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INTRODUCTION

Nowadays, euthanasia is a relevant ethical issue. It has been legalized in some countries in the world: in Belgium, the Netherlands and Luxembourg. Moreover, its legalization is being hotly debated in some other countries. Personally I had not paid any attention to euthanasia before, but the issue has triggered my interest recently. Through reading newspaper I came across news relating to euthanasia and I just discovered that euthanasia is a very controversial ethical issue which is likely to become more so in the very near future.

Last year, through reading the BBC news I found out that Belgium is the first country that legalized child euthanasia. The BBC news headline reads: “Parliament in Belgium has passed a bill allowing euthanasia for terminally ill children without any age limit, by 86 votes to 44, with 12 abstentions.”¹ Thus the country has become the first to remove any age limit on the practice of euthanasia.

Moreover, BBC reported that in the United States, a woman known as Mrs Maynard, 29 years old who was suffering from terminal brain cancer ended her life by self-administering a lethal drug. She was a supporter of a right-to-die in the States according to the news. According to the news she also made known her decision in a video shown on the internet.² Her decision to end her life has sparked a debate between right-to-die campaigners and those who oppose it.

¹ BBC World News Europe, “*Belgium's parliament votes through child euthanasia*” <http://www.bbc.com/news/world-europe-26181615> (accessed on 5 April, 2014).

² BBC World News USA&Canada, “*Right-to-die advocate Brittany Maynard ends life*” <http://www.bbc.com/news/world-us-canada-29876277> (accessed on 4.11.2014).

The news triggered my curiosity as well as a scaring feeling. Is it ethically right or wrong to practice euthanasia? How can it be right to kill? What arguments may advocates have to favor mercy killing? I want to know what are the basic arguments that ground the stand of both those who defend euthanasia and those who condemn it. What do they say to support their stand concerning this controversy? I wanted to do more research on this ethical problem and I decided to reflect on the issue regarding euthanasia for my thesis for the bachelor's degree in theology.

The aim of this research paper therefore is to look into the arguments in favor of euthanasia and against euthanasia and in the process, present my position on the matter. There are three main parts of this research paper: firstly, the definitions of euthanasia and related terms and concepts; second, and third the arguments given by those who are pro-euthanasia and the counterarguments of those who are against euthanasia. The author takes into consideration, in particular the documents of the Church related to the subject.

CHAPTER ONE

DESCRIPTION OF TERMS

In this chapter, the author presents and describes the terms used in the debate on euthanasia. Concretely, he will speak of euthanasia, assisted suicide, dysthanasia, orthothanasia, ordinary and extraordinary treatment, hydration, nutrition, sedation, full informed consent and proxy decision.

1. Euthanasia and Physician-Assisted-Suicide

There are different expressions used by different authors when speaking about euthanasia. The *Oxford Advanced Learner's Dictionary 7th edition* (2005) defines it as a practice (illegal in most countries) of killing without pain a person who is suffering from a disease that cannot be cured. The Voluntary Euthanasia Society looks to the origin of the Greek words (*eu* and *thanatos*) and says that a modern definition of euthanasia is: 'A good death brought about by a doctor providing drugs or an injection to bring a peaceful end to the dying process.'³

The *Declaration on Euthanasia* by the Vatican's Sacred Congregation for the Doctrine of the Faith defines euthanasia as “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be

³ ProCon.org, “what is Euthanasia?”
<http://euthanasia.procon.org/view.answers.php?questionID=000142> accessed on 28.11.2014. The Voluntary Euthanasia Society campaigns for the people with terminal illness to be allowed to ask for medical help to die at the time of their choosing. Recently the name has being changed into “dignity in dying”.

eliminated.” It adds: “Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used.”⁴

The term euthanasia derives from two Greek words *eu* (good or well) and *thanatos* (death), and it means good or happy death.⁵ The term euthanasia originally meant only “good death” but in modern society it has also come to mean a death free of any anxiety and pain, often brought about through the use of medication.⁶ It has also come to mean “mercy killing” that is, deliberately putting an end to someone’s life in order to spare the individual’s suffering.⁷

A good example to explain the case of euthanasia would be the case of Mrs. Jean, the first wife of Dereck Humphry. She suffered from incurable breast and bone cancer in her early forties and the husband helped her to die by mixing her coffee with a lethal drug that he obtained from a sympathetic doctor.⁸ The drug took effect and in less than an hour Mrs. Jean died. It was a voluntary euthanasia requested by Mrs. Jean and Humphry was fully aware that it is a crime to help her die; however, he could not refuse her.

⁴ Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (Vatican City: 1980), Part II. Hereafter, *Declaration on Euthanasia*.

⁵ Dick Westley, *When It’s Right To Die: Conflicting Voices, Difficult Choices* (New York: Twenty-Third Publication, 1995), 65. Hereafter, *When It’s Right To Die*.

⁶ Michael Manning, *Euthanasia and Physician-Assisted Suicide: Killing or Caring?* (New York: Michael Paulist Press 1998), 1. Hereafter, *Euthanasia and Physician-Assisted Suicide*.

⁷ *Ibid.*

⁸ Donald De Marco and Benjamin Wiker, *Architects of the Culture of Death* (San Francisco: Ignatius Press, 2004), 337. Hereafter, *Architects of the Culture of Death*. Dereck Humphry is a British born- American journalist who founded the Hemlock Society USA and past president of world federation of right to die society. He has written several books and among them *Final Exit* which became a best seller in the world.

Humphry stated then: “I reasoned that, being asked by the person I love most, I could not refuse, even though it was a serious crime.”⁹ A few years later, he published a book called *Jean’s Way* and in this book he described how he helped her die. Many criticized him for what he did and called him “murderer and killer” but he believed he did the right thing and he said “the ordinary connotation of those words is the taking of life without permission.”¹⁰

Generally, authors speak of two forms of euthanasia, namely, active euthanasia and passive euthanasia. Active euthanasia is the direct action that ends the life of a terminally ill patient; thus it actually involves an act of killing.¹¹ The suffering patient is put to death for merciful reason by commission (giving overdoses of pain killers) or omission of obligatory treatments and medications (stop feeding the patient) so that the suffering can be eliminated.¹² Passive euthanasia is the withdrawal of treatments and allowing the terminal patient to die.¹³ In the Catholic understanding, there is moral distinction between active and passive euthanasia as the former one is procuring death while the latter is allowing to die.¹⁴

There are different definitions of active and passive euthanasia. Due to these different definitions and understandings, many bioethicists today do not use the

⁹Derek Humphry, *Dying with Dignity: Understanding of Euthanasia* (New York: Birch Lane Press, 1992), 100. Hereafter, *Dying with Dignity*.

¹⁰*Ibid*, 101.

¹¹Fausto B Gomez, O.P., *A Pilgrim's Notes: Ethics. Social Ethics. Bioethics* (Manila: UST Publishing House, 2005), 263. Hereafter, *A Pilgrim's Notes*.

¹²*Ibid*, 264.

¹³ Westley, *When It's Right To Die*, 67.

¹⁴ Gomez, *A Pilgrim's Notes*, 264.

distinction between active and passive euthanasia and speak simply of euthanasia. Some Catholic ethicists prefer not to use the term passive euthanasia.¹⁵ Likewise, there is no distinction in this paper either. The writers speak of euthanasia without adjectives to mean direct or procured euthanasia by commission or omission.¹⁶

Furthermore, euthanasia is divided into three kinds depending on who makes the decision. First, if a competent patient asks for it, it is called voluntary euthanasia. On the contrary, involuntary euthanasia is carried out against the will of the patient.¹⁷ An ethicist Michael Manning defines voluntary euthanasia as “intentionally administering medications to cause the patient’s death at the patient’s request and with full, informed consent.”¹⁸ He defines involuntary euthanasia as “intentionally administering medication to cause the patient’s death without the patient’s request and full, informed consent.”¹⁹

Still there is another possible situation: when the patient is incapable of expressing his or her will like in the case of children or patients in coma or in a vegetative state. In these cases, their stand is not known and euthanasia is called non-voluntary euthanasia because the decision is made on behalf of the patient with the presumption that euthanasia is for the best interest of the patient.²⁰ This decision is

¹⁵ Manning, *Euthanasia and Physician-Assisted Suicide*, 2.

¹⁶ *Ibid.*, 264.

¹⁷ Gomez, *A Pilgrim's Notes*, 265.

¹⁸ Manning, *Euthanasia and Physician-Assisted Suicide*, 3.

¹⁹ *Ibid.*

²⁰ Gomez, *A Pilgrim's Notes*, 265.

made by the patient's loved ones, family members, and doctors after evaluating the condition of the patient carefully.

Physician-assisted suicide is closely related to euthanasia. It is a circumstance in which the doctor provides instructions and medications to assist a suffering patient who wants to end his or her life or to commit suicide.²¹ The physician does not carry out personally the action of ending the patient's life, rather it is the patient who causes directly his death with the help of the doctor. The physician simply prescribes the lethal dose and drug and then, the patient takes his/her own life following the prescription of the physician. The person who chooses physician-assisted suicide is himself the principal cause of his death while the physician is instrumental cause, usually an immediate and formal cooperator.²²

The expression "physician assisted suicide" is common in literature and there is no complication concerning the terms as a physician simply assists the patient to commit suicide. Physician assisted suicide is distinguished from euthanasia in its method, because in voluntary euthanasia a physician does not only make the means available but is also the real agent of the cause of death upon the request of the patient, while in the physician assisted suicide the physician is not the actual agent of death.²³ Dr. Jack Kevorkian, also known as Dr. Death is the notorious advocate and practitioner of physician assisted suicide.

²¹ *Ibid*, 266. Euthanasia so far is legalized by three nations already; these nations are Netherlands, Belgium and Luxembourg. Belgium legalized euthanasia since 2002 and it also has made child-euthanasia legal on 13 February 2014. Similarly, euthanasia was legalized in Netherlands since 2002 too while euthanasia was legal in Luxembourg. in 2008.

²² William E. May, *Catholic Bioethics and the Gift of Human Life* (IND: Our Sunday Visitor, Inc., 2008), 263. Hereafter, *Catholic Bioethics and The Gift of Human Life*.

²³ *Ibid*.

In his book, *Euthanasia and Physician Assisted Suicide: Killing or Caring?*, Michael Manning, M.D. defines physicians assisted suicide as follows: “A physician providing medications or other means to patient with the understanding that the patient intends to use them to commit suicide”.²⁴ For his part Dr. Timothy E Quill, another well-known advocate describes it as “the act of making a means of suicide (such as a prescription for barbiturates) available to a patient who is physically capable of suicide, and who subsequently acts on his or her own.”²⁵

A suitable case of physician assisted suicide would be 29 years old, Ms Maynard whom I mentioned earlier. She was diagnosed with terminal brain cancer. Following months of treatment and a worsening prognosis, Mrs Maynard decided to use Oregon’s Laws to obtain a lethal dose of medication for herself several months prior to taking her own life with it.²⁶ She made it known to all that she would hasten her death because of the suffering she had to endure and did not want to. She died at home after administering the drug "dying in the arms of her loved ones," according to a spokesman for the advocate group Compassion & Choices.²⁷

Physician assisted suicide or assisted suicide (assisted by non-physicians) currently is legal in some countries such as Switzerland, Germany, Albania,

²⁴ Manning, *Euthanasia and Physician-Assisted Suicide*, 4.

²⁵ May, *Catholic Bioethics and The Gift of Human Life*, 263.

²⁶ BBC World News US&Canada, “Right-to-Die Advocate Brittany Maynard Ends Life” <http://www.bbc.com/news/world-us-canada-29876277> (accessed on 4.11.2014).

²⁷ Anthony Zurcher BBC, “A Cancer Patient’s Decision to Die.” <http://www.bbc.com/news/blogs-echochambers-29576003>, access on 11.10.2014.

Colombia, Japan and the United States, in the states of Washington, Oregon, Vermont, New Mexico and Montana. It seems more might legalize it in near future.

2. Dysthanasia and Orthothanasia

Dysthanasia is generally understood as the undue prolongation of life. *Dysthanasia* means “faulty or imperfect death”, when the moment of death is postponed by all means available. It is unduly prolonging life that ends in an “undignified death.”²⁸ The undue prolongation of life and postponement of the occurrence of natural death usually lengthens the suffering of a patient.²⁹ It is a way of using artificial and medical means of treatment which do not really preserve life but rather delay the time of inevitable death.³⁰

Between euthanasia and dysthanasia, there is “orthothanasia” which is understood as allowing to die or letting to die. Usually allowing to die means to withhold or withdraw extraordinary treatment that when administered offers no real benefit to the patient and imposes great burden to family and relatives.³¹ Orthothanasia or allowing to die is indeed correct dying.³²

²⁸ Gomez, *A Pilgrim's Notes*, 268.

²⁹ Marvin Julian L. Sambajon, JR., *Health Care Ethics: A College Textbook for Nursing, Medicine, and Other Health Care-Related Courses* (Quezon City: C&E publishing, Inc., 2007), 251. Hereafter, *Health Care Ethics*.

³⁰ *Ibid.*

³¹ *ibid.*, 257.

³² *Ibid.*

Life has its beginning as well as its end. It is quite obvious that there is no one who is going to live in this passing world for eternity. This is beautifully expressed in the book of Ecclesiastes (3:1-2): there is an appointed time for everything, “a time to be born, and a time to die; a time to plant, and a time to pluck up what is planted.” After being born into this world, death is inevitable for everyone. It is just a matter of time, and it will come to everyone sooner or later. The time therefore comes when someone’s life is ending and prolonging it by useless or too burdensome additional medical treatments is usually not the best option for someone any longer.³³

3. Ordinary and Extra-ordinary Treatments,

There are three kinds of medical treatment: beneficial, useless and doubtful. Beneficial treatment is one that benefits the patient and is not too burdensome. Useless treatment is one that is ineffective and does not benefit the patient, while doubtful treatment is the treatment that might be beneficial or useless. In this context, bioethicists speak of ordinary and extraordinary means of treatment.

Generally the ordinary means of treatment comprise all medications, treatments and operations that offer considerable hope of benefit and also do not cost huge expenses or great burdens to oneself or to another.³⁴ These means are beneficial to the patient and not too burdensome and are usually considered obligatory. Extraordinary

³³ Benedict M. Ashley O.P and O’ Rourke, Kevin D. O.P, *Ethics of Health Care: Introduction Textbook*, 3^d ed. (Washington DC: Georgetown University Press, 2002), 189. Hereafter, *Ethics of Health Care*.

³⁴ Raymond S. Edge and John Randall Groves, *Ethics of Health Care: A Guide for Clinical Practice* (Manila: C & E Publishing, Inc., 1999), 146. Hereafter, *Ethics of Health Care*.

means of treatment, on the other hand, are all medicines, treatments and operations that are excessively expensive and too burdensome, and useless and not beneficial.³⁵ Unlike ordinary means or treatments, the extraordinary are considered generally not obligatory.

There are different terminologies used by different authors when they speak about these two kinds of treatments. Some prefer the expression “proportionate and disproportionate” means of treatment while other authors prefer to use “ordinary and extraordinary” means of treatment. It is not really important which expression is employed, it is however vital to understand the distinction between the two kinds of means of treatment along with the burdens and benefits involved in these sorts of means. What considerations are to be taken into account when speaking about burdens and benefits here?

What does make a treatment burdensome? Clearly it has a financial connotation: the treatment is too costly to afford. It also includes principally a physical, psychological dimension: it causes pain and suffering. It has a painful or uncomfortable consequence, and it is unlikely to succeed.³⁶ It is also vital to note that the word “burdensome” specifically refers to any particular treatment that is judged to be a great burden, to the patient, to family and community.³⁷

³⁵ *Ibid.*

³⁶ Janet E. Janet and Christopher Kaczor, *Life Issues, Medical Choices: Questions and Answers for Catholics* (Michigan: St. Anthony Messenger Press, 2009), 111. Hereafter, *Life Issues, Medical Choices*.

³⁷ *Ibid.*, 110.

Furthermore, what are the reasons which make a medical treatment beneficial and thus obligatory? A medical treatment is beneficial, to the extent that it prolongs life, cures disease, relieves symptoms, restores functions, alleviates pains and engenders physical well-being.³⁸ Basically the benefits of medical treatment must outweigh the burdens imposed. This sort of treatment is an ordinary mean of treatment and it is obligatory. For a patient to refuse such medication constitutes suicide and a denial of this treatment to patients is equivalent to killing.³⁹

No medical therapy is to be judged ordinary or extraordinary treatment until two conditions are examined. First is this: whether it offers hope of benefit. Second, contribution is this: whether it is excessively burdensome.⁴⁰ In defining the treatment diagnosis and prognosis of illness is required. A respirator or tube-feeding may not be judged as ordinary or extraordinary until the medical condition of a patient is assessed and evaluated.⁴¹

4. Patient in Persistent Vegetative State, Hydration and Nutrition, and Sedation

Patient in persistent vegetative (PVS) state refers to any patient with cognitive-affective deprivation: the patient no longer has self-awareness, no ability to

³⁸*Ibid.*

³⁹*Ibid.*, 111.

⁴⁰ Ashley, O.P., and O'Rourke, O.P., *Ethics of Health Care*, 191.

⁴¹ *Ibid.*

communicate and reason.⁴² The patient in persistent vegetative state can continue to live in this state for a long period of time and it is extremely rare that this kind of patient will recover and be able to think or exercise free will.⁴³ Willian E. May describes it as follow:

Vegetative state is a state of unresponsiveness, currently defined as a condition marked by: a state of vigilance, some alternation of sleep/wake cycles, absence of sign of awareness of self and of surrounding, lack of behavioral responses to stimuli from environment, maintenance of autonomy and other brain functions.⁴⁴

Since there are some patients in persistent vegetative state, who lack the awareness of self, and many other patients who for some reasons cannot eat and drink to sustain life or health due to the illness, how can they have access to food and water that are the basic needs of a person? There are artificial ways of administering water and food to these kinds of patients: hydration and nutrition.

Artificial hydration and nutrition mean the provision of fluids and food by methods invented by modern technology rather than normal eating and drinking.⁴⁵ Food and fluids are provided by naso-gastric tube inserted through the nasal passage into the stomach, or tubes surgically inserted directly through the skin into the stomach or intestines.⁴⁶

⁴² Smith and Kaczor, *Life Issues, Medical Choices*, 112.

⁴³ *Ibid.*

⁴⁴ May, *Catholic Bioethics and the Gift of Human Life*, 285.

⁴⁵ The Office of Clinical Ethics and Palliative Care, "Common Questions and Answers about Artificial Nutrition and Hydration" *Baylor Health Care System* (2010), 1-6, esp. 1.

⁴⁶ *Ibid.*

Another medical treatment that needs to be discussed is sedation or pain-killers. What is the meaning of sedation? It is the reduction of pain, irritability and suffering or agitation by administering sedative drugs. It is considered part of the health-care system, integral part of pain-management for terminal patients.

Sedation can include giving morphine or narcotic analgesics to a terminal patient in pain. It is meant to give patients comfort. However it can have negative effect to the patient such as coma or cardiovascular or even hasten a patient's death.⁴⁷ The usual primary intention of treatment by sedation, however, is to release the pain and suffering of the patient.

5. Informed and Proxy Consent

The decisions related to euthanasia, especially to voluntary euthanasia and physician-assisted suicide, are made by particular patients who are competent and able to make such decisions. A competent patient is one who is able to give free and informed consent regarding kinds and means of treatment. An incompetent patient is one who is unable to give free and informed consent and others give it on his/her behalf: this is proxy or substitute consent. There are cases in which a competent patient requests to withdraw treatment or she or he refuses treatment but fully understands the consequence of refusing care.⁴⁸

The physician is also involved in decision making. He/she provides medical diagnosis and prognosis and informs the patient whether the means is helpful or

⁴⁷ Manning, M.D, *Euthanasia and Physician-Assisted Suicide*, 51.

⁴⁸ Edge and Randall Groves, *Ethics of Health Care*, 153.

ineffective to the patient concerning his/her's condition.⁴⁹ With the guidance of the physician and consultation with relatives, the patient decides what action should be taken and what action should be omitted.⁵⁰

The right to make the decision belongs to the competent patient: it is his or her life. The doctor, however, is obliged to inform the patient in a clear way that she or he comprehends well diagnosis, management of illness, alternative treatments and prognosis.⁵¹ Full informed consent includes of three qualities: information by doctor, and comprehension and freedom by competent patient.⁵²

There are some cases when the patient is incompetent, that is not capable of making personal decisions due to incapacity, illness; then others must decide for him/her. Thus we have proxy or substitute consent, when a decision is made family members or guardians on behalf of the incompetent patient.

A proxy or surrogate or substitute decision is made based on the best interest and a presumed wish of the patient. Since the patient cannot make the choice, first the option that is taken must be the best for the patient, second the decision must likely be the decision that would have been made by the patient if he/she had been competent. Thus the basic condition of proxy decision is to respect the ethical wish of the patients and their best interest.⁵³

⁴⁹ Ashley, O.P and O'Rourke, O.P., *Ethics of Health Care*, 194.

⁵⁰ *Ibid.*

⁵¹ Fausto B. Gomez, O.P., *Promoting Justice Love Life* (Manila: UST Publishing House, 1998), 219. Hereafter, *Promoting Justice Love Life*.

⁵² *Ibid.*

⁵³ *Ibid.*, 219.

CHAPTER TWO

ARGUMENTS FOR AND AGAINST EUTHANASIA

There are people who are in favor of euthanasia and also people who are against it. This chapter presents the arguments in favor of euthanasia based on autonomy and the right of the individual person, compassion and mercy towards the patient. It also puts forward counter-arguments, arguments against euthanasia, in particular, that God is the sovereign Lord of life and every individual person does have the right to life, and that mercy or compassion towards the patient in the case of euthanasia or mercy killing is false mercy.

1. Autonomy of the Patient

a. Autonomy Favors Euthanasia

One of the major arguments to support euthanasia is rooted in autonomy: human persons are free and autonomous, and therefore may choose a peaceful death rather than bearing the indignity of a life no longer worth living. These patients believe that they are better off dead than alive because they no longer find value in their lives.⁵⁴ Any individual person has the right to make a similar decision and all others ought to respect his or her decision.

⁵⁴ May, *Catholic Bioethics and The Gift of Human Life*, 265.

It is generally accepted that people have the liberty to choose and this personal autonomy must be respected even if it is considered a mistake or foolishness.⁵⁵ This choice of personal autonomy can justly be interrupted if seriously affects the significant moral interest of others.⁵⁶ Hence the autonomy of the individual person demands respect of the autonomy of all others.

Autonomy “is a human right born of self-determination.” This was the argument put forward by advocates of euthanasia in Britain and the United States during the 19th century. These advocates did admit, however, that human life is sacred, but only to the extent that this life contributes to the joy and happiness of the person who possesses it and that it ought to be the choice of the person concerning his/her future health and happiness.⁵⁷

This stand means that whoever is in the age of discretion and whoever is suffering from fatal and incurable illness, which includes slow and painful death, should be allowed under law, if this person so desires and requests to choose a quick and painless death.⁵⁸ These supporters of euthanasia claim that such should be regarded as a matter of human right and not as merely an act of mercy.

⁵⁵ Megan-Jane, Johnstone, *Bioethics: a nursing perspective*, 2nd ed., (Australia: Southwood Press 1994), 334. Hereafter, *Bioethics: A Nursing Perspective*.

⁵⁶ *Ibid.*

⁵⁷ Ezekiel J. Emanuel, "The History of Euthanasia Debates in the United States and Britain." *Annals Of Internal Medicine* 121, no. 10 (November 15, 1994): 793-802, esp. 797. *Academic Search Complete*, EBSCOhost (accessed December 5, 2014). Hereafter, *The History of Euthanasia Debate in the United States and Britan*.

⁵⁸ *Ibid.*

The argument based on autonomy is also applicable to voluntary cases of euthanasia and to physician-assisted suicide. The advocates of euthanasia argue that “autonomy or self-determination is the right of a person to control his or her body and life decision.”⁵⁹ Whoever holds this view believes that autonomy includes the freedom to choose the final exit. They claim that to prohibit *voluntary* euthanasia is the same as not to respect the freedom of those who wish physician’s help in their dying moment.⁶⁰

The question whether an individual has an absolute freedom to exercise control over his or her body lies at the heart of the euthanasia debate.⁶¹ Those who defend euthanasia argue that this right is an absolute one and includes control over own life and death. It is the belief of the pro-euthanasia movement that a patient has the right to choose whatever he or she decides, even death, and this right must be respected by all, including the physician.⁶²

Voluntary euthanasia is justified based on the autonomy of the person who suffers great pain and for whom medication has no more effect to relieve the suffering. In this case, the patient has come to a mature decision with a desire to impose no more burdens on others. The patient then may request the help of a doctor in his or her dying moment, and since the patient made a responsible request there is no injustice in carrying out euthanasia upon him or her. Thus those who support

⁵⁹ Manning, M.D., *Euthanasia and Physician-Assisted Suicide*, 26.

⁶⁰ *Ibid.*

⁶¹ *Ibid.*

⁶² *Ibid.*, 27.

euthanasia argue that “Since the person to be killed mercifully gives free and informed consent to being killed, no injustice will be done. Respect for this person’s integrity and autonomy require one to honor his or her request to die.”⁶³

It would be a real cruelty to the patient if the physician ignores the request. It would be like forcing the patient to stay in a horrible situation where he or she does not want to be any longer. Thus, to refuse the patient’s request seems like a failure to respect the autonomy of the patient. In fact, to reject such a request is not only to fail to respect the person’s autonomy and dignity; “it is to compel him or her to live in a way he or she believes is a horrible mockery of all he or she holds dear and to force him or her to die a miserable, pain-ridden death.”⁶⁴

One of the euthanasia advocates, Peter Singer, who is a famous writer, links the right to die to the right to life. He writes: “The most important aspect of having a right to life is that one can choose whether or not to invoke it. We value the protection given by the right to life only when we want to go on living. No one can fear being killed at his or her own persistent, informed and autonomous request.”⁶⁵ Likewise the stand concerning euthanasia in the Netherlands is based on two factors: first the decision is voluntary and well-considered, and second the patient is suffering

⁶³ May, *Catholic Bioethics and The Gift of Human Life*, 264.

⁶⁴ *Ibid.*, 264-265.

⁶⁵ Peter Singer, *Rethinking of Life and Death* (New York: St. Martin’s Graffin, 1994), 218-2019.

unbearably and hopelessly. Hence, euthanasia is morally justified by the respect due to the principle of autonomy alone.⁶⁶

The principle of self-government is increasingly presented by proponents of mercy killing as an absolute principle and a private matter. In their perspective, the freedom should extend to the individual self-determination to bring about one's death by someone else, provided it is voluntary. Moreover, this should be protected by the law and the physicians should be allowed to satisfy the request of a patient.⁶⁷ The principle of autonomy has become one of the solid grounds for advocates in their attempt to legalize euthanasia.

b. True Autonomy is against Euthanasia

Supporters of euthanasia base their belief on autonomy: everyone has freedom of choice, and this must be respected by all. For Christians and others it is not so. The Encyclical *Evangelium Vitae* of Pope John Paul II states this is a distorted notion of freedom which destroys our solidarity with other human beings.⁶⁸ The Christian concept of freedom is that it is a freedom to be and do what one discerns God wants

⁶⁶ Jurriaan, De Haan, "The Ethics of Euthanasia: Advocates' Perspectives." *Bioethics* 16, no. 2 (April 2002): 154-172, esp. 156. *Academic Search Complete*, EBSCOhost (accessed December 10, 2014). Hereafter, *The Ethics of Euthanasia*.

⁶⁷ Kevin Wm. Wildes, S.J and Alan C. Mitchell, *Choosing Life: A Dialogue on Evangelium Vitae*, (Washington, D.C: Georgetown University Press, 1997), 243-243. Hereafter, *Choosing Life*.

⁶⁸ *Ibid.*, 243.

him/her to be or to do: It includes autonomous choice to accept or reject suffering and illness, and also to abandon oneself to the will of God.⁶⁹

The Christian perspective of freedom and right implies this: everyone does have the right to life, but this right is not an absolute one because as life is given by God as a gift, there is no absolute autonomy: we are stewards of our life.⁷⁰ It is like a given talent granted by the master to his servants, and from which he expects them to invest and gain proper return as it is showed in one of the parables of Jesus (Mt25:14-30).⁷¹

According to the document of the Sacred Congregation for the Doctrine of the Faith, *Declaration on Procured Euthanasia*, human life is the basis of all goods and a necessary source of every human activity in society. Moreover, life is a gift of God's love and everyone is to preserve this life as well as to make it bear fruit.⁷² Since life is a gift from God, everyone has the obligation to live a life in accordance with God's plan. Life is entrusted to the individual as a good, and it has to bear fruit here on earth; it will come to full perfection only in eternal life.⁷³

The document is against intentional killing because this is an act of rejection of God's sovereignty, a refusal of love for oneself, a denial of a natural instinct to live, a

⁶⁹ *Ibid.*

⁷⁰ Ashley, O.P., and O'Rourke, O.P., *Ethics of Health Care*, 189. Also CCC, no. 2280, says that we are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

⁷¹ *Ibid.*

⁷² Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Part I. see also CCC no. 2280.

⁷³ *Ibid.*, Part I, no.2.

flight from duties towards one's neighbor, to various communities.⁷⁴ In the words of the document:

Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and living plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities or to the whole of society.

The Vatican document firmly says that no one can permit the killing of an innocent human being and that no one is permitted to ask for this act of killing for oneself or for others. Likewise no authority can recommend or permit such an action. The document considers euthanasia a violation of the divine law, an offense against the dignity of the human person, a crime against life and an attack on humanity.⁷⁵

Similarly, the Encyclical *Evangelium Vitae* (EV) or the Gospel of life also states that only God has the power over life and death, and He exercises this power according to his plan of wisdom and love.⁷⁶ It is a great injustice if physicians or legislators decide who ought to live and who ought to die, and it is a kind of temptation the first man and woman faced in Eden, that is, to try to become like God.⁷⁷

⁷⁴ *Ibid*, Part I ,no 3.

⁷⁵ *Ibid*, Part II.

⁷⁶ John Paul II, *Evangelium Vitae*, (The Vatican City: March 25, 1995), no.15. Also CCC no.2280 states that it is God who remains the sovereign Master of life. Hereafter, *Evangelium Vitae*.

⁷⁷ *Ibid*.

The papal encyclical urges that our life and death are in the hands of the Lord. It quotes Rom 14:7-8: “We do not live to ourselves, and we do not die to ourselves. If we live, we live to the Lord, and if we die, we die to the Lord; so then whether we live or whether we die, we are the Lord’s.” The Lord God is truly the master of life and death.

In the same way, to die in the Lord also means to be ready to die and accept one’s death at the hour willed and chosen by God, as an act of obedience to him.⁷⁸ The encyclical *Evangelium Vitae* clearly proves that euthanasia is ethically wrong from the perspective of reason and faith. From the perspective of reason too: the right to life belongs to the nature or identity of every person; not to the state, not even to the person, and therefore it should be respected by all.

Whatever the motivation is, euthanasia is morally unacceptable, including bringing an end the life of the patient.⁷⁹ CCC also speaks of suicide as a contradiction to the natural inclination of human beings to preserve life. Since human beings are social beings, we are in solidarity with one another and suicide breaks our solidarity with family, society and nation.⁸⁰ Thus suicide is contrary not only to the love of self; it is also an offence against the love of neighbor and against the love for the living God.

⁷⁸ *Ibid.*

⁷⁹ CCC, no. 2277.

⁸⁰ *Ibid.*, no.2281.

The autonomy of the person is not absolute because it has to respect the ethical principles of stewardship and solidarity. The human person is autonomous but within autonomy that is limited by the principles of stewardship and solidarity. Fausto Gomez describes these two principles as follow. Stewardship: “God is the Lord of life and of creation; persons are theirs custodians.” Solidarity: “Love all persons, members of the human family: principally, the most proximate and the most needy.”⁸¹ Thus autonomy is limited by the fact that the human person is related to other humans through close ties of blood and also love; besides, he or she is dependent on God.⁸²

2. The Right to Die

a. The Right to Die Favors Euthanasia

The pro-euthanasia ethicists present another argument to defend their stand: the right of a person to choose death or the right to die. Does a man have such a right to die? The proponents of euthanasia believe she/he does. Otherwise, they argue every martyr or hero who deliberately offers his or her life is morally wrong.⁸³ Ethicist Arthur Dyck states that “An individual’s life belongs to that individual to dispose of entirely as he or she wishes.”⁸⁴

⁸¹ Gomez, OP., *Promoting Justice Love Life*, 55.

⁸² *Ibid.*

⁸³ Robin Gill, *A Textbook of Christian Ethics*, 2nd ed. (Edinburgh: T&T Clark Ltd, 1995), 515. Hereafter, *A Textbook of Christian Ethics*.

⁸⁴ Edge and Randall Groves, *Ethics of Health Care*, 172.

A cancer patient Mrs. Brittany Maynard who suffered from terminal brain cancer, committed suicide as mentioned in the introduction also believed that choosing to die was her right. She thought, she deserved this choice and no one had the right to deny her the choice. She felt this choice is far more humane than to suffer weeks or months in tremendous amounts of physical and emotional pain.⁸⁵

Since in the case of euthanasia, there is no hope of recovery and furthermore there is no possibility of responsibility to serve others, one may say that defending the right to die is egoistic or selfish. The defenders of euthanasia however state that this is not true: the patient is not choosing his own good only but also the good of others.⁸⁶ The patient doesn't want to be a burden to the loved ones and to society. Thus, defenders of euthanasia argue that a sufferer has the right to choose death and society ought to respect and grant this right, as an act of justice and of compassion toward fellow human beings.⁸⁷

The proponents also claim that to prohibit a patient from the right to choose death is somehow a way of denying submitting oneself to death.⁸⁸ In response to the statement that it is reserved to God to decide at what moment of time life shall cease,

⁸⁵ Weisensee Egan Nicole, "Cancer Patient Brittany Maynard: Ending My Life-My Way" *People Magazine* (October 27, 2014): 64-69, esp. 67. Hereafter, *Cancer Patient Brittany Maynard: Ending My Life-My Way*. Brittany Maynard made an emotional 6-minute video for the advocacy group Compassion & Choices and it has 7 million views to date.

⁸⁶ Gill, *A Textbook of Christian Ethics*, 515-516.

⁸⁷ *Ibid.*, 516.

⁸⁸ *Ibid.*

they say that all medical care trying to take the role of God and to interfere with the natural course of life by prolonging life is against a person's right to die.⁸⁹

The fundamental liberty principle set out by the United States Supreme Court concerning abortion is practically applicable to euthanasia. It is stated by the constitution that there is a realm of personal liberty with which the government may not interfere: the suffering of patients is too intimate and personal for the state to inter into by insisting upon its own vision of the end of life. Moreover, the destiny of a terminal patient must be shaped by the own conception of his or her spiritual imperatives.⁹⁰

The argument from the perspective of the right to die of an individual is presented as an extension of personal autonomy: the right to live one's own life according to the individual's own vision, unrestricted by the views of others.⁹¹ By right, it is considered that everyone has the right to live a life in a way she/he wants and that every person has the freedom to choose whatever he/she believes is good for him or her.

In 1984 Robert Risley, a lawyer in Los Angeles considered helping his wife who suffered cancer to end her life if she asked him to terminate her pain and suffering. Though he was fully aware of its illegality, he commented that "she should have been

⁸⁹ *Ibid.*, 517.

⁹⁰ David Cummiskey, "The Right to Die and the Right to Healthcare" M Boylan ed., *Public Health Policy and Ethics* (2004): 187-202, Esp. 189. Hereafter, *The Right to Die and the Right to Healthcare*.

⁹¹ Edge and Randall Groves, *Ethics of Health Care*, 172.

able to carry out our wishes, and she should have been entitled to assistance.” He adds that “we all should have the right to control our own destiny.”⁹²

This right takes priority over the assessment of a physician of the condition of the patient: “The patient’s rights take precedence over the physician’s judgment in decision-making at the end of life.” This is a statement made by Mr. Quinlan to the Supreme Court in New Jersey concerning discontinuation of extra-ordinary means.⁹³ In this case, the patient’s judgment prevails over the physician’s.

The “right to die” usually refers to the right to refuse any treatment that is extra-ordinary and any life-sustaining treatment. The movement of “right to die” marked its beginning in 1976 after Karen Quinlan case when the court granted the decision to remove the respirator requested by her father.⁹⁴ From then on the right of a competent patient is very much protected as there has been a significant increase of law enforcement that permits withdrawal of life-sustaining treatment.⁹⁵

⁹² James, Podgers, "Matters of Life and Death Debate Grows Over Euthanasia." *ABA Journal* 78, no. 5 (May 1992): 60-63, esp.61. *Business Source Complete*, EBSCOhost (accessed December 10, 2014). Hereafter, *Matters of Life and Death Debate Grows Over Euthanasia*. Risley founded an organisation called Americans against Human Suffering and associates his firm with Hemlock Society.

⁹³ Tom L, Beauchamp, "The Right to Die as the Triumph of Autonomy." *Journal Of Medicine & Philosophy* 31, no. 6 (December 2006): 643-654, esp.645 *Humanities International Complete*, EBSCOhost (accessed December 10, 2014). Hereafter, *The Right to Die as the Triumph of Autonomy*. Mr. Joseph Quinlan is the father of a girl, Karen who was in vegetative state. He won this case in the Supreme Court in Jew Jersey to remove the respirator that his daughter depended on.

⁹⁴ Anthony Lim, *The Right to Die Movement: From Quinlan to Schiavo* (May 2005 third year paper), 6. Karen was a patient who was in vegetative state.

⁹⁵ *Ibid*, 13.

b. There Is No Right to Die

There are different arguments against the “right to die” proposed by proponents of euthanasia. In opposing the "right to die" movement, there is also an organization called “right to life” which is supported by the Church as well. James Bopp, an active lawyer in the "right to life" movement, in opposing to "right to die" says: "The principal responsibility of society and government is to protect life, so it ought not to be legalizing the killing of one person by another."⁹⁶

Furthermore, it is believed that "if a physician's role is to take your life as well as to preserve it that injects a lot of ambiguity into the relationship." Moreover "this would destroy the special role of the physician."⁹⁷ Dr. Melvin Kirschner, a member of the Joint Committee on Bioethics of the Los Angeles County medical and bar associations believes that we don't have all the rights in society. "None of us can have all the rights we want in society"; "You don't have a right as a patient to ask me to kill you" in response to the "right to die" stand.⁹⁸ Kirschner believes that if a physician is allowed to terminate patients this is against the role of a doctor as healer.

Nancy Dubler, director of the Division of Law and Ethics at Monte-fiore Medical Center in New York City opposes legalization of euthanasia in order to protect the interests of the underprivileged. She says: "It would be a social catastrophe

⁹⁶ Podgers, *Matters of Life and Death Debate Grows Over Euthanasia*, 62. Bopp serves as president of the National Legal Center for the Medically Dependent and Disabled, and does extensive legal work for the National Right to Life Committee in Washington D.C.

⁹⁷ *Ibid.*

⁹⁸ *Ibid.*

to permit euthanasia in a society that fails to provide universal health care, particularly for the elderly, the poor and minorities."⁹⁹ One of the leading opponents of the euthanasia resolution, John Pickering says: "once physicians have a license to kill, they have a duty to kill."¹⁰⁰

Opponents believe that legalizing the practice of euthanasia will have undesired consequences, and they strongly oppose its legalization. One of the most practical fears of the consequences of legalizing euthanasia and physician-assisted suicide is that it will destroy the relationship between the patients and doctors. Those who oppose it fear granting physicians the license to practice euthanasia for this will erode the confidence in the doctors at the time the patients need it most.¹⁰¹ A consequence of legalizing euthanasia would certainly be reducing the patient's trust in the physicians.

⁹⁹ *Ibid.*

¹⁰⁰ *Ibid.* John Pickering was a counsel to Wilmer, Cutler & Pickering in Washington, D.C, and chair of the ABA Commission on Legal Problems of the Elderly. He also served as Chief Justice of the New Hampshire Superior Court of Judicature and as Judge for the United States District Court for the District of New Hampshire.

¹⁰¹ Richard M. Gula, "Dying Well: A Challenge to Christian Compassion." *Christian Century* 116, no. 14 (May 5, 1999): 501-505, esp. 504. *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed December 15, 2014). Hereafter, *Dying Well: A Challenge to Christian Compassion*. See also, Emanuel, *The History of Euthanasia Debates in the United States and Britain*, 797.

3. Compassion and Mercy towards the Dying

a. Compassion Favors Euthanasia

Another argument used by the promoters of euthanasia is the argument of compassion. Euthanasia is considered by its promoters an act of compassion. The request of those who want to terminate their lives ought to be honored and carrying it out for them is an act of kindness or beneficence.¹⁰² Compassion is a human experience shared by all. It is a common human emotion that human beings feel and suffer along with the suffering of others because of our fellowship.¹⁰³ Derek Humphry, the author of *Final Exit*, puts his argument in this way: “Helping another to die in carefully considered circumstances is part of good medicine and also demonstrates a caring society that offers euthanasia to hopelessly sick persons as an act of love.”¹⁰⁴

Advocates of euthanasia argue that medical technology cannot offer alleviation of physical pain to many terminal patients.¹⁰⁵ Moreover, they claim that these patients are terribly afraid of being trapped in life-support machines as they approach death.¹⁰⁶ They believe they are compassionate towards these patients and believe it is right to make euthanasia available to them in order to end their suffering. They even believe that these ought to be patients’ decisions protected by law.

¹⁰² Cf. May, *Catholic Bioethics and the Gift of Human Life*, 265.

¹⁰³ Wildes, S.J and Mitchell, *Choosing Life*, 243-244.

¹⁰⁴ Humphry, *dying with dignity*, 91.

¹⁰⁵ Manning, *Euthanasia and Physician-Assisted Suicide*, 40.

¹⁰⁶ *Ibid.*

The defenders of euthanasia support euthanasia by reason of compassion towards the suffering patient. These advocates claim that they support the euthanasia movement out of compassionate concern for our fellow humans when they bring an end to their pointless suffering at their request.¹⁰⁷ Ethicist Dan Brock argues: “Euthanasia should be available as a compassionate means of ending the pain and suffering of those for whom the termination of life support or the refusal of aggressive treatment does not end their lives.”¹⁰⁸

For some sentimentalist philosophers such as Rousseau and Hume, compassion is even a better guide to morality than the Christian teaching on the matter. Their belief includes life without suffering, relief of suffering by any means, even if it means bringing about the death of the one who suffers.¹⁰⁹ This kind of belief is closely related to natural religion. According to natural religion, suffering is meaningless; it is immoral if the suffering is not relived.¹¹⁰

The fear of having to undergo a lingering painful death encourages the pro-euthanasia movement. If adequate and expert care were available for all the dying, public support for euthanasia might diminish, perhaps significantly.¹¹¹ In any case, proponents of euthanasia still argue that even with adequate end-of-life medical care,

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ Wildes, S.J and Mitchell, *Choosing Life*, 244. Rousseau is a Genevan philosopher and writer in 18th century; his political philosophy influenced the French Revolution as well as the overall development of modern political, sociological and educational thought. Hume is a Scottish philosopher in 18th century as well; today he is known for his radical philosophical empiricism and skepticism.

¹¹⁰ *Ibid.*

¹¹¹ Manning, *Euthanasia and Physician-Assisted Suicide*, 41.

there would still be a need for euthanasia.¹¹² They hold that in a select number of cases, the only compassionate and humane response to the intractable pain and suffering of a fellow human being is the merciful administration of euthanasia.¹¹³

The term euthanasia by itself also mean “mercy killing.” “Mercy towards the patient” is put forward as an argument by people who are in favor of the legalization of euthanasia. It is alleged that terminally ill patients are in great pain and suffering and euthanasia is a way of sparing them from their miserable situation by mercifully putting an end to their life.

In the euthanasia debate, the argument from mercy states that if a patient is in the state of unbearable and hopeless pain and incurably ill, mercifully carrying out euthanasia is justifiable. Some philosophers like James Rachels and Peter Singer even believe that those who are against euthanasia and express reservation about moral permission of euthanasia show their callousness towards the sufferings of others.¹¹⁴

Most of the proponents believe that the legal prohibition of voluntary euthanasia is cruelty, which is an evil that should be avoided: "Legal prohibition of euthanasia amounts to cruel and degrading treatment and that cruelty is evil which must be

¹¹² *Ibid.*

¹¹³ *Ibid.*

¹¹⁴ Sarah, Bachelard, "On Euthanasia: Blindspots in the Argument from Mercy." *Journal Of Applied Philosophy* 19, no. 2 (August 2002): 131-140, esp. 131. *Humanities International Complete*, EBSCOhost (accessed December 20, 2014). Hereafter, *On Euthanasia: Blindspots in the Argument from Mercy*. James Rachels is an American philosopher specialized in ethics and animal right. *The element of moral philosophy* is his best known work.

avoided as far as possible."¹¹⁵ The prohibition would force a dreadful and painful death on terminally ill patients, and it is an affront to human dignity: "It is cruel to deny a dignified death to those who are in great pain and whose death is inevitable."¹¹⁶ They consider opposing euthanasia as cruel and as a lack of mercy towards the patients who are suffering.

The argument from the perspective of mercy or compassion draws a parallel between human and animal suffering: animals can be relieved from their suffering by being put out of their misery, so too human beings should be offered relief from their misery.¹¹⁷ Many believe that those who pass away quickly from trauma, or quietly in their sleep in old age have a good death. Therefore, it is a failure in our obligation to fellow human beings when we have the power to help a patient have a humane death but do not do so.¹¹⁸

Furthermore, advocates of euthanasia believe that any person should be spared from suffering, particularly in the case when a patient's suffering is intense. It seems cruel to deny him/her choosing death as a way of relief from suffering.¹¹⁹ Thus euthanasia is justified on the ground of mercy or of prevention of cruelty when the

¹¹⁵ Kumar, Amarasekar, and Bagaric, Mirko "Moving from Voluntary Euthanasia to Non-Voluntary Euthanasia: Equality and Compassion." *Ratio Juris* 17, no. 3 (September 2004): 398-423, esp. 404. *Academic Search Complete*, EBSCOhost (accessed December 20, 2014). Hereafter, *Moving from Voluntary Euthanasia to Non-Voluntary Euthanasia*.

¹¹⁶ *Ibid*, 403.

¹¹⁷ Bachelard, *On Euthanasia: Blindspots in the Argument from Mercy*, 131.

¹¹⁸ Manning, *Euthanasia and Physician-Assisted Suicide*, 42.

¹¹⁹ Johnstone, *Bioethics: A Nursing Perspective*, 335.

patient will have to endure unbearable suffering. Most supporters of euthanasia consider compassion or mercy as the ethical path to facilitate the escape of the patient from his or her misery with an easy and painless death.¹²⁰ Mercy has become one of the main arguments in support of the euthanasia movement.

b. False Mercy and Compassion

The counter argument or argument against the advocates of euthanasia's claim that euthanasia is compassion and mercy towards patients is this: The mercy of euthanasia is "false mercy" or "perversion of mercy"¹²¹ as clearly stated by the encyclical *Evangelium Vitae*. *Evangelium Vitae* (EV) by John Paul II is one of the most important documents of the magisterium of the Church on life. It is for a culture of life and against a culture of death, including euthanasia.

EV explains clearly what true compassion is. True compassion never includes killing: "True compassion leads to sharing another's pain but it does not kill the person whose suffering we cannot bear."¹²² The encyclical affirms that it is never lawful to put someone to death, even if it is requested by the individual, even when a patient is suffering much. The document considers euthanasia "false mercy."

Euthanasia is more perverse if it is carried out by the patients family members and relatives because these people are supposed to treat their members with true love,

¹²⁰ Manning, *Euthanasia and Physician-Assisted Suicide*, 44.

¹²¹John Paul II, *Evangelium Vitae*, no. 66.

¹²² *Ibid.*

compassion and patience.¹²³ EV also insists that doctors are, by virtue of their profession, supposed to try to cure the patients when possible and to care for them, especially in the most terrible terminal stages, and never to kill them.¹²⁴ Euthanasia then is not mercy killing but as a perversion of mercy.

St. John Paul II explains that the request of a patient when combating suffering and death is a cry which arises from the human heart calling for companionship, sympathy and support in the time of trial.¹²⁵ It is a plea for help but not a request to end his or her life. Thus, we are to be kind and sympathetic towards those who are terminally ill and show them support by being with them in their final moment instead of carrying out euthanasia.

Furthermore, to think that terminal or incurable patients are asking for euthanasia is a misunderstanding of what the patient is really longing or asking for. The Church's document *Declaration on Euthanasia* mentioned earlier explains that when a sick person asks for euthanasia, it is not to be understood as a desire for death but as a plea for help and love.¹²⁶ In line with this idea of the document, Nancy Dubler, director of the Division of Law and Ethics at Monte-fiore Medical Center in New York City, also believes that the real problem is not that the patient wants death

¹²³ *Ibid.*

¹²⁴ *Ibid.*

¹²⁵ *Ibid.*, no.67.

¹²⁶ Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Part II.

but rather comfort: "The real problem here is not their desire for death, but their desire for comfort."¹²⁷

Besides medical care, the patients in particular the terminal patients need love, human and supernatural warmth by all those who are close to the patient.¹²⁸ Indeed, true mercy and compassion is being with the patients, showing them human warmth and love, caring for them in their final moments of life on earth rather than terminating their life.

The Christian concept of compassion is to relieve pain and suffering but within the frame of respect for human life as it is well developed in *Evangelium Vitae*.¹²⁹ In Christian perspective, compassion that leads to the death of a patient is a distorted compassion.¹³⁰ This is not true compassion since it includes taking the life of a sufferer.

EV urges every Christian to be truly compassionate with the patient who is asking for euthanasia. This request is understandable. Even St. Therese of Lisieux admitted that it was easy to be tempted by suicide when suffering is intense.¹³¹ She wrote

¹²⁷ Podgers, *Matters of Life and Death Debate Grows Over Euthanasia*, 62.

¹²⁸ *Ibid.*

¹²⁹ Wildes, S.J and Mitchell, *Choosing Life*, 244.

¹³⁰ *Ibid.*

¹³¹ *Ibid.*

If I had not any faith, I would have committed suicide without any instant's hesitation. I assure you it needs only a second when one suffers intensely to lose one's reason. Then one would easily poison oneself.¹³²

If St. Therese had contemplated the possibility of such thought, it is understandable that those who have a weak faith may for euthanasia when facing great pain and suffering. In this context, accompaniment of relatives and significant others is most helpful and also prayer.

Unlike the proponents, the opponents of euthanasia understand true compassion, mercy in a different manner: they believe that true compassion does not include terminating the life of the sufferer. In opposing the advocates of euthanasia, they maintain that compassion with the dying urges them to redouble their efforts to improve the quality and distribution of health care for the terminally ill patients.¹³³

The rise of the euthanasia movement encourages the opponents to put more efforts on caring for the terminal patients with all possible means such as care, love and presence at the final moments of the patients' life. Death is believed to be the most profound and meaningful human experiences that it is a privilege to be a compassionate witness of someone who is dying.¹³⁴ Indeed it would be a very meritorious deed to be with dying persons and help them die a good death.

¹³² John Clarke, Trans., *St. Therese of Lisieux: Her Last Conversations* (Washington: Institute of Carmelite Studies, 1977), 196.

¹³³ Manning, *Euthanasia and Physician-Assisted Suicide*, 44.

¹³⁴ David C. Thomasma and Thomasine Kushner, *Birth to Death: Science and Bioethics*, (New York: Cambridge University Press, 1996), 222. Hereafter, *Birth to Death: Science and Bioethics*.

A popular way of helping the suffering patients to die a dignified death is the way of hospice and palliative or comfort care. This is a real compassion or mercy that can be shown to suffering terminal patients. Palliative care is physical, emotional and spiritual care for a dying person when cure is not possible. It includes compassion and support for family and friends.¹³⁵ Sometimes, the request for euthanasia arises out of depression, and it is argued that “good palliative care will drastically reduce the number of the requests.”¹³⁶

A concrete path of palliative care is hospice care which gives supportive care to patients who suffer terminal illness. The focus of hospice care is more on comfort and quality of life rather than cure which is not possible anymore. The aid of hospice is to help patients be comfortable, not lonely and free of pain so that they may live their remaining days as fully as possible.¹³⁷ Besides medical treatments aimed at reducing or eliminating pain, it provides emotional and social support as well as spiritual pastoral care. Those oppose to euthanasia believe that providing better end-of-life care to patients in terminal stage is a way to counter the movement to legalize euthanasia

¹³⁵ ProCon.org, “what is Palliative Care?”
<http://euthanasia.procon.org/view.answers.php?questionID=000181> accessed on 17.01.2015.

¹³⁶ Theo A. Boer, "Recurring Themes in the Debate about Euthanasia and Assisted Suicide." *The Journal of Religious Ethics* 53/3 (2007) 529-555, esp. 534. *JSTOR Journals*, EBSCOhost (accessed December 15 2014). Hereafter, *Recurring Themes in the Debate about Euthanasia and Assisted Suicide*.

¹³⁷ MedicineNet.com, “Definition of Hospice Care”
<http://www.medicinenet.com/script/main/art.asp?articlekey=24267> accessed on 17.01.2015.

and physician-assisted-suicide; above all, it is an ethical way of helping patients live a dignified life and approach their death with true dignity..¹³⁸

¹³⁸ Gula, *Dying Well: A Challenge to Christian Compassion*, 504.

CHAPTER THREE

OTHER ARGUMENTS FOR AND AGAINST EUTHANASIA

This chapter presents more arguments in favor of euthanasia in particular from the concepts of dying with dignity, suffering, and the low quality of life due to illness. On the other hand, also includes corresponding counter-arguments; in particular likewise the concepts related to dying with true dignity, true meaning of redemptive suffering, and sanctity of life.

1. Dying with Dignity

a. Supporting Euthanasia

“Dying with dignity” is one of the arguments put forward by advocates of euthanasia. Mrs. Brittany Maynard believed that choosing assisted-suicide was more dignified than letting herself being killed by her brain cancer. She felt less terrified and with more dignity when she had the means available to her to take her own life at any time she wanted for only then she control over her own mind.¹³⁹

The suffering dying patients lose that dignity due to their serious and painful illness. For advocates of euthanasia, to have dignity means to be able to look at

¹³⁹ Weisensee Egan, *Cancer Patient Brittany Maynard: Ending My Life-My Way*, 66.

oneself with respect and with certain degree of satisfaction.¹⁴⁰ Furthermore, there is no more dignity in a person, if there is no degree of satisfaction in looking at oneself by reason of debilitation caused by sickness. Likewise, when one is dependent on the care of other people because of sickness, this causes one to lose the ability to depend on one's own.

Certainly, medical technology has increased medicine's capacity in curing and caring. Its methods, however, are not always humane: They can take away a person's self-concept, character, sense of self-worth and self esteem.¹⁴¹ Some suffering patients realize their own deterioration as well as being a burden to others. In such situation it would be uncivilized and uncompassionate to prohibit the patient to choose their own death.¹⁴²

To ask for death would mean in these cases to ask for a dignified death as claimed by the euthanasia proponents who want to ensure that the patient die with dignity without further indignity due to illness. It is not always possible to relieve pain and suffering associated with the dying process.¹⁴³ In such circumstance, the patient asks the doctor's help in dying because a dignified death is the kind of death that the patient wants. In this situation of voluntary euthanasia and assisted suicide, both

¹⁴⁰ Raphael Cohen-Almagor, "The Right to Die with Dignity: An Argument in Ethics and Law" *Health Law & Policy* (2008): 2-8, esp. 2. Hereafter, *The Right to Die with Dignity*.

¹⁴¹ Johnstone, *Bioethics: A Nursing Perspective*, 335.

¹⁴² *Ibid.*

¹⁴³ Thomasma and Kushner, *Birth to Death: Science and Bioethics*, 254.

patient and doctor do not commit an immoral act and the law that prevents such action is unjust and immoral.¹⁴⁴

Acceptance of euthanasia policies would give terminally ill patients the option to direct physicians to terminate their life at a time and in a manner that would reduce their suffering while maintaining their personal dignity.¹⁴⁵ If there is no chance of health improvement, according to a number of surveys in American, the majority would not want to be kept alive by life-support equipment, including artificial feeding.¹⁴⁶ For them it is undignified and useless to live in that state: they want to be free from this trap, which moreover is a too expensive futile treatment.¹⁴⁷

Many people are afraid to suffer from symptoms such as AIDS that threaten personhood and cause the loss of dignity and selfhood, degrade them in the sense that they are totally dependent on others and without awareness and control.¹⁴⁸ It seems that for the seekers of self-deliverance, doctors are willing to grant prescription of lethal drugs to people with AIDS. These patients have no hope of complete cure and are bound to die with considerable distress. In these cases, moreover, it is less likely that close friends and family members would object to it.¹⁴⁹

¹⁴⁴ *Ibid.*

¹⁴⁵ Podgers, *Matters of Life and Death Debate Grows Over Euthanasia*, 60.

¹⁴⁶ Humphry, *Dying with Dignity*, 207.

¹⁴⁷ *Ibid.*

¹⁴⁸ Thomasma and Kushner, *Birth to Death: Science and Bioethics*, 221.

¹⁴⁹ Humphry, *Dying with Dignity*, 58.

Furthermore, there are other kinds of patients considered by proponents of euthanasia to have lost their personal dignity, besides the patients who suffer from AIDS. These patients who have lost their autonomy and are totally dependent on other people that take care of them, and depend on medicines to stay alive, have no ability to take part in enjoyable social activity: they have lost the dignity as persons. In these cases, choosing to end their life is believed to be a dignified death.

b. Opposing Euthanasia

For the opponents of euthanasia, human dignity and dying with dignity have other meanings than the ones advanced by the defenders of euthanasia. Dignity and dying with dignity do not mean choosing death rather than life or artificial prolongation of life. The terms rather mean to have respect for the autonomous wish of the patient, doing all that is reasonably possible for the patient to live and to give a sense of hope though the patient is dying.¹⁵⁰

The “death with dignity” argument proposed by the advocates of euthanasia is a distorted notion of human dignity in the understanding of humane and Christian moral tradition.¹⁵¹ The view of dying with dignity, which is suggested by advocates of euthanasia, is not considered to be true dignity of the human person. These proponents make the sufferers feel discomforted and even less than a person because

¹⁵⁰ Johnstone, *Bioethics: A Nursing Perspective*, 337.

¹⁵¹ Wildes, S.J and Mitchell, *Choosing Life*, 246.

they point out that the sufferers or patients have lost their dignity due to the ravages of their serious sickness or illness.¹⁵²

In the Christian traditional understanding, nothing can lessen true human dignity, even the pain and suffering caused by a serious illness.¹⁵³ This is because the human person is unique as God created the human person in his own image and likeness. The human person is different from any other creature because God created him. “Let us make man in our image, after our likeness” (Gen 1:26).¹⁵⁴ God offers to the human person a gift by which he shares something of himself with this creature.

Thus *Evangelium Vitae* explains that in the human person, there is a special presence of God: “The life which God gives man is quite different from the life of all other living creatures, inasmuch as man, although formed from the dust of the earth is a manifestation of God in the world, a sign of his presence, a trace of his glory.”¹⁵⁵ The human person has been endowed with a sublime dignity as the reflection of God himself shines forth in the human person, this unique dignity is based upon the intimate bond that unites the human person with the Creator.¹⁵⁶

Since human dignity is from God, and this dignity of the person has its origins right from the moment of conception till natural death, it must be respected and

¹⁵² *Ibid.*

¹⁵³ *Ibid.*

¹⁵⁴ John Paul II, *Evangelium Vitae*, no. 66.

¹⁵⁵ *ibid.*

¹⁵⁶ *Ibid.* cf. Second Vatican Council, *Gaudium et Spes*, 27.

protected: “The dignity of a person must be recognized in every human being from conception to natural death.”¹⁵⁷ Moreover, every person deserves respect as there is indelible dignity and value in that human person: “Respect for that dignity is owed to every human being because each one carries in an indelible way his own dignity and value.”¹⁵⁸

The terminally ill and disabled patient is a human person that like all others has the right to a natural death. After all, sickness and disability are part of human condition that affects sooner or later every individual. Thus, it is a discrimination against terminally ill and dying people if they are considered without human dignity as the advocates of euthanasia defend. This stand is morally unacceptable:

The sick and disabled people are not some separate category of humanity; in fact, sickness and disability are part of the human condition and affect every individual, even when there is no direct experience of it. Such discrimination is immoral and must therefore be considered legally unacceptable, just as there is a duty to eliminate cultural, economic and social barriers which undermine the full recognition and protection of disabled or ill people.¹⁵⁹

Concerning the respect for the human person, *Catechism of the Catholic Church (CCC)* also teaches that human dignity is entrusted to us by the Creator to defend and promote it.¹⁶⁰ The defense of human dignity and right of life is the end of society. Social justice can be achieved through the respect of

¹⁵⁷ Congregation for the Doctrine of the Faith, *Dignitas Personae* (8 September 2008), no.1.

¹⁵⁸ *Ibid*, no.6.

¹⁵⁹ *Ibid.*, no. 22.

¹⁶⁰ CCC. No.1929.

the dignity of the person which is considered to be transcendent dignify.¹⁶¹ Hence to say that euthanasia is a way to die with dignity is obviously a failure to respect the dignity of the human person and his/her right to life.

In Christian terms, a dignified death is a death in which a person surrenders himself/herself completely to the mystery of suffering and death by affirming oneself as a person.¹⁶² A person possesses dignity and value simply by the fact that he/she is a person and this affirmation of dignity is beyond human assessment.¹⁶³ In other word, no one can say that a person has lost his/her dignity due to suffering and pain inflicted by terminal illness. The dignity has nothing to do with ravages of sickness. Any kind of poor health can't lessen the dignity of the human person.

2. Elimination of Suffering

a. Argument in Favor of Euthanasia

One of the arguments to support euthanasia is related to the relief of sufferings. Those who are in favor of the legalization of euthanasia believe that it is not morally good to allow people to suffer unnecessarily. Suffering and pain are inescapable and the most horrible thing experienced by us living and sentient beings. It would be

¹⁶¹ *Ibid.*

¹⁶² Wildes, S.J and Mitchell, *Choosing Life*, 246.

¹⁶³ *Ibid.*

barbarous and foolish not to use sure and easy means available at hand to stop the suffering and pain when reaching a high degree of intensity.¹⁶⁴ Euthanasia is believed to be justified on the ground that it relieves suffering and pain when unbearable and unendurable. By the way, the author takes as many other suffering and pain interchangeably.

Suffering is perceived to be morally unacceptable by most of those who are in favor of euthanasia. Indeed, despite enormous achievements of modern medical research and treatments the doctors cannot release all the suffering of the patients. For instance, the victim of bone cancer may be beyond the relief of the most sophisticated anodynes.¹⁶⁵

Where it is possible, a patient should be spared from suffering unnecessarily. Now euthanasia is a good way to relieve unnecessary suffering. Therefore, the pro-euthanasia advocates conclude, euthanasia is ethical too.¹⁶⁶ Moreover, the denial to patients of the choice of being spared from intolerable suffering is perceived to be an unfair treatment which causes them to carry an unnecessary burden as well as it imposes on them unfairly the values of others.¹⁶⁷ Euthanasia is for its supporters a solution to end the intolerable suffering and pain of patients.

¹⁶⁴ Johnstone, *Bioethics: A Nursing Perspective*, 334.

¹⁶⁵ Milton Sernett, "The "Death With Dignity" Debate: Why We Care" *Springfielder* 38, no. 4 (March 1, 1975): 265-277, esp. 274 *ATLA Religion Database with ATLASerials*, EBSCOhost (accessed March 5, 2015). Hereafter, *The Death With Dignity Debate: Why We Care*.

¹⁶⁶ Johnstone, *Bioethics: A Nursing Perspective*, 335.

¹⁶⁷ *Ibid.*

When suffering is too intense or illness is incurable, death is a good to be sought. A physician states: “Death is man’s greatest blessing when it cancels a life cracked with suffering and stripped of its meaning.”¹⁶⁸ Death is perceived to be a merciful welcome when suffering is unbearable and when it is judged to be meaningless. To those who are supporting the euthanasia movement death is a way out of the misery posed by serious illness.

The case is illustrated by a lorry driver who is trapped in the blazing vehicle following an accident. A policeman at the scene can’t pull him out of the burning vehicle. As the last resort, the driver asks the policeman to shoot him. In this case, it is believed that killing him is justified because it is the only way to prevent the driver from burning to death.¹⁶⁹ In a similar way, physicians use euthanasia as the last resort: it is then the right thing to do to alleviate unbearable suffering by ending the life of the patient.

After having written *Final Exit*, including detailed instructions of self-deliverance, the author Derek Humphry gave many reasons why people read his book. One of the reasons given by him is that people who read his book include those who fear likely to be among 10 percent of dying people whose terminal pain and suffering cannot be controlled by medication.¹⁷⁰ Medicine can’t guarantee to manage all the pains and sufferings of the terminally ill patients.

¹⁶⁸ Milton Sernett, *The “Death With Dignity” Debate: Why We Care*, 273.

¹⁶⁹ Boer, *Recurring Themes in the Debate about Euthanasia and Assisted Suicide*, 536.

¹⁷⁰ Humphry, *Dying with Dignity*, 33.

Helga Kuhse, PhD, a bioethicist who is a supporter of the legalization of voluntary euthanasia and assisted-suicide, believes that voluntary euthanasia and assisted-suicide are moral and both should be offered to any patient who requests for either of them. She argues from the standpoint of consent: there is no harm or injustice done, neither to physician nor to patient since the choice is made by the patient him/herself. With hope of relief of pain and suffering, these patients choose to die slightly sooner than they would normally do.¹⁷¹ She finds nothing wrong when a doctor gives a helping hand to the patient who requests to die in order to avoid suffering in his/her terminal stage.

Furthermore, euthanasia releases the patients from pain and would assure others that death is not a painful experience to go through. It is proposed to those victims who suffer from incurable, fatal and agonizing disease. Deadly drugs should be given to them to terminate their irremediable suffering if death is certain to come for them soon.¹⁷² In these cases, it is believed to be morally right to do so and it is really an act of humanity. In fact, "euthanasia may be the only release from their prolonged suffering and agony."¹⁷³

¹⁷¹ Thomasma and Kushner, *Birth to Death: Science and Bioethics*, 247. Helga Kuhse is an Australian utilitarian philosopher and bioethicist. She was one of the first philosophers to address the ethical implications of the developments in biotechnology and biomedicine. With Peter Singer, she founded the Centre for Human Bioethics at Monash University in 1980, one of the first research centers in the world devoted entirely to bioethics. She is a prominent supporter of the legalization of voluntary assisted euthanasia. Her ideas on the end of life, the right to die, and assisted death, have prompted controversy worldwide.

¹⁷² Emanuel, *The History of Euthanasia Debates in the United States and Britain*, 797.

¹⁷³ Ashley K. Fernandes, "Suffering in the Context of Euthanasia and Assisted Suicide: Transcending Job through Wojtyla's Anthropology." *Christian Bioethics: Non-Ecumenical Studies In*

b. Argument against Euthanasia

The opponents to euthanasia counter-argue that terrible suffering is not an ethical reason to favor euthanasia. Quite the contrary, they argue, suffering and pain have a meaning and can be faced without a recourse to euthanasia. The understanding of Christians concerning suffering seems pretty much positive and John Paul II proves it convincingly.

According to John Paul II, in *Evangelium Vitae*, there is value and meaning in personal suffering. The Polish Pope claims that “suffering is an encounter with truth; it is identified as a transformative event: suffering seems to belong to man’s transcendence.”¹⁷⁴ Interpreting the story of Job in the Bible, the Pope affirms that the personal suffering of Job is a transformative suffering, and not suffering as a punishment for sins, because after all Job suffered though he was a just man.¹⁷⁵ He understands suffering beyond punishment. It can be an act of repentance and the building of virtue.¹⁷⁶

Similarly, the Polish Pope argues, following the traditional Christian teaching, that “suffering has its fundamental and definitive meaning through participation in the suffering of Christ.” As it is believed by Christians, Christ accomplished the redemption of mankind through suffering. Thus everyone is called to share in the

Medical Morality 16, no. 3 (December 2010): 257-273, esp. 260, *Academic Search Complete*, EBSCOhost (accessed March 5, 2015).

¹⁷⁴ *Ibid*, 261.

¹⁷⁵ *Ibid*, 262.

¹⁷⁶ *Ibid*.

redeeming suffering of Christ. He also stresses that most saints and Christians of the past and of the present have known an interior nearness to Christ through their suffering. Thus suffering does have its meaning and even has greater meaning when suffering in union with the suffering of Christ¹⁷⁷

Clearly, John Paul II is aware of the fact that his arguments cannot convince everyone, and that it is not right to impose his view on others. He believes that suffering is a mystery since we do not know fully why people suffer, and why for them suffering is meaningless. Suffering in terminal illness is inevitable; we face it, ethically and theologically, not with euthanasia but with love. The Pope advises us: “Loving the sufferer rather than eliminating her is a choice we must make together as a community of persons.”¹⁷⁸

Suffering in Christian perspective is not meaningless. It is an inevitable part of our living and dying. Moreover, it has unforeseeable spiritual impact on those who attend to the dying.¹⁷⁹ Through suffering, one can find spiritual growth and enter into the suffering and death of Christ. The true relief of suffering is when in submission of self in obedience to God sovereignty, one accepts suffering and death as a mystery that cannot be fathomed.¹⁸⁰

¹⁷⁷ *Ibid.* 270.

¹⁷⁸ *Ibid.*, 271.

¹⁷⁹ Wildes, S.J and Mitchell, *Choosing Life*, 245.

¹⁸⁰ *Ibid.*

To those who are against euthanasia, the value and dignity of the human person is beyond the mere value of pleasure and pain. Thus to avoid suffering by taking one's own life is always wrong, Each individual person has value and dignity that cannot be exchanged with mere avoidance of harm. It is a failure to recognize the inner value and dignity of oneself as a person if one seek to takes his/her own life or seek self-destruction.¹⁸¹ Those who hold that life has intrinsic value believe that the moment of death is determined by nature; human person does not decide it.¹⁸²

Suffering is part of the existential problems of human life. It is a misperception not only of suffering but also of ourselves in a way which damages our moral integrity when one attempts to legalize euthanasia by killing the sufferers in order to bring an end to the suffering.¹⁸³ Suffering comes along with our human existence. It is one of the inevitable experiences such as aging and death which most persons have to go through in life.

Every human person is potentially a sick person and one day he/she will surely need a physician as suffering, pain and death are our companions in the journey of life in this world.¹⁸⁴ We should avoid suffering and pain as much as we are able to. Still, suffering and pain are inevitable part of human life. Suffering, however may become

¹⁸¹ Cummiskey, *The Right to Die and the Right to Healthcare*, 191.

¹⁸² Cohen-Almagor, *The Right to Die with Dignity: An Argument in Ethics and Law*, 2.

¹⁸³ Johnstone, *Bioethics: A Nursing Perspective*, 2nd ed., 337.

¹⁸⁴ Gomez, O.P., *A Pilgrim's Notes*, 214.

an instrument of purification and salvation for believers. Hence one has to face this suffering courageously and with hope.¹⁸⁵

In Christian perspective, suffering is of great merit. Out of it comes hope that is one of the theological virtues. St. Paul writes: "Suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit which has been given to us" (Romans 5:3-5). Indeed suffering is not meaningless; it has great value.

Everyone has the duty to preserve his/her own life including the life of his/her neighbors. In the face of suffering and pain, it is not considered an absolute duty to sustain life. It is morally acceptable to reject life-prolonging treatment that is not beneficial to the patient and also poses a huge burden.¹⁸⁶ As mentioned earlier, obligatory treatments are to be used while non-obligatory treatments are optional.

Facing terrible pain, physicians are obliged to relieve pain with painkillers, even when these might shorten life but death is not intended. This is to keep the patients free from pain as far as possible so that they may face the moment of death comfortably and with dignity. Therefore, medications which have the capacity of releasing pain should be given to the dying person, even if this kind of therapy offers comfort to the patient and the same time, may have the negative effect shortening the life span of the patient. It is important to underline that in these cases the purpose is

¹⁸⁵ *Ibid.*

¹⁸⁶ *ibid.*

the relief of suffering and not death which is unintended. We read in *Evangelium Vitae*:

It is licit to relieve pain by narcotics, even when the result is decreased consciousness and a shortening of life, if no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties. In such a case, death is not willed or sought, even though for reasonable motives one runs the risk of it: there is simply a desire to ease pain effectively by using the analgesics which medicine provides.¹⁸⁷

3. Quality of Life

a. The Argument on Quality of Life Favors Euthanasia

The argument on the quality of life plays a very important role in the euthanasia debate too. It is one of the factors taken into consideration in end of life decision-making. Those who advocate euthanasia believe that patients with total dependence on others, due to sickness, have no quality of life and, moreover, are a grave burden to society and family. Thus, in the view of natural religion and sentimentalist philosophy, the only life worth living is one with quality. When human life falls below a certain level, it becomes disposable.¹⁸⁸

The loss of independence, the ability to take part in enjoyable activities as well as being a burden to family may cause a wish to die. A recent survey done in Oregon, USA, where assisted suicide is legalized, shows that the most frequently noted

¹⁸⁷ John Paul II, *Evangelium Vitae*, no. 65.

¹⁸⁸ Wildes, S.J and Mitchell, *Choosing Life*, 245.

reasons for ending life across the first years of the legalization of euthanasia were the following: loss of autonomy (2000, 93%; 1999, 78%; 1998, 75%); inability to participate in activities that make life enjoyable (2000, 78%; 1999, 81%; 1998, 69%), and becoming a burden to family or friends (2000, 63%; 1999, 26%; 1998, 12%).¹⁸⁹ The loss of these abilities makes the people feel that their quality of life is low and as a result have a wish to die.

A repeated argument given by promoters of euthanasia is focused on the quality of life. In the case of terminally ill patients, life is not worth living any longer. It is moreover a burden to their loved ones and to society. They believe that their bodily life and personal life have no real worth: bodily or physical life is merely biological in nature while personal or meaningful life consists in the capacity for communication for reasoning and for making judgments.¹⁹⁰

They assert that life holds no value without the dimension of personal life and that there is no meaning of existing with bodily life only.¹⁹¹ Thus many advocates of euthanasia assume that euthanasia is not harmful but rather it is beneficial when a person's life is no longer of value to him or her.¹⁹²

The argument based on the quality of life applies mainly to most non-voluntary cases where euthanasia is justified on the ground that a person is better dead than

¹⁸⁹ Amarasekar, and Mirko, *Moving from Voluntary Euthanasia to Non-Voluntary Euthanasia*, 404.

¹⁹⁰ May, *Catholic Bioethics and The Gift of Human Life*, 265.

¹⁹¹ *Ibid.*, 266.

¹⁹² *Ibid.*

alive because of the low quality of life. The advocates even claim that in these cases, terminating their life is a benevolent act, kindness to the patient whose life has been judged not worth living or because they are a burden to society or to the family.¹⁹³

Moreover, advocates of euthanasia contend that in these cases there is mere existence, and therefore it is useless to prolong it because there is no more personal quality of life that includes freedom, control and responsibility in the patient. Arthur Dyck affirms that life not worth living when these elements are present: distress, illness, physical or mental handicaps, or even sheer despair.¹⁹⁴

According to Singer, the quality of life is all that matters. He associates suffering and enjoyment with the quality of life: those who suffer more than others have lesser or lower quality of life; those who do not possess enough developed consciousness are considered below personhood by him.¹⁹⁵ In the view of Singer, the key to evaluate the quality of life is consciousness.

For Singer, consciousness is a major component to express the quality of life. For him, there is no real distinction between human persons and animals. He even considers some human persons to be nonhuman and some nonhuman animals to be

¹⁹³ *Ibid.*

¹⁹⁴ Edge and Randall Groves, *Ethics of Health Care*, 172. Arthur J. Dyck, PhD is the Mary B. Saltonstall Professor of Population Ethics in the School of Public Health and Member of the Faculty of the School of Divinity at Harvard University. He is a distinguished fellow of the Academy of fellows of the Center for Bioethics and Human dignity.

¹⁹⁵ De Marco and Wiker, *Architects of the Culture of Death*, 365. Peter Singer is regarded as an important philosopher and bioethicist, he is known throughout the world as speaker, he lectures at prestigious universities in different countries. The book *Rethinking Life and Death* is considered one of the pro-euthanasia writings.

human persons, and the key is not nature or species, but the consciousness.¹⁹⁶ It is then the level of consciousness that determines the quality of life.

Low or no quality of life is precisely the reason that leads most patients to request for terminating life supporting medical treatment, especially patient on ventilators or dialysis, as their treatment imposes serious or unpleasant burdens. Besides, their benefits of being alive are not proportionate to the burden of the treatment resulting in a low quality of life.¹⁹⁷

b. The Argument of “Sanctity of Life” Opposes Euthanasia

One of the main objections to the concept of quality of life defended by advocates of euthanasia is the sanctity of life. Life is inviolably sacred and nothing can justify the terminating of human life including intolerable suffering.¹⁹⁸ The formulation goes like this: human life is sacred, taking it is wrong and euthanasia is taking human life therefore it is wrong.¹⁹⁹

Pope John Paul II affirms that the sacredness of life grounds its inviolability. This consciousness of inviolability, moreover, is written in the heart of man from the

¹⁹⁶ *Ibid.*

¹⁹⁷ Alan Meisel, "Quality of Life and End-of-Life Decision-making." *Quality of Life Research* 12 suppl. 1 (2003): 91-94, esp. 92. *JSTOR Journals*, EBSCOhost (accessed May 5, 2015).

¹⁹⁸ Johnstone, *Bioethics: A Nursing Perspective*, 339.

¹⁹⁹ *Ibid.*

beginning.²⁰⁰ In the biblical account of Cain murdering his brother Abel, God addressed this question to Cain “What have you done?” (Gen 4: 10) The encyclical *EV* explains that this is a reminder of the inviolability of one’s own life and that of every other person.²⁰¹ As mentioned earlier, life as a gift of God is sacred, and therefore cannot be violated for any reason.

Similarly, the Sacred Congregation for the Doctrine of the Faith in its *Declaration on Euthanasia* regards life as something sacred and thus no one may dispose of it at will.²⁰² The Declaration states that human life is the basis of all goods, a necessary source of every human activity and of society. Since life is the basis of all that is good, the document teaches that there is no justification in terminating human life for it is sacred.

Concerning the quality of life, it is held that no one has the authority to say that a particular life, the life of a patient is not worth living because of the low quality of life. It is morally wrong for a physician to judge the quality of life of a patient: doctors do not have the right to do this because no one is good enough to judge.²⁰³ Basically, the quality of life is subjective since it is made up of personal experiences in life and the patient’s opinion about what makes living worthwhile, hence a doctor or anyone else cannot assess a patient’s quality of life.²⁰⁴

²⁰⁰ John Paul II, *Evangelium Vitae*, no. 40.

²⁰¹ *Ibid.*

²⁰² Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, Part I.

²⁰³ De Haan, *The Ethics of Euthanasia*, 157.

²⁰⁴ *Ibid.*

Sanctity of life is a basic ground for the rejection of killing in the views of Christian tradition. The inviolability of the human life is not only because life is sacred but also it has other special references to God. These special references are: first, humans are created by God; second, they are created in the image of God and third, they are created for a special relationship with God.²⁰⁵ The human life is considered holy and sacred because it is related to the divine action of God.

The *Catechism of the Catholic Church* for its part affirms that life is sacred from its very beginning: it involves the creative actions of God. The human person is forever in relationship with God who is the only end of the human person and God alone has dominion over life from the beginning till the end.²⁰⁶ Taking life is also forbidden by the fifth commandment which is: “You shall not kill.” thus it is not right to destroy directly an innocent human being, any human being.

Normally we are to honor and hold respect for the things, which are considered to be holy. All human life deserves care and respect equally for it is sacred and one needs to have reverence for it too.²⁰⁷ Even though the quality of life is low, one should never deliberately shorten that life because its sacredness holds inviolability.²⁰⁸ Therefore, the concept of “sanctity of life” provides another strong reason to reject the legalization of euthanasia.

²⁰⁵ Wildes, S.J and Mitchell, *Choosing Life*, 71.

²⁰⁶ CCC, no. 2258. Also CCC no.2260 states that the Old Testament always considered blood a sacred sign of life. Killing is forbidden for all time.

²⁰⁷ Anthony Fisher, *Catholic Bioethics for a New Millennium* (New York: Cambridge University Press, 2012), 238.

²⁰⁸ *Ibid.*

It is understandable that terribly suffering patients would ask for euthanasia; but this is not the answer most of those patients, our brothers and sisters are looking for. They are longing for accompaniment, love and compassion.²⁰⁹ *Evangelium Vitae* clearly states: “The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial.”²¹⁰

CONCLUSION

In this paper, I have presented the arguments both pro and con euthanasia. Those who are in favor of euthanasia put forward their views based on autonomy, the right to die, compassion towards the dying, elimination of suffering, dying with dignity and quality of life. These are the main arguments they use to promote the legalization of euthanasia. Moreover, by these arguments, the promoters of euthanasia claim to have proven that euthanasia is ethically right.

On the other hand, those oppose to euthanasia, in particular Catholics, are against the legalization of euthanasia by presenting their arguments from the perspective of reason and faith based on the inviolability of life and the traditional teaching of the Bible and the Church. Moreover, the opponents to legal euthanasia

²⁰⁹ John Paul II, *Evangelium Vitae*, no. 67.

²¹⁰ *Ibid.*

argue philosophically and theologically against the arguments of the proponents of euthanasia and its legalization.

After presenting both the arguments of both proponents and opponents of euthanasia, I would like to sum up briefly my reasons to oppose euthanasia. Euthanasia is unethical at the level of reason. The principal responsibility of society and government is to protect life. Precisely, the primary responsibility of every society and government is to take care of its members and protect them from any danger or threat. Our human reason makes generally clear that killing a human being is unethical for it is against human dignity and rights, beginning with the fundamental right to life of every human being. Hence, the legalization of euthanasia would be a failure of society and government to safeguard its members from legal killing.

Furthermore, if a physician's role is to take your life as well as to preserve it that injects a lot of ambiguity into the relationship between patient and doctor. Moreover, this would destroy the special role of the physician, the healer par excellence. Legalization of the practice of euthanasia definitely damages the role of the doctors because it includes killing. The role of a physician however, is to heal rather than to terminate life.

In this context, there will likely be undesirable consequences such as abuse and lack of trust of the patients in their doctors. The poor and the elderly people would easily become victims of abuse if euthanasia is lawful. Opposing euthanasia is necessarily needed in order to protect these vulnerable people. These people will be

under pressure to ask for euthanasia where society fails to provide appropriate health-care.

Euthanasia is unethical since it includes taking the life of the patients. As a rational human being, killing is never justifiable for any reason regardless of the motivation given. It is wrong whether to take one's own life or to ask someone to take your own life or to help someone commit suicide.

Believers add besides the arguments of reason founded in the right to life, strong arguments rooted in faith. As a Christian, I believe that God is the Lord of life and death. Life is sacred. Jesus Christ came to give life in abundance. The Church, to which I belong, defends and promotes life from conception to natural death and so do I.

After finishing my research, on human life, I am convinced that euthanasia is not ethical because I believe in the sanctity of life as well as its inviolability. Euthanasia implies taking human life, and it is against the fifth commandment of God, which is "You shall not kill." Therefore I am against euthanasia and for life.

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