



Curriculum Units by Fellows of the Yale-New Haven Teachers Institute
2001 Volume I: Medicine, Ethics, and Law

The Connection Between Medicine, Ethics, and Law: The Right to Die

Curriculum Unit 01.01.03
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I teach a variety of courses to 7th and 8th grade special education students. Currently, I teach a unit on the U.S. Constitution concentrating on the Bill of Rights. The students research five basic questions. What is the Constitution? What is the Bill of Rights? What is an amendment? What is a law? Who writes the law and who enforce the law? The final product is a paper and an oral presentation.

With this unit I will continue this project focusing on medicine, ethics and law, as it deals with the "right to die" issue. I will use the information covered in the seminar to create a packet with a variety of specific issues to introduce to the class. We will review the facts of each issue, while leaving out my personal opinions. This will give the students the opportunity to develop their own views and voice their opinions. The students will choose a specific issue that they will research. They will be required to bring out all the aspects of the issue that relate to medicine, ethics and law. They will choose a case from a list that represents their chosen issue.

The students will have to make an oral presentation of their findings to the class. I will encourage the students to focus on the facts of the cases before adding their personal opinion. The students overall behavior, attitude and maturity during this unit will determine if the unit will be extended to include class debates.

Because of the sensitive nature of this unit I recommend that the school's social worker or counselor be consulted to introduce the unit. I plan to work with the social worker in depth until the completion of the unit. It is likely that emotions will vary and even awaken if students have experienced the loss of close family member(s) or friend(s). Many may worry about creating grief for students, it will not create it but may give them the opportunity to grieve appropriately. The social worker will be essential to help students work through their emotions. Students should be encouraged to discuss personal experiences instead of thinking about it and keeping feelings hid inside to grow.

The concept of a person's "right to die" has become very visible and a widespread social concern. Advance medicine and it's capabilities have grown endless in recent years. People are able to live longer with the assistance of medical discoveries. Once upon a time, nature alone determined when life would end. Now, the combination of medicine, doctors, families and sometimes the court makes this important decision. How long a person live and how they live has been a question that many disagree on, for many reasons. The quality of a person's life is very major. The major problem is not only the right to die but, who has the right to decide?

Outline

I. Curriculum Standards

II. Medicine

III. Ethics

IV. Law

A) The Constitution

1) Civil Rights

V. The Connection "Right to Die"

VI. Euthanasia

A) Voluntary passive euthanasia

1) Elizabeth Bouvia

B) Involuntary passive euthanasia

1) Quinlan and Cruzan

C) Voluntary active euthanasia

1) Kevorkian and Youk

D) Involuntary active euthanasia (Mercy Killing)

1) Joseph Lasco Sr.

VII. Arguments

A) Against

B) For

VIII. Lessons

IX. Teacher's Bibliography

X. Teacher's and Students Bibliography

XI. Classroom Material

Curriculum Standards

Throughout this unit a variety of content and performance standard will be used to ensure the students understanding of material covered.

Reading 5th-8th grade

Content Standard 1.0

Student will progress along a developmental continuum of strategic reading skills as they become proficient readers.

Performance Standard 1.2

Students will demonstrate strategic reading skills before, during, and after specific reading tasks.

They will:

Before:

Establish a purpose for reading.

Use prior knowledge as an introduction to the selection.

During:

Use graphic organizers, outlines and graphic aids and/or other note-taking techniques to organize information.

After:

Select and use relevant information in order to summarize.

Demonstrate an awareness of values, customs, and ethics and beliefs included in a selection.

Demonstrate comprehension through retelling.

Writing 5th-8th grade

Content Standard 2.0

Students will progress along a developmental continuum as they become proficient writers.

Performance Standard 2.1

Students will develop strategic writing along skills that ensure successful communication.

They will:

organize the content of their writing and demonstrate contextual understanding.

use correct word use and punctuation.

reflect on their writing, incorporate feedback and assessments, and confer with others to develop plans for improvement.

Social Studies 7th & 8th grade

Common Performance standards

Students will:

demonstrate understanding through written, verbal, visual, musical and/or technological formats.

use the writing process to complete at least two written pieces

formulate questions and hypotheses from multiple perspectives, using multiple sources.

research an issue of interest and be able to take and defend a position on that issue.

Diversity

Content and Performance Standard 1.0

Students will:

Identify the impact of the Constitution on the world today. (14th amendment)

Examine the role of reformers and progressives today. (Dr. Kevorkian)

Investigate the goal and struggles of minority groups in America. (sick and terminally ill)

Medicine

This is a section from Hippocratic Oath; a modern translation 1995 version originally written in the fifth century by a Greek physician, recognizes one God. Found in Care-Nurse Dot Com, a article called Medical Creed.

"I will follow that method of treatment which according to my ability and judgment, I consider for the benefit of my patient and abstain from whatever is harmful or mischievous. I will neither prescribe nor administer a lethal dose of medicine to any patient even if asked nor counsel any such thing nor perform act or omission with direct intent deliberately to end a human life from fertilization to natural death and reject abortion that deliberately takes a unique human life."

Medicine is the science and art of preserving health and treating illness. Medicine is a science because it is based on knowledge gained through careful study and experimentation. It is an art because of the skill that medical professionals use when they apply their knowledge with patients.

The goals of medicine are saving lives, relieving suffering, and maintaining the dignity of sick people. Medical care has three main elements: 1) prevention, 2) diagnosis and 3) treatment.

Prevention

Doctors provide many treatments that help avoid illness, such as vaccinations against disease. They also educate patients about medical issues. Physicians also encourage patients to make healthy choices, such as eating healthy and avoiding smoking and excess drinking. Most importantly they recommend that everyone have regular checkups.

Diagnosis

In this process, doctors identify the condition or illness that is making the patient uncomfortable. To make a diagnosis, doctors first gather a medical history and perform a physical examination. If these two procedures do not provide enough information advance tests are run. They may include MRI and or chemical analysis or microscopic examination of blood, other body fluids and tissues.

Treatment

When a diagnosis is correct it can lead to successful treatments. The number of treatments available grows constantly as the medical profession advances.

The most heart breaking and emotionally draining experience is having the doctor complete the three goals of medicine, while a person's health does not improve and the likely hood of improvement is very slight. This feeling is what leads patients and family members of patients to the point of wanting to end suffering. When there is no proof that there is any measure that will improve their health. The desire to die or let die with dignity becomes very strong.

Ethics

Ethics is a branch of philosophy that attempts to help us understand which ways of life are worth following and which actions are right or wrong. Ethics address questions of right or wrong using reason rather than faith or tradition.

Medical ethics is the field of study dealing with moral problems created by the practice of medicine. Medical ethics is divided into three branches; 1) public policy medical ethics, 2) biomedical ethics, and 3) clinical ethics.

Public Policy Medical Ethics

Public policy medical ethics deal with issues related to the regulation of medical practice by government and governing boards in hospitals and nursing homes. For example, the established spending limits for public health care. These limits raise questions about type and extent of medical services available to people who depends on public funds. Other problems involving public policy include the control of medical research, who has the right to health care, and the availability of drugs for sever illnesses.

Biomedical Ethics

Biomedical ethics addresses moral questions that arise from the use of medical technology to begin or to maintain life. One important issue is euthanasia, the practice of painlessly putting to death people who are hopelessly injured or terminally ill.

Clinical Ethics

Clinical ethics evaluates the morality of decisions about medical care made by or with patients and their family. Problems of clinical ethics include deciding to remove life sustaining treatment, making medical decisions for an unconscious person, and dealing with request of euthanasia.

Law

Law is the set of enforced rules under which a society is governed. The law establishes the rules that define a person's right and obligations. It also penalizes people who violate these rules. Laws are not etched in stone and are changed frequently to reflect society needs. Justice is a moral standard that applies to all human conduct. Therefore the laws enforced by the government have usually had a strong moral standard.

The Constitution of the United States

The Constitution of the United States sets forth the nations fundamental laws. It establishes the form of the national government and defines the rights and liberties of the American people. It also lists the aims of the government and the methods of achieving them.

Civil Rights

Civil rights are the freedom and rights that a person has as a member of a community, state, or nation. Civil rights include freedom of speech, of the press, and of religion. Among other rights, which is the right to own property and to receive fair and equal treatment from the government, other people, and private groups.

In democratic countries, a person's civil rights are protected by laws and customs. The constitutions of many democracies have bills of rights that describe basis liberties and rights. Courts of law determine if one's civil rights have been violated. The court also determines the limit of civil rights, so that people do not use their freedom to violate others' rights.

The United States Constitution describes the basis civil rights of American citizens. The first 10 amendments to the Constitution are regarded as the U.S. Bill of Rights. However, civil rights are also mentioned in the main body of the Constitution and in late amendments.

The Connection

Many people die painful deaths. If a poll were taken, on how many people would like death to be 1) slow and painful, 2) quick and painless or 3) slow and painless. I cannot imagine anyone not choosing painless. Severe illness takes its toll on all, the patient, the doctor, family and friends. This illness can be long term illness or a traumatic injury, due to an accident. Patients begin to feel overwhelmed with pain and memories of the life they use to have and will never have again. They feel helpless and they feel that have or will become a burden on their families, emotionally and financially. Because they cannot see past the present situation, even those who are not terminally ill become depressed. This is the time when thoughts of ending life occur. The patient then begins to seek assistance from doctors or others.

Doctors who have taken an oath to heal and preserve life are now being asked to assist in ending it or just to let it end. This goes against their profession not to mention their beliefs. We must consider their behaviors of avoidance with patients whom they can not "fix" or make better. Those who are going to die with or without medical treatment. Those where medical treatment will only prolong the inevitable, death. These patients are already feeling multiple anxieties only to have the doctors distance to add to them.

What about that patient who will not die with treatment, but will not get better, just maintain their present state, which to them is much of nothing. Is it going against the doctor's medical oath to just let nature take its course.

What about the patients' right to die, who will not die with or without treatment, but whose life will never be the same. This brings up the question is quantity better than quality. People often feel that quality is better when that is what they are use to. They do not feel that quantity existence is even an option. But is it a doctor's place to assist when life or death is not the issue.

Many people have trouble with death. They find it hard to accept even when medical treatment is received until the very end. These people feel that it is a doctor's responsibility to do all that he can even when it becomes futile. Others believe it is ok to end treatment, when nothing else can be done. Still, others feel that it is ok to ease the pain and anguish of those who have made known that they prefer quality life over quantity.

Morals play a key role in what we as individuals feel are right. Many people feel that it is a person right to die, but at the same time would not like to be the one who make that decision for them or even assist in doing it.

The question does a person has a the "right to die" has been in the courts for years. At present all fifty states including the District of Columbia have laws authorizing the use of some type of advance notice, e.g.,(living wills and/or medical powers of attorney). This gives the patient authority before an event to express their wish for quality life and not quantity. It also gives others, usually a family member the right to express the patients wishes at a time when they are unable to do so, if the questions arise on how to treat medically.

At this present date any kind of assistance, such as, physician assisted suicide is currently prohibited by law, but permitted under severe restrictions, only in the state of Oregon and in the Netherlands.

Euthanasia

The word euthanasia originated from the Greek language: eu means "good" and thanatos means "death." The meaning of the word is "the intentional termination of life by another at the explicit request of the person who dies. Although these definition states that euthanasia must be initiated by the patient, some people define it to included, voluntary and involuntary termination of life. There are terms that need to be differentiated.

Passive Euthanasia

This is the quickening of a person's death by altering some form of support and allowing nature to take its course, i.e.,

- 1) Removing life support equipment. (respirator)
- 2) Stopping medical procedures, medication etc.
- 3) Stopping food and water, allowing a person to dehydrate or starve to death.
- 4) Not delivering CPR
- 5) The most common is the give patient a large dose of morphine to control pain but it will also arrest their breathing. These drugs have a dual effect.

Voluntary Passive Euthanasia

These procedures are performed on terminally ill, suffering persons so that natural death will occur.

CASE: Bouvia

Elizabeth Bouvia was born with severe cerebral palsy and was quadriplegic. She is physically helpless and could not care for herself. Elizabeth is totally dependent on others for cure and survival. These included feeding, washing, cleaning, toileting, clothing and movement.

At the time of her case, she was 28 years old and completely bed ridden. She was also suffering from degenerative and severe crippling arthritis. She had a permanent attached tube in her chest where morphine was injected to relieve pain.

Elizabeth was not only suffering physically but emotionally as well. She was a college graduated who had been married and abandoned by her husband. She also experienced a miscarriage. She lived with her parents until they were no longer able to care for her. She stayed with friends while looking for a place to live. But, without any income she was forced to accept public assistance.

She expressed a desire to die!

In 1988 she went to a hospital to be cared for where she attempted to starve herself. Against her wishes the hospital inserted a nasogastric tube to force feed her to keep her alive. Even though her intent was to die.

Elizabeth petitioned the court for relief by the removal of the nasogastric tube. Her petition was denied

because it was needed for her survival and caused her no great discomfort.

In an earlier court case it had been established that an adult with a sound mind had control over their own body, therefore their right to refuse medical treatment was basic and fundamental. Both state and federal constitutions recognize it as a part of the right to privacy.

The findings in that court case compelled the courts to respect her wishes.

Involuntary Passive Euthanasia

This term is used when a patient has not explicitly requested aid in dying. This is mostly done in patients who have been pronounced brain dead and are in a persistent vegetative state and will probably not recover.

CASE: Quinlan

Karen Quinlan was 21 years old. She was celebrating her friends birthday. During the day she had been drinking and taking pills. That evening after one drink she passed out. Her friends tried to resuscitate after they had realized that she had stopped breathing and called the paramedics. She was rushed to nearest hospital emergency room. She was successfully resuscitated by unable to breathe on her own therefore placed on a respirator. She never regained consciousness.

The follow up visit showed that Karen suffered severe brain damage. She was not technically brain dead because there was minimal electrical activity though the waves were not normal and that she was not likely to regain consciousness.

Within 5 months she had shriveled into the fetal position and weighed only sixty pounds. At this time her father asked that she be taken off the respirator. He was supported by his parish priest.

The admitting physician refused to take her off the respirator. He stated that she was an adult and only she could release the physician from his responsibilities. He felt that it was one thing not to initiate life support, but legally and morally wrong to withdraw them once started. The doctor thought he would be susceptible to criminal prosecution.

Mr. Quinlan went to the Superior Court of New Jersey. The judge denied his request to take Karen off the respirator. He felt that, any possibility of recovery was enough to keep her on the respirator the level of life was not important. He also felt that just because she expressed never wanting to be hooked up to a respirator while living might not be what she wanted facing death.

Mr. Quinlan appealed the judges decisions to the New Jersey Supreme Court in March of 1976, they overturned the lower's court decision. Karen was weaned from the respirator in May, but did not die. She lived for nine years in nursing home being fed and hydrated by tubes. She died on June 11, 1985 from pneumonia.

CASE: Cruzan

On January 11, 1983 Nancy Cruzan lost control of her car and overturned it. When found paramedics could not detect a pulse or signs of breathing. They were able to resuscitate her.

She was unconscious when she reached the hospital. A neurologist diagnosed her with having cerebral contusions complicated by lack of oxygen before paramedics arrived. Nancy remained in a coma for about

three weeks and progressed to where she was unable to ingest nutrition. A gastrostomic feeding and hydration tube was implanted with the consent of her father.

When it became clear that she could not be rehabilitated and was in a persistent vegetative state her father asked the hospital to discontinue treatment. The hospital refused. Her parents went to receive authorization from the court. The court found that a person in Nancy state had the right to refuse or withdraw life support treatment.

Nancy had expressed in a conversation with a housemate, never wanting to be kept alive if she could not live a halfway normal life. The court found that the tube could be removed.

The case was appealed to the Supreme Court of Missouri, which reversed the lower courts decision in a 4 to 3 vote. They felt that a casual conversation was not enough to act like the Missouri: Living Will Statute.

The case was appealed to the United States Supreme Court which issued its landmark decision in 1990 where they stated that Missouri had the right to require clear and convincing evidence in a case of surrogate decision to refuse medical treatment on be of incompetent patients. They also stated that Missouri did not violate her rights.

The matter was taken back to Missouri. The judge listened to new testimony on Nancy wishes. The judge ruled that the feeding tube could be removed. She died 6 months later in December of 1990.

The Supreme Court was not willing to place this right under the "right to privacy" like the lower courts, but instead called it "informed consent".

After this case several states revised their laws to make some provisions for honoring advance directives, living wills and or health proxies. In 1990 Congress adopted a law requiring all hospitals supported by state funding to inform all patients of their state laws regarding advance directives and the correct procedures to insure their wishes about life support are honored if and when the situation presents itself

Active Euthanasia

Voluntary Active Euthanasia

This causes a person death through a direct action, in response to a request from that patient.

CASE: Kevorkian and Youk

Dr. Kevorkian was charged with first degree murder, violating the assisted suicide law and delivering a controlled substance without a license in the death of Thomas Youk Dr. Kevorkian was convicted of second degree murder and delivery of a controlled substance in the death of Youk, he was sentenced to 10 to 25 years in jail. Dr. Kevorkian insisted on representing himself during the trial.

Thomas Youk was 52 years and suffering from a terminal disease called Lou Gehrig's disease. His family wrote Dr. Kevorkian for help. They described the terrible pain Thomas was suffering and wanted help to end it. Thomas himself signed a notice stating that he wanted to die and chose direct injection.

Thomas' family has spoken out against the sentence that Dr. Kevorkian received. They were angry that they were not allowed to testify at the trial. They wanted to inform the courts of the pain and depression that

Thomas was going through. They wanted to tell the courts that Dr. Kervorkian was not a murderer.

In his 20 years fighting for what he believes in, Dr. Kevorkian admits to helping more than 130 people die with dignity, but this was his first time ever administering the lethal dose. He was already acquitted at three trials. Dr. Kevorkian felt that it was time to give the cause: legalizing physician assisted suicide a big push. By video taping himself giving the lethal injection to Thomas Youk and giving it to CBS's 60 Minutes to air would cause society to take a look at what is being done and make a move in that direction legally.

Dr. Kevorkian states that any society that considers itself to be educated would not consider physician assisted suicide, murder. He also stated if ever convicted, and sent to prison, he would starve himself to death. Dr. Kevorkian's 1st lawyer has returned and filed his first appeal on an over severe sentence.

Involuntary Active Euthanasia (Mercy Killing)

This causes a person death through a direct action without the request from the patient. Someone usually husbands or wives cannot stand to see their spouse suffer or being "less than whole."

CASE: Joseph Lasco

Joseph Anthony Lasco Sr., at the age of 62 was arrested for 1st degree murder in Florida. On February 1, 2000, killed his ex wife by shooting her in the neck and chest. This happened outside her doctors office. She had recently been diagnosed with terminal cancer and had been given 3 to 6 months to live.

Joseph confessed that he shot his wife in hopes of ensuring she didn't have to suffer because of her illness. He stated that he brought the gun with him to take her to the doctors in case the news was not good. He was first represented by the Public Defenders Office and now he has his own attorney. His attorney believes that the facts of the case does not support the charges and that the States Attorney Office did not give all information that was available.

The son of the accused and deceased is angry at the States Attorney Office for pursuing 1st degree murder where if convicted his father could face life or the death penalty.

CASE: Robert Latimer

Robert Latimer a farmer in Saskatchewan, Canada, killed his 12 year old daughter Tracy. On October 24, 1993 he put her on the cab of his truck and ran a hose from the exhaust to the cab, killing her by carbon monoxide poisoning.

Robert Latimer told police he could not bear to see her suffer any more.

Tracy had a severe form of cerebral palsy. She was a 40lb quadriplegic, who functioned as a 3 month old. She had many surgeries and was due for another at the time of her death. Tracy could not walk, talk or feed herself. She responded to affection and sometimes smiled. She was in constant pain and could not be given anything stronger than Tylenol.

Her father was charged with 1st degree murder, and convicted of 2nd degree murder on November 11, 1994.

The chain of events:

10/25/95 It was discovered that the prosecution interfered with the jury by asking them about religion, abortion and mercy killing.

11/27/96 Supreme Court hears Latimer's case.

2/6/97 Supreme Court orders new trial.

10/27/97 2nd trial begins

11/5/97 Jury finds Latimer guilty of 2nd degree murder and recommends eligible for parole after one year.

12/1/97 Judge Ted Noble gives Latimer "constitutional exemption" orders sentence less than 2 years with one to be spent in the community.

11/23/98 Saskatchewan Court of Appeals set aside "constitutional exemption" and upholds mandatory sentence of at least 10 years.

2/99 Latimer appeals to Supreme Court

5/6/99 Supreme Court says it will hear the appeal.

6/14/2000 Supreme Court hears the appeal.

1/18/2001 Supreme Court upholds life sentence with no parole for 10 years.

Pros and Cons for Physician Assisted Suicide

Pro

- Some terminally ill patients are in severe pain and experience intolerable poor quality life.
- Suicide is a legal act that is theoretically available to all. But, people who are terminally ill, hospitalized or disabled may not be able to exercise that right. Therefore discriminating against them because of their disability. They should be given the same option.
- Many people believe tens of millions of people without healthcare coverage can not get appropriate pain management therapy.
- Doctors withhold adequate levels of pain killers because they are concerned that their patients may become addicted, therefore not implementing pain management therapy.
- Total medical funding is not available and making people undergo expensive treatment to prolong life for only a few weeks is not fair.

Con

- Many faith groups within Christian, Muslim, Jewish and other religions believe that God gives life and

therefore only God should take it away.

- Many people believe that the pain experienced by terminally patients can be controlled by drugs. Therefore no need for physician assisted suicide.
- Making physician assisted suicide and or euthanasia available, people may be pressured into accepting assistance in dying.
- Some people that seek assistance in dying are not terminally ill or in physical pain, but rather depressed. (Must have strict controls)
- People fear that people will fear for their lives. That it will become to easy to get rid of problems even if not wanted.

Lesson KWL

The use of KWL chart serves as a helpful method to monitors students understanding of material being covered.

Make a chart using poster board, something to last throughout unit and keep visible so that you can add information as needed. Also to sever as a reminder of purpose for reading.

Before each unit segment complete the K and W of the chart. After completing each unit segment, or as a culmination to the entire unit go back to L to record student's responses.

K What do you know?

W What you would like to know?

L What did you learn?

Lesson Point of View Poll

The students will complete the poll to summarize material covered. Completed work will serve as notes for final projects.

- 1) Describe one point of view about Physician-Assisted Suicide.
- 2) What are the strongest arguments that support this view.
- 3) List any facts or events that support this view.
- 4) Describe an opposition point of view about Physician-Assisted Suicide.
- 5) What are the strongest arguments that support this view.
- 6) List any facts or events that support this view.
- 7) Which point of view do you support?

Lesson Research Report (Social Studies, Language Arts and Science)

The students will be given questions to answer that will require research to answer. The focus question will give them their introduction paragraph. This answer should repeat the focus question and restate the other questions that they will be answering. The rest of the answer to the other questions should be clear and precise, therefore serving as their paragraphs for their report.

Focus Question: Introduction

What is the connection between medicine ethics and law?

Questions: Body

1. What is the Constitution?
2. What is the Bill of Rights?
3. What is law? A) Who writes the laws? B) Who pass the laws? C) Who enforces the laws?
4. What is an amendment?
5. What is the role of medicine toward human life?
6. What is ethics?
7. What is euthanasia?
8. What is mercy killing?

Choose a case out of the list supplied by your teacher. Tell the specifics of the case.

What was the illness?

Did the person want to die?

Did the person ask to be killed? And if so, who did they ask?

Was the person killed? And if so, by who?

Did the person ask permission from the law?

What was the outcome?

Conclusion: Using the case you chose, tell how medicine ethics and law are connected.

Lesson Research and Debate

This lesson invites the students to take a moral position on the issue of euthanasia and mercy killing.

The students will:

- 1) Demonstrate an understanding of arguments pro and con about physician assisted suicide and mercy killing.
- 2) Write a persuasive argument that defends their personal position on physician assisted suicide and mercy killing.
- 3) Stage a formal debate in defense of their position on physician assisted suicide and mercy killing.

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