

TEACHER: We're in, um— we're in English class, right? And, um, today our topic for Word Generation, if you wanna your book to the first page, is, Should doctors be allowed to assist seriously ill patients with suicide? So this is a topic about whether we think people who are seriously ill should be allowed to kill themselves, to get help to kill themselves, because they might be suffering a lot, um, or because they don't want to allow their terminal illness to extend, uh, to its natural— through its natural course. So let's read the paragraph here. "When Ryan Ben's[sp?] uncle was in the hospital in severe pain, the doctors said he had only about a month to live. Ryan's uncle asked the doctor to give him— to give, uh, him pills so he could end his life. The doctor, however refused to give him pills to assist with suicide. She said her approach was to help save lives, not end them. But people like Ryan's uncle say they don't want a long painful death. They also worry about how much money useless treatment will cost their— families. Since 1990, the idea of assisted suicide has been suvor— supported by Dr. Jack Kevorkian. According to Dr. Kevorkian, people have the right to pursue happiness. For people who are dying, he says, that includes the right to die when they want to. [file jumps]

Okay? So— so what— what are— what are we talking about here? What do you think so far? Sophia[sp?], what's— what's this about?

STUDENT: Uh, it's about people who are sick and they don't wanna live anymore.

TEACHER: Right. And— and what— and why might they want to commit suicide?

STUDENT: So they can be happy.

TEACHER: So they can be happy. Okay. [laughter; file jumps]

Why be happier when you're dead? That's a— that's a very— that's very interesting. Does, uh, anybody else have a— have an idea, from the first two paragraphs here, about why someone might wanna commit suicide?

STUDENT: [inaudible; file jumps]

TEACHER: People might be in a lot of pain. Okay.

STUDENT: And there's—

TEACHER: Like Ben's uncle. Yes.

STUDENT: And there's no end to it. It's not gonna get better. They're going to just have more and more pain.

TEACHER: It's gonna be— become— the pain might get worse, it might become critical, serious pain. And the point is that if you can't prevent the pain, you might need just to commit

suicide. It might be the only way to— to, uh, pursue happiness or— or comfort. So other people, though, are critical of the view— of this view that assisted suicide, uh, should be allowed. They say patients are not capable of making that choice. For one thing, patients who are in pain can't think clearly. They may just wanna end the pain, not their lives. The right treatment could be all that is needed for the prevention of pain. Those who are against assisted suicide also worry that family members might encourage a sick relative to die so as to reduce medical bills. Mm. Besides, some say, suicide is wrong. Human beings didn't create life, so they don't have the right to take it, even their own.

So what— what do people think about this argument, that— What— what's the big argument here against assisted suicide? [file jumps]

STUDENT: That some people might be pushed into it by their families, who wanna save the money. [file jumps] Or some people may misunderstand, and think their pain can't be prevented, so they'd rather be dead.

TEACHER: So if you can't prevent the pain, then let me die. Um...

STUDENT: And patients are— aren't capable of making that choice.

TEACHER: Ah-ha. Patients are, maybe, in pain. So therefore, the reason they wanna commit suicide is also the reason why they can't make the decision about whether they should commit suicide. Okay. People who support assisted suicide say it's cruel to make people live. They say healthy people have no idea how bad pain can be. They want to alter the laws to make assisted suicide legal. A law legalizing assisted suicide did pass in Oregon; but in all other states, a doctor who assists a suicide is guilty of murder.

So where do you stand? Should doctors be allowed to assist seriously ill patients with suicide? What do you think? What do you think? [file jumps] Does anybody have an opinion about this?

STUDENT: I think they should be able to, and there should be safeguards put in place to be sure that some of these, uh, concerns are dealt with. [file jumps]

TEACHER: All right. So Audrey[sp?] thinks, a patient— patients should be allowed to ask doctors to— to assist with suicide, and there should be safeguards in place to make sure that the problems don't arise. What— what do you know— what about you, Sophia? Do you agree with Audrey?

STUDENT: No, I think that if God wants them to die, then they will die, and if God wants them to live, then they will live.

TEACHER: Okay. Well, do think—

STUDENT: It's not their choice.

TEACHER: What— what— Respond to what Sophia just said.

STUDENT: Well, I guess I feel that— that if you're gonna die anyway, for sure, and there are safeguards, that you ought to have— maybe have a choice about when. Soon— a little bit sooner, rather than later, if you're in real pain.

TEACHER: So people who are in real pain should be able to— shouldn't— You shouldn't be able to die in the middle of life? Is that what you're saying? But you should be able to die if you're close to the end; you should be able to decide Tuesday rather than Friday?

STUDENT: Right.

TEACHER: All right. Um, and— and does everybody agree with— Yeah.

STUDENT: And what if— what if there's a chance that the person is in the worst part of their disease and, you know, something—maybe some people would call it a miracle—happens and the person would've lived, and they ended their life because they were in so much pain, but they were— they would actually have come out of it, perhaps?

STUDENT: That's always a risk, I think. And I— and of course, you never know, either. Um, I think one would hope that there would be processes— processes in place so that you really know about the disease and you know what the odds are. I think one should be encouraged to do all the palliative kinds of things one can first. But I think— I like the idea of choice. [file jumps]

TEACHER: So— so um, can— can you just re— repeat for us, do you agree with what Nicky[sp?] said?

STUDENT: Yes.

TEACHER: Can— can you— can you re-in— can you restate it, so that we all understand exactly what she was thinking about there?

STUDENT: Um, I think that Nicky believes that [file jumps] people should always have choice, and that that— that is a bigger priority. That's the most important thing.

STUDENT: That choice about when to die is more important than the, uh, the— the potential of making a— a mistake, when you're in the depths of— of illness. [file jumps]

TEACHER: She used an interesting word. She said palliative. Does everybody know what palliative means?

STUDENT: No.

TEACHER: Nicky, could you explain to Claire[sp?] what palliative means?

STUDENT: Things to make things better. [file jumps] Help, uh, support you. Drugs, it could be family, therapy, hope, whatever Things that make life work living.

TEACHER: So a palliative is— is prevent— something that prevents the worst consequences of being ill? It doesn't cure you.

STUDENT: Right.

TEACHER: But it maybe prevents someone who's critically ill...

STUDENT: Makes it less bad.

TEACHER: ...from— from having the worst consequences of being critically ill. Okay. Great. So what kind of palliative approaches might one take to someone who's critically ill and— and is thinking about assisted suicide?

STUDENT: Some of the really, uh, significant pain killers. Kinda like in hospice. Uh, my mom's a hospice nurse. And so, you know, the drugs that she administers at hospice would be illegal on the street, but they give very powerful pain killers so that people who are dying, who are at the end of their life, uh, do not feel the pain.

TEACHER: All right. So— so Audrey was talking about safeguards. Would— would an opportunity for palliative care be one of the safeguards that you'd wanna make sure was— was present?

STUDENT: That people had the option for it. But I was thinking more of things like, uh, counseling from, um, objective outsiders, rather than just from families, so that a person who's considering assisted suicide would have the help of a, um, professional to think through what their options were, and to be sure that they weren't just feeling that way at the moment. So that might be one safeguard.

TEACHER: Another safeguard. Okay, so the— so objective outsiders. Who are objective outsiders? Any of you? People know who objective outsiders may be?

STUDENT: A doctor.

TEACHER: A doctor. Another doc— well, your own doctor. But your own doctor— Uh, your own doctor or another doctor? Like, who's objective in that case? [file jumps] Is it as objective? Do you know what objective means?

STUDENT: Mm-hm.

STUDENT: Claire.

TEACHER: Could you explain to Claire what objective means?

STUDENT: Um, [file jumps] someone who wouldn't benefit from the decision. So maybe, um, a counselor or a psychologist or someone trained to counsel people in these situations, but who isn't a member of the family, so money wouldn't be an issue for them. Uh, not the doctor who's treating the person, so they wouldn't already be involved and have an opinion. [file jumps]

TEACHER: An objective outsider is somebody who doesn't have a stake in the outcome. As opposed to a subjective insider, who's a member of the family, who might make money fo— if— if the person dies, or who might be responsible for the medical bills. Right? This is one of the arguments in the text, if you go back to the text. It's, um, that, uh... [file jumps]

Where does it say this? Those who are against assisted suicide also worry that family members might urge a sick relative to die, so as to reduce medical bills. So family members would be subjective. They wouldn't be objective outsiders, because they really have a stake in whether somebody dies or not. They're faced with huge medical bills.

Um, all right. So— but le— let's come back to the text here and remember that we're not talking about whether people have the right to assisted suicide, but whether doctors should be, in a sense, allowed or required— What if— what if your doctor says, "I don't—" Like— like Ben Ryan— Ryan Ben's uncle's doctor, who says, "My approach is to help save lives; I don't want to engage in assisted suicide." What would you say if you really— if you're in favor of assisted suicide, what would you say to that doctor?

STUDENT: Isn't this— this is allowed and not re— required. I mean, I think there's a difference.

TEACHER: Okay.

STUDENT: And just as if— just as, um, somebody shouldn't be required to commit suicide if they're at a certain point in their, um, in a— in a life, um, you know, in an illness that for sure is going to take their life, I don't think doctors should be required to assist with suicide. But allowing it is a very different story. [file jumps]

TEACHER: Okay. So you would argue that, um, that— that you might wanna alter the law to allow doctors to assist with suicide, but you certainly should have safeguards for the doctors, that they couldn't be required to assist patients with suicide.

STUDENT: Yes.

TEACHER: Is that— is that, uh— uh, people agree with that position? Anybody wanna disagree with that?

STUDENT: I think— I think even though it's also of[?] doctors who are gonna wanna benefit from the other side, as well, taking a fee to end lives. So you have pe— you know, having to go pay to have a doc— Like, Dr. Kevorkian, I believe, charged a large fee to help. So you don't want people taking advantage on that side, as well.

TEACHER: Okay, so if you— if you become the doctor who assists with suicide in a certain area, you could become a very rich doctor. [timer goes off] And your incentive's going to be different from those of doctors who, uh, who are really most interested in patients', uh, lives. [file jumps]

Okay. Well, our fifteen minutes are up. But let me— let me just, uh, let me just conclude by making sure that everybody understands what— What are two or three arguments in favor of assisted suicide? Of allowing assisted suicide. [file jumps]

STUDENT: To reduce pain or end pain.

TEACHER: Okay, so we wanna prevent pain. We wanna help prevent pain. Great. And another one?

STUDENT: Eliminate unnecessary, ridiculous medical bills.

TEACHER: El— eliminate ridiculous medical bills. Medical— very high medical bills just to keep people alive for a few more days or a few more weeks, when they're miserable anyway. That's a great argument. Uh, all right, is there another argument?

STUDENT: Choice.

TEACHER: Over here? Choice. Say more. [file jumps]

STUDENT: Yes. Uh, just giving the patient choice in how they want to live to the very end of their life.

STUDENT: Yeah. And in fact, people who want that choice sometimes take that choice, whether it's legal or not, and put other people at risk legally, perhaps, and uh, go through more suffering than if they had a legal avenue to pursue that choice. [file jumps]

TEACHER: So preventing crimes, in a sense, by making the choice legal. That's a— that's a great argument. Okay, well, what about some arguments against assisted suicide?

STUDENT: A decision could be made [file jumps] when you're really very depressed and in a lot of pain, and it's not something that will last forever; things can be better. And you're not thinking clearly, and so you make a decision that— to— to not live, when— when really, you could have an okay life for a while.

TEACHER: All right. So, uh, making this critical decision at a time that you're not...

STUDENT: Thinking clearly.

TEACHER: ...uh, actually sensible enough...

STUDENT: Right.

TEACHER: ...and shouldn't have the responsibility for making that decision. [file jumps]

Other arguments against?

STUDENT: A— a fam— family members who might be, uh, in it for either reducing medical bills or, you know, getting an inheritance...

TEACHER: Right.

STUDENT: ...[laughs] if they end a life.

TEACHER: So once the option is available, patients could be put under pressure.

STUDENT: Mm-hm.

TEACHER: They could be approached by people who might wanna benefit from— from their early death. Other arguments?

STUDENT: Well, [inaudible]

STUDENT: The Vatican says no.

TEACHER: I'm sorry? [file jumps]

STUDENT: The Vatican says no.

TEACHER: The Vatican says no. So for some people, it's a religious decision...

STUDENT: Right.

TEACHER: ...that it might, uh, it goes against their religion to do it.

STUDENT: In addition to sort of potential financial gain, it's really hard to take care of somebody. Very exhausting and really draining. Very difficult emotionally to take care of somebody at the end of their life. And so even if there isn't any financial gain, uh, there could be pressure, just because of the responsibility of having to take care of that sick person.

STUDENT: Mm-hm.

TEACHER: All right. So the family members who are assuming the responsibility might say, "I can't stand this any longer," and um...

STUDENT: Right.

TEACHER: ...be— be influenced to think about the value of assisted suicide.

STUDENT: And the patient can feel really guilty...

TEACHER: Mm-hm.

STUDENT: ...too, about all they have to do for me while I— you know, and what use am I anymore? It'd be better if I weren't here.

TEACHER: Is that an argument in favor or against?

STUDENT: Well, actually, both. [laughter]

TEACHER: So this is a really complex topic, and we'll come back to it on, uh, tomorrow and Wednesday and Thursday, and we'll have a debate about it. And then— think about it through the week. Make some notes about the arguments. And on Friday, you can write, uh, your Taking a Stand essay about it. Okay? All right. So that would be— that's a good—

[END—15:39]