Knowledge and Compassion Focused on You

International Panel: Differing Ethical Perspectives on Assisted Suicide

Outline of Panel Presentation

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- Question & Answer

Disclaimer (Laura Guidry-Grimes)

The views presented here are my own and do not reflect those of MedStar Washington Hospital Center or the Center for Ethics.

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Faulty Way to Advocate for AS

- Purely in terms of expanding patient choice
- Increased choice as an alleged ethical aim because choice is....
 - intrinsically valuable?
 - necessary to improve autonomy interests?
 - necessary for patients to make decisions that are more likely to serve their individual welfare?

Choice as Intrinsically Valuable?

- If choice is intrinsically valuable, then
 - it is valuable in itself
 - "if choice has value in virtue of being choice, then more of it must have more value" (G. Dworkin, Theory and Practice of Autonomy)

What Is the Value of Choice?

Option A



Option B



choice between B and C than to be given A? Always?

Option C





What Is the Value of Choice?

- Satisfies desires, preferences, other values
- Assists us in developing character traits and epistemic virtues
- Helps us learn about ourselves
- Leads to a more functional society, assists long-term cooperation

→ Choice as instrumentally valuable

Choice as Necessary to Improve Autonomy Interests?

- First, must delineate
 - autonomy
 - liberty
 - control
 - independence
 - invulnerability

When Choice Does Not Aid Autonomy

- Human agents as fallible, finite creatures with limited cognitive capacities, limited time, and vulnerabilities to many forms of manipulation
- IF it will serve <u>autonomy</u>, more choice means
 - need to acquire more information
 - need for more time
 - increased psychological effort in weighing, reflecting
 - increased strain to prevent undue influence
 - threat of decisional fatigue

Choice as Necessary for Pts to Make Decisions More Likely to Serve Their Individual Welfare?

Threats to autonomy ->

deciding without full reflection, without sufficient information, with more pressures

might not be capable of advocating for one's welfare interests in many instances



Further Impediments to Pts' Advocating for Their Welfare Interests

- Vulnerabilities at end of life
 - Not wanting to be a "burden"
 - Fears about losing control or sense of dignity
 - Pain, which may be intractable
 - Financial strain
 - Unable to imagine oneself as severely impaired
- Grappling with vulnerabilities in an imperfect healthcare system w/ far-from-ideal EOL care

Choice & Interests at the End of Life

- Questions to ask:
 - Does having AS as an option compound patients' vulnerabilities at EOL (in this clinical setting, with this health condition, in this state, with this insurance...)?
 - Does having AS as an option result in complicity and/or complacency with far-from-ideal EOL care in this country?
 - If yes to either, can these effects be mitigated or overridden by other ethical considerations?

Ending Points

- Choice is not intrinsically valuable, so expanding choice will be valuable only insofar as the choices provided predictably serve other attainable values that are worthwhile.
- Choice is not the only relevant value with end-of-life care.
- In order to determine if AS could be ethically justifiable policy or practice, we have to consider the backdrop against which AS is proposed.

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Thank You!