

# Euthanasia and Physician-Assisted Suicide

So what are the arguments in favor of euthanasia and physician-assisted suicide (PAS)? The following list represents some of the most common reasons why people support these actions.

- 1. *Autonomy*:** Humans are autonomous beings. Through reason we have the ability to make decisions for ourselves, and others have a duty to respect these free and rational choices. If I decide that it is time for me to die, this is my decision and not someone else's.
- 2. *The rights argument*:** Following logically from the principle of autonomy, people have the right to determine when they die. If I have been diagnosed with a terminal illness, it is my right to die on my terms and in the manner of my choosing. This argument is viewed as a natural application of the principle of self-determination.
- 3. *Human dignity*:** People know that the last days or weeks of a terminal illness are not dignified. Patients are often bedridden and they cannot feed or clean themselves. They can lose control of their bodily functions and even the ability to communicate with others. Euthanasia and PAS allow people to die in a dignified manner, before any of these effects are experienced.
- 4. *Dependency and burden*:** As people in the end stages of a terminal disease move closer to death, they become increasingly dependent upon loved ones and health care providers (HCPs), and in turn become a never-greater burden on them. Euthanasia and PAS allow people to die before they become completely dependent upon others, and thus avoid being an imposition on them.
- 5. *Mercy*:** The end stage of a terminal disease often brings pain and suffering for both the patient and the patient's family. Ending one's life, or the life of another, is an act of mercy because it alleviates this unnecessary pain and suffering.
- 6. *Quality of life*:** At some point in the progression of a terminal illness, patients determine that their quality of life has eroded to the point that they can no longer make a positive contribution to society. When they reach the point where life is "no longer worth living," they should be able to end their lives.
- 7. *Resources*:** Euthanasia and PAS prevent the "wasting" of scarce and often expensive medical resources on terminally ill patients.

This list, while certainly not exhaustive, identifies the most common arguments in favor of euthanasia and PAS. But the question remains, are they valid reasons? It may surprise you to learn that the reflexive association between pain and euthanasia / PAS is mostly fiction. Scientific studies reveal that physical pain plays a very small role in motivating a person to request either of these interventions. In fact, these studies reveal that most people who request to end their lives do so for psychological reasons rather than because of physical suffering. Depression, hopelessness, anxiety, loss of control, and a fear of being a burden to others are the principal reasons why patients express a desire to prematurely end their lives. As an excellent example of this, a 2000 article in *The New England Journal of Medicine* reported that a review of Oakland County, Michigan, Medical Examiner's records from 1990 to 1998 revealed that 75 percent of the people whom Jack Kevorkian assisted in ending their lives were not medically terminal.<sup>1</sup> So what should the medical profession do about this situation? In short, HCPs need to do a better job of treating the physical suffering and depression of their dying and chronically ill patients. The New York Task Force on Life and the Law found that possibly one half of all cancer patients receive "inadequate" pain



medication, and that depression in the dying “is almost routinely overlooked.” However, when these patients do receive appropriate treatment, they usually abandon their wish to commit suicide.<sup>2</sup>

With this reality in mind, here are some of the most common theological and philosophical arguments against euthanasia and PAS. Once again, the list is not exhaustive.

**1. *Gift of God:*** Human life is a gift from God. It is the greatest and most precious gift that any person receives, and we only have one opportunity to live it. Euthanasia and PAS are morally wrong because they are a rejection of this sacred gift from God. They undermine the sanctity and infinite value of human life.

**2. *The taking of life:*** As life is given by God, only God can take it away. Euthanasia and PAS are moral evils because they violate the Fifth Commandment (“You shall not kill”) and they transfer to human beings (patients, HCPs, family members, etc.) God’s prerogative of determining when we die.

**3. *Lack of hope in God:*** Recourse to euthanasia and PAS constitute an abandonment of hope in God. What does this mean? Christianity holds that no life is worthless and, though not desiring that anyone should suffer, recognizes a “positive value” or “good” that can come from human suffering. This may sound strange in our culture, but Christianity maintains that our personal suffering can be the source of good when we relate it to the suffering of Christ. For example, when people are faced with their mortality, they often “open up” to loved ones and talk about things they may have never previously discussed. They also tend to be more willing to make amends with both God and those they have wronged. Suffering can also be a witness of courage to others. Think of people you know who, in the face of death, neither abandoned their faith nor concluded that their life was useless. People often point to Pope Saint John Paul II who, while battling Parkinson’s disease and numerous other ailments, never lost sight of the work that God had called him to do, not the least of which was praying for others. Finally, suffering can serve another’s good. Christianity holds that Jesus’ suffering and death redeemed humanity, and that eternal life is open to us because of his actions. People like Gandhi and Martin Luther King Jr. suffered in this world and because of it many people now enjoy freedoms that they did not previously possess.

**4. *Dignity:*** Choosing to end one’s life or the life of another violates human dignity. Interestingly, although this argument is most often advanced by the Magisterium and theologians, it is also employed by philosophers who recognize the dignity of human life apart from religious faith. These philosophers argue that ending our lives—or demanding that others help us to end them—is immoral because it goes against the principle of self-preservation. We humans have a general moral duty to preserve our lives and deliberately choosing to end them is contrary to human nature.

**5. *Misuse of freedom:*** Related to dignity, human beings are moral agents who make rational, free decisions. Does it make sense that we use our rationality and freedom to destroy ourselves?

**6. *Slippery slope:*** Once we accept an individual’s “right” to end his or her life, where will we go next? Euthanasia and PAS can begin a “slippery slope” that results in both involuntary euthanasia (ending the lives of others without their consent) and the killing of those who are deemed “undesirable.” Evidence suggests that there is reason for this concern. Since 1990 hundreds of people in the Netherlands have been put to death without making a clear request for euthanasia, and the practice of nonvoluntary euthanasia is still occurring today.<sup>3</sup> In fact, in 2005 the Groningen protocol was developed in the Netherlands to offer physicians guidelines as to when and how they could euthanize severely disabled infants.<sup>4</sup> The reality is that people today are being euthanized without their consent. The question is, will social and legal acceptance of voluntary euthanasia and PAS lead to the acceptance of involuntary euthanasia?



**7. Patient/professional relationship:** Euthanasia and PAS can, in various ways, undermine the relationship between patients and their HCPs. First, these actions are a violation of the Hippocratic Oath, which states in part, “I will prescribe regimens for the good of my patients . . . and never do harm to anyone.” Certainly the direct taking of one’s life, or the aiding of another in ending his or her life, can be considered harm. In fact, the American Medical Association’s *Code of Medical Ethics* states that PAS is “*fundamentally incompatible* with the physician’s role as healer” and that allowing physicians to participate in these actions “would cause more harm than good.”<sup>5</sup> Euthanasia and PAS can also undermine the trust necessary for the relationship between the patient and HCP. Imagine that your physician actively participates in euthanasia or PAS. Would you feel confident that he or she always has your best interests in mind, particularly in terms of end-of-life care? In addition, euthanasia and PAS could lead to a lesser quality of care for terminally ill patients. If doctors (and society as a whole) come to view these actions as “acceptable,” will this adversely affect, even unintentionally, the efforts that HCPs employ toward those at the end of life? Finally, medical acceptance of euthanasia and PAS may pressure vulnerable people to end their lives prematurely, even those who are not clinically terminal.

Having reviewed the arguments for and against, it will come as no surprise that the Catholic Church teaches against euthanasia and PAS: “Whatever its motives and means, direct euthanasia consists [of] putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable” (*Catechism of the Catholic Church*, 2277). Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death. (*Ethical and Religious Directives*, 60)

Proponents of euthanasia or physician-assisted suicide sometimes stereotype their opponents as lacking compassion for those who are suffering. We put dogs and cats to sleep when the time comes, so why allow our mothers and fathers, brothers and sisters, husbands, wives, and children to suffer needlessly? Why not permit them to be “put to sleep” as well, or at least provide them with the means to end their suffering? It is true that none of us wants to suffer unduly, or see those whom we love suffer unnecessarily. But understanding the reasons why people request euthanasia or PAS should help us to appreciate why the Catholic Church, other people of faith, and many people with no particular faith, do not see these practices as humane. Rather, euthanasia and PAS are inhumane, a misguided form of compassion, both final and definitive “solutions” to a medical condition that is usually treatable.

(The quotation labeled *Catechism of the Catholic Church* is from the English translation of the *Catechism of the Catholic Church* for use in the United States of America, second edition, number 2277. Copyright © 1994 by the United States Catholic Conference, Inc.—Libreria Editrice Vaticana. English translation of the *Catechism of the Catholic Church: Modifications from the Editio Typica* copyright © 1997 by the United States Catholic Conference, Inc.—Libreria Editrice Vaticana.)



## Endnotes

1. L. A. Roscoe et al., "Dr. Jack Kevorkian and Cases of Euthanasia in Oakland County, Michigan, 1990–1998," *The New England Journal of Medicine* 343, number 23 (December 7, 2000): 1735–36.
2. Wesley Smith, "Depressed? Do Not Go See Dr. Kervorkian," Op. Ed., *New York Times*, September 16, 1995.
3. Raymond Devettere, *Practical Decision Making in Health Care Ethics*, third edition (Washington DC: Georgetown University Press, 2010), 344.
4. The Groningen protocol states, in part, that (1) the diagnosis and prognosis must be certain; (2) hopeless and unbearable suffering must be present; (3) the diagnosis, prognosis, and unbearable suffering must be confirmed by at least one independent doctor; (4) both parents must give informed consent; and (5) the procedure must be performed in accordance with the accepted medical standard. See Eduard Verhagen and Pieter J. J. Sauer, "The Groningen Protocol—Euthanasia in Severely Ill Newborns," *The New England Journal of Medicine* 352, number 10 (March 10, 2005): 959–62.
5. American Medical Association, "Code of Medical Ethics—Physician-Assisted Suicide," E-2.211 (emphasis added); available at [www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medicaethics/opinion2211.shtml](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medicaethics/opinion2211.shtml).

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