

Physician-Assisted Suicide Is Unethical

Ethics, 2010

In the following viewpoint, Peter C. Glover contends that physician-assisted suicide cannot be ethically justified. He offers several arguments against physician-assisted suicide: it is a patient's cry for help or sign of depression, suicidal intent is temporary, pain can be controlled, and legalizing the practice in any form will lead to involuntary euthanasia. Permitting physician-assisted suicide in a society, the author states, would create a culture where a life can be judged as a burden and not worth living. Glover is a writer based in Colchester, England, and the author of numerous books, including *The Politics of Faith: Essays on the Morality of Key Current Issues*.

As you read, consider the following questions:

1. What does the term "passive euthanasia" mean to the author?
2. How does Glover back his claim that pain for seriously ill patients is manageable?
3. How does Herbert Hendin, as cited by the author, respond to the assertion that physician-assisted suicide empowers patients?

For two millennia the Hippocratic tradition has stood for the "sanctity" of human life. We can alleviate the unbearable in life better than ever before. We can do that and not eliminate life itself ... medicine cannot be both our healer and our killer.

—C. Everett Koop, *Former Surgeon General of the United States*

The courts in the English-speaking world have recently witnessed a number of high-profile and distressing cases where individuals have argued both for the 'right to die' and even the 'right to live' in the event of incapacitation. But it was perhaps in the troubling case of the young American woman Terri Schiavo that the issues surrounding euthanasia have been most hotly debated.¹ This was a case that, like no other, split the conscience of a nation, causing a public debate which cut deep into the American psyche and exposed the core ethical arguments surrounding the whole morality of euthanasia or assisted suicide as never before.

At the heart of the debate was not only the 'human right' to choose death, but the 'right' for society, in general, to be complicit in its acquiescence, hence legally.

Clarifying Our Terms

Before we get to grips with the issue itself however, it is important, if we wish to avoid the confusion that often derails genuine debate, to clarify our terminology.

1. Suicide—is self-killing, some would say self-murder.
2. Assisted suicide—involves enlisting the aid of another person, often a doctor, to end one's own life. Those 'assisting' provide the means of death but do not take part in the killing directly.
3. Euthanasia—occurs when someone other than the 'patient'—a doctor, nurse or someone else—performs an action, such as a lethal injection, which brings about death.

4. Passive euthanasia—occurs when the withdrawal of medical assistance or life-sustaining treatment leads 'naturally' to the death of the patient. This term is seldom used because of the near universal agreement that it is, and has always been, a justifiable treatment ethically (i.e. allowing 'nature' to take its course).

The Heart of the Matter

Let me state my case here bluntly: with the exception of no. 4, which has been largely unquestioned common medical practice for centuries, none of the other three (suicide, assisted suicide or euthanasia) has any moral justification in the light of sound reason and/or medical science.

I am opposed to euthanasia in all its forms, not just because I, as a Christian, believe the Creator God is demonstrably opposed to it, making no provision for it in His revealed will to mankind and through the teaching of the Catholic Church, but also because the biblical and Church teaching, which is not the subject of this particular article, is wholly supported by every ethical, philosophical and reasoned argument available. I mention my biblical worldview here with good reason. All too often, the issue of worldview is obscured in the public debate. Indeed, many Christians even feel it judicious not to mention it at all, as if the assumption is that the secular person, unlike the Christian, does not possess a 'worldview' or cultural or philosophical spectacles through which he views the world. Nothing could be further from the truth! It is just a case of articulating what one's worldview is, and how it affects and underpins the views or opinions being expressed.

This is no secondary matter whenever any moral issue is being discussed. When all is said and done, the Judeo-Christian worldview is a well-reasoned pattern of belief in which the sanctity of life is given moral substance. Those who criticise such a worldview ought to be called upon to articulate and uphold their own.

The advantage here is that we can point to a 'gold standard' of moral right or wrong—in fact the moral gold standard which is the foundation of Western civilization's Judeo-Christian heritage. Those who hold secular and liberal privatised worldviews often struggle to sustain them. While the biblical and conservative worldview is focused on the higher good of the community, one usually finds that the secular liberal focuses on the rights of the individual. The reality is, however, that one must outweigh the other. And the Bible as well as historic tradition dictates that it must be the higher good of the community that wins out.

Having made this important point however, in this article I intend to equip the ordinary Catholic Christian with insight into the case against the legalisation of euthanasia from a secular perspective to reinforce the biblical argument.

Matters of Mind and Body

Here, in a nutshell, are the very practical and key arguments against legalising euthanasia/assisted suicide in any form:

1. A request for assisted suicide is typically a cry for help. In reality it is typically a call for counselling, assistance and positive alternatives as solutions to very real problems.
2. Suicidal intent is typically transient. Of those who attempt suicide, fewer than 4% go on to kill themselves in the next five years; less than 11% will commit suicide over the next 35 years.
3. Terminally ill patients who desire death are typically depressed—and depression is treatable. In one study, 24% of those desiring death had clinical depression.

4. Pain is controllable. The array of treatments to control pain (palliative care) is vast and impressive today. Often the person seeking death does not need assistance to commit suicide but a doctor better trained in palliative care. The Nightingale Alliance states that 95% of all pain is controllable and the other 5% can be reduced to a tolerable level.
5. Legalising voluntary euthanasia almost always means legalising non-voluntary euthanasia. In America, for instance, state courts have consistently ruled that if competent people have a right, then incompetent people must be 'given' the same 'right.' It is highly likely that the British courts would rule the same way.
6. The Netherlands' experience in legalising voluntary assisted suicide for those with terminal illness has spread to include non-voluntary euthanasia for people with no terminal illness. Half of the killings in the Netherlands are now non-voluntary and a 'culture of death,' admitted as such privately by many Dutch doctors, has now taken root there. It has become a common legal 'solution' for those with mental illness, permanent disability, and even old age.
7. You don't solve problems by getting rid of the people to whom the problems happen. The more difficult but humane solution to human suffering is to address the problem, not get rid of the human.

The Dutch Experience

The oft-cited experience of legalised euthanasia in the Netherlands is also worth closer scrutiny than is usually the case. Herbert Hendin, MD, Executive Director of the American Suicide Foundation and Professor of Psychiatry at New York Medical College, has written the following authoritative analysis of euthanasia in the Netherlands in his *Seduced By Death: Doctors, Patients and the Dutch Cure*. Here are some key quotes:

"The doctors who help set Dutch euthanasia policies are aware that euthanasia is basically out of control in the Netherlands. They admitted this to me privately. Yet in their public statements and articles they maintain there are no serious problems...." p. 14

"The experience of the Dutch people makes it clear that legalisation of assisted suicide and euthanasia is not the answer to the problems of people who are terminally ill. The Netherlands has moved from assisted suicide to euthanasia, from euthanasia for people who are terminally ill to euthanasia for people who are chronically ill, from euthanasia for physical illnesses to euthanasia for psychological distress, and from voluntary euthanasia to involuntary euthanasia (called "termination of the patient without explicit request"). The Dutch government's own commissioned research has documented that in more than one thousand cases a year, doctors actively cause or hasten death without the patient's request." p. 23

"Virtually every guideline established by the Dutch to regulate euthanasia has been modified or violated with impunity." p. 23

"In the selling of assisted suicide and euthanasia, words like 'empowerment' and 'dignity' are associated with the choice for dying. But who is being empowered? The more one knows about individual cases, the more apparent it becomes that needs other than those of the patient often prevail. Empowerment flows towards the relatives, the doctor who offers a speedy way out if he cannot offer a cure, or the activists who have found in death a cause that gives meaning to their own lives. The patient who may have asked to die in the hope of receiving emotional reassurance that all around her want her to live, may find that ... she has set in motion a process whose momentum she cannot control." pp.43-4.

A Culture of Death

In short, there are no scientific, medical or ethical reasons why any of us, not just Catholic Christians, should condone or support the legalisation of euthanasia in society.

No one can prevent someone, intent on the act, from taking out a revolver and blowing his brains out, or administering a lethal dose of drugs to himself or another. But that is not the issue here.

The issue here is whether there are sound reasons why a society and a nation should acquiesce in the process by legalising it. If we are intent on protecting the weak and retaining our current culture of life, in the Hippocratic tradition, then we must face whether we would rather introduce a culture of uncertainty and of death as has happened in the Netherlands. A culture where we can never be sure whether someone, somewhere, believes that our 'quality of life' is such that the world—according to their worldview—would be better off without us or those we love, brings dreadful uncertainty and immense unnecessary suffering.

"No man has power to retain the spirit, or power over the day of death" Ecclesiastes 8:8 (ESV).

Further Readings

Books

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- Arthur Schafer "The Great Canadian Euthanasia Debate," *Globe & Mail* (Toronto), November 5, 2009.
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Footnotes

1. Schiavo was in a persistent vegetative state for several years in Florida. Her husband petitioned the courts to allow her feeding tube to be disconnected, but he faced legal challenges from her parents. In 2005, Schiavo was removed from life support and died.

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