

Introduction

Physician-assisted suicide is one of the most controversial ethics issues in healthcare today. The American Medical Association classifies it as when a physician aids in a patient's death by providing the necessary means to allow the patient to go about his/her own death (Hetzler et al., 2019). The most well-known advocate for this practice is Dr. Jack Kevorkian, an American pathologist. Kevorkian believed in ending a patient's suffering if he/she were terminally ill. Because of this, he ended up assisting in the deaths of 130 patients from across the nation (Schneider, 2011).

Many scholars have explored several aspects of the ethics of physician-assisted suicide and the implications of Kevorkian's actions including the pros and cons of each side. Much of the discussion is based on either the authors opposing physicians aiding in the death of patients or the inability to draw a perfect ethical solution to this kind of medical practice. However, attention has not been adequately given to the ethical aspects of Kevorkian's actions and case. The current research has failed to consider using virtue ethics to evaluate Kevorkian's true moral character. In refusing to consider the moral character of Kevorkian and his actions, many physicians will continue to lack the proper understanding of what it means to be a morally responsible doctor.

Examining Kevorkian's case through the lens of virtue ethics will provide a means to judge the morality of his actions regarding physician-assisted suicide. Specifically, I will demonstrate that Kevorkian's actions were morally acceptable by using one of the five focal medical virtues of compassion. Using virtue ethics, I will assess three areas in which Kevorkian possesses the virtue of compassion: compassion for the suffering patients, compassion for the patient's family, and compassion for society as a whole. To support my argument, I will analyze

evidence from interviews, quotes, letters, news articles, and journals. These sources will aid in providing examples of Kevorkian demonstrating the virtue of compassion.

Background

Dr. Jack Kevorkian is still the most well-known advocate for physician-assisted suicide in the United States today. Many people with intolerable pain and untreatable conditions would reach out to him begging and pleading for his help. His fascination with this kind of practice led him to receive the nickname, Dr. Death (Rushe, 2011). In order for Kevorkian to carry out his assistance in the death of terminally ill patients, he developed a machine called the Thanatron. This machine allows the patients to hit a button that triggers the release of a potent sedative, sodium thiopental, to put the patient to sleep. Then, shortly after, the machine injects potassium chloride into the patient's body, which stops the heart (Beschizza, 2017). Through Kevorkian's practice, he gained a lot of attention and faced much criticism. His most controversial action that led to him getting convicted of second-degree murder was administering a lethal injection to a patient by the name of Thomas Youk, who was too ill to do it himself. Because of this, he was sentenced to 10 to 25 years in prison, later being let out early on a promise to refrain from assisting deaths in the future (Charatan, 1999).

Literature Review

Several scholarly sources have investigated the ethics behind physician-assisted suicide. Some of these include Kevorkian's practices and some just analyze the practice in a broader sense. It seems that many people believe there are arguments for both sides of this phenomenon; in support of and in opposition to physician-assisted suicide. The following analyses focus on the ethical dilemmas of physician-assisted suicide, but neither have adequately considered using the framework, virtue ethics, to determine if the physician is moral or not.

In the paper, “Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper”, Lois Snyder Sulmasy and Paul Mueller state that the American College of Physicians believe that the ethical arguments against legalizing physician-assisted suicide are more compelling. They argue that physician-assisted suicide is problematic because it disrupts the patient-physician relationship, affects the trust in the relationship and in the profession, and alters the medical profession’s role in society (Snyder Sulmasy & Mueller, 2017). Sulmasy and Mueller argue that respect for patient autonomy is not absolute and must be balanced with other ethical principles. If it is not balanced, this can lead to jeopardizing the physician’s ability to practice high-value care with the patient’s best interest in mind. They also believe doctors should rely on high quality care through to the end of a patient’s life with prevention of suffering or assisted suicide as long as possible (Snyder Sulmasy & Mueller, 2017). While the authors state their position on the ethics of physician-assisted suicide, they fail to address or consider how virtue ethics can be used to determine the morality of a physician that engages in that kind of practice.

In a different paper, Hengameh Hosseini argues that physician-assisted suicide is an ongoing moral dilemma that faces physicians, ethicists, and legal experts still today. He begins the paper by thoroughly explaining Dr. Kevorkian’s story and his role as the leading proponent in physicians aiding in the death of terminally ill patients. Then, Hosseini starts to question the ethical components of this practice that both support and go against physician-assisted suicide (Hosseini, 2012). Some of the arguments he includes that favor this include respect for autonomy, justice, non-maleficence, and individual liberty versus government intervention. Some arguments in opposition include sanctity of life, potential for abuse, failure of finding a way to deal with pain, professional integrity, and fallibility of the profession. He concludes with

stating that there is no perfect ethical solution to this dilemma (Hosseini, 2012). No matter what way someone looks at it, there are pros and cons to each side. Again, this article fails to consider how virtue ethics can be used to judge the morality of Kevorkian or a physician in the aiding in the death of a patient.

While there is certainly much to learn from other scholars' perspectives on the ethics of physician-assisted suicide, there is also great value in thoroughly analyzing the physician's role and actions in this kind of practice. The current body of research fails to consider how physicians or Kevorkian's character traits exhibit moral behavior in participating in the aiding of the death of patients. This paper will not only provide more insight into Kevorkian's practices, but it will also use virtue ethics to determine his morality of actions in physician-assisted suicide.

Conceptual Framework

My analysis of Dr. Jack Kevorkian draws on the conceptual framework, virtue ethics, which allows me to further understand and evaluate Kevorkian's virtues and moral character in medical practice. Virtue ethics is an ethical framework developed by Aristotle that focuses on the qualities of excellence or "virtue" that people should foster in order to act morally and attain the good life. The good life or also known as eudaimonia is the state in which someone realizes their unique human potential (van de Poel & Royakkers, 2011). Each moral virtue has to balance between two extremes of evil. For example, courage is balanced between cowardice and recklessness. In order to exemplify the virtue of courage, people must not lean too far to the left or right. Aristotle also believed virtues are not innate, but rather they can be learned by practice. Virtue ethics relies heavily on practical wisdom, which means "making the right choices for

action concerning what is good and useful for a successful life” (van de Poel & Royakkers, 2011). The actions in Dr. Kevorkian’s case are in regards to his assistance in the patients’ deaths.

In order to look more specifically at the virtues physicians need, then we must focus on medical practice. In this paper, I will use Tom Beauchamp and James Childress’ five focal virtues for health professionals that were stated in their book, *Principles of Biomedical Ethics*.

These virtues are as follows:

1. Compassion
2. Discernment
3. Trustworthiness
4. Integrity
5. Conscientiousness

Figure 1: Five Focal Virtues for Health Professionals

The virtue of compassion is the concern and regret for the suffering of others; it is the opposite of cruelty and egoism. Beauchamp and Childress describe it as a combination of “active regard for another’s welfare with an imaginative awareness and emotional response of sympathy, tenderness, and discomfort at another’s misfortune or suffering” (Beauchamp & Childress, 2019). In medical practice, it is crucial that doctors not only effectively apply their technical skills, but also their ability to “cosuffer” with their patients. Edmund Pellegrino and David Thomasma use this term “cosuffering” to describe compassion as taking someone else’s pain or suffering and making it their own (Pellegrino & Thomasma, 1993). The virtue of compassion is necessary for physicians in healthcare in order to understand the feelings and experiences of patients to properly treat them of their illnesses. The lack of compassion in health professionals is an ongoing issue still happening today with many patients not being satisfied with the interactions they have with their doctors and nurses. As Anthony Orsini, a doctor of osteopathic medicine, said “Patients need to feel seen and heard, and they need to know they’re more than just a number” (“Many Patients Say Their Doctors Lack Compassion”, 2019).

Using virtue ethics, I will question whether Dr. Jack Kevorkian's traits and actions can be deemed as moral, according to the medical virtue of compassion laid out by Beauchamp and Childress. I will do this by examining quotes and texts from Kevorkian himself, his patients, and peers to determine if he exemplified the virtue of compassion. Through this, I will use virtue ethics to determine whether Kevorkian can be held morally responsible for his actions with physician-assisted suicide.

Analysis

Throughout Jack Kevorkian's practices in physician-assisted suicide, he has exemplified the virtue of compassion in several aspects. In the following analysis, I will highlight three areas in which Kevorkian demonstrates compassion, which is one of the five focal virtues of medical practice. These areas include compassion for the suffering patient, compassion for the patient's family, and compassion for society as a whole. The quality of compassion is crucial for healthcare professionals in order for them to understand and help the patients with their suffering. Through the lens of virtue ethics, because of Kevorkian's virtuous character, his actions are considered morally acceptable. The following paragraphs will analyze examples in each area in which Kevorkian cultivates compassion.

Compassion for the suffering patients

The whole idea behind physician-assisted suicide is to relieve the patient from his/her suffering in a way that lets them die with dignity. Many of the patients who were apart of Kevorkian's practice were terminally ill, meaning, because of their illness, they did not have much longer to live. Because of this, many of Kevorkian's patients wanted to end their lives on a good note before their disease significantly impacted it. Some of the terminal conditions he aided

in were multiple sclerosis (MS), malignant brain tumors, and amyotrophic lateral sclerosis, also known as ALS or Lou Gehrig's disease (Bhanoo, 2011).

The first person to hear about Kevorkian's practice and want to participate in it was a woman named Janet Adkins. She came across an article one day that mentioned Kevorkian's suicide device and she knew she had to get in contact with him (Rosenbaum, 2015). Janet Adkins ended up being Kevorkian's first patient and as a result, this started the physician-assisted suicide movement for Dr. Kevorkian. Once the news started hearing about all these deaths, Kevorkian became a common name across the nation. Many people started calling him asking for his services and even sending letters begging for help (Vloet, 2015).

A patient by the name of Sherry Miller who was diagnosed with MS was one of these people who had sent a letter to Kevorkian. The letter she wrote said:

Dear Dr. Kevorkian,

HELP! I am a 41 year old victim of MS. I can no longer take care of myself. Being of sound mind, I wish to end my life peacefully. I know I will only get worse. Please help me.

-Sherry Miller

Figure 2: Letter to Dr. Kevorkian from Sherry Miller

This letter shows a desperate woman who is in significant need of medical help. She not only explicitly states her suffering, but she also shows her need for Kevorkian's assistance in helping her relieve her pain. Analyzing the letter more, Sherry Miller is a victim of multiple sclerosis, which is the most prevalent neurological disability that can lead to severe physical or cognitive incapacitation (Ghasemi et al., 2017). The immune system attacks the brain and spinal cord, which leads to inflammation and chronic pain along the spinal cord, in the brain, or optic nerve (Henderson, 2018). Miller also states in the letter that she knows it will only keep getting

worse. As MS progresses, about 20% of patients become bedridden or institutionalized with another 20% of patients fully depending on a wheelchair, cane, or crutches to move (Rolak, 2003). With the constant suffering and lack of motivation to live any longer, some would ask who is responsible to relieve these agonies. Is it the patient, their family, or maybe a physician? Since physicians have the role in healthcare to heal patients, this is the most promising answer and one Kevorkian strongly believes in. Because of Miller's constant suffering and pain, Kevorkian was able step in and alleviate these pains by assisting her in her wanted death. He abided by her wishes and followed through with his role as a physician.

Through the lens of virtue ethics, Kevorkian's actions are considered to be morally acceptable. By showing compassion with his patient, Sherry Miller, he was able to relieve her of her suffering through physician-assisted suicide. Kevorkian was able to see and acknowledge Miller's agonies and then apply a solution that both parties agreed with. Since he exemplified the virtue of compassion with his suffering patients, it can be determined that Kevorkian's character is moral.

Compassion for the patient's family

The suffering the actual patient has to go through in terminal illnesses is hard in itself, however the patient's family deals with suffering as well, if not even worse than the patient. The patient's family has to constantly deal with the suffering of knowing that someone they love is hurting or in pain. This can be mentally tough on some people because they feel like they are not doing enough to help their family member in need. It can be stressful at times for the family because they want their loved one to live and prosper, but they also want them to be happy and enjoy life. Some of the most common factors contributing to distress in family members when

their loved one is sick include empathic suffering with patient, physical illness, family dynamic, impending bereavement, and burdens of care (Moryl et al., 2003).

An excerpt from a conversation between Kevorkian and Sherry Miller's mother is shown in Figure 3. This conversation took place right before her daughter died with the assistance of Dr. Kevorkian. Kevorkian was making sure that Mrs. Miller, Sherry's mother, was okay with what he was about to do to her daughter. Then, Mrs. Miller explains how she values Sherry's wishes and fully respects her choice. She knows how bad her daughter is suffering and realizes this is the only way to relieve her of her misery.

Kevorkian, on the other hand, is fully transparent about what is going to happen and wants the approval from Sherry's mother. He was known to interview with the patients and their family beforehand to ensure he was helping the appropriate people with physician-assisted suicide. As mentioned previously, Kevorkian did in fact help Sherry end her life and relieve her of her suffering. Not only did this alleviate Sherry's miseries, but it also alleviated the family's.

Using virtue ethics in this situation, Kevorkian's actions and character are considered moral. He used one of the medical virtues of compassion to relieve Sherry's family members of their suffering. Even though Mrs. Miller may have experienced grief once it happened, over time she was able to understand that her daughter deserved to be happy and free of pain, and

Kevorkian: It shows that everybody can learn to use the other hand. Well, Mrs. Miller, let's have your thoughts. Certainly this is something that's weighing on your mind.

Mrs. Miller: Yeah, it is. But, I go along with Sherry's wishes. This is what Sherry wants to do. And we've been living with it, and we know how miserable she is every day.

Kevorkian: Any negative feelings you have about it? Would you wish that she didn't do it?

Mrs. Miller: No, not now I don't. Now, I'd like her to go ahead and do it, because I know that's what she wants to do. Last year, when she first started talking about it, I was a little bit apprehensive about it and didn't ... (inaudible) It all came as a shock when she said about this doctor that had this machine that he would kill her with.

Figure 3: Conversation Between Dr. Kevorkian and Mrs. Miller

Kevorkian made that happen. Kevorkian was able to use his compassionate character and aid in the relief of pain the family had felt prior to Sherry's death.

Compassion for society

Not only does Kevorkian care about the suffering of patients and their families, but he also cares about society and the world as a whole. One of Kevorkian's main goals in life was to help legalize physician-assisted suicide and make it accessible across the world. He wanted everyone with a terminal illness to have the choice to relieve their suffering or pain with physician-assisted suicide. He was the leading figure who confronted one of society's and healthcare's biggest problems still to this day: proper end of life care for terminally ill patients (Brody, 1999).

As of right now, the majority of states in the U.S. do not support physician-assisted suicide. It is illegal in all states except California, Colorado, Hawaii, Maine, New Jersey, Oregon, Vermont, Washington, and the District of Columbia. In these states, there are Death with Dignity laws that make it acceptable for mentally competent adult state residents with a terminal illness to voluntarily request an assisted death through prescription medication ("Death with Dignity Acts", n.d.) The person responsible for all the progress with legalizing physician-assisted suicide is Dr. Kevorkian. From 1990, the first known instance of Kevorkian using his suicide machine, to 1998, his last experience that aired on 60 Minutes, the effort to legalize physician-assisted suicide started to take off. By 1997, Oregon became the first state to enact their Death with Dignity laws (Knickerbocker, 2011).

Jack Lessenberry, a well-known journalist in Detroit that covered Kevorkian's one-man campaign, writes, "Jack Kevorkian, faults and all, was a major force for good in this society. He

forced us to pay attention to one of the biggest elephants in society's living room: the fact that today vast numbers of people are alive who would rather be dead, who have lives not worth living" (Schneider, 2011).

Lessenberry explains how much Kevorkian cared for and overall benefitted society with his actions. Kevorkian's practice of assisted suicide gave a way for terminally ill patients to have a choice in determining if their lives were worth living. Even though he was only able to directly help 130 patients, his strong beliefs gained attraction across the world. This led to medical practitioners considering better and more ideal end of life care, whether in the form of assisted suicide or even palliative treatment for discomfort and hospice care. As Arthur Caplan, a bioethics professor at the University of Pennsylvania, said "He was involved in this because he thought it was right, and whatever anyone wants to say about him, I think that's the truth. He didn't do it for the money, he didn't do it for the publicity, he wasn't living a luxurious life – he wanted change" (Knickerbocker, 2011). Kevorkian wanted change in order to end suffering all over the world.

Using the framework, virtue ethics, Kevorkian's actions in physician-assisted suicide are morally acceptable. He possesses the virtue of compassion for society, which is one of the five focal virtues that makes a morally responsible physician. His continuous fight for the acceptance of physician-assisted suicide to relieve suffering has paved the way for many states to legalize this practice. His drive for better end of life care for terminally ill patients has resulted in significant improvements in palliative and hospice care. Kevorkian's awareness of other people's suffering and then providing a solution to fix it makes him a truly compassionate physician.

As I have argued above, Kevorkian exhibits compassion for society and I prove that by examining laws and quotes that support this claim. Kevorkian wanted to end suffering for all

terminally ill patients and because of his efforts supporting this cause, he ended up becoming the leading reason for the establishment of Death with Dignity laws.

Some people think that Kevorkian was never a compassionate doctor and that he just wanted to establish deadly human experimentation as a medical specialty. They believe he is a “ghoul, quack, and narcissist” that is overly infatuated with death (Smith, 2017).

However, this view fails to take into account the multiple instances where Kevorkian has clearly stated his intentions on conducting physician-assisted suicide. Kevorkian himself explains, “My aim in helping the patient was not to cause death. My aim was to end suffering. It’s got to be decriminalized” (Mavrovic, 2019). Kevorkian truly believed in relieving the patients of their suffering and even ended up going to prison to fight for this cause. In an interview, he even said, “That’s the biggest misunderstanding about me. That I’m obsessed with death. I’m really pro-life. My writings are all about trying to get medical benefits from death. Life back from death” (Rosenbaum, 2015). From these two quotes alone, Kevorkian is a compassionate physician that just wants to help patients alleviate their pain and misery.

Conclusion

Using virtue ethics, I have argued the morality of Dr. Kevorkian and his actions in physician-assisted suicide. Kevorkian demonstrates one of the most important virtues for medical professionals, which is compassion. Throughout his years assisting in the death of terminally ill patients, he has exemplified the virtue of compassion in three distinct areas. These areas are compassion for the suffering patient, compassion for the patient’s family, and compassion for society as a whole. Examples from actual letters, conversations, and quotes prove that Kevorkian cultivates the virtue of compassion in his medical profession.

I think it is important to realize physicians are not just responsible for their technical skills, but also in their ability to have a personal connection with each of their patients. The ability for a physician to understand and acknowledge a patient's suffering and then provide a solution to relieve this suffering is a fundamental part of their profession. Making sure that physicians possess the virtue of compassion allows them to make the best clinical decisions for the wellbeing of the patient.

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