Allowing Children in the United States the Option of Physician Assisted Suicide

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Physician assisted suicide is a hotly debated topic. This paper will not address the ethical implications of physician assisted suicide itself; rather, the issue of whether children (defined as individuals under the age of 18 years) should have access to this method of dying when faced with a terminal illness will be explored. First, physician assisted suicide will be defined and an explanation of the requirements for access will be given. Second, the reasons for allowing children access to physician assisted suicide will be explained. Finally, child vulnerability will be addressed. This paper aims to show the reader that a careful and well planned approach to making physician assisted suicide an option for children with terminal illnesses can benefit the children and their families.

Physician Assisted Suicide

The terms physician assisted suicide (PAS) and euthanasia are often used interchangeably, even by researchers (Bulmer, Böhnke, & Lewis, 2017). Since the two terms are not equivalent, misunderstanding can cause confusion for lawmakers, healthcare workers, and the general public. It is therefore important to understand the distinction when discussing the legality of PAS and who has access to it in the United States. Additionally, understanding the legal requirements for PAS is necessary to make an informed decision regarding PAS and children.

Definition

Chhikara (2017) explains the distinction between PAS and euthanasia: "Euthanasia is the physician administering the lethal drug to the patient, while physician-assisted suicide is when the physician prescribes the lethal drug and the patient administers the drug him/herself" (p. 431). Physician assisted suicide is sometimes referred to by proponents as "physician aided

dying" or "death with dignity" because the patient is already dying, thus removing society's negative connotation of suicide (Lewis, 2017, p. 7). Although the author prefers the alternative terms, this paper uses the term physician assisted suicide because it is the one most commonly used in literature on the topic. A discussion of euthanasia is beyond the scope of this paper.

Areas in the United States Where Physician Assisted Suicide is Legal

PAS is not widely available in the United States. Currently, only six states (California, Colorado, Montana, Oregon, Vermont, and Washington) and the District of Columbia allow physicians to prescribe medication that will result in death for terminally ill patients (Chhikara, 2017; Lewis, 2017).

Who Can Access Physician Assisted Suicide in Legal Areas

Even in areas where PAS is legal, there are strict requirements. Chhikara (2017) explains that these requirements include the individual being age 18 or greater, holding residence in a state where PAS is legal, having a diagnosis of a terminal illness with a life expectancy of six months or less, and having the ability to "mak[e] and communicat[e] health care decisions for himself/herself" (p. 434). This precludes individuals under the age of 18 from accessing PAS, even if they meet all the other requirements and their parent/legal guardian or physician agree that PAS would alleviate the child's unnecessary suffering (Chhikara, 2017; Lewis, 2017). The legal consequences are severe for healthcare providers who may wish to help alleviate the suffering of such a child by providing them with life-ending medication. According to Chhikara (2017), even in states where PAS is legal, "[a] physician would be guilty of murder, not just battery, for providing a terminally ill minor with lethal drugs to commit suicide" (p. 434).

Allowing Children the Option of Physician Assisted Suicide

Across the United States, children are expressly excluded from the option of PAS regardless of its legality. No area in the United States allows PAS for individuals under the age of 18, regardless of the specific circumstances of the individual. However, the issue of PAS when applied to children is more nuanced than simply age. As will be discussed, age and competency are not equivalent measures. In addition, children suffer from pain in terminal illness just as much as adults. Individual circumstances should therefore dictate decisions regarding PAS rather than an arbitrary age. PAS for children is legal in some other countries and has benefitted children suffering with terminal illness and their families. Despite these points, it is argued that children are a vulnerable population and should thus be excluded from PAS.

Physician Assisted Suicide is Applicable for Children

As Lewis (2017) explains, "[e]veryone wants to live a happy life and to have a good death…Unfortunately, for many people the process of dying can be a painful ordeal" (p. 1). In such cases, PAS can help relieve prolonged intense suffering. The purpose of PAS is to "relieve patients from excruciating pain and allow them to die with dignity without going through the mental and physical anguish of dying over a drawn-out period of time" (Chhikara, 2017, p. 436). Chhikara (2017) and Stillman (2016) rightly point out that children with terminal illnesses suffer just as much as adults, and should therefore be given the same options to relieve their suffering.

Individual Circumstances Should Dictate Decisions

Because circumstances vary widely, a blanket statement is inappropriate to address when PAS is an acceptable option for children. Stillman (2016) explains that doctors and families are more aptly situated than lawmakers to make decisions regarding PAS for children:

> In the case of assisted suicide, removing the strict bar of eighteen years of age would take these decisions out of the hands of lawmakers and put them under the control of doctors

> and families, who are in a better position to make the best decisions regarding the administration of healthcare and the protection of the individual well-being of each child. (p. 287)

Age Versus Competency

Chronological age and competency, while generally assumed to be correlated, are not always equivalent. As discussed previously, one requirement for access to PAS is the ability to make and communicate choices regarding personal healthcare decisions (Chhikara, 2017). This alludes to the idea that some adults may not be competent to choose PAS as an option despite meeting all other requirements. For example, severely mentally ill adults as well as developmentally delayed adults could be argued incapable of making and communicating their choices because of their condition. It follows, then, that age and competency are not equivalent. Fritz (2016) explains that adolescents vary in their level of developmental maturity. Fritz (2016) and Chhikara (2017) both suggest using competency rather than age as a requirement for PAS. According to Chhikara (2017), "[r]eplacing the age restriction with a competency standard is a better solution in accomplishing the goals of physician-assisted suicide by supporting patient autonomy and providing capable persons with a dignified death" (p. 430). As Stillman (2016) aptly pointed out, "one cannot convincingly argue that a tidal wave of competence flows into the mind of a person between 11:59 p.m. and midnight on his or her eighteenth birthday" (p. 291). Clearly, age does not equal competence.

Legality in Other Countries

In some other countries in the world, PAS is an option for children. Laws vary depending on the country, but the United Kingdom, the Netherlands, and Belgium all have provisions for allowing children with terminal illnesses access to PAS (Stillman, 2016). Parents in these

countries have successfully advocated for their children who wished to utilize PAS and been able to relieve their suffering (Stillman, 2016). These examples can serve as a guide when developing comparable laws in the United States.

Children as a Vulnerable Population

An important argument against allowing children access to PAS revolves around the vulnerability of children. This vulnerability can be related to many factors including emotional immaturity, a lack of life experience, the ability of others to legally act on their behalf, and a feeling of being a burden on their families. Lewis (2017) explains that "minors may not understand the finality of death because they are immature and lack life experiences" (p. 49). Because they may not understand the gravity of their decision, it can be argued that children should not be allowed to make such final decisions, especially if they are making it at the prompting of an adult. Lewis (2017) further explains how children "may feel pressured to die to relieve the suffering of their parents" (pp. 49-50). To this point, De Lima et al. (2017) explain that the position of the International Association for Hospice and Palliative Care is that "it is unacceptable to argue that the desire to relieve the burden onto others constitutes a legitimate reason for euthanasia or PAS" (p. 11). While children are to be commended for their ability to feel and express empathy, such awareness of the strain they place on their families should not be the driving factor behind a request for PAS.

Clearly, the vulnerability of a child is a valid concern. However, Lewis (2017) points out that "[a] minor who is suffering from a terminal illness is probably older than his or her chronological age" (p. 50). This speaks to the increased emotional maturity and more intense life experiences children with terminal illness often experience when compared to their peers. To mitigate the concern of children's vulnerability, Chhikara (2017) recommends a rigorous

approval process that would protect children's interests while still allowing them the option of PAS should they feel it is warranted.

Conclusion

Physician assisted suicide is a controversial issue, and becomes even more so when discussing children who are terminally ill. In areas where PAS is legal, children are specifically prohibited by age requirements. However, terminally ill children suffer just as exquisitely as terminally ill adults, and are often more capable than their age peers of understanding pain, suffering, and death. Because of this, they should be allowed the option of PAS based on their individual circumstances and characteristics. However, it is also important to protect children from death due simply to guilt or caregiver suffering or inconvenience. Clearly, removal of the age requirement for PAS is not enough. Instead, protections must be put in place to safeguard this vulnerable population while allowing them the opportunity to end their immense pain and suffering.

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