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Euthanasia: A Boon to Society

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As Isaac Asimov once said, “Life is pleasant. Death is peaceful. It’s the transition that’s troublesome.” Euthanasia is a medical practice that attempts to remove the troublesome transition between life and death with a quick and painless injection from a physician. Like all matters of life and death, euthanasia is a controversial topic. Proponents of euthanasia believe that a free society should give its citizens the freedom to choose their own fate. Many opponents morally oppose euthanasia on the basis that it denigrates the value of life. Additionally, opponents argue that regardless of moral issues, euthanasia cannot be implemented successfully for practical reasons, such as the difficulty of regulation. Both sides of the debate make valid points about euthanasia; thus, the key is to weigh the implications of these points against each other to find the net effect of euthanasia. This essay will attempt to prove that euthanasia provides a net benefit to society because of the freedom it grants, using logic, speculation, and analysis of the past and present.

Many opponents argue that euthanasia devalues life, which is a potent attack because most of the Western world endows great value to life. These opponents support this claim with the notion that euthanasia implies that not every life is worth living. As the journalist Michael Coren (2007) put it, “life is only assumed to be significant when it is thought to be of quality” (p. A23). The fallacy of this view is that in order for it to be a valid ethical problem, the quality of a person’s life would have to be gauged by others. Ideally, a patient who voluntarily requests euthanasia has gauged his own life and decided that the quality of it does not merit prolongation. This choice indubitably devalues his life: he believes that his life has so little value that it is not worth living anymore; however, unlike a case in which others devalue his life, there is nothing wrong with this devaluation. The patient is the sole owner of his own life, and thus he should

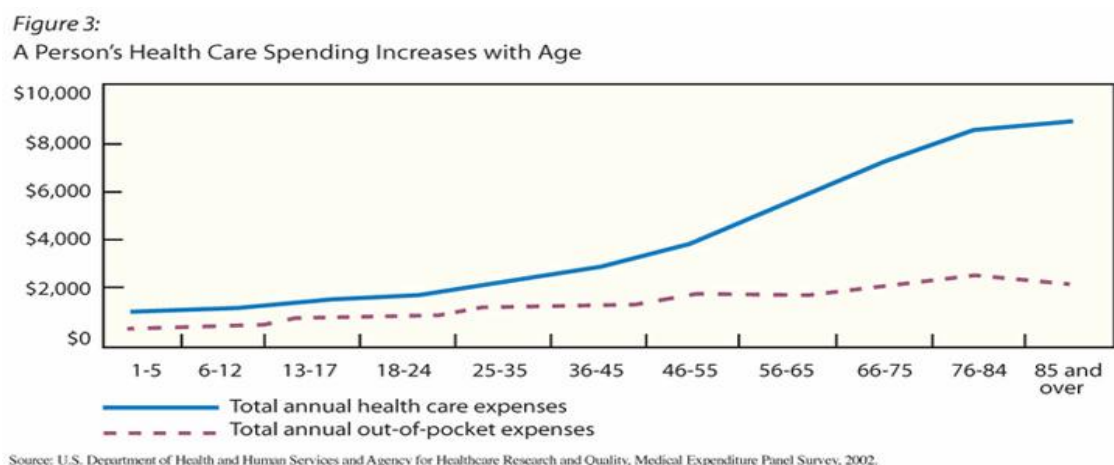
have the freedom to forfeit his right to life, just as he can forfeit his right to privacy by inviting a neighbor into his house (Singer, 1993).

Many opponents argue that because a plethora of factors influence the decision of a person choosing euthanasia, the choice is not truly free, and thus, still devalues life. One important factor stems from the torment typically experienced by people considering euthanasia. As Coren (2007) puts it, a suffering person deals with “anguish and emotion . . . [that] by their very nature . . . obscure clear thought” (p. A23). This appears to be a fair argument; after all, a person who chooses euthanasia under the influence of extreme suffering may not have considered his options properly, meaning that euthanasia has devalued his life by giving him a wrongful “easy way out” when his life could have been preserved in some way. There is a flaw in this reasoning, though: the person in question could have easily commit suicide upon making his decision that his life was not worth living.

In the US, suicide is very prevalent because suffering people want to end their lives; in 2004, there were 10.9 suicides per 100,000 people. Among the elderly, who are some of the more likely candidates for euthanasia, the suicide rate was 14.3 per 100,000 (National Institute of Mental health, 2008). With these data in mind, euthanasia emerges as merely a tool to carry out the person’s wishes in place of the alternative tool: suicide. There is no sense in denying people the option of a gentle death from euthanasia as an alternative to a brutal death from suicide; the three leading methods of suicide in 2004 were firearms, suffocation, and poisoning, which are vastly more brutal than a physician administered injection. (NIMH, 2008) A suffering person naturally cannot make a completely clear decision about his fate, so the best a society can ensure is that his decision will be implemented in a medical setting as smoothly as possible.

Another imposing factor influencing a person's choice is the pressure on the ill and elderly, imagined or realized, from family members to choose euthanasia. Extensive medical care is not only an expensive prospect, but a very stressful ordeal for the family and friends of a frail person. Even without a critical illness, age is directly related to a monstrous rise in health care costs, as shown in Figure 1. For many families, caring for a loved one is not an issue, regardless of the cost; but, even when families provide unending support, the frail often feel an imagined pressure to choose euthanasia, stemming from guilt. For example, guilt accounted for 11% of euthanasia cases in Oregon, the only area of the United States where euthanasia is legal (International Task Force, 2006).

Figure 1. Rising Health Care Costs with Age (Citizen's Health Care, 2002)



Imagine a bed-ridden mother, cared for by her daughter, who is now a mother of her own. The constant bags under her daughter's eyes are proof enough of the stress involved in caring for her aging mother, who cannot stand any longer to be the burden that she has become. This gnawing guilt turns into a concrete decision to choose euthanasia. Her decision seems unjust and above all, immensely depressing, yet it does not reveal a flaw in the morality of euthanasia. Regardless of whether the elderly mother had the option of euthanasia, she would have felt the guilt anyway because her health care would be just as stressful and expensive. At least society

could give her a choice, even if the choice was only between living with guilt and dying to relieve it. It is terrible that a person be forced to make such a decision, but it is inevitable in an imperfect world where health care for the sick and elderly is not free and easy.

Unfortunately, the pressure to die from family members is not always imagined; opponents argue that euthanasia gives too much power to ill-intentioned family members who pressure an ill or elderly relative to choose euthanasia by invoking guilt or by using other subterfuge in order to dispose of a burden or to secure an inheritance. In these cases, euthanasia becomes an execution rather than a release. Strict regulation by society can help to avoid allowing euthanasia to be used for such vile purposes; however, there is no realistic approach that could completely deny such usage. For the most part, this is simply a risk involved with permitting euthanasia that a society must weigh against the benefits of euthanasia.

It is important to note that euthanasia is once again merely a tool; an individual who would pressure a relative to die would be a ripe candidate for a surreptitious murder, as is often the case when an inheritance is involved. Euthanasia does not open the door for inheritance murders, but merely offers another avenue. One can even argue that euthanasia proffers a better death than a murder for inheritance, which can often be brutally painful, as in the case of Marina Calabro, whose murderer “smashed [a] frying pan into [her] head with such force that he broke the handle . . . then hit [her] with a yellow tea kettle and then broke her neck with his hands” (Ellement, Globe Staff, 2006). It may seem like a twisted argument, but if a contemptible individual is going to murder a relative for inheritance money, is it not better that it be a gentle death, rather than a violent murder?

Perhaps the most frightening prospect of euthanasia is that opponents claim it will lead to a society that pressures—or worse, forces—individuals to die. Opponents bring up the “slippery

slope” of euthanasia: the idea that that once society accepts the killing of individuals, even for a good cause, the sanctity of life will be progressively degraded. The logic is that at first, euthanasia will offer a choice to people who wish to die. Gradually, though, the bounds of euthanasia will widen to more cases, such as newborns with Down Syndrome, since it will “be better for them.” Suddenly, euthanasia is not a choice anymore, but a sentence. The theoretical end point would be a societal eugenics program that tries to “cull the herd” of the genetically “inferior” in order to “improve” the human race, no longer bothering to claim to be working in the interest of each individual. The human life would essentially be no more than an object, only carrying value if it meets some arbitrary threshold of value.

The first reaction to such a future is typically disbelief; however, history shows that such a future is not unrealistic. The most obvious example in recent history is the Nazi euthanasia program. Gavin’s “Nazi Euthanasia” (1996) described how the Nazi’s sick program sought “to eliminate life unworthy of life,” namely, the sick and disabled (para. 2). At first, the Nazi program began by requiring doctors to make unanimous decisions about the euthanasia of children under the age of three who “showed symptoms of mental retardation, physical deformation, or other symptoms,” but as is the case with the slippery slope, soon expanded to include “older disabled children and adults” (para. 2-4). They disguised their murder as “mercy death” (para.6).

Certainly, the Nazis were monsters even discounting their euthanasia program, so they are perhaps not concrete proof that a slippery slope can exist; thus, a look into United States history is necessary. Not many people remember, or choose to remember, the United States national eugenics program. In the early 20<sup>th</sup> century, the United States participated in a genetic cleansing program on a national level. As Morgan (2000) wrote, the program sought to “rid

society of mental illness and crime” by sterilizing the “insane and feeble-minded” (para. 1-3).

This atrocious program nearly paralleled the Nazi program, and in fact, many Americans concurred with the Nazi program: the New England Journal of Medicine wrote, “Germany is perhaps the most progressive nation in restricting fecundity among the unfit” (para. 13).

Admittedly, the United States did not euthanize the victims of its program, but sterilization is a large step in the same direction, and displays a blatant disregard for the value of the victims’ lives. Our own society has fallen down the slippery slope in the past, which lends credibility to the fear that euthanasia can lead us down the same path.

Shoving aside the horrors, one must consider that the blunders of the past are not a definite indication of the course of the future. The U.S. eugenics program, for example, must be taken with a grain of salt. The U.S. has undergone great change in the years since it ran a eugenics program, much of which has bolstered its society’s judgment of the universal value of life. For instance, much of the eugenics program was based on a fear that an “influx of ‘lower races’” would dirty the gene pool of the US (Morgan, 2000, para. 10). The societal notion that certain characteristics, such as racial features, can make one human life worth more or less than another produce precisely the environment necessary for euthanasia to fester. After the Civil Rights movements in the later half of the century, the US began to accept that every human life is equally valuable, regardless of its characteristics. The stark contrast between the past and present views of life shows that while rampant euthanasia may have been accepted decades ago, it would not necessarily be accepted now or in the future. Additionally, one must remember that societies, like humans, learn from their mistakes, even if some mistakes are repeated time and time again.

It may be more accurate to look at euthanasia in the present and recent past in order to get a better prediction of the future. Euthanasia is not accepted in most of the Western world today, so there is a decided shortage of statistics and studies on the matter; however, the Netherlands and Oregon have both had euthanasia programs for some time, and enough data exists to allow for an adequate analysis. Euthanasia existed for decades in the Netherlands in a quasi-legal form until 2002, when the Dutch officially legalized it. It began with only the good intention of offering a form of release for the ill and elderly, but by most accounts, degraded into a quagmire. In 1991, J. Remmelink, the Attorney General of the Netherlands at the time, released the results of the first official study of Dutch euthanasia in the Remmelink Report. The report provided very disturbing statistics:

1,040 people (an average of 3 per day) died from involuntary euthanasia, meaning that doctors actively killed these patients *without the patients' knowledge or consent*.

- 14% of these patients were fully competent.
- 72% had never given any indication that they would want their lives terminated.
- In 8% of the cases, doctors performed involuntary euthanasia despite the fact that they believed alternative options were still possible. (ITF, 1994, The Facts section)

The most prominent reasons for euthanasia without consent included “‘low quality of life’, ‘no prospect for improvement’, and ‘the family couldn’t take it anymore’” (ITF, 1994, The Facts section). Making matters worse, the report indicated that in 45% of these cases of involuntary euthanasia, the family of the patient was unaware of the action (ITF, 1994).



These astounding results showed that euthanasia was not always a course of action determined solely by the patient's free decision; instead, it often was a death sentence imposed by a society that gauged the value of patients' lives, rather than leaving that task to the patients themselves. Furthermore, these results hint of a society teetering on the edge of a slippery slope: the society had already begun to evaluate the worth of a person's life based not on that person's own thoughts, but on its own arbitrary guidelines of what a life should be. Euthanasia in the Netherlands began as a decision by an individual that his life was no longer worth living, but progressed to a decision by society that an individual's life no longer met the societal quality test. With the choice gone, euthanasia was nothing but an execution. It is important, however, to mention that the Rummelink Report also reported 2300 cases of voluntary euthanasia and 400 cases of physician-assisted suicide; the majority of euthanasia cases were still consensual; euthanasia in the Netherlands was by no means a complete abomination.<sup>1</sup>

The Rummelink Report studied euthanasia in a quasi-legal environment, which begs for the question of whether legalization and regulation are the crucial elements that stop euthanasia from becoming an atrocity. One study, published in the *New England Journal of Medicine*, compared the statistics of euthanasia for the years 2001 and 2005 in order to see the effects of legalization. They found that while euthanasia accounted for 1.7% of "all deaths in the Netherlands" in 2005, only .4% of all deaths resulted from the "ending of life without an explicit request by the patient" (van der Heide et al., 2007, Results section). This means that approximately one in four deaths by euthanasia were non-consensual; while this is not an impressive figure by any means, it shows that the Netherlands does not appear to have slipped

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<sup>1</sup>Note: There were some cases in the Rummelink Report that were not included in this paper because they do not relate to the euthanasia discussed in this paper; an example is slow overdose by pain medication to shorten, but not end, life.<sup>1</sup>

further down the slippery slope in the two decades of euthanasia following the Remmelink Report. There were actually proportionately fewer non-consensual deaths compared to 1991. These results give hope that with the right regulation, euthanasia need not become a monstrosity, and can actually accomplish the aspiration to relieve suffering.

Oregon presents another source of information about the legalization of euthanasia. In 1994, eight years before the Netherlands legalization of euthanasia, the Oregon State Legislature signed the Death with Dignity Act, which legalized euthanasia in the state of Oregon (Oregon State Legislature, 1994). Euthanasia in Oregon seems to have gone very smoothly. There is no readily available data indicating that non-consensual euthanasia has occurred or is occurring; it is reasonable to conclude that if no such data has appeared in fourteen years, there must not be a noticeable or significant number of non-consensual deaths. Presumably, the apparent absence of non-consensual deaths in Oregon is due to the effective safeguards in place. In order to be euthanized, a person must make two distinct requests to his doctor, have a terminal illness, have at least one witness who cannot receive an inheritance, and be examined by another doctor.

These safeguards have helped euthanasia to remain strictly a choice in Oregon; but, the Netherlands, too, has very similar safeguards (Ministry of Health, Welfare, and Sports, 2002), yet has radically different results, suggesting an unseen difference. The most plausible explanation stems from the main difference between the two: the Netherlands had euthanasia long before it was legal, while Oregon had very little underground euthanasia before legalization. From a pure speculative standpoint, it seems like the long standing habits and practices of the Netherlands could have carried on after legalization, perhaps not in exact accordance with the new law. On the contrary, doctors in Oregon had no precedent to run off, and presumably

followed the law more precisely. Truly, the only sure test will be time: even though the Netherlands only legalized euthanasia recently, it had permitted it for many decades. Oregon has only permitted euthanasia for fourteen years, so it is fair to claim that euthanasia could still become a problem in Oregon.

The current outcome of Oregon's state euthanasia program suggests that a society that preserves the individual's choice in euthanasia can safely and effectively implement euthanasia for the benefit of its citizens. There is, of course, no way to regulate euthanasia, nor any other practice, flawlessly. Undoubtedly, there will be tragic cases in which people are euthanized as a result of malpractice by a physician or a decision based on a guilty conscience. These unfortunate cases are no different from the few innocent individuals who end up wrongly in prison. They reek of injustice, but are largely unavoidable without doing more harm to far more people, be it by forbidding anguished individuals from euthanasia, or by leaving real criminals on the streets.

There will also be cases in which the human life seems to have lost its value, such as an elderly individual who weighs his life against the cost of his health care. The good of the many cases in which a person freely chooses euthanasia to end a life of suffering outweighs the evil of these unjust cases. There may be no such thing as a "free" choice made completely independent of influences such as guilt, but it is unreasonable to demand perfection in an imperfect world. The key is that as long as society does its best to maintain the sanctity of choice, euthanasia will not become an abomination. Even the Church of Euthanasia, which urges people to choose euthanasia to alleviate overpopulation, would not pose a moral crisis in a well-managed society that allows euthanasia (Church of Euthanasia, 2008). Any individual is free to choose whether

his life is worth so little as to surrender it in the name of population control; nobody is forcing euthanasia upon anyone: that is the nature of a society based on the free choice of the individual.

In accordance with the principle of negative freedom, euthanasia should be legal so long as it is isolated to every individual and his choice on the matter. The basic idea of negative freedom, a concept largely devised by Hobbes and Locke, is that a person should have the freedom to act in any way that does not infringe upon the equal freedoms of others (Stanford Encyclopedia of Philosophy, 2003). In accordance with this principle, euthanasia should be legal so long as it is isolated to every individual and his choice on the matter. Only if society fails to regulate it properly will it become an avenue for a group of individuals, be it of politicians or of any others, to infringe upon the most essential right: that of life.

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