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Euthanasia

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Opposing Viewpoints®

David Bender & Bruno Leone, *Series Editors*

Carol Wekesser, *Book Editor*



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"Congress shall make no law . . .
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or of the press."

First Amendment to the U.S. Constitution

The basic foundation of our democracy is the First Amendment guarantee of freedom of expression. The Opposing Viewpoints Series is dedicated to the concept of this basic freedom and the idea that it is more important to practice it than to enshrine it.

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Why Consider Opposing Viewpoints?

"The only way in which a human being can make some approach to knowing the whole of a subject is by hearing what can be said about it by persons of every variety of opinion and studying all modes in which it can be looked at by every character of mind. No wise man ever acquired his wisdom in any mode but this."

John Stuart Mill

In our media-intensive culture it is not difficult to find differing opinions. Thousands of newspapers and magazines and dozens of radio and television talk shows resound with differing points of view. The difficulty lies in deciding which opinion to agree with and which "experts" seem the most credible. The more inundated we become with differing opinions and claims, the more essential it is to hone critical reading and thinking skills to evaluate these ideas. Opposing Viewpoints books address this problem directly by presenting stimulating debates that can be used to enhance and teach these skills. The varied opinions contained in each book examine many different aspects of a single issue. While examining these conveniently edited opposing views, readers can develop critical thinking skills such as the ability to compare and contrast authors' credibility, facts, argumentation styles, use of persuasive techniques, and other stylistic tools. In short, the Opposing Viewpoints Series is an ideal way to attain the higher-level thinking and reading skills so essential in a culture of diverse and contradictory opinions.

In addition to providing a tool for critical thinking, *Opposing Viewpoints* books challenge readers to question their own strongly held opinions and assumptions. Most people form their opinions on the basis of upbringing, peer pressure, and personal, cultural, or professional bias. By reading carefully balanced opposing views, readers must directly confront new ideas as well as the opinions of those with whom they disagree. This is not to simplistically argue that everyone who reads opposing views will—or should—change his or her opinion. Instead, the series enhances readers' depth of understanding of their own views by encouraging confrontation with opposing ideas. Careful examination of others' views can lead to the readers' understanding of the logical inconsistencies in their own opinions, perspective on why they hold an opinion, and the consideration of the possibility that their opinion requires further evaluation.

Evaluating Other Opinions

To ensure that this type of examination occurs, *Opposing Viewpoints* books present all types of opinions. Prominent spokespeople on different sides of each issue as well as well-known professionals from many disciplines challenge the reader. An additional goal of the series is to provide a forum for other, less known, or even unpopular viewpoints. The opinion of an ordinary person who has had to make the decision to cut off life support from a terminally ill relative, for example, may be just as valuable and provide just as much insight as a medical ethicist's professional opinion. The editors have two additional purposes in including these less known views. One, the editors encourage readers to respect others' opinions—even when not enhanced by professional credibility. It is only by reading or listening to and objectively evaluating others' ideas that one can determine whether they are worthy of consideration. Two, the inclusion of such viewpoints encourages the important critical thinking skill of objectively evaluating an author's credentials and bias. This evaluation will illuminate an author's reasons for taking a particular stance on an issue and will aid in readers' evaluation of the author's ideas.

As series editors of the *Opposing Viewpoints* Series, it is our hope that these books will give readers a deeper understanding of the issues debated and an appreciation of the complexity of even seemingly simple issues when good and honest people disagree. This awareness is particularly important in a democratic society such as ours in which people enter into public debate to determine the common good. Those with whom one disagrees should not be regarded as enemies but rather as people whose views deserve careful examination and may shed light on one's own.

Thomas Jefferson once said that "difference of opinion leads to inquiry, and inquiry to truth." Jefferson, a broadly educated man, argued that "if a nation expects to be ignorant and free . . . it expects what never was and never will be." As individuals and as a nation, it is imperative that we consider the opinions of others and examine them with skill and discernment. The Opposing Viewpoints Series is intended to help readers achieve this goal.

David L. Bender & Bruno Leone,
Series Editors

Introduction

*"I do not believe that any man fears to be dead,
but only the stroke of death."*

Francis Bacon (1561-1626)

In recent decades, medical advances have allowed physicians to prolong life to a greater extent than ever before. While this on the surface may appear to be a positive development, many people now fear living too long in ways they would not choose: dependent upon machines, unconscious, or in terrible pain. To address their fears, many people are attempting to control how and when they die. This movement has fostered debate concerning euthanasia.

Merriam-Webster's Collegiate Dictionary: Tenth Edition defines euthanasia as "the act or practice of killing or permitting the death of hopelessly sick or injured individuals . . . in a relatively painless way for reasons of mercy." But the euthanasia debate encompasses far more than this definition may indicate. Understanding the various forms of euthanasia is important if one is to grasp the complexities of the issue and why it inspires such emotion.

When people refer to "euthanasia," they may be discussing passive euthanasia, active euthanasia, and/or assisted suicide. Passive euthanasia occurs when medical treatment for a serious illness or injury is stopped and the patient is allowed to die. The most common act of passive euthanasia is the removal of a respirator on which a dying patient is dependent. Physicians or family members decide to disconnect the respirator so that the patient dies sooner—and perhaps with less suffering—than he or she would have with the respirator.

In active euthanasia, someone—perhaps a physician or family member—takes the life of a patient before he or she dies of a terminal illness or injury. For example, it is active euthanasia when a family member gives a dying patient a lethal injection. The patient dies from the injection, not from the disease or injury.

Finally, assisted suicide occurs when someone—usually a physician, family member, or friend—fulfills a person's request for help in dying. This usually involves a terminally ill patient who wishes to die, but cannot complete the act alone—he or she may need a physician to give a lethal prescription or a family member to help arrange some other means of suicide. In the case of assisted suicide, the patient, while receiving help, alone performs the final, death-inducing act.

To dedicated supporters or opponents of active euthanasia, passive euthanasia, and assisted suicide, the distinctions among

the three may be unimportant. Fierce defenders of the right to life, for example, may view all three types of action as immoral and may consequently use the term "euthanasia" when discussing any action that hastens death. People who strongly support the right to die—that is, the right of an individual to choose when and how death will occur—also may not make a distinction among active and passive euthanasia and assisted suicide.

However, these distinctions are important to many in the debate. For example, Professors Robert Campbell and Diane Collinson argue that while passive euthanasia is ethical and acceptable, active euthanasia is not. The distinction between active and passive euthanasia, they believe, "is crucial, marking out the ethical boundary between recognizing that human life is finite and acting as executioner." The late sociologist William McCord also supported passive euthanasia but opposed active euthanasia. He supported assisted suicide, calling it "the final proof of man's independence and self-control; an affirmation of man's ultimate liberty."

Some of the most noted court cases concerning euthanasia illustrate the importance of the distinctions among active euthanasia, passive euthanasia, and assisted suicide. The case of Karen Ann Quinlan is perhaps the most famous because it was the first to bring the issue of euthanasia to public attention. Quinlan lapsed into an irreversible coma in 1975 after consuming alcohol and tranquilizers at a party. Her parents asked that she be removed from a respirator. In a landmark 1976 case, the New Jersey Supreme Court agreed and allowed the Quinlans to have the respirator disconnected.

Although Quinlan breathed on her own and lived for another nine years after being removed from the respirator, her case was the first instance of a court's approving passive euthanasia as a legal action. At the time of the Quinlan case, no one was suggesting that active euthanasia or assisted suicide should be considered for legalization; the distinction between passive and active euthanasia was important to the court and the public at that time.

In the 1980s, the fine line between active and passive euthanasia came to the public's attention in the case of Nancy Cruzan. When Cruzan was left in an irreversible coma after a 1983 car accident, her parents asked that the machine keeping her alive be removed. Unlike the Quinlan case, however, Cruzan was not on a respirator; the "machine" keeping her alive was a feeding tube that provided her with hydration and nutrition. After many years in court, in 1990 the Cruzans finally were allowed to have her feeding tube removed, after which she died.

The Cruzans believed that removing the feeding tube was passive euthanasia: to them, the tube was a medical treatment keeping their daughter alive. To those who opposed their actions,

however, the Cruzans had intentionally killed their daughter through starvation. Even Joseph Quinlan, Karen Ann's father, responded with astonishment when asked in 1976 if he would seek to have his daughter's feeding tube removed: "Oh, no," he responded, "that is her nourishment." Many Americans in the 1970s would have agreed with Quinlan, viewing passive euthanasia as ethical but opposing most cases of active euthanasia or assisted suicide. The fact that the Cruzans received much public support shows how public opinion had changed in just over a decade. More people began to argue that measures such as those taken by the Cruzans could sometimes be acceptable and should be legal.

By the 1990s, the person most responsible for focusing public attention on the issues of euthanasia and assisted suicide was retired pathologist Jack Kevorkian. Between 1990 and November 1994, Kevorkian assisted in the suicides of twenty-one terminally or severely chronically ill patients. Kevorkian has garnered both vehement opposition and strong support. For example, publisher Malcolm S. Forbes Jr. calls Kevorkian a "serial killer," while writer Betty Rollin calls him a "fearless reformer." Many Americans consider Kevorkian's actions extreme and immoral. But many support what he advocates: the right to die.

A 1993 national public opinion poll indicated that 73 percent of Americans support physician-assisted suicide. Why are Americans, who only two decades ago were sharply divided on the passive euthanasia in the Quinlan case, increasingly in support of euthanasia and assisted suicide? Perhaps the increased cost of health care has brought out the practicality in Americans, who see no point in bankrupting their families just so that they themselves can live for a few more weeks or months. Or perhaps it is because people fear the kind of death medical technology too often seems to offer: long, drawn-out suffering from cancer or other painful illness. As Wiley Morrison, president of the Kansas City chapter of the Hemlock Society, states: "Forty or fifty years ago, you would go quickly and painlessly. Now they've cured us of infectious diseases, but we end up getting cancer. Cancer can be horribly painful. Death is preferred to that kind of life for some people."

Whatever the reason, Americans are worried about how they will die, and the debate concerning euthanasia and assisted suicide has become a national issue. *Euthanasia: Opposing Viewpoints* examines this debate in the following chapters: Is Euthanasia Ethical? Should Euthanasia Be Legalized? Should Physicians Assist in Euthanasia? Who Should Make Decisions About Euthanasia? Is Infant Euthanasia Ethical? The contributors to these chapters shed light on the complex ethical and legal issues involved in the national discussion on euthanasia.

1

CHAPTER

Is Euthanasia Ethical?

Euthanasia

Chapter Preface

To determine whether any action is ethical, a society looks to its values and to those elements—whether religious teachings, the writings of philosophers, the teachings of great leaders, or spoken traditions—that help determine these values. This is also true in the controversy over euthanasia. As Americans attempt to determine whether euthanasia is ever ethical and, if so, in what circumstances, many look especially to their religious teachings for guidance.

Interpretations of the Bible and other religious books vary, leaving people to disagree on the ethicality of euthanasia. Some Christians, Jews, and followers of other faiths strongly oppose euthanasia, believing it to be against the will of God. As hospice director Ronald Otremba states, "God is the sole creator of life and has sovereign authority over life and death. To some, this principle may seem cruel and unsympathetic, but it is, on the contrary, very respectful of the individual's needs and dignity. No matter what the condition of a person's life, there is still value in it."

In contrast, there are numerous religious Americans who believe that the compassion and mercy taught by Christ and others can be shown through euthanasia. In addition, they argue that God has given humans free will, including the will to choose their own time of death. As Chicago rabbi Joseph Edelheit states, "There is a strong indication that scripture allows us this final act of free will. Even if some choose to interpret the final act of dying to belong only to the divine giver of life, the human has control until it is wrested from him or her."

Euthanasia is so controversial that even Americans with a common faith have trouble finding common ground on the issue. In the following chapter, the contributors explore the ethics of euthanasia, using religion, philosophy, and other disciplines to present their debates.