

Second Paper Assignment

In hopes of more variety in my next 350 pages of reading, I'll offer you choice of format for the paper due on April 16—an issue paper, OR a case paper. Write 7 pages on either topic 1 or topic 2, due in two weeks, April 16. IF you consult any sources, please cite them.

1. The legalization of physician assisted suicide is controversial, but your state is considering it. Discuss the risks and benefits of such a proposal, thoughtfully considering what risks to minimize, and how, and what benefits to maximize. You are the community member on a panel that is making recommendations to the legislature. What will you advise in the meeting that is being held tomorrow? What are your reasons? (Feel free to consider extant actual legislation, especially if you have ideas about what risks it encourages or how to do it better.)

OR

2. Consider the account of Debbie's death in *It's Over, Debbie* (attached). What do you imagine the author's intention to be in this (anonymous) report? Compare the relationship and interaction between the physician and the patient in that account with those described in *Death and Dignity* (SAL pp. 473-476). Is either description of a course of events useful in a discussion about the proper role of physicians in end of life situations? What is the moral of the (two)stor(ies)?

It's Over, Debbie.

The call came in the middle of the night. As a gynecology resident rotating through a large private hospital, I had come to detest telephone calls, because invariably I would be up for several hours and not feel good the next day. However, duty called, so I answered the phone. A nurse informed me that a patient was having difficulty getting rest. Could I please see her? She was on 3 North. That was the gynecologic-oncology unit, not my usual duty station. As I trudged along, bumping sleepily against walls and corners and not believing I was up again, I tried to imagine what I might find at the end of my walk. Maybe an elderly woman with an anxiety reaction, or perhaps something particularly horrible.

I grabbed the chart from the nurse station on my way to the patient's room, and the nurse gave me some hurried details: a 20-year-old girl named Debbie was dying of ovarian cancer. She was having unrelenting vomiting apparently as the result of an alcohol drip administered for sedation. Hmmm, I thought. Very sad. As I approached the room I could hear loud labored breathing. I entered and saw an emaciated, dark-haired woman who appeared much older than 20. She was receiving nasal oxygen, had an IV, and was sitting in bed suffering from what was obviously severe air hunger. The chart noted her weight at 80 pounds. A second woman, also dark-haired but of middle age, stood at her right, holding her hand. Both looked up as I entered. The room seemed filled with the patient's desperate effort to survive. Her eyes were hollow, and she had

suprasternal and intercostal retractions with her rapid inspirations. She had not eaten or slept in two days. She had not responded to chemotherapy and was being given supportive care only. It was a gallows scene, a cruel mockery of her youth and unfulfilled potential. Her only words to me were, "Let's get this over with."

I retreated with my thoughts to the nurse station. The patient was tired and needed rest. I could not give her health, but I could give her rest. I asked the nurse to draw 20 mg of morphine sulfate into a syringe. Enough, I thought, to do the job. I took the syringe into the room and told the two women I was going to give Debbie something that would let her rest and to say good-bye. Debbie looked at the syringe, then laid her head on the pillow with her eyes open, watching what was left of the world. I injected the morphine intravenously and watched to see if my calculations on its effects would be correct. Within seconds her breathing slowed to a normal rate, her eyes closed, and her features softened as she seemed restful at last. The older woman stroked the hair of the now-sleeping patient. I waited for the inevitable next effect of depressing the respiratory drive. With clocklike certainty, within four minutes the breathing rate slowed even more, then became irregular, then ceased. The dark-haired woman stood erect, and seemed relieved.

It's over, Debbie.

Anonymous: A Piece of My Mind. *JAMA* 259(2) Jan 8, 1988, page 272.