Right to Die Movement

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The right to die movement is a movement that lets patients decide whether or not they want to die or undergo one of the four euthanasia acts. The four different euthanasia acts are active, passive, voluntary, and involuntary. Active euthanasia is a conscious medical act that results in the death of a dying patient. Passive euthanasia is the act that allows the patient to die naturally and doesn't include any medical interference. Voluntary euthanasia is an act that requires the patients consent to end their life by medical means. Involuntary euthanasia is the opposite of voluntary, it is an act that ends the patients life by medical means without their consent. Our law and ethics book says that there has been much debate over whether or not physicians should play a role in ending a terminally ill patient's life. I think that the patient should have full say in whether or not they want to be alive. They are the ones in pain and should be able to make their own decision based on their religion, family members, and how much pain they are in. The first living will was created because of the the concern of Americans advancing medical technology. This concern was about health practitioners being able to delay death beyond the point where any quality of life can be maintained or a cure realized. A living will is an advance directive

that specifies an individual’s end of life wishes. It provides directions to physicians, hospitals, and other health care providers who are assessing in the care of the patient. For example this would include which treatments and medications to suspend and which to keep using. You may also find what “heroic measures” the patient thinks you should and should not use. In a living will you will also find whether the patient is a organ donor, and

preferences to autopsy and alternative treatments. While reading about the right to die movement on page 319, I learned about the Quinlan case. This case led to questions in bioethics, euthanasia, and the legal rights of guardians. In hospitals, long term care facilities, and in hospice the Quinlan case resulted in the development of formal ethics committees. While further researching the right to die movement on the internet I

I found something that I thought was important to know. I found that In order to obtain a prescription for a life-ending medication, two doctors have to determine a patient has no more than six months left to live and is mentally competent to ask for the medication. There is also usually a waiting period of 15 days between the first and second doctor’s approval before a medication is authorized (Quinn, How Far Will the Right-to-Die Movement Go? 2018.) By reading through this website I also gained fond some statistics, the number of medical practitioners offering aid-in-dying prescriptions had risen by 70

percent. The number had risen to 70% because physician-assisted suicide advocates launched a public service campaign. Some dates that I found were important and informational are in the reading are in 1992, Oregon voters passed a death with dignity act that allows physician assisted suicide. Oregon became the first state law to allow physician assisted suicide. Another date I would like to address is 2006, this talks about how in 2003 the federal government filed suit. The was filed against the state of Oregon and stated that because federal drug laws do not permit or condone physician assisted suicide and that the Oregon law was illegal. The federal government did not have any authority in prosecuting a state’s physician.