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DOCTOR'S
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by Dr. Richard Johnson
Dunbarton



MEDICAL AID IN DYING

Every year or two some of our state legislators try to pass legislation that falls under the heading of Physician Assisted Suicide (PAS) or Medical Aid in Dying (MAID). The arguments for this fall into several categories: I want to control my own death. I don't want to suffer. It's my body, and I decide when and how I die. We put our cats and dogs to sleep (kill them humanly) so they don't have to suffer. I don't want to be a burden. As a physician, I too do not want to suffer. I don't want my patients to suffer.

And I too like my autonomy.

But let's look at this through a different lens. The Hippocratic Oath, written in the 5th century BC, states that the physician will not give lethal drugs to end a life, nor will the physician even suggest such an action. Today, more than two thousand years later, the American Medical Association Principles of Medical Ethics still affirms that "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."

A patient who requests cessation of life-prolonging treatment, or refuses to have it started, is not either in law or medical ethics, expressing a suicide wish but an acceptance of death. The difference between forgoing treatment and PAS is the difference between accepting death and precipitating death. Forgoing treatment acknowledges the limits of healing, but physician assisted suicide (PAS) (or MAID) undermines the very meaning of medicine. (1)

Prescribing pain-relieving medicine or treatment that the patient agrees to, that could hasten a patient's death is morally and ethically different from prescribing medication or treatments that are intended to end the patient's life.

Laws send social messages. A law allowing medical aid in dying (physician assisted suicide) sends the message, however unintended, that if one is seriously ill taking one's life is something to consider. If it becomes acceptable for a person to take their own life because they find loss of control and dependence on others intolerable, then the value of all the other persons who are heavily dependent upon others is called into question. If it is an act of compassion to help usher out of this world someone who is expected to die soon, why is it not an act of compassion to give similar assistance to a chronically ill person with many years of discomfort ahead or to someone suffering severe mental anguish? Once the principle of protecting life has been violated, it is merely an arbitrary decision where the line will be drawn. Indeed, in Belgium, 5% of all deaths (from all causes) are by euthanasia; meaning the physician kills the patient. (2)

If respect for patient autonomy always trumps other ethical considerations, there would be no principled way of withholding any requested treatment. Physicians would become simply 'providers' for whatever a patient wants. Medical ethics requires the ability to decline some kinds of patient requests for the good of the individual and for the good of society. (3) The true measure of a just society is how it treats those on the margins... the immigrant, the scared, the desperate, the infirm, the disabled, the unborn, the elderly, and the dying. Physicians must provide relief from pain and suffering for that is integral to the profession. In order for a patient to appreciate healing and comfort they must be alive. The physician-euthanizer is a deadly contradiction.

1. JAMA. 1988;259:2139–40.
Ann Intern Med. 2017;167:576–578

2. N Engl J Med. 2015;372:1179–81

3. Ann Intern Med. 2017;167:576–578