SECULAR AND RELIGIOUS PERSPECTIVES ON PHYSICIAN-ASSISTED SUICIDE/PHYSICIAN AID-IN-DYING AND EUTHANASIA

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Definition of *eu-thanatos*: “good death”

Three categories of euthanasia:
- Voluntary
- Non-voluntary
- Involuntary

How physician-assisted suicide / physician aid-in-dying is distinct
Fundamental Ethical Questions

- Can an individual rationally and morally kill oneself?
- Should healthcare professionals be complicit in assisting patients to kill themselves?
Can an individual rationally and morally kill oneself?

- Thomas Aquinas (13 cent.)
  - Triple indictment of suicide:
    - Violates the inherent natural inclination toward self-love
    - Violates the “common good” of one’s community
    - Violates God’s “ownership” of human life

- Immanuel Kant (18th cent.)
  - Suicide is intrinsically irrational insofar as one cannot consistently will to kill oneself out of self-love.
  - Suicide violates one’s strict duty to oneself not to utilize oneself merely as a means towards the end of relieving oneself from suffering.
Can an individual rationally and morally kill oneself?

- **David Hume (18th cent.)**
  - Why should we presume that God has reserved to Himself the disposal of human lives when all other events are governed by laws of nature?
  - One who retires from society does no harm to that society, only ceases to do good for it; but one who is terminally incapacitated likewise offers no benefit for society and in fact may become a burden.
  - Suicide in the case of insurmountable suffering can in no way be construed as a violation of a duty to ourselves.

- **Arthur Schopenhauer (19 cent.)**
  - There is no rational basis for objecting to suicide outside of a Christian religious context.
  - Both bodily and mental suffering may constitute sufficient reason to “awaken” ourselves from the “nightmare” of life.
Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God’s love, which they are called upon to preserve and make fruitful. And it is this latter consideration that gives rise to the following consequences:

1. No one can make an attempt on the life of an innocent person without opposing God’s love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity.

2. Everyone has the duty to lead his or her life in accordance with God’s plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life.

3. Intentionally causing one’s own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God’s sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities or to the whole of society - although, as is generally recognized, at times there are psychological factors present that can diminish responsibility or even completely remove it.

General foundational principles:
- Life is a gift from God
- Humans are made in God’s image

Conservative Anglicans, Lutherans, Baptists, and Methodists generally opposes both euthanasia and PAS/PAD

Liberal Christian groups, which include some Episcopalians, Presbyterians, and Methodists, allow for PAS/PAD in cases of extreme suffering based on the principle of respect for individual conscience
Euthanasia and PAS/PAD, and suicide in general, are almost unanimously condemned in Judaism, primarily because it is viewed as taking something that belongs to God for “only He who gives life may take it away.”

For Judaism, human life is, “created in the image of God.” Thus, it is *sacred* and must thereby be treated as an end in itself (cf. Kant).

Jewish law strongly condemns any act that shortens life and treats the killing of a person whom the doctors say will die in any event to be an act of murder. Positive euthanasia is thus ruled out. Even individual autonomy is secondary to the sanctity of human life.
Human life is to be respected unconditionally.

The concept of a “life not worth living” does not exist in Islam.

Justification of taking life to escape suffering is not acceptable in Islam. The Prophet Mohammad said: “Among the nations before you there was a man who got a wound and growing impatient with its pain, he took a knife and cut his hand with it and the blood did not stop until he died. Allah said, ‘My slave hurried to bring death upon himself so I have forbidden him to enter Paradise’” (Qur’an 4:29).

Patience and endurance are highly regarded and highly rewarded values in Islam. “Those who patiently persevere will truly receive a reward without measure” (Qur’an 39:10). “And bear in patience whatever ill maybe fall you: this, behold, is something to set one’s heart upon” (Qur’an 31:17).

When means of preventing or alleviating pain fall short, this spiritual dimension can be called upon to support the patient who believes that accepting and standing unavoidable pain will be to his/her credit in the hereafter, the real and enduring life.
Religiously based:

- Suffering as *redemptive*: Suffering for the sake of some larger social or higher spiritual good
  - Suffering as *punishment* and source of *atonement*
  - Suffering as a *trial*
  - Suffering as *healing*

Non-religiously based

- Response to suffering as a source and exercise of *virtue*
- Response to suffering as an exercise of *autonomy*
- Shared experience of suffering as a source of *solidarity*

- Friedrich Nietzsche: Effort and striving are the means whereby a “higher order” of humanity will evolve

- Emmanuel Levinas: Suffering teaches us to care for others
Arguments *pro*:

- From duty of *beneficence*
  - *Quality of life* judgments may alter what would *prima facie* be a “harm,” e.g. ending a patient’s life, into a “benefit,” e.g. if a patient is suffering intractably from a terminal illness where any further curative or even palliative treatments would be futile.

- From duty to *respect autonomy*
  - “The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.” (John Stuart Mill, *On Liberty*)
Should healthcare professionals be complicit in euthanasia or PAS/PAD?

- **Arguments *con***:
  - From duty of **nonmaleficence**
    - *Original Hippocratic Oath*
      - “I will use treatment *to help* the sick according to my ability and judgment, but I will never use it *to injure or wrong* them”
      - “I will not give a *lethal drug* to anyone if I am asked, nor will I advise such a plan.”
      - “Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.”
From the fundamental nature of the healthcare profession

Euthanasia or PAS/PAD “puts medicine in the business of promoting the individualistic pursuit of general human happiness and well-being. It would overturn the traditional belief that medicine should limit its domain to promoting and preserving human health, redirecting it instead to the relief of that suffering which stems from life itself, not merely from a sick body.”

“It is not medicine’s place to lift form us the burden of that suffering which turns on the meaning we assign to the decay of the body and its eventual death. It is not medicine’s place to determine when lives are not worth living or when the burden of life is too great to be borne. Doctors have no conceivable way of evaluating such claims on the part of patients, and they should have no right to act in response to them.”

“Medicine should try to relieve human suffering, but only that suffering which is brought on by illness and dying as biological phenomena, not that suffering which comes from anguish or despair at the human condition.”

It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, permitting physicians to engage in euthanasia would ultimately cause more harm than good. Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Euthanasia could also readily be extended to incompetent patients and other vulnerable populations.

AMA, Code of Medical Ethics
Respect for autonomy: Decisions about time and circumstances of death are personal. Competent people should have right to choose the timing and manner of death.

Justice: Justice requires that we "treat like cases alike." Competent, terminally ill patients have the legal right to refuse treatment that will prolong their deaths. For patients who are suffering but who are not dependent on life support, such as respirators or dialysis, refusing treatment will not suffice to hasten death. Thus, to treat these patients equitably, we should allow assisted death as it is their only option to hasten death.

Compassion: Suffering means more than pain; there are other physical, existential, social and psychological burdens such as the loss of independence, loss of sense of self, and functional capacities that some patients feel jeopardize their dignity. It is not always possible to relieve suffering. Thus PAS/PAD may be a compassionate response to unremitting suffering.

http://depts.washington.edu/bioethx/topics/pad.html
Arguments in Favor of PAS/PAD

- **Individual liberty vs. state interest:** Though society has strong interest in preserving life, that interest lessens when a person is terminally ill and has strong desire to end life. A complete prohibition against PAS/PAD excessively limits personal liberty. Therefore PAS/PAD should be allowed in certain cases.

- **Honesty & transparency:** Some acknowledge that assisted death already occurs, albeit in secret. The fact that PAS/PAD is illegal in most states prevents open discussion between patients and physicians and in public discourse. Legalization of PAS/PAD would promote open discussion and may promote better end-of-life care as patients and physicians could more directly address concerns and options.

  http://depts.washington.edu/bioethx/topics/pad.html
Arguments in Favor of PAS/PAD

- Concern about erosion of trust between patients and physicians in unsupported.
  - “There can be no practice of medicine if patients do not trust physicians to care for them when they cannot care for themselves.”

- Yet, only 20% of Americans believe legalized PAS/PAD would lower trust in their physician.
  - Respondents age 65+: 27%
  - African-American respondents: 32%

Arguments Against Euthanasia and PAS/PAD

- Distinction between valuing persons, who have incalculable moral value (dignity), and valuing interests, which may be comparatively valued

  - Euthanasia and PAS/PAD “require us to accept that it is morally permissible to act with the specific intention-in-acting of making a somebody into a nobody, i.e., to make them dead.”

  - “The terminally ill, especially, need to be reminded of their value, their intrinsic dignity, at a time of fierce doubt. They need to know that their ultimate value does not depend upon their appearance, productivity, or independence.”

  - Daniel P. Sulmasy et al., “Non-faith-based arguments against physician-assisted suicide and euthanasia” The Linacre Quarterly 83/3 (2016): 246-57
Effectiveness of quality palliative care

- Physical pain and related forms of suffering can almost always be ameliorated by means of palliative medication, withdrawal of burdensome treatments, and the presence of loving caregivers.

- Primary reasons cited for requesting PAS/PAD are not due to pain or other physical symptoms; rather, in Oregon, the three most frequently mentioned end-of-life concerns consistently expressed over years were
  - loss of autonomy (91.4%)*
  - decreasing ability to participate in activities that made life enjoyable (86.7%)
  - loss of dignity (71.4%)

  - Oregon Public Health Division (2015), 5

* percentages represent those who requested PAS in 2014
Reprisal of Thomistic/Kantian objections:

“To assert that one values human life, and at the same time to commit [or assist] suicide is contradictory and illogical. So, to kill oneself (willfully) necessarily devalues human life. And, because we are all human beings, therefore, every human being is (or should be) resentful of his or her life being devalued.”

“Human beings then are always, and essentially a part of a community of persons, and as such because of this connection with others (as part of humanity), when another person kills him- or herself or allows him- or herself to be killed, life for every other human being is cheapened (devalued).”

Sulmasy et al. 2016, 250-1
Arguments Against Euthanasia and PAS/PAD

“Slippery slope” concern:

- Slide in the Netherlands from legalization of voluntary euthanasia of competent patients (over 12 y.o.) for “hopeless and unbearable suffering” associated with a terminal illness, typically cancer, to ...

- Groningen Protocol allowing for non-voluntary euthanasia of children for “unbearable suffering” and low “expected quality of life” to ...

- allowance of voluntary euthanasia for non-terminal existential suffering – e.g., 41 y.o. alcoholic euthanized in July 2016.
Citations and Additional Resources

- [http://depts.washington.edu/bioethx/topics/pad.html](http://depts.washington.edu/bioethx/topics/pad.html)
- [https://sites.sju.edu/icb/religious-perspectives-on-euthanasia/](https://sites.sju.edu/icb/religious-perspectives-on-euthanasia/)
- Kelly, David F., *Medical Care at the End of Life: A Catholic Perspective* (Georgetown, 2006).