions could be used as an essay prompt, to spark a class debate, or to explore one's ideas about PAD through writing.

	Utilitarian Framework	**Justice Framework**	**Care Framework**
Overarching Questions	Would legalizing PAD be beneficial or detrimental to society? Do individuals have a moral duty to contribute to the bettering of society?	Would legalizing PAD be just?	Would legalizing PAD be beneficial or detrimental to the care of the patients?
Beneficial Reasons / Yes	i) Fewer "burdens" to society ii) Better end-of-life options for rising elderly population	i) Terminally ill people would be free to die on their own terms ii) People would be allowed to die peacefully rather than painfully iii) People would be allowed to die with dignity	i) Legalizing PAD would allow people to access the care they need in the dying process and death
Detrimental Reasons / No	i) Slippery slope: legalizing PAD could lead to the legalization of unjust practices ii) Lower quality end-oflife care iii) Fewer contributors to the betterment of society	i) Slippery slope: legalizing PAD could lead to the legalization of unjust practices ii) Legalizing PAD could lead to abuses against the terminally ill iii) Insurance companies may push people to commit PAD for financial reasons	i) Legalizing PAD could be detrimental to endof-life care programs

Physician Viewpoint Activities

The Hippocratic Oath

Individual Activity

Students will read both the following paragraph, along with the classical and modern versions of the Hippocratic Oath:

> *The Hippocratic Oath was originally written in the 5th century BCE by Hippocrates, an Ancient Greek physician. Since it was written, all physicians have been required to take the oath when they enter the practice. The Hippocratic Oath is important because it outlines the duties of a physician and sets limits for what physicians can and cannot do. Today, physicians still must take the oath, but it was revised in 1964. The full version of both texts, along with an essay questioning its relevance, can be found online. The following are excerpts from both versions of the Hippocratic Oath. Why do you think they changed the text?*

Version 1 (Classical)	**Version 2 (Modern)**
"I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice." "I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly, I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art." "I will not use the knife, not even on sufferers from stone, but will withdraw in favor of such men as are engaged in this work."	"Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God."

Teacher-Directed Class Discussion

The class will discuss the following question to explore why they think the Hippocratic Oath was changed:

- Should it have been revised in this way? Why or why not?
  - If it should not have been revised in this way, how else would you revise it?
  - Would you revise it at all?
- How would it need to be revised in order to permit PAD?
- *"But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty."* How can this be interpreted?

Group Activity

This scenario could be used as an essay prompt or discussed as a class or in smaller groups. Ask students to take the perspective of a physician practicing in a state where PAD is legal.

> *Edith is an 85-year-old patient whom you have known for seven years. She has a husband, three daughters, and six grandchildren. Last month, she developed a severe and incurable case of stage-four pancreatic cancer and she has four months to live. You are a doctor at Oregon State Hospital, and Edith asks you about her options for end-of-life care.*

Discussion questions:

- How do you counsel her?
- How should you conduct a conversation about Edith's options?
- What else do you want to know about Edith to decide whether she is a candidate for PAD?
- Would you change your decision if the patient was 30 years old? What if the patient was 90 years old with a curable disease?

Laws

The Supreme Court ruled that PAD laws are to be considered by each individual state. In other words, each state decides whether PAD is legal in its own state. The Supreme Court stated that PAD is neither permitted nor forbidden by the Constitution, so there is no way by which laws regarding PAD can be passed at the federal level.

Group Activity

Where is it legal? Why?

1. Students will be divided into 10 groups. Each group will be assigned one of these states:
    - Oregon
    - New Hampshire
    - Vermont
    - New Jersey
    - Washington
    - Hawaii
    - Montana
    - Massachusetts
    - California
    - New York

2. Groups will visit this interactive map to find the current status/history of PAD laws in their assigned state: https://deathwithdignity.org/take-action/
3. Each group will make a presentation with the following components:
    - History of their state's PAD legislature
    - Any statistics/poll numbers that have to do with PAD
    - Current status of PAD in their state: Is it legal or not?

    If PAD is **legal** in their state:

    - Specific stories/court cases that may have swayed their state's vote (if any)
    - Under what circumstances is PAD legal?
    - Is the law permitting PAD adequate? If not, how would you revise it?
    - What protections does the law provide for patients and physicians to prevent abuse and ensure that the patient makes a fully autonomous and informed choice?

    If PAD is **illegal** in their state:

    - Why is PAD illegal in this state?
    - Is there anything in the works now that could potentially legalize PAD?
    - What are the state's concerns about legalizing PAD?
    - Specific stories/court cases that may have changed their state's opinions (if any)
4. Each group will present their findings to the rest of the class.
5. Class will reconvene and discuss where and why PAD is legal in some states and not others.

Case Studies

#1: Barbara Wagner

64-year-old Barbara Wagner was diagnosed with lung cancer, but her insurance company would not pay for life sustaining treatment; however, they were willing to provide money for PAD. She, however, does not want to die.
https://abcnews.go.com/Health/story?id=5517492&page=1

- What should she do?
- What should the insurance company do?
- What should governments do to prevent this situation from occurring in the future?

#2: Brittany Maynard

The following is an op-ed that Brittany Maynard wrote for CNN.
http://cnn.it/ZcmJw5

- Should Brittany Maynard have been able to access PAD?
- Why or why not?
    - If not, what should she have done?

Conclusion: Class Debate

Group Activity

Step 1: Pre-Debate Brainstorm

Students will be split into two groups: one group will generate a list of arguments supporting physician-assisted suicide and the other group will generate a list of arguments opposing it.

The following chart lists some of the arguments for and against PAD:

NO	YES
Value of life	Freedom to choose
Not necessarily autonomous	Rights impose duties on other people
Slippery slope	No slippery slope
Physicians' role	Helping others die shows care

Step 2: Debate

Students will lead a debate about PAD and argue for the viewpoints discussed in their group.

Step 3: Post-Debate Discussion

Class will go over all arguments discussed in the debate and decide whether each argument is logical. The teacher will bring up ideas that students might have missed during the brainstorm / debate.

Step 4: Final Decision

Teachers will students to make a decision:

- Should PAD be legal?
- Why or why not?

Students will answer the following questions:

1. Is PAD ever justified? Why or why not? If so, when is it justified?
2. Look back at your answers from the beginning of the unit. Did your opinion change?
    a. If so, what caused you to change your opinion?
    b. If not, did the reason(s) for your decision change?
3. What changes need to be made to state policy to provide more ethical end-of-life care?

References

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