



FACILITATION GUIDE FOR PROGRAM 3

CONDITION: CRITICAL HEALTH CARE IN THE UNITED STATES

A Series of Education Programs on Health Care Ethics

Ethics Program 3: Dying Well, "Assisted Suicide & End-of-Life Care?"

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SECTION I

Narrative Video with Expert Commentary

NARRATIVE VIDEO

The 30-minute video focuses on dying well in our technology-driven society. The video discusses how the ethical debate on dying well raises questions ranging from effective palliative care to assisted suicide. The program features Oregon's Death with Dignity Act to raise the ethical questions about end-of-life care and assisted suicide. In the debate on dying well, respect for patient autonomy is very important, especially with regard to the need for palliative care and requests for assisted suicide. The video concludes with considerations about the role of medical professionalism in care for the dying. The ethical debate on dying well is presented in four sections in the video.

1. Introducing the Debate on Dying Well in End-of-Life Care
2. Assisted Suicide and Oregon's Death with Dignity Act
3. Patient Autonomy: Palliative Care and Assisted Suicide
4. Medical Professionalism in Care for the Dying

EXPERT COMMENTARY

The video includes expert commentary by internationally recognized figures in the debate on dying well and assisted suicide, including: Dr. Joanne Lynn; Sylvia McSkimming; Dr. Timothy Quill; Dr. Peter Rasmussen; Dr. Mark Siegler; and Dr. Daniel Sulmasy.

LEARNING OBJECTIVES

The 30-minute video enables participants to foster discussion at the end of each section as well as at the end of the program. Participants will be able to:

- understand why discussion on dying well leads to questions about palliative care and assisted suicide
- understand the legal concerns raised by Oregon's Death with Dignity Act
- understand the meaning of patient autonomy in end-of-life care
- understand the role of medical professionalism in end-of-life care

STRUCTURE OF THE EDUCATION SESSION

The facilitator should explain the learning objectives, show the video, and then engage the participants in discussion and/or assign follow-up projects.



SECTION II

Discussion Questions for the Program

I INTRODUCING THE DEBATE ON DYING WELL IN END-OF-LIFE CARE

- Why does end-of-life care raise discussion about palliative care for patients?
- Why does end-of-life care raise discussion about assisted suicide for patients?

Answers

II ASSISTED SUICIDE AND OREGON'S DEATH WITH DIGNITY ACT

- What was the relevance of the U.S. Supreme Court ruling in *Vacco v. Quill* in 1997 for the national debate on assisted suicide?
- How did appeals by the U.S. Attorney General affect Oregon's law on assisted suicide?

Answers

III PATIENT AUTONOMY: PALLIATIVE CARE AND ASSISTED SUICIDE

- Why is patient autonomy important for ethical debate in end-of-life care?
- What is the debate on patient autonomy with regard to assisted suicide?

Answers

IV MEDICAL PROFESSIONALISM IN CARE FOR THE DYING

- What is the basic debate about involving the medical profession in assisted suicide?
- What are some roles that the medical profession can pursue in end-of-life care?

Answers



SECTION III

Project or Assignments for the Program

These projects or assignments could be distributed among participants for them to expand on the answers in the discussion section by further review of the video.

I INTRODUCING THE DEBATE ON DYING WELL IN END-OF-LIFE CARE

- Explain why end-of-life care raises discussion about palliative care for patients.
- Explain why end-of-life care raises discussion about assisted suicide for patients.

II ASSISTED SUICIDE AND OREGON'S DEATH WITH DIGNITY ACT

- Explain the relevance of the U.S. Supreme Court ruling in *Vacco v. Quill* in 1997 for the national debate on assisted suicide
- Explain how appeals by the U.S. Attorney General affected Oregon's law on assisted suicide.

III PATIENT AUTONOMY: PALLIATIVE CARE AND ASSISTED SUICIDE

- Explain why patient autonomy is important for ethical debate in end-of-life care.
- Explain the debate on patient autonomy with regard to assisted suicide.

IV MEDICAL PROFESSIONALISM IN CARE FOR THE DYING

- Explain the basic debate about involving the medical profession in assisted suicide.
- Explain some roles that the medical profession can pursue in end-of-life care.



SECTION IV

Individual Learning Model

The Individual Learning Model complements the Group Learning Model by providing individual students with interactive independent study. This self-learning multimedia tool contains quizzes, on-screen readings, and videos for the entire DIA Learning Ethics Series.

INDIVIDUAL LEARNING MODEL

The Individual Learning Model is a chaptered, Web-based program available as Full Course or Selected Topics. It offers the following items:

- 60-minute narrative video with expert commentary
- Up to 12 chaptered curriculum topics, each including:
 - 5-minute narrative video components
 - On-screen reading components
 - On-screen quiz components
- Pre-test and post-quiz learning outcome measurement
- Real-Time Score-tracking
- Automated Certification by recognized accrediting bodies

COURSEWORK

The Catholic Version of the Individual Learning Model for Ethics Program 3 includes the following coursework:

- Chapter 1. Ethical Issues on Euthanasia and Physician-Assisted Suicide
- Chapter 2. Oregon's Death with Dignity Act: Early Results and Ethical Issues
- Chapter 3. The U.S. Supreme Court's Decision on Physician Assisted Suicide
- Chapter 4. Legal Challenges to Physician Assisted Suicide
- Chapter 5. Experience with Physician-Assisted Suicide: Ethical Issues
- Chapter 6. Palliative and Hospice Care at the End of Life: Ethical Issues
- Chapter 7. Physician Assisted Suicide: the Ethics of Respecting Patient Autonomy
- Chapter 8. Physician Assisted Suicide: the Ethics of Limiting Patient Autonomy
- Chapter 9. The Relief of Pain/Suffering and Alternatives to Physician-Assisted Suicide
- Chapter 10. The Relief of Pain/Suffering and the Ethics of Terminal Sedation
- Chapter 11. The Principle of Double Effect in End-of-Life Care: Killing or Letting Die
- Chapter 12. Medical Codes & Professionalism: End-of-Life Care & Assisted Suicide



QUESTIONS & ANSWERS

Discussion Questions for the Program

The suggested “answers” simply indicate some items from the video that relate to the question. The facilitator should encourage a broad range of responses from the video and beyond.

I INTRODUCING THE DEBATE ON DYING WELL IN END-OF-LIFE CARE

- **Why does end-of-life care raise discussion about palliative care for patients?**

When the state of Oregon passed its physician-assisted suicide law it became apparent that much more attention was needed nationally for better end-of-life care. As a result, innovative and comprehensive care programs were developed to provide better care for those nearing the end of their lives. Hence, palliative care seeks to improve the quality of life for patients in the sense of living as well as possible until it is time to die.

- **Why does end-of-life care raise discussion about assisted suicide for patients?**

Oregon is the first state in the United States to legalize physician-assisted suicide through its Death with Dignity Act. This law gives its citizens, who are faced with a terminal illness, the choice to end their life by taking a prescribed dose of a lethal medication provided by a physician.

II ASSISTED SUICIDE AND OREGON’S DEATH WITH DIGNITY ACT

- **What was the relevance of the U.S. Supreme Court ruling in *Vacco v. Quill* in 1997 for the national debate on assisted suicide?**

Dr. Timothy Quill, an advocate for assisted suicide, challenged a New York state law prohibiting physician-assisted suicide. The resulting case of *Vacco v. Quill* ultimately made its way to the U.S. Supreme Court in 1997. The Supreme Court unanimously held that New York’s ban on assisting suicide did not violate the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution. The Court rejected the argument that the state law outlawing assisted suicide violates any fundamental right. But the U.S. Supreme Court did not prevent the individual states in the nation from considering different approaches to the problem.

- **How did appeals by the U.S. Attorney General affect Oregon’s law on assisted suicide?**

Updated information that does not appear in video. In November 2001, Attorney General John Ashcroft stated that Oregon’s assisted suicide law contravened the 1970 Controlled Substance Act as prohibiting physicians from dispensing controlled drugs for illegitimate medical practices. In response the state of Oregon sued to block the ruling. After two federal courts ruled against Attorney General Ashcroft, he appealed to the Supreme Court of the United States in November 2004. His successor, Attorney General Roberto R. Gonzales, pursued this appeal. The U.S. Supreme Court Justices agreed to hear the case in February 2005, argued on October 5, 2005, and decided against the Attorney General on January 17, 2006 in a 6 to 3 ruling (*Gonzales v. Oregon*). The Court argued that Congress had not provided the Attorney General with the authority he invoked in his original ruling. Hence, the Death With Dignity Act, approved by Oregon’s voters in 1994 and affirmed in 1997, remained intact.



QUESTIONS & ANSWERS

Discussion Questions for the Program

III PATIENT AUTONOMY: PALLIATIVE CARE AND ASSISTED SUICIDE

- **Why is patient autonomy important for ethical debate in end-of-life care?**

In health care there has been an increasing trend to understand that patient autonomy is a very important ethical principle, recognizing patient rights and helping them to make informed decisions about what they are doing.

- **What is the debate on patient autonomy with regard to assisted suicide?**

Advocates of assisted suicide appeal to patient autonomy to claim the right to end one's own life. Opponents of assisted suicide argue that the doctor-patient relationship in health care imposes limits on such requests, such as by not permitting patients to do what goes beyond the accepted bounds of medicine.

IV MEDICAL PROFESSIONALISM IN CARE FOR THE DYING

- **What is the basic debate about involving the medical profession in assisted suicide?**

Proponents of assisted suicide argue that dying patients should have a right to expect assistance from the medical profession. Opponents of assisted suicide argue that such assistance compromises the core of the medical profession and its mandate to “do no harm.”

- **What are some roles that the medical profession can pursue in end-of-life care?**

Physician experts agree that the medical profession should seek to maintain a maximum amount of dignity when patients are dying to improve their end-of-life care. This can include treating their symptoms when cure is not feasible and supporting those who are suffering, including the spiritual aspects of their suffering, as they face their mortality and seek meaning in the dying process. Experts believe that further education is needed within the medical profession to understand all the issues concerning end-of-life care.