EUTHANASIA: SOME QUESTIONS & ISSUES ARISING

Michael Whelan SM PhD

First published All Souls Day 2010
Substantially amended June 2017
Substantially amended May 2021

AQUINAS ACADEMY
Freedom of the spirit in the Spirit

141 Harrington Street, Sydney, NSW 2000
T +612 92474651 **E** secretary@aquinas-academy.com

“Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course”

(The Oath of Hippocrates, n 15)

Euthanasia is well and truly on the agenda in Australia and it is becoming increasingly difficult to sort out the fact from the fiction. Claims and counter-claims are made. The subject demands reasoned conversation and finely nuanced thinking. There is a lot at stake.

To begin with, I will indicate five factors that I believe actually make the reasoned conversation and nuanced thinking difficult in our culture:

1. Because the issues and questions concerning euthanasia arise in the context of suffering and death, it is not surprising that the discussion of euthanasia sometimes raises strong emotions. This can make it difficult to maintain a focus on what is factual and reasonable.

2. In a culture such as ours, that over-prizes the functional and the rational, suffering and death are often reduced to “problems” and “problems” have “solutions.” Questions like “Does it work?” and “Are we able to do it?” seem more important than “Is it morally right?” and “May we do it?” The thought that life might be a mystery to be lived rather than a problem to be solved is not often considered. Euthanasia can be perceived as a “solution” to the “problem” of pain and suffering. Whether we *should* do it is another question.

3. Discussions about euthanasia and its possible legalization are often made doubly difficult because individuals in great distress are frequently brought forward to assist with the argument for euthanasia. In such instances, any argument *against* euthanasia or its legalization is immediately seen as a merciless affront to *this* individual before us who is suffering. The question, “Should euthanasia be legalized?” is then reduced to the question, “Do you want to make this person continue to suffer?”

4. There is a general lack of understanding – even among healthcare professionals – as to what euthanasia actually is. Bereft of the facts – moral, legal and scientific – individuals may resort to misguided statements like, "You don't care" or "You (Catholics) love suffering" or "Catholic hospitals practice euthanasia all the time anyway". Incorrect – and offensive – as such statements are, they muddy the waters and prevent constructive conversation.

5. Language is too often used to mask rather than reveal what is happening. Words such as "mercy", "compassion" and "care", "person", "rights" and "autonomy", are emphasized and repeated – especially when there is a suffering person present. Who is not for mercy, compassion and care, personhood, rights and autonomy? Who wants people to suffer needlessly? It is the action and the intention that is being carried out that is at issue here.[1]

WHAT EUTHANASIA IS AND IS NOT

1. What is euthanasia?

In the first instance, we must distinguish between:

a. **euthanasia as such** and
b. the **legalizing of euthanasia**.

They are two distinct – though not separate – issues. Let us deal, first of all, with euthanasia as such. Our English word euthanasia has its roots in the Greek word, *thanatos*, meaning "death." The Greek prefix – *eu* – means "well" or "good". It may be defined as follows:

> ***Euthanasia is a physician (or other person) intentionally killing a person by the administration of drugs, at that competent person's voluntary request in order to relieve that person's suffering.***

---

[1] See Danuta Mendelson, "Palliative Care, Assisted Suicide or Euthanasia? Towards a Common Discourse in the Terminology of Treatments at the End of Life" (1999) 7 Progress in Palliative Care 230.

Physician-assisted suicide (sometimes called "physician-assisted death") is a physician intentionally helping a competent person to terminate his or her life by providing drugs for self-administration, at that person's voluntary request.

I will use the term euthanasia in the rest of this reflection to include both of these interventions.

There are then two essential elements to euthanasia:

a. we **intend to kill** someone or to assist someone to kill himself/herself more or less gently/painlessly and
b. we are motivated by a sense of **care and concern** to relieve the person's suffering.

Situations in which the issue of euthanasia might arise include, for example, an elderly woman who is in hospital with cancer of the spine; she is in terrible pain; there is no cure; she will die slowly; she requests the medical staff to inject her with a fatal dose of medication to kill her; they comply; that is euthanasia.

The first problem here is that no one should be left in pain. It is now recognized, for instance, by the World Medical Association – which represents 9 million doctors – and the UN's World Health Organization, that for health care professionals to fail to take reasonable steps to relieve pain is a breach of the patient's fundamental human rights. Although the woman in the example faces serious physical, psychological and spiritual pain, she can be greatly assisted. This is the work of palliative care. Modern medicine is such that patients in serious pain can be made comfortable.

Three particular issues arise:

a. **Our functionalism**: The matters of psychological and spiritual suffering remain questions for the culture: Do we care enough to be with the patient – *really with the patient* – in their distress? This is a big issue for a culture that is problem-centred rather than relationship-centred.

b. **Our death-denial**: It is also a big issue for our culture that disconnects dying from living. Dying is in fact part of living. The 20th century German philosopher and atheist, Martin Heidegger (1889-1976), recognized this intimate interdependence between living and dying more clearly than most. One commentator sums up:

   "For Heidegger, death …. is not just the end of life; it is present at the very core of life during its whole course. But this anguish does not lead to despair; on the contrary, it is this daily confrontation with death that makes sense of human existence. It is the hidden spring of self-realization and all human creativity." (Claude Geffre, "Death as Necessity and as Liberty" in *Theology Digest*, 12 (1964), 191-92.)

   Our culture perceives dying as merely the ending of life, a threat therefore to our well-being. It cannot fathom the wisdom of the poet, W H Auden: "Afraid of our living task, the dying which the coming day will ask". Suicide and euthanasia are in fact examples of death-denial, the unwillingness to live "the dying which the coming day will ask".

c. **Our individualism and subjectivism**: Individualism and subjectivism have emerged ever-more strongly in Western societies over the past few generations. We tend to think "I" before we think "we". The person suffering is a member of a community of human beings, not a disconnected individual:

   "No man is an island entire of itself; every man is a piece of the continent, a part of the main; if a clod be washed away by the sea, Europe is the less, as well as if a promontory were, as well as any manner of thy friends or of thine own were; any man's death diminishes me, because I am involved in mankind. And therefore never send to know for whom the bell tolls; it tolls for thee" (John Donne).

   Individualism distorts our sense of rights, inevitably overriding our sense of responsibility to the other members of the human community.

2. What is not euthanasia?

It is not euthanasia:

a. to withhold or withdraw medically futile or burdensome treatment from a gravely ill patient, without which means that person will die. For example, when a person is in an irreversible coma with no realistic hope of that changing, it may be morally acceptable to turn off the machines that are keeping that person alive; as a consequence of the machines being turned off the person does in fact die a natural death from their underlying failed vital system, such as spontaneous breathing. That is not euthanasia.

b. to provide fully adequate pain management that is needed to ease a terminal patient’s pain and symptoms of physical distress, knowing that a side effect could be the hastening of death but not intending this. For example, a person with terminal cancer of the esophagus is in deep distress trying to breathe, it is ethically required to provide the medication needed to ease the pain and distress, knowing that a side-effect of that extra medication could hasten the patient’s death. That is not euthanasia. Note that it is rare that pain and symptom management, properly administered, will hasten death. Indeed, the patient may live longer when they no longer need to cope with the pain or other physical symptoms.[2]

In each of these cases, the critical question to ask is, **“What is intended?”** If you intend to kill the individual that is an essentially different human act to one in which the intention is to ease the individual’s distress or avoid burdensome interventions to eke out a few more days of life.

Needless to say, the intention to kill should not be masked by protestations that what you are doing is simply intended to ease the person’s distress or “do what Grandma would want”. The human psyche functions at both conscious and subconscious levels. Self-deception is a definite possibility. The possibility of self-deception can be increased, for example, when emotions run high or where there are vested interests at stake, as might occur with a will involving

[2] See “Principle of Double Effect” – page 7 below.

significant assets – sometimes called the “early inheritance syndrome”. **If you intend to kill you intend to kill, no matter how you disguise it.**

<u>WHAT ARE SOME RELEVANT MORAL PRINCIPLES?</u>

1. What constitutes moral behaviour?

There are at least four crucial elements to moral behaviour:

a. *the **nature of the act** itself* – for example, the act of walking down the street does not have the same moral implications as the act of taking fruit off my neighbour’s fruit trees without his/her permission.

b. *the **intention** of the moral agent* – for example, taking my neighbour’s fruit without his/her permission because I want to feed my starving family does not have the same moral implications as taking my neighbour’s fruit without his/her permission because I want to force him/her off that land so I can grab it.

c. *the **external circumstances** forming a context for the act* – for example, taking my neighbour’s fruit without his/her permission when I have plenty does not have the same moral implications as taking my neighbour’s fruit without his/her permission in time of famine.

d. *the **internal circumstances** forming responsibility and accountability* – for example, taking my neighbour’s fruit without his/her permission because I am a simpleton does not have the same moral implications as taking my neighbour’s fruit without his/her permission because I am an otherwise competent adult filled with resentment.

All issues of human morality should place the emphasis on **the person who acts**. It can be very misleading to focus simply on “the nature of the act itself” just as it can be very misleading to exclude “the nature of the act itself.”

The moral person seeks the good and the true in all circumstances, no matter what it costs. His/her decision and action is not governed by a desire to fit in or follow the crowd, but a sincere desire to discern and submit to what is good and true. Moral integrity requires us to constantly examine ourselves, to appraise our motivations, inform ourselves concerning the principles and facts of situations. This may be very costly to us personally.

2. Moral descriptions point beyond themselves

If I say, “Joe Doax is a morally good man,” I have made a statement that is necessarily *both* **subjective** *and* **objective**.

First of all, the statement is **subjective**. I have presumably considered how Joe behaves and made the subjective judgment that he is “morally good.” I might be wrong. I also might be right. You might agree or disagree with my judgment. We both might be in some measure right and in some measure wrong. This is the nature of subjectivity. But it is not the whole picture.

Secondly, the statement is **objective** or at least points to something objective. It is not just a matter of what *I* think or believe about Joe. It is also a matter of my claiming that Joe can be identified with something objective that we call “good”. If the understanding of “good” is simply subjective, it does not mean anything to say “Joe Doax is a good man”. You and I and others listening must have some sense of “the good”, even if we disagree on how we are to understand it or how it is to be applied. The “good” is an objective reality quite distinct from our subjective perceptions of the “good”.

“Don’t impose your morality on me,” is often used to reject this way of thinking. When someone says this they are actually seeking to impose *their* morality on you. “Don’t impose your morality on me” is a moral position and they want it accepted – not *your* moral position, *their* moral position!

3. The principle of double effect

One of the complicating factors in our attempts to be moral, is the reality – sometimes a very hard reality – that our actions frequently have multiple consequences. Sometimes, even though the action can be justified as moral, there may be unintended consequences. The principle of double effect recognizes this. It can be summed up by saying that

- **an action with two or more known effects,**
- **one morally acceptable and the other(s) morally undesirable,**
- **may be morally justified**
- **when that action is chosen for serious enough reasons and**
- **only the good effect is intended,**
- **the undesirable consequences being accepted as an unavoidable side-effect of the good primary action and intention.**

For example, when you turned on the lights or an electrical appliance today, when you drove your car or took a bus or train or ferry, when you ate a piece of meat or threw out the rubbish or flushed the toilet or did almost anything, you used the principle of double effect at least implicitly. We are constantly making decisions with moral implications that assume the undesirable side-effects are acceptable because (we think/believe at least implicitly) the outcome we intend is worth it.

On a larger scale, the decision and action to go to war against Hitler in 1939 was judged morally acceptable. Those who made that decision knew only too well that there would be some tragic consequences, with lots of innocent people suffering and even dying as an unintended result of the primary decision to fight Hitler. They judged that the circumstances were serious enough to warrant that decision being made however.

In assessing whether there are serious enough reasons for going down such a path, it may be helpful to ask, "What will happen if I/we do *not* do this?" It may then be helpful to ask, "If we *do* do this, can we realistically expect the outcome to be weighted more to the good and true than the not good and the not true?" Of course, motivation must be factored in and that is a most complex reality. Suffice it to say here, individuals must be encouraged to inform themselves of all the relevant facts and be as honest with themselves as they possibly can be.

The principle of double effect is particularly critical when dealing with the issues arising around the question of euthanasia.[3] For example, when the dosage of painkilling medication is elevated with the primary intention of

[3] See the two examples on page 5 above.

decreasing the patient's distress, and an outcome of this is that the patient's death is hastened, that is not euthanasia. If however, the dosage of painkilling medication is increased with the primary intention of hastening the patient's death, that is euthanasia.

It is not uncommon in life that we are caught in serious and painful dilemmas that demand a decision and action where there is no easy or clear-cut way ahead. Life is seldom a straightforward choice between what is unambiguously good on the one hand and what is unambiguously not good on the other. Living is an ambiguous enterprise, especially if you are a thoughtful person who is willing and able to act reasonably and responsibly and be held accountable for your decisions and actions. Life is a mystery to be lived, not a problem to be solved. Sooner or later – if you accept the invitation to be real – life will draw you beyond the functional question, "What can/must I do?" into the transcendent question, "What attitude can/must I assume to that about which I can do nothing?"

4. Do Australians favour euthanasia?

It is naïve – perhaps disingenuous – to say what proportion of Australians favour euthanasia when there is so much confusion about the meaning of the very term, including, importantly, among healthcare professionals and politicians.

I believe that most Australians do not know what euthanasia actually is. How many would understand the principle of double effect? How many know what palliative care is? Is their alleged "approval" of euthanasia in fact mostly an expression of their fundamental decency and their unwillingness to see people suffer unnecessarily rather than their willingness to sanction legalized killing?

5. There is a difference between the *morality* of an action and the *lawfulness* of that action?

It was not too long ago that it was *unlawful* to commit adultery in New South Wales. It is now *lawful* to commit adultery. That does not make adultery *morally acceptable*. It just means it is no longer against the law of the land.

Recent history gives us some stark examples of people who saw certain actions as immoral though they were legal, prompting those people to actions that were illegal though they were moral. For example, Dietrich Bonhoeffer transgressed the laws of Nazi Germany in his struggles to be moral. Martin Luther King Jnr and those who fought for civil rights did the same in the United States in the 1950s and 1960s. Similarly, the aboriginal activist, Charlie Perkins – and many supporters – broke Australian laws in service of particular moral values. Civil disobedience is an authentic moral option – even moral responsibility – at times. Legalizing an action does not make it morally acceptable.

CONCLUDING REMARKS

A major public inquiry into "mercy killing" was conducted in the United Kingdom in the early 1990s. The inquiry's findings were published as the *House of Lords Select Committee on Medical Ethics, Report of the Select Committee on Medical Ethics (1994)*. The words of that report seem eminently reasonable and as cogent now as they were more than twenty five years ago:

> "Ultimately, however, we do not believe that these arguments [in favour of legalised euthanasia] are sufficient reason to weaken society's prohibition of intentional killing. That prohibition is the cornerstone of law and of social relationships. It protects each one of us impartially, embodying the belief that all are equal. We do not wish that protection to be diminished and we therefore recommend that there should be no change in the law to permit euthanasia.
>
> "We acknowledge that there are individual cases in which euthanasia may be seen by some to be appropriate. But individual cases cannot reasonably establish the foundation of a policy which would have such serious and widespread repercussions.
>
> "Moreover dying is not only a personal or individual affair. The death of a person affects the lives of others, often in ways and to an extent which cannot be foreseen. We believe that the issue of euthanasia is one in

which the interest of the individual cannot be separated from the interest of society as a whole.

“One reason for this conclusion is that we do not think it possible to set secure limits on voluntary euthanasia. Some witnesses told us that to legalise voluntary euthanasia was a discrete step which need have no other consequences. But as we said in our introduction, issues of life and death do not lend themselves to clear definition, and without that it would not be possible to frame adequate safeguards against non-voluntary euthanasia if voluntary euthanasia were to be legalised. It would be next to impossible to ensure that all acts of euthanasia were truly voluntary, and that any liberalisation of the law was not abused.

“Moreover, to create an exception to the general prohibition of intentional killing would inevitably open the way to further erosion whether by design, by inadvertence, or by the human tendency to test the limits of any regulation. These dangers are such that we believe that any decriminalisation of voluntary euthanasia would give rise to more, and more grave, problems than those it sought to address.”

In writing this reflection, the author acknowledges the invaluable assistance of Professor Margaret Somerville of Notre Dame University, Sydney, and Dr Michael Casey.