Assisted Suicide: Does a Pharmacist Have a Refusal to Fill Right?

By: Jason Mulawa

Introduction

Physician-assisted suicide is an issue surrounded by a tremendous amount of controversy. The moral and ethical questions that are raised by this act spark endless debates regarding who has the right to end one’s life, or does anyone for that matter? In this paper I will distinguish physician assisted suicide from euthanasia (the two are commonly confused as the same thing), discuss a brief history of physician-assisted suicide, and discuss how the public perceives this topic to gain insight into the opinions of those without a medical background. Then I will address the role of the pharmacist in physician-assisted suicide, discuss whether or not a pharmacist has the right to deny a patient a prescription that was intended to end his or her life, and discuss the moral and ethical issues involved in allowing/denying a pharmacist the right to refuse to dispense a potentially lethal dose of prescription medication. In the end, I will conclude with a final summary of the topic and give a general recommendation based upon a survey created to poll a group of individuals representative of the population, on whether or not pharmacists should have the right to deny a patient a prescription that they believe/know is being used to end that person’s life.

Physician-Assisted Suicide vs. Euthanasia

Physician-assisted suicide and euthanasia, although they may sound the same, are quite different acts. Physician-assisted suicide is an act where the physician either helps, or fails to stop, a patient in ending his/her own life. In this situation, it is ultimately the patient who makes the final choice and administers the lethal dose to end their life, the physician just aides in the action. Now euthanasia, this is an act where the physician or healthcare provider is the primary means to the patient’s death. The physician is the individual that initiates a chain of events that ultimately results in the death of the patient, with or without the patient’s direct/indirect consent. The issue of consent is an entirely different discussion which I will attempt to define and relate to this topic. Consent is where the patient either verbally or in writing, grants the physician the right to either end, or aid in, ending the patient’s life. The problem arises when the patient is either unable to provide consent due to their medical state (i.e. comatose, permanent vegetative state, etc.). For the context of this research paper, I will only discuss physician-assisted suicide with documented, informed patient consent. This means that the patient was informed of ramifications of the decision he/she was about to make, it was documented that the patient has made the request to end his or her life, and that he/she is certain that this is the decision that they want to follow through with. Although the law is written so that ending a life is a crime, there is an ethical dilemma that arises. Who has the right to end a life? More specifically, does an individual have the right to take his/her own life? Technically it is their life, shouldn’t the principle of autonomy hold true in a situation like this? Shouldn’t an individual have the right to end his or her own life if they feel that it is in their own best interest? One problem is, what do you do in a situation with a patient that is mentally unstable, or criminally insane? Do you still respect their wishes
of death, or is there a line you draw as to whose request to end their life you should honor? These are just some of the questions/issues that arise when trying to tackle this topic. For the context of this paper, I will limit my topic to those patients who are determined to be terminally ill and are requesting to end their life.

**History of Physician-Assisted Suicide**

As far back as Jamestown, in 1607, physician-assisted suicide has been looked upon as a murderous act. The act of suicide alone was viewed as murder, but the act of physician-assisted suicide not only treated the patient as a murderer, but the physician as well. There was no tolerance for suicide in the past, just the same as our present time. The act of suicide was viewed as a cowardly way to end one’s life because he/she could not continue life and face challenges or hardships that the rest must endure. It was viewed as an “easy way out,” and there was no tolerance for this. This view has pretty much stayed the same all the way into the present day. But over the last couple hundred years there has been a movement within the public to defend the right of a patient to die with dignity and respect, not in pain and agony.

**Public Opinion of Physician Assisted Suicide**

Since we live in a society with laws, and our actions are governed by these laws, there is quite a problem with trying to push for the legalization, or at least acceptance, of assisted suicide. This movement has divided America into two groups, the pro-life and the pro-choice. The pro-life individuals believe that no one has the right to take a life, even if it is one’s own life that is to be taken. Life is sacred and no one but a divine power has the right to end it. The pro-choice individuals believe that every individual has the right to self-determination. This means that they believe that every person has the right to decide their fate, their future, and if someone feels that they no longer want to live, they should have the right to end their life. Now it is impossible to say which group is right, so we have yet another dilemma. Who has the right to end someone’s life? Those that feel that it is the individual’s right to end his/her own life argue that no one has the right to tell an individual how to live their life, and if someone wants to die, no one should be able to force them to stay alive, against their own will. This is a compelling argument but so far it has not been enough to stand up against our current laws and overturn the status quo.

With regards to physicians assisting in suicide attempts, the public is very split on this issue. Physicians are generally viewed as caretakers, trusted healthcare providers, not murderers or life-takers. To some it seems to be a bit unsettling that a physician would be allowed to play a role in ending an individual’s life. But this is not the case in the state of Oregon, where physician-assisted suicide has been legalized. In Oregon, a meticulous system has been set in place so that those who are to be determined terminally ill (beyond a reasonable doubt by expert examiners), can request and ultimately take their own life via a prescription medication overdose. This system has not been adopted by any other state in the U.S., but it has raised questions as to its possible usefulness in aiding the terminally ill in the rest of the states. If this system were to be put into place in every state, you would have to not only look at the amount of willing physicians to participate in it, but also the number of pharmacists who would be willing to dispense the lethal prescription upon knowing its intending use. The general public mainly feels that
physicians should not have the ability to help end someone’s life, and they also feel that pharmacists have a duty to dispense medications regardless of their intended use. There is an opinion of a duty to fill; pharmacists do not have the right to deny a patient medication. But how does this view come into play if the government legalizes physician-assisted suicide? Now the pharmacist becomes the last line of defense against the patient and his/her lethal prescription medication. How would the public opinion change? For those who originally said,” Pharmacists have the duty to fill all prescriptions presented to them regardless of circumstance,” would their opinion change? Would they now say that pharmacists have a right to protect the patient, even if it’s from the patient themselves?

Survey

To answer these questions I devised a survey to poll a group of individuals that would closely represent the majority of society. The questions of the poll were directed to gain insight into the opinions of various individuals on the topic of physician-assisted suicide. The questions of the survey were as follows: 1) What is your religious status? 2) Do you think that physician-assisted suicide is morally and ethically just? 3) Should a person have the right to end their own life? 4) Should a pharmacist be forced to dispense a lethal dose of prescription medication, knowing that it will be used to end a patient’s life? 5) Should a pharmacist have the right to deny a patient a prescription that may be used in an assisted-suicide? 6) Should physician-assisted suicide be made legal? 7) Should a pharmacist have the right to violate HIPAA laws and inform a patient’s family that their family member is attempting to commit suicide? 8) What if the patient was a family member of yours and was terminally ill, with less than 6 months to live? Would that change your decision? 9) Did your religious beliefs affect any of your previous answers? 10) Lastly, are you a pharmacist/pharmacy student?

Survey Analysis

After reviewing all of the responses to the survey, I was surprised to see the differences in opinion from person to person. In all, 118 people filled out the survey, with about half of those participants being pharmacists/pharmacy students. The rest were various citizens with no specific medical background.

The answers to the questions were very different, varying from person to person, but I will attempt to explain the yes and no answer for each question based on the responses of the participants.

Question 1) What is your religious status?

This answer varied since there are so many different religions and the sample was very diverse. The religions that were given were Catholic, Muslim, Lutheran, Methodist, Presbyterian, and 1 person described them self as having no religion. The wide variety of religions was definitely a factor in the variety of responses that were received in the survey, showing that religion has a very strong influence choices people make and the things that they view as morally acceptable.

Question 2) Do you think that physician-assisted suicide is morally and ethically just?
For those who answered yes, their answers had the general reasoning that people should have control over their own life, their own outcomes, and their own fate. They felt that if a person feels that they have nothing left to live for, they should be able to decide whether or not they want live any longer. It shouldn’t be anyone but the individual’s decision to end his/her life, no one else (the government) should have the right to tell someone how to live their life. So, with that said, these participants that voted yes for this question felt that seeking the help of a physician to end one’s life is morally and ethically justified. One person brought up a great point by mentioning that physician-assisted suicide is a much better, and safer, alternative to someone trying to end their life otherwise. Physician-assisted suicide offers a patient a way to die with some dignity, rather than the other gruesome ways of suicide, involving guns and other violent methods.

The amount of people who answered no was very close to those who answered yes on this topic, so you can see that people are very split on this issue. Those who answered no felt that physician-assisted suicide was wrong because they believed suicide was wrong. They felt that it was morally wrong for someone to kill themselves because they felt that only a divine power should have the right to end a life, by taking your life into you own hands, you were committing a sin. So, in turn, by seeking the assistance of another (a physician), not only were you committing a sin, but so was the individual who was assisting you.

**Question 3) Should a person have the right to end their own life?**

Once again, the yes and no responses to this question were quite close, with a few more no’s than yes’. Those that answered no did so for similar reasons as they did on the last question. Many stated that only a divine power had the right to intervene and end someone’s life. Those who answered yes, they did so based upon the belief that religion is just that, a belief, a faith in something intangible. So, why should someone be governed by what it is that they do not believe, or have faith, in? It is up to the individual to decide whether or not they want to end their life, not the choice of a God that they may not believe in.

**Question 4) Should a pharmacist be forced to dispense a lethal dose of prescription medication, knowing that it will be used to end a patient’s life?**

The overwhelming majority answer to this question was no. It appears that everyone, medical or non-medical background, agrees that a pharmacist should not be forced into dispensing a medication that may be used to end someone’s life. This would indirectly involve that pharmacist in the suicide of that individual, and the participants agreed that in this case, a pharmacist should not be forced to fill the prescription. This goes against the current public opinion that pharmacists have a duty to fill prescriptions, regardless of whether or not they feel its right for the patient. Right now, pharmacists are viewed as “pill-pushers” and they should not be allowed to deny a patient something that a doctor has ordered. This opinion is slowly changing due to recent cases where pharmacist intervention has saved patients’ lives after potential deadly prescriptions were ordered from primary care physicians without a thorough review of the patients’ current drug therapy. These patients could have experienced detrimental side effects of toxic drug-drug interactions and it was the pharmacist that prevented all of this from
Maybe after this news is made more public and the opinion of people, regarding a pharmacist’s right to refuse in suicide cases, are linked together, we may begin to see a shift in public opinion towards an acceptance of a pharmacist’s right to deny certain prescription medications.

Those that answered yes were the same group of individuals that believe that pharmacists have a duty to dispense prescriptions, with no room for professional discretion. It is this opinion that seems to be common place in society today but as I discussed above, hopefully after seeing how helpful pharmacist intervention can be, this opinion will slowly begin to fade away.

**Question 5) Should a pharmacist have the right to deny a patient a prescription that may be used in an assisted-suicide?**

This question is very similar to the last, but the specific thing I was trying to get out of this question was the public’s opinion on whether or not a pharmacist, as a healthcare professional, has the right to exercise his/her professional discretion and deny a patient a medication that may be detrimental to his/her health.

The group answered quite similarly to the last question, with the majority of people saying yes, pharmacists should have the right to deny a patient medication that could be, or will be, used to end that patient’s life. This goes along with the idea that suicide is morally wrong and that it is up to the healthcare professional to protect the patient, even if it is from themselves. For those that answered yes, most stated that they felt that the pharmacist has a duty to each and every patient to inform them of what the medication could be used for and to protect the patient from killing themselves. The patient could be delirious, or in the wrong state-of-mind and be making irrational decisions, so it is up to the pharmacist to protect the patient from themselves in this instance.

For those that answered no, they did so for the same reasons as the last question. They believe that pharmacists have a duty to dispense prescriptions, with no room for professional discretion, even if it means that by dispensing that prescription, the pharmacist just aided in an assisted suicide. They believe that even though suicide is morally wrong, it does not give the pharmacist the right to intervene and impose their values on a patient and his/her situation in life.

**Question 6) Should physician-assisted suicide be made legal?**

This question was basically designed to see, even if people agreed with it or not, if it would be right, or feasible, to legalize physician-assisted suicide. In the state of Oregon, physician-assisted suicide is legalized, with a very specific, structured system as to who can get it, when the can get it, and how they can go about carrying out the act of suicide, legally. It seems to work quite well, but with obvious difference in opinion as to the moral/ethical issues that surround physician-assisted suicide.

The majority of the respondents answered no, physician-assisted suicide should not be legalized throughout the country. There were a variety of reasons why, so I will only cover the most common ones. The biggest reason why people felt that it should not be legalized is that because it would be promote the idea that the United States, as a
country, promotes the act of killing oneself, which is not the image that the country wants, nor needs. Another reason is that it would change the way people view healthcare professionals. Doctors and pharmacists would be viewed as actually "doing harm" to their patients rather than protecting them. Instead of trying to solve the patient’s problems, the doctors would be just giving the patient and easy way out, which is not the job of a doctor, or pharmacist. Another reason that was stated was that by legalizing physician-assisted suicide, it would dramatically affect society. If people were allowed to kill themselves whenever they felt depressed or down, we would have a lot of dead bodies to deal with. People need to realize that life is about the ups and the downs, and learning to cope with the fluctuations. Life is not about taking the easy way out anytime an obstacle presents itself. By legalizing physician-assisted suicide, the United States would be promoting this less than ethical ideation.

Those that answered that physician assisted suicide should be legalized did so based on the idea that some people really are in pain and in dire need of relief, and for some the only way to achieve that relief is through death. The terminally ill are the perfect example. If someone is given less than 6 months to live, and is in agony every day from the pain, why should they have to suffer, why can’t they be allowed to die in peace, with some dignity. This is the main argument of the individuals that believe that the widespread legalization of physician-assisted suicide would be a novel idea.

**Question 7) Should a pharmacist have the right to violate HIPAA laws and inform a patient's family that their family member is attempting to commit suicide?**

This question addresses the idea that it may be acceptable for a pharmacist to violate the law in order to protect a patient from committing an act of suicide.

The majority of individuals answered yes to this question. They stated that although it is the law, it is more important in this case for the pharmacist to protect the patient and inform the immediate family that this patient is attempting to end their own life. The violation of the law is very minor in comparison to the duty that the pharmacist has to the patient and his/her family. This was the majority response to this question.

Those that answered no did so because they felt that in no circumstance was it permissible for a pharmacist to break the covenant that exists between provider and patient. If the patient wants to die, its their prerogative, and it is up to the patient if they want to inform the family members, not the pharmacist.

**Question 8) What if the patient was a family member of yours and was terminally ill, with less than 6 months to live? Would that change your decision?**

Although I expected this question to cause some individuals to change their decisions from the previous question, this was not the case, those that answered yes to the last question, answered that this situation would not change how they feel. The group that answered no to the last question, that the pharmacist does not have the right to tell the family, said that this situation would not change how they feel either. They felt that if a family member wanted to end his/her life for any reason, that it would be ok for them and if the patient didn’t want the family to know, then that was ok as well.
Question 9) Did your religious beliefs affect any of your previous answers?

The majority of individuals that took the survey stated that their religion did, in fact, impact their answers to the questions. This proves that religion plays a strong role in developing people’s opinions about moral and ethical issues such as suicide. The difference in opinions is reflected in the variety of different religions that exist and the variety of different beliefs about suicide.

Question 10) Lastly, are you a pharmacist/pharmacy student?

This question was just included to get an idea of the amount of healthcare versus non-healthcare individuals that were taking the survey. This allowed me to weight the opinions and determine whether or not I was getting biased answers. Overall, it was approximately a 1:1 ratio of healthcare to non-healthcare individuals that took the survey, which gives a nice, representative sample of the population.

Summary

After reviewing the literature and the survey, it is quite apparent that there are many different opinions regarding physician-assisted suicide and the pharmacist’s role in it. Many people feel that it is acceptable and just for a pharmacist to involve him/herself in the issue in an attempt to protect the patient from a potentially dangerous situation. While others believe that it is a person’s right to self-determination that should allow them to decide whether or not they want to live or die. Either way you look at the issue; there is no clear cut answer, rather opinions with moral justifications.

Conclusion

Whether or not a person feels that suicide is the only option for them, it ultimately comes down to the physician and the pharmacist when the decision involves assisted suicide. The healthcare team is the last line of defense for the patient and their life. If we deny healthcare professionals the right to intervene (i.e. pharmacists), we are hindering the system and potentially endangering the patient. The community pharmacist has a vast amount of knowledge and insight that can be valuable to a patient, and by restricting the pharmacist to only filling prescriptions with no professional discretion, you are denying that patient the proper care that they deserve. Many people that are suicidal may just need that one person to tell them that things are going to be ok, and lend them a helping hand. This is a perfect opportunity for the pharmacist to inform that patient on the ramifications of assisted suicide, not only the obvious self-destruction, but also the effect on family and friends. It is the pharmacist’s duty to PROTECT THE PATIENT, at all costs, even if it means protecting the patient from his/herself. The only way that a pharmacist can do this is by being allowed the right and the permission from the public, to exercise some judgment, without religious or personal bias, when it comes to filling prescription medications. Although the public does not seem to think that pharmacists should have this right, opinions are changing, just as is healthcare itself. Once the public realizes how important and crucial pharmacists are to maintaining order and safety in the healthcare system, I believe that there will be a shift in opinion towards granting pharmacists more rights and a more active role in patient care.
References


