Sources for:

“George is NOT humane.”

**Active Euthanasia Is Never Morally Justified**

*Assisted Suicide*, 2012

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Language that has been used in support of a Bill to legalize euthanasia has almost always been worded so as to appear most humane. Words such as "compassion," "autonomy," "dignity," and expressions like "medical assistance in dying" or "medically recommended course of treatment" often pad the arguments and, unfortunately, deceive the unwary. Consider the expression: "medical assistance in dying", or "medically recommended course of treatment". The word "medical" comes from the Latin *medicor*, which means "to heal." To make someone die, by lethal injection for example, is not medical at all, despite it being administered by a medical doctor, but is radically anti-medical. There are many linguistic traps like these, which is why we should become familiar with some of the basic principles of Catholic Life Ethics to help us see through some of the arguments of those who belong to the culture of death.

First, we need to keep in mind that over the past 40 years, there has been a subtle change in the way we as a culture regard human life. Within this period, we can discern two competing attitudes towards human life; the one is the Sanctity of Life mentality, which at one time dominated the medical profession, the other is the Quality of Life mentality, which seems to be more widespread today.

The *Sanctity of Life* mentality regards individual human life as holy, sacred, and of immeasurable value, regardless of the physical and/or mental quality of the person. You can place a price on things, but not on human persons who are created by God and who are called by God, each one, to union with Him in the unimaginable joy of eternal life in heaven.

The *Quality of Life* mentality does not see individual human life as holy, sacred, of immeasurable value, but actually places a value on individual human life on the basis of its physical and/or mental quality, as we would place a price on a product. We value computers and automobiles on the basis of their quality, whether they function well, whether they are useful and efficient. The Quality of Life mentality places a higher value on a human life that is of greater physical and mental quality, and a lesser value on individual human life that is of lesser physical and mental quality. And so a handicapped child would be of less value than a healthy child. In this framework, human persons are valued for their productivity, their ability to be of some use to society as a whole, not for their own sake.

Over the past 40 years, there has been a subtle change in the way we as a culture regard human life.

The Christian world has always rejected this. Every individual person has been created by God, each one of us, for Himself, not for our parents, not for the State, but for eternal union with Himself, because He loves us individually, and He loves us as if there is only one of us. God entrusts children to parents, but first and foremost, they belong to God.

Of course God calls each person to serve the common good of the civil community to the extent of his ability, but each person has been given life for his own sake. And Christ is mysteriously united to every individual person, because that same God who created us joined a human nature and with it redeemed us all. Christ sacrifices himself so that we might have life. But those who belong to the culture of death have the reverse attitude: they believe it is acceptable to sacrifice individual human life in order to make their own temporary lives here more convenient.

**The Value of Life**

This attitude of the culture of death spread rapidly after the legalization of abortion, and many social critics predicted that infanticide would soon follow—which is the deliberate starvation and neglect of handicapped children whose lives are deemed not worth living. We saw this come to pass in the famous Baby Doe case back in April of 1982 in Bloomington, Indiana. Infanticide has been happening ever since, here in Canada as well as elsewhere in Europe.

Critics also pointed out that the next target, after infants, will be the terminally ill and the elderly. To help this along, we have seen a gradual redefining of the terms, in particular "murder." The western world has always understood murder to be the intentional killing of another human being. That the murdered victim wanted to die was and is entirely irrelevant. If I shoot a student who asked me to end his life, with his own gun, the fact that he willed to die does not change the fact that I carried out an act with the intent to bring an end to his life. That is murderous. But what is happening today is that murder is being defined as killing someone against his/her will.

We, of course, do not accept this. My will does not alter the value of my life. Human life itself is sacred, intrinsically good, whether the person is sick, dying, terminally ill, whether he wants to live or not, whether he is mentally ill, depressed, or mentally handicapped, or quadriplegic.

There are two types of euthanasia, *active and passive*. Active euthanasia is death by commission. A person is given a lethal injection, for example, or the doctor mixes a lethal cocktail for the patient to drink. Passive euthanasia is death by omission. A person dies because a certain medical treatment is omitted or withdrawn.

**Ordinary and Extraordinary Treatment**

Active euthanasia is very simple from a moral point of view. It is never justified, because it always amounts to murder. It is the intentional destruction of human life, which is intrinsically good and of immeasurable value, regardless of the condition of the patient. Passive euthanasia, however, can sometimes be justified, depending on the circumstances. Here is where we have to tread carefully. At this point we need to distinguish between two types of treatment: extraordinary and ordinary treatment.

Extraordinary treatment is any medical treatment that is a *serious* burden on the patient either physically, psychologically, emotionally, or even financially. Ordinary treatment is any medical treatment that is not a serious burden on the patient physically, or psychologically, or emotionally, or financially.

Human life itself is sacred, intrinsically good, whether the person is sick, dying, terminally ill, whether he wants to live or not,whether he is mentally ill, depressed, or mentally handicapped.

Traditional medical ethics and Catholic teaching have always taught that one is obligated to use ordinary treatment to preserve human life. But one is not obligated to use extraordinary treatment to preserve human life. If a treatment is a serious burden on the patient in one of the aforementioned ways and he refuses it because it is seriously burdensome, he is not thereby intending his own death. He is accepting his death as a side effect of refusing a seriously burdensome treatment. Suppose a doctor were to tell a person that he has six months to live, but that with a treatment that carries seriously painful or psychologically repugnant side effects, his life can be extended for an extra two years or so. A person does not necessarily have an obligation to consent to it. Again, what the person intends is not necessarily the ending of his own life, but the ending or impeding of a medical treatment that is seriously burdensome in some way. Death is a side effect of removing such treatment, and death is accepted, not intended.

But some people omit ordinary treatment *so that* the patient will die. We saw this in Missouri, with the Nancy Cruzan case. The parents pushed to have the feeding tube removed, not because it was a serious burden, but because they couldn't stand to see their daughter in a persistent vegetative state. The tube was removed so that she would die. Her death was intended, and this is murder.

It is never justified to intentionally bring an end to human life in order to relieve one of a burdensome existence.

We need also to be careful of what some call extraordinary treatment. High tech medical equipment is not necessarily extraordinary treatment. The definition of extraordinary is such that what is ordinary here in Canada might very well be extraordinary in the United States. As circumstances change, so too might the status of a medical treatment. What is ordinary treatment for a young 40-year-old, such as a form of chemotherapy, might constitute extraordinary treatment for a 77-year-old man whose body may not be able to recover as well as that of a younger man.

Performing CPR [cardiopulmonary resuscitation] on a young teenager whose heart has stopped is usually ordinary treatment. A young man can recover from the injuries to his rib cage resulting from CPR, but an 86-year-old grandmother in a Palliative Care Unit who has already been resuscitated once before might find the physical side effects of CPR far too burdensome. Her decision in favour of a *Do Not Resuscitate Order*is not necessarily suicidal. Rather, she is accepting her own death. She intends to be delivered from a treatment that she finds seriously burdensome physically. That, of course, is very different from removing all treatment because one does not wish to live with a disease, or one does not want a child who is disabled.

**A Serious Burden**

Those who promote euthanasia will often use the words "serious burden." If we look closely at what exactly is the serious burden, however, we see that it is not the medical treatment at all, but the condition of the patient. It is never justified to intentionally bring an end to human life in order to relieve one of a burdensome existence. To do so is to do evil to achieve good. Our obligation is to love our patients, not for our sake, but for theirs, to care for them even when they cannot thank us or when they are not apparently aware of us. Our duty is to make them as comfortable as possible, to reduce pain as much as possible, even if such pain management has, as an undesirable side effect, the shortening of a person's life. In this case, we accept that side effect. But we must not eliminate the pain by intentionally eliminating the patient.

Individual human life is intrinsically good, holy, created by God and of immeasurable value, and it is to be revered absolutely. Much of the darkness that covers this world is rooted in our refusal to love individual human life absolutely and for its own sake. But life will be brighter for all of us when we begin to take concrete steps to reverse this trend.

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**Source Citation**

McManaman, Doug. "Active Euthanasia Is Never Morally Justified." *Assisted Suicide*. Ed. Noël Merino. Detroit: Greenhaven Press, 2012. Current Controversies. Rpt. from "Euthanasia and the Sanctity of Life." *Catholic Insight* (Mar. 2010): 24-25. *Opposing Viewpoints in Context*. Web. 12 Apr. 2015.

**Euthanasia and Assisted Suicide Should Not Be Legal**

*Assisted Suicide*, 2012

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**Legal Euthanasia and Assisted Suicide**

*What is the difference between euthanasia and assisted suicide?*

One way to distinguish them is to look at the last act—the act without which death would not occur.

Using this distinction, if a third party performs the last act that intentionally causes a patient's death, euthanasia has occurred. For example, giving a patient a lethal injection or putting a plastic bag over her head to suffocate her would be considered euthanasia.

On the other hand, if the person who dies performs the last act, assisted suicide has taken place. Thus it would be assisted suicide if a person swallows an overdose of drugs that has been provided by a doctor for the purpose of causing death. It would also be assisted suicide if a patient pushes a switch to trigger a fatal injection after the doctor has inserted an intravenous needle into the patient's vein....

**The Role of the Law**

*Should people be forced to stay alive?*

No. A lot of people think that euthanasia or assisted suicide is needed so patients won't be forced to remain alive by being "hooked up" to machines. But the law already permits patients or their surrogates to withhold or withdraw unwanted medical treatment even if that increases the likelihood that the patient will die. Thus, no one needs to be hooked up to machines against their will.

Neither the law nor medical ethics requires that "everything be done" to keep a person alive. Insistence, against the patient's wishes, that death be postponed by every means available is contrary to law and practice. It is also cruel and inhumane.

There comes a time when continued attempts to cure are not compassionate, wise, or medically sound. That's when hospice, including in-home hospice care, can be of great help. That is the time when all efforts should be directed to making the patient's remaining time comfortable. Then, all interventions should be directed to alleviating pain and other symptoms as well as to providing emotional and spiritual support for both the patient and the patient's loved ones.

Laws against euthanasia and assisted suicide are in place to prevent abuse and to protect people from unscrupulous doctors and others.

*Does the government have the right to make people suffer?*

Absolutely not. Likewise, the government should not have the right to give one group of people (e.g. doctors) the power to kill another group of people (e.g. their patients).

Activists often claim that laws against euthanasia and assisted suicide are government mandated suffering. But this claim would be similar to saying that laws against selling contaminated food are government mandated starvation.

Laws against euthanasia and assisted suicide are in place to prevent abuse and to protect people from unscrupulous doctors and others. They are not, and never have been, intended to make anyone suffer.

**Suicide and Killing**

*But shouldn't people have the right to commit suicide?*

People do have the power to commit suicide. Worldwide, about a million people commit suicide annually. Suicide and attempted suicide are not criminalized. Each and every year, in the United States alone, there are 1.6 times as many suicides as there are homicides. And, internationally, suicide is one of the three leading causes of death among people ages 15-34.

Suicide is an all too common tragic, individual act. Indeed, in 1999, the Surgeon General of the United States launched a campaign to reduce the rate of suicide.

Euthanasia and assisted suicide are not private acts. Rather, they involve one person facilitating the death of another. This is a matter of very public concern since it can lead to tremendous abuse, exploitation and erosion of care for the most vulnerable people among us.

Euthanasia and assisted suicide are not about giving rights to the person who dies but, instead, they are about changing public policy so that doctors or others can directly and intentionally end or participate in ending another person's life. Euthanasia and assisted suicide are not about the right to die. They are about the right to kill.

*Isn't "kill" too strong a word for euthanasia and assisted suicide?*

No. The word "kill" means "to cause the death of."

In 1989, a group of physicians published a report in the *New England Journal of Medicine* in which they concluded that it would be morally acceptable for doctors to give patients suicide information and a prescription for deadly drugs so they can kill themselves. Dr. Ronald Cranford, one of the authors of the report, publicly acknowledged that this was "the same as killing the patient."

While changes in laws have transformed euthanasia and/or assisted suicide from crimes into "medical treatments" in Oregon, Washington, Belgium, Luxembourg, and the Netherlands, the reality has not changed—patients are being killed.

Proponents of euthanasia and assisted suicide often use euphemisms like "deliverance," "death with dignity," "aid-in-dying" and "gentle landing." If a proposed change in public policy has to be promoted with euphemisms, this may be due to the fact that the use of accurate, descriptive language would make its chilling reality too obvious.

**The Terminally Ill**

*Wouldn't euthanasia or assisted suicide only be available to people who are terminally ill?*

No. There are two problems here—the definition of "terminal" and the changes that have already taken place to extend euthanasia or assisted suicide to those who aren't "terminally ill."

If euthanasia is legal, a court challenge could result in a finding that a surrogate could make a request for death on behalf of a child or an adult who doesn't have decision-making capacity.

There are many definitions for the word "terminal." For example, Jack Kevorkian who participated in the deaths of more than 130 people before he was convicted of murder said that a terminal illness was "any disease that curtails life even for a day." Dutch psychiatrist Dr. Boudewijn Chabot who provided a fatal dose of drugs to a depressed, but physically healthy, woman, stated that "persistently suicidal patients are, indeed, terminal."

Oregon's and Washington's assisted-suicide laws define "terminal" as a condition which will "within reasonable medical judgment, produce death within six months." A prognosis of six month to live is also the basis upon which patients qualify for hospice coverage under Medicare. However, federal officials note that about 10% of patients live longer than the anticipated six-month life expectancy....

The idea that euthanasia and assisted suicide should only be practiced if a patient has a terminal condition has never been accepted in the Netherlands. Under both the previous guidelines and the new law in the Netherlands, unbearable suffering of either a physical or mental nature has been the factor that qualifies one for induced death.

It appears that not even the prerequisite of subjective unbearable suffering will be maintained for much longer. Discussion now centers on whether assisted suicide should be available to elderly people who are healthy but "tired of life." Dutch Minister of Justice Els Borst has said, "I am not against it if it can be carefully controlled so that only those people of advanced age who are tired of life can use it."

Assisted suicide for non-terminally ill patients has also been advocated repeatedly in the United States....

**The Risk of Pressure to Die**

*Wouldn't euthanasia and assisted suicide only be at a patient's request?*

No. As one of their major goals, euthanasia proponents seek to have euthanasia and assisted suicide considered "medical treatment." If one accepts the notion that euthanasia or assisted suicide is a good medical treatment, then it would not only be inappropriate, but discriminatory, to deny this good treatment to a person solely because that person is too young or mentally incapacitated to request it.

In the United States, a surrogate's decision is often treated, for legal purposes, as if the patient had made it. That means that, if euthanasia is legal, a court challenge could result in a finding that a surrogate could make a request for death on behalf of a child or an adult who doesn't have decision-making capacity.

In the Netherlands, a 1990 government sponsored survey found that .8% of all deaths in the Netherlands were euthanasia deaths that occurred without a request from the patient. And in a 1995 study, Dutch doctors reported ending the lives of 948 patients without their request.

Suppose, however that surrogates were not permitted to choose death for another and that doctors did not end patients' lives without their request. The fact still remains that subtle, even unintended, pressure would still be unavoidable.

**A Case in Point**

Such was the case with an elderly woman who died under Oregon's assisted suicide law [as reported by Erin Barnett]:

Kate Cheney, 85, reportedly had been suffering from early dementia. After she was diagnosed with cancer, her own physician declined to provide a lethal prescription for her. Counseling was sought to determine if she was capable of making health care decisions.

A psychiatrist found that Mrs. Cheney was not eligible for assisted suicide since she was not explicitly pushing for it, her daughter seemed to be coaching her to do so, and she couldn't remember important names and details of even a recent hospital stay.

Mrs. Cheney was then taken to a psychologist who said she was competent but possibly under the influence of her daughter who was "somewhat coercive." Finally, a managed care ethicist who was overseeing her case determined that she was qualified for assisted suicide, and the lethal drugs were prescribed.

*Could euthanasia or assisted suicide be used as a means of health care cost containment?*

Yes. Perhaps one of the most important developments in recent years is the increasing emphasis placed on health care providers to contain costs. In such a climate, euthanasia or assisted suicide certainly could become a means of cost containment.

These implications were acknowledged during a historic argument before the U.S. Supreme Court. Arguing against assisted suicide, acting solicitor general Walter Dellinger said, "The least costly treatment for any illness is lethal medication."

In the United States alone, millions of people have no medical insurance and studies have shown that the elderly, the poor and minorities are often denied access to needed treatment or pain control. Doctors are being pressured by HMOs [health maintenance organizations] to reduce care; "futile care guidelines" are being instituted, enabling health facilities to deny necessary and wanted interventions; and health care providers are often likely to benefit financially from providing less, rather than more, care for their patients.

In Oregon, some patients have been told by their health insurance provider that a costly drug prescribed by a doctor to treat the patient's illness would not be covered but inexpensive lethal drugs for assisted suicide would be.

Legalized euthanasia or assisted suicide raises the potential for a profoundly dangerous situation in which the "choice" of assisted suicide or euthanasia is the only affordable option for some people.

Canadians are faced with such long delays getting treatment in the country's overcrowded health care system that the Canadian government has contracted for Canadians to be treated out of the country.

Many British doctors and nurses have concluded that the only way to secure the future of the National Health Service (NHS) is to make more treatments available only to those who can pay privately for them. And a survey by the Nuffield Trust and the nurses' magazine, *Nursing Times*, found that the NHS is failing to care adequately for hundreds of thousands of patients who die each year, many without proper care or pain relief.

The debate over euthanasia and assisted suicide is about public policy and the law.

Savings to governments could become a consideration. Drugs for assisted suicide cost about $75 to $100, making them far less expensive than providing medical care. This could fill the void from cutbacks for treatment and care with the "treatment" of death.

For example, the Oregon Medicaid program pays for assisted suicide for poor residents as a means of "comfort care." In addition, spokespersons for non-governmental health insurance plans have said the coverage of assisted suicide is "no different than any other covered prescription."

Legalized euthanasia or assisted suicide raises the potential for a profoundly dangerous situation in which the "choice" of assisted suicide or euthanasia is the only affordable option for some people....

**The Law and Religion**

*Isn't opposition to euthanasia and assisted suicide just an attempt to impose religious beliefs on others?*

No. Right-to-die leaders have attempted for a long time to make it seem that anyone against euthanasia or assisted suicide is trying to impose his or her religion on others. But that's not the case.

People on both sides of the euthanasia and assisted suicide controversies claim membership in religious denominations. There are also individuals on both sides who claim no religious affiliation at all. But it's even more important to realize that these are not religious issues, nor should this be a religious debate.

The debate over euthanasia and assisted suicide is about public policy and the law.

With legalized euthanasia or assisted suicide, condemned killers would have more rights to have their lives protected than would vulnerable people who could be pressured and exploited into what amounts to capital punishment for the "crime" of being sick, old, disabled or dependent.

The fact that the religious convictions of some people parallel what has been long-standing public policy does not disqualify them from taking a stand on an issue.

For example, there are laws that prohibit sales clerks from stealing company profits. Although these laws coincide with religious beliefs, it would be absurd to suggest that such laws should be eliminated. And it would be equally ridiculous to say that a person who has religious opposition to it shouldn't be able to support laws against stealing.

Similarly, the fact that the religious convictions of some euthanasia and assisted-suicide opponents parallel what has been long-standing public policy does not disqualify them from taking a stand on the issues.

Throughout all of modern history, laws have prohibited mercy killing. The need for such laws has been, and should continue to be, debated on the basis of public policy. And people of any or no religious belief should have the right to be involved in that debate.

In Washington state, where an attempt to legalize euthanasia and assisted suicide by voter initiative in 1991 failed, polls taken within days of the vote indicated that fewer than ten percent of those who opposed the measure had done so for religious reasons.

Voter initiatives have also failed in California, Michigan and Maine. All failed following significant organized opposition from a coalition of groups including medical societies, nursing groups, hospice associations, civil rights groups and major state newspapers....

**The Importance of Legal Prohibition**

*Since suicide isn't against the law, why should it be illegal to help someone commit suicide?*

Neither suicide nor attempted suicide is criminalized anywhere in the United States or in many other countries. This is not because of any "right" to suicide. When penalties against attempted suicide were removed, legal scholars made it clear that this was not done for the purpose of permitting suicide. Instead it was intended to prevent suicide. Penalties were removed so people could seek help in dealing with the problems they're facing without risk of being prosecuted if it were discovered that they had attempted suicide.

Just as current public policy does not grant a "right" to be killed to a person who is suicidal because of a lost business, neither should it permit people to be killed because they are in despair over their physical or emotional condition. With legalized euthanasia or assisted suicide, condemned killers would have more rights to have their lives protected than would vulnerable people who could be pressured and exploited into what amounts to capital punishment for the "crime" of being sick, old, disabled or dependent.

**Source Citation**

Marker, Rita L., and Kathi Hamlon. "Euthanasia and Assisted Suicide Should Not Be Legal." *Assisted Suicide*. Ed. Noël Merino. Detroit: Greenhaven Press, 2012. Current Controversies. Rpt. from "Euthanasia and Assisted Suicide: Frequently Asked Questions." Patients Rights Council, 2010. *Opposing Viewpoints in Context*. Web. 12 Apr. 2015.