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The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.

“Suffering and Choice”

By Julie Grimstad, President of the Board of HALO

The problem of suffering has confronted mankind ever since Adam and Eve lost paradise. Suffering – physical, mental, emotional, and spiritual – is an inescapable element of human life. Fortunately, modern medicine is able to relieve physical pain, or at least reduce it to a tolerable level in nearly all cases. People hurt physically less now than ever before.

Ironically, just as we are making real progress in pain management, as well as in addressing the needs of the total person, “death control” is being proposed and, in fact, practiced as a solution to the problem of suffering. Numerous organizations exist with the primary aim to make it legal for someone who is suffering to request and receive assisted suicide or euthanasia. Proponents of euthanasia and assisted suicide claim that death is fundamentally a matter of choice. Those who oppose “choice in dying” are unjustly accused of wanting to force people to suffer unbearably. Is this true? NO!

The mental anguish, loss of control, social isolation, economic hardship, and other sufferings that often accompany serious illness and debility are more likely to undermine a patient’s will to live than is physical pain. Our culture glorifies health and self-sufficiency. It treats suffering as a thing without value, which must be eliminated at all costs. This climate makes it difficult for people with incurable conditions not to despair. **Beneath**

all the talk about “choice” is the (usually unspoken) view that those who are very ill, old, or disabled should be put out of their (and our) misery. This attitude may be a loaded gun pressed into the hand of a person, who, at a time of great vulnerability, feels that he would be better off dead and his loved ones would be better off without him.

It is not easy to resist. Often, however, selfishness is what makes this idea appealing. True compassion means sharing another’s pain; it does not kill the person whose suffering we cannot bear or whose needs we don’t want to concern ourselves about. Genuine

concern requires that we saturate with love and tender care those who are suffering, assuring them that their lives are precious to us, and they are worthy of our attention and protection.

Those of us who are sick or old must in turn be willing to humbly accept the care we need – medical care, of course, but also the personal care that our families, friends, and communities offer us. Our human task, whether healthy or sick, is to cherish each other.

Both giving and receiving care demonstrate genuine respect for human dignity and the sanctity of life.

This article appeared in Healthcare Advocacy and Leadership Organization (HALO) HaloVoice.org newsletter. Reprinted with permission of the author.

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Better off Dead? Physician Assisted Death

By Germaine Wensley RN, BS

Today we seem to have wandered far from the ethics that traditionally guided physicians' actions. The Hippocratic Oath, attributed to the Greek physician, Hippocrates, was the gold standard for medical ethics for centuries. The original oath contains the following pledge, "... I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect ...". The oath has been revised over the years to fit with what was deemed society's changes, medical advances and changes in the law, but in the process of some of these changes, reverence for life and human dignity has suffered.

Are physicians who supply deadly drugs to patients doing it out of compassion? Is the person suffering greatly? If the suffering is from pain, there are medications that can alleviate pain. Is the suffering emotional? Loss of autonomy? Studies show that depression and hopelessness, rather than pain, are the primary factors motivating patients' who wish to die.¹

No matter the reason for requesting help from their doctor to die the real problem, as I see it, is involving a physician to facilitate the person's death. If patients seek death, perhaps they can find some other way to die or kill themselves. i.e. with a gun, poison, or hire someone to murder them. To involve a physician in the act besmirches the entire medical profession. It is fundamentally inconsistent with the traditional role of physician as healer, and could be troubling for a patient to know that his or her doctor has no problem in helping a patient die.

Currently eight states in the United States plus DC have passed laws allowing physicians to prescribe deadly drugs to patients so they can commit suicide. Other states are working on such laws. They go by such nice sounding names such as Death with Dignity, Aid in Dying, Physician Assisted Dying so that it doesn't sound like a physician is, in reality, an accomplice to murder if the patient succeeds in dying. However, since the act is legal in states that have passed that law, a physician won't be prosecuted for assisting in the death.

Many countries have legalized physician assisted suicide; some have even gone so far as to legalize euthanasia (the active killing of a patient.) A few countries, for example Columbia and Belgium, allow euthanasia for minors under certain circumstances. Spain legalized euthanasia in June of 2021. It's been reported that in that short period of

time there have been at least 50 euthanasia deaths and 130 requests! In the Netherlands, dementia patients can be legally euthanized, and other countries are considering the same.

In countries where euthanasia is not legal, activist doctors, impatient with red tape, have taken the law into their own hands. One doctor claims that he has "provided euthanasia" to almost 400 people, including more than 30 children.²

Perhaps the time has come when one needs to question his or her physician as to whether he or she provides physician assisted death. If the doctor answers in the affirmative, then the patient can make the decision as to whether he or she is comfortable with that knowledge.

"Some countries have even legalized euthanasia."

NOTES

1. PHYSICIAN-ASSISTED SUICIDE: LEGALITY AND MORALITY, By Martin Levin mlevin@levinlaw.com (link sends e-mail), December 2001
2. Mercatornet, The Other Country Where Euthanasia for Children Is Legal—Colombia by Michael Cook, Mar 4, 2019

Author: Germaine Wensley, RN, BS is a member of Scholl Executive Board, past president of International Live Services, a freelance writer, and was a charter member of the now defunct Los Angeles Diocese Commission on Life Issues. She is a wife, mother of six, grandmother of ten and great-grandmother of one.