

Euthanasia

There are ethical as well as practical issues to do with euthanasia in all its forms.

I'm going to start with some definitions. Then I am going to tell you what are the main arguments for legalising euthanasia, the pro-life response to them, and the main arguments against legalising it.

Euthanasia, as I am sure you already know, comes, more or less, from the Greek for good dying. It is sometimes called "mercy killing". Active euthanasia means doing some act deliberately to end someone's life, for example, giving him a lethal injection.

Passive euthanasia means causing a death, not by a positive act but by, for example, withholding or withdrawing treatment.

Some people feel that passive euthanasia is in some way less wrong than active. But I think everyone can see that if you let someone starve to death you are just as guilty as if you actively kill him.

Voluntary euthanasia is the killing of someone who has asked for it, perhaps because he is in pain and is afraid or unable to kill himself.

Nonvoluntary euthanasia is a killing when the patient is unable to communicate but the killer thinks he would ask for it if able to do so, as for example when someone is in a coma.

Involuntary euthanasia is a killing without the consent of the person, even where he would have been able to ask. This is happening in Holland to a considerable extent, where many doctors have admitted ending their patients' lives without any request or any reason to think they wanted to die. The Dutch have paid their own tribute to George Orwell's centenary by using the terms "involuntary euthanasia" and "end-of-life decisions" for acts which in plain speech would be called killing or murder.

Lord Joffe's recent bill, which was fortunately defeated in the House of Lords, called for physician-assisted suicide. The difference between euthanasia and assisted suicide is that in the former the doctor or other person does the killing, but in the latter, which is legal in Switzerland, he merely provides the means for the suicide to kill himself.

Euthanasia is legal in Holland, Belgium, Japan and the State of Oregon in the USA. Assisted suicide is legal in Switzerland. Part of Australia legalised euthanasia and then repealed the law.

Obviously a successful suicide cannot be punished by the law, and in practice the illegality of attempted suicide was mostly used to make people accept treatment and help. When suicide ceased to be a crime, it still remained a crime to help someone else commit suicide.

Now, the arguments for legalising euthanasia:

The first argument for euthanasia is that someone might be suffering intolerably in mind or body, and should be entitled to end that suffering. The second is that of autonomy: that everyone is entitled to do as he wants with his own life and should not be forced by law to continue it against his wishes. On the face of it this sounds reasonable and compassionate, but it is based on several misconceptions, and quite often there is something much nastier just under the surface.

In the first case, where there is intolerable suffering, the implication is that there are only two possibilities: let the person go on suffering, or kill him. This is simply not true. There is always a better solution, maybe several possibilities. The palliative care doctors, who work in hospices and ordinary hospitals, say that almost always they can reduce pain to a bearable level, though in a few cases of terminal cancer this may mean sedating into unconsciousness at the very end, or needing to give painkillers in such quantity that it may unavoidably shorten life. The patient dies however not of the morphine but of the cancer.

I should point out that no one, no church or religion that I know of, no group, objects to this. It is known as the double effect. If you do something necessary, with a good purpose, which may unavoidably have a bad effect as well as the good one you intend, this is all right.

Intolerable mental suffering can be more difficult. Cancer specialists say that those who are diagnosed with a serious illness often feel very depressed for a time. They may well talk of suicide or ask for an early death, but almost invariably, with the right help, and above all with believable reassurance from doctors that their physical suffering will be controlled, they recover from this depression, are glad their request was refused, and recover much of the happiness they used to feel.

It is not in itself undignified for people to be dependant on others. We all prefer to do things for ourselves, but when we cannot, we are glad of help.

Another point is that the majority of people who attempt suicide mean it at the time. Surely most of us finding a friend or even a stranger unconscious from an overdose would try to save his or her life? Groups supporting the disabled have pointed out that it is very discriminatory not to do this for them, when we would for an able bodied person.

The second argument for legalising euthanasia is from autonomy. Surely each person should be able to end his life if he wants?

But autonomy is not the ace of trumps. There are many reasons why the law does not allow us to do as we like when it will harm others, for example in driving too fast.

It is understandable that a patient might, temporarily perhaps, want to die. The doctor's acceptance of the patients' estimate that his life is worthless is the dangerous part. Jane Campbell of the Disability Rights Commission made the point that it would be wrong to change the law for the sake of a tiny number of people who could not take their own lives if they really wished, when doing so would frighten and put at risk thousands. Jane Campbell, herself disabled, said that allowing assisted suicide would certainly endanger the lives of the disabled. There would be, as in Holland, pressure on them to ask for suicide, so as not to be a burden on their families.

All over the world groups representing the disabled see the dangers for them in legalising euthanasia. They want the help they need to live with dignity, not to be killed.

When the BBC televised the suicide in Switzerland of Reg Crew, the mere fact that if he had been a healthy person there would have been an outcry, shows that this is not about autonomy, but about people agreeing with an ill or elderly or disabled person that he has nothing to live for, that his life is worthless. This is exactly the attitude which disabled people most resent.

Legalised euthanasia would be instead of good care. There is no way that a country can have good positive help for those who want to live, as well as death for those who, perhaps temporarily, do not. When Oregon legalised assisted suicide they cut back care in the home for dependant people, but produced a \$40 suicide pack for them.

Which brings me to the arguments on the other side, about the dangers of legalising euthanasia. There are two main arguments, firstly that it is always wrong deliberately to take an innocent life, and secondly that the slippery slope would be inevitable.

Of course it is acknowledged that many people honestly intend to be kind, to save someone from suffering. I'll come back to that, because it is not always as true as it looks. But a good motive can never excuse an act which is wrong in itself. It may make one sympathetic to the person who does the act. It may even mean that in his well-meaning ignorance he is not personally blame-worthy, but the act still remains wrong. All rules of morality should lead us to the conclusion that the only possible occasion on which it might be permissible deliberately to kill a human being is when it is the only way, and I stress only, of preventing an aggressor from killing an innocent person.

Even in the extreme cases which are so often quoted by pro-euthanasiasts, killing remains wrong. This is partly because breaching the rule in one sympathetic case inevitably leads, and is intended to lead, to more and more cases and exceptions. And of course the common sense answer to these cases is that it would be very unlikely indeed for

there to be only two choices, killing someone or letting them suffer unbearably.

Another argument is that of the slippery slope: that if we allow euthanasia in one particularly sympathetic case, then it will become common. Pro-euthanasiasts always talk about "safeguards".

Euthanasia is not the same question as abortion. But just look at the history of abortion for a moment.

In 1967 we heard a lot about the very rare hard cases, and doctors were furious at the suggestion that the Act would lead to easy abortion for trivial reasons. But once the principle was breached, that an innocent life should not be taken, the slippery slope was inevitable. Of course the "safeguards" were useless. Two pro-abortion doctors will sign a form as a routine.

In Oregon, where assisted suicide was legalised, a man went to his doctor, who was in principle opposed to euthanasia and who diagnosed that he was depressed and could be treated. He insisted on being referred to another doctor, who was not in principle against euthanasia, but also diagnosed him as depressed and recommended treatment. The patient finally found a third doctor, who agreed to help him end his life.

In Holland, where euthanasia has been legalised, many doctors admit not filling in the necessary forms. They admit that they have sedated patients so heavily that they starved and dehydrated to death, or given them lethal doses of morphine, not only on request, but without request, or even against the patient's expressed wishes. They openly allow the killing of disabled babies. One Dutch doctor claimed that about half the deliberately caused deaths are not reported as such. So much for safeguards.

It is a constant claim of those who want to legalise something like abortion or euthanasia, that it is already happening, and needs to be regulated. Frequent such provable lies were told about abortions. The enormous majority of English doctors do not want to kill their patients. Even when large doses of morphine have to be given, it is the cancer which kills the patient, not the morphine.

There is pressure on the elderly not to be a nuisance. Sometimes it is blatantly selfish. In other cases the family loves their grandmother and genuinely would not hasten her death, but she herself does not want to be a burden to them. The right to die quickly becomes the duty to die..

Another argument against euthanasia is that there is often something quite nasty under the kindly looking surface. Yes, some people may genuinely want to spare relatives pain. We should certainly make every effort to see that all hospitals are brought up to the excellent standards of the best, in pain relief and palliative care. It is relevant that the hospice movement is practically non-existent in Holland.

But it was a disabled woman who pointed out that people often say "I can't bear to see her suffer" and that is literally what they mean: "I am the one whose suffering would be ended by her death". Killing patients in a coma by withdrawing artificially provided water and nutrition seems to be largely motivated by this and the economic factor.

Again and again pro-euthanasiasts are shown to have hidden motives. Sometimes it is money. Not every family can be trusted not to feel grandma would better off dead because she's a bit past it and using up money we need. The fact that ill and disabled and elderly people cost money is often an underlying factor for governments as well as individuals.

Sometimes it is power, the thrill of killing, as with Dr. Harold Shipman and others.

Another danger of euthanasia is that it is very harmful to the relationship of trust between doctors and patients. Even the unsuccessful attempts to legalise it are making some patients needlessly suspicious. It has been sarcastically suggested that since doctors are overwhelmingly opposed to euthanasia, we should allow vets, veterinarians, who are used to killing animals, to do it.

So have we already started down this slippery slope to euthanasia in Britain?

Yes, we have.

The House of Lords decided in the Bland case in 1990 that artificially provided nutrition and hydration was not simply nursing care, but medical treatment which could be withdrawn with the intention of ending the life of a patient in a so-called persistent vegetative state. This has led to many such deaths in hospital. I know "vegetative" comes from Aristotle's definition, being alive but not even as conscious as an animal. But the implication such as "she is just a cabbage" is downright offensive to anyone but particularly so to Christians. A human being in any state is human, not a vegetable.

It is perfectly permissible for a doctor to stop "futile and burdensome treatment" which would prolong life at too high a cost in pain etc. In law a competent patient may refuse treatment even unreasonably.

But withdrawing food, and even more so water, causes a particularly painful death which can only partially be controlled by painkillers. Indeed a president of the Voluntary Euthanasia Society said some years ago that once it were legalised, people would see how painful it was and be calling out for a lethal injection. The Bland decision was the first breach of the rule that where there is a duty to care for someone, then

letting him die from neglect is murder. And sure enough it has led to more such deaths in hospitals.

The recent Mental Capacity Act allows patients to make advance directives demanding not to be treated in certain circumstances, and lasting powers of attorney giving another person the right to make this decision.. It implies that it may be in a patient's best interest to be killed.

There is a clear distinction between on the one hand the clinical decision a doctor is trained to make, as to whether a particular treatment will benefit the patient's health or not, and on the other hand whether the patient is a person whose life is worth saving. "Best interests" should mean only the former. The mere idea that any human being's life is "futile" is unpleasant.

It is very well known that people's attitudes change when something actually happens. People often say "I would rather be dead than in a wheelchair", and are surprised to find it is not so.

Coming to terms with old age, disablement, illness, incapacity, this is a process which takes time. And of course medical treatment for the specific condition may have improved wonderfully between the original directive and the actual occurrence of the disability.

It is not true that this so-called passive euthanasia is just a "letting die". The withdrawal of basic necessities, unless the patient is already in the terminal stages of dying is so slow and painful that a level of painkiller and sedation which would in itself hasten death has to be given. It is just as much a murder as doing a positive act like giving a lethal injection.

It would provide insoluble ethical problems for conscientious doctors and nurses, unwilling to be complicit in murder or suicide.

It is a telling fact that the younger and healthier people are, the more they are pro-euthanasia. As people become older, or if they are disabled or ill, they realise how dangerous it would be to legalise it.

Lord Joffe has now made three unsuccessful attempts to legalise physician assisted suicide, which would allow doctors to help suicidal terminally ill patients to kill themselves. It would be very dangerous indeed to let doctors, with their vast medical knowledge and power, cross the clear bright line which says they must never deliberately kill. Lord Joffe was defeated by a new group called Care Not Killing, formed of disabled groups, pro-life organisations such as ALERT, palliative care doctors and hospices, but he will certainly try again.

Finally, the Law Commission is considering homicide, and one suggestion is that "mercy killing" should be a lesser offence than murder.

Finally, what can we do to help vulnerable, disabled, elderly or ill people? (And remember, we are all safe from being aborted, but the

chances are that we shall need this protection ourselves some day.) We can become informed, look at the websites for Care Not Killing, ALERT, the Pro Life Alliance, and SPUC. Perhaps join Care Not Killing, which also campaigns for the standards of palliative care to become as good in all hospitals as they are in the best. We can write to the papers or ring radio phone-ins.

And of course for Christians the most important thing, pray. Remember regularly in our prayers not only those in danger from moves to legalise euthanasia but also those working in pro-life movements. Pray particularly when any special threat or topic is in the news.

This is not a religious question: it is a human rights question. We all owe it to our fellow human beings to defend their lives.