

EUTHANASIA AND ASSISTED SUICIDE

When we consider cases of people explicitly asking to be killed we no longer have that luxury of escaping the moral challenge by redefining life or death, as in the case involving fetuses, infants or cases of PVS. Here, we have no choice but to face up to the question under what conditions it might be morally permissible to take someone's life.

Euthanasia: Painless killing of a patient that is either incurably sick or suffering from a permanent, unbearable condition, often referred to as "mercy killing." Euthanasia is *voluntary* if the patient has expressed a consistent desire to die, and *non-voluntary* if she has not, perhaps because she is unable to communicate. Do not confuse *non-voluntary* with *involuntary*, where the patient has expressed a desire *not* to die.

Assisted Suicide: Suicide performed by the patient herself, but with means provided by a doctor.

SOME CASES

Janet Adkins (Michigan)

Janet suffered from the early stages of Alzheimer's, a progressive deterioration of the brain where the patient eventually will find herself unable to communicate or to recognize anyone. Janet did not want to live (or die) like this, and having undergone a final experimental treatment, she decided that she wanted to die before things deteriorated too far. Dr. Kevorkian provided her with intravenous sedatives, and potassium chloride, an effective lethal poison if administered in a large dose. Kevorkian went on trial a couple of times for this and similar acts of assisted suicides, but was acquitted.

Sue Rodriquez (Canada)

Suffered from ALS, a degenerative disease that causes the motor neurons in the brain and spinal cord to progressively shut down, leading to paralysis and, eventually, rendering the patient unable to swallow and breathe on her own. Sue's problem was that, at the point where she could no longer enjoy life, she would not be able to commit suicide, but was reliant on others to help her. She took her case to court, but according to the judges, a prohibition against euthanasia was reasonable and justified by the need to protect life and, particularly the lives of the vulnerable members of society.

AGAINST EUTHANASIA

The opinion of the judges in the Rodriquez case invokes a common arguments against legalizing euthanasia:

General Argument: The reason we do not want to legalize assisted suicide or euthanasia is that it would put vulnerable members of society at risk.

Why should we buy this argument? Why would it put vulnerable members of society at risk? Here is one suggestion:

A Slippery Slope: If we were to legalize euthanasia, we would start sliding down a slippery slope, where the practice of euthanasia would expand beyond those who have asked to die. That is, it would expand from voluntary and non-voluntary to *involuntary* euthanasia, and would, consequently, put vulnerable members of society at risk.

One way to evaluate whether the developments envisaged here is a likely one is to look at the Netherlands, the only country with legally and socially entrenched protection of euthanasia.

A SHORT HISTORY OF EUTHANASIA IN THE NETHERLANDS

The movement towards legal euthanasia in the Netherlands started in the early 70's, when Dr. Postma was charged with the mercy killing of her sick mother. The fact that she was only sentenced to a one-year probation suggested some de-

gree of acceptance. Soon, the Royal Dutch Medical Association (RDMA) suggested the following principle:

Euthanasia should remain illegal. However, if a doctor, after considering all the aspects of a patient's circumstances, shorten the life of a patient who is incurably ill and in the process of dying, a court should decide whether there was a conflict of duty (between the duty not to kill and the duty to prevent suffering) that could justify the doctor's action.

The principle was argued and upheld in court. However, the RDMA soon moved even further:

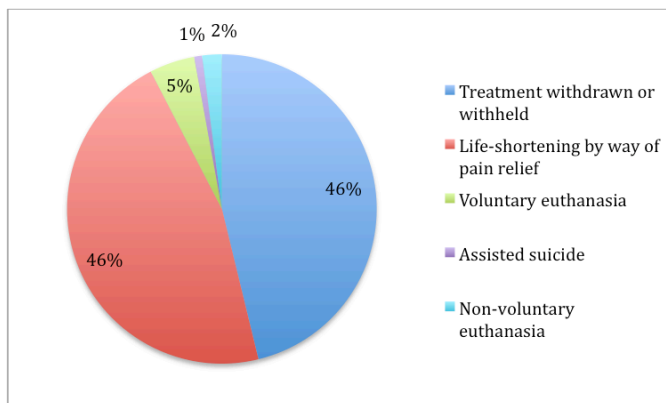
Euthanasia should be considered legal under the following circumstances:

- *It is carried out by a medical practitioner.*
- *There is an explicit request from the patient and the request is well-informed, free, and persistent.*
- *The patient is in a situation of unbearable pain and suffering without hope of improvement.*
- *There are no other measures available to make the patient's suffering bearable.*
- *The doctor seeks opinion from another, independent doctor.*

This principle was formalized into law in 1993.

A SLIPPERY SLOPE?

In 1990, a Dutch government-appointed committee conducted a study on the practice of euthanasia and assisted suicide. Here is what they found:



Naturally, the slice that worried most people was the “non-voluntary euthanasia” one, where the patient had not expressed a desire to die in a manner that could qualify it as a case of voluntary euthanasia. However:

- In 60% of the cases, there had been some discussion about ending life, although it had not yet reached the stage of an explicit request.
- In 71% of the cases, life was shortened by less than a week.
- In *no* case did the doctors act against a request of the patient to continue living.

In other words, there does not seem to be any evidence of a slippery slope, judging by the case of the Netherlands.

ECONOMIC EUTHANASIA

Here is another argument against euthanasia:

Economic Euthanasia: If we were to legalize euthanasia, we would run the risk of forcing people without access to proper health care coverage—in the US, about 46 million people, or 18% of the population—to opt for euthanasia for economic reasons. As such, legalizing euthanasia would put already vulnerable members of society even more at risk.

Here is how Singer puts the problem:

“The Dutch experience with euthanasia may not be easily replicable in other countries. Americans, in particular, would do well to remember that the Netherlands is a welfare state that provides a high standard of health care and social security to all its citizens. No patients need to ask for euthanasia because they are unable to afford good health care.”