Who Is to Decide?

Life – the great mystery and wonder that we as humans have tried to understand from the beginning of time. What is the purpose of life? When and how does it begin? All of these questions have puzzled the greatest minds of humanity. And finally, we’ve come to ask ourselves: “Who has the power to give or take a person’s life?” With increasing complexity and advancements of our medical industry, protection and preservation of human life at all costs has become the top priority, often taking precedence over wishes of the individual whose life is in question. The control over extending the life of terminally ill patients resides in the hands of physicians, who are limited not only by their own moral guidelines, but also state laws. Euthanasia, or assisted suicide, gives the individual the power to make his or her own decision regarding whether to continue with treatment, which often brings pain and suffering, or to refuse treatment and face death sooner rather than later. Although this issue is heavily debated, I personally consider euthanasia a humane procedure that protects the dignity of a terminally ill patient and gives them the right to make decisions about their life which is ultimately their property.

The idea of euthanasia is morally permissible traces back to the Roman Empire, where “Roman doctors were allowed to kill their patrons if requested”, and the incredible frequency of assisted suicides is reflected in the Oath written by Hippocrates that forbids administering any action that might lead to death (Smith 61). Socrates, Plato, and the Stoics all expressed the view of suicide and euthanasia as acceptable and favorable. One of the most famous statements illustrating the view of suicide and euthanasia as morally acceptable is a statement by Epictetus: "If the room is smoky, if only moderately, I will stay; if there is too much smoke I will go. Remember this, keep a firm hold on it, the door is always open." However, with the rise of the Christian church, the killing of “all who are born of woman, no matter how monstrous or miserable”, became “reprehensible act[s] against God and community”, causing doctors to stop the practice of assisted suicide (Smith 61), and instead adopting the position of mere observation and possibly relieving some of the agony of the dying patient with pain-killing medications.

Euthanasia can take on two distinct forms. Both of these forms have an underlying compassion for the painfully and terminally ill as well as concern for human dignity; however, active euthanasia involves action on the part of the physician while the other involves inaction. More precisely, active euthanasia is the “deliberate action by a physician to terminate the life of a patient” (Paris 114). Passive euthanasia on the other hand is defined as “the cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent and is the decision of the patient and/or his immediate family” (Rachels 3). Some say that active euthanasia is impermissible, as per the American Medical Association, but passive euthanasia is permissible. There is a heated debate in today’s society regarding the legality of active euthanasia due to the fact that it gives the physician direct control over taking an individual’s life. I personally find, just as Rachels, that there is no morally relevant difference between active and passive euthanasia because I see no difference between letting die and killing. Per the example in class, is there a difference between letting a toddler drown in the bathtub and drowning the toddler? I personally do not see a difference between the two because one has a moral responsibility to save the toddler in this case. You can argue that you have a moral responsibility to save or at least prolong the life of the individual with a terminal illness to which I say it comes down to the freedom of choice of the individual. A major contributing factor to this choice includes the possible future the individual could have. I insist there is a distinction between the toddler that has a potential full life ahead of them and one with a death sentence. However in the case of the terminally ill patient there are mere months of life left that are predicted to be pain-ridden. The terminally ill patient still possesses the ability and maturity to choose whether they want to endure the pain where as the toddler does not.

One of the critical questions in the counterargument for euthanasia is placing an increasing amount of power in the hands of the physicians. History shows examples of severe misuse of such power. During World II, in addition to mass killings of Jews, the Nazis promoted killings of all mentally or physically disabled individuals, the sick, and elderly. Arthur Dyck argues that there is too much power given to the physician in the case of active euthanasia and that it could therefore potentially become a slippery slope. Although this is a valid concern, I still believe that such concern is relevant in nearly any heavily debated legal-medical issues like legalization of medical marijuana, or the legalization of abortion. On a larger societal scale, legalization of euthanasia is unlikely to cause a decline in our society’s standards of acceptable degree of control over one’s life. On the contrary, it will free our society of remnants of the Christian dogma that are still heavily influencing decision at all levels of society, even though we often lose sight of this connection. As for the increasingly God-like image of physicians in our society, with or without legalizing euthanasia, doctors will continue to make critical decisions concerning human lives, and the degree of subjectivity in making medical decisions remains high despite the incredible advancements in medical technology. The nature of medical profession in itself implies a difficult compromise between societal standards, a physician’s own set of views, and the patient’s needs and concerns. However, the critical point that validates the use of active euthanasia in my eyes is the fact that the decision is made and often legally confirmed by the patient. Unlike the situation in Nazi Germany, patients are fully aware and consenting to the choice of death. The more important issue then becomes determination of a patient’s ability to comprehend the treatment options and outcomes available to him or her, and consent on the basis of this comprehension. Malevolent killings on the part of a physician under the conditions of routine hospital care are extremely unlikely for the lack of ideological reasoning that prompted Nazi doctors.

Although in the U.S. we claim the separation of Church and State, our society remains heavily pervaded by the Christian doctrine, for it is weaved inextricably into the fabric of our nation, reflected in laws prohibiting assisted suicide for the sick, and in social stigma associated with suicide in general. While I believe that euthanasia is a humane and acceptable option that should be viewed as the natural right of an individual, the majority of general population will continue to oppose this idea not only due to the Christian ideology, but for the simple, inbred and inborn fear of death – the great enigma inherently and inextricable tied to our understanding of life.

References

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*Rachels: "Active and Passive Euthanasia*. The University of Maryland, n.d. Web. 28 Nov. 2012. Available at [http://www.philosophy.umd.edu/Faculty/SKerstein/140s09/Rachelsactpas.html](https://webmail.smu.edu/owa/redir.aspx?C=mZXiJFUCZ06pGT4Bylz4ls1cW5vBpM8IBmQvulsMvTMjKcKtL1GbH2gTFVVUVfQKYncQaDY8tKo.&URL=http%3a%2f%2fwww.philosophy.umd.edu%2fFaculty%2fSKerstein%2f140s09%2fRachelsactpas.html" \t "_blank)>.