

An Appeal for 21st Century's Physicians to Refrain from Performing Procedures that End Life

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Abstract

Prelude: Physicians of this 21st Century to revive and reaffirm their commitment to the traditions of practicing medicine as taught and instructed by the founding fathers of medical practice Imhotep, Æsculapius and Hippocrates

Objective: To behoove physicians to voluntarily chose to refrain from participating in procedures that end life which include elective abortion, capital punishment and euthanasia

Keywords: Hippocrates; Oath; Physicians; Ending life

Introduction

The celebrated Greek physician Hippocrates, was a contemporary of the historian Herodotus. He was born in the island of Cos between 470 and 460 B.C., and belonged to the family that claimed descent from the mythical Æsculapius, son of Apollo. There was already a long medical tradition in Greece before his day, which was chiefly inherited through from Imhotep 2,500 B.C. in Egypt [1]. Hippocrates enlarged his education by extensive travel and may have taken part in the efforts to check the great plague which devastated Athens at the beginning of the Peloponnesian war [2]. The Hippocratic Oath which was traditionally sworn by each new medical school graduating class was a sincere vow to protect all life, to hold in highest regard one's teachers, to recognize one's limitations, and to renounce self-interest in the treatment of patients. Although the values that are inherent in the Hippocratic Oath continue to be echoed in the modern views of physicians' professionalism, ethics and values, unfortunately the Hippocratic oath has been either eliminated or modified in modern day medical school graduating ceremonies.

Despite the many attempts to discredit the Hippocratic oath as being irrelevant to modern day practice of medicine. several studies has confirmed its importance for 21st century medical practice [3].

The Case against Elective Abortion

According to the Oath of Hippocrates a physician will not to give a woman a pessary to produce abortion [2]

By definition elective or voluntary abortion is the termination of pregnancy by any means to prevent the viability of a fetus at the request of a pregnant woman but not for reasons of impaired maternal health or fetal disease [4].

Since the 1973 US Supreme Court decisions legalizing abortions, more than one million abortions have been performed in the United States every year. The vast majority of abortions performed are "not medically necessary," chosen for reasons such as being not ready, inadequate finances, would interfere with work or education, to avoid

being single parent, relationship problems, not mature enough, etc., with only 7 % of women citing health concerns for herself or the fetus, and 1% citing rape, and less than 0.5% citing incest [5,6].

Although the debates are raging and ongoing in regard to whether a fetus is a person that have the inalienable rights of a person, there is little to no argument about what constitute life

"Life" is a property that distinguishes between that which has signalling and self-sustaining processes and that which does not, exhibiting such things as cellular organization, homeostasis, metabolism, growth, response to stimuli, etc. Something does not have life when either those biological functions have ceased (death) or when it never possessed those functions in the first place (inanimate) [7].

In addition if the fetus is not considered a person, then why is it considered a double homicide when a pregnant woman is killed? as described by the United States law which recognizes a child in utero as a legal victim, if they are injured or killed during the commission of any of over 60 listed federal crimes of violence. The law defines "child in utero" as "a member of the species Homo sapiens, at any stage of development, who is carried in the womb [8].

Simply explained elective abortion is a medical procedure that is aimed at ending the life of a fetus.

So how can it be that a physician could perform a procedure that ends life because it has been legalized? [9]. If elective abortion is to remain legal then it should be performed by a category of health care providers that will be willing to abandon the title of "physician" as a person skilled in the art of healing who exert a remedial or salutary influence as described by Imhotep, Æsculapius, Hippocrates, [1-4], and the modern values of American Medical Practices [10], in favour of an acquired new title of "abortionist" or 'Abortion Provider"

The Case against Capital Punishment

In like manner in the Hippocratic Oath there is pledge not to give a deadly medicine to anyone if asked-nor suggest any such counsel [2]. Participation by physicians in capital punishment has been a debate between the medical and legal communities since the inception of

lethal injection. Healthcare should reevaluate the ethical and moral principle of beneficence as the legal system attempts to evaluate the constitutionality of lethal injection. Can physicians who dedicate their life to preserve life step out of that role and use their acquired medical knowledge and skills to hasten death by lethal injection, and not violate the ethical principle of "do no harm"? [11].

Physicians involvement in capital punishment create and perpetuate the seriously flawed protocol of lethal injection. Physicians have the opportunity to redress the mistakes of the past, and inform the growing debate over whether practicing medicine should include ending life or plainly stated killing [12] a living human being because the laws have determined such a punishment [13]. Some physicians had already set a courageous example when they refused to participate in death execution of an inmate in California and declined to participate in his lethal injection procedure, thereby halting all state executions [13].

Activities leading directly or indirectly to the death penalty of condemned criminals should never be considered a legitimate medical procedure despite the legality of such practices. Physicians participating in capital punishment are using a medical procedure that in fact lead to a death of a living person and that procedure should be assigned to other profession that should be rightfully labelled as "legal executioner" [14,15].

The Case against Euthanasia

Euthanasia is defined as a procedure where a competent and rational person, sign an informed consent, permitting and authorizing a physician to end their life in a painless, humane and dignified manner that absolve that physician from any legal liability of doing so! [16].

In this 21st century the medical profession has been taking pride in the many advances achieved in the specialty of palliative care which is solely, focused on relief of pain, stress, and suffering toward the end of life, there is no justification for physicians to practice or aid in euthanasia [17]. Euthanasia is the ending of a person's life and as such it presents an undeniable threat to the severely disable, the chronic patients with physical and mental illnesses, the elderly, and the most vulnerable [18].

Psychological distress, contemplation of life issues, and the struggle of saying goodbye to family and friends can lead to severe depression, causing a desire to hasten death. Recognizing and diagnosing depression toward the end of life may be complicated by the fact that most of the symptoms of depression such as sad mood, loss of interests in pleasurable activities, sleep, weight and energy level disturbances could also frequently occur as a complication of the terminal illness and or as adverse effects of treatment [19]. Even if death is imminent due to terminal illness, palliative care could not cannot be legitimately interrupted in favour of euthanasia. Physicians should be the strongest advocate against promoting the irreversible solution of euthanasia due to their unpredictable impacts not only on prospective patients but also on their families and the society as a whole when facing end-of-life care issues [20]. Although patients with irreversible physical illnesses and mental disabilities could create emotional and financial difficulties and could be labelled "burdens to society"; physicians should heed to their initial calling to protect life, heal the sick and alleviate suffering and need to be extremely guarded from the slippery slope of becoming the agents of determining whether or not a "liveable life" is attainable. Any culture that advocates euthanasia is in fact

turning away from the human and scientific efforts that aspire to improve care for the depressed, the infirm and the elderly. Physicians have absolutely no mandate in performing euthanasia. To do so implies that not all lives are worth the same and contradicts the wisdom of ages which describe the ultimate mission of the medical profession is in saving lives and to preventing deaths of any and every patient [1,2]. Although euthanasia has not been legalized in the United States, in the Netherlands the first European country to have legalized euthanasia, out of the 130,000 deaths annually in the Netherlands, physicians admitted that 1,000 were euthanasia with no request; 25,000 were euthanasia without the patient's knowledge, consent, or consultation; and in almost 20,000 of those cases, the patient was euthanized without the physician even seeking consent, because the patient was unable to communicate or limited in ability to communicate [21]. Numerous euthanasia patients are reported to have been directly influenced, pressured, and coerced by doctors, nurses, and families into requesting euthanasia. The most frightening aspect is that physicians admitted to not even reporting all the cases of euthanasia [21,22]. So, one must ask how many more deaths can be attributed to involuntary euthanasia. This is proof that legalized euthanasia steals the patient's control over the time and mode of death.

Conclusion

Despite societies' legalization of elective abortion, capital punishment and euthanasia, physicians should resist the tides to turn their profession into a licensing to end life by killing an unborn child, execute a condemned criminal, and euthanize the infirm, the severely and the terminally ill.

If physicians continue to perform procedures that are intended to end life, the noble profession of medicine will lose its intended mission of healing the sick, the disable and the bearer of pain, and will be gradually but surely transformed into a profession of commodity that is ultimately bound and governed by the commercial laws of supply and demand [23].

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