

## THE EUTHANASIA CONTROVERSY

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[Assignment: Take a stand on a well defined controversial (at least two opposing positions) topic you already have some knowledge about and one that you have already formed a position on. Formulate an argumentative thesis and support it--no fence straddling!]

(1) My grandmother died this summer but not before she brought the issue of euthanasia into my family's consciousness. I remember my grandma as a warm and outgoing individual so it was difficult to watch her lying helpless in a cold hospital room. Malignant tumors slowly and painfully ate away at her body as a respirator helped her grasp at life. The doctors told my parents that grandma could die at any time, and so it was with sadness that my parents and I left the hospital each day not knowing if we would see her alive again. But was she really alive? My parents and the doctors thought about this question and debated over whether or not we were prolonging her death and whether or not we should "pull the plug." The decision was difficult, but fortunately grandma's suffering ended the night before my parents and the doctors were to make their fateful decision. They didn't have to decide whether or not to induce death and end my grandmother's misery and pain. My parents and the doctors didn't have to decide whether or not to perform the act of euthanasia.

(2) Unfortunately, however, many doctors, lawyers, families, and friends must decide if death is the best option for a terminally ill relative or friend. For this reason, several legal, religious, and medical questions are raised about people's right to die and the subject of euthanasia. Euthanasia is illegal in every state but is secretly practiced by many physicians (Trafford 27). Euthanasia raises religious questions about the Will of God (Landau 34). And from a medical standpoint, doctors must decide whether to abide by their Hippocratic Oath or allow a terminally ill patient to die according to the family's or the patient's wishes (Bloom 1236). Would you allow someone in your family to die a peaceful and painless death if there were absolutely no hope of recovery? Do doctors, families, and friends have the right to "pull the plug?" Do people have the right to die? Finally, is the legalization of some form of euthanasia a viable solution to the controversy and uncertainty over the right to die? Until these questions are answered and laws clearly established, the instances of euthanasia will continue to rise and bombard our courts and trouble our families with legal, ethical, and moral questions. Accordingly, the United States must implement the legalization of voluntary active euthanasia and establish guidelines for ambiguous euthanasia-related cases.

(3) First, however, the term euthanasia must be

clarified in order to understand the arguments for and against this controversial practice. Euthanasia is the inducement of a gentle, distress-free death when a person suffers from an incurable and painful illness. In addition, euthanasia can also be divided and defined according to its various types. Specifically, euthanasia may be divided into voluntary and involuntary forms. Voluntary euthanasia is the ending of a person's life when he or she suffers from an incurably distressing and painful illness (Boucher 49). Involuntary euthanasia is euthanasia administered to a person without his or her consent or knowledge. Furthermore, euthanasia is also classified into active or passive. Passive euthanasia is the inducement of death by the non-use or withdrawal of treatment necessary to sustain life (50). Active euthanasia is the inducement of a gentle death by means without which life would continue in an incurably painful way. In active euthanasia death may be induced by, for example, a quick and painless overdose of morphine (51). Accordingly, the definition of euthanasia encompasses four separate forms of euthanasia, each having its own unique attributes. Because of this complexity, the euthanasia controversy widens and some may doubt whether any form of euthanasia is appropriate.

(4) In fact, there are at least two major arguments against euthanasia. According to one of these, euthanasia tampers with the Will of God (Landau 33). Supporters of this argument justify themselves by saying that euthanasia is killing and that the Code of God forbids any killing except in self defense. Advocates of anti-euthanasia measures suggest that euthanasia wrongly and unnaturally takes the life of defenseless people ("Question" 68). Although this argument is supported by many, it weakens when reevaluated. Supporters claim that euthanasia interferes with the Will of God, but they fail to recognize that modern medicine already interferes with the Will of God. Antibiotics, kidney machines, blood transfusions, and pacemakers prolong life, but they also interfere with God's Will (Landau 34). So, if people approve of the use of modern medicine which interferes with the Will of God, then they must also consider the practice of euthanasia as lawful and not against the God's Will.

(5) A second significant argument against euthanasia states that policies that encourage the inducement of death also encourage people to take a casual attitude toward life. Some opponents to euthanasia believe euthanasia is a form of genocide whereby the elderly or mentally retarded could be systematically eliminated from society. In other words, people believe that the legalization of euthanasia would lead to carefully disguised instances of murder. Murderers, whose goal is to make some sort of personal gain, will brand their acts as simple acts of euthanasia (Trafford 27). Furthermore, opponents of euthanasia argue that the casual attitude

toward life that will result from the use of euthanasia will also result in an increase of suicide. They believe that suicide-prone individuals will find an easy way out through the use of euthanasia ("Forces"57). We can argue, however, that a casual attitude toward life will not occur with the legalization of euthanasia. In fact, with the proper implementation of laws and guidelines, there will not be room for casual attitudes toward life or the abuse of the right to practice euthanasia.

(6) On the other hand, there are several reasons why the legalization of voluntary active euthanasia and the establishment of guidelines for ambiguous cases are the best solutions to the euthanasia controversy. We can argue that people have the right to die when the quality of life is so impoverished that their existence cannot be conceived as living. The legalization of euthanasia would provide a quick end to the suffering of the terminally ill. And the establishment of guidelines and laws that address the euthanasia controversy will take the burden away from families, friends, physicians, and lawyers who must make decisions regarding life and death.

(7) People whose existence cannot qualify as living have a right to die, and this warrants the legalization of euthanasia. People already have the right to refuse medical treatment in a hospital and to leave a hospital at will. Patients who have the capacity to listen, understand, and communicate also have the capacity and the approved right to refuse medical treatment (Boucher 25). But the critically ill may be heavily medicated, unconscious, or in great pain and unable to voice their opinion to end a hopeless situation. The legalization of euthanasia would allow a terminally ill patient the right to die with dignity (Trubo 9). A person has both the constitutional right to live with dignity and the legal right to die with dignity. Both the courts and a presidential commission have affirmed the right to die, which is grounded in a human being's constitutional right to privacy (Boucher 25). The legalization of voluntary active euthanasia would allow people to voluntarily<sub>2</sub> end their suffering through the use of living wills<sub>2</sub> or verbal consent. This, coupled with active euthanasia, would allow people to experience a quick and painless death when all hope of a normal life is lost. Briefly, voluntary active euthanasia is included in man's inalienable rights and must be legalized accordingly.

(8) It is also important to legalize voluntary active euthanasia in order to stop the prolongation of unnecessary suffering and pain for many patients. Modern medicine has transformed the natural process of death into an extended process--invaded and manipulated by tubes, machines, and other lifelines (Smigliani 65). In fact, in many instances modern medicine is merely extending death, and in the process also extending tortuous pain and agony for the patient (Landau 27).

Hence, the terminally ill must be allowed not only a natural death, but also a quick and painless death. For this reason, passive euthanasia isn't always the best solution. While passive euthanasia allows for natural death by withdrawing medical treatment, the process of death may well take several days or even several weeks. For example, a patient with an incurable bowel cancer when allowed to die naturally faces days of acute pain, nausea, and hemorrhage (Baucher 20). Active euthanasia would insure a quick and painless escape for the terminally ill (51). Thus, the legalization of voluntary active euthanasia would save people from undue suffering and pain that occurs with the prolongation of death.

(9) Finally, the legalization of voluntary active euthanasia and the establishment of guidelines for ambiguous cases of euthanasia will help doctors and families who must make painful decisions. Doctor Walter W. Sackett, a physician and member of the Florida House of Representatives, states:

There is no life in a meaningful sense in many terminally ill people. A person in a coma is not enjoying life, and in fact, he may be shattering the lives of members of his family. (qtd. in Trubo 45)

In fact, terminally ill patients can not only shatter families emotionally and economically, they can also cause doctors to feel trapped by their ethical duty to preserve life. The establishment of euthanasia legislation would relieve families and physicians who must bear the burden of deciding whether or not to terminate the treatment of the terminally ill ("Is a Living Will" 65). New euthanasia legislation would support the concept of living wills and it would also guide doctors and families of incompetent patients who never completed a living will and are unable to communicate their needs to their physician. Families and physicians would be called upon to discuss the severity of the illness and what the patient's wishes would have been if he or she were able to voice his opinion. Through the implementation of euthanasia legislation, anguished families and physicians will not have to face the issue of euthanasia without having guidelines and laws that are aimed at reducing the burden of making painful life and death decisions.

(10) Thus, the legalization of voluntary active euthanasia is the first step in resolving the euthanasia controversy. However, laws that permit the practice of euthanasia must be voluntary, so that other people can't take advantage of the terminally ill for personal gain. Specifically, voluntary euthanasia includes a national policy that encourages the writing of a living will and mandates that the terms of a living will be carried out. In addition, laws that permit the practice of euthanasia must be active in nature, so as not to prolong suffering,

for in many instances passive euthanasia prolongs suffering. There must also be clearly defined guidelines that address ambiguous cases of euthanasia. In particular, stipulations must be established for those who lack living wills and are suddenly rendered incompetent. In an age of rapid medical advances, it may be hard to justify allowing someone to die. However, in the event of a terminally ill person being kept alive artificially, it is also difficult to justify the prolongation of death. In light of this, the medical community, families, and even you may have to accept the words of Judith Peterson, a professor at the University of Maryland and the daughter of a terminally ill businessman, who states:

Somehow we are going to have to move away from a medical model for dying to a humanitarian one that accepts death as the natural end of life and helps people to die as gracefully and humanely as possible. (Trubo 68)

#### Notes

<sup>1</sup> A terminally ill patient is one who suffers from irreversible illness in which death is imminent (Boucher 27).

<sup>2</sup> A living will is a directive to family, friends, and doctors that states the signer's desire not to have life-prolonging medical measures used when the signer's condition is hopeless and there is no chance of recovery (Hauser 135).

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