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Pre-AP English

18 March 2016

Euthanasia:

A Treat for Relieving Suffering and Suicidal Rights

Proponents of euthanasia contest that the compromise of ill people should have their individual rights to end their suffering with an accelerated, distinguished, and compassionate death. Not only is euthanasia the cause, but assisted suicide is the equivalent to euthanasia in which encourages or helps people guide them towards extreme, nonstop darkness. Euthanasia itself is how doctors would be the one to end one's life in either a quiet, painless ending or how dying can be in a painful way to consider it as an act of mercy. The rights to die can cause impulsive arrangements because it's based on their motivating factors such as fears about the future, related illnesses, and more. However, their deceased rights can be problematic for some doctors because those difficult decisions on levels of suffering and diseases can be the worst way into implementing those processes for the doctor. Yet, other doctors' perspectives look forward to it because it may be the perfect case scenario for their patients.

People in a certain age should be able to end their pain and life by their own emotions and consent. The rights of euthanasia is illegal in most states in America, but only legal in the states of California, Washington, Oregon, Vermont, and Montana. According to Benedict Carey in *Study Questions the Use of Doctor-Assisted Death*, "The California law is expected to take

effect this year. By contrast, laws in several European countries allow such assistance for any competent person with "unbearable suffering" -- regardless of the cause" (8). Locations with legal euthanasia are treated differently in different areas which people wanting the need to end their lives should pick their places carefully. Furthermore, society with the choice between life and death are sure to be considered a "good" death based on their experiences that they want to end in conclusion. In *The Promise of a Good Death*, Ezekiel and Linda Emanuel points out, "For more than three decades, interest in improving the care of dying patients has progressed from being the concern of a few health-care professionals to being a widespread social concern... Despite this attention, a 'good death' remains more a hope than standard medical practice for all patients." Altogether, Individuals' suicide rights should not be taken serious because it's their choice and life if they want to move on and look forward towards the afterlife.

Contrasting euthanasia rights, suicide can help doctors intervene an easy conclusion when having the choice of committing suicide from their drugs and needles without hesitation. Patients with euthanasia can have a trustworthy death appeal due to the fact that doctors are professional into helping others needs. According to Rosamond Rhodes in *Physician Assisted Suicide: Expanding the Debate*, she explains relationships with doctors, "A doctor's commitment to acting for patients' good creates a clear obligation to help a patient avoid an agonizing, protracted death. Allowing a patient to suffer when the suffering could be ended is an obvious violation of the duty of beneficence." Although doctors support people into death appeals, some doctors think of that process as an complication. Edmund Pellegrino in *Regulating How We Die: The Ethical, Medical, and Legal Issues Surrounding Physician-Assisted Suicide* argues, "Euthanasia

and assisted suicide are not ethical obligations of physicians... The prohibition against physician participation in euthanasia and assisted suicide has been elemental in the traditional ethics of medicine for a long time... These acts [euthanasia and assisted suicide] are far from being established morally or accepted professionally." Doctors for euthanasia can be very selective into serving one's death treatment.

The choices between patients and doctors when it comes to euthanasia can become challenging. Doctors are intended to save people's lives, but yet their lives just concludes to be ended by the hands of an professional association. Insurance companies would terminate lives in order to save money without hesitation based on the patient's demand. The rights to die with dignity can be justified. In reality, all individuals should have respect based on their end-of-life choices.

Works Cited

Carey, Benedict. "Study Questions the Use of Doctor-Assisted Death." *New York Times*. 11 Feb. 2016: A.6. *SIRS Issues Researcher*. Web. 14 Mar. 2016.

Edmund, Pellegrino. "Regulating How We Die: The Ethical, Medical, and Legal Issues Surrounding Physician-assisted Suicide." Cambridge, MA: Harvard UP, 11 Jan. 2008. Web. 18 Mar. 2016.

Emanuel, Ezekiel and Linda. "The Promise of a Good Death." *TheLancet.com*. N.p., n.d. Web. 18 Mar. 2016.

Rhodes, Rosamond. *Physician Assisted Suicide: Expanding the Debate.* New York: Routledge, 17 Jun. 2009. Web. 18 Mar. 2016

Trianni, Francesca. "Should Terminally III Children Be given the Right to Ask to Die?" Time. Time, 15 Feb. 2014. Web. 15 Mar. 2016.

"1 In 20 Belgian Deaths Is The Result Of Euthanasia." The Huffington Post. N.p., 30 June 2015. Web. 15 Mar. 2016.