Euthanasia and the Terminally Ill

Jessica Stern
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**Summary:** This paper discusses the morality behind euthanasia of terminally ill patients. I argue for euthanasia by explaining that everyone has the right to his or her own body and to death, that death is a private matter that should not be prohibited by the state, and that people want to die with dignity and euthanasia allows for one to do that. I address counterarguments regarding the sanctity of life, the undermining of doctors’ commitment to save lives, and the best interest of the patient. I discuss these counterarguments and proceed to explain why they are not sound in convincing one that euthanasia is never morally permissible. I conclude the essay by clarifying that euthanasia should not only be legal, but is morally permissible for terminally ill patients who have exhausted all other plausible treatment options.
Introduction

Euthanasia, also known as mercy killing, is defined as a deliberate intervention undertaken with the express intention of ending a life to relieve intractable suffering (Rodway, 1994). The definition of euthanasia alone explains how much relief it brings to those who choose to partake in it. For terminally ill patients, relief is exactly what it provides. This practice is illegal in many countries. Euthanasia is commonly associated with assisted suicide. The difference is in how the procedure is performed. Euthanasia involves a physician administering the lethal medication on a patient while assisted suicide involves the patient administering the physician recommended medication on his or her self.

I will argue that in some circumstances, when all other options have been exhausted, euthanasia is in fact morally permissible. I will discuss several points to illustrate my controversial position. These points will include, one’s rights to one’s own body, dying with dignity, and the argument that death is a private matter. I will also discuss counterarguments to my argument such as that euthanasia may undermine the commitment of doctors to save lives, it may not be in the best interest of the patient, and the argument for sanctity of life vs. quality of life.

Rights to One’s Own Body and to Death

There are very few things that we as humans have complete control over. Our bodies should be one of them. Why should a terminally ill patient and their family suffer for an extended period of time when the simple solution of euthanasia could end all
suffering? It is not ethical for the state to be able to tell its citizens how to treat their body and when they are allowed to die. Many people view death only as the end to one’s life, but in many cases it is also the end to one’s suffering. Supporters of the “aid in dying” movement believe that it is closely related to the American values of individual liberty and freedom of choice. Barbara Coombs Lee, the president of an organization called Compassion & Choices states, “We don’t promote just one choice (in end-of-life decisions). We think people deserve an entire spectrum of choices. But people who are mentally alert and who are making rational decisions to choose – not life or death, because that decision has already been made – but when and how they will meet death, those people deserve a peaceful and gentle option in the dying process.”

I believe that other human rights imply our right to die. Our constitution states that we are all entitled to life, liberty, and the pursuit of happiness. If someone’s pursuit of happiness involves a quick and painless death, then they have the right to it. If the pursuit of happiness is one’s basic right, then one should be able to die the way he or she wants to. The right to life also includes the right to die, and not to simply just exist. It is understood by most that dying is unpleasant. People should have the right to shorten the process of death and therefore, reduce the unpleasantness. By refusing a terminally ill patient’s request to die, the state is, in some way, violating that person’s basic rights.

**Death is a Private Matter**

My second point revolves around the idea that death is a private matter. The state does not tell us how to live our personal lives as long as we live by the law. Death should not fall under a different category in terms of the choices we are allowed to make about it. For example, unprotected sex can lead to a number of negative effects on both
partners. AIDS kills 3.1 million per year around the world (Day). This disease is known to spread through the practice of unprotected sex. However, the government does not prohibit people from having unprotected sex. Sex is a private matter that is not and should not be controlled by the state. Unprotected sex can lead to the contraction of deadly diseases but the government does not intervene. Euthanasia, if done in the way I have explained, only helps those involved and does not infract on the rights of others. The same way the state cannot tell us who to date and how to conduct our lives behind closed doors, the state should not have the authority to tell us how to deal with death. Death is a somewhat uncomfortable aspect of our lives that we may not want to consider until it is absolutely necessary. But when we are ready to face death whether it is our own or that of a family member, it should be a completely private matter. It should be left up to us the loved ones. For example, if an elderly man who is suffering from the end stages of cancer has exhausted all options such as radiation and chemotherapy he may very well be ready to reach the end of his life. If he knows that his pain and agony will continue until the cancer eventually consumes him, euthanasia may seem like the only plausible option. If this man’s family no longer wants to see him suffer and only wants him to be able to die in peace then they too will agree that euthanasia is the best option. However, according to laws in most of the United States, he would not be allowed to seek medical assistance in dying. He may live years more but by the time he passes away, he simply just exists, waiting to die. If the state had allowed him to make his own personal decision about death, he could have avoided massive amounts of pain and suffering. Therefore, not only should euthanasia be legal but also, it is morally permissible for terminally ill patients to seek relief through euthanasia.
Dying with Dignity

My final point deals with the concept of dying with dignity. The diagnosis of Amyotrophic Lateral Sclerosis (ALS) or Lou Gehrig’s disease is usually accompanied by a termination date not long after. According to The ALS Association, the average patient with ALS usually lives for about two to five years after they are diagnosed. ALS patients suffer from difficulty speaking, muscle weakness, cramping in the hands and feet, and eventually the inability to breathe, eat or swallow on their own. (ALS Association, 2010)

The patient essentially becomes trapped in their immobile bodies with their ability to think and feel still in tact. Patients in the late stages of ALS should be able to keep what is left of their dignity and be given the choice of euthanasia as a means of relief. Euthanasia may provide a sense of control for the patient and will allow them to take their situation into their own hands instead of letting their disease take over their lives completely. Patients who are terminally ill and are constantly suffering may also be concerned with how their family members and close friends will remember them. No one wants to be remembered as frail and weak by his or her loved one’s. People want to be remembered as strong and confident when they pass away. This is especially true regarding the memories of young children. It is common for grandparents to fall ill before their grandchildren are of age to understand much about dying. As an authoritative figure and role model to their young grandchildren, grandparents do not want to be remembered as frail and barely able to survive. Most people would want their grandchildren to remember them with dignity and pride and not being slowly deteriorated by their disease. For this reason alone, euthanasia should not only be a legal option for terminally ill patients, but should be considered morally acceptable.
While dying with dignity may sound like the optimal choice for a terminally ill patient who is constantly suffering, a world famous doctor who helped these kinds of people end their lives, was incarcerated for his practices. Dr. Jack Kevorkian spent eight years in prison after being convicted of second degree murder of 130 patients whose lives he had helped end from 1990 on. Dr. Kevorkian’s main goal was to end the suffering of terminally ill patients who wished to die. He not only offered his patients a source of relief but also allowed them to keep their dignity. (Schneider, June 2011)

**Objection 1: Sanctity of Life**

When discussing the ethics behind euthanasia one must acknowledge the argument against it regarding the sanctity of life. According to Doug McManaman, a deacon and a religion philosophy teacher at a Catholic academy in Canada, believes that within the last 40 years there has been a subtle change in the way we view human life in general. He also explains that the idea of quality of life has become more prevalent in recent times. The sanctity of life approach regards life as holy, sacred and most of all, priceless. It focuses on the idea that God created humans and one should not take that for granted because life is a gift. The quality of life outlook focuses more on the quality of one’s life and the way they are living. For example, someone who is currently in a coma and not functioning as they normally would would be considered to have a lower quality of life than someone who is healthy and functioning normally. Doug McManaman argues that this approach places a higher value on a human life that is of greater physical and mental quality than of a human life of lesser physical and mental quality. He argues that a person in a coma still contains the same intrinsic value as other able bodied humans,
simply because they are human. He also claims that this view of life values people for their productivity and how much they can benefit society. (McManaman, 2012)

Response to Objection 1

What McManaman does not acknowledge is that just because someone chooses to end their life through euthanasia does not mean that they do not value their lives as much as others. And, those who assist patients in euthanasia do not necessarily believe that the patient’s life no longer has as much value as it once did. Since most people believe that human life is so valuable, they tend to want to live the best, most fulfilled life they can live. Sometimes that involves cutting life a little short to preserve the quality of it. He states that euthanasia is never justified because it always amounts to murder. But if a patient is requesting to be euthanized, it cannot be placed in the same category as an innocent who is killed for an invalid reason. For example, suppose an 80-year-old male is suffering from the late stages of ALS and has almost completely lost his ability to move on his own and is wheelchair ridden. He has lived an entirely full life in that he married the love of his life, had children and grandchildren, and is happy with what he has accomplished. He values his life but his quality of life has been severely diminished by his disease and he is ready to die. I think most would agree that just because this man is looking to end his life does not mean his life does not have the same value as someone who dies a natural death.

Objection 2: Undermining Commitment of Doctors to Save Lives

Those who are against the fundamental idea of euthanasia and assisted suicide may argue that this practice undercuts the obligation and commitment of doctors and nurses to save lives. Agreeably, if euthanasia was to be made available to all patients no
matter what their condition, overuse may become a problem. Patients who could be cured may not want to make the effort to be treated and choose euthanasia immediately following their diagnosis. This scenario, if it were to occur, could definitely undermine the commitment of doctors to save lives. In some cases, a doctor’s care may become obsolete. Patients diagnosed with diseases or conditions that typically end in death may begin to instantly be drawn to the thought of euthanasia as opposed to years of battling their own bodies. Some believe that allowing euthanasia may also discourage the search for new cures of terminal diseases.

**Response to Objection 2**

The idea that the legalization of euthanasia would eventually undermine the effort of doctors and nurses to save lives is most definitely a slippery slope argument. We cannot assume that if euthanasia is made legal that it will lead to overuse and that it will lead to the undermining of doctors’ commitment to save lives. These are possibilities but we do not know for sure how society will react to the legalization of euthanasia. Data was collected for several years in Oregon where physician assisted suicide became legal in 1997. It was concluded that there is no current factual support for slippery slope concerns about the risks of the legalization of assisted dying. Terminally ill patients who experience constant pain and suffering should not continue to suffer just because we don’t know what will happen if euthanasia is permitted.

I am in no way suggesting that euthanasia should be an outlet for everyone who contracts a serious disease or condition. However, I am suggesting that for patients that have been deemed to be terminally ill and have exhausted all other plausible options, they should be given the option to choose euthanasia as an escape route from their constant
pain and suffering. If euthanasia were to be made legal, ideally it would only be an available option for those in the situation I have described.

**Objection 3: Best Interest of the Patient**

The final counterargument that I will address is that regarding whether or not euthanasia is always in the best interest of the patient. Those against the use of euthanasia may argue that a patient who asks to be euthanized may not be making the decision that is best for them. There are many sub arguments to consider when taking the best interest of the patient into account. For example, the patient who has been deemed as terminally ill may feel as if they are a burden to their family or loved ones. They may also believe that they are inflicting constant grief on their families through their own suffering. These feelings of guilt may in turn lead to a terminally ill patient’s desire to die even if it is not in their best interest. Those who reason against euthanasia might argue that a patient's guilt may lead them to request euthanasia. In reasoning against euthanasia one may also argue that it is possible for a patient to be misdiagnosed as terminally ill and may seek euthanasia as an escape as a result of this error. This argument states that there are many factors that could lead to the death of a patient who did not necessarily need to die.

**Response to Objection 3**

Euthanasia is not something that should be taken lightly especially by those considering it as a means of dying. I will acknowledge that a terminally ill patient may very well be overwhelmed with feelings of guilt and sadness if they feel that they are harming their family through being so sick. However, if legalized throughout the United States, I do not believe that euthanasia should be a source of treatment that is given out to all those that request it. Ideally, patients would undergo extensive psychological testing to
ensure that they are stable and have the correct state of mind to make such a finite decision. Furthermore, if a patient requests to euthanasia, additional tests would be administered to confirm that their illness is in fact terminal and that the patient was not misdiagnosed. In places like the Netherlands, where euthanasia is now legal, there are several restrictions on when it can be practiced. For example, in the Netherlands, if a patient requests to be euthanized, the attending physician must consult at least one other independent physician who must also evaluate the patient and give their opinion on their condition. (Dorenbos 2012) There are ways to make sure that patients who are either unstable or misdiagnosed are not euthanized. Therefore, stable patients that are in fact terminally ill should not be denied their right to choose to die.

Conclusion

It is fair to say that violent diseases like Cancer and ALS have caused massive amounts of pain and suffering all over the world in the last decade. Diseases like these do not yet have a cure and continue to ruin millions of lives each year. It is cruel to force patients who are diagnosed with these horrible diseases to suffer until the disease ultimately consumes them. If euthanasia were to be made legal in the way that I have outlined, I believe that it would become an effective way to cease the never-ending agony of patients suffering from terminal diseases.

Euthanasia is morally permissible in cases where the patient’s disease or condition is terminal for several reasons. First, humans have a right to do what they want with their own bodies as well as a right to death. According to the Constitution, we are entitled to the pursuit of happiness. However, in some cases, happiness may only be found in death. Second, death is a private matter and the state does not need to involve
themselves in its citizens’ own personal decisions. Our government does not tell us how to lead our personal lives in any other aspects. So why should the way one decides to die be any different? Third, patients who have endured such suffering to the point of wishing for death deserve to die with dignity. We all want to leave this earth and be remembered in a positive light. Allowing a disease or condition to take over your life while your friends and family must stand by and watch may leave them with a distorted memory of who you were especially in the case of young children.

I have addressed a few of the possible counterarguments to the use of euthanasia but none of these arguments seem concrete enough for one to agree that terminally ill patients should suffer instead of seeking relief through euthanasia. Euthanasia is a finite solution to the end of one’s suffering. However, if all other plausible options have been exhausted, it is ethically permissible partake in it.

This essay offers some new insights into the discussion about euthanasia. I acknowledge the power of the anti-euthanasia argument and take into account its biggest counterarguments to my essay. My argument is reasonable in that I recognize that there are potential problems with the morality behind euthanasia but state ways in which to repair these issues. This essay also makes an original comparison between unprotected sex and euthanasia. Both of these issues are private and may cause negative repercussions. However, the government regulations euthanasia but, not unprotected sex. This essay also focuses on Lou Gehrig’s disease and the implications of this disease regarding euthanasia and assisted dying. I addressed the important of dying with dignity especially for patients with ALS.
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