



Euthanasia Factsheet

Terminology

The word 'euthanasia' literally means 'good death', or easy death without suffering.

The New World Dictionary, 1962 defines euthanasia as:

"an act or method of causing death painlessly so as to end suffering",

and the Sacred Congregation for the Doctrine of the Faith:

" an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" (*Decl. on Euthanasia*).

The essentials of euthanasia from these definitions are: something is done or omitted with the intention of causing death, to relieve suffering. It is this last aspect, the context of suffering, which theoretically distinguishes euthanasia from murder and suicide.

Some people have introduced an unfortunate ambiguity into the discussion by referring to omissions or withdrawal of treatment as "**passive euthanasia**", no matter what the intent of the people performing the act (or presuming that whoever does so intends to kill).

This has led proponents of euthanasia to assert that there is an inconsistency in those who accept the discontinuance or omission of treatment and thus allowing the person to die, but who condemn a positive act to bring about the death. They assert that the difference between the two is not morally significant. Morally the act is the same whether the death is brought about through positive action or through calculated benign neglect.

And they are right. If the intent of the act -- whether it be a positive act or an act of omission -- is to bring about the death of a human person then the action is purely and simply euthanasia. We have no need for the term "passive euthanasia". **But** it is not necessarily the case that every omission or decision to withdraw treatment is done with the intent of causing death.

The Current Situation

Euthanasia is not a theoretical question.

There exist groups in society who actively campaign for a **change in the law** to permit voluntary euthanasia, many doctors amongst them.

We already have euthanasia by stealth in **clinical practice**. We have euthanasia of the disabled newborn on a rather large scale here in Australia (and elsewhere). The then chairman of the Australian Law Reform Commission, Mr Justice Kirby, was quoted in the SMH, May 19, 1983, as stating "The practice of giving some such babies [i.e. handicapped] water, sedatives but no food occurs in Australia." The Linacre Centre report states "Evidence is becoming increasingly available to the general public that involuntary euthanasia of certain newborn babies is a systematic rather than an occasional occurrence in certain paediatric units." (*Euthanasia and Clinical Practice: trends, principles and alternatives, The Linacre Centre, London, 1982, p. 9*)

Grisez and Boyle refer to reports on the practice at Maryland Institute of Emergency Medicine in Baltimore, USA, where under certain conditions they will "turn off respirators



sustaining the life of quadriplegics, patients completely paralysed from the base of the skull down but patients who were none the less, able to see, hear, think, and (but for the respirator tubes protruding from their throats) speak." (*Germain Grisez and Joseph Boyle, Life and Death with Liberty and Justice, Notre Dame, 1979, p.3*)

More and more doctors are admitting, in closed circles, that they have acted on some occasions in ways designed to hasten the death of the terminally ill. (See e.g. "The intention to hasten death" *Medical Journal of Australia, Vol 175 19 November 2001, pp.511-515*)

ARGUMENTS FOR and AGAINST EUTHANASIA

The arguments for euthanasia can, in the first instance, be divided into two broad categories:

- A) those that deny "personhood" to certain members of the human species, and
- B) those that argue that the quality of life of a person is such that the bringing about of death would be a benefit, or at least no harm.

Category A is rather clear cut and admits of no further subdivision. If the "patient" (victim, recipient, subject) is not a person then we can terminate the biological life with impunity for we are killing no-one. Generally speaking the reason given for denying personhood is the apparent inability of the "patient" to display signs of rationality.

BUT This is an example dualism where personhood is seen as separate from the living human body. Furthermore the criteria for personhood are arbitrary, in the sense that some characteristics are ruled in and some ruled out without justification. Such criteria would also necessarily involve an arbitrary choice between like cases on the borderline. Somewhere the line is drawn, but the assessments of the characteristics cannot be performed with mathematical certainty, so decisions as to who falls which side of the line in difficult cases will be arbitrary.

Category B allows for some subdivision as we meet a variety of arguments as to why it is better for the person to be dead.

- 1) The most obvious argument is that the person's life has become "too burdensome to be borne".
 - a) Usually we think of "too burdensome to be borne" as referring to the patient and the suffering he is enduring or is likely to endure because of his condition.
 - b) However, "too burdensome to be borne" might also refer to the family who have to stand by and "bear the suffering", and/or society which likewise has to carry the burden. In most cases of non-voluntary euthanasia it is probably the latter two that are really being considered, despite protestations that the concern is for the "welfare" of the patient.
- 2) A slightly different argument is based on the premise that one should act for the "greater good".
 - a) It might be claimed that friendship is a greater good than clinging to the useless life one now lives, and that out of friendship the patient should request or agree to the terminating of his life.
 - Or b) the greater good might be considered to be the exercise of one's right to self-determination (autonomy) and dominion over life as a rational creature. The conclusion being that such autonomy is best exercised by freely taking or requesting others to take one's life



BUT: these arguments, to the extent that they depend upon some evaluation of the meaning of one's existence, involve the use of arbitrary criteria. Without denying the personhood of the subject, the proponents wish to say that at a certain point the person's life is of less value than his or her death. The choice of the precise point must be arbitrary and there will be arbitrary choice along the continuum for and against certain individuals. We just cannot operate with these scales of personhood or quality of life.

"Being a human person is an all-or-none property, not a quality in which one can share in various degrees" (Grisez & Boyle, p.237). There is a dignity which belongs to humans not in virtue of achievement or good condition but simply in virtue of being an individual member of the human species, the kind of being that is spirit as well as flesh (cf. *Euthanasia & Clinical Practice*, p.30). And the full meaning or value of any part of anyone's existence is something which eludes our understanding.

As for those who argue that euthanasia is justified as an act of self-determination, we can respond that although self-determination is one aspect of human well-being, so is life. To act against one of these goods for the sake of another basic good is to act directly against an integral dimension of one's own well-being. Even though the goodness of life is partly submerged by the condition a patient is in, it still remains and it is impossible to weigh it against any other good in the manner which would deny its intrinsic goodness. To bring about one's death (or have it brought about by another) is to remove oneself from the range of the primal moral demand: to serve human goods, to do what one can to communicate human meaning to every aspect of life and the world. It hardly need to be added that the argument from self-determination is on a sense self-defeating. It says self-determination is good, but an act of self-determination that terminates life is itself an act against the good of self-determination as it wilfully closes oneself to any future possibility of self-determination.

Euthanasia prevents us from dealing with what might be the real problem. A study in Oregon, USA where assisted suicide is legalised, found that 90% of people who asked their doctors to help them kill themselves, later changed their minds. The reason they requested to die was usually fear and when that fear was alleviated they changed their mind. Of course, an all too hasty compliance with their original request would deprive them of the opportunity to change their mind. (ref. Reuters Health, 2002-07-03)

3) Another argument for euthanasia is limited to the handicapped child context. It is an argument that was used during the trial of a Dr Arthur in England (who was being prosecuted for killing a handicapped child). I quote from a letter of Mr Roger Gray, Q.C., published in the Times, Nov 1, 1981:

"The child is brought into the world, in the great majority of cases, by virtue of the love of the mother and father. THE CHILD IS THEIRS. It is they who will have to care for it. If... one starts from the point that the individual child is the product of individual parents, who are not only its creators but its rightful guardians, then the argument for allowing them to take a decision about the life or death of the child is overwhelming."

Mr Gray believed that the State should keep out of this decision-making unless the decision is "plainly irresponsible or criminal." Put briefly, the argument or claim is that parents have the right to dispose of their handicapped children because they are "theirs".



BUT: How far does the putative right to reject children extend? only to handicapped children or to all children? and for how long does it exist? only at birth? one day after birth? one week? one year? until the child can take care of himself or herself? What is irresponsible behaviour? The questions show how unreasonable the honourable Q.C.'s suggestion is. What is perhaps more worrying is the fact that the honourable gentleman seems to regard the child simply as the parents property. (He insists that it is not the property of the state, the implication being that it is the property of the parents.) This is a rather terrifying concept, but one which is unfortunately not uncommon within our society.

Of all of these reasons only the argument for autonomy is logically confined to voluntary euthanasia: to be an act of self-determination it has to be the patient's free choice. The other reasons are logically just as much reasons for involuntary euthanasia as for voluntary euthanasia. Indeed, if it is accepted that a person is better off dead, that continued life is a disvalue, then the thing to do, on this reasoning, would be to kill the person whether he wants it or not. "You have to be cruel to be kind." Euthanasia of infants is always involuntary euthanasia.

The Law?

In Australia euthanasia is illegal in every State and territory. It was legal in the Northern Territory for a short while, but the legislation allowing it was overridden by the action of Federal Parliament.

Euthanasia is legal under certain conditions in The Netherlands and in Belgium.

There is great pressure to introduce legislation to legalise euthanasia in Australia.

Such legislation would be fraught with difficulties and its implementation would invariably involve injustices. e.g. lack of sufficient information for informed consent; those not willing to die being pressured to consent; the involvement of others opposed to euthanasia.

Such legislation would strike at the heart of our society's understanding of the value of life and undermine existing laws which seek to protect it, e.g. homicide laws.

In brief everyone's life would be put at risk for the sake of those who want to have their life terminated. To quote from Viscount Jowitt in the House of Lords, England in the 1950 euthanasia debate: "There can be no adequate safeguards where one human being is allowed to start killing another" (Grisez & Boyle, p.157).

A close study of what is happening in The Netherlands and Belgium reveals the continuing truth of this statement. Professor Margaret Somerville at the Australian Medical Association National Conference, 2002 commented: "In 1998 1,200 people in the Netherlands were given lethal injections who did not know they were being given lethal injections. ... Approximately 110 to 120 of those people were competent." This despite the fact that consent is a requirement for euthanasia in the Netherlands.

Roger Woodruff, FRACP, Chairman, International Association for Hospice and Palliative Care commented in an extensively researched paper in 1999: "If laws relating to euthanasia or physician-assisted suicide are relaxed in order to uphold principles related to personal autonomy, a situation similar to that in the Netherlands will develop characterized by:

- voluntary euthanasia leading to non-voluntary euthanasia
- euthanasia for the terminally ill leading to euthanasia for the non-terminally ill



- euthanasia for persons with potentially treatable conditions like depression
- the vulnerable – the aged, the sick, the disabled and those who feel a burden – experiencing pressure to request euthanasia
- guidelines being ignored or abused
- medical homicide becoming more acceptable, judged by the penalties imposed." (Euthanasia and Physician-assisted suicide, 1999, <http://www.hospicecare.com/Ethics/RWethics1.htm>)

Catholic Teaching

As well as the philosophical arguments given above we can consider the question from the theological perspective. From the theological point of view we can say that not only does life come to us as a gift, but it is a gift of God's love who calls all who enjoy this gift to participate in His own life. "No-one", therefore, "can make an attempt on the life of an innocent person without opposing God's love for that person..." (*Decl. on Euthanasia*)

Likewise to intentionally cause one's own death or to request others to do so is a "rejection of God's sovereignty and loving plan" (*ibid.*). Such an act is also a lack of hope for the future, and in the Christian world view, it is hope in God that grounds the future. Euthanasia therefore is a manifestation of a lack of trust in God.

The constant teaching of the Church is that such acts are crimes against humanity and are to be rejected. That latest extensive treatment of the question of euthanasia was the Declaration on Euthanasia from the Sacred Congregation for the Doctrine of the Faith, 5 May, 1980.

Conclusion

The Declaration on Euthanasia rightly points out that "the pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact it is almost always a case of an anguished plea for help and love" (p.9).

To have true compassion for a person who has made such a decision is to realize that the person may well be without hope, is alienated from community, and doubtful of God's love. Mercy entails staying by such a person's side and through friendship helping him or her recover hope. The mercy killer in such a case is really adding a final rejection to the many rejections which have already driven the person to that point of despair.

"The moral question for us is not whether the suffering and dying are persons, but whether we are the kind of persons who will care for them without doubting their worth" (*A.J.Dyck, "The Value of Life", Harvard Magazine, Jan 1976, p36, in George Lobo, Current Problems in Medical Ethics, p.64*).

Resources

Recommended Books

"Declaration on Euthanasia" from S.Cong for Doctrine of Faith (Sydney, St Paul Publications, 1980)

"Choosing Life: a dialogue on evangelium vitae" by Kevin Wildes & Alan Mitchell (Washington DC, Georgetown University Press, 1997)



"Conserving Human Life" (Mass., Pope John Centre, 1989)

Recommended Web Sites

<http://www.prolifeinfo.org/euthanasia.html> -- ProLife website (USA)

http://www.catholiceducation.org/directory/Current_Issues/Euthanasia/ -- Resource Centre for Catholic Teachers (USA)

<http://www.nrlc.org/euthanasia/> -- Right to Life USA website

<http://www.hospicecare.com/Ethics/RWEthics1.htm> -- Intl Association for Hospice and Palliative Care

Journal Articles Online

"No Authority Can Justify Euthanasia (Dolentium Hominum, 1999 #1)

"Euthanasia, The Netherlands, and Slippery Slopes (Bioethics Research Notes, June 1992)