

CARLA AND ESTHER

Carla: 47 years old, married and with four daughters, when an operation revealed a large malignant tumor on one of her ovaries. After a round of chemotherapy, her condition improved, but about a year later the tumor had regrown. This time, chemotherapy didn't help. Carla eventually ended up having to be administered morphine intravenously. At this point, she raised the question of euthanasia with her doctors. Euthanasia could eventually be performed, after it had been agreed to by a team of two doctors, a nurse, and one of the hospital's spiritual care-givers.

Esther: A young woman, divorced with one daughter. Esther suffered from multiple sclerosis (MS), a disease of the nervous system that tends to be progressive, and often terminates in complete paralysis. Wanted to end her life, but was told by the nursing home that this could not be done for religious reasons. After extensive consultation with Esther, her family and friends, she was moved to a hospital in Delft. The doctors at the hospital consulted further with the Roman Catholic chaplain, as well as with a bioethicist, and finally granted her wish.

CARING AND RESPECTING

According to Dr. Pieter Admiraal, it is not only sometimes morally permissible for doctor's to perform active euthanasia, but even morally *required* by them to do so. How so? According to Admiraal, a doctor has two duties:

Care: A doctor needs to ensure the well-being of their patients to the greatest degree possible.

Respect: A doctor needs to respect the autonomy of the patient.

The first principle is, perhaps, the one we most naturally associate with the job description of a doctor. It is a duty of the doctor to do what she can to cure her patients, and to relieve their pain or suffering. But the second principle is just as present in a doctor's every-day business. For example, a patient typically (e.g., in the absence of court orders) has the right to chose treatments, and even to refuse treatment, if they want to.

It is exactly in the interplay between these two principles that Dr Admiraal sees a role for euthanasia. More specifically, consider the following principle:

A doctor is morally required to perform euthanasia on a patient, given that (a) the doctor has gone as far as possible with respect to ensuring the well-being of the patient and relieving her pain and suffering, yet (b) the patient still requests to have her life terminated.

That is, the idea is that, if the doctor has gone as far as she possibly can in respecting **Care**, and the patient still asks to be killed, the doctor needs to respect her wish, in line with **Respect**.

Dr. Admiraal's discussion of the above cases suggest that he would want to qualify this view somewhat. More specifically, he would not want it to be the case that just *any* request of the patient would need to be respected. For one thing, it would need to be *persistent and sincere*. Moreover, he would not want the decision to fall entirely on the doctor, but on a sufficiently diverse team of relevant practitioners.

More specifically, the following seems to sum up his principle:

Admiraal's Principle: A doctor is morally required to perform euthanasia on a patient, given that (a) the doctor has gone as far as possible with respect to ensuring the well-being of the patient and relieving her pain and suffering, yet (b) the patient still requests—persistently and sincerely—to have her life terminated, and (c) euthanasia is deemed the proper course of action by a team of two doctors, a nurse, and a spiritual care-giver.

TERMINAL ILLNESS AND EUTHANASIA

Notice that this principle doesn't require that the patient be terminally ill. That's exactly how Dr. Admiraal wants it. He has two objections to invoking the notion of terminally ill in the context of euthanasia:

1. *In one sense of 'terminal illness,' we are all terminally ill, since we are all mortal.*

Is this true? It doesn't seem that it is. The relevant notion of 'terminal illness' involves two components:

- a) It is *irreversible*, in the sense that there is no prospect of curing it.
- b) It is *imminently lethal*, in the sense that it will shorten the patient's life.

Naturally, mortality is irreversible, in that it will lead to death. However, it is not imminently lethal.

2. *Many life-threatening diseases become terminal only once we decide not to treat them. For example, patients who experience respiratory failure are in mortal danger, but to the extent that they are kept alive on a machine, they are not terminally ill.*

Respiratory failure may or may not be a terminal illness. It is imminently lethal, for sure, but it need not be irreversible. If it is, however, then the condition would be terminal, whether or not we decided to try to maintain the life of the patient—*contra* what Dr. Admiraal says.

Consequently, it does not seem that we have any reason to *not* talk about terminal illness in relation to euthanasia. Why doesn't Dr. Admiraal want to talk about it? Because he takes it that it would rule out euthanasia in cases like Esther's. However, note that on the above understanding of 'terminal illness,' Esther is, indeed, terminally ill.

Moreover, it might make sense to restrict euthanasia to terminally ill patients, e.g., for the purpose of ruling out euthanasia in the case of suicidal patients. Suicidal patients may be considered to be suffering from something irreversible, if their psychological condition does not respond to treatment and is not temporary. However, their condition is (I'm assuming) not *imminently lethal*.

FOR DISCUSSION

The Story: A contemporary op-ed piece on the 1992 proposition 161, which was an attempt to legalize assisted suicide in the state of California.

Question: Imagine that you were writing a report on this piece, which in many ways is fairly typical of the public discussion of euthanasia. In light of all the things we've been talking about over the last couple of weeks, what kind kinds of questions—critical as well as sympathetic—would you raise about the piece?