

Euthanasia

Nicholas Tonti-Filippini
John Paul II Institute for Marriage and Family
Melbourne, Australia

Euthanasia is usually qualified as voluntary, non-voluntary and involuntary, and active or passive.

Voluntary euthanasia describes a decision which made freely by the victim to have his or her life ended by another in order to end suffering by ending his or her life.

Non-voluntary euthanasia happens when the victim is incapable and the decision is made by others to have his or her life ended in order to end suffering by ending his or her life.

Involuntary euthanasia is a decision made, against the victim's known wishes, by others in order to end suffering by ending his or her life.

People often make a distinction between active euthanasia in which a fatal intervention such as a drug overdose is given in order to end the suffering by ending the life, and passive euthanasia in which life prolonging treatment is deliberately withdrawn in order to end the suffering by ending the person's life.

The Catholic Church however makes no such distinction and has declared that euthanasia in the strict sense is understood to be an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used", and asserts that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person¹.

The Church, however, makes a distinction between passive euthanasia or killing by omission and withdrawing or withholding treatment that is futile, that is it is ineffective, or treatment that is overly burdensome:

“Euthanasia must be distinguished from the decision to forego so-called "aggressive medical treatment", in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family. In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted".⁷⁷

¹ Pope John Paul II *Evangelium Vitae* Vatican 25 March 1995, n. 65 Accessible from:
http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html

Certainly there is a moral obligation to care for oneself and to allow oneself to be cared for, but this duty must take account of concrete circumstances. It needs to be determined whether the means of treatment available are objectively proportionate to the prospects for improvement. To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death.”²

Simply expressed, therefore, euthanasia may be defined as deliberately bringing about death by active intervention (e.g. overdose) or by neglect of reasonable care (e.g. withholding non-burdensome treatments such as nutrition and hydration/antibiotics) in order to end suffering by ending life.

The following are common arguments (in italics) used to support legalizing euthanasia and some responses (bold text) to them.

1. *If society recognises the autonomy of individuals by granting them the right to pursue their views about the good life and create their own lives then the logical consequence is to allow people to decide their own death.*

Respect for autonomy can mean simply respecting a person's choices whatever they decide, or I can mean respecting a person because they have autonomy or free will. The distinction becomes apparent when someone makes a choice such as suicide or taking drugs which would prevent them from making choices or diminish their capacity to make choices. Is it respecting autonomy if we support a decision that a person makes to end any opportunity for autonomy in the future? One of the fathers of modern libertarianism, the philosopher Immanuel Kant, thought that suicide was wrong because it involved treating oneself as an object or a means to an end. He endured a long illness with cancer and knew what he was talking about.

2. *Since one of the main aims of medicine is to relieve suffering, it is a medical duty to relieve the intractable suffering of a patient by assisting her to die.*

Virtually all the national medical organisations in English speaking countries have rejected the idea of physician assisted suicide because it conflicts with the role of a doctor in seeking to maintain health and life. They say that authoring doctors to end the lives of their patients would undermine trust and confidence in them and it would create greater difficulty for the chronically ill and frail elderly who would have greater fear that they are a burden to others and would feel that they should take the option of euthanasia, if it were available. Suffering is complex and it often requires a multidisciplinary effort to manage it. The possibility of euthanasia would shift the focus away from those efforts and palliative care would lose its political momentum if euthanasia were an option. Suffering cannot always be totally overcome, but there are always ways to assist a person who is suffering and central to those efforts is the notion that the person is valued and important. Euthanasia

² Ibid.

implies that there are some lives that are not worth living and therefore some people who are valueless. Euthanasia thus contradicts the goals of palliative medicine.

3. *The sacredness of human life is a religious belief. The law should not enforce religious beliefs. When there is a division in society between the right to die with dignity and religious claims about the sanctity of human life, legislation that prohibits assistance to die for a person who is so ill that she can no longer enjoy life and wants to die is undemocratic and unjust.*

The inviolability of human life is a religious notion, but it is not exclusively a religious notion. In fact international human rights law recognises the right to life as the only right to be declared inherent³. A right is inherent when it belongs to the person as a permanent characteristic of that person. Democracy means government for the people and by the people. A democracy respects the worth of every member of the human family. To declare that some citizens do not have the same protection under the law would be undemocratic. Legalising euthanasia would involve declaring that respect for the lives of those who are chronically ill is not inherent but depends on whether they maintain the will to live. That in itself creates a pressure on them to relieve others of the burden of their lives.

4. *There is a difference between the physical or biological life and the biographical life – that which gives it meaning, for example dreams, aspirations, achievements etc. If that is lost, then there is no person because they have lost their distinctive value. The sanctity of life no longer applies to a human that has lost all the characteristics that make it a person.*

People who are in an unresponsive state remain as members of the human family, they remain someone's son or daughter, mother or father, sister or brother. Respect for their lives remains inherent because it is based not on their contribution but on who they are. Biographical life is not separable from biological life. Dualism is mistaken. We are not two people, but one person who experiences life as a body. It is as that unity that we are respected as members of the human family. When people live in an unresponsive state, the fact of the matter is that we do not know what is occurring. Unresponsiveness does not mean that they cannot be conscious or can never be conscious again. Consciousness is a state that we infer from a person's behaviour. It is not observable. We cannot infer unconsciousness from unresponsiveness.⁴ We simply have to give the benefit of the doubt and do what we can reasonably do to sustain them and to keep them comfortable.

³ United Nations *International Covenant on Civil and Political Rights* Clause 6. Accessed from: <http://www2.ohchr.org/english/law/ccpr.htm>

⁴ National Health and medical Research Council *Ethical Guidelines for the Care of People in Post Coma Unresponsive or a Minimally Responsive State* Australian Government 2008, p. 4 Accessed from: http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/e81.pdf

5. *Human life is sacred. The value of human life should not be degraded by reducing the quality of life for the sake of extending the quantity of life. When a person has no quality of life, then she should be able to choose to die.*

People are entitled to refuse medical treatment that they consider to be overly burdensome. No-one is obliged to do everything possible to sustain life. The ethical issue concerns recognising the nature of the human condition and the reality that death is a part of life. When death is inevitable then it is important not to overload the person with futile or overly burdensome efforts to prolong life, but to accept the dying process. However it is impossible to assess the quality of a person's life. We can talk about the quality of objects for which we have some use or purpose, but we to refer to the quality of a person's life is to consider them an object not a person.

6. *Withdrawal of life-saving treatment is permissible under the law. The effect of such a decision is the same as administering a fatal treatment. The two acts are morally indistinguishable. In fact, administering a fatal treatment would often be more humane than starving someone to death, letting them die of dehydration or letting them drown in their sputum through not treating pneumonia. The law should be consistent.*

It is not appropriate to starve or dehydrate someone to death if it can reasonably be avoided. It is always wrong to deliberately bring about someone's death. However there can be circumstances in which the available treatments become overly burdensome and the person or someone acting on an incompetent person's behalf has a right to refuse treatment that they consider to be overly burdensome. The law recognises therefore a right to refuse treatment, though it also upholds a right to intervene with reasonable force where there is a reasonable belief that a person intends suicide. The right to refuse treatment is therefore not an absolute right. The distinction turns on whether there is a reasonable belief that there is suicidal ideation. Refusing treatment because it is overly burdensome does not indicate suicidal ideation. Refusing food and water when it can be delivered without difficulty would indicate suicidal ideation and would provide grounds for intervention that was not overly burdensome.

7. *The arguments against euthanasia are mainly slippery-slope arguments. Euthanasia legislation can be drafted so that the practice is safe.*

It is often argued that if voluntary euthanasia is allowed then that would soon be widened to include non-voluntary euthanasia of those who are suffering but unable to speak for themselves. The arguments are supported by history, especially the contemporary experience of the Netherlands where the category of those for whom euthanasia is allowed has gradually widened from those adults who are suffering intractably and choose death for themselves to those who are incompetent, and then more widely to include those who are mentally ill and to children and more recently there is lobbying to extend it to those who are simple elderly and wish to die. It should be noted that in the above responses, this is the first mention of a slippery slope argument. Euthanasia is not merely wrong from what it might lead to, it is

wrong because of what it does in the here and now for people in declaring that some people do not have the same protection of the law and that respect for their lives depends on them continuing a will to live. The latter is likely to be affected by the presence of the option of euthanasia and the likelihood that they may then feel they should rid others, such as their family, of the burden of their continued existence. Euthanasia implies that some lives are not worth living and thus undermines the goals of palliative care which holds all people to be valuable and worth assisting. The chronically ill and the frail elderly need our love and our support to live as fully and as meaningfully as possible during the dying process.