

# The Impact of Death with Dignity Therapy on Palliative Care Patients

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## Description

Death with dignity, sometimes referred to as physician-assisted suicide or assisted dying, has been the subject of much discussion and investigation. It centers on the notion that people who are suffering from terminal illnesses ought to have the freedom to choose when and how they want to pass away. This idea contradicts conventional wisdom regarding mortality, individuality, and the function of medical personnel in providing end-of-life care. Do people have the right to decide how they want to die? This basic ethical question is at the center of the movement to die with dignity. Advocates contend that when dealing with terminal illnesses, personal agency and autonomy are crucial. In a society that values individual freedoms, restricting the right to choose when and how one dies can be seen as a violation of basic human rights.

Furthermore, proponents contend that it is ethically inconsistent to permit the withdrawal of life-sustaining treatments while denying individuals the right to actively end their own lives. The essence of the death with dignity movement lies in the compassionate response to human suffering. Terminal illnesses often bring excruciating physical pain, emotional distress, and a loss of dignity. For some, the prospect of a prolonged, painful death can be more distressing than death itself. Allowing individuals the option of death with dignity empowers them to confront their mortality on their terms, preserving a sense of control and dignity until the very end. Moreover, the compassionate aspect extends beyond the individual to their loved ones. Long-term terminal care comes with emotional and financial costs that families frequently struggle to bear. Rather than having to watch their loved one's condition worsen over time, families can accept the decision in a more controlled and quiet setting when they die with dignity.

While the ethical and humanitarian arguments for death with dignity are compelling, the legal landscape varies widely across jurisdictions. While some regions have adopted a progressive approach and legalized assisted suicide under stringent regulations, others have taken a more conservative stand and consider it to be a breach of the sanctity of life. The legal considerations involve defining eligibility criteria, establishing rigorous assessment processes, and ensuring safeguards against abuse. Striking a balance between providing a compassionate choice for the terminally ill and preventing any form of coercion or exploitation is a delicate task that requires careful legislation. One of the primary concerns surrounding death with dignity is the potential impact

on the doctor-patient relationship. Medical professionals have always been sworn to protect the sanctity of life and put their patients' health first. Proponents contend that legalizing assisted suicide holds the commitment to lessening suffering rather than undermining these ideals. Healthcare professionals should be involved in open and honest conversations with patients about their end-of-life preferences, discussing all available options, including palliative care, hospice, and assisted dying. The emphasis should be on providing comprehensive and compassionate care that aligns with the individual's values and desires.

Cultural and religious beliefs play a significant role in changing attitudes toward death with dignity. Some argue that life and death decisions should be left in the hands of a higher power, while others believe that compassionate choices in the face of terminal illness reflect the values of mercy and understanding. Respecting diverse perspectives is crucial in the ongoing discourse about death with dignity. In order to ensure that people from diverse cultural and religious backgrounds can make end-of-life decisions that are consistent with their beliefs, legislation should be aware of the heterogeneous nature of communities. Opponents of death with dignity frequently express worries about the possibility of compulsion, abuse, and the trend toward euthanasia. To address these apprehensions, robust safeguards must be in place, including stringent eligibility criteria, multiple medical assessments, and legal oversight. Learning from the experiences of jurisdictions where assisted dying is legal can inform the development of safeguards that strike the right balance between individual autonomy and protection against abuse.

The idea of dying with dignity presents serious moral, legal, and humanitarian issues as well as challenging social norms. It is critical that we promote courteous and candid communication when navigating the difficulties of end-of-life decisions, taking into account the many viewpoints of patients, families, healthcare providers, and communities. Accepting death with dignity acknowledges the intrinsic worth of every person and aims to give those who are faced with the unavoidable truth of a terminal illness a compassionate option.

Societies can advance towards a more individualized and humane approach to end-of-life care by enacting strong legal safeguards, embracing the diversity of cultural and religious perspectives, and carefully addressing ethical problems. In the end, seeking a dignified dying requires empathy, self-determination, and compassion when facing the greatest and most unavoidable struggle of life.