Death with Dignity

A community service research project designed by Rutgers Jrs. and Srs. to gain perspective on Euthanasia opinions at Rutgers University.

Tag words: Euthanasia, Right to die, Physician assisted suicide, Terminally ill

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Summary

The group has been looking at the issue of euthanasia and whether it should be legalized in the state of NJ. Research was done on the history of euthanasia and on current global legislation. The service project was centered on doing a survey of the Rutgers University students to determine their views on the subject. A total of 273 students participated in the survey. 53.9% of respondents disagreed with the statement that euthanasia is always morally wrong. 49.8 % of the respondents disagreed with the statement that euthanasia should be illegal at least under all circumstances. 69.2 % of respondents agreed that the principal moral consideration about euthanasia is the question of whether the person freely chooses to die or not. Finally, 48.4 % of the respondents disagreed that actively killing someone is always morally worse than just letting them die. The results of this survey indicate that the student body is evenly divided between pro and anti euthanasia with a significant number being neutral on the subject.
The Issue: Euthanasia

The History of Euthanasia

Euthanasia is a term derived from the Greek words Eu meaning “good” or “easy” and Thanatos meaning “death”. This term was used by Suetonius, a historian of the Roman Empire in the 2nd century AD. Euthanasia is also known as Mercy Killing or Assisted Suicide depending upon the circumstances. As long as their have been people living on this earth, Euthanasia has been practiced for many different reasons. Here are some examples from across the globe.

Ancient Egypt

In ancient times, high priests of the cult of Isis would euthanize close servants and wives of the dead Pharaoh to accompany him on his journey to the next life. Death was not regarded in the same way as it is today; it was merely a progression on to the next phase, the afterlife. It was thought to be the duty of those alive to show loyalty to their master, even in death. It was also a way to deal with pain and dishonor in the case of injured soldiers.

India

The Hindu practice of Suttee in India meant that a widow would throw herself upon her husbands funeral pyre. She would burn herself to death. It is an ancient custom based on the belief that a man needed companions in the afterlife. In the medieval period, the hardships suffered by widows may have contributed to the spread of the practice. It was more favorable for the woman to end her life, than to try and survive alone.

Japan

Samurai in Japan practiced a custom called Seppuku by which the warrior could "avoid the dishonor of capture, show loyalty to one's lord by following him into death, protest against some policy of a superior, or atone for failure." The reason for a samurai's suicide was either to avoid an inevitable death at the hands of others or to escape a longer period of unbearable pain or psychological misery, without being an active, fruitful member of society. These are exactly the sorts of situations when euthanasia is desired today.

Greece and Rome

Before the birth of Christ, euthanasia was widely practiced in ancient Greece and Rome; those highly developed civilizations that served as a template for American government thousands of years later. The philosophers of ancient Greece including Plato, Socrates and the Stoics found nothing wrong with terminating a life that had become unbearable. Around 350BC Plato is quoted with saying "Mentally and physically ill persons should be left to death.". Around the same time, Hippocrates of Greece was working on laying down the foundation for the profession of medicine. He is credited with being the “father of modern medicine”. Hippocrates was the creator of the traditional Hippocratic Oath which proclaims “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan”. This is still incorporated in the modern Hippocratic Oath in the terms of “I must not play at God”. Another philosopher, Seneca of Rome around the time of Christ is quoted:

"Against all the injuries of life I have the refuge of death. If I can choose between a death of torture and one that is simple and easy, why should I not select the latter? As I choose the ship in which I sail and the house which I shall inhabit, so I will choose the death by which I leave
life. In no matter more than in death should we act according to our desire… why should I endure the agonies of disease… when I can emancipate myself from all my torments?”

Europe

It was not until the ascent of Christianity that a majority of doctors and philosophers would disapprove of Euthanasia. This is because of the theology that man was created in the likeness of God and to kill oneself is a sin; only God can create life or take it away. Just like the Old and New Testaments, the Koran states that God is the only one who creates and the only one who takes it away. Both the Christian and Islamic world criticized euthanasia and the words of Hippocrates about this theme became the main principles. For the next nearly 2000 years the Church would dominate the ideology of euthanasia.

Germany

Probably the most famous outbreak of widespread euthanasia in modern times was in Nazi Germany. From 1939-1941 it is estimated that as many as 275,000 people were euthanized under the Aktion T4 program for patients “judged incurably sick, by critical medical examination”. (6) Unfortunately, in these cases, a majority of those being euthanized were not voluntary. This was a Nazi implementation of their racial purification policies. Among those euthanized were disabled children and adults, mentally ill patients, alcoholics, and the terminally ill. This bred much ill will for the practice of euthanasia in cultures and organizations around the world.

United States

In recent American history, the most famous case of a possible Euthanasia patient might be the Terri Schiavo case. In 1990, Terri was only 27 years old when she suddenly went into cardiac arrest. Due to the lack of oxygen to her brain, she suffered extensive brain damage and was in a coma for two weeks, all the while on total life support. When she finally emerged from the coma, she was in a Persistent Vegetative State. Unable to walk, talk or even swallow food, Terri remained in this condition for 15 years of institutionalization. Her daily activities included rehabilitative speech and occupational therapy; but after 4 years of therapy there was no notable improvement in her condition. After her husband filed DNR orders, the husband and parents became rivals in their view points as to whether life sustaining measures should be given. The issue gained national attention when a local judge ordered her feeding tube removed. The tube was replaced when her parents file an appeal to higher courts. This initiated legislative efforts on behalf of the state and ultimately federal governments to prevent Terri's death. Terri passed away in 2005 when her feeding tube was removed for the last time after the Supreme Court ruled that her husbands promise to Terri was to be fulfilled.

Another important event on the question of Euthanasia in the United States was the imprisonment of Dr. Jack Kevorkian in 1999. Kevorkian is the inventor of the “Thanatron” death machine which enables terminally ill patients to press a button to deliver a series of drugs which would cause death. A graduate of the University of Michigan Medical School, he allegedly helped over 150 of his patients commit physician assisted suicide. It was not until Kevorkian went too far by filming his service being performed and airing it on national television an interview with 60 Minutes. Convicted with second-degree homicide, Dr. Kevorkian spent 8 years in prison until his release in 2007. This was due to his terminal Hepatitis C infection and contingent upon a promise to never treat terminally ill patients again.
Since then he has been an activist for many right to die organizations and even ran for congress.
Legislation
Legislation on euthanasia differs around the globe. There are a few liberal countries in Europe that have legalized voluntary active euthanasia. This is the form of euthanasia whereby the physician intentionally introduces known toxins into the patients system with the aim of ending life following the patients explicit request and informed consent.

In the Netherlands, legislation was passed in the year 2002 that legalized active euthanasia. However, doctors have been practicing this form euthanasia in the country since 1984 without any prosecution. The law explicitly gave the conditions in which active euthanasia could be carried out; the patients’ suffering has to be unbearable and the disease terminal, the patient has to give consent to the action, the doctor has to consult with another independent doctor to verify that the patient is terminally ill, euthanasia cannot be performed on individuals with psychological conditions and the patient has to undergo psychological evaluation prior to the procedure. Other European countries that have legalized active euthanasia are Switzerland, Belgium and Luxembourg. These European countries have residents’ only requirements except for Switzerland which allows foreigners into its clinics.

In Britain, active euthanasia is prohibited and the British Medical Association strictly adheres to this policy. An individual found guilty of actively performing euthanasia could face a prison sentence of up to 14 years. In 2009, the director of public prosecutions in England set up a list of conditions under which the judicial system would not punish individuals who participated in assisted suicide: the person aiding a suicide being motivated by compassion; the deceased clearly wanting to die and the deceased being terminally ill. The Scottish law does not explicitly ban assisted suicide. It however states that killing another person even at his own request is murder and is punishable by law. The German law does not prosecute cases of euthanasia although reported incidences are very low.

In the United States of America, no state considers suicide or attempted suicide of self to be a crime. However, actively assisting another individual to commit suicide is illegal. In the late 1980’s and mid 90’s, the Armenian American doctor, Jack Kevorkian, dramatically led a campaign to assist terminally ill patients in Michigan commit suicide. He devised methods whereby the patients could administer lethal doses of chemicals themselves. He used a device called a ‘mercitron’ that delivered lethal doses of carbon dioxide to the patient using a gas mask and a ‘thanatron’ that delivered IV doses to the patient. He ran into trouble with the law in the state of Michigan when he actively administered a lethal IV dose to a terminally ill patient called Thomas Youk. The jurors found him guilty of second degree homicide and sentenced him to 10 – 25 years imprisonment. He was out on parole after only 8 years due to good behavior and illness. Jack Kevorkian’s story demonstrates the polarizing views on euthanasia in the US.

Oregon, Washington and Montana are the only states that have legalized active euthanasia. According to the Oregon.gov website, the state adopted the Death with dignity act on October 27 1997. The law allows terminally ill Oregonians to end their lives through the self – administration of lethal medications prescribed by a physician. There are certain requirements prior to receiving this prescription; the patient must be over the age of 18; be a legal current resident of Oregon; be capable of making and communicating healthcare decisions and be terminally ill with less than six months to live. A total of 460 patients have used the service to date with their median ages ranging between 70 and 75. In November of 2008, residents of Washington State voted 58% to 42 % to allow physician assisted suicide in the state. The Washington State Death with Dignity act is modeled exactly like the Oregon Death with Dignity
act and was adopted in March of 2009. By the end of 2009, 36 patients had died under the state’s Death with Dignity Laws. On December 31st 2009, Montana became the third state to transform the crime of assisted suicide into a medical treatment. The Montana Supreme Court ruled that rights granted under the state’s living will law, ‘The Rights of the Terminally Ill Act,’ form the basis for permitting assisted suicide.

New Jersey is among the states that have legislation barring assisted suicide. According to New Jersey laws code section 26:2H-77; 26:2H-54, no one has the right to or is authorized to practice euthanasia. However, withholding or withdrawing of life-sustaining treatment pursuant to an advanced directive for healthcare when performed in good faith shall not constitute homicide, suicide, assisted suicide, or active euthanasia. In other words, the law only condones passive euthanasia where the physician is not actively involved in prescribing lethal medication.

Opinions on Euthanasia
In many countries of the world people try to solve the problem on an admissibility of voluntary death for humane reasons, especially in case of incurable, bearing sufferings or cureless illnesses. Last few years the problem has considerably become complicated, as the advanced medical technologies allow doctors even in the most complex cases to maintain a life of patients for a long time. Certainly, patients have the right to refuse medical aid at any moment; however, the request to make a fatal injection is absolutely another matter. So has the hopelessly and terminally ill person the right to sick voluntarily death or not?

Large number of debates occurs in a favor of physician-assisted suicide. Proponents see suicide as a human right and a logical, defensible decision in the face of untreatable pain and suffering. Most often proponents point out that patients can be saved from tremendous pain and sufferings, other lives could be saved as well due to availability of required vital organs. Numerous ailments such as certain types of cancer result in a slow and agonizing death. At that terrible moment when metastasizes afflict whole body, person collides with complete exhaustion and unbearable pains. Doesn’t person have the right to ask for help when terminally ill patient still has few months to live with that type of pain, or have to spend these months vomiting, coughing, enduring pain spasms, losing control of excretory functions and other side effects?

Opponents argue that everyone should have the right to die same as the right to live; otherwise the right to live will become duty. ? “A 21-year-old college student, who had been paralyzed by a spinal infection, wanted to die so badly that he took the hospital to court for the right to leave. He won the court battle, was released from the hospital, and was dead just a few hours later. Jack Kevorkian gave him a lethal injection” (Is there such a thing as a 'right to die'?). Another case occurred in Pennsylvania in 1973 when “…a patient in a state mental institution refused surgery for cancer. The state court ruled in her favor: ‘. . . The right to privacy includes the right to die which the state should not interfere with . . .’” (Doyle 16). Therefore, one of the most important aspects is that the person should have a right to chose, the right to have an option.

Another very important aspect is that doctor-assisted suicide allows physicians to preserve vital organs that can be donated to others. Thousands of people die each year, waiting for an organ that did not arrive in time. Every county has long waiting list for organs such as kidney, liver, heart, or other tissue and organs that are necessary to save the lives of people who can be saved. In United States as of March 3, 2010, there were 106,068 candidates on waiting list for different
organs (Waiting List Candidates). As a result, approximately 100,000 lives can be saved if physician assisted suicide become available to terminally ill people.

We are living in a liberate society, where everyone has a right to make a decision regarding education, family, health issues or any other issue. For example, people are constantly choosing such a sensitive matter as an abortion, which in reality is killing of an unborn child. Another example could be a family member is taking off the life support machine, which in part also may be considered as unethical, because that someone may die without required support for heart or other organs. Nonetheless, people make these and other decisions on the daily bases, but when it comes to the question of euthanasia, society argues about ethical, legal and other sides of the issue.

The sanction of physician-assisted suicide inevitably can lead to tragic and immoral cases. Mistakes in diagnosis, unexpected recovery of patient is quite possible, and nobody can bond or bail for absolute honesty and disinterestedness of a doctor, because doctors make mistakes just like any other people. Doctors are not powered to give final diagnosis, because it is given from above. There is always a hope in a miracle, and doctor has no right to kill this hope. There is another aspect: if assisted suicide becomes legalized it will be impossible to avoid it abusing and to protect people who do not want to be killed. The Hippocratic Oath which states: “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan…” (Hippocratic Oath) and the Declaration of the World Medical Association (The World Medical Association Declaration of Helsinki) forbids a doctor to help the patient in suicide. Nonetheless, debates about physician-assisted suicide continue.

Community Service Project: Survey and Bill

The group did a survey on the student body on their views on euthanasia. The survey was obtained from the University of San Diego website. The questions used were:

1. Euthanasia is always morally wrong.
2. Euthanasia should be illegal at least under almost all circumstances.
3. The principal moral consideration about euthanasia is the question of whether the person freely chooses to die or not.
4. Actively killing someone is always morally worse than just letting them die.
5. Sometimes we have a duty to die.

The answer choices that the respondents had were : strongly agree, agree, neutral, disagree and strongly disagree. Data analysis software was developed that summed up the responses for each of the questions.

Our service project was a survey of Rutgers college students to find out their response toward euthanasia of terminally ill patients. Currently, majority of government agencies in most of the states are against any type of euthanasia. Our goal was to identify an opinion on such a sensitive matter amongst the educated young population. College students are the future generation for all fields including government, politics, health care, finance and infinite other areas. Their opinions would help us to predict whether attitudes toward euthanasia could be changed in the future. Furthermore, it would enable a prediction on whether or not it could become legal to practice physician assisted suicide in 20 years. The objective of the project is to go further and write a
letter to legislators including this document containing complete results of survey conducted. The end goal is that it might assist in passing a bill.

The survey conducted has shown that more than half of the participants agreed that euthanasia is not always morally wrong (53.9%). While one quarter were neutral or undecided in the matter (26.7%), and only 19.5% of the total participants believe that euthanasia is always morally wrong. Similar responses were given about the following statement “Euthanasia should be illegal at least under almost all circumstances”. About half of students disagree, one quarter was left neutral/undecided, and only 27.1% have agreed. The third question was: ‘the principal moral consideration about euthanasia is the question of whether the person freely chooses to die or not’. 69.2 % of the respondents agreed with the question while only 18.3 % disagreed. 12.5 % of the respondents were undecided. In the fourth question, 48.4 % of the respondents disagreed with the statement that actively killing someone is always morally wrong and 24.2 % of the respondents were neutral.

There were two interpretations to the fifth question on whether or not we have a duty to die. Some respondents thought of it as a military duty to serve the country and die in the process while others saw it as choosing death as a way of not burdening the family in case of terminal illness. Only 27.4 % of the respondents agreed with the question whereas 39.5 % disagreed. The rest were neutral and/ or undecided.

See results below.
1. Euthanasia is always morally wrong.

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<tr>
<th>Opacity</th>
<th>Percentage</th>
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<td>Strongly Agree</td>
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<td>Agree</td>
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<td>Neutral/undecided</td>
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<tr>
<td>Disagree</td>
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2. Euthanasia should be illegal at least under almost all circumstances.

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<tr>
<td>Strongly Disagree</td>
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<td>(38)</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100.0%</strong></td>
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3. The principal moral consideration about euthanasia is the question of whether the person freely chooses to die or not.

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<tr>
<td>Disagree</td>
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<tr>
<td>Strongly Disagree</td>
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<td>(11)</td>
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<tr>
<td><strong>TOTAL</strong></td>
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4. Actively killing someone is always morally worse than just letting them die.

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<tr>
<td>Strongly Disagree</td>
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<td>(36)</td>
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5. Sometimes we have a duty to die.

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<tr>
<td>Neutral/undecided</td>
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<td>(90)</td>
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<tr>
<td>Disagree</td>
<td>23.4%</td>
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<tr>
<td>Strongly Disagree</td>
<td>16.1%</td>
<td>(44)</td>
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Ethics Updates - Ethics Surveys:Euthanasia
Editorials

The Need for Understanding and Comfort
In many countries, people support voluntary death for humane reasons, such as in cases where the patients are suffering from incurable diseases and illnesses. However, in the last few years, the issue has become more complicated as advances in medical technology allow doctors to prolong the life of patients. Although patients reserve the right to refuse medical treatment at any time, the request for a fatal injection leaves us wondering if a terminally ill person who has no hope of getting better has the right to seek a voluntary death.

Terminally ill people seek assisted suicide for various reasons, beside unbearable pain they have to face. They might feel as a bargain to family and might lack an understanding and/or comfort from a loved one, relatives, and friends. The feeling of isolation along with insufferable pain force terminally ill patients to ask doctors to perform some type of physician-assisted suicide, if one is unable to end a life on his/her own.

Human life is given by God and belongs to Him. Doctors should not appropriate the divine right. Their mission is to prolong life and ease a patient’s suffering. Additionally, family members of a terminally ill person have a similar mission. Terminally ill people need family besides them, and they need companionship. They want to be seen as people and not as patients. Often, nobody does that, and therefore, the patient finds other ways out, such as physician-assisted suicide. A dying person requires attention and the family’s presence. He or she does not want to be left alone but wants someone to talk to and to be silent with. There is nothing more terrible than the loneliness a terminally ill patient could feel. If people could realize that, I am sure that there would be fewer people willing to commit suicide.

Out of Free Will
Physician assisted suicide might sound like an abstract and out of place subject among college students. Unfortunately, as the ‘baby boomer’ generation gets older physician assisted suicide, among other health issues have to be discussed. America is an ageing population and with age come many medical complications. A stringently regulated assisted suicide program will provide terminally ill individuals a dignified exit from life that is not coerced by family members for monetary gain. Assisted suicide should be discussed in light of the raging health care debate.

It should be clarified that euthanasia and physician assisted suicide supported by this author strictly applies to terminally ill patients. The decision to end one’s life should be left to emotionally stable individuals who have been evaluated by a psychiatrist and deemed terminally ill by a physician. Family members should also be allowed to make the decision for an unconscious individual on life support machines.

A 3 member team from Rutgers University has set out on a mission to find information on the perception of the Rutgers Student community on this thorny issue. NJ is among 34 United States that have out rightly banned any forms of euthanasia and physician assisted suicide. The group hopes to uncover information using a survey to determine if a change in legislation is needed in the state.
Rutgers University students are a diverse lot and should give us the representative view of the subject of euthanasia within NJ. The group is hoping to sample at least 200 individuals to take the survey. Hopefully by the time we get old or terminally ill, there will be legislation that will leave the decision to live through pain or die in dignity in our hands.

Seize the Day

Most of you will probably not remember, but 5 years ago today, Terri Schiavo died. It was a long awaited relief after suffering 15 long years in a Persistent Vegetative State (PVS). Her husband and legal guardian Michael had her remains buried in a quiet cemetery in Florida. Her tombstone reads:

SCHIAVO
Theresa Marie
Beloved Wife
Born December, 3 1963
Departed from this Earth
February, 25 1990
At Peace March, 31 2005
-I kept my Promise-

Today I want you to think:
What would you do if you lost complete contact with the outside world? Without light, sound, taste, smell or touch; and to top it all off, your dearest loved ones spent 15 years arguing over whether or not to set you free. This is the story of Terri Schiavo.

Terri’s fight (as her parents called it); was well publicized, but little understood. Amidst the chaos and fury of embittered relatives, political parties, State and even Federal government; a helpless soul laid there, waiting. Fifteen years of waiting because she never wrote down her living will. What 27 year old would?

Terri grew up in a small town and attended Catholic school. Nothing about her life was very remarkable at all besides getting married at a young age. Then one day, while she was at home, she suffered a heart attack and collapsed to the floor. Her brain went for 5 minutes without oxygen so by the time EMS arrived on the scene, the damage was already done. She was in a coma for 2 weeks and when she emerged, she was in a PVS. Terri’s husband and family spent many months with her in physical, occupational, speech and neurological rehabilitation efforts with no notable results. It was easy for the doctors to see what was going on. Terri was gone.

I really can not imagine anything more difficult for a family to go through than something like this. But how long does a family keep trying to save her? Before Schiavos accident; she had told her husband that contrary to her Catholic faith, she did not want to be on artificial life support. After years of struggle, Michael felt that it was time for him to let go and he decided to pull the plug. Her parents refused to watch him let their daughter die.

Our Nation was founded so that people could have the freedom to live their lives as they choose. In my opinion, we should be able to die in the same manner. What is right for one person is wrong for another and only the individual themselves has the right to make that decision. Me personally, I like to live on the edge, so if it ever came down to it, I would want to make it
memorable. Something I had never done before. I mean like… skydiving without a parachute. Consider this my written will. Carpe Diem.

Business Plan

Name of Company: At Room Temperature LLC.
Founders: Cyndi Bengel, Olga Ivey, Arthur Omondi

Business Description: We help terminally ill patients commit voluntary euthanasia. (.... and anybody else with enough cash and desire to kick the bucket.)

Product/Service Description:
Standard Service- Thanatron
The Thanatron is a machine invented by Dr. Jack Kevorkian. The machine is operated by the “patient” by pressing a button, hence, assisted suicide. It dispenses a series of drugs administered intravenously in exact doses and sequences. This method is very similar to the procedure used in lethal injection.
1. Saline Solution – Sodium Chloride in H20 – drug vehicle
2. Sodium Thiopenatal – Sleep inducing Barbiturate
3. Pancuronium Bromide – Muscle Relaxant which causes paralysis.
4. Potassium Chloride – Causes Cardiac Arrest in large doses.

Deluxe Service- This is the exciting part! For people who lead exciting lives, why not have an exciting death?
Suggestions include: Firearms, Jumping off high places (famous or unique places), Skydiving with no parachute, Drug Overdoses, CO/NO mask to the face, Immolation (fancy word for death by fire), Explosives (one of my faves), Woodchipper, Motorcycle vs. Brick Wall @ 300mph, Fed to the Sharks, Samurai duel.... you name it we can arrange it.

Target Market: Mainly Terminally ill patients but also ….Emo Teenagers, NYU students, Japanese, Pre-Med students etc…

Management Plan:

Group’s Work Experience
Cyndi- Clinical experience working with terminally ill patients. Experience with attempted suicides in various fields; Army BCT- people try to kill themselves. Lifeguard- people try to drown themselves. Restaurant- people try to choke on food.
Olga- Research Assistant at the school of Biotechnology for Agriculture and the Environment, SEBS; Rutgers State University.
Arthur- Working with Developmentally Disabled taking care of handicapped individuals.

Employees- MD and Assistants, perhaps a Psychologist.

Marketing/Advertising: Hospitals. We will meet with people in hospice and hospital settings to offer our services. Also: Jails, NYU, Emo Concerts, MCAT testing sites... etc.

Financials: Money for Thanatron... other than that... not much investment. People have to pay us in advance... and pay us a lot.
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<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sales (any inflow of money) per year</td>
<td>1,000,000.00</td>
</tr>
<tr>
<td>COGS (Cost of goods sold)</td>
<td>50,000.00</td>
</tr>
<tr>
<td>Gross Profit</td>
<td>450,000.00</td>
</tr>
<tr>
<td>Variable Costs (travel, consulting fees)</td>
<td>90,000.00</td>
</tr>
<tr>
<td>Fixed costs (rent, insurance, salaries)</td>
<td>300,000.00</td>
</tr>
<tr>
<td>EBIT (earnings before income tax)</td>
<td>560,000.00</td>
</tr>
<tr>
<td>Taxes (15-40% of EBIT)</td>
<td>224,000.00</td>
</tr>
<tr>
<td>Net Profit</td>
<td>168,000.00</td>
</tr>
</tbody>
</table>

**Issues:** None really. We want to make money, so if they want to die, lets kill 'em!

**Serious Issues:**

**PRO:**
- Relieves pain and suffering of terminally ill patients
- Frees up medical funding
- Freedom of choice, Right to Die

**CON:**
- Devalues Human Life
- Can become a means of healthcare cost containment
- Medical care professionals should not be involved in directly causing death
- Could eventually lead to other forms of “euthanasia” such as in mentally retarded or prison population control.