

Issues & Common Ground List and Final Argument Maps (*Sample*)

Common Ground:

- Dying needs to be treated with human dignity-essential.
- A patient's physical and mental pain and suffering needs to be eased-essential.
- Defend against the slippery slope argument for PAS-nonessential.
- Euthanizing is wrong-essential.
- Protect the sanctity of the medical profession-essential.
- Healing is the number one priority-essential.

Issues:

- The sanctity of life needs to be preserved-essential.
- The Hippocratic Oath says that a physician will cause no harm to a patient-essential.
- The American Medical Association Code of Ethics is strictly against PAS-essential.
- Freedom to choose how to die-essential.
- The definition of healing is not concrete-essential.
- Life's value is measured in the quality of existence not in the length of that existence-nonessential.
- The freedom to choose one's path is a fundamental right-essential.
- Terminally ill patients have a lower quality of life-essential.
- The perception of what a miracle is and how often they occur-nonessential.
- The definition of PAS-essential.

Argument Map

Scholarly Source?	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
Citation:	Westefeld, John S., Domonique Casper, Adam M. Lewis, Christopher Manlick, Wendy Rasmussen, Allison Richards, and Barbara C. Sieck. "Physician-Assisted Death and Its Relationship to the Human Services Professions." <i>Journal of Loss and Trauma</i> (2013): 539-55. Print.
Standpoint:	John S. Westefeld is a professor in the Counseling Psychology Program at the University of Iowa. His primary research interest is suicide. Domonique Casper, Adam M. Lewis, Christopher Manlick, Wendy Rasmussen, Allison Richards, and Barbara C. Sieck are all doctoral students in the Counseling Psychology Program, University of Iowa.
Conclusion:	"We suggest that human service training programs provide increased training in this important area. Didactic readings and practicum experiences are potential mechanisms for providing increased emphasis on this topic. It is also vital that research be conducted concerning these issues and especially their implications for human service professionals."
Values/Assumptions:	Keeping an open mind and viewing all the angles of the situation, so that a reasonable conclusion can happen.
Counter-Argument:	Regardless of any research done, there will be counter-arguments from both sides advocating for and against PAS.
Claim 1:	American Psychological Association neither endorses nor opposes PAS
Supporting Evidence:	1. They do encourage research, consideration of public policies, training, etc. 2. "The decision is guided by the complex topics of diversity and demographic issues, differences in societal values, autonomy of mental health and health professionals, and lack of research attention given to issues surrounding the topic."
Values/Assumptions:	Research and respecting all views and opinions.
Counter-Argument:	Most other medical associations strongly oppose PAS.
Claim 2:	"A majority of family members agree with the legalization of PAS, but vary in their opinion depending on the medical condition."

Supporting Evidence:	1. 50% of families would support the patient's decision. 2. 30% would oppose it. 3. Remaining 20% would be undecided. 4. Family members of PAS patients often report elimination of suffering and that they were happy with the physician's response.
Values/Assumptions:	The majority of families often choose to respect the patient's decision for PAS
Counter-Argument:	A large portion of families do not support it.
Claim 3:	The issue of PAS will become more prominent as the American population continues to age.
Supporting Evidence:	1. People aged 65 or older made up 13% of the population in 2009 2. It is projected that it will rise to 20% by 2050.
Values/Assumptions:	The values and choices by this increasing demographic will want to be heard.
Counter-Argument:	Again, there are counter-arguments from both sides. This report tries to stay non-biased and just portray the complexity of the issue.

Argument Map Template

Scholarly Source?	Yes: ____ No: <u>X</u>
Citation:	Apte, Vandana. "The Case for Legalizing Physician-Assisted Suicide." University Wire Jan 21 2015. ProQuest. Web. 14 Oct. 2015
Standpoint:	"Vandana Apte is a School of Environmental and Biological Sciences sophomore majoring in biotechnology with a minor in public health." She voted for PAS in the state of Massachuesets in 2012; the law did not get passed.
Conclusion:	PAS should legal as a last resort option for mentally competent terminally ill patients. PAS is more moral than euthanasia, because the decision ultimately lies with the patient.
Values/Assumptions:	Mentally competent people should be allowed the right to choose to end the suffering from a terminal illness through assisted suicide.
Counter-Argument:	Physicians took the oath to never cause harm; Physicians will push patients to choose PAS as a first option; PAS lowers the value of life; it denies miracles; it is like euthanasia.
Claim 1:	Physicians should be aware of patients desires.
Supporting Evidence:	1. The definition of healing patients is not concrete. 2. The physician will be healing the patient's physical and mental pain.

Values/Assumptions:	Deciding not to prolong the patient's pain is healing.
Counter-Argument:	Physicians will break their oath to heal patients.
Claim 2:	PAS will be a last resort option for mentally competent patients, and only after proper mental health screenings.
Supporting Evidence:	<ol style="list-style-type: none"> 1. Only mentally competent patients will be allowed to use PAS. 2. There will be no push for PAS, because it will only be offered after every other treatment option has happened. 3. Adequate mental health treatment should happen before PAS is offered.
Values/Assumptions:	PAS will not be offered to everyone, and it should be a final option; healing is the number one priority.
Counter-Argument:	There is a belief that patients will be forced into PAS for financial gain before any other options are explored.
Claim 3:	"The true value of life does not lie in the length of an individual's physical existence; rather it lies in the quality of that existence". . . So People should have the right to suicide.
Supporting Evidence:	<ol style="list-style-type: none"> 1. Terminally ill patients have a lower quality of life due to their pain and suffering. 2. Denying the right to choose helps to lower their quality of life further than if they have the option. 3. "The biggest miracle of all is having the right to choose."
Values/Assumptions:	The right to choose one's path is a fundamental right; helping end suffering is better than hoping for a miracle.
Counter-Argument:	PAS cheapens the value of life, and it denies the chance for miracles.

Argument Map

Scholarly Source?	Yes: ____ No: <u>X</u>
Citation:	Matthew, R. K. "Forum: Better Care at End of Life, Not Physician-Assisted Suicide." New Haven Register. Mar 16. 2015. ProQuest. Web.
Standpoint:	Matthew R. Kenney, Ph.D., is vice president, Mission and Ethics, at Saint Francis Hospital and Medical Center; he is also Catholic.
Conclusion:	PAS is not compassionate, and it does not help terminally ill patients.
Values/Assumptions:	Physicians are healers, not killers; dying can be done with grace and dignity without PAS.

Counter-Argument:	The, "Act Concerning Compassionate Aid in Dying for Terminally Ill Patients" will help patients have a right to choose in the end of their life through PAS.
Claim 1:	PAS is not a legal, political, or religious issue; it is a human issue.
Supporting Evidence:	1. The issues that PAS patients say are the reasons they seek PAS: loss of a sense of control, loss of a sense of meaning and purpose, fear of being a burden on others, and physical pain, etc.; these issues can be addressed with human dignity. 2. Addressing these issues is an obligation of healthcare.
Values/Assumptions:	Dying needs to be addressed with human dignity, and patients' suffering can be mitigated.
Counter-Argument:	People's choice is more important than healthcare's obligation.
Claim 2:	PAS violates the Hippocratic Oath and the American Medical Association Code of Ethics
Supporting Evidence:	1. "I will not give a lethal drug to anyone if I am asked" 2. "Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible....[but] must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."
Values/Assumptions:	Judeo-Christian tenets: "the sanctity of life and the promotion of the dignity of the human person.
Counter-Argument:	The bill has safeguards to prevent physician abuse or violation of these oaths.
Claim 3:	Proper care for terminally ill patients' fears stated above in the supporting evidence of claim 1 is the right answer, not PAS.
Supporting Evidence:	1. Preserve patient autonomy through effective communication and Advance Directives. 2. Acknowledging the dying are not a burden or expendable promotes human dignity, and helps the patient pass with compassion. 3. Pain can be managed. 4. Address the physical, emotional, spiritual, and psychological needs of patient and family.

Values/Assumptions:	The dying need to be treated with respect and shown that life is precious even in their last moments.
Counter-Argument:	PAS is a compassionate choice for dying patients.