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hatch of legal abortion was opened; some doctors are ready to operate almost anybody because profits are high; several million women now claim that legal induced abortion has made them physically unwell; finally, we have become more confident that Japan's population can keep right on growing without creating insuperable problems.

*Ed. Note: Appendices referred to in this article are available.

DEATH ON DEMAND: DISSENT

I am your child.  
Within the silence of your womb  
I grow – an unlimited guest.  
Is this my tomb?  

I bear your name. Without your genes  
I could not even start to be.  
By your imperative demand  
Must I now die before I see?  

You have your life and love,  
Your time of laughter here on earth.  
Would you deny to me my life and  
children of my own?  
What am I worth?  

Joseph B. Doyle, M. D.  

Boston, Mass.  

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Much as we need guard rails, signal lights, speed laws, food and drug laws, and tax regulations, so also we need precise laws about abortion which will not be eroded off the map by human passion, or by liberal interpretations in court, we need such laws to save us from ourselves; we need them to stop the terrible discrimination against our most defenseless fellow human beings.

Euthanasia or A Peaceful Death

Dr. K. F. M. Pole

I am speaking as a doctor who practises in England, where the question of euthanasia is a very live issue which, within little more than a year, has led to two attempts at introducing permissive legislation. The debates in the Houses of Parliament, the arguments in public, in private and in the press have spotlighted the manifold legal, medical and social implications. It is from an examination of those implications which—in a special Study Group—I've undertaken, together with other Catholic men and women engaged in law, medicine and public life, that I put forward my views today.

A peaceful and happy death is what we all desire. The very word euthanasia appears to promise it, and the advocates of legislation which would permit it under certain conditions thus receive support from people who, with their good intentions and emotional involvement, overlook how vaguely the term is used and what it may imply.

There are some who believe that the administration of pain-relieving medications comprises euthanasia, if by repeated dosage the patient's resistance is lowered and he dies earlier than he would otherwise have done; some speak of it when a patient is allowed to die peacefully without extraordinary efforts at resuscitation or when resuscitative measures, once started, are discontinued. If those two contingencies, sometimes referred to as "indirect" and as "negative" euthanasia, were all that was meant no one would object to euthanasia, nor would anyone think it necessary to have an Act of Parliament passed to legalize it.

It is another usage of the word that gives it a sinister meaning; it describes the actual and deliberate killing of men and women, avowedly from motives of compassion, to end their suffering and, therefore, often referred to as "mercy killing". This is the sense in which euthanasia—even voluntary euthanasia—is forbidden by Church and Law alike, and for which permissive legislation is sought by its advocates.

For those who believe in God and see themselves as His creatures and
stewards the principles are compelling; we are God’s, we exist not for our own pleasure but for God, to give Him service, worship and glory which was the purpose of our creation. As St. Francis of Sales wrote: “Since we are nothing but by His grace, we ought to be nothing but for His glory”. Life is not our own to do with it as we will, but rather something we hold in trust. Therefore we may not take any innocent life, not even with the victim’s consent, nor must we ourselves renounce the right to life. This situation is not altered if such renunciation is made concuring with the judgment of others. For the Christian then it should be self-evident that murder, suicide and aiding somebody else’s suicide are all morally wrong; he cannot have any part in it.

However, in a society composed of groups with diverse religious, philosophical and cultural beliefs, we cannot expect the law to make punishable every act that is sinful. Thus suicide, adultery and homosexual acts between consenting males in private, though sins, are in Britain no longer subject to the criminal law, and the Church did not fight those issues. This gives the lie to the propaganda by the advocates of euthanasia, that it is only religious bias which opposes it and that a minority thus makes an unjustifiable attempt to impose its religious views on a community which has largely abandoned organized religion. This is not so. In the case of euthanasia Catholics speak out, and have a duty to do so, because this is a matter of life and death not only for the individual but for all their fellow men.

Underlying the whole controversy about euthanasia is a different philosophical outlook on two fundamental matters: the value of human life and the merits of “traditional” versus “new” morality.

There is a steady tradition of the right of Christendom to give to human life a respect above that accorded to animal life, and of a different sort; in the other hand there are now those who dismiss that respect as not genuine and insinuate not only that some people do not feel such reverence, but also that there is at least an element of hypocrisy in those who profess it. “People take the experience of illness very easily indeed; it is the disposal of society which bothers them”, so they say, obviously implying that a man’s conscience is formed by nothing more than social prejudice. Nor do many people go as far, but they still accept “situation ethics”. The new morality challenges the axiom of traditional morality, that man’s basic obligations do not change with public opinion. It denies the existence of universally binding ideas, principles and laws and teaches that moral laws are to be followed or violated according to love’s need”. This concept of situation ethics originated, in part at least, as a reaction against the tendency found here and there in organized religion to set up legality in the place of morality. Ignoring that the traditional ethicists have always recognized that circumstances play a legitimate role in the making of moral decisions (moneymaking is an obvious example—not usury which is defined as moneymaking at excessive interest and is still forbidden)—the advocates of situation ethics proceed to identify all traditional ethics with the abhorrence of so-called legal ethics, where they have no difficulty in denouncing. This false substitution of terms is designed to obscure—and often does so successfully—the fact that the easy victory seemingly won is not over traditional morality but over its counterfeit, the very phraseology that Christ castigated and the Church condemned, and in this way support is gained for the “new morality”.

A similar manoeuvre is employed by the authors of the British Euthanasia Society’s (recently re-named Voluntary Euthanasia Society) Plan for Voluntary Euthanasia (1962) when they write: “Even the Roman Catholic Church has recently agreed that when a human life is ending in great suffering it is the doctor’s duty, but for his patient, to suffering even although the means taken may shorten life . . . if that policy shortens the patient’s life, even by a few hours, the doctor is, in fact, continuing euthanasia, although not strictly voluntary euthanasia”. Thus it is made to appear as if the Church had to alter its stand and make a concession to the advocates of the new morality. As a matter of fact the Church has always endorsed the view that the doctor’s first task is to relieve pain and distress and Christian philosophers have always made a clear distinction between the active ending of life and the use of means for the relief of suffering, which may as a secondary result shorten life. Any decision should be guided by the principle of double effect, which is widely misunderstood and, therefore, often suspected of being a “ Jesuitical” splitting of hairs. In fact this principle is a guide to every doctor of any of no religious belief, whenever the problem of undesirable effects arises with any treatment. In a way it is guiding every one of us in everything we do; many of our acts have more than one foreseeable consequence and if one or the other is undesirable we have carefully to weigh up one against the other when we consider what we should do.

The administration of medicaments with the intention of relieving pain is good, and if thereby life is shortened this is a side effect which may well be acceptable. But this is rare; far more often than not the benefit of rest and sleep and an untroubled mind will do the patient more good than sedation will do him harm. On the other hand, to give an overdose of a medicament with the intention that the patient should never again wake is morally wrong; it is killing.

Furthermore widespread support might well be expected for a declaration designed to clarify the circumstances—when the prognosis is hopeless—in which resuscitation or any extraordinary means of prolonging life should not be employed or not continued.

It must be emphasized again: though sometimes referred to as “negative” euthanasia is not euthanasia in the sense proposed by the Euthanasia Societies of our countries. There is no ethical merit in prolonging the process of dying, in fact the indefinite prolongation of life when the patient has no prospect of ever again being able to maintain his own life, or no prospect of leading a life rewarding to himself even with artificial aid, is a travesty of sound medicine, it makes a mockery both of life and of the process of dying. But it is a logical error to equate an active termination of life with allowing someone to die peacefully. If the doctor is convinced there is no hope of reviving the patient to a satisfactory existence he is under no obligation to continue with measures of extraordinary treatment, but he might be under an obligation to discontinue them and thereby make the facilities free for the benefit of others. The decision to abstain from— or end— attempts to resuscitate a patient must be bad under any circumstances. However, the same kind of decision that the man in charge has to face in any rescue or search operation when it should be called off as hopeless.

If we look at the possibility of permissive legislation from a practical point of view the words come to mind of the then Lord Chancellor, Mr. Justice 1950 debate in the House of Lords:
“There can be no adequate safeguards where one human being is allowed to start killing another”. Here are some of the difficulties for which no solution has yet been found or can be envisaged. How is it to be defined an “irremediable condition” which would qualify a patient for euthanasia? Loss of a limb, loss of sight or hearing, past coronary thrombosis or even old age itself might be considered to come within that term. Moreover, medical judgment being fallible, illnesses which are incurable today might be curable tomorrow. At what stage should euthanasia be employed? An illness considered “irremediable” might still allow to lead a gratifying life for a fairly long time.

Voluntary euthanasia presupposes a mentally responsible patient, but we know that pain unrelieved, and equally some pain-relieving drugs, can impair mental responsibility, as also does depression which is a frequent feature of long-standing illnesses. This concept of diminished responsibility has been completely ignored in all past euthanasia Bills, though it is now taking so important a place in British law that on the plea of it a charge of murder may be reduced to that of manslaughter. How would it be known if a patient whom illness had robbed of the ability to speak or write wished to revoke an advance declaration, which according to the provisions of the last British euthanasia Bill might have been made years before? After all things look very different from afar than they do when the time comes, and the psychological repercussions on a patient unable to express a change of mind, whether through illness or pride, could be very serious; also relatives who had witnessed or possibly even suggested euthanasia would often suffer from guilt complexes, whilst in contrast, at a many a deathbed, estrangement between close family members has been resolved into harmony.

The concept of a patient’s entitlement to any particular treatment, or to the withholding of it, is contrary to our traditional belief that the doctor should use his judgment in the best interests of the patient; a heavy strain on the doctor-patient relationship would result. However, the claim that the patient should be allowed to die when he wishes — a concept which we as Christians should not agree with — must be carefully balanced against the life and liberty of those who would be needlessly killed in the process. What is the need for euthanasia we must ask, which would make us tolerate the mistakes, the very fatal mistakes, that will inevitably occur? An honest answer, if confined to “positive euthanasia for which legislation is sought,” would be a definite: none. The Euthanasia Society itself, in one of its publications, admits that in hospitals for terminal illnesses staffed by dedicated women, usually members of religious Orders, such a sympathetic and sometimes surprisingly agreeable atmosphere prevails that even euthanasia were permissible very few patients would wish to avail themselves of it. In contrast to this, if even doctors and nurses were to accept the principle of euthanasia their attitude would necessarily show that they thought should apply, and no doubt the patients concerned would know it to be so. Thus the voluntariness of so-called voluntary declaration would become even more questionable. It is an appalling thought that eventually this may well lead to the community providing only that type of terminal hospital which would encourage people to ask for death. Indeed, once the principle of the sanctity of human life is abandoned, or the propaganda accepted that to uphold it is old-fashioned, prejudiced or superstitious, the way is open to a demand for “mercy-killing” of severely handicapped children, the mentally subnormal, the severely crippled, the aged and ultimately of everyone who is a burden on the community services and the public purse. Their destruction might improve the appearance of population statistics, but it would aggravate, not ease, the tensions in the home and in the world. To describe as scaremongering this forecast of an early progress to involuntary euthanasia, once voluntary euthanasia were permitted, is certainly unjustified. The parallel with the happenings of the Abortion Act in Britain is too close for comfort; though the Act was supposed to be specially designed to preclude abortion on demand, in practice this is what we have come to.

Let then euthanasia be seen for what it is — a tragic attempt to patch up our morbid society. To adopt it would be a further step in the decline of moral standards without which, as history amply confirms, civilisation must decay and ultimately perish.

ANNOUNCING . . .

1971

Fr. Gerald Kelly Lecture
Sponsored by the National Federation of Catholic Physicians’ Guilds during the annual meeting of the American Medical Association

SUNDAY, June 20, 1971
12 O’clock Noon (luncheon)
Chalfonte-Haddon Hall Hotel
(AMA Headquarters Hotel)
Atlantic City, N.J.

Guest Lecturer:
Fr. David Bowman, S. J.
Liaison Representative to the World Council of Churches

All interested persons are invited to attend