Euthanasia

Basic issues

Video- active euthanasia

- http://www.youtube.com/watch?v=Rk3ri1ADIsI

Euthanasia and the adult

- Definition: killing of someone for the sake of mercy to relive great suffering
- Illegal in every state except Oregon, Washington
- Open and practiced in Netherlands for 20+ years
- Doctors must be convinced the request is voluntary, well considered and the patient has unremitting pain
- 5000 cases a year internationally

Reasons for request

- For those sound of mind: loss of autonomy,
- decreasing ability to participate in enjoyable activates,
- and loss of dignity were cited by 76-96% of patients

Some schools of thought

- 1. active and passive euthanasia are not morally significant
- 2. active is wrong, passive OK
- 3. both active and passive euthanasia are different than the cessation of extraordinary means of treatment to prolong life
- 4. doctors cannot be an agent of harm
- 5. some people have a duty to die

Some definitions

- Passive euthanasia is simply allowing the person to die, either by withholding treatment or by discontinuing such treatment, once begun.
- Active euthanasia, on the other hand, is taking some positive step to terminate life, such as the administration of a toxic substance or the injection of an air bubble into the blood stream.
- Euthanasia may also be classified as either voluntary, where the subject himself expresses his desire for his life to end,
- or involuntary, in cases where he has not indicated such a choice.

Philosophical issues

- The AMA [American Medical Association] says euthanasia is contrary to medical professional standards
- Legalization would cause loss of hope, fear of medical institutions, and involuntary euthanasia
- Women will request it more [female ethics]

Other considerations

- Intentions and euthanasia - as long as the intended act is good [relieving pain], any unforeseeable bad act is negated [death from overdose] – “the double effect”
- Parent/ child care vs. partners: there is a different relationship between each
- Subjective quality of life: an NBA star might have a different standard than an academic

Two situations

- There are at least two situations where cessation is not the same as passive euthanasia :
- the right to refuse treatment
- and when continued treatment brings more discomfort and has little chance of survival

Patient's right

- In general, a competent adult has the right to refuse treatment, even when the treatment is necessary to prolong life
- It may be overridden [if you have a dependent child]
- No one can make you undergo treatment which you have not consented to [or is justified by necessity created by the circumstances of the moment]

Continued treatment and pain

- When continued treatment has little chance of improving the patients condition, and brings greater comfort than relief termination of treatment does not “bring about the death of a patient”
- To continue would be “extraordinary”
- The term means different things in different situation

Children, minors and euthanasia

Advocacy for legitimating physician-assisted suicide and euthanasia in the US has largely ignored children and adolescents.

Support for assisted suicide and euthanasia thus rests on the assertion of competent patients' rights and physicians' duties of beneficence.

Reasons

- Relegating pediatric assisted suicide and euthanasia to the margins is reassuring. The intentional killing of children and adolescents, or assistance in their suicides, is surely more disquieting than the same practices among competent adult patients.

Two situations where it might be moral

- A child is suffering terribly from incurable cancer, and both he and his parents request a lethal injection of drugs to put an end to his pain.
- A newborn with defects that cause severe, chronic pain is asked to be given an overdose of pain medication.

The Law

- As of 2002 euthanasia for children aged 12 to 16 is legal in the Netherlands when the child's parents agree to his or her request.
- Minors aged 16 or 17 can legally request and receive euthanasia based on their decision alone, although the child's parents must be informed of that decision.
- Euthanasia and doctor-assisted suicide for children under 12 remains illegal in the Netherlands.
- Euthanasia or physician-assisted suicide of all minors is illegal throughout the United States.

Update on Netherlands

- As of 2004 Dutch authorities drew up protocols to allow doctors to euthanasia children under 12.
- This extends options to even younger children, including newborns, if they have an incurable illness or unbearable suffering.

Doctors are given these scenarios:

- All the patients are suffering from painful, terminal cancers.
- 1. both the patient -- aged 15 or under – and parents, agreed that lethal drugs were required to help end life and suffering.
- 2. parents disagreed with their child's wish for euthanasia or assisted suicide.
- 3. parents made the request for lethal drugs on behalf of an unconscious child unable to make the decision for themselves.

What the doctors would permit:

- When pediatricians in the Netherlands were surveyed 48 -60 % in #1, said yes with acceptance rising along with the age of the patient, the researchers report.
- 13-28% said yes, based on the patient's age in #2
- 37- 42 % agreed in #3

Some ethical concerns

- end-of-life decisions made by children may be too easily colored by the concerns of those around them.
- Hypothetical situations do not determine real-life actions
- Neurological or psychological issues mean children cannot be expected to make these decisions for themselves

Denying euthanasia for minors..

- ignores reported cases of pediatric euthanasia in the US.
- ignores the Dutch pediatric and medical associations who advocate pediatric euthanasia and assisted suicide, and courts that are excusing it.
- ignores the difficulty of confining any right to these practices to adults, as rights to termination of life-sustaining treatment and abortion - the roots, many argue, of rights to assisted suicide and euthanasia - have already been extended to minors

Yet is should be remembered that:

- minors may be more vulnerable to euthanasia and more apt to request assisted suicide because of inferior pain relief,
- the large numbers who are poor,
- the substantial number who are uninsured,
- the complex dynamics of parental decision making for ill or disabled minors,
- and psychological differences between adults and those who are younger.

Video- hospice

- http://www.youtube.com/watch?v=vHBni1BUJz0

Other last resort options

- Pain and symptom management
- Right to forgo lifesaving treatment
- Voluntarily stopping eating and drinking [VSED]
- Sedation to unconsciousness

Pain and symptom management

- Pain medicine is increased so the person sleeps a lot and eats little
- Informed consent is involved
- Death may be hastened this way
- But the obligation to relieve pain must be met too

Right to forgo lifesaving treatment

- Includes ventilators, intubation, ANH, advanced chemo, etc.
- May change mind after these have been started
- Must be in stable state of mind of have Advance directive
- Can also be sedated, if removal of ventilator is required

Voluntarily stopping eating and drinking [VSED]

- Some controversy
- Different than natural disinterest in food/drink at end of life
- Involves considerable resolve
- Must be physician supported
- Sometimes eating/ drinking difficult anyway
- Will be put on hospice care

Sedation to unconsciousness

- Not proportionate to relief of suffering
- Intention to escape pain and end life by simultaneously ending other treatments
- Most acceptable when death is inevitable
- Death comes quick w/o food and water

Question

- How would you respond if your best friend was in a terminal coma and you have to make an end-of-life decision for her?

Euthanasia

Judaism

Presuppositions

- The doctrine of life's essential holiness means that we must stand in reverence before the very fact of life, the gift of God that renders us human.
- This reverence does not diminish as human strength declines, for the dying person still possesses life, a life stamped indelibly with the image of God until the moment of death.

Against Active

- In the past Reform rabbis have directed attention to euthanasia as a pressing moral issue.
- In a seminal report of the Responsa Committee of the Central Conference of American rabbis held in 1948, this issue was discussed in detail.
- In the Committee's report, which was passed by the majority of the Conference, it was argued that it is contrary to the spirit of Judaism to allow voluntary active euthanasia
- or involuntary active euthanasia

Against involuntary

- In subsequent responsa a similar view was expressed, though it was noted that traditional Judaism does allow patients to die if they are being kept alive by artificial means (such as a life support system).
- In making these judgments, Reform rabbis have appealed to the *halakhic* tradition as a basis for their recommendations despite the recognition, as expounded by the 1948 Committee's report, that liberal rabbis

Rational

- The Bible states that a person must accept his lot; therefore he should not tamper with life.
- In the rabbinic period, this same attitude prevailed, as is illustrated by Hananiah ben Teradion who in his martyrdom proclaimed: 'it I best that He who hath given the Soul should also take it away; let no man hasten his own death.'

Rational

- The law is based on the conviction that life is a sacred gift from God. Created in God's image, man is 'endowed with unique and hidden worth and must be treated with reverence.'
- Such a position is codified in the legal system. Thus in the case of one who is dying, the law prohibits anyone from employing any positive and direct means to hasten his own death, no matter what protracted an ailment he may suffer (Yoreh De'ah 339).

In sum…

- The Jewish ideal of the sanctity of human life and the supreme value of the individual soul would suffer incalculable harm if, contrary to the moral law, men were at liberty to determine the conditions under which they might put an end to their own lives and the lives of other men
- i.e. any active euthanasia is wrong, but passive can be accepted

Doctor's responsibility

- There is no duty incumbent upon the physician to force a terminal patient to live a little longer,' he wrote. But he may do nothing positive to hasten death
- if the patient is a hopelessly dying patient, the physician has no duty to keep him alive a little longer. He is entitled to die. If the physician attempts actively to hasten the death, that is against the ethics of Jewish law

Pain killers

- We have every right to administer treatment to relieve pain.
- We may recommend pain-killing drugs which would ease the remaining days of a patient's life.
- We are under no obligation to take every conceivable measure to prolong a life a suffering.
- it remains a fact, however, that pain and suffering are part and parcel of the human condition.

Life and death

- The choice we face when we are ill is essentially the same choice we confront at every other moment of our lives:
- These include determining, as human beings in covenant with God, what to do with the time and the strength available to us on this earth..
- Judaism bids us to respond to the challenges of life by choosing life, to praise God whether that life brings us joy or sorrow.

Slippery slope

- There is a concern that euthanasia will lead to value judgments about other's lives
- This could end in "mercy killings" or such events such as the Holocaust.
- Once we have adopted the 'quality of life' as our standard, we have no principled reason to oppose the suicide of any person.
- If we permit the talking of human life by a patient's consent, this will be the thin edge of the wedge leading to euthanasia without consent, infanticide, etc.
- it could be abused by doctors, members of the family and other interested parties who might put pressure on the patient to terminate his life

Other objections

- doctors occasionally misjudge illness.
- It could happen that a diagnosis is wrong, or a new treatment might be on the way for a particular disease
- active euthanasia interferes with God's sovereignty over human life, yet a similar objection could be made to any medical remedy which prolongs human life.

Alternate view

- However, some say our concern is more with people than with the legal system.
- Traditional law should be abandoned if it is not in accord with our sense of humane concern.
- in a discussion of the criteria for a modern *halakhah* the central role is humanitarian concern
- the virtues of humane concern, compassion and loving kindness are overriding features.
- Given such an emphasis on human compassion, it is possible to make a case -

For active

- Unlike involuntary euthanasia where the patient has no role in the decision made concerning his life, voluntary euthanasia only concerns cases where a request is made by the person who wishes to die.
- In this light it seems callous not to allow a person to elect his or her own death.
- It is arguable that since the sufferer's choice to bring on death does not harm others, it is a permissible exercise of individual liberty and ought not to be a subject to the compulsion of law.

rational

- some kinds of suffering are so intense and so prolonged as to be unendurable for both patients and families.
- Sometimes those who are dying see themselves gradually stripped of their former character and of the activities they once enjoyed.
- Such individuals are not only subjected to intense pain; they are also aware of their own deterioration and the fact that they have become a burden to others.

Moving forward

- Reform responsa, following the *halakhic* tradition, allows for passive euthanasia.
- On humanitarian grounds there are compelling reasons for Reform Judaism to widen its approach by allowing active voluntary euthanasia as well.
- Though voluntary active euthanasia has so far been rejected by Reform Judaism, there are important reasons to go beyond the *halakhic* tradition in advocating its legalization on the grounds of humane concern and compassion.

Question

- Beyond a theological perspective, is there any benefit to suffering?

Video-Death without god

- http://www.youtube.com/watch?v=dTuhSdvIX-A

Euthanasia

Christian

Methodology

- Christians must carefully, prayerfully, and thoroughly think through their position on this matter.
- There is always a danger that the Church will formulate rather early a stance on an ethical issue and then allow that stance to become an unexamined tradition.

Agreement

- A large number of Christians have no ethical objections to passive euthanasia, at least in principle.
- Likewise, involuntary active euthanasia is usually condemned on the basic premise that a person's life is his most intimate possession.

Middle issue

- Active, voluntary euthanasia is then a point of disagreement

Against

- #1 It is a violation of the Sixth Commandment: "Thou shalt not kill [murder]."
- Such consent does not relieve the killer of guilt for the sin of murder.
- #2 it is suicide.
- If suicide were in all circumstances morally wrong, then in no circumstances would voluntary euthanasia be morally permissible

#1 The Bible and "murder"

- The law distinguished among several different varieties of homicide.
- Willful and especially premeditated killing or murder was always subject to capital punishment (Lev. 24:17; Num. 35:16-21).
- Contrasted with this were cases of accidental manslaughter, in which the manslayer was clearly immune from the punishment imposed for willful killing.

#1 Elements in the Biblical concept of murder

- It is intentional.
- It is premeditated.
- It is malicious.
- It is contrary to the desire or intention of the victim.
- It is against someone who has done nothing deserving of capital punishment.

#1 Killing and scripture

- Killing in capital punishment was obviously not regarded as wrong when due care had been exercised to ascertain the guilt of the murderer.
- While the taking of life *per se* was bad (cf. Gen. 9:6), there was condemnable killing (murder), excusable killing, and even mandatory killing.

#1 Check?

- Voluntary active euthanasia seems to fulfill criteria 1, 2, and 5.
- It certainly does not involve 4, and presumably would not be characterized by 3 either.

#2 suicide and euthanasia

- To establish the wrongness of voluntary active euthanasia would require two steps:
- (1) to prove that such euthanasia is actually an instance of suicide;
- (2) to demonstrate the wrongness of suicide.

#2 suicide and the Bible

- 1. Abimelech asked his armor-bearer to kill him with his sword so that no one could say, "A woman killed him.,, This the armor-bearer did (Jg. 9:50-57).
- 2. Saul asked his armor-bearer to "thrust him through." When the latter refused to do so, Saul took his own sword and fell on it, and the armor-bearer did likewise (1 Sam. 31)
- 3. Samson, at the end of his life, pulled a building down on himself (Jg. 16:28-31).
- 4. Judas Iscariot, following his betrayal of Jesus, committed suicide (Matt. 27:5; cf. Acts 1:18).

#2 distinguishing voluntary death

- Where there is a reasonable expectation of continued life, and because of some personal distress the life is terminated, significantly altering the time when death occurs =suicide.
- Where imminent death is certain and there is great suffering = euthanasia.
- Where death could be avoided but is chosen for the sake of another. This, if out of loyalty to God =martyrdom; if it is for the sake of another being = self-sacrifice.

Suicide and theology

- sanctity of life, which affirms that life is an inherent and absolute good. It is therefore never to be taken.
- the principle of the sovereignty of God. This reminds us that God is the Creator, the giver of life, and deduces that only he has a right to bring life to an end.

Salvation and euthanasia

- The Christian who is still able to engage in prayer, or to be an encouragement or example to others even if he cannot involve himself in more active service, can still be very useful in ways not ordinarily recognized by secular or humanist thinkers.
- Euthanasia also cuts short the opportunity for a non-Christian to accept the Lord's offer of salvation

Theodicy and death

- The Bible identifies suffering as an evil, but not an unqualified evil.
- At times it seems to have a purifying or strengthening effect, i.e. Job, as well as of Paul (cf. 2 Cor. 4:17; 12:10).
- Peter's reference to the outcome of suffering trials (1 Pet. 1:6-9) and James' statement about the product of the testing of faith may include allusions to physical suffering.

Questions

- Is it ever right, and therefore permissible, to terminate the life of a person for whom there is no reasonable hope of recovery, who is undergoing severe pain, and who has requested that action be taken to hasten his death?

Video- against active euthanasia

- http://www.youtube.com/watch?v=5Qr9_hzVfYI&feature=related

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