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## ETHICAL AND RELIGIOUS CONSIDERATIONS IN PHYSICIAN ASSISTED SUICIDE

None of us know what we would choose at the end of our life regarding assisted suicide. It is, therefore, a worthy idea to ponder long before we get to that place at the end of our lives whereby we may actually have to make one. In our lives, our soul does have a path that is chosen for us if we look for it. I would encourage you to follow that one. For the spiritual life is what brought your life into being, and the spiritual life will lead you home.

Some terminally ill patients are in so much pain that they would rather end their life than to go on suffering and experience a poor quality of life. Because of physical and mental limitations, people in pain have a much different view on living than people with good health. This altered view makes some choose certain courses of care in a debilitating illness he or she may not even consider in a healthy state of being. Many healthcare providers claim that terminally ill people's pain can be controlled to tolerable levels with good pain management, yet there are tens of millions of patients who do not have access to adequate pain management in the U.S. alone.

Many religious organizations believe that suffering can be used to purify us. This purification can be for the caregiver and for the patient. It is a time to learn and be aware how the body becomes more soul in the process of transformation associated with dying and death. Christians believe that life is a gift from God and God does not send us any experience we cannot handle. Islam states in the Qur'an, "Take not life which Allah made sacred otherwise than in the course of justice." And "Since we did not create ourselves, we do not own our bodies." Orthodox Judaism states that "This is an issue of critical constitutional and moral significance which Jewish tradition clearly speaks to. We believe that the recognition of a constitutionally recognized right to die for the terminally ill is a clear statement against the recognition and sanctity of human life...."

It is clearly evident that religious influence upon PAS deems such an act as going against one's Creator, and as such, the need to pray and discern the direction of one's life and dying should be in the consultation of clerical status of one's own faith. To override such influence would take an autonomous individual whose beliefs have taken him or her from what can be known religiously to what can be known through them by the same force that gave them life. It is here that terminal patients choose a course of action from the core on one's being transcending his or her belief in their creator (religiously) leading to an active participation of one's assessed values (personal transformations) that includes their religious influence, but it is not limited to it as well.

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