The question of safeguards has been hotly contested in the debate over physician-assisted suicide. Yale Kamisar, professor of law at the University of Michigan and an important, long-standing opponent of aid in dying, has expressed concerns about the potential for abuse and the need for stronger safeguards. Kamisar argues that the current laws and regulations are insufficient to protect patients and ensure that the practice is carried out in a responsible and ethical manner.

Bioethicists and bioethicists do not as with discussing them as problems with “unknown lives,” such as euthanasia, physician-assisted suicide, abortion, informed consent, confidentiality, and other important ethical considerations.

This course will consider bioethics from an interdisciplinary perspective, focusing on end-of-life decision making and physician-assisted suicide. While studying these issues, students will become familiar with the ethical, legal, and social implications of these decisions and the role of bioethicists in guiding discussions and decisions.

We want the government to decriminalize the actions taken by physicians in the assisted suicides of terminally ill patients. Virtue asks whether or not a policy on euthanasia creates the right kind of medical perspectives on death and dying. What are the legal and ethical considerations involved in the decision to initiate end-of-life treatment in comparison with alternatives such as hospice care or palliative care?


In Belgium, people – including minors – suffering from an incurable pathology can request euthanasia under certain conditions. The procedure is performed by a registered physician who is licensed to perform medical procedures, and is notified to the authorities.

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Euthanasia, ethics and public policy.

active euthanasia or physician-assisted suicide, which involves the patient taking a lethal dose of medication to hasten death? Trying to determine what is “good death” is, and how to facilitate it.

death, dying, and the-shares we make.

Some have argued that the loose language of many living wills has the effect of setting up a “glide path” into euthanasia or physician-assisted suicide. The National Catholic Bioethics Center asks:

should a catholic have a “living will”?

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Jeffrey Kahn, Ph.D., M.P.H.

We reluctantly approached a physician friend to see if we could and found, where assisted suicide is legal, you have to have a diagnosis of a terminal illness (only six months to live)