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# Euthanasia: Commentary on a Social Movement

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A feature article in *The Wanderer* (February 20, 1975), "Secret Strategy for Euthanasia By 1983," by Charles R. Pulver caused me to obtain the document upon which his article was based. The Center for a Human Future in Syracuse, New York, produced this document which has since come to be known as the "Alethea Document" ("alethea," a Greek word for "truth" or "unconcealing" obviously referring to the reality of death).[1] From a study of it, I would draw the general conclusion that the "Alethea Document" is propaganda for cultural euthanasia—cultural, because the methodology of the study is basically concerned with reshaping the way in which ordinary people think about the process of dying and death itself. It does not try to argue for the direct termination of life, one's own or that of others, by carefully nuanced arguments as is done by professional moralists like Joseph Fletcher, Daniel Maguire, and others. It simply takes it for

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granted that the majority of people will want to die as comfortably as possible as soon as they are aware that they have a terminal illness or an affliction from which there is no remission. "Comfortably," of course, denotes the exclusion of as much suffering as possible.

The "Alethea Document," which projects the future backwards from 1983 to 1974, includes imaginary letters, diaries, living wills, future histories, statements by clergymen and professionals on the value of comfortable dying. References are made to educational goals, reformation of law, and strategies to overcome the bias of Right to Life people. The term euthanasia does not appear.

It is necessary to quote at length from the *Document* so the reader may have an understanding of this phenomenon. I shall add personal observations where it is useful.

> "It is the intention of the Task Force to develop and have in full operation in Syracuse by or before 1983 a social instrument which will serve both individuals and the entire community in better understanding and learning to take effective action in the multitude of issues and opportunities related to death and dying. This social instrument will be a context for learning and action such that each person is considered a participant. The focus of activity will center on the person(s) in order to assist them to participate more effectively in the issues and opportunities that confront them in death and dying.
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> It is the goal of the Task Force to establish in Syracuse an institution with at least the following functions:
>
> - Caring for persons whose death is imminent, for their family, friends and others
> - Educating health professionals and students
> - Educating public (and private) schools and colleges
> - Educating the community (including the variety of social service or community organizations)
> - Doing research and resources development
> - Establishing means of communication (internally, other similar institutions, and public-at-large)
> - Training persons engaged in the work of the institution (an internal function provided directly or engaged from elsewhere for such things as orientation of new people, teams, or task forces of the institution)
> - Providing for the elimination of the financial burden of persons caught in a long term illness
> - Affecting social public policy (legislation, policy of institutions such as hospitals and implicit policy like public attitudes)" (p. 2)

This first citation has in it nothing contrary to Catholic teaching. Subsequent materials, however, will show what the task force means by caring for persons whose death is imminent, and what manner of education they have in mind.

The Alethea Document aims to educate the masses through all available means: boards of education, city councils, the news media (pp. 7-8). In 1974-75, as planned, the Death and Dying

group are actively engaged in the Syracuse area in discussing death with dignity. One such discussion is reported by Charles Pulver (*Wanderer*, March 27, 1975, 9-10) in which it is alleged that the Reverend Randolph Riggs, a Presbyterian minister, director of the Alethea Center on Death and Dying, openly asserted the right to end his own life whenever he became a burden to those around him.

This allegation comes in a context where he has described the book *On Death and Dying* by Elisabeth Kubler-Ross. In itself there is nothing in Kubler-Ross which could not be integrated into a Judaeo-Christian viewpoint on the meaning of death. But as readers of the "Alethea Document" can discern, its pervading viewpoint is humanistic. "Clergyman #1," for example, states his goal about the education of the general public and of professional people who work with the dying in terms which do not give the least hint of a Christian viewpoint. We must teach people to see death as one of life's realities which brings more preciousness to the living. He states the consequences of this process of re-education:

> 1) Personal intimacy will take on new significance in that people will no longer avoid becoming involved with one another out of their own personal fear of loss.
> 2) Societal understanding of the preciousness of human life will cause new kinds of social legislation and new experiments in living that speak to this preciousness.
> 3) Since people are not used to the kind of intimacy such an awareness will bring, there will be the profiteers who will seek to "make a buck" on the newly realized needs of others.
> 4) Some who now see death as an option available to them will choose it before they need to die (i.e., suicide, mercy killing, etc.). (p. 25)

Item 2 refers to the legal movement for voluntary euthanasia.[2] Item 3 anticipates that there will be abuses of the voluntary euthanasia movement, perhaps outright murder under the guise of "mercy killing." This is described as one of the risks which the public must take for the benefits of voluntary euthanasia. Item 4 assumes added significance in that it is a clergyman who writes. No mention of either the value of suffering in this life, or the reality of the life after death appears on any page of the document.

From the discussion of death with dignity the Death and Dying Task Force would move in 1975 to a larger plateau of action according to one future history. Through educational propaganda sources it will reach beyond Syracuse, expand its membership, develop new proposals for foundation monies, while seeking tax exemption, and launch a series of seminars. Notice where they will begin:

> The first of these occurred in captive church audiences and at the Upstate Medical Center where we discussed illness and death. Our seminars were innovative because

members of our own Task Force who were themselves sick with various diseases led the seminars. People came to us afterwards to comment that they had never talked with a sick person before about the gut issues of illness. Our sick members also found that through these discussions they were adding to the education of people around them and learning to examine themselves and their illnesses more realistically and dispassionately. It was my definite feeling that those sick members of our Task Force who eventually did die of their diseases had an easier time both of their illness and with their deaths than most other people. (p. 35)

This document contains sensible recommendations, such as the acceptance of death, and the avoidance of guilt feelings in agonizing decisions concerning the use of passive euthanasia—that is to say, allowing the terminal patient to die instead of prolonging his life through extraordinary means. The Diary of a Medical Social Worker asks some searching questions in a humble way:

> Surely it doesn't seem right to keep a body functioning by whatever artificial means whatever when the minute these supports are withdrawn there is death. Nor should it be kept going when the body is already dead except for those functions that can and are being maintained. This is what I say! But if a member of my family—a loved one—were in such a position I don't know if I would have the power of my convictions and say, "no, let him or her die." We hear of just enough miracles to cast doubt on the judgement of even the most knowledgeable. Will I let this relative die with dignity or will I insist on holding to the one thread of hope? On the soapbox I keep opting for the first but I have not been put to the test.
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> This brings me to the problem which is facing this group if I understand its purpose correctly. Who is to make the judgement as to whether a person's life be sustained? Who is to decide that all hope is gone, that life has no meaning, what are the values which determine the decision? Who has the right to set these values? We are not only judging when life should be continued or when life should cease but also passing judgement on the values or opinions of others who are making the same decisions. (p. 24)

Again, while there are occasional references to the Creator, the overall impact is naturalistic, as excerpts from the following imaginary letter (October 15, 1983) from a physician to his children indicate.

> You may be surprised to have a letter from me about my upcoming death, but I want you to know something about it now so you can fully understand what happened later on. You think that 47 is too young to die. . . . I want to tell you about just one of the efforts I have made over the past 10 years. This has been my involvement with death education among my patients, students and colleagues. I began by seeing patients in their death throes and recognizing that this was an intensely uncomfortable experience. My first patients died very badly. It was their deaths that started me thinking about ways to ease this discomfort. As I began, I found my patients universally grateful for my medications. I nev-

er started medications until the patient was actually in the process of dying in those early years, and this was correct in the moral and ethical climate of the early 1970's. There were some families who did not understand, and they taught me to suppress my evangelistic tendencies, because an unhappy family is left to bring lawsuits after a grateful patient is dead.

The legal situation was the critically important one. Over the years various citizen groups began discussions of the utmost importance. Through these discussions there arose a public awareness that death is not to be feared. Living with disability is frequently much worse. The constant physical pain of some diseases and the constant emotional pain of helplessness are much worse than the comfort of a *properly managed* death. This public awareness began the process of the legal framework which now allows me as a physician to accept my patient's petition for an early death when he decides it is time. It will also allow me as my doctor's patient to do the same for myself when I decide my physical existence is more of a burden to me than I want. (p. 27)

The letter goes on to relate that Right to Life groups had rioted in 1979 when voluntary euthanasia was legalized. But only four years later the Gallup Poll favors the current legislation which allows the patient and the doctor together to decide the time and mode of death. Those opposed to the new legislation, like the Right to Life groups, are portrayed as a bitter minority, but the majority have been persuaded by the D and D Task Force to see the reasonableness of the new law.

The doctor mentions several mistakes which he has on his conscience, that is to say, cases where he thought the person had a terminal illness, then managed his patient's peaceful death, only to discover in the autopsy that his diagnosis was incorrect. He mentions other abuses in the death group at the hospital:

> Early on, this group became so interested in death and dying that they occasionally lost track of the fact that some patients do not want to die, and others could have treatment! With time they, too, have struck a better balance. (p. 28)

The doctor believes that serious consideration should be given to a physician in a home for the aged who "wants to clear out all the beds used for senile patients in the Syracuse area so that these facilities can be available for patients who are potentially capable of rehabilitation." (p. 28)

One of the problems which the doctor foresees in the application of the new law is difficulty in drawing the line between "justified" reasons for euthanasia, such as terminal and painful illness, and the desire of many, tired of living, to commit suicide comfortably. The edge of the wedge is thin; and the masses could begin to think that they have the right to do away with themselves as soon as they think life is not worth living anymore. But he dismisses this fear with the observation that community standards of morality will move now in one direction, and later in another,

according to the needs of the community. Not surprisingly, the letter ends with no reference to any afterlife.

### The "Document" Favors Euthanasia

The reader has been given a sufficiently comprehensive sampling of the "Alethea Document" for him to discern that it is propaganda in favor of the wholesale practice of euthanasia; for example, in the above paraphrased letter of the doctor to his children notice that he moves from advocacy of voluntary euthanasia to the likelihood of mandatory euthanasia. He wonders whether the current law which makes it necessary for the old person to consent to his death should be changed. (p. 28) He raises the spectre of state control over the lives of those no longer useful to society. Once you allow direct voluntary euthanasia, how do you delimit its practice?

From the history of the abortion movement we can guess what will happen in the euthanasia crusade. In the abortion phenomena moralists and doctors began with carefully qualified exceptions to the prohibition of the direct taking of innocent life; the horizon of exceptions widened over the years; a new principle was substituted in the popular mind (to be sure, a muddled principle—a woman may do what she wants with what she claims is part of her own body)—so abortion on demand was accepted and *then* came the Supreme Court ruling in 1973 which, in practice if not in theory, canonized the aforesaid confused principle.

Although the euthanasia debate is poised on the same slippery slope, churchmen are relatively unprepared to come to grips with it in the *public* domain. This is not to depreciate the work of professional moralists like Paul Ramsey, James Gustafson, Arthur Dyck, Richard McCormick, Charles Curran, Daniel Maguire, and others. Although I do not agree with some of the conclusions of these authors, I find their writings to be carefully nuanced. In many instances they make frank acknowledgement of dilemmas in their endeavor to render guidance to persons in terminal illness, as well as their relatives, and also to parents of children born with very serious defects. Since euthanasia covers such a variety of situations, it is necessary to make distinctions.

Generally, moralists distinguish between active euthanasia and passive.[1] Active euthanasia is understood as a direct effort to shorten one's own life or that of another in situations of terminal illness or painful and protracted afflictions. The terminal cancer patient may request that his life be shortened by medical means. Passive euthanasia, on the other hand, is usually understood to mean a situation in which death is imminent and there is very poor prognosis that any medical means will lengthen the conscious life of the person. In this situation extraordinary means of prolonging life are withdrawn, and the per-

son is allowed to die. The connotation of the adjective "passive" is that no one takes any direct steps to shorten the life of the person. An individual, for example, who has suffered brain damage to the extent that there is no evidence of cerebral activity for a given period of time (what is called "brain death"), may be allowed to die without the use of the various medical means by which we could keep other functions of the body in operation. There are difficulties with this distinction.[4] How does one distinguish contributing positively to the shortening of another person's life from the omission of actions which would keep the person alive, such as the heart-lung machine?

Again the phrase "hopelessly ill" is ambiguous:

> This used to, and still may, refer to lives that cannot be saved, that are irretrievably in the dying process. It may also refer to lives that can be saved and sustained, but in a wretched, painful or deformed condition. With regard to infants, the problem is, which infants, if any, should be allowed to die? On what grounds or according to what criteria, as determined by whom? Or again, is there a point at which a life that can be saved is not "meaningful life," as the medical community so often phrases the question?[5]

As a result of advances in medical technology the term euthanasia extends from the period of prenatal life to old age. During the past three years two very important analyses of infant euthanasia of the deformed child have appeared. James M. Gustafson discusses the case of an infant born with Downs syndrome and duodenal atresia.[6] Richard McCormick raises similar problems of deformed infants. While agreeing with Gustafson's conclusions about the "Johns Hopkins Case," McCormick points out areas in which we have not been able to describe clear norms.[7] The tentative conclusions which he drew about such cases produced a lively response.[8] From these studies we see that problems of euthanasia can be very complex. We have noted that there are many different forms of euthanasia, some licit, and some illicit according to current moral teaching. Catholic moralists have consistently held that certain forms of passive euthanasia are licit. Properly understood, one does not have to use extraordinary means of prolonging life. In practice, the question of what is extraordinary may be torturous as the studies of Gustafson and McCormick indicate. Nonetheless, in many instances the distinction between extraordinary and ordinary means can be made clear, not in terms of grave hardship to obtain artificial life sustainers but in terms of hope of benefit for the patient. As McCormick points out, this reasoning involves a value judgement concerning quality-of-life which may be decisive in determining the use of artificial life-sustainers.[9]

McCormick goes on to reason that, since quality-of-life judgements "are packed into the distinction ordinary-extraordinary and are often decisive in the way these terms are applied, and on the further basis that in Christian perspective the meaning, substance, and consummation of life is found in human relationship," then the quality of life criterion that ought to be applied to these decisions is "potential for human relationship."[10]

This criterion is substantially approved by Thomas J. O'Donnell and André Hellegers; the latter, however has trouble with its application for three reasons: (1) the danger that decisions about individual cases should develop into social policies with attendant abuses; (2) the difficulty of discovering whether any human relating is going on—the lack of criteria to make the judgement; and (3) "how do you ever *not* have a doubt in a newborn's case?"[11]

No doubt, McCormick is correct in saying that decisions are being made in terms of human judgements, and implicitly in terms of value systems; thus, it becomes urgent for the Christian moralist to engage in dialogue with the decision makers so as to discover the impact of Christian tradition upon the solution of these problems.

**Conditions for Humanhood**

McCormick's "potential for human relationships," however, has been criticized as a redefinition of life.[12] McCormick sets down conditions for humanhood, the principal one being potentiality for human relationships. Without this, one is not dealing with a human being. One cannot be sure that either the intra- or extra-uterine child is a genuine human being. First it must undergo a period of maturation. It remains in a kind of limbo until such maturation has appeared. Suppose, moreover, through sickness, accident, or old age the individual is no longer able to give signs of a potentiality for human relationships. Does he cease to be a human and a person?[13] But can one say that personhood depends upon a potentiality for meaningful relations? "Life *is* before it *is related* to something; *being* is prior to *relation* . . . To say that life has lost its potentiality for human relationships does not mean that life—human life, composed of matter and spirit, has ceased to be."[14]

I think that O'Toole has presented a difficulty which will have to be considered in the whole range of the euthanasia debate—from prenatal existence to old age. McCormick's conclusion, namely, allowing the seriously deformed child to die under the conditions he specifies seems sensible, but the reasoning supporting the conclusion must be reconciled with O'Toole's objections. O'Toole pushes the wedge argument too far. I do not think McCormick denies that *being* is prior to relation. He seeks a criterion

by which to know whether there is some hope of future human activity.

Lest we become disproportionately immersed in the difficult distinctions debated by O'Toole and McCormick, it is well to recall that the general movement toward euthanasia in the sense of comfortable death continues to grow.[15] When Abigail Van Buren described the "Living Will" in her column, the Euthanasia Educational Council received 50,000 requests, representing every state in the Union. Through the "Living Will" one requests his physician to terminate life in case the person is hopelessly ill, and to do it as painlessly as possible. This testament asks that no artificial means be used to prolong life, and requests that "drugs be mercifully administered to me for terminal suffering even if they hasten the moment of death."[16] At least 300,000 model wills have been distributed by churches, doctors, and even schools, and no one knows how many have written their own. "Right to Die" educational kits are supplied by the Council to schools throughout the country. Although bills to legalize voluntary euthanasia have been introduced throughout the country, none has been approved.[17]

In Congress, however, no bills have yet been introduced which relate specifically and singularly to euthanasia. Nor do any bills mention the word "euthanasia" in their content. On June 11, 1974, Senator Kennedy's Subcommittee on Health held hearings on "Medical Ethics: The Right to Survival, 1974." The central issue at these hearings was euthanasia and defective infants. Hearings were also held in August, 1972, on "Death With Dignity" before the Special Committee on Aging. Similarly, but from a different aspect, bills have been introduced "proposing an amendment to the Constiution of the United States guaranteeing the right of life to the unborn, the ill, the aged, or the incapacitated." In all these instances no further action has been taken.[18]

Nevertheless, this is a ferment which cannot be assessed statistically. Only recently have physicians begun to come forth with the admission of practicing a form of euthanasia. Again there is at least one "hospice" in the United States, that is to say, a place meant for terminal patients where they are allowed to die without heroic and extraordinary medical measures; a place for resuscitation and maintenance. This hospice supports the death with dignity concept. Hospice, Inc. is located in New Haven, Connecticut.[19]

In the evaluation of these recent trends one can see both good and evil. For centuries the Church has endorsed passive euthanasia. But she has not been able to reconcile with her principles any *direct* attack upon life. Granted, there are many human situations where it is almost impossible to

discern the difference between direct and indirect killing. With all the nuances introduced by contemporary theological discussions, still we strive to apply our principles as accurately as possible.

While we may be able to do litle to combat the kind of secular humanism found in the "Alethea Document," we can seek some consensus among Christian thinkers on the basic principles of ethics which will be applied to euthanasia and related problems. Agreement on fundamental principles among Christians will help them resist the growing tide moving in the direction of "Alethea."

**REFERENCES**


1. The document is a 42 page appendix to a larger study formally titled: Report of A Demonstration of a Policy Model for Civic Literacy, submitted to the Educational Policy Research Center of the Syracuse University Research Corporation as per sub-contract K0027-02, August 31, 1974.

2. See *Beneficent Euthanasia*, ed. Marvin Kohl (Buffalo, N.Y.: Prometheus, 1975), 204-238. The final article in this section, by Marvin Kohl and Paul Kurtz, "A Plea for Beneficent Euthanasia," 233-238, is a corporate statement signed by forty three leaders in religion, medicine, philosophy, law, and other professions. Among the signers are Linus Pauling, Joseph Fletcher, Daniel C. Maguire, Sydney Hook and James Farmer. "We believe that the practice of voluntary beneficent euthanasia will enhance the general welfare of human beings and, once legal safeguards are established, that such actions will encourage human beings to act courageously, out of kindness and justice. We believe that society has no genuine interest or need to preserve the terminally ill against their will and that the right to beneficent euthanasia, with proper procedural safeguards, can be protected against abuse."

3. Rachels, James, "Active and Passive Euthanasia," *New England Journal of Medicine* (Jan. 9, 1975), 78-80, challenges the classical distinction, calling for a reconsideration of the ways in which these terms are used.

4. McCormick, Richard A., S.J., "The New Medicine and Morality," *Theology Digest* (Vol. 21, No. 4, Winter 1973), 308-321 at 309-310.

5. McCormick, "To Save or Let Die," *America* (July 13, 1974), 6-10 at 7.

6. Gustafson, James M., "Mongolism, Parental Desires and the Right to Life," *Perspectives in Biology and Medicine*, XVI (1973), 529-559.

7. McCormick, "To Save or Let Die," *op. cit.*, 6-10.

8. *America* (Oct. 5, 1974), "State of the Question," "To Save or Let Die," 169-173.

9. McCormick, "Notes on Moral Theology," *Theological Studies* (March, 1975), 121.

10. *Ibid.*, 121.

11. Hellegers, Andre, "Relating is the Criterion for Life," *Ob. Gyn. News* (Oct. 15, 1974), quoted by McCormick, *op. cit.*, 123.

12. O'Toole, Christopher J., "Can the Concept of Human Life Be Altered?" *The Wanderer* (May 15, 1975), 4.

13. *Ibid.*

14. *Ibid.*

15. St. John-Stevas, Norman, "Euthanasia: 'A Pleasant Sounding Word' ", *America* (May 31, 1975), 421-422, warns Hitlerian consequences of this trend.

16. The will is quoted in David Dempsey, "The Living Will and the Will to Live," *New York Times Magazine* (June 23, 1974), 12-13 ff. One can receive copies of "A Living Will" from the Euthanasia Educational Council, 250 W. 57th Street, New York, N.Y. 10019.

17. *Ibid.*, p. 12.

18. "Congressional Action on the Euthanasia Issue," *Congressional Research Service* (May 22, 1975).

19. "Euthanasia and Concerned Organizations," *Congressional Research Service* (May 22, 1975).