

EUTHANASIA & YOU

Most of us know about Jack Kevorkian and his efforts to “help” ailing people commit suicide. Many of us may not realize, though, that Kevorkian’s maverick image masks a serious crusade that is building on emerging legal and cultural trends. Our society is poised to accept euthanasia on demand—and worse. What we don’t know about that could kill us.

WHAT IS EUTHANASIA?

When we talk about “euthanasia,” what exactly do we mean?

Today, we usually hear about euthanasia in the health care context. For our purposes, “euthanasia” amounts to doing, or not doing, something to intentionally bring about a patient’s death.

Because there’s so much confusion surrounding the term, let’s make sure we understand what euthanasia is *not*.

It is *not* euthanasia to administer medication needed to control pain—that’s called good medical care. It is *not* euthanasia to stop treatment that is gravely burdensome to a patient—that’s called letting the patient exercise the moral option to refuse extraordinary medical means. It is *not* euthanasia to stop tube-feeding a patient whose diseased or injured body can no longer assimilate food and water—that’s called simply accepting death.

In these circumstances, pain control, refusing extraordinary means, and stopping feeding may all *allow* death. But—and this is crucial to our understanding—unlike euthanasia, their purpose and intent is not to bring about death.

THE THREAT OF EUTHANASIA

Actually, euthanasia could be called a form of suicide, assisted suicide, or even murder, depending on the patient’s level of involvement and consent.

To define euthanasia this way, though, seems to diminish its threat. After all, aren’t there laws or, at the very least, strong social taboos against suicide, assisted suicide and murder?

Unfortunately, when it comes to the sick and disabled, this is no longer entirely true. And, the rationale and cultural forces behind the movement that brought this about threaten even more to tear down the legal and social barriers to killing.

To understand this threat, let’s first take a look at the cultural forces that enable euthanasia to advance in our society.

THE LIVING WILL CONNECTION

The goal of the euthanasia movement is, in effect, legal and social acceptance of death on demand. For at least some of those who can’t demand death for themselves, the movement would ensure that others are allowed to do it for them.¹

Obviously, the achievement of this goal requires radical cultural change—the legal and social acceptance of suicide, assisted suicide and, to some extent, criminal homicide. Given the deeply embedded legal, social and moral constraints on killing, euthanasia advocates recognized early that their goal would have to be achieved gradually.

Primary tools in this effort have been the “living will,” other so-called “advance directives,” and the laws implementing them.

Typically, a living will instructs medical personnel to stop “medical treatment” when the patient is in a “terminal” condition. Other advance directives appoint a third party to give this type of instruction for the patient. These documents are intended to take effect when a patient can no longer make his or her own medical treatment decisions.

At first glance, there seems to be nothing wrong with living wills and the like. Tradition-ally, competent adults have had the legal right to refuse unwanted medical treatment, and they could make their wishes known to their families and doctors. Moreover, no law or ethical standard requires that ineffective or gravely burdensome measures be used to keep a dying person alive.

The problem is that advance directive laws go well beyond what were, before their enactment, legal, ethical and moral norms.² Promoted as a way to stop the use of “extraordinary” medical technology to keep dying people alive, advance directives are now being used to deny people not just basic medical treatment, but also food and water.

A gradual redefinition of key terms in advance directives has brought this about. For example, many state laws and court decisions now consider “medical treatment” to include the provision of basic care such as food and water, and “terminal” to include many people who are far from imminent death and, indeed, not even dying.

It is doubtful that every person who signs an advance directive fully understands what he or she is instructing a doctor to do under penalty of law. Yet, to authorize a doctor to stop basic care, such as the provision of food and water, when a person is not near death, amounts to authorizing euthanasia by starvation and dehydration.

FROM LIVING WILLS TO LETHAL INJECTION

This is not to say that some people don't know about the potential for euthanasia in advance directives. The euthanasia movement always viewed the living will as the “foot in the door” to legal and social acceptance of euthanasia.

Moreover, a growing number of medical personnel, “ethicists” and even members of the public believe that making some people die by starvation and dehydration is preferable to letting them live in a debilitated condition. The popularity of this so-called “quality of life” mentality cannot be blamed entirely on the euthanasia movement—it's the product of an increasingly secular culture that no longer recognizes God, objective Truth, and the image of the sacred in each and every human life no matter what its “quality.”

In a culture that more and more values “choice,” the paramount “rights” of the individual, and the pursuit of pleasure without responsibility, the appeal of euthanasia—control over the method and timing of one's death—was bound to catch on.

And, catch on it has. Having been conditioned to accept bringing about death by stopping basic care, our society is now giving serious consideration to a quicker form of euthanasia—lethal injection by our doctors.

FROM LETHAL INJECTION TO WORSE?

For our society to condone its members' bringing about their own deaths is, of course, a terrible tragedy. It speaks volumes about our failure to adequately comfort and care for the troubled, the sick and the dying.

A number of factors indicate, though, that a tragedy on an even greater scale awaits us if the door to euthanasia is not firmly shut and barred.

One such factor is the euthanasia movement's own contention that “self-determination” is a “right.” Current proposals to legalize doctor-assisted suicide in the United States are limited to the terminally ill who ask for it. But if, as is argued, individuals

possess a “right” to have themselves killed, why must they be suffering, terminally ill or even sick to assert it? And if, as is also contended, people have a claim on the mercy of others to relieve their suffering, why do such people have to ask for a lethal injection? If it is better to be dead than suffering from a perceived “low quality of life,” can it be “fair,” for instance, to deny the demented person or the mentally retarded such “relief”?

Already, court decisions have allowed the tube feeding of certain mentally disabled patients to be stopped, even though these patients never expressed such a desire and were not terminally ill or apparently even suffering.³

Economic and demographic factors, such as the increasing cost of health care, an aging population, and a shrinking base of wage earners, also contribute to the concern that the “beneficiaries” of euthanasia could easily expand to the elderly, to the poor—indeed, to any “burdensome” member of society.

Another factor is the present-day experience of the Netherlands. A growing body of evidence suggests that the practice of euthanasia in that country has gone well beyond the circumstances in which it was supposedly allowed. For example, a recent Dutch government survey indicates that doctors failed to obtain their patients’ consent in 61 percent of the cases in which lethal overdoses of morphine were given with an intent to terminate life, even though official guidelines apparently required such consent.⁴

Finally, despite differences between our culture and that of Germany in the twenties and thirties, it would be foolish to ignore the parallels. If nothing else, that tragic chapter in history—which included the widespread medical killing of the mentally and physically impaired—shows that accepting the attitude, basic to the euthanasia movement, that there is such a thing as a “life not worthy to be lived” has disastrous consequences.

EUTHANASIA AND YOU

In sum, it is vitally important to understand that everyone’s most basic right—the right to life—is in jeopardy when our law and collective morality no longer view all persons as equally worthy of life, solely on the basis of our common humanity. Not only is it the right thing to do, it is also in our own best interests to protect and cherish weak and vulnerable members of our human family. In order to do that, we must educate ourselves and others about the growing threat of euthanasia, vigorously oppose its legalization, and pray for the wisdom and compassion to properly comfort, care for and dissuade those considering suicide.

- 1 For documentation and analysis of the goal of the euthanasia movement, see Marker, *The Ethical Values That Civil Law Must Respect in the Field of Euthanasia*, 56 *Linacre Quarterly*, Aug. 1989, at 22; Shewmon, *Active Voluntary Euthanasia: A Needless Pandora’s Box*, 3 *Issues in Law & Medicine* 219 (1987); Kamisar, *Some Non-Religious Views Against Proposed “Mercy-Killing” Legislation*, 42 *Minnesota Law Review* 969 (1958), with additional Introduction, Foreword, Preface and commentary reprinted in *The Slide Toward “Mercy Killing”* ii-xii, 1-64 (H. Ratner ed. 1987) (*Child and Family Reprint Booklet Series*).
- 2 Advance directives also have other problems. For example, because it is difficult to anticipate all possible future medical conditions and treatment options, living wills jeopardize the usual requirement that a patient give informed consent to medical treatment; other advance directives can give third parties virtually unrestrained authority to make medical decisions.
- 3 See *Guardianship of Jane Doe*, 411 Mass. 512, 583 N.E.2d 1263 (1992); *In re Lawrance*, 579 N.E.2d 32 (Ind. 1991).
- 4 See Fenigsen, *The Report of the Dutch Governmental Committee on Euthanasia*, 7 *Issues in Law & Medicine* 339 (1991).



**This information is also available as a color brochure.
Shop online at www.ProLifeGear.com or call toll-free 866-LET-LIVE.**

© 2005 American Life League, Inc.

P.O. Box 1350, Stafford, VA 22555 • 540-659-4171 • info@ALL.org • www.ALL.org