

## A Right to Die?

### The Ethics of Euthanasia

The topic of death is often not an easy one to discuss. Many people do not like to think about the end of life, yet bioethicists and policy analysts struggle with this issue daily. The extensive media coverage of cases such as Terry Schiavo and Dr. Jack Kevorkian also point to a public and political fascination with the moral issues surrounding death and dying.

“Nature is no longer defined for us. We create it anew daily as we innovate technologically,” (Bluhm & Heineman, 2007 p. 150). New advances in health care and in technology have made it possible for physicians to prolong life well beyond what nature may have intended. This has raised a plethora of ideological questions regarding equitable access to life-sustaining healthcare services, whether people have a “right” to die just as they have a “right” to live, and whether physicians are ethically obligated to carry out patients’ wishes regarding the time and circumstances of their deaths. Does patient autonomy have a limit? Where is the line between “allowing to die” and “killing?”

As Thomas Mappes detailed in Euthanasia and Physician Assisted Suicide, (2007, p. 58) there are several definitions of euthanasia. It can narrowly be thought of as *mercy killing*, such as when a lethal injection of medication is given to a terminally ill patient by a doctor to compassionately hasten death. If done at the request of a patient, it may also be classified as physician-assisted suicide. This is legal in the United States only in the state of Oregon, under very stringent criteria and guidelines.

*Allowing a patient to die*, such as through withdrawal of a medical device like a breathing apparatus, or via a “do not resuscitate” (DNR) order is not considered euthanasia, as it is not legally considered *killing*. However, this approach is subject to some ethical controversy, as is discussed below. In general, euthanasia encompasses both *active* and *passive* forms. It may be *voluntary* – done at the request by an informed, competent patient – or *non-voluntary* – when an individual is not considered competent to request the act. Another form of euthanasia, *involuntary*, occurs when it is neither requested by the patient or by a proxy on behalf of a non-competent person.

While most of the current debate surrounding euthanasia concerns the ethics of voluntary active euthanasia, some analysts also question whether passive euthanasia can be considered ethical. While advance directives such as DNR orders, have become more commonplace, is an act of omission – letting someone die by withholding or withdrawing treatment – less wrong morally than an act of commission? It would depend upon the ethical stance taken. “Those who oppose...euthanasia rely on these distinctions; those who argue for its moral justification often do so by denying that they are morally relevant” (Snelling 2004, p. 352).

Mappes contended there is an “ordinary presumption is that a competent adult has both a moral and a legal right to refuse any medical treatment, including life-sustaining treatment” (2007, p. 59). However, deontologists believe human life is to be valued above all else, and therefore, disagree. “In many cases, the most plausible interpretation of the physician’s intention in withdrawing life-sustaining measures is to end the person’s life” (Young, 2007, Sec.3 ¶16).

### **Differing Perspectives of Euthanasia**

Supporters of voluntary active euthanasia justify the practice on the bases of beneficence and autonomy, while those that oppose its implementation use the standard of nonmaleficence. Proponents argue that it is compassionate and that individual autonomy is the overriding priority. They posit, “it is cruel and inhumane to refuse the plea of a terminally ill person for his or her life to be mercifully ended in order to avoid future suffering and/or indignity” (Mappes, p. 60).

In keeping with the Libertarian principle, they contend that a person’s choice to die should be honored and be free from interference by others. “Each individual is autonomous and responsible, and should be left to fashion his or her own life free from the interference of others – as long as doing so is compatible with the rights of others to do the same” (Andolina, n.d.)

The arguments on the other side are equally as passionate. Some claim that permitting voluntary euthanasia “will lead via a slippery slope to permitting non-voluntary euthanasia” (Brock, 1992, ¶2). Most euthanasia opponents ascribe to an absolutist deontological ideal. They contend that taking the life of an innocent person is inherently wrong. Human life must take precedence, regardless of circumstances. Additionally, followers of Immanuel Kant point to his categorical imperative, which stated “so act to treat others always as ends in themselves, never only as means,” (Bluhm, p. 27). Here, the argument could be made that euthanasia or assisted suicide is the means to the end; that despite an individual’s suffering s/he cannot use her or himself (or another, such as a physician) as the instrument to reach the goal of ending that suffering, even at their own behest.

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