PHIL 160 Handout
Class Debate, 10-18-19
GSI: Sumeet Patwardhan

Part 1: Debate Structure

Topic: Should a competent, informed patient have a legal right to have their physician (or another physician, if their physician isn't willing) assist them with suicide?

Note: For the purposes of this debate, 'assistance with suicide' can involve provision of lethal drugs, administration of lethal injection, non-provision of life support, withdrawal of life support, and similar such actions. That is, we are taking 'assisted suicide' to include forms of euthanasia.

The affirmative team will argue: A competent, informed patient should have a legal right to have their physician (or another physician, if their physician isn't willing) assist them with suicide.

The negative team will argue: In some cases, or in all cases, a competent, informed patient should not have a legal right to have their physician (or another physician, if their physician isn't willing) assist them with suicide.

The challenge question team will do the following: They will examine (1) what cases might pose particularly difficult quandaries for either side; (2) how the arguments on either side might relate to other ethical or political questions; and (3) how some of the moral theories we've discussed might oppose the arguments on either side. They will then formulate questions based on (1)-(3) to ask the affirmative and negative teams.

This debate structure, format, and background reading is adapted from materials by Gillian Gray.

Part 2: Debate Format

Stage 1: Opening Statements (20:00)

1. Preparation Time = 7:00
2. Group 1 Presents = 5:00
3. Preparation Time = 3:00
4. Group 2 Presents = 5:00

Stage 2: Rebuttals (12:00)

1. Preparation Time = 3:00
2. Group 1 Responds = 3:00
3. Preparation Time = 3:00
4. Group 2 Responds = 3:00

Stage 3: Tough Cases (10:00)

1. Group 3 Asks Case-Based Question to Groups 1 and 2 = 3:00
2. Preparation Time = 3:00
3. Group 2 Answers = 2:00
4. Group 1 Answers = 2:00

Stage 4: Extension to Other Issues (10:00)

1. Group 3 Asks Related-Issue-Based Question to Groups 1 and 2 = 3:00
2. Preparation Time = 3:00
3. Group 1 Answers = 2:00
4. Group 2 Answers = 2:00

Stage 5 (if time): Application to Course Material (10:00)

1. Group 3 Asks Course-Material-Based Question to Groups 1 and 2 = 3:00
2. Preparation Time = 3:00
3. Group 2 Answers = 2:00
4. Group 1 Answers = 2:00

Stage 6: Sumeet shares closing thoughts on debate.

Part 3: Background Passages

1. An argument from autonomy in favor of a legal right to assisted suicide.

"Self-determination is valuable because it permits people to form and live in accordance with their own conception of a good life, at least within the bounds of justice and consistent with others doing so as well…A central aspect of human dignity lies in people's capacity to direct their lives in this way…For many patients near death, maintaining the quality of one's life, avoiding great suffering, maintaining one's dignity, and insuring that others remember us as we wish them to become of paramount importance and outweigh merely extending one's life. But there is no single, objectively correct answer for everyone as to when, if at all, one's life becomes all things considered a burden and unwanted. If self- determination is a fundamental value, then the great variability among people on this question makes it especially important that individuals control the manner, circumstances, and timing of their dying and death." ~ *from "Voluntary Active Euthanasia," by Daniel W. Brock*

2. An argument from well-being in favor of a legal right to assisted suicide.

"I strongly believe that a person's life can sometimes be made worse by being prolonged, and that a swift and painless death can then be a benefit (Velleman, 1991). I also believe that the harm of continuing to live can sometimes be sufficiently grave that causing or even allowing someone to undergo it would be morally wrong; or, conversely, that the benefit of death can sometimes be sufficiently important that providing it is morally obligatory. I therefore believe that someone can be morally entitled to be helped or allowed to die. Furthermore, I believe that the proper goal of medical science is, not to prolong human life per se, but rather to make human life better - often by prolonging it, of course, but also by relieving pain, restoring function, or facilitating natural processes. And I know of no cogent reason why facilitating the process of death, when death would be a benefit, is a less appropriate activity for medical practitioners than that of facilitating the process of birth. I therefore believe, not only that a patient can have a moral right to passive or even active euthanasia, but also that his physician may be the appropriate person to provide it." ~ *from "Against the Right to Die" by J. David Velleman*

3. An argument from the occurrence of mistakes and abuses against a legal right to assisted suicide.

"Weighed against the moral quality of some individual cases considered solely on their merits are the inevitable occurrences of mistakes and abuses in other cases. In effect, then, what Kamisar tells the suffering patient whose moral right to die is beyond question is: "If we change the law to permit your worthy case, then we will be legalizing other less worthy cases -patients who have been misdiagnosed, patients who might otherwise recover, patients who don't really want to accelerate their deaths despite earlier death requests made hypothetically, patients who are being manipulated by family members who see their life savings dwindle as the medical costs rise, and other instances of 'mistake' and 'abuse'." What the blanket prohibition of homicide tells the responsible patient whose moral right to die is undoubted is that he may not do something that would be harmless or beneficial on balance because others cannot be trusted to do the same thing without causing grievous harm (unnecessary death)." ~ *from "Overlooking the Merits of the Individual Case: An Unpromising Approach to the Right to Die" by Joel Feinberg*

4. An argument from 'slippery slope' considerations against a legal right to assisted suicide.

"The theoretical version of the [slippery slope] argument denies that any principled line can be drawn between cases in which proponents say a right of assisted suicide is appropriate and those in which they concede that it is not. The circuit courts [in Washington State and New York] recognized only a right for competent patients already dying in great physical pain to have pills prescribed that they could take themselves. Several justices [of the Supreme Court] asked on what grounds the right once granted could be so severely limited. Why should it be denied to dying patients who are so feeble or paralyzed that they cannot take pills themselves and who beg a doctor to inject a lethal drug into them? Or to patients who are not dying but face years of intolerable physical or emotional pain, or crippling paralysis or dependence? But if the right were extended that far, on what ground could it be denied to anyone who had formed a desire to die—to a sixteen-year-old suffering from a severe case of unrequited love, for example?" ~ *from Ronald Dworkin's introduction to "Assisted Suicide: The Philosophers' Brief," itself written by Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls, Thomas Scanlon, and Judith Jarvis Thomson*