**Research Paper Sample**

First Name Last Name

Composition 1

Final Essay

26 October 2015

The Death of a Medical Oath

            Assisted suicide is a highly controversial subject in an era where people expect to get what they want when they want it. Unfortunately, when citizens of this society are confronted with discomfort, they expect to find relief in a cure. Sadly, for some people there is no comfort, and a cure may not be available. Assisted suicide is what many people consider a feasible solution. Assisted suicide is the act of enabling a patient to end his or her life; usually, this process is made possible with a lethal dose of pentobarbital or secobarbital. This medication is taken orally, and the effects of this medication can occur anywhere from minutes to hours (Fess). Assisted suicide should have never been legalized in the United States because it is unethical for doctors to kill their patients, for government to permit suicide, and for doctors to predict the date of death; however, proponents of mercy killings believe that death should be an individual choice.

            Doctors have always been held in high regards. Patients have come to trust their physician’s suggestions and diagnosis. Patients understand and have faith in the oath doctors take upon graduation. The Hippocratic Oath clearly states, “I will not play God.” A doctor who is permitted to prescribe a drug that is intended to end a life can be considered as holding a Godly role. This act breaks the very oath doctors have pledged to uphold. This level of hypocrisy leads to a breach of trust. A patient seeks their  doctor for help as well as hope. Physicians delivering this death sentence on a slip of paper are nicely saying, “I don’t have a chance of helping you” (Sandburn). A physician who a patient feels cannot help him or her in any way, besides death, is not very comforting. Doctors should prevent families from coercing their burdensome loved ones into reluctantly accepting this death sentence. Patients suffering from the debilitating effects of depression can become easily influenced by family members whom have ulterior motives when they suggest assisted suicide. A family member drowning in debt and mourning for the loved one he or she once knew may come to see this option as viable. In Belgium, a study found that there was a shocking thirty-two percent of mercy killings preformed without the consent of the patients they were performed on (Kuo). Doctors without an oath create a scenario in which they become the final deciding factor in life and death. Assisted suicide gives doctors the legal ground necessary to play God. The only difference between doctors with this power and serial killers is that one in prosecuted and the other is praised.

            The US Government will soon find that like so many other laws passed with honorable intentions, assisted suicide is a gateway to many loopholes for the case of legalized murder. Belgium allows terminally ill children the opportunity to choose assisted suicide. Physicians should not be permitted to allow a child to choose death. Children aren’t even able to legally sign their own consent forms. The government in the Netherlands intends to expand its assisted suicide laws to enable citizens seventy years of age and older to choose death simply because they have become tired of living (Kuo). In Switzerland, there has already been cases where euthanasia has been used for purposes other than terminal illness. In one such case a woman chose to end her life just because she did not feel she looked as pretty as she once was. This woman paid a large sum of money to end her life without even consulting her loved ones. A second case of assisted suicide preformed without family consent was a lady who was in deep depression. In both cases, the families were shocked at the circumstances leading to the deaths of their loved ones (Kuo ), and the decisions these patients can make, which some government support, leave a lot of turmoil behind. The US Government should be aware of these losses as to prevent laws from enabling the deaths of our loved ones.

            Finally, many times the first question a patient asks after being diagnosed with a terminal illness pertains to how much time he or she has left to live. Doctors may make extremely educated deductions; unfortunately, physicians are not able to predict a person’s death with certainty. For instance, David Kuo was diagnosed with terminal cancer in 2003. Three different times, in that same year, he was given six to twelve months to live. David lived ten years after this diagnosis. David and his wife had two beautiful children during this time (Kuo). None of these accomplishments would have been possible if David had listened to his doctor and ended his life. One study that investigated the accuracy of a doctor’s ability to predict the date of a patient’s death found that these predictions were less than accurate. Doctors giving an estimation of how long a patient has left to live must take a lot of information into account. Some factors include the person’s weight, age, personal habits and, genetic markers (Manoj). It is  unethical to allow a doctor to end a life, legally or otherwise, on the basis of an educated guess. Patients who choose to end their lives with the aid of medication harm themselves, their future and, their loved ones. Assisted suicide is unacceptable because doctors cannot guarantee a patient will not outlive their diagnosis; unfortunately, their families will be left with the nagging question of what if.

            Proponents  of assisted suicide would have patients believe that the patient is the only one with the right to decide when he or she will die so the practice should be acceptable. In reality, patients must ask permission before being granted assistance in death. Patients must make two separate requests to end their life. These requests must be made at least fifteen days apart. After making these two separate requests, the patient must then submit a written request. Next, the doctor accepts this written request and must then have it signed by two witnesses (Fess). Appropriately, more than one person—the patient—must make this crucial decision.

            Our society is one in which the laws we hold in high regards allow us  the freedoms we hold dear. We need to be careful when we petition the United States Government to legalize assisted suicide. A society in which we are healed by the very doctors who may eventually kill us is very worrisome. Physicians are incapable of accurately predicting the date of death of their patients. Enacting a law that will allow a doctor to give a patient a death sentence without being able to accurately judge the amount of time they have remaining is unethical. Death may not always be painless or dignified; unfortunately, neither is life. Legalizing assisted suicide does not give patients the freedom they desire. Assisted suicide will not allow patients the choice of when they will die. Citizens are actually creating a legal stepping stone for the government to tell patients when they will die. Allowing the government and doctors this power in our lives may come to haunt us in the future.

Works Cited

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 Good thesis that includes the three arguments and counter-argument/refute focus.

 Please be cautious of pronoun agreements. Check to see if the pronoun's subject is singular or plural, and then adjust this pronoun accordingly. Remember, the pronoun rule should also apply across sentences, so if you use a pronoun in a sentence without noting the subject, be sure to check your last sentence or two in order to determine if you last used a singular or plural form of the noun. Then, if you change your pronoun, be sure any related verbs still agree.

Remember, words such as everybody, everyone, anybody, anyone, each, neither, nobody, someone, a person, etc., take singular pronouns.

 Good parenthetical citation the includes the first component of the related works cited entry.

Please review the Purdue Owl website listed below for MLA Works Cited format. Please remember that each entry needs at least one parenthetical citation or signal phrase within the essay. Use the left navigation menu on the page to locate the type of reference you need: http://owl.english.purdue.edu/owl/resource/747/08/

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 As you revise your work, try very hard to edit out most uses of the following phrases: there are, there is, it is, it would be, there has been, etc.—especially when these phrases come at the beginning of a sentence. These phrases usually add bulk to your writing without adding clarity or meaning, and they can make your point more difficult to understand. Sometimes you can simply omit the phrase, and in other cases you should try to begin the sentence with the sentence’s subject. See below.

Weak: “There is controversy surrounding that prescription drug.”

 Strong: “The prescription drug has caused a lot of controversy within the medical community because it renders most users incomprehensible.”

 Name the opposition.

A counter-argument section for this paper should explain what the opposition believes, which is the opposite of the opinion you are arguing in your paper. Be sure to name your opposition person, group, organization, etc., and explain how you know this person or group has this opinion. Did you conduct an interview or research to learn of this group or person’s opposition to your idea?

Then, in the refute, try to prove that claim false, insignificant, or unimportant with information that is new to the essay. Note that a refute should not be a solution. Include researched data for *at least* the counter-argument side to create a strong counter-argument/refute section; however, a separate source for each section works well. If you explain a counter-argument and refute from one source, you are essentially summarizing the source, which is not the purpose of the section, so be sure to vary the source/opinion for each component: the counter-argument and the refute.

Simplistically, the counter-argument/refute section is a fourth argument for your essay presented in a new way: you state the opposition’s opinion first as a way to lead into your paper’s fourth argument. Be sure all four arguments in the essay are distinctly different from one to the next, so do not recycled data and ideas across arguments.

See http://www.shoreline.edu/doldham/101/html/what%20is%20a%20c-a.htm

 Please avoid first person (“I,” “my,” “we,” “us,” etc.) and second person pronouns (“you”). Instead, use third person pronouns: “he or she,” “him or her,” “they/them,” etc. Avoiding first person pronouns prevents you from grouping the reader into a particular opinion ("we," "our," etc.), and avoiding second person pronouns prevents you from speaking to or referencing the reader directly ("you"). You should even be cautious of speaking for a particular community or group (“we,” “our”) in which you belong. Instead of using a term such as “our,” be sure to pinpoint your target group. Are you referring to a particular society (American society)? What is the age range (American adolescents)? Typically, a better word exists in place of first and second person pronouns, such as “reader,” “audience,” etc.

Avoid personal experience in essays, especially research essays, unless otherwise noted in the assignment instructions.

In other cases, you should start the sentence with the subject. For instance, instead of saying, “We discover this in the scene where the mother enters,” use “The scene’s lighting increases when the mother enters.” Note that the second example is more specific and direct.

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