

## Euthanasia

### Introduction

Definition: Greek eu-good thanatos-death. Webster Dictionary: the deliberate, painless killing of persons who suffer from a painful and incurable disease or condition, or who are aged and helpless.

Euthanasia, like abortion and infanticide, has generated intense controversy because of new attitudes developing in Western civilization. Changing attitudes even within churches. Until recently, the major church bodies have always condemned abortion, suicide, euthanasia and infanticide as violations of the sixth commandment, Thou shalt not kill.

Not all societies have condemned suicide and euthanasia. In Japan, for example, suicide to expiate one's lost or threatened honour is heroic. Even as an escape from intolerable circumstances suicide is acceptable. Japanese Christians have told of the ecstatic feeling of freedom they experienced in pre-Christian days as they journeyed to some special spot, hallowed as a special place where countless people met death by suicide, and they spoke of their disappointment when their plan for suicide was thwarted.

Now, increasing numbers in the West espouse similar views. Societies that endorse suicide produce detailed handbooks on how it may best committed

In an Issue of *Western Report*, October 14, 1996 death becomes cheap, literally. For \$30 the Victoria-based Right-to-Die Society of Canada is selling a "customized Exit Bag" through its Victoria post office box. But that is not all. For just \$10 more, the society is selling "an illustrated brochure" describing how to use the oversized plastic baggie, in conjunction with a drug overdose, to ensure a quick and painless death with dignity." The society is headed by writer and right-to-die advocate John Hofsess, who was once an advocate of Sue Rodrigues, a B.C. woman who had an incurable neurological disorder commonly known as Lou Gherig's disease. Hofsess is now advertising the death bag in promotional material for a series of brochures it is marketing entitled "The Art & Science of Suicide." Members of the society have received the material. Other brochures, each selling for \$10, include instructions on how to use inert gases, carbon monoxide and barbiturates to commit suicide – or, as the material calls it, "self-deliverance."

A photo of Mr. Hofsess and an assistant displaying the Exit Bag was posted on the Internet.

The director of the American Hemlock Society, Derek Humphry, wrote *Final Exit. The Practicalities of Self Deliverance and Assisted Suicide*, a controversial best seller detailing suicide methods. It is published for obvious reasons in large print. Humphry says that the book is intended to be read by a mature adult who is suffering from a terminal illness and is considering the option of rational suicide if and when suffering

becomes unbearable. And in the book there are ways in which doctors and nurses may need to handle a patient's request for euthanasia are outlined.

## Suicide and Crime

Canadian law does not treat suicide as a crime. Government interest is in preserving the rights of others in society's, not one's own. But since suicide has not been treated as a crime, it has become increasingly difficult to punish those like Dr. Jack Kevorkian who assists others' suicides. The commercialization of suicide comes at the same time as the euthanasia issue is heating up again. In May, (1996) Ontario resident Austin Bastable killed himself with the help of "death doctor" Jack Kevorkian, who by this time had contributed to the deaths of 40 people. In June, Dr. Maurice Genereux of Toronto became the first Canadian doctor to be charged with assisting a suicide of a 31 year-old HIV positive homosexual who had yet to develop any chronic AIDS symptoms. Two weeks later, a man from Australia's Northern territory, where doctor's assisted suicide is legal, became the first person in the world to die by legal euthanasia.

In Canada, support for physicians accepting suicide appears to be growing.

A Calgary bioethicist Dr. Douglas Kinsella presented the results of a survey of 2,005 doctors to a conference in Halifax. It found that 47% of Canadian doctors supported physician-assisted euthanasia through an overdose of medication, 39% were opposed and 11% were uncertain. But such a high support of the practice appears somewhat theoretical, because the study also found that just one in five doctors would actually be willing to put a patient to death. In Canada, the federal government shows no sign as yet of wanting to introduce legislation to liberalize suicide rules, but events are moving swiftly in the U.S., where the U.S. Supreme Court said in the beginning of this month that it would decide by July, 1997, whether individual states have the right to ban doctor-assisted suicides.

## Abortion and Euthanasia

Euthanasia debates and practices are no surprise. It is important to see that there is a relationship between the demand to allow abortion and for voluntary euthanasia. In both cases it is claimed beings can decide about life and death for themselves. In the Case of abortion babies have no choice. The mother has.

## The Dutch Solution

Holland's experiment with euthanasia – much in the news – is called “The Dutch Solution”. *Euthanasia als moreel en godsdienstig probleem*. 1986. H.H. Kuitert.

Translated quotes:

- Euthanasia at one's request, not against the will of the one asking. This keeps in mind the respect for life.
- Request creates room for people who can't face life anymore. We may not refuse a request. The request is the necessary prerequisite for ending of the life, not the reason.
- A doctor may not be forced to act against his conscience. He should refer his patient to a doctor who is prepared to put the patient to death. Refusal is the refusal of a merciful act. Self determination has nothing to do with God. Doctors are the instruments.
- For believers it means that a request for a mild death is not in conflict with entrusting yourself to God's leading. As a matter of fact, a person takes this step after prayer to God and after a discussion with fellow Christians. There is no law against euthanasia and only one reason for refusal. That is if his refusal would mean a merciless act over against a person who can't help himself. A doctor maintains his own moral responsibility.

Notice there is not one reference to Scripture.

#### Reality Check

The guidelines for any form of death by choice have been clearly spelled out by the court with the Royal Dutch Medical Association. Fear for the slippery slope is well founded.

The first guideline was that euthanasia may be carried out if the patient has persistently consciously and of his own free will requested it. According to Attorney-General Rummelink's government report, about .8% to 1.6% of all of Holland's annual 129,000 deaths per year are the result of life-terminating acts without either explicit or persistent requests. That would be about 1,000 deaths per year. If you follow the explanation, in about half of these cases euthanasia was at least discussed or requested beforehand before the patient became comatose, that still leaves 500 deaths a year where the first requirement was not fulfilled.

The second guideline is that suffering must be unbearable with no hope of recovery or improvement. According to the same report, only 46% of requests for euthanasia listed pain as the reason. Of the some 1000 cases of non-voluntary euthanasia, only 30% were done because of uncontrollable pain. The rest were done for reasons such as low quality of life, no prospect of improvement, no useful treatment of offer, or failure to die after withdrawal of treatment.

The third guideline is that the physician must consult with a colleague about the appropriateness of the request. When commenting on this requirement at the International Conference on Euthanasia, the Director of the Institute for Bioethics in Maastricht, felt that it was a charade since a compliant colleague could be found so easily, The Rummelink report noted that about 20% of the physicians did not ask for consultation and 40% considered the guideline unimportant. Based on the government's

own Attorney General's report, the so-called "strict" guidelines for euthanasia in Holland are frequently ignored. What the guests at the Maastricht euthanasia conference, especially those from America, found most disturbing was the casual ease with which the evidence for widespread non compliance with the guidelines was brushed aside. Perhaps the most disturbing information to come of the Rummelink report and two other similar studies done at the same time was the knowledge that very few physicians follow another guideline, which is that every death caused by the physician must be reported as a case of euthanasia. Yet according to the figures derived from the Rummelink report and actual number of voluntary euthanasia reported, about 90% of the cases of voluntary euthanasia are listed as natural deaths. When 90% of all cases of death by choice are listed as natural deaths, the Dutch statistic on their experience of euthanasia are clearly of no value. (Report based on 1994 information).

There is every reason to believe that euthanasia cannot be contained within guidelines or protocols. A report written in 1992 notes that almost one third of the reported deaths in Holland were euthanasia without patient knowledge or consent. The report also stated that 61% of 8100 deliberate overdoses of morphine were given without patient's knowledge or consent because of perceived poor quality of life or family distress. Thus, the idea that voluntary active euthanasia can be practiced within certain guidelines cannot be supported.

The Royal Dutch Medical Association is preparing guidelines for terminating the lives of incompetent patients, e.g. severely defective newborns, comatose and demented elderly patients and depression.

The fear is that legalization of death by choice will result in repression of all dissenting opinions. It is very difficult for anyone in Holland to voice publicly any dissenting opinions to the current policy and nearly impossible to publish their opinions, except in Christian newspapers. Of the eleven existing television corporations only one, The Evangelische Omroep allows opponents of euthanasia to express their views. When the European Standing Committee for Medical Ethics and the World Medical Association met the only publication to report what should have been news of profound importance to the nation was a small pro-life bimonthly.

## Palliative Care

Much energy and time is being spent discussing euthanasia and assisted suicide when only 5% of dying patients in Canada receive palliative care. It has been said that the true measure of a caring society can be seen in the way it treats its most frail members. Dying people are frail and vulnerable.

Until all dying patients and their families have ready access to the full continuum of skilled and effective palliative care services, the dilemma of euthanasia and assisted suicide cannot be addressed appropriately by the government. The full continuum of services includes 24 hour access to a fully staffed interdisciplinary palliative care team in the home, cancer centres, and other clinics, hospitals acute care, long-term care,

nursing homes and others. It also includes a readily accessible system of hospice facilities or palliative care units for the management of symptoms crisis, and the provision of respite care and care in the later stages of illness. *Thou Holdest My Right Hand. On Pastoral Care of the Dying* by D.Los is recommended reading on this subject.

## Biblical View

Scripture treats human life as so sacred that a society's view of the value of human life is a sure test of its moral integrity and social durability.

Pope John Paul II in his encyclical *The Gospel of Life* notes that a culture is emerging which, in many cases, takes the form of a veritable "culture of death."

“ A person who, because of illness, handicap or, more simply, just by existing, compromises the well-being or life-style of those who are more favoured tends to be looked upon as an enemy to be resisted or eliminated. In this way a kind of " conspiracy against life" is unleashed."

The advance made in life-sustaining technology over the last twenty years have permitted the prolongation of biological life with questionable outcomes. Patients experiences with pain, suffering, indignity and financial burdens have forced the medical community to reconsider sustaining life at all costs. This is a problem in first world countries only.

Everett Koop and Francis Schaeffer in *Whatever Happened to the Human Race?* acknowledge that extraordinary means should be withheld if such treatment is only "prolonging the experience of dying." In their position the physician is expected to use his skills in patient care in a way answerable to society and to God. If the physician believes that the technological gadgetry he is using is merely prolonging the experience of dying, rather than extending life, he can withdraw the extraordinary means and let nature takes its course, while keeping the patient as comfortable as possible”.

Norman Geisler states:

There is no divine duty to use heroic or unnatural means to prolong human death. This is contrary to the principles of human morality and Christian charity. There is no duty to prolong misery or to fight mortality. Hence, when sustenance of life is artificial and the process of death is irreversible, there is no moral obligation to prolong life by artificial means.

Even our Lord did not prolong the dying process in His friend Lazarus . He was “deeply moved in spirit and troubled”. Jesus wept. John 11: 33-b & :35

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