Euthanasia: Should it be legalized?

Janelle M. Andonie

Escuela Internacional Sampedrana
Abstract

Euthanasia is “the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy” (Euthanasia, 2010). There are different kinds of euthanasia: active, passive, voluntary and non-voluntary. Active euthanasia is doctor assisted suicide with the consent of the patient. In the other hand, passive euthanasia is when the doctor withdraws life-sustaining treatment, which eventually leads to the death of the patient. Voluntary euthanasia is when a clearly competent person makes a voluntary and enduring request to be helped to die. Non-voluntary euthanasia is when the patient cannot make the decision for himself/herself since he/she is in a comma or other similar state.

Whether countries should legalize or use this method to end human’s lives is one of the most controversial issues nowadays.

*Keywords:* euthanasia, active euthanasia, passive euthanasia, voluntary euthanasia, non-voluntary euthanasia.
Should Euthanasia be legalized?

Passive, active, voluntary, and non-voluntary euthanasia should not be legalized since all of them can be considered another way of killing and a rejection of the significance and value of human life. Euthanasia is “the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy” (Euthanasia, 2010) and comes from the Greek word meaning good death (as cited in Paquette, 2003). This definition and etymology can be somewhat controversial, since to some people it is neither a good death nor something that should be done. We can see this in Smith’s (2004) point of view: euthanasia “is about using someone's suffering — and the pity it evokes — as a justification to kill.” Even in past times, important philosophers, such as Pythagoreans, Aristotelians and Epicureans, opposed the idea of physician-assisted suicide (as cited in Westendorf, P. J., Seminary, W. L., Mequon, & WI., 2005). We can see this in Hippocrates’s oath, a Pythagorean, in which he stated “I will give no deadly medicine to anyone if asked, nor suggest any such counsel” (as cited in Westendorf et al., 2005). Even though all kinds of euthanasia are seen as a merciful death, all have the same effect. This is supported by the contemporary philosopher James Rachels, “there is no moral difference between active and passive euthanasia, since both have the same intent and consequence: the death of a human being” (as cited in Paquette, 2003).

Human beings should not use euthanasia since it is a rejection of the importance and value of human life and can be considered a form of killing and suicide. Some philosophers who rejected the idea of individuals taking their own life were Hobbes and Locke. Hobbes claims, in Leviathan, that natural law forbids every man "to do, that which is destructive of his life, or take
away the means of preserving the same" (as cited in Philosophy of suicide - Wikipedia, 2010).

We must respect our own value as human beings and should not end our lives just because it seems the most effective way of ceasing our suffering, since it shows disrespect to our natural worth (BC - Ethics - Euthanasia: Arguments against euthanasia, n.d.). The problem is, concerning voluntary euthanasia, that when ill people are in unfavorable and painful conditions, the only thing they worry about is the pain they feel. They aren’t thinking about any new medical alternatives; they have no hope whatsoever. Also, euthanasia makes vulnerable people feel pressured to end their lives, which causes them to disregard how precious and valuable their life really is. There are other cases in which elderly people are pressured by selfish families who don’t care about their lives; they think he/she is a burden to their family. This causes the elderly person to feel despised and therefore have no other solution than to use euthanasia. Other patients are abandoned by their families and therefore may feel that euthanasia is the only solution (BC - Ethics - Euthanasia: Arguments against euthanasia, n.d.). The State of Alaska's arguments show that assisted suicide is dangerous and that "the terminally ill are a class of persons who need protection from family, social, and economic pressures, and who are often particularly vulnerable to such pressures because of chronic pain, depression, and the effects of medication" (Arguments Against Euthanasia, n.d.). Also, accepting euthanasia accepts that some lives (those of the disabled or sick) are worth less than others. This is why euthanasia shouldn’t be legalized, since such individuals might begin to view themselves as a burden on their family, friends and society or even as a strain on limited healthcare resources (Euthanasia., n.d.).

Accepting euthanasia will most likely lead to an abuse of power from the doctors and/or relatives side. As we know, recently, there has been an increasing emphasis placed on health care providers to contain costs. With this emphasize on controlling expenses, euthanasia
unquestionably can become a means of cost containment (Arguments Against Euthanasia, n.d.), and we can see this case in the United States where thousands of people have no medical insurance. Studies have shown that the poor people and minorities are not given access to available pain control, and managed-care facilities are offering physicians cash bonuses if they don't provide care for patients (Arguments Against Euthanasia, n.d.). “With greater and greater emphasis being placed on managed care, many doctors can be carried on into using euthanasia so that the facility doesn’t have to ‘waste’ so much money in a person’s medical care” (as cited in Arguments Against Euthanasia, n.d.). It is easy to suggest that doctors find an advantage financially if a seriously ill or disabled person "chooses" to die rather than receive long-term care (Arguments Against Euthanasia, n.d.). As Wesley J. Smith, senior fellow at the Discovery Institute, points out "...drugs used in assisted suicide cost only about $40, but that it could take $40,000 to treat a patient properly so that they don't want the "choice" of assisted suicide..." (as cited in Arguments Against Euthanasia, n.d.). One example of doctor’s abuse of power can be seen in the Dutch doctors. They define voluntary euthanasia in a very limited way, “Euthanasia is understood [as] an action which aims at taking the life of another at the latter’s expressed request…it concerns an action of which death is the purpose and the result” (as cited in Euthanasia in the Netherlands, n.d.). The problem is that this definition only applies to voluntary euthanasia and it excludes non-voluntary and involuntary euthanasia, which they call “life-terminating treatment.” This distinction results as a benefit to them because instead of classifying a patient’s death as euthanasia, they classify it as “life-terminating treatment” (which in the end frees doctors from following the established euthanasia guidelines and reporting the death to local authorities). One such example, told by a physician from The Netherlands Cancer Institute, is of doctors who carried out approximately 30 cases a year where patients' lives
“where ended after the patients intentionally had been put into a coma by means of a morphine injection” (as cited in Euthanasia in the Netherlands, n.d.). The Cancer Institute physician then stated that “the doctors didn’t report these deaths as "euthanasia" because they were not voluntary, and that they didn’t discuss the plan to end these patients' lives with the patients because it would have been "rude" since they all knew they had incurable conditions” (as cited in Euthanasia in the Netherlands, n.d.). Another example is in Holland, were "in 45% of cases involving hospitalized patients who were involuntarily euthanized, the patients' families had no knowledge that their loved ones' lives were deliberately terminated by doctors. ” Based on this evidence we can see that legalizing euthanasia can lead to an abuse of power where people might be euthanized when they don’t actually wish to die. This movement from voluntary to involuntary euthanasia would be like the “movement of abortion from only ‘only for the live or health of the mother,’ as was proclaimed by advocates 30 years ago, to today's ‘abortion on demand even if the baby is half formed’ ” (as cited in Arguments Against Euthanasia. n.d.). In the other hand, there can be an abuse of power from the relatives’ perspective since the killing of the patient can benefit them in an economical (like by inheritance) or other beneficial way. We can see this in the case of Brooke Astor’s death; she was an American philanthropist who was later diagnosed with dementia (Huguenin, P. n.d.). After her death, her son was accused of not feeding and providing her with her medication which eventually caused her fatality.

Legalizing euthanasia might also lead to the beginning of the slippery slope argument. “There are fears that allowing euthanasia would encourage the practice to become the norm,” since it is easier to administer euthanasia than to provide healthcare (as cited in Euthanasia. n.d.). According to Wesley J. Smith (2004):
The Netherlands has allowed euthanasia for more than 30 years, supposedly under strict guidelines to protect the vulnerable from abuse. But the list of those "eligible" has steadily lengthened, to the point that it now includes depressed people without organic illnesses. And now, the Dutch government has opened the legal door to killing patients with Alzheimer's disease. In doing so, the nation sent a powerful message to Alzheimer's patients and their families: The lives of those with this dreaded disease are so burdensome and undignified that they are not worth maintaining or protecting.

Apart from this concern, there is also another one that consists in the government’s abuse by saving money. The government could diminish the payments for treatment and care and replace them with the "treatment" of death. An example of this can be seen in Oregon’s situation:

For example, immediately after the passage of Measure 16, Oregon's law permitting assisted suicide, Jean Thorne, the state's Medicaid Director, announced that physician-assisted suicide would be paid for as "comfort care" under the Oregon Health Plan which provides medical coverage for about 345,000 poor Oregonians. Within eighteen months of Measure 16's passage, the State of Oregon announced plans to cut back on health care coverage for poor state residents. In Canada, hospital stays are being shortened while, at the same time, funds have not been made available for home care for the sick and elderly. Registered nurses are being replaced with less expensive practical nurses. Patients are forced to endure long waits for many types of needed surgery. (Arguments Against Euthanasia. n.d)

We can see how the government can take advantage of the use of euthanasia to limit good health care and attention in hospitals to cease ‘unnecessary’ costs. After this has happened, euthanasia will continue doing more damage; it will weaken the motivation doctors and governments have
to provide good care for the dying, and good pain relief. Allowing euthanasia will also
undermine the commitment of doctors and nurses to saving lives and will discourage the search
for new cures and treatments for the terminally ill. As Dr. Kenneth Steven, a professor of
radiation oncology at Oregon Health Sciences University, says, "There is not one case in Oregon
of assisted suicide being used for actual untreatable pain…pain can be treated…assisted suicide
has been used for psychological and social concerns" (as cited in Ling, J. n.d.). This is why
doctors should opt for proper palliative care (and try to improve it) so euthanasia could become
unnecessary in the eyes of people.

Some people may consider that euthanasia should be legalized because human beings have
the right to choose whether they want to use it or not and because it is part of the human being’s
autonomy. An example of this is Sue Rodriguez, who had a Lou Gehrig’s disease and knew that
she would suffer a slow, painful death. She asked the courts to grant her the choice of when to
die, but she wasn’t granted with her wish. This is why she planned her own death with the help
of a doctor. She argued that “her life was her own and that it was therefore her right to choose
when to end it” (Paquette, P. 2003). This way of thinking is incorrect since our life isn’t
something insignificant which we can end just like that. Also, using euthanasia can be
considered another way of killing and a rejection of the significance and value of human life.
Humans should value and be grateful for the life they have, instead of thinking of ways to end it.
As the Irish Counsel of Bioethics states (n.d.), some opponents to euthanasia believe that
‘individuals don’t get to decide when and how they are born, therefore, they should not be
allowed to decide how and when they die.”

Others may consider that euthanasia should be legalized since it is the only way out of
suffering and it will allow those with no hope of recovery to die with dignity. Proponents of
 euthanasia “argue that euthanasia allows terminally ill people to die with dignity and without pain and state that society should permit people to opt for euthanasia if they so wish and that forcing people to live against their wishes violates personal freedoms and human rights and that it is immoral to compel people to continue to live with unbearable pain and suffering” (as cited in Euthanasia. n.d.). As James Rachels states:

   Terminally ill patients sometimes suffer pain so horrible that it can hardly be comprehended by those who have not actually experienced it. Their suffering can be so terrible that we do not like even to read about it or think about it; we recoil even from its description. The argument from mercy says: euthanasia is justified because it puts an end to that (Rachels, p. 457).

This way of thinking is not correct since euthanasia is not the only way out of suffering.

Throughout the years, there has been an improvement at providing effective palliative care and hospice care is more widely available (Voluntary Euthanasia, n.d.); there is also the hope of a new medical cure.

Others might think that euthanasia should be legalized since it enhances more patient-doctor trust and confidence and this way people will be able to receive the right guidance. This way of thinking is incorrect since eventually its use will get out of control and doctors will start to abuse of their power and people might be euthanized when they don’t actually wish to die. As Dr. Heifetz, in his book The Right to Die (1975) says, "This traditional tie between doctor and patient has a unique character that exists no where else in human experience..its remarkable quality, lies in the amazing strength of the empathy that develops between them [patient and doctor]." Unfortunately, the legalization of euthanasia will destroy such bond, since society will eventually distrust doctors and start to wonder whether they are giving them the right treatment
(El-Haggan, R. n.d.). We can see this in Netherlands, where “1000 lives a year are being terminated deliberately without the consent of the patient” (as cited in El-Haggan, R. n.d.).

We can conclude that although euthanasia can be a way of ceasing pain, it is not the only way out. If we think about the consequences it would bring to our society, we can see that it is more of a weakness than a progress. If it were to be legalized, the results might be genocide as it happened when it was legalized under the Nazi regime in Germany. The Nazis started using it with terminally ill people, then they used it with the wound, then the retarded, then the elderly, and finally all these deaths resulted in the holocaust of 6 million Jews. No matter what one’s view of euthanasia, it would be morally wrong to ignore the pain of the patient. However, easing that pain should not be the start of a new set of problems, like abuse of power or slippery slope. Therefore, we can conclude that there is no way of properly legalizing euthanasia, since there will always be a drawback.
References


