

EUTHANASIA: SOME QUESTIONS & ISSUES ARISING

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Euthanasia is well and truly on the agenda in Australia and it is becoming increasingly difficult to sort out the fact from the fiction. Claims and counter-claims are made. Yet, the subject demands reasoned conversation and finely nuanced thinking.

To begin with I will indicate four factors that make the reasoned conversation and nuanced thinking difficult in our culture:

1. Because the issues and questions concerning euthanasia arise in the context of suffering and death, it is not surprising that the discussion of euthanasia sometimes raises strong emotions. This can make it difficult to maintain a focus on what is really at stake here.
2. In a culture such as ours, that over-prizes the functional and the rational, suffering and death are often reduced to “problems” and “problems” have “solutions.” The thought that life might be a mystery to be lived rather than a problem to be solved is not often considered. Euthanasia can be perceived as a “solution” to the “problem” of pain and suffering. Whether we *should* do it is a question that can easily get lost.
3. Discussions about euthanasia and its possible legalization are often made doubly difficult because individuals in great distress are frequently brought forward to assist with the argument for euthanasia. In such instances, any argument *against* euthanasia or its legalization is immediately seen as a merciless affront to *this* individual before us who is suffering. The question, “Should euthanasia be legalized?” is then reduced to the question, “Do you want to make this person continue to suffer?”
4. There is a general lack of understanding – even among healthcare professionals – as to what euthanasia actually is. Bereft of the facts – moral, legal and scientific – individuals may resort to misguided statements like, “Catholics love suffering” and “Catholic hospitals practice euthanasia all the time”. Incorrect as such statements are, they muddy the waters and prevent constructive conversation.

WHAT EUTHANASIA IS AND IS NOT

1. What is euthanasia?

In the first instance, we must distinguish between:

- a. **euthanasia as such** and
- b. **the legalizing of euthanasia.**

They are two distinct – though related – issues. Let us deal first of all with euthanasia as such. Our English word euthanasia has its roots in the Greek word, *thanatos*, meaning “death.” The Greek prefix means “well” or “good”. It may be defined as follows:

Euthanasia is a physician (or other person) intentionally killing a person by the administration of drugs, at that competent person’s voluntary request in order to relieve that person’s suffering.

Physician- assisted suicide (often called “physician-assisted death” to have more people agree with it) is a physician intentionally helping a competent person to

terminate his or her life by providing drugs for self-administration, at that person's voluntary request.

I will use the term euthanasia in the rest of this booklet to mean both these interventions.

There are then two essential elements to euthanasia:

- a. we **intend to kill** someone more or less gently/painlessly and
- b. in undertaking this act we are (normally) motivated by a sense of **care and concern** to relieve the person's suffering.

Situations in which the issue of euthanasia might arise include, for example, an elderly woman who is in hospital with cancer of the spine; she is in terrible pain; there is no cure; she will die slowly; she requests the medical staff to inject her with a fatal dose of medication to kill her; they comply; that is euthanasia.

The first problem here is that no one should be left in pain and it's now recognized, for instance, by the World Medical Association which represents 9 million doctors and the UN's World Health Organization, that for health care professionals to fail to take reasonable steps to relieve pain is a breach of the patient's fundamental human rights. Although the woman in the example faces serious physical, psychological and spiritual pain, she can be greatly assisted. This is the work of palliative care. Modern medicine is such that patients in serious pain can be made comfortable.

The matters of psychological and spiritual suffering remain questions for the culture: Do we care enough to be with the patient – *really with the patient* – in their distress? This is a big issue for a culture that is problem-centred rather than relationship-centred.

It is also a big issue for a culture that tends to be materialistic and hedonistic – a culture that disconnects dying from living. Dying is in fact part of living. The 20th century German philosopher and atheist, Martin Heidegger (1889-1976), recognized this intimate link between living and dying more clearly than most. One commentator sums up:

“For Heidegger, death . . . is not just the end of life; it is present at the very core of life during its whole course. But this anguish does not lead to despair; on the contrary, it is this daily confrontation with death that makes sense of human existence. It is the hidden spring of self-realization and all human creativity.” (Claude Geffre, “Death as Necessity and as Liberty” in *Theology Digest*, 12 (1964), 191-92.)

Our culture perceives dying as merely the ending of life, a threat therefore to our well-being. It cannot fathom the wisdom of the poet, W H Auden: “Afraid of our living task, the dying which the coming day will ask”. Suicide and euthanasia are in fact examples of this death-denial, the unwillingness to live “the dying which the coming day will ask”.

2. What is not euthanasia?

It is not euthanasia:

- a. to withhold or withdraw medically futile or burdensome treatment from a gravely ill patient, without which means that person will die. For example, when a person is in an

- irreversible coma with no realistic hope of that changing, it may be morally acceptable to turn off the machines that are keeping that person alive; as a consequence of the machines being turned off the person does in fact die a natural death from their underlying failed vital system, such as spontaneous breathing. That is not euthanasia.
- b. to provide fully adequate pain management that is needed to ease a terminal patient's pain and symptoms of physical distress, knowing that a side effect could be the hastening of death but not intending this. For example, a person with terminal cancer of the esophagus is in deep distress trying to breathe, it is ethically required to provide the medication needed to ease the pain and distress, knowing that a side-effect of that extra medication could hasten the patient's death. That is not euthanasia. Note that it is rare that pain and symptom management, properly administered, will hasten death. Indeed the patient may live longer when they no longer need to cope with the pain or other physical symptoms.

In each of these cases, the critical question to ask is, "What is intended?" If you intend to kill the individual that is an essentially different moral act to one in which the intention is not to kill the individual but to ease the individual's distress or avoid burdensome interventions to eke out a few more days of life.

Needless to say, the intention to kill should not be masked by protestations that what you are doing is simply intended to ease the person's distress or "do what Grandma would have wanted". The human psyche functions at both conscious and subconscious levels. Self-deception is a definite possibility. The possibility of self-deception can be increased, for example, when emotions run high or where there are vested interests at stake, as might occur with a will involving significant assets – sometimes called the "early inheritance syndrome". If you intend to kill you intend to kill, no matter how you disguise it.

To intentionally kill someone out of malice, that is not euthanasia either, that is murder.

WHAT ARE SOME RELEVANT MORAL PRINCIPLES?

1. What constitutes moral behaviour?

There are at least four crucial elements to moral behaviour:

- a. *the nature of the act itself* – for example, the act of walking down the street does not have the same moral implications as the act of taking fruit off my neighbour's fruit trees without his/her permission.
- b. *the intention of the moral agent* – for example, taking my neighbour's fruit without his/her permission because I want to feed my starving family does not have the same moral implications as taking my neighbour's fruit without his/her permission because I want to force him/her off that land so I can grab it.
- c. *the external circumstances forming a context for the act* – for example, taking my neighbour's fruit without his/her permission in time of famine does not have the same

moral implications as taking my neighbour's fruit without his/her permission when I have plenty.

- d. *the internal circumstances forming responsibility and accountability* – for example, taking my neighbour's fruit without his/her permission because I am a simpleton does not have the same moral implications as taking my neighbour's fruit without his/her permission because I am filled with resentment.

All issues of human morality should place the emphasis on **the person who acts**. It can be very misleading to focus simply on “the nature of the act itself” just as it can be very misleading to exclude “the nature of the act itself.”

The moral person seeks the good and the true in all circumstances, no matter what it costs. His/her decision and action is not governed by a desire to fit in or follow the crowd, but a sincere desire to discern and submit to what is good and true. Moral integrity requires us to constantly examine ourselves, to appraise our motivations, inform ourselves concerning the principles and facts of situations. This may be very costly to us personally.

2. Moral descriptions point beyond themselves

If I say, “Joe Doax is a morally good man,” I have made a statement that is necessarily both subjective and objective.

First of all, the statement is **subjective**. I have presumably considered how Joe behaves and made the subjective judgment that he is “morally good.” I might be wrong. I also might be right. You might agree or disagree with my judgment. We both might be in some measure right and in some measure wrong. This is the nature of subjectivity. But it is not the whole picture.

Secondly, the statement is **objective** or at least points to something objective. It is not just a matter of what *I* think or believe about Joe. It is also a matter of my claiming that Joe can be identified with something objective that we call “good”. If the understanding of “good” is simply subjective, it does not mean anything to say “Joe Doax is a good man”. You and I and others listening must have some sense of “the good”, even if we disagree on how we are to understand it or how it is to be applied. The “good” is an objective reality quite distinct from our subjective perceptions of the “good”.

Which raises a serious question for anyone who seeks moral integrity: What is this objective “good” to which we necessarily refer? Is it not appropriate to write it with a capital letter: Good? *The Good*. We are here led to the realm of the Transcendent. The Good transcends any perceptions you or I have of this or that person, event or thing about which we would like to say: “This person, event or thing is good – ie in some way this person, event or thing manifests the Good.” It is essential for any substantial moral vision that it situates the subjective in relation to the objective, that it always situates moral decision-making within the context of the Transcendent, that it situates the good within the Good. If we limit ourselves to the merely subjective, anything goes. We are reminded of Dostoevsky's statement: “Without God all things are lawful”.

“Don’t impose your morality on me,” is often used to reject this way of thinking. When someone says this they are actually seeking to impose *their* morality on you. “Don’t impose your morality on me” is a moral position and they want it accepted – not *your* moral position, *their* moral position!

3. The principle of double effect

One of the complicating factors in our attempts to be moral, is the reality – sometimes a very hard reality – that our actions frequently have multiple consequences. Sometimes, even though the action can be justified as moral, there may be unintended consequences. The principle of double effect recognizes this. It can be summed up by saying that

- **an action with two or more known effects,**
- **one morally acceptable and the other(s) morally undesirable,**
- **may be morally justified**
- **when that action is chosen for serious enough reasons and**
- **only the good effect is intended,**
- **the undesirable consequences being accepted as an unavoidable side-effect of the good primary action and intention.**

For example, when you turned on the lights or an electrical appliance today, when you drove your car or took a bus or train or ferry, when you ate a piece of meat or threw out the rubbish or flushed the toilet or did almost anything, you used the principle of double effect at least implicitly. We are constantly making decisions with moral implications that assume the undesirable side-effects are acceptable because (we think/believe at least implicitly) the outcome we intend is worth it.

On a larger scale, the decision and action to go to war against Hitler in 1939 was judged morally acceptable. Those who made that decision knew only too well that there would be some tragic consequences, with lots of innocent people suffering and even dying as an unintended result of the primary decision to fight Hitler. They judged that the circumstances were serious enough to warrant that decision being made however.

In assessing whether there are serious enough reasons for going down such a path, it may be helpful to ask, “What will happen if I/we do *not* do this?” It may then be helpful to ask, “If we *do* do this, can we realistically expect the outcome to be weighted more to the good and true than the not good and the not true?” Of course, motivation must be factored in and that is a most complex reality. Suffice it to say here, individuals must be encouraged to inform themselves of all the relevant facts and be as honest with themselves as they possibly can be.

The principle of double effect is particularly critical when dealing with the issues arising around the question of euthanasia. For example, when the dosage of painkilling medication is elevated with the primary intention of decreasing the patient’s distress, and an outcome of this is that the patient’s death is hastened, this is not euthanasia. If however, the dosage of painkilling medication is increased with the primary intention of hastening the patient’s death, that is euthanasia.

It is not uncommon in life that we are caught in serious and painful dilemmas that demand a decision and action where there is no easy or clear-cut way ahead. Life is seldom a straightforward choice between what is unambiguously good on the one hand and what is unambiguously not good on the other. Living is an ambiguous enterprise, especially if you are a thoughtful person who is willing and able to act reasonably and responsibly and be held accountable for your decisions and actions. Life is a mystery to be lived, not a problem to be solved. Sooner or later – if you accept the invitation to be real – life will draw you beyond the functional question, “What can/must I do?” into the transcendent question, “What attitude can/must I assume to that about which I can do nothing?”

4. Do Australians favour euthanasia?

It is disingenuous or at least naïve to say what proportion of Australians favour euthanasia when there is so much confusion about the meaning of the very term, including, importantly, among healthcare professionals and politicians.

I believe that most Australians do not know what euthanasia actually is. How many would understand the principle of double effect? How many know what palliative care is? Is their alleged “approval” of euthanasia in fact mostly an expression of their fundamental decency and their unwillingness to see people suffer unnecessarily rather than their willingness to sanction legalized killing?

5. There is a difference between the *morality* of an action and the *lawfulness* of that action?

It was not too long ago that it was *unlawful* to commit adultery in New South Wales. It is now *lawful* to commit adultery. That does not make adultery *morally acceptable*. It just means it is no longer against the law of the land.

Recent history gives us some stark examples of people who saw certain actions as immoral though they were legal, prompting those people to actions that were illegal though they were moral. For example, Dietrich Bonhoeffer transgressed the laws of Nazi Germany in his struggles to be moral. Martin Luther King Jnr and those who fought for civil rights did the same in the United States in the 1950s and 1960s. Civil disobedience is an authentic moral option – even moral responsibility – at times.

CONCLUSION

Euthanasia is **not just an incremental expansion** of current ethically and legally accepted end-of-life decisions, such as refusals of life-support treatment, as pro-euthanasia advocates argue, acting with an **intention to kill is different-in-kind** from allowing a natural death.

Euthanasia is **not medical treatment**. Defining it as such, presents serious dangers to patients, the trust-based physician-patient relationship, medicine, and society. If euthanasia is legalized by society, we must **take the “medical cloak” off it** and have some **specialty trained persons other than physicians** mandated to administer it.

We need to ask ourselves, if euthanasia is permitted, how do we think **our great-great-grandchildren will die**? What kind of society will we have left to them? Will it be one in which no reasonable person would want to live?

It seems that most politicians and many people in western democracies such as Australia do not recognize the momentousness of a decision to legalize euthanasia. **It's not an incremental change, but a radical and massive shift in our society's and civilization's foundational values.**

A prominent Australian politician, Jeff Kennett, who argues for legalizing euthanasia, captured the trivialization of death that informs support for euthanasia in these words:

"As far as I'm concerned, when you are past your 'use by' or 'best before' date, you should be checked out as quickly, cheaply and efficiently as possible."

But we are not products to be checked out of the supermarket of life.

And what would be the **cumulative effect** of the use of euthanasia on **vulnerable people**. Consider, for instance, that **the Netherlands and Belgium** now allow euthanasia of people with **Alzheimer's disease**.

What would be the **impact of that on the shared values** that bond us as a society and in **setting the "ethical tone"** of our society?

It's wisely said that

"We can't judge the ethical tone of a society by how it treats its strongest, most privileged, most powerful members, but by how it treats its weakest, most vulnerable and most in need".

Dying people belong to the latter group.

I am fervently hoping that Australia **will follow the UK** and reject PAS/E and **not follow Canada** down the slippery slope it has opened up by stepping over the clear line set by the rule that **we must not intentionally kill another human being**, the one exception being when that is the only way to save innocent human life.¹

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