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Should the United States Allow for Physician-Assisted Suicide On the Sole Basis of
Mental Illness?

The amount of wonderful people I have in my life is quite frankly almost infinite. The reality is as much as I love them, their words and support are, in fact, useless to me. I appreciate the sentiment, but it cannot fix me chemically. So we're talking about giving access to people who are unfortunately neurobiologically doomed, said Adam Maier-Clayton at the end of his essay in *Globe and Mail*.

(Maier-Clayton)

Adam Maier-Clayton was a 27-year-old from Canada. From the time he was a young boy, his parents knew he was special. Not only was he a top student, he was also a star soccer and football player. On April 15, 2017, Adam Maier-Clayton took his own life. He overdosed on the same medication that had been prescribed to help him.

Maier-Clayton suffered from anxiety, depression, obsessive-compulsive disorder, dissociative depersonalization disorder, psychosomatic pain, and an endless list of physical tics. He became the face of the Canadian movement to expand the access to physician-assisted suicide (PAS). He spent the last years of his life advocating for a change in legislation to allow for all those who are suffering access to PAS. It is clear that Adam Maier-Clayton was suffering immense pain, but does that give him the right to access PAS? Many critics point out that mental illness does not fall under the current definition of a terminal illness. Should the current

definition of “terminal” define the boundaries of PAS? Does a mental illness inhibit the rationality needed to make a life or death decision? Or, is the presence of a diagnosable mental illness enough to take away an individual’s right to die? Is all suffering, whether mental or physical, the same? If so, should they both have equal legislation? Should the United States legalize physician-assisted suicide on the sole basis of mental health?

What first captured my attention is the wide variety of sources, opinions, data, academic journals, that I found concerning this new research field. Mental illnesses and discussions about their impact on individuals and society are becoming more common. My generation especially is the most open about mental illness. Hopefully, if we take it upon ourselves to continue talking about this issue now, future generations will have a firm foundation, with which to battle mental illness. Moreover, this topic raises questions that require our society to define personal rights. I think defining these rights is essential. The intersectionality of these two subjects into one is why I choose to research this question. It is clear that this subject is not going away any time soon and I want to be able to form my own opinion first, using reliable sources and in-depth research.

It is important for everyone to be informed about physician-assisted suicide, mental illness, and the legislation surrounding both because it is a subject that affects millions of people every day. Even though the U.S. has not legalized PAS on a federal level, if it does, defining its boundaries will be the next issue. These boundaries will certainly include who will be entitled to it. Being well-informed before this becomes an issue will allow both legislators and civilians alike to have educated discourse. Without this vital discussion, The US will never be able to design or implement a solution. Even if the US never legalizes PAS, it is still important to discuss how mental illnesses are viewed and treated in this country. This research question affects everyone, because it requires everyone to not only evaluate what their personal principles

are, but what their society's principles are. The United States Constitution states that everyone has the right to life, liberty, and the pursuit of happiness. If someone willingly wants to die, do they have the right to pursue their happiness or does the American society have the obligation to preserve life?

People who support the legalization of PAS on the basis of mental illness have four core arguments. First, they believe that a person should have complete authority over his or her own body. Advocates assert that what happens to a person's body should be his or her own choice. Second, they believe that every human being has the right to die with dignity. Third, they support the idea that mental illnesses and physical illnesses are equal. Last, they recognize that not everyone has access to the psychiatric treatment they need and without it, will helplessly continue to suffer.

Those who are opposed to the legalization of PAS on the basis of mental illness also have four core arguments. First, they claim that mental illnesses are not terminal. They argue that mental illnesses themselves do not directly kill a person, neither would the death be linear or predictable and, therefore, cannot fall under the definition of a terminal illness. Second, they believe that those who suffer from mental illnesses are not rational enough to make the decision to end their life. Third, they believe that the expansion of access to PAS will lead to more, unnecessary suicides because suicide will be viewed by society as acceptable. Lastly, they say that psychiatrists should not be put in the position of having to decide who deserves to and is rational enough to die, and who is not.

The issue of PAS dates back more than two hundred years. In 1828, among the passing of other anti-suicide legislation, New York became the first state to forbid access to PAS. Over the next hundred years, there were only a slight number of doctors who chose to break the law. PAS

became a worldwide issue in 1918, in Switzerland. In a world where suicide had been both illegal and damnable, the Swiss government declared that they no longer considered suicide a crime. Eighty years later, Oregon responded in agreement and passed the Death with Dignity Act in 1994 (Appel). Even so, it was not until the 21st century that the idea of a mental illness-based physician-assisted death was even considered a possible reality. The Netherlands was the first country to make a move. In 2002, the government passed The Dutch Termination of Life on Request Act to provide “legal security for all involved, assuring prudent practice with regard to euthanasia and physician-assisted death” (Denys). Suddenly, this inconceivable notion became a tangible reality set on a world-wide stage.

The following sides and respective sub-issues are organized in a consecutive format. The side that supports the legalization of physician-assisted suicide, on the sole basis of severe mental illness, has four main arguments. First, proponents argue that a person should have the ability to make his or her own choices regarding his or her own body. Second, supporters believe that death with dignity is a universal right, extended to all people. Third, they support the equality of physical and mental illnesses. Last, they recognize that not everyone who needs medical care has access to the treatment that would ease their suffering. Next, four of the opposing side’s arguments will be presented. First, opponents point out that mental illness is not defined as terminal as physical illness is. Second, they question the ability of someone suffering from a severe mental illness to make a rational decision. Third, they believe that with the expansion of PAS comes the societal acceptance of suicide, which leads to an increase of unnecessary suicides. Last, opponents argue that psychiatrists should not have to decide who can and cannot access PAS.

The first argument used to support the expansion of the boundaries of PAS is that an individual has the right to make every decision regarding his own her own body. Jenna Marie Capistrano, a nursing student from San Francisco, articulates her agreement with this argument. She states that “people should always possess autonomy, or self-rule, in their everyday living” (Capistrano). Capistrano continues to assert that the United States Constitution is explicit in its stance on an individual’s rights, ensuring every American citizen the right to pursue happiness. Thus, Capistrano maintains that if a person's happiness includes a controlled and quick death, the Constitution guarantees nothing less than that. Kyle Munkittrick, a recent graduate of NYU with a master’s degree in bioethics, furthers the argument that the United States government should support the use of PAS. He writes that “[he] finds it amazing that for all of [the] amendments protecting freedom of religion, and assembly, and the press, [the Constitution] lacks an amendment protecting freedom of bodily self-determination” (Munkittrick). Instead of the government not interfering at all, such as Capistrano suggested, Munkittrick argues that not only should the government interfere, it should support PAS. Munkittrick proceeds to construct a second argument. He discusses the bioethical support for his stance on personal autonomy and the contention within the bioethical community over this issue. Justine Dembo, a psychiatrist, makes a similar bioethical argument in favor of PAS, even for mental illnesses. “Patient autonomy is now one of the core principles of medical ethics and law” (Dembo et al. 453). Her academic journal discusses the problem of paternalism in modern medicine and the slippery slope that paternalistic medicine creates. Dembo writes that paternalism inherently overrides a patient’s autonomy and is, therefore, unethical. Those in favor of allowing individuals who suffer from mental illnesses to access PAS make the argument that it is both unethical and contrary to the values of the United States.

Second, supporters believe that no matter the circumstance, the right to die with dignity is a universal right and should extend access to PAS. Advocates would say that society should have the goal of minimizing suffering, including allowing people to die how and when they choose to. Jacob M. Appel, a practicing psychiatrist with a B.A. and an M.A. from Brown University, agrees with this argument. Appel adds that “patients, advocates believe, should be able to control the decision of when to end their own lives, and they should be able to avoid unwanted distress, both physical and psychological” (Appel). By giving people the right to choose the circumstances of their own death, supporters argue that not only will it limit the patient’s distress, it will also limit the patient’s loved ones’ distress. Capistrano writes that “in addition, everyone should be given the chance to die with dignity because people do NOT want to be remembered as someone who was weak and frail” (Capistrano). Both Capistrano and Appel write in their respective essays about the issue of death with dignity. They focus on the impact that a sudden, gruesome death can have on people and those closest to them. This point of view allows them to make the argument that to minimize suffering, PAS should be extended to not only allow all patients to die with dignity but to allow patients' loved ones to have their memories of a person remain intact.

The third argument advocates make is that both society and government should view and treat all human suffering, whether mental or physical, as equal. Justine Dembo makes this argument in her academic journal and writes that “the intensity of suffering in severe mental illness can be equal to that of the most severe physical conditions” (Dembo et al. 453). Karolynn Siegel, mental health researcher and the developer and director of the psychosocial research unit in the Department of Social Work, advocates for this argument in her entry to the American Journal of Psychotherapy. Her journal details the history of suicide and examines what it means

to undergo a rational suicide. She comes to the conclusion that in order for a suicide to be rational, it must fulfill three criteria: the individual must be able to make a realistic assessment of their situation, their decision cannot be impaired by mental illness, and the motivation behind the individuals desire to die must be understandable to an uninvolved majority. In addition, Siegel makes the argument that the principle of the right to self-termination exists and has existed throughout history. Wendy Glauser, a Canadian, science and health writer, and editor, with the added expertise of Michael Nolan and Jeremy Petch, takes this argument one step further and states that “it would be discriminatory to allow physician-assisted death for those with non-terminal physical conditions but to bar it for those with non-terminal psychological conditions” (Glauser et al.). This is the heart of the equality argument, whether or not it is discriminatory to exclude mental illness as a valid reason for PAS. These authors argue that it is unethical and unconstitutional to allow one group of people access to PAS, and not allow a different group of people access to PAS, even though both groups are suffering. Damiaan Denys, a Belgian psychiatrist and philosopher, takes this position as well and challenges the criteria currently in place regarding PAS. He insists that the logical argument does not follow that someone who suffers less than someone with a mental illness can die, while the other cannot. Supporters assert that in order for all people to be equal, PAS must extend to those suffering from mental illness because they are suffering as much, if not more than someone with a physical illness.

The last argument made by supporters of PAS is that not everyone has access to the expensive or nonexistent psychiatric treatments that they need. Without these vital treatments, they will continue to suffer the full effect of their illness. A study conducted by Mental Health America found that in 2017, “one out of five (20.3%) adults with a mental illness report they are

not able to get the treatment they need” (“2017”). This study indicates that there are two reasons for this, either people are not able to afford the treatment or what they need does not exist, requiring them to spend even more money on trial and error treatments. In the US, there exist both people who do not have health insurance and many whose health insurance or lack thereof does not cover their treatment. Furthermore, many of the cited works would agree that science is far from understanding the brain and how it works and so, without understanding these illnesses it is almost impossible to find permanent cures. An article written for *The Canadian Press* discusses the other variables that affect a person’s ability to cope with their mental condition, “inadequate housing, social isolation, poverty and lack of employment,” all very real scenarios that people with mental illnesses face (“Deciding”). Advocates argue that the deck is already stacked against those with mental illnesses. Supporters use this argument to defend the expansion of PAS because, for many people, PAS is their only option.

The first argument used to oppose the expansion of PAS is that mental illnesses are not terminal. Andrew Lawton, a journalist for *Global News*, alleges in his article that to define an illness as terminal requires it to cause a “linear and predictable” death (Lawton). Although a mental illness may result in a self-inflicted death, based on this accepted definition, it still is not terminal. Appel presents this argument in his article and explains that “one crucial distinction between chronic mental illness and terminal disease is that death is inevitable in the latter cases” (Appel). This predictability is what makes an illness terminal, and without this qualification, opponents hold that PAS should not be considered an option. Moreover, opponents argue that not only can people live with mental illnesses, but in some instances, their symptoms eventually dissipate. Rob Whitley, the principal investigator of the Social Psychiatry Research and Interest Group at the Douglas Hospital Research Center, supports this argument and writes in his

commentary that “people with severe mental illnesses can live autonomous, contributing and satisfying lives in the community, even in the presence of persisting symptoms” (Whitley 951). This argument is not without its support and challenges the idea that mental illness is a death warrant. The co-founder of the National Empowerment Center (NEC) and psychiatrist, Daniel Fisher, cites the research done by his organization that “has shown that people can fully recover from even the most severe forms of mental illness” (Fisher). He continues by discussing the interviews that NEC has conducted with people who have been at one time diagnosed with schizophrenia or other severe mental illness. Those interviewed have all recovered from their illness and have been able to live their lives to the fullest. Opponents of expanding PAS argue that, first, mental illnesses do not guarantee death in the same way that physical illnesses do and second, that there is evidence that people have recovered from even the most severe of mental illnesses.

Second, and the most prominent argument made to oppose PAS for mental illness, is the argument that individuals suffering from a mental illness are not rational enough to make a life or death decision. This argument rests on the fact that “mental illness can distort thinking and impair the ability to process relevant information and to appreciate consequences of a decision” (“Deciding”). Currently in the US, there is a mental fitness test required before anyone can undergo PAS. Opponents argue that someone with a mental illness cannot pass this test and therefore, should not be allowed to undergo PAS. Additionally, suicidal thoughts are a very common side effect of most mental illnesses and so, Lawton asserts that is not possible to distinguish between patients who want to die to end their suffering and those patients that are under the influence of suicidal thoughts. “Being a pretty good debater, [Lawton] [is] sure [he] could have sold [his] own suicide given how convinced [he] was that it was the right call. That

wouldn't have made it any less flawed a conclusion" (Lawton 3). Lawton believes that clear articulation does not make a decision correct. Siegel agrees and writes that:

the defining characteristics of a rational suicide are: (1) the individual possesses a realistic assessment of his situation, (2) the mental processes leading to his decision to commit suicide are unimpaired by psychological illness or severe emotional distress, and (3) the motivational basis of his decision would be understandable to the majority of uninvolved observers from his community or social groups. (Siegel 407)

Adversaries make the argument that those suffering from a mental illness cannot meet one or more of these. David W. Kissane, an academic psychiatrist, and author and Brian J. Kelly, fellow researcher, and psychiatrist, write, the side effects of mental illnesses "include loss of interest and pleasure, depressed mood, loss of concentration and inattentiveness, indecisiveness, social withdrawal, guilt, worthlessness, hopelessness and helplessness" (Kissane and Kelly 327). All these feelings, whether real or imagined contribute to opponents' arguments that it is impossible to determine the rationality of an individual suffering from a mental illness. Without this certain rationality, challengers argue that PAS should not be employed.

The third argument opponents use to dispute the expansion of PAS is that if PAS is expanded, then society will begin to view suicide as acceptable. This argument was first made when opponents noticed that "in 1990, before [PAS] was legal, 1.7 percent of deaths were from euthanasia or assisted suicide. That rose to 4.5 percent by 2015" (Euthanasia). David A. Jones and David Paton, bioethicists, conducted a study in the US to test this argument. The data compiled in their medical journal finds that "states that legalized PAS were characterized by higher rates of nonassisted suicide" (Jones and Paton 601). Based on this data, Jones and Paton

conclude that “the introduction of PAS seemingly induces more self-inflicted deaths than it inhibits” (Jones and Paton 603). Adversaries fear that if access to PAS grows, more people will begin to view suicide as a legitimate option. Furthermore, challengers argue that doctors will also become too lenient on allowing suicides. An article, written for *CBS News*, quotes Dr. Agnes Van der Heide, who said, “doctors become more confident in practicing euthanasia [then] more patients will start asking for it. Without a more restrictive system, like what you have in Oregon, you will naturally see an increase” (Euthanasia 2). Those who support the expansion of PAS argue that doing so may prevent self-inflicted death, but opponents' research shows that the reality is, in fact, the opposite.

The last argument in opposition to the expansion of PAS is that opponents believe that psychiatrists should not be in a position that demands they decide who is and who is not rational enough to commit PAS. Mark D. Sullivan, professor of Psychiatry at The University of Washington, is a passionate supporter of this argument and writes that “casting psychiatrists as gatekeepers in end-of-life decisions poses risks to the profession itself” (Sullivan et al. 24). He continues by explaining that, because of the lack of objectivity in determining rationality, it would be nearly impossible to put definite safeguards in place, leaving the decision completely in the hands of the physician. According to Sullivan, the problem exists because a psychiatrist's purpose is to save mentally ill people from choosing to die, once this purpose is gone, psychiatry as a whole is at risk. Likewise, others, such as Damiaan Denys, argue that by expecting psychiatrists to be able to grant their patients permission to access PAS, “there is a serious risk that the psychiatrist's granting of a request is contaminated by countertransference” (Denys). Denys writes that because psychiatry creates such a deep interpersonal bond, it is very possible that a psychiatrist would be unable to make an objective decision, without outside influence from

his or her patient's distress. Those who advocate for this argument believe that the line between helping a patient end his or her suffering and preventing him or her from committing suicide is too thin to be justifiable. Furthermore, they agree that it is impossible for a psychiatrist to make an objective decision when applicable objective standards do not exist. Opponents of the expansion of PAS would argue that by expanding PAS, society is placing every psychiatrist in impossible, unethical positions: sole gatekeepers between life and death.

For most of history, arguments for and against PAS for purely physical ailments dominated the controversy surrounding PAS. This changed in 2002 when the Netherlands passed The Dutch Termination of Life on Request and Assisted Suicide Act, which opened up the requirements of PAS. Now, not only do countries have to make decisions about whether to legalize PAS or not, but they must also make decisions about what the boundaries of PAS are. Over the next thirteen years, three other countries--Belgium, Switzerland, and Luxembourg--passed acts to allow access to PAS on the grounds of mental health. The most recent example of a robust debate over PAS was in Canada in 2015. On February 6, 2015, the Canadian Supreme Court in *Carter v. Canada* ruled that as long as an individual "clearly consents to the termination of life; and has a grievous and irremediable medical condition" (Gallant). Other than those two stipulations, the court did not add any requirements for the access of PAS. The rest of Europe begins to move in a similar direction and as recent history has shown, this debate is not inescapable and it cannot be taken lightly.

The question concerning defining the boundaries of PAS has arguments to support the expansion of these boundaries and arguments to refute it. Supporters of PAS argue that ethically, every individual has the right to complete autonomy over his or her body, not to mention the right of every individual to experience a dignified death. From a Constitutional standpoint, it is

clear in the American supreme law that everyone is equal, and thus, if the Supreme Court legalizes PAS for one select group of people, the argument follows that the Supreme Court must legalize it for all who fit the same criteria. Last, because there are so many people who are unable to access the treatments they need to ease their suffering, expanding the boundaries of PAS is a pragmatic decision. Opponents argue that expansion is unethical because it would place psychiatrists in the impossible position of having to determine who is rational and who is not. Additionally, widening the boundaries of PAS would require individuals whose minds have been altered by a disease to make a life or death decision. Furthermore, opponents demonstrate that statistics have shown that the legalization of PAS leads to more self-induced deaths because the legalization leads societies to believe that suicide is acceptable. Last, opponents argue that, logically, mental illness does not fit the description of a terminal illness and, therefore, should not qualify for PAS.

To better grasp the nuances of each of these arguments, six interviews were conducted with individuals who are experts on this topic. Conducting personal research allows for further explanation both the affirmative side and the opposing side's arguments and sub-arguments, which cannot be achieved from reading alone. The five experts answered eight core questions during the interview. Each question derives from one of the sub-arguments from either side (see Appendix A). Three of the interviews supported legalizing PAS on the basis of mental illness and two opposed legalization. The first expert interviewed, Dr. Jacob Appel, is in support of legalization. Dr. Appel holds an M.S. in bioethics and an M.D. from Columbia University. As an accomplished physician and published bioethicist, Dr. Appel has not only comprehensive knowledge on this topic but also extensive experience, which has led him to support the legalization of PAS for mental illness. Ms. Sue Porter completed a Masters of Science in

Bioethics and has also served as a director on both the National and the Oregon boards for Compassion and Choices. She is one of the founding members of the advocacy group End of Life Choices Oregon, which provides personal support and information about the Death With Dignity Act. Ms. Porter has acted as the face of many pro-PAS movements in Oregon for years. Dr. Paul Ford works for the Department of Bioethics at the Cleveland Clinic. He is also responsible for teaching many medical trainees. Dr. Ford specializes in neuroethics and thus, has overwhelming expertise on this subject. Mr. John Kelly is the Regional Director of Not Dead Yet, a disabilities rights advocacy group that opposes the legalization of physician-assisted suicide. Not Dead Yet is led by a group of disabled men and women who use their personal experiences to fight against the pro-PAS movement. Mr. Kelly has spent decades researching this issue and, as a quadriplegic, draws upon his own experiences when addressing this issue. The fifth expert interviewed, Dr. Mark Komrad, a psychiatrist at Johns Hopkins, has spoken many times on the subject in the past. He has spent many years studying the topic.

The first expert interviewed, Dr. Jacob Appel, psychiatrist and published bioethicist, believes that “as a psychiatrist, [his] goal is to...help people who are sick to feel better, but...to [also] grant autonomy to [his] patients” (Appel, Personal interview). Dr. Appel supports the legalization of greater access to PAS but is careful to outline what a proper system would look like, starting with careful patient evaluation. “[Psychiatrists] want to make sure that people are carefully evaluated [and] that they express their wishes over a long period of time” to ensure consistency (Appel, Personal interview). He would also be sure to ask additional questions such as, whether the patient has explored other options and whether his or her family supports this decision. According to Appel, “the best question [to] ask a patient is ‘if [psychiatry] had a cure for [his or her] psychiatric illness would [the patient] still want to end [his or her] own life?’” if

the patient answers yes, then Dr. Appel believes that there is an underlying level of suicidal tendencies that need psychiatric attention and that the patient should not have access to PAS (Appel, personal interview). However, if the patient answers that if there was a cure for his or her illness then they would no longer request PAS, then Dr. Appel believes that, because the patient's sole reason for wanting to die is his or her illness and not suicidal tendencies, the patient should have access to PAS. Last, when asked if he thought that if access to PAS expands, then suicide rates would increase, Dr. Appel answered by critiquing the current Belgian system. He maintains that if a controlled system for PAS was in place, similar to Washington's and Oregon's, suicide rates would not increase. "Belgium's system has become a free-for-all," and thus, due to the slipping standards, they are seeing an increase in suicides across the board (Appel, personal interview). Overall, Dr. Jacob Appel believes that if a cautious and controlled system, that rested on careful patient evaluation, was in place and enforced, then expanding access to PAS could benefit many suffering patients.

The second expert interviewed was Sue Porter, the founding, executive director of End of Life Choices Oregon, has spent the past two decades fighting for the universal right-to-die. She began the interview by explaining how language has affected the pro-PAS movement. Although most people use the terms euthanasia, assisted suicide and aid-in-dying interchangeably, they all describe different procedures and, when used incorrectly, have had a negative impact on the pro-PAS movement. "The term euthanasia refers to the act of making someone die when the patient has no capacity to do it themselves," whereas the terms assisted suicide, or aid-in-dying, as Porter prefers, refer to the act of patients choosing to die and actively administering the drug themselves (Porter). Euthanasia is currently illegal everywhere in the US, but because that term is being used to describe what should be more accurately called aid-in-dying, the negative

connotation that belongs to euthanasia falls onto aid-in-dying. Porter continues to describe the detrimental effect that this misinformation has had on the movement she and her advocacy group have supported for twenty years. When asked about the ethics of the current mental fitness requirement, Ms. Porter answered that while it is important that a person's judgment is not severely impaired, in cases where a patient's mental state is subject to deteriorate over time, "there is the theory of former self and past self, which holds that whatever the former self's wishes were, those are the wishes that physicians fulfill regardless of the current self's feelings" (Porter). Unfortunately, issues arise when psychiatrists deem the current self unfit, and the patient may be forced to do something he or she does not wish to do, thus, the patient no longer possesses autonomy. Ms. Porter also believes that there is a problem with the current standard that requires the patient's illness to fit the definition of terminal. "There are always many cases of patients outliving the six-month projection, so the terminal nature of an illness, especially with mental illness is almost arbitrary," said Porter. Last, she articulated her disbelief in the argument that expanding PAS will lead to more suicides. Ms. Porter spent time working at the Hasting Center Report and although familiar with this argument, believes that it has no real legitimacy. In conclusion, Ms. Porter holds that the right to die is universal, but that safeguards should be in place to protect vulnerable patients. Additionally, she believes that some of the current standards that are in place, such as the mental fitness test and the need for an illness to be terminal, may be unnecessary and unhelpful.

The third expert interviewed, John Kelly, is the regional director of the disabled rights activist group, Not Dead Yet and ardently opposes the expansion of PAS. After becoming a quadriplegic almost two decades ago, Kelly learned first-hand about the pressure and the discrimination that the disabled community felt because of the pro-PAS movement. "The media

began to rush to facilitate [PAS], all while pushing the underlying message, ‘better dead than disabled,’ people believed that they were in dire circumstances and thus, they became suicidal” (Kelly). Kelly explained that in the disabled community, people began to feel pressure from everyone around them to consider death a better option than their current life. So, Kelly believes that if access to PAS were expanded, then suicide rates would indeed increase. “A state cannot be putting effort into suicide prevention while at the same time be promoting suicide” said Kelly. He continued on to explain that, especially in the case of mentally-ill patients, who may already be struggling with suicidal thoughts, “expanded access to PAS puts these vulnerable people in very dangerous positions, wherein they may feel an external push to commit suicide” (Kelly). On this issue, Kelly depends on his experiences in the disabled community to draw his conclusion.

According to Kelly, the issue of PAS is also class-based: “It tends to be white middle and upper class people, who are accustomed to a lot of control over their lives and have trouble handling receiving care, who push for [expanded PAS]”, putting lower class people and people of color in uncomfortable positions and once again “turning on people who are physically or mentally disabled (Kelly). From his own personal experiences, Kelly opposes the expanded use of PAS because of the negative side effects it could have on physically, and especially, mentally ill people who feel that society has decided they are unworthy of life.

The fourth expert interviewed, the Education Director of bioethics at the Cleveland Clinic and neuroethics specialist Dr. Paul Ford believes that while access to PAS should only be expanded on the grounds of careful evaluation, some of the opposition’s arguments may not be well-founded. Dr. Ford said that “there are no shortages and there never will be a shortage of opportunities for a psychiatrist,” and so, due to the constant need for psychiatrists, there is no threat to psychiatry from PAS, as many opponents have argued (Ford). Furthermore, the bigger

problem facing psychiatry it is that “the government controls many of the drugs used in assisted dying and the government gives the power to use those drugs, leaving the process out of experts’ hands” (Ford). He continued on to assert that “the slippery slope argument is not very convincing because [every element of society] makes differences and distinctions, and so, to say that [society] would ever reach a place where a system such as [PAS] could get out-of-control is unlikely” (Ford). This is to say that it is not fair to assume that because the boundaries of PAS may shift or expand that the whole system has or ever will slide out of control. Dr. Ford believes that PAS must strike a balance between “[society’s] protection of those who are most vulnerable and [its] obligation to protect those who are who are vulnerable,” but that while expanding access to PAS should be treated with caution, it is not something to be feared.

The fifth expert interviewed, Dr. Mark Komrad, believes that it is the job of psychiatrists to prevent suicides. He thinks that there is danger in allowing psychiatrists to give access to PAS. “In many cases [...] counter-transference and inadequate treatment become serious problems when discussing PAS for mental illness” (Komrad). Additionally, as PAS expands, Dr. Komrad fears that society will begin to normalize it and that physicians will become more and more comfortable performing PAS. When asked about current PAS systems in countries such as Belgium and the Netherlands, where PAS for mental illness is legal, Dr. Komrad fears that “the slippery slope has been accelerating dramatically,” so much so that “66% of [patients who used PAS between 2011 and 2016] cited social isolation and loneliness as their primary motivation” (Komrad). According to Komrad, as the boundaries of PAS have been expanded, the standards and requirements have begun to slip, even to the point of “comprehensive competency evaluations not always being done” (Komrad). In short, Komrad believes that “to transform suicide into a medical procedure, to give a certain group of people the ability, the privilege, the

license to kill another human being might be clinically pragmatic, but it is morally ironic” (Komrad). Dr. Mark Komrad believes that it is a psychiatrist's duty to prevent suicides at all costs and that to change this core message is immoral and begins a dangerous slippery slope.

Many of the ideas articulated by the experts cited in the personal interviews are similar to ones found in the review of literature. For example, Ms. Porter would agree with what Capistrano wrote in her article “My Body. My Right. My Choice. (Sustained Argument),” that “people should always possess autonomy, or self-rule, in their everyday living” (Capistrano 5). Porter even said in her interview that “[she] was raised with the belief that people have the right to die,” and that patient autonomy has always been her goal. Dr. Ford would agree with them but draw the distinction that while autonomy is important, there must be “a balance between protecting those who are most vulnerable and an obligation to allow people self-determination” (Ford). Dr. Ford would also disagree with Denys’ argument, in his article, “Is Euthanasia Psychiatric Treatment? The Struggle With Death on Request in the Netherlands,” that the profession of psychiatry would be put at risk if PAS were expanded. “For psychiatrists, it can be seen as the ultimate patient demand [...] the possibility that the patient at any time is free to seek assistance with death from another physician may induce a frustrating therapeutic atmosphere” (Denys 2). Dr. Ford argued that “that's not a well-founded argument because there are far more people right now that use psychiatric counseling” and that “there are no shortages and there never will be a shortage of opportunities for a psychiatrist” (Ford). On the other hand, Dr. Komrad would agree with Denys’ argument and discussed in his interview about the dangers of countertransference. “In many cases [in the Netherlands and Belgium] the decision was caused by counter-transference or inadequate treatment” (Komrad). In the article, “Deciding on assisted death in context of mental illness highly complex, experts say,” the author cites Dr. Ana

Novakovic who agrees with Dr. Komrad's argument that many people do not have access to the care they need. "So part of the concern here is that people might be looking to assisted dying, not because they have an illness that can't be treated or supported, but because they can't access those treatments and support," Novakovic said from Vancouver" (Deciding 4). This concern is also shared by Dr. Appel. He believes that "the best question [to] ask a patient is 'if [psychiatry] had a cure for [the patient's] psychiatric illness, would the patient still wanna end [his or her] own life?'" If the patient answers "yes" to that question, then his or her reason for dying is caused by a lack of treatment not underlying suicidal thoughts (Appel, Personal interview). Dr. Appel would also disagree with Denys' argument that "the legalization of euthanasia not only appears to justify morally the intention to die, it also institutes suppliers of the services who encourage the demand for euthanasia" (Denys 2). Instead, Appel argued that if managed well, there would be no risk of increased suicides if PAS were expanded. "Many of the people who benefit from this actually are not the people who would normally end their own lives, they're people who are suffering," and so, in systems that built on careful patient evaluation, the suicide rate would not go up (Appel, personal interview). Meanwhile, both John Kelly and Dr. Komrad would disagree with Dr. Appel. Mr. Kelly has two decades of experience in the disabled community and has seen "people become suicidal as the media began to turn on [them]" (Kelly). He argues that expanding access to PAS would send the message to mentally ill people that they are "better off dead," just like what happened in the disabled community (Kelly). Dr. Komrad agrees with Kelly but argues instead that "physicians are becoming more comfortable [performing PAS]" (Komrad). This argument is the same one made by the author of the article, "Euthanasia deaths becoming common in Netherlands." "Doctors become more confident in practicing euthanasia and more patients will start asking for it" ("Euthanasia" 2). Both of these sub-arguments made by

Kelly and Komrad support the same argument that expanding PAS will lead to more suicides across the board. Additionally, Kelly made the point that using the term “terminal” to describe a patient’s illness is an incorrect label. “By telling people that they have six months to live and then telling them that because of that, [the physician] is robbing them of the possibility of more time” because so many patients outlive the six-month projection (Kelly). Ms. Porter expressed this same sentiment in her interview as well. “There are always many cases of patients outliving the six-month projection, so the terminal nature of an illness, especially with mental illness is almost arbitrary” (Porter). Overall, the ideas expressed by these experts covered almost all of the main sub-arguments for and against legalizing PAS for mental illness.

Of the five interviews conducted, three of the interviews fell on the affirmative side of expanding the boundaries of PAS. Dr. Jacob Appel argued that if a well-managed system was in place, many people who are suffering would benefit from expanding PAS and that many of the arguments against it are not well-founded. Sue Porter agrees with Dr. Appel and adds that many of the requirements and standards that are in place now, such as the mental fitness test and the required terminal label, are unnecessary. Third, on the affirmative, Dr. Ford believes that while society should not promote death, it is important to promote patient autonomy and that it is not fair to equate expanding the boundaries of PAS with a fallacious slippery slope. Two of the experts’ opinions fell on the opposing side of expanding the boundaries of PAS. In John Kelly’s experience, PAS has always carried with it a subtle, but present message that it is better to be dead than disabled. Due to his personal experience, Kelly does not support PAS. Dr. Mark Komrad believes that PAS for mental illness is completely counter to the core message and purpose of psychiatry and to expand PAS would be to destroy psychiatry. Evaluating these five

experts' arguments and opinions have cultivated a better understanding of the arguments for and against expanding PAS to include mental illness.

After thoroughly researching both the affirmative arguments and the dissenting arguments, I have come to the conclusion that PAS should not be legalized on the sole basis of a mental illness, but that access to PAS for physical, terminal illnesses should be legalized at a federal level. I believe that PAS should not expand for three reasons. First, it would be nearly impossible to put objective standards in place to determine the severity of a patient's mental illness. This, in turn, would create a slippery slope leading to unnecessary suicides. Second, as many experts have similarly stated, I believe that it is antithetical to the practice of psychiatry to require psychiatrists to determine who can and cannot access PAS. Last, an important part of determining whether or not a patient should access PAS is first verifying his or her mental capacity. Many mental illnesses can cause patients to have suicidal thoughts and, therefore, impair his or her ability to make life and death decisions. Nevertheless, because physical, terminal illnesses can be both objectively measured and do not impair the patient's judgment, I believe that PAS for terminal illnesses should be legal.

First, while I firmly believe that physical illnesses and mental illnesses should both be treated seriously, I do not agree that PAS should be accessed in the case of a severe mental illness. As Andrew Lawton writes in his commentary, in the case of physical illnesses, "a person's degeneration is linear and predictable [...] that certainty is absent for those with depression or anxiety" (Lawton). I believe that this lack of predictability and confidence in outcome makes it nearly impossible to create a standardized PAS system. Without this essential objectivity and standardization, the PAS system's standards could easily slip and result in unnecessary death. Dr. Appel spoke in his interview about the dangers of such an open system.

“Belgium’s system has become a free-for-all,” and due to the increasingly liberal standards, suicide rates are increasing everywhere, according to Appel. He believes that in order for a PAS system to succeed it must be a controlled and structured system. I think that the best way to ensure the existence of this structure is by limiting access to PAS to only those with a terminal illness. Another danger that can arise out of an open-ended system is the inability to distinguish whether the wishes of the patient are “disorder-related or suffering-related” (Denys). Most mental illnesses result in suicidal thoughts and, therefore, make it difficult to assess a patient’s mental capacity. For this reason, I believe the mental fitness evaluation should remain and access to PAS should not expand.

Second, I share the concern of many other opponents, both cited and interviewed, that a psychiatrist facilitating a patient’s suicide is unethical. Dr. Komrad expressed many times in his interview that allowing a psychiatrist to present a patient with the option to access PAS is contrary to the goal of psychiatry: assessment, diagnosis, treatment, and rehabilitation of mental illnesses. I agree and think that expanding access to PAS places psychiatry as a whole at risk of becoming more comfortable with allowing patients to commit suicide. Komrad also warns that “in many cases [...] countertransference and inadequate treatment become serious problems when discussing PAS for mental illness” (Komrad). I think the validity of his argument lies in the incredibly close bond that a psychiatrist forms with his or her patient. Without a conservative PAS system in place, it is possible that a psychiatrist's judgment could be easily clouded by his or her own emotional attachment. Damiaan Denys articulates this argument in his psychiatric journal, he writes that not only “can it be seen as the ultimate patient demand that carries the weight of transference and countertransference with an unprecedented seriousness,” but “the possibility that the patient at any time is free to seek assistance with death from another

physician may induce a frustrating therapeutic atmosphere” (Denys). This argument is most often cited by psychiatrists themselves and as such, I believe it should be considered as a serious possibility. The outcome of this decision affects psychiatrists first and foremost so I believe that their concerns on this issue should be regarded as a priority. To avoid compromising psychiatrists and judgments distorted by countertransference, I believe access to PAS should not expand beyond terminal illnesses.

Last is the primary argument used by opponents of expanding PAS is that patients suffering from a severe mental illness may not be rational enough to make a life or death decision. I agree that determining a patient’s mental fitness is essential to allowing that patient to access PAS. In an article written for the CBC, the author writes that “mental illness can distort thinking and impair the ability to process relevant information and to appreciate consequences of a decision” (“Deciding”). Although I believe that patients with mental illnesses should have all of his or her symptoms taken seriously, I think it is unfair to place pressure on a patient to choose life or death when their mental capabilities are jeopardized. Dr. Appel writes in his article that “clearly, patients who experience psychosis or are incapable of making general medical decisions should not be able to take their own lives until they can think rationally” (Appel). While I believe in minimizing as much suffering as possible, when dealing with individuals suffering from mental illnesses, his or her illness should be treated and not given up on. I was also greatly affected by my interview with John Kelly of Not Dead Yet. His personal experience as a disabled individual and his discussion of how PAS has affected the disabled community has shaped my opinion on this issue. He shared with me how the recent expansion of PAS brought with it an underlying message to the disabled community: “better dead than disabled” (Kelly). In addition, Kelly told me about the people he knew who considered PAS, not because they truly

knew they wanted to die, but because they felt that was what they needed to do. This effect would be amplified considerably when the targets are already suicidal. I believe it is necessary to take precautions when discussing PAS for patients who suffer from mental illnesses because of the effect the mental illness may be having on their mental fitness.

I believe that patients with terminal, physical illnesses should be allowed to access PAS because a structured system based on objective standards is achievable. I agree with supporters of PAS that both patient autonomy and the minimization of suffering should be priorities in medicine. Capistrano writes in her publication that “Since it is our body, we should have the choice of how we want to die” (Capistrano). Individualism is a foundational value of the United States and as such, I believe that it is incredibly important to emphasize autonomy, especially when considering a life and death decision. Second, I think that the Constitution of this country not only allows for the use of PAS but encourages it. Capistrano outlines this argument as well, stating that:

our constitution states that ALL the people in the United States are entitled to life, liberty and the pursuit of happiness. Thus, if someone’s pursuit of happiness includes a painless and quick death, then they should have the right to do it. In a certain way, refusing a terminally ill patient’s request to die via euthanasia is violating their basic human rights. (Capistrano)

A similar argument was made recently in Canada to legalize PAS using a Charter similar to the Constitution. I agree with Capistrano that it is vital to ensure the absence of paternalism in medicine and uphold the human rights described in the Constitution.

In order to build a structured system based in objectivity, I recommend that standards be put in place to reduce the risk of misuse or abuse of PAS. Currently, in the states where PAS is

legal the patient is required to be diagnosed with a terminal illness, that will lead to death in six months or less, by two different physicians, make two separate oral requests to a physician at least six days apart, make a written and signed request, prove uncompromised mental capacity, and be able to self-administer the medication. I believe that all of these safeguards should be kept in place to maintain the system's integrity. Furthermore, I agree with Dr. Appel's assessment from his personal interview, that "Belgium's system has become a free-for-all" and that the lack of control will end up doing more harm than good. The safeguards that are currently in place are there to give the American system a framework. I acknowledge Ms. Porter's and Mr. Kelly's argument the term 'terminal' is used too loosely in medicine. In her interview, Porter said that "there are always many cases of patients outliving the six-month projection, so the terminal nature of an illness [...] is almost arbitrary." While it is true that the term 'terminal' is not a perfect way to assess how much time an individual has left, I disagree that just because it is imperfect means that it is unproductive and should be taken away. It is required to further protect every patient's life and safety and I believe that it should remain a safeguard of PAS. In order to protect both patient autonomy and protect the safety of individuals suffering from mental illnesses, I recommend legalizing PAS for terminal illnesses at a federal level, but not expanding access to PAS beyond that.

Appendix A

1. What is your opinion concerning the ethics of allowing PAS for terminal illnesses?
2. What is your opinion concerning the ethics of requiring a mental fitness test in order to access PAS?
3. Can you think of any objective standards that could be put in place in order to evaluate the severity of a particular individual's mental illness?
4. Currently, the US Department of Health and Human Services uses the term 'terminal' to describe an illness that if left to continue its natural course will cause death in 6 months or less. Do you think that this is a fair standard to meet before accessing PAS?
5. Many authors that I have researched have articulated that the profession of psychiatry will be put at risk if the boundaries of PAS are expanded. Can you respond to this belief?
6. What is your opinion concerning paternalism in medicine, do you think there is a place for it?
7. Can you respond to the following statement?
 - a. ““So part of the concern here is that people might be looking to assisted dying, not because they have an illness that can't be treated or supported, but because they can't access those treatments and support,” Novakovic said from Vancouver.”
(Deciding 4)
8. Do you think it is fair to assume that if this kind of death is legalized and institutionalized that suicide will become more prevalent?

Annotated Works Cited

“2017 State of Mental Health in America - Access to Care Data.” Mental Health America, 17 Oct. 2016, www.mentalhealthamerica.net/issues/2017-state-mental-health-america-access-care-data. Accessed 2 Oct. 2018.

This article is full of recent statistics about the availability of psychiatric care for those in need, in each state. It covers every demographic from children to adult. It also includes statistics about state by state insurance for mental health care and who was unable to get care because of the high cost. The quantitative data, in this article, will support the sub-argument that, physician-assisted suicide (PAS) should be legalized. It illustrates that many people are suffering, but are unable to receive the care they need and, therefore, will continue to suffer.

Appel, Jacob M. "People Suffering from Mental Illness Should Be Allowed to Choose Assisted Suicide." *Suicide*, edited by Jacqueline Langwith, Greenhaven Press, 2008. *Opposing Viewpoints in Context*, link.galegroup.com/apps/doc/EJ3010164286/OVIC?u=lnoca_hudson&sid=OVIC&xid=761410e7. Accessed 30 Aug. 2018. Originally published as "A Suicide Right for The Mentally Ill? A Swiss Case Opens a New Debate." *Hastings Center Report*, vol. 27, 2007, pp. 21-23.

Appel argues that the legalization of PAS will empower patients, in a way they have not previously. He fully explains and gives support for many of the sub-arguments that are in favor of PAS, including minimizing patient suffering, and increasing patient autonomy. Furthermore, Appel addresses counterarguments, refutes them, and offers his

own opinion. These arguments support the argument that is in favor of the legalization of PAS from many different angles.

---. Personal phone interview. 19 Jan. 2019.

Appel is a published bioethicist who has not only written many articles and journals on the subject of PAS, he has also studied the subject for many years. One of his articles has been cited in this paper and as such, this interviewed allowed for both follow-up questions to be asked and for him to further explain the arguments he previously made. This interview was conducted over the phone and gave Appel the opportunity to give detail to his written arguments.

Capistrano, Jenna Marie. "My Body. My Right. My Choice. (Sustained Argument)." *Medium*, 17 Dec. 2016, medium.com/@jennamariec/my-body-my-right-my-choice-sustained-argument-8dd34143d95. Accessed 14 Sept. 2018.

Capistrano deals with the argument in favor of complete patient autonomy over death in this article. She argues for the right of patients to control when and how they die and explains that with the legalization of PAS, patients will be extended this right. According to this article, the government should not be able to interfere with an individual's death. Therefore, it supports the argument in favor of the legalization of PAS.

"Deciding on assisted death in context of mental illness highly complex, experts say." *CBCnews*, CBC/Radio Canada, 6 Mar. 2016, www.cbc.ca/news/health/assisted-dying-mentally-ill-1.3478218. Accessed 26 Sept. 2018.

This article will be used to support both sides of this argument. It argues that suicidal thoughts are a symptom of severe mental illnesses and because of this may

inhibit rational decision making. It also explains that there are many people who are unable to get access to the right care, either because it does not yet exist, or because it is too expensive. The arguments made in this article will be valuable for both sides.

Dembo, Justine, et al. “‘For Their Own Good’: A Response to Popular Arguments Against Permitting Medical Assistance in Dying (MAID) Where Mental Illness Is the Sole Underlying Condition.” *Canadian Journal of Psychiatry*, vol. 63, no. 7, July 2018, pp. 451–56. *NCBI*, doi: 10.1177/0706743718766055. Accessed 2 Oct. 2018.

Dembo and her colleagues assert that a patient has a right to personal autonomy and that society needs to recognize that physical suffering and mental suffering are equal. This journal includes statistics about patient’s who were unable to find treatment or medication that worked for them. Dembo’s article will be used to support the argument in favor of PAS.

Denys, Damiaan. “Is Euthanasia Psychiatric Treatment? The Struggle With Death on Request in the Netherlands.” *American Journal of Psychotherapy*, vol. 175, no. 9, 1 Sep. 2018, pp. 822-23. *Psychiatry Online*, doi: 10.1176/appi.ajp.2018.18060725. Accessed 12 Sept. 2018.

Although Denys does address arguments in favor of legalizing PAS, this journal primarily explains and supports the arguments against it. He contends that the legalization of PAS will compromise the care of psychiatrists and may inadvertently morally justify suicide. His journal will be used to support the arguments against the legalization of PAS and to explain and contextualize the arguments in favor of legalizing PAS.

“Euthanasia deaths becoming common in Netherlands.” *CBS News*, 3 Aug. 2017,

www.cbsnews.com/news/euthanasia-assisted-suicide-deaths-netherlands/. Accessed 17 Sept. 2018.

This article will be used to support the argument that the legalization of PAS for mental illness will lead to an increase of acceptance of the intention of an individual to die. It includes statistics about the increase in euthanasia deaths in the Netherlands. Using the data, it compares the number of people who died by euthanasia before and after it was legalized and addresses the increase in doctors’ willingness to performing euthanasia.

Fisher, Daniel. “People can recover from mental illness.” *National Empowerment Center*, 26 Jan. 2017, power2u.org/people-can-recover-from-mental-illness/. Accessed 26 Sept. 2018.

Fisher describes the ability of an individual suffering from a mental illness to recover and what that recovery would look like. Because he is arguing that someone suffering from a mental illness can recover, this article will be used to support the argument that mental illnesses are not terminal in the same physical illnesses are and therefore cannot be used as the sole basis for PAS.

Ford, Paul. Personal phone interview. 30 Jan. 2019.

Dr. Ford has worked for the Cleveland Clinic for many years as the Education Director in the Bioethics Department. He also specializes neuroethics and is well versed in this subject and many others concerning mental illness. Additionally, because of Dr. Ford’s experience teaching bioethics, his arguments and sub-arguments were clearly and fully articulated in this interview.

Gallant, Arthur. "People With Mental Illness Deserve To Die With Dignity Too." *Huffington Post*, 2 Aug. 2015, www.huffingtonpost.ca/arthur-gallant/mental-illness-suicide-_b_6637866.html. Accessed 14 Sept. 2018.

In this article, Gallant first illustrates and explains the Canadian legislation that legalized PAS. He clarifies the terms that are in the new law and how the legislation could apply to mental illness. He then continues by arguing that every individual deserves to die with dignity whether or not they endure physical suffering. This article will be used to support the argument in favor of legalizing PAS.

Glauser, Wendy, Michael Nolan, and Jeremy Petch. "Should people with mental health disorders have access to physician-assisted death?" *Healthy Debate*, 21 Jan. 2016, healthydebate.ca/2016/01/topic/should-people-with-mental-health-disorders-access-assisted-death. Accessed 26 Sept. 2018.

This article is made up of quotes from psychiatrists and how they responded to the idea that PAS could apply to those with a mental illness. Most of the psychiatrists were not in favor of this legalization because of how it would compromise their practice and because it is impossible to determine a patient's rationality enough to allow them control over such a decision. Glauser's article will be used to defend the argument against legalization of PAS.

Jones, David Albert, and David Paton. "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" *The Southern Medical Journal*, vol. 108, no. 10, Oct. 2015, pp. 599-604. *NCBI*, doi: 10.14423/SMJ.0000000000000349. Accessed 1 Oct. 2018.

This journal directly addresses the argument that the legalization of PAS will lead to an increase in suicides. Jones' and Paton's data concludes that when PAS was

legalized, there was no decrease in non assisted suicides. In theory, PAS is meant to reduce non assisted suicides, but their data shows that this is not what will happen. This journal will be used to support the argument against the legalization of PAS.

Kelly, John. Personal phone interview. 23 Jan. 2019.

As the Regional Director of a disability rights activist group, Not Dead Yet, Kelly has extensive experience with this issue. Not Dead Yet is an organization dedicated to ending PAS and changing the mindset that it is better to be dead than disabled. Kelly has also been a quadriplegic for more than twenty years and uses his experiences in the disabled community to fuel his activism.

Kissane, David W., and Brian J. Kelly. "Demoralisation, Depression and Desire for Death:

Problems with the Dutch Guidelines for Euthanasia of the Mentally Ill." *Australian & New Zealand Journal of Psychiatry*, vol. 34, no. 2, Apr. 2000, pp. 325–33. *EBSCOhost*, doi: 10.1046/j.1440-1614.2000.00692.x. Accessed 14 Sept. 2018.

This journal explains and defends multiple arguments against the legalization of PAS. For example, the inability of a patient to rationalize fully, the possible boundary violations of the psychiatrist/patient relationships and the overall ethics of PAS.

Kissane's and Kelly's journal will be used to support many different aspects of the argument against the legalization of PAS.

Komrad, Mark. personal email interview. 27 Jan 2019.

Dr. Komrad works as a psychiatrist at Johns Hopkins Hospital and has experience studying medical ethics. In the past, he has been very vocal about his position on this issue. Dr. Komrad is also very well-read on existing PAS systems around the world. He was able to answer many questions about PAS from a psychiatrists point of view.

Lawton, Andrew. "Commentary: Assisted suicide is an affront to mental illness, not a cure for it." *Global News*, 21 Apr. 2017, globalnews.ca/news/3389850/commentary-assisted-suicide-is-an-affront-to-mental-illness-not-a-cure-for-it/. Accessed 17 Sept. 2018.

Lawton addresses the essay written by Adam Maier-Clayton. He disagrees with what Maier-Clayton wrote and instead concludes that PAS is not just ineffective in helping those with mental illnesses but is, in reality, detrimental to them. He draws from his personal experience with mental illness and suicidal thoughts. Since he is able to pull from personal experience, his arguments will be powerful additions to this paper and will be used to oppose the arguments that support PAS.

Maier-Clayton, Adam. "As a person with mental illness, here's why I support medically assisted death." *The Globe and Mail*, 16 Apr. 2016, www.theglobeandmail.com/life/health-and-fitness/health/as-a-person-with-mental-illness-heres-why-i-support-medically-assisted-death/article29912835/?click=sf_globefb. Accessed 5 Sept. 2018.

This is also an essay written about personal experiences but comes to a different conclusion. Maier-Clayton is a famous, Canadian PAS advocate. He writes a compelling and emotional essay that supports PAS. Because of the suffering he and many people have to endure every day, he advocates for individuals to be allowed to choose for themselves. This essay can also be used to invalidate the argument that people with severe mental illnesses are irrational because of its logic and eloquence.

Munkittrick, Kyle. "Your Body, Your Choice: Fight for Your Somatic Rights." *Discover Magazine*, 20 June 2011, blogs.discovermagazine.com/sciencenotfiction/2011/06/20/your

-body-your-choice-fight-for-your-somatic-rights/#.W7F9rtIzq00. Accessed 30 Sept. 2018.

This article is written entirely in support of full patient autonomy and control over one's own body and death. Munkittrick makes this argument from the point of view that is based in bioethics and refutes three different counterarguments. He discusses the dangers of paternalism and advantages of self-determination. This article will be used to argue for the legalization of PAS.

Porter, Sue. personal phone interview. 19 Jan. 2019.

Porter serves as a founding Executive Director of End of Life Choices Oregon and has spent her whole life believing in the right to die. Not only does she have experience as an activist, she has also spent years working as a bioethicist and researcher for the Hastings Center Report. She has become an expert on this subject through both her life experience and her research.

Siegel, Karolynn. "Psychosocial Aspects of Rational Suicide." *American Journal of Psychotherapy*, vol. 40, no. 9, July 1986, pp. 405-18. *Psychiatry Online*, doi.org/10.1176/appi.psychotherapy.1986.40.3.40. Accessed 1 Oct. 2018.

Siegel examines the paradox of the phrase "rational suicide." She looks at what mental illness can do to the mind and how it can affect thinking processes. She also contextualizes this debate by studying how the idea of suicide has changed over time and what the societal stigmas and beliefs about suicide are. Siegel comes to the conclusion that PAS is not the answer to severe mental illness and, thus, this journal will be used to oppose the argument for legalization of PAS.

Sullivan, Mark D., Linda Ganzini, and Stuart J. Youngner. "Should Psychiatrists Serve as Gatekeepers for Physician-Assisted Suicide?" *The Hastings Center*, vol. 28, no. 4, 1998, p. 24. *JSTOR Journals*, doi: 10.2307/3528610. Accessed 17 Sept. 2018.

This journal deals with the specifics of the implications of PAS on psychiatry. Sullivan argues that by putting psychiatrists in a position in which they must decide if someone should be allowed to die would threaten the entire profession. This journal and its extensive argument against these implications will be used to further the argument that psychiatrists should not be put in this position and therefore PAS should not be legalized.

Whitley, Rob, Victoria Palmer, and Jane Gunn. "Recovery from Severe Mental Illness." *Canadian Medical Association Journal*, vol. 18, no. 13, *NCBI*, 22 Sept. 2015, pp. 951-52. *CMAJ*, doi.org/10.1503/cmaj.141558. Accessed 30 Aug. 2018.

This journal supports the argument that mental illnesses are not terminal. Whitley, Palmer, and Gunn explain how patients can achieve recovery and how society can assist in their recovery. Once the stigma surrounding mental illness is changed, recovery is a viable and realistic option. This hope of recovery negates the necessity for PAS on the basis of mental illness. Therefore, people with a mental illness will get the chance to live a productive life.