LAST RIGHTS

ANSWERING THE ARGUMENTS FOR EUTHANASIA

BY

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"Ultimately we're all dead men. Sadly, we cannot choose how.
But we can decide how we meet that end . . .
in order that we are remembered as men."

- Proximo, *Gladiator* (Sony Pictures, 2000)

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Playing God

Twenty years ago keeping a dying patient alive on a respiration machine was considered "playing God;" yet today many feel guilty of the same thing by taking them off of it. This sentiment, or something like it, is expressed by many caring individuals on the right-to-die side of the debate over euthanasia - allowing or causing death for benevolent reasons. Medical technology has made it possible to extend life, or death as some argue, far past the point of what would have been considered normal less than a generation ago. What was once deemed invasive and extreme is now the norm, and with research into genetic engineering and stem cell research the trend shows no sign of sloping off.

When one is faced with a dying loved one, these issues become much more than mere exercises in ethical philosophy. They can and do become horrifying dilemmas that may seem to offer no satisfactory resolutions. Many writers on the topic of euthanasia begin their books with personal stories of trauma suffered due to the extended, and often painful, death of a loved one. The emotional responses to watching any person suffer, especially that of someone close, makes a dispassionate discussion of the subject difficult if not impossible. In an emotionally charged issue objective truth often takes a backseat to subjective experience. A cold analysis of metaphysical principles regarding the personhood of a PVS subject, a sermon on the spiritual growth possible for a miserable burn victim, or a "gift of life" argument for one who has lost all ability to function as they desire will not convince anyone who has not made a commitment to a proper world view based on prior convictions. The arguments for and against euthanasia must be

evaluated apart from the emotional reactions that specific cases will cause, for life and death decisions will have to be made that cannot be sufficiently dealt with apart from a solid ground in bio-ethical morality, one that must be present before the decision is made.

Defining Murder

In any discussion of morality, definitions of terms must be agreed upon; for in these arguments the minor premise hangs on its relationship to the major. It is critical in this debate to have an objective working definition of the term *murder.* In this debate it is assumed that murder is universally held to be wrong; this forms the major premise. Euthanasia advocates do not argue that murder is right, but do argue that euthanasia is not murder. Whether this is so forms the minor premise, and will decide the conclusion for both sides.

Murder has been defined as, "the unlawful killing of a human being with malice aforethought."[1] This definition has four elements (1) lawfulness, (2) killing, (3) humanness, and (4) maliciousness. As has been pointed out by advocates for active euthanasia, many justified killings fit this description. Their conclusion, based on this definition of murder and justifiable actions, is that active euthanasia is allowable and morally justified as well.[2] As will be shown, however, these criteria leave much to be desired in that they leave out one very important factor and replace it with two questionable ones.

Lawfulness: Law does not make an act moral, rather morality makes a law just or unjust. The lawful aspect of killing begs the question in favor of cultural relativism. If law were indicative of murder, then the Nazi's could not have been tried at Nuremberg for their killing of Jews in German occupied territory, for it was lawful for them to do so at that time. Additionally,

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[1] *Webster's Dictionary* (1989), s.v. "Murder."

[2] James Rachels, "Euthanasia," in Tom Regan, *Matters of Life and Death,* ed. (New York, NY: Random House, 1980), 45-46.

killing in wartime could be considered murder for one side and not the other. Because of these factors the lawfulness of the killing should not be included in murder's definition.

Malice: Maliciousness may not be present in all cases of unjustified killing. If a nurse were to kill a newborn infant out of mercy because he was born blind, no malice would be present as such - yet it would still be deemed murder. Further, malice in killing is difficult to avoid in some cases of justified murder. Certainly no one would expect the parents of a murdered child to harbor no malice toward the killer who is to be put to death for his crime. An evil aggressor in wartime that threatens the lives of peaceful people should be treated with malice. Unjustified malice may be a legitimate component of murder, but it is difficult if not impossible to prove and leaves the door open for cases such as the nurse above. On these pragmatic grounds, malice should not be used as an indicator of murder.

Innocence: An important omission in this definition has to do with reference to the person killed. Innocence on the part of the victim must be an added component; otherwise killing in self defense or capital punishment would also be murder by definition. While some may argue that capital punishment is morally wrong, few would say the same for self defense. Innocence, therefore, should be included in the definition of murder.

With these criteria in mind, murder is better defined as, "the act of intentionally killing an innocent human being."[3] This definition allows for non-murderous killing in acts that involve such things as ignorance (no intent), self defense (no malice), just war and capital punishment (no innocence). Further, it removes the questionable aspects of cultural relativism and subjective intentional differences found in the previous definition.[4]

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[3]Peter Kreeft, *The Unaborted Socrate,* (Downers Grove, IL: Intervarsity Press, 1983), 17-20.

[4]Space does not permit a proper refutation of relativism in morality, for more information see bibliography.

Defining Euthanasia

Active vs. Passive: Ethicists recognize two different types of euthanasia (Greek for "good death"): (1) Passive Euthanasia and (2) Active Euthanasia . Sub-distinctions within these two categories include: voluntary (patient requested) euthanasia, non-voluntary (unsolicited) euthanasia, and involuntary (against a patient's will) euthanasia. Because the virtues of these sub-types are not generally disputed by either camp as of yet, or fall into the same arguments for and against the major forms previously listed, they will not be treated extensively here.

Passive forms of euthanasia are the result of discontinuing artificial life support treatments, thus allowing natural death to take place (sometimes referred to as "pulling the plug"). Active forms, however, inflict death upon the patient either by their own hand (known as "self-deliverance" or "auto-euthanasia") or by another's (as in the case of physician assisted suicide, or PAS). This distinction between the two major forms of euthanasia is most important because, as it will be argued, one (active euthanasia) fits the definition of murder, and the other (passive euthanasia) does not.

Euthanasia is considered passive when a patient is allowed to die a natural death in cases where artificial means are necessary to keep the suffering patient alive, no possibility of recovery appears likely, and death is imminent. In these situations euthanasia would not be considered murder by either side, in fact, legislation is already in place to protect the rights of patients whose desire is to be allowed to die naturally. Under these circumstances euthanasia keeps medical technology from prolonging death when no chance for recovery exists. The cessation of treatment in passive cases would not include discontinuing life's necessities - for death must be the natural result of the state of the patient. Actively withholding air, food, or water may rightly be seen as

murder just as would drowning someone in a bathtub or starving a child.[5] In active forms of euthanasia it is not only the withholding of life's necessities, but the administration of lethal means to cause the death of the patient. It is this second type of euthanasia that causes the greatest debate, and the kind that will be evaluated here.

Bare Difference: Before moving on to the arguments for and against active euthanasia, it is important to note that many advocates of the active form reject the disparity between active and passive actions. Dr. Eike-Henner Kluge, Canada's pre-eminent biomedical ethicist, denies the ethical distinction between passive and active euthanasia.[6] In his submission to the *Senate Special Committee on Euthanasia and Assisted Suicide,* Kluge writes,

> There is more than one way in which one can be the cause of a particular state of affairs. One can be the cause by actually doing something - as when a physician gives a patient a drug to which the patient is allergic and the patient then dies of an induced allergy reaction. Or one can be the cause of a state of affairs by not doing something - as when the physician simply stands by and watches a patient who has gone into fibrillations die without lifting a finger. In both instances, the ethically relevant fact is that the physician was in a position to do something in order to affect the chain of events.

He goes on to state that,

> Since active and passive euthanasia are ethically on a par . . . and the adoption of a passive stance is deemed ethically defensible, it follows that active euthanasia must be accepted as ethically defensible as well.[7]

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[5]There are issues regarding a disease's ultimate reality over the artificial mechanisms that may be involved in supplying life's necessities to a person. For the purposes of this paper only non-extraordinary means will be considered. In some cases it might be the case that discontinuing things necessary for natural life are too invasive to be considered natural and are to be given up in order to make way for ultimate natural cause of death - the disease. For further information on this topic see: Jonathan Moreno, *Arguing Euthanasia* (New York, NY: Simon and Schuster, 1995), 182-85.

[6]Eike-Henner. Kluge, *Ethics and Deliberate Death - Submission to the Senate Special Committee on Euthanasia and Assisted Suicide* (Accessed 07/25/01 from http://www.rights.org/deathnet/Senate/ethics.html), 1.

[7]Kluge, *Ethics and Deliberate Death*, 16-17.

Kluge's argument fails in that it focuses on the act and situation but ignores intent - the crucial third component of an ethical decision.[8] At the heart of all right-to-die arguments is the idea that the end justifies the means, but a good end brought about by bad means does not make the means into right actions. Adolf Hitler had good ends in mind when he sought to promote human purity, yet this did not make the slaughter of millions of Jews into right action. Motive alone does not make an action right or wrong, rather it is a combination of act, intent, and situation.[9] When action or inaction alone is considered it may well appear that two acts are ethically equivalent, but motive must be calculated as it may, in fact, be the deciding factor in a moral judgment. For example, if a person were to simply stand by while someone drowns it would be a morally reprehensible act. But if that person could not swim, and would have only added his death to the victim's, then his inaction was appropriate and morally justified.

The intent of passive euthanasia is to see to it that imminent death is not prolonged artificially, while in active euthanasia the intent is to shorten life. With active euthanasia the death of the patient, and not just the cessation of their suffering, is the goal. If a patient was to live through active euthanasia the act would be deemed a failure.[10] Any action or inaction designed to effect the death of an innocent human being is murder by definition regardless of the benevolence of the killer, therefore active and passive euthanasia are rightly discussed as separate issues.

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[8]Peter Kreeft, *A Refutation of Moral Relativism* (San Francisco, CA: Ignatius Press, 1999), 104.

[9]Ibid.

[10]Mark Foreman, *Christianity and Bioethics - Confronting Clinical Issue,* (Joplin, MS: College Press Publishing Company, 1999), 116.

General Arguments for Active Euthanasia

The basic assumption in every incarnation of pro-euthanasia arguments is that when quality of life has dropped to a certain level, it is no longer worth allowing to go on. The right-to-die stance has several positive points. It recognizes personal autonomy and freedom, it calls for high standards of living, and it seeks to relieve suffering. While this position also contains emotional appeal, it is flawed in several key areas.

Professor Mark Foreman lists four major arguments for active euthanasia: (1) respect for autonomy, (2) mercy, (3) biological vs. biographical life, and (4) the bare difference argument between active and passive euthanasia dealt with above. The first three, along with a common addition to the autonomy argument, death with dignity, will be dealt with below.

Respect for Autonomy: In this argument, a patient's rights to his body are said to include the right to die at any time. Derek Humphry, in his definitive book on the subject, *Final Exit*, states that the "most important of civil liberties [is] the option to govern our own lives, which includes the right to choose to die."[11]

This view has several problems. First, top advocates for active euthanasia do not actually argue that patients have absolute rights over their body. Humphry himself lists depression as a reason to not allow assisted suicide.[12] This differentiation does not cohere with the premise however, for if autonomy is truly "most important" then no additional requirements, such as suffering, should be added, yet in most instances that is not the case. Second, the principle of autonomy presupposes an obligation on the part of the physician to act according to the patient's wishes. If active euthanasia is legalized then the physician would be logically obligated to kill his

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[11]Derek Humphry, *Final Exit* (Eugene, OR: The Hemlock Society, 1991), 106.

[12]Ibid., 130.

patients upon their request, which may go against the physician's own autonomy.[13] Third, respect for autonomy in a pro-euthanasia culture may lead to the paradoxical position of blaming the suffering patient for *not* choosing to die.[14] How this would effect compassion and care level is unknown, but does not appear to be favorable. Finally, there is no justification for the idea that a terminally ill person's wishes must be granted whether moral or immoral.[15] Immoral wishes should not be granted (i.e. murdering an enemy), and it would be question begging to assert that active euthanasia (murdering the patient) is not immoral as it has yet to be shown as being anything less than murder.

Death with Dignity: How one faces his final days, or his ability to face those days at all, forms the crux of this argument. When confronted with the possibility of debilitation, senility, madness, isolation, pain, etc., the possibility of dying with dignity lessens considerably. With this in mind, it is argued, it is better for the patient to choose before these circumstances begin.

As Leon Kass has pointed out, loss of dignity is a part of life. All people face deprivation of their potential for a dignified life at some point through the regular processes of human deterioration. Second, it is the proud that generally refuse treatment, as most medical procedures are not exactly "dignity producing" in the first place.[16] Finally, there is no dignity in death itself, but from the manner in which it is faced. Courage, rather than cowardice, produces dignity; and without a challenge to face, there is no potential for courage.

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[13]Foreman, *Bioethics,* 125.

[14]Ezekiel. Emanuel, *Whose Right to Die?* - The Atlantic Online, March 1997 (Accessed 7/25/01 from http://www.theatlantic.com/issues/97mar/emanuel/emanuel.htm), 8.

[15]Norman Geisler, and Frank Turek, *Legislating Morality* (Minneapolis, MN: Bethany House Publishers, 1998), 189.

[16]Leon Kass, "Death with Dignity and the Sanctity of Life," in Jonathan Moreno, *Arguing Euthanasia.* ed. (New York, NY: Simon and Schuster, 1995), 225-26.

Notably, just as it is necessary for a dignified life, a dignified death requires moral decision making. It is difficult to imagine that an act of immorality could produce a moral dignity. If suicide is a not an immoral act, it will have to be decided some other way. Kass concludes his thoughts on the subject with these appropriate words: "death with dignity, understood as living dignifiedly in the face of death, is not a matter of pulling plugs or taking poison." This, in his words, "is to shrink still further the notion of human dignity, and thus heap still greater indignity upon the dying, beyond all the insults of illness and the medicalized bureaucratization of the end of life."[17]

Mercy Killing: This argument states that suffering is unstoppable in about 10% of cases and therefore the only merciful thing to do is put the patient out of his misery through death.[18]

First, pain management technology makes this situation highly unlikely. In the cases where pain cannot be controlled, forced sleep may be induced.[19] Second, if active euthanasia became the norm, pain management research may suffer from lack of interest. In fact it may become the case that suffering patients are blamed for their choice to remain living.

Third, it has been reported that in most cases of requested active euthanasia in the Netherlands (where PAS is legal) that in only 32% was pain a factor, and in no cases was pain the sole reason for the request.[20] Ezekiel Emanuel states that, "No study has ever shown that pain plays a major role in motivating patient requests for physician-assisted suicide or euthanasia."[21]

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[17]Ibid., 226-29.

[18]Humphry, *Final Exit,* 36.

[19]David Roy, *When the Dying Demand Death* (Accessed 7/25/01 from http://www.rights.org/deathnet/Senate/DJ_Roy.html), 6.

[20]Emanuel, *Whose Right,* 3.

[21]Ibid., 4.

He in fact reports that, "A study of HIV-infected patients in New York found that interest in physician-assisted suicide was not associated with patients' experiencing pain or with pain-related limitations on function," and that, "my own recent study of cancer patients, conducted in Boston, reveals that those with pain are more likely than others to oppose physician-assisted suicide and euthanasia."[22] The most requests for active euthanasia came from patients who suffered from "perceived loss of dignity. . . . fear of a loss of control or of dignity, of being a burden, and of being dependent. . . . depression, hopelessness, and having few -- and poor-quality -- social supports." Humphry himself does not support suicide under several of these circumstances, and points out that "hard cases make poor law."[23]

Biological vs. Biographical Life: The argument here makes a distinction between the life of the body (which can be compared to animals and plants and thus has no moral status) and the "sum of one's aspirations, decisions, activities, projects, and human relationships."[24] Once the latter has ended, there is no moral obligation to prolong the former.

Problems with this view are multiple. First, "personhood" is a metaphysical description of the nature of a being, not a collection of the desires of that being. Persons remain persons when they are very young, asleep, or unconscious. Yet according to this view, persons in these states would have no moral status.[25] Additional states indicative of loss of moral status could, according

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[22]Ibid.

[23]Humphry, *Final Exit,* see 130 and 62 respectively.

[24]Foreman, *Bioethics,* 129.

[25]This is already being argued. See RichardBrandt, "Defective Newborns and the Morality of Termination" in John Arthur ed., *Morality and Moral Controversies* (Englewood Cliffs NJ: Prentice-Hall Inc., 1993), 158-63.

to this argument, logically include, "children, the demented, the mentally ill, the old, and others."[26]

Second, representative of the low view of humanity that this view asserts is the statement made by Fred Lykes in a Hemlock Society sanctioned article in which he writes, "the only books in the world that tell us that animals are different than humans are religious books. There is not a shred of evidence that would be admissible in a court of law to back up that assumption."[27] As has been wisely stated, "some views do not need to be refuted; they simply need to be stated."[28] The failure to distinguish between animal and human rights does not support the contention anyway, for even non-persons (such as animals) are accorded some form of moral status by active euthanasia supporters.[29]

Third, this view would allow suicide for any person regardless of circumstances so long as the person feels that they are not getting what they want out of life. This goes against the stated ethics of most active euthanasia advocates.[30] This dilemma is present in most active

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[26]Sadly, this is already occurring in countries that have legalized active euthanasia. Ezekiel Emanuel reports that, "euthanasia of newborns has been acknowledged. The reported cases have involved babies suffering from well-recognized fatal or severely disabling defects, though the babies were not in fact dying. . . . Whether ethically justified or not, providing euthanasia to newborns (upon parental request) is not voluntary euthanasia and does constitute a kind of "mercy killing." The Netherlands studies fail to demonstrate that permitting physician assisted suicide and euthanasia will not lead to the non-voluntary euthanasia of children, the demented, the mentally ill, the old, and others. Indeed, the persistence of abuse and the violation of safeguards, despite publicity and condemnation, suggest that the feared consequences of legalization are exactly its inherent consequences." - see Emanuel, *Whose Right,* 6.

[27]Fred Lykes *Medical Assisted Suicide (Accessed 7/25/01 from* http://www.freddysplace.com/faq.ivnu), 1.

[28]Norman Geisler, *Chosen But Free* (Minneapolis, MN: Bethany House Publishers, 1999), 133.

[29]In a bizarre twist to this argument, philosopher Peter Singer argues for animal rights based on their personhood. See: Peter Singer, *All Animals Are Equal,* in John Arthur, ed., *Morality and Moral Controversies,* (Englewood Cliffs NJ: Prentice-Hall Inc., 1993), 227-236.

[30]Foreman, *Bioethics,* 130.

euthanasia support criteria. While most will not argue for "suicide for any reason," their ethical standards are usually ambiguous enough to allow for it.

Finally the argument suffers from internal inconsistency, for it claims that a person with a non-moral status retains the moral right to die. If this patient truly has no moral status then the torture of, or any experimentation on, this person could be justified.

The Hemlock Society's Arguments Favoring Active Euthanasia

Basing much of its foundational ethics on the above arguments, The Hemlock Society was founded to fight for active euthanasia issues and for the specific legalization of Physician Assisted Suicide. The founder, Derek Humphry, has written the definitive works on the subject. The most famous of these is his book *Final Exit* which details specific arguments for, and methods of, suicide (or "self deliverance" as it is often referred to in Hemlock writings). Humphry's main arguments will be listed and evaluated below.

Medical: Although most pain can be controlled given proper care, for the estimated 10% of cases in which it cannot, active euthanasia should remain a viable option. In addition, much suffering is not related to physical pain. These might include sleeplessness, fatigue, nausea, incontinence, infections, constipation, itching, and the loss of dignity that comes with mental problems and dependance on others for day to day needs.

In cases where suffering appears to be unstoppable, Humphry does not address the issue of consciousness. Whereas it might be impossible to alleviate the suffering of a conscious person, it is certainly possible to induce unconsciousness, even coma, if necessary to stop the pain.[31] God seems to approve of this action in Proverbs 31:6 where strong drink is recommended for those

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[31] Elizabeth Skoglund, *Life on the Line* (Wheaton, IL: Tyndale House Publishers, 1992), 179-80.

suffering in the act of dying, so even the so-called "religous right" have an answer that active euthanasia advocates might miss in their rush to "deliver" a patient from their suffering.[32]

Professional: The role of physicians is to cure and / or to relieve suffering. Assuming that euthanasia is the only answer, it makes the most sense to have a physician involved, for he can give the best advice regarding the patient's condition and when the time comes, administer the best method of deliverance. A physician's skill, and access to lethal drugs, make them the best administrators for this type of action.

This argument mirrors the "back-alley coat hanger abortion" rhetoric of the Pro-Choice movement. It begs the question in favor of active euthanasia in that it assumes that murder is not taking place. No one would take seriously the suggestion that murderers should be given the best methods available to kill their victims, yet if active euthanasia is murder that is exactly what is being put forth. The physician's role is stated in the Hippocratic oath - and murder cannot be justified by its criteria.[33] Further, Humphry states only one chapter later that, "most physicians have remarkably little knowledge of how to end a life."[34] If this is so, then how does Humphry justify his argument that they should be allowed to perform the action?

Finally, the fact that a physician may have a high view of euthanasia can only erode a patient's faith that their doctor has their best interests in mind. That this is happening is no longer a matter of conjecture. Doctors in the Netherlands are already breaking the rules of legal euthanasia.

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[32]Norman Geisler, *Christian Ethics - Options and Issues* (Grand Rapids, MI: Baker Books, 1989), 170.

[33]Beckwith, *Life and Death,* 48.

[34]Humphry, *Final Exit,* 144.

Ezekiel Emanuel reports that,

> a study of nursing-home patients found that in only 41 percent of physician-assisted suicide and euthanasia cases did doctors adhere to all the guidelines. . . . in 15 percent of cases the patient did not initiate the request for physician-assisted suicide or euthanasia; in 15 percent there was no consultation with a second physician; in seven percent no more than one day elapsed between the first request and the actual physician-assisted suicide or euthanasia, violating the guideline calling for repeated requests; and in nine percent interventions other than physician-assisted suicide or euthanasia could have been tried to relieve the patient's suffering.[35]

Social: By the end of life many will have no one to help them die, or if they do the ones they choose may not be willing to assist them for various reasons. So long as the patient has no realistic chance of recovery, is rational (i.e. not depressed) in their wish for death, and the physician is willing, knows the patient and his situation well, and is competent to perform the action correctly, euthanasia should be allowed.[36]

This argument suffers from the same problem as that above. In place of murder, suicide could be used in the same sense. If suicide is not murder then the argument follows, however, that is the very question being debated and so must be settled on other grounds.

Modern Morality: Humphry makes no secret of his feelings against those who would disagree with him. He refers to traditional morality as lingering taboos and, "archaic laws ready to be changed to situations befitting modern understanding and morality."[37] He cites "tremendous public support" for actions taken by the infamous Dr. Jack Kervorkian in the killing of Janet Adkins, calling dissenters "self-styled ethicists."[38] According to Humphry, as a society of the

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[35]Emanuel, *Whose Right,* 6.

[36]Humphry, *Final Exit,* 128-29

[37]Ibid., 17 and 83.

[38]Ibid., 18.

1990's "we have moved on," and those that oppose euthanasia are unenlightened.[39] He goes on to state that physicians who do not share his view are "dogmatic and self-opinionated."[40]

It is interesting to note that shortly after *Final Exit* was published, Dr. Kervorkian was indicted for murder by the very "modern morality" that Humphry counted on for support.[41] The fact is that euthanasia in general is not supported by the majority. Ezekiel Emanuel states that, "two thirds of Americans oppose physician-assisted suicide or euthanasia when a terminally ill patient has no pain but wants to die because of concern about being a burden to his or her family, or because he or she finds a drawn-out dying process meaningless. . . . Americans tend to endorse the use of physician-assisted suicide and euthanasia when the question is abstract and hypothetical."[42]

Popularity issues aside, this relativistic world view would require much more space to refute than is available here, but suffice it to say that neither the times, nor the individual, nor the society determine moral truth. All societies in all times have recognized murder as being morally wrong; only if active euthanasia is not murder does it escape this same judgment. The burden of proof for this conclusion rests with the euthanasia activist, for it appears to fit the definition of murder perfectly.

Specific Ethical Criteria: To pass Humphry's test for patients considering euthanasia the following must be true: (1) the patient must be consistent in his appeal for death, (2) the underlying cause must be terminal, (3) two doctors must agree that death is imminent (no more

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[39]Ibid., 18-19 and 83.

[40]Ibid., 26.

[41]Ibid., 93.

[42]Emanuel, *Whose Right,* 3.

than a few months), (4) the patient fully understands his condition, (5) family members have been notified, (6) the timing of death is up to the patient who may back out at any time, and finally (7) only a qualified physician is to cause the death. Once these standards have been met, euthanasia is considered appropriate and morally justifiable.[43]

Even if one were to grant active euthanasia's morality in extreme cases, Humphry's standards for those wishing to be put to death are questionable. Humphry states that the patient must be consistent in their appeal for death, and that just before the killing is to take place one last affirmation must be made by the patient to give them a chance to back out. However, by his own admission this may not be possible in cases where mental faculty or consciousness has been lost. That this is already occurring in places where active euthanasia is legal is a matter of record.[44]

Humphry's second standard, that the underlying cause must be terminal, is contradicted by an entire chapter dedicated to those whose quality of life has dropped to the point where they wish to be killed, yet are not suffering from terminal illness.[45] Elsewhere, Humphry affirms the position of a couple wishing to die together even when one of them is in perfect health.[46] Essentially Humphry supports active euthanasia anytime a patient feels that their life quality is too low - even citing the inability to watch TV as just cause for suicide.[47] There is no need to argue for a slippery slope here; Humphry has done it for himself.

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[43]Humphry, *Final Exit,* 142-43.

[44]Emanuel, Whose Right, 4-6.

[45]Humphry, *Final Exit,* 58-62, see also 104-106.

[46]Ibid., 100-102.

[47]Ibid., 36.

The third criteria listed states that two doctors must agree that death is imminent (no more than a few months). This, too, is not without exception. On the very next page Humphry lists several non-terminal conditions that he considers death-worthy, asserting at the end of the paragraph that, "there can be no standard criteria for some human dilemmas."[48]

Humphry insists in more than one place that choice and personal autonomy are paramount in bio-ethical morals. Because of this, the patient considering suicide must fully understand their condition and future possibilities. But is such certainty possible? Humphry labels those who hope for a miracle cure "pious persons," and holds no hope for future deliverance at all.[49] Some patients diagnosed with fatal diseases have been taken off life support and have continued to live. While hope for a miracle cure is certainly doubtful in most cases, the fact that the future is generally unknown makes this certainty rather uncertain.

While it seems humane to alert the family, Humphry insists that no family member or group has any right to interfere with the patient's wishes. This makes this criteria fairly useless, as it can only hurt those who do not wish the death to take place and leaves them powerless to do anything about it. Leaving the timing of death up to the patient is only useful if the patient is still conscious and mentally capable of making a decision, yet that is often not the case.

Blaming the Religious Right: Humphry makes his feelings regarding religious morality early on when he writes, "If you consider God the master of your fate, then read no further."[50] He specifically attacks "the religious right" for their preaching and patronizing attitude toward those

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[48]Ibid., 143.

[49]Ibid., 69.

[50]Ibid., 21

with whom they disagree on this issue.[51] Humphry lists any person or group with religious moral convictions against active euthanasia under the umbrella of the "religious right." This view is not unique to Humphry. Fred Lykes writes, "conservative Christians are the chief opponents of the further legalization of MAS [Medical Assisted Suicide]."[52] As will be shown, this is not only a fallacious *ad hominem* attack, but it is factually incorrect.

First, according to surveys conducted in the Netherlands, "those who are most opposed to physician-assisted suicide and euthanasia include those most likely to experience abuse and coercion: the old, the less well off, and minorities."[53] These groups are not the typical caricature of the religious right.

Second, Humphry's partner in, and co-founder of, the Hemlock Society, Gerald Larue, lists the following world religions as being in opposition to active euthanasia: Islam, Judaism, Roman Catholicism, and Greek and Russian Orthodoxy. Within Protestantism alone he lists: the Reformed Church, the Assemblies of God, Lutheran, Presbyterian, Baptist, Mennonite, Quaker, and the Church of the Nazarene. The following offshoot groups are also included in his list: Jehovah's Witnesses, Seventh Day Adventists, and the Latter Day Saints. Additionally, non-Christian religions are included such as: Christian Science, the Unification Church, the

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[51]Ibid., 58.

[52]Lykes, *Medical Assisted Suicide,* 1.

[53]Emmanuel, *Whose Right,* 8.

Theosophical Society, the Bahai Faith, Buddhism and the Krishna Consciousness.[54] This list is hardly descriptive of the religious right.[55]

Third, beyond the fact that it is not the religious right alone that is against active euthanasia, it is not even a uniquely religious view to begin with. The prohibition against murder found in all cultures and is based on conscience and natural law, rather than any one religious doctrine.[56] In light of this it is interesting to note that Fred Lykes, himself an atheist, appears to believe in conscience or natural law driven legislation. This is evident when he writes, "an example of a view not peculiar to religion is the prohibition of stealing. The majority of atheists approve of such a prohibition."[57] Whether by conscience or consensus, the same thing that can be said with regard to stealing can be also be said of murder. If law, independent of religious views, can make stealing illegal, then it certainly has the power and duty to make murder illegal. Lyke's entire argument presupposes the conclusion he is attempting to prove - that active euthanasia is not murder. Having already shown that it fits the definition of murder, the burden of proof falls in this matter falls on the advocates of active euthanasia.

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[54]Gerald Larue, *Playing God, 50 Religions' View On Your Right To Die* (Wakefeild, RI: Moyer Bell, 1996), pages 356, 47, 70-71, 102, 112, 130, 381, 382 170-171, 207 & 216, 264, 275, 287, 293, 297, 314, 321, 329, 333, 362, 367, 380, respectively.

[55]In his article on euthanasia James Rachels makes much of dissension among religious people (see Regan, *Matters of Life and Death, 32-35)*. While some religious people will dissent from the norm (e.g. Roman Catholic Professor Dick Westley. See *When It's Right To Die* [Mystic, CT: Twenty-Third Publications, 1995]), it would be inappropriate to consider the issue "up for grabs." When one dissents from an established religion they are by definition no longer representative of that religious community insofar as they do not follow its teachings.

[56]For an expansion on this idea of universal morality see: C. S. Lewis, *Mere Christianity* (New York, NY: Simon and Schuster, 1996), ch. 1-3.

[57]Lykes, *Medical Assisted Suicide,* 1.

Positive Arguments Against Active Euthanasia

It is not always enough to refute one view to prove its opposite. Positive arguments should be given to counter the position under question. While many of these points are alluded to in the above discussions, it would be well to list some of them succinctly here.

Active Euthanasia is Murder: No society approves of the intentional killing of innocent human beings. As far as active euthanasia fits this description it should not be tolerated any more than murder. Many other arguments against active euthanasia exist, most of them relying on the connection between it and murder, but even if active euthanasia were not considered equivalent to murder, the following would still be true:

Humans Have The Right to Life, Not Death: While suicide is not technically illegal, it is not a guaranteed right by any law. Further, all rights are predicated on the inherent worth of human life and to remove that is to remove all rights to rights.[58] Once that inherent worth is eradicated based on a person's feelings of meaninglessness, any excuse will do to permit suicide.[59]

Active Euthanasia Cheapens Life: Laws do change people's attitudes.[60] Once the unproductive life is seen as something that can be thrown away then the door is open for infanticide, the killing of the elderly, the handicapped, the mentally disabled, etc. Once active euthanasia is in place it will be difficult to keep up with the hard work of hospice care, pain relieving research, and may lead to the belief that a patient is responsible for his own suffering.

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[58]Foreman, *Bioethics,* 124.

[59]Arthur Dyke, "An Alternative to the Ethic of Euthanasia" in John Arthur, ed., *Morality and Moral Controversies* (Englewood Cliffs NJ: Prentice-Hall Inc., 1993,) 151.

[60]Geisler, *Legislating Morality,* ch 2.

Voluntary Euthanasia Will Lead to Involuntary Euthanasia: This has already begun in some areas where active euthanasia has been legalized. When patients are unable to choose for themselves, agents are given responsibility to choose for them.[61] This could include children, elderly, mentally ill, or the unconscious. While few active euthanasia advocates promote this, the same arguments they use for their position can logically lead to this next step.

Active Euthanasia May Not end Suffering: Advocates of active euthanasia make one large assumption that begs address. That is that the patient's suffering will end at death. While space does not permit a lengthy discourse on this subject, it is enough to say that if the majority of the world is correct then our actions in this life effect our state in the afterlife. Whether one believes in the law of karma or divine judgment, a highly immoral act to speed the transition into that (eternal?) state may not actually produce the desired results. Only if the humanistic / materialistic presupposition (that humans are merely animals with no spirit that continues on after death) is true can assisted suicide be deemed helpful with regard to human suffering.

Conclusion

The arguments for PAS or active euthanasia have been shown to be largely emotionally driven and often based on faulty illustrations and facts. The view is incoherent in much of what it asserts, and at other times simply untruthful in its allegations. While the same end (the cessation of suffering) might seem to be in view in both types of euthanasia, it is in their difference that their morality must be judged. There is a crucial difference between artificially taking life and allowing natural death.

Simply put, any argument against murder will work equally well against active euthanasia or PAS, just as any argument against suicide will work against self deliverance. As such these

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[61]Ibid., 201.

arguments must be accepted unless one wills that murder and suicide be morally permitted as well. These considerations should give serious pause to anyone who is considering ending their life in this manner, or supporting someone else's wish to do so.

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NOTE: All articles above are recommended by Derek Humphry on Hemlock Society's web page at: http://www.rights.org/deathnet/ProCon.shtml