THE RIGHT TO DIE: AN OPTION FOR THE ELDERLY

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[Assignment: You will use an editorial, "The Right to Die," and 3 or 4 other more substantive resources on euthanasia, aging, terminal illness, or another related topic. Choosing patterns of development will depend on your particular interest in a subject and your specific viewpoint in analyzing key issues.]

(1) Although doctors and nurses, police and welfare workers, family and friends all know about elderly suicide or voluntary euthanasia, it is kept a secret. Almost no one wants to talk about it. Our society has looked upon the act of suicide, especially by a person of years of discretion and of sound mind, with shame and condemnation. Suicide of any kind has been considered by our society to be illegal, immoral, and ungodly. However, the recent advancement of medical technology that is capable of prolonging life in a vegetable state through life-support systems is forcing our society to sort out the issues regarding the extension of one's life. One of these basic issues is whether the elderly have the right to take their own lives.

(2) Helping to open discussion of this topic are the circumstances surrounding Dr. Henry Pitney Van Dusen, a highly respected Protestant theologian and former president of Union Theological Seminary, who attempted a double suicide pact with his wife in 1975. He and his wife had supported the concept of voluntary euthanasia for a number of years. After suffering a stroke in 1970 which left him infirm and unable to speak, Dr. Van Dusen and his wife, an arthritic, had become increasingly dependent on others. In their suicide note they indicated they would rather take their own lives than rely on medical science to keep them technically alive or die in a nursing home. This God-fearing, moral, and law-abiding couple's action shocked everyone who knew them ("Right to Die"). This case, along with numerous others, has caused our society to look at the issue of voluntary euthanasia of the elderly from a different perspective. Although many issues are involved in a discussion of this topic, this paper is limited to arguing briefly the legal, moral, and theological right of elderly, ailing adults to take their own lives.

(3) Addressing the legal issue of the right to take one's own life is difficult because there is not much common law and case law to assist lawyers, judges, and legislators in making decisions. Although in almost all states it is unlawful to attempt to take one's own life, there has been reluctance to enforce existing laws, as evidenced by the fact that prison sentences have not been imposed upon violators, with the exception of individuals who assisted in the act of suicide. The dilemma is whether it should be the right of the individual or of
society to control one's actions against oneself. Two fundamental rights of individuals are involved: the right to control and the right to privacy.

(4) The most frequently cited statement of the right to control one's body is from Union Pacific Railway v. Botsford, where the Court held:

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\text{No right is... more sacred, or is more carefully guarded, by the common law, than the right of every individual to the possession and control of his own person, free from all restraint or interference of others, unless by clear and unquestionable authority of law. } (141 U.S. 250 (1891))
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(5) The "unquestionable authority of law" usually refers to the state, which is considered the guardian of the best interests of its individual subjects. Suicide falls under this paternalistic view, which is reasoned upon the premise that the state is charged with protecting the individual from self-inflicted harm. Courts, however, weigh the interests of the state against those of the individual. In the case of a suicide of a healthy, contributing member of society, the state's legitimate interest may be strong, particularly if the person has dependents. In the case of the elderly, the state would seem to have no particular vested interest. An aging invalid who chooses suicide, as opposed to a prolonged dying process involving exorbitant costs, may actually be acting in the best interest of the state.

(6) The right of privacy was addressed in the U.S. Supreme Court's abortion case, Roe v. Wade, a landmark decision in regard to the right of privacy. In it the Court held:

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\text{The constitutional right of privacy includes the right of a mature competent adult to refuse to accept medical recommendations that may prolong one's life and which, to a third person at least, appear to be in his best interests; in short, that the right to privacy includes a right to die with which the State should not interfere where there are no minor or unborn children and no clear and present danger to public health, welfare, or morals. } (410 U.S. 113 (1973))
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(7) A major argument lodged against suicide and voluntary euthanasia is that based on our society's morals and ethics. Traditional ethics, which emphasize the sanctity of life, are now giving way to a code of ethics which stresses the quality of life based on humaneness. Our primary concern has always been to deal with the innate fear of death that all human beings possess. However, with the elderly, the primary concern is not so much the fear of death as the fear of a long, painful dying process. The claim that everything should be done to preserve a patient's life as long as possible is now questioned due to modern medicine's ability to keep one
alive (breathing) long after brain death has occurred. In an article by Joseph Fletcher entitled "Ethics and Euthanasia," elective death is compared with birth control:

The whole armory of reanimation and prolongation of life forces us to be responsible decision makers about death as much as about birth; there must be quality control in the terminating of life as in its initiating. (297)

(8) Fletcher goes on to state that one has to think of the humane value system in making a judgment regarding voluntary euthanasia:

It is harder to morally justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him escape from such misery. This is the case at least in any code of ethics which ... has a value system that puts humaneness and personal integrity above biological life and function. (300)

What purpose is served by prolonging the life of the elderly who are in misery? They should be allowed to make the choice for themselves free from moral judgment.

(9) Another dimension of the ethical issue is the intent of suicide. One kills oneself to avoid great pain, to benefit someone else, or to hurt someone else. Suicide may not always be a self-serving act. One's major intention might be to kill oneself to relieve one's family of great financial burden. The destruction of oneself in such a case is only a means to achieve an end which would bring benefit to another, even though one should not equate the value of human life with monetary considerations.

(10) Medically, there is an assumption that physicians are pledged by the Hippocratic oath to preserve life at all costs. However, the Hippocratic oath indicates nothing at all about preserving life. The oath states only "so far as power and discernment shall be mine, I will carry out regimen for the benefit of the sick and will keep them from harm and wrong." The case for euthanasia depends upon how we understand "benefit of the sick" and "harm" and "wrong." If we regard dehumanized and merely biological life as sometimes being a real harm and the opposite of benefit, then to refuse to welcome or even introduce death would be quite wrong morally (Fletcher 304).

(11) Dr. Elizabeth Kübler-Ross, a widely respected psychiatrist, is known for her extensive research on the dying process. An opponent of suicide and euthanasia, she states in her book Questions and Answers on Death and Dying:

If a patient is very old and ready to die and does...
not want to undergo any additional surgery, my inclination is to accept the decision of the patient. If he is pathologically depressed, I would regard it my duty as a psychiatrist to get him out of the depression and ask him once more; if he still refuses he naturally has the right to do so. It is his life and his body. (14 & emphasis added)

(12) How is this attitude different from allowing the elderly to put an end to their own lives if they are suffering and decide they no longer want to live? Living is to need and to be needed, to receive and to serve. If the elderly no longer feel useful or needed, find life no longer worth living, and do not want to be a financial burden, who should have the right to deny them their free choice of ending their life? Who has the greater right at this point in their lives? Doris Portwood writes:

We give up our autonomy too easily when we become old and weak. Many who wish to die will live on because of their family's pride, their doctor's principles, their formal affiliation with a church, or a community attitude that sees suicide as a blot on the record. The choice is usually made by 'them.' But the suffering will be saved for us. It need not be so. The decision we may make in choosing suicide is ours to make. It is our life we are giving up, our death we are arranging. The choice does not infringe on the rights of others. We do not need to explain and excuse. (68)

(13) Among the arguments offered against suicide is the theological one that life is a gift of God and therefore not ours to terminate. But does that mean life is to be preserved under all conditions? There are a number of circumstances in which the preservation of life may be questioned, that is, using all available medical technology as opposed to allowing nature to take its course. This is evidenced by the increasing number of religious groups who now accept the "living will." A living will is a legally binding directive written by a competent adult authorising the attending physician to withhold or withdraw life-sustaining mechanisms which serve no purpose except to extend artificially the life of a terminally ill patient. If it is acceptable to hasten one's death by the withdrawal of life-sustaining equipment, it is difficult to understand why the hastening of one's death through other means, e.g., overdose of medication, is also not acceptable.

(14) In the Bible, there is no explicit reference to euthanasia, let alone one that relates to the situation of the elderly. There is also no explicit reference to the condemnation of suicide in the Old and New Testaments following the accounts of Ahitophel who hanged himself after failing his political endeavors (2 Sam. 17:23), Zimri who burned himself to death after his unsuccessful
attempt to overtake the throne of Israel (1 Kings 16:18 f.), Samson who killed himself in order to topple the temple and bring down the Philistines (Judges 16:23-31), Saul who plunged a sword into himself (1 Sam. 31), and Judas who betrayed Jesus (Matt. 27:45; cf. Acts 1:13). In none of these accounts were these persons' actions considered bad because of committing suicide.

(15) The Sixth Commandment—Thou shalt not kill—has been interpreted to include killing oneself. However, this commandment is more accurately interpreted as wrongful killing, which may or may not include suicide. If taken literally, the commandment would condemn the destruction of human life under all circumstances, including capital punishment, "just" war, self-defense, and perhaps even extend to self-destructive behavior, such as smoking. But this commandment has generally been interpreted to mean the taking away of life, our own or our neighbor's, unjustly and against their will. With regard to the elderly, there is nothing to substantiate the act of suicide as being "unjust." To whom is it unjust?

(16) God gave man the ability to reason and to exercise free will. This does not preclude an elderly, ailing person from taking his own life if he is doing this as a God-given free choice. The Van Dusens, having lived lives of love, justice, and mercy, ended their lives in the belief that they had a right to die with dignity in light of God's love, justice, and mercy. And this is what they were asking of their family and society, which includes lawmakers and philosophers: to look with love, justice, and mercy on their decision to end their lives and to allow all ailing elderly people to make that decision for themselves, free of shame and condemnation.

Works Cited

The Bible, Revised Standard Version.


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