

## **Tom Beauchamp: “Justifying Physician-Assisted Deaths”**

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The discussion of euthanasia thus far has been concerned with the interests and needs and potential harms to patients and the ill, but others have interests as well

- **Beauchamp reminds us that physicians and medical caregivers also have interests and needs and can potentially be harmed**

### ***The Hippocratic Oath***

- **Commonly supposed that the HO includes the words “First, do no harm”; the ancient version does not.**
- **The HO does include, however, swearing to “abstain from whatever is deleterious or mischievous” and to “give no deadly medicine to anyone if asked, nor to recommend any such counsel”**
- **Interestingly, the HO also includes passages that imply a physician cannot provide medicine (a “pessary”) to induce an abortion and cannot perform surgery**

**Literally, then, the HO does not forbid some sort of participation in causing the death of a patient; the question is whether participating in euthanasia is every “deleterious or mischievous”**

**Similarly, Beauchamp argues, we cannot simply appeal to the distinction between killing and letting die to determine the morality of PAD**

- **Intuitively, not all instances of killing are immoral and not all instances of letting die are moral**
- **The question is whether or not an instance of killing or of letting die is morally justified or not**

**Beauchamp argues that some instances of PAD are morally permissible**

- **In particular, Beauchamp argues that physician assistance in voluntary active and passive euthanasia is morally permissible**
- **In particular, Beauchamp argues that:**
  - 1) **physicians are morally and legally required to honor a patient’s refusal of treatment**
  - 2) **physicians are not morally required to honor requests for assistance in dying**
  - 3) **whether or not a physician is morally required to honor a request for assistance depends upon the nature of the particular relationship**

Physicians are morally required to honor refusals for treatment when a refusal is *authoritative and valid* (p. 43); ... when the request is clear and convincing and made by a capable and competent patient

- demands of autonomy require compliance
- analogy with assault and battery

A physician may refuse a request for PAS when that patient would thereby suffer an unjustified harm or loss, when the patient suffers an unjustifiable setback to her interests that otherwise would not have occurred (p. 44)

- is there a tension here? If a request for help can be justifiably refused, why *must* a physician respect a refusal of treatment? Why can't a physician justifiably fail to comply with a refusal of treatment when the patient's refusal of treatment would lead to an unjustified harm?

When must a physician honor a patient's request for PAS?

- Presumably, the request must be valid and authoritative
- When a physician has made a commitment" to a patient to discuss and act in the patient's interests under the assumption the physician will not abandon her; "Doctors cannot evade responsibility for acting in the best interests of the patient, and they cannot turn their backs on what the patient believes to be in his or her best interests" (p. 43)

A physician who insists she can justifiably refuse a valid and authoritative request for PAS, supposing PAS would really provide a benefit or prevent further harm, both fails to respect a patient's autonomy and burdens rather than helps their patient (p. 45)

- Beauchamp thus concludes that there are strong reasons to suppose that individual acts of PAS in cases of VE, are morally justifiable
- Beauchamp does not conclude, however, that *policies* or laws that guarantee a right to PAS are thereby justifiable (a la Velleman)