

## Playing God: The Ethics of Euthanasia

Chris Ferrante

*Department of Biology, Hampden-Sydney College, Hampden-Sydney, VA 23943*

Euthanasia. Many people tremble when the word is uttered – it conjures images of doctors “pulling the plug” on patients. The topic of euthanasia is highly controversial within the medical community as well as ethical debates. Many claim that people form opinions on the ethicality of euthanasia based on religion alone, but that is not true. The euthanasia debate is centered on the personhood of the patient, and whether or not taking a life is within the rights of medical doctors. Doctors swear to the Hippocratic Oath by pledging “to do no further harm” to their patients. Is taking a life through euthanasia within the limits of the oath? Doctors must consider whether their act of taking a life is ethical or an attempt to “play God”.

Euthanasia is defined as an action or omission that intentionally causes death to a dependent patient. There are four deviations from the base definition that must be addressed. Passive euthanasia, also defined as the withdrawal of treatment, is the avoidance of extreme medical treatment in order to shorten the life of someone with a terminal illness. Active euthanasia, on the other hand, is a deliberate intervention by the doctor with the intention of killing the patient. Voluntary euthanasia is a case that involves a competent patient who asks for death, whereas involuntary euthanasia involves the killing of someone who is unable to give consent to his or her death (Manning 2). There is also an off-shoot of euthanasia that must be addressed: physician-assisted suicide. In this practice, doctors prescribe medications that, when taken, will terminate the life of the patient. Physician-assisted suicide is not euthanasia. Euthanasia is the practice of the doctor purposefully killing the patient; doctors provide the means for death in physician-assisted suicide, but the patient must perform the action. Physician-assisted suicide can either be carried out by the prescription of life-ending medications or allowing the patient to inhale toxic carbon monoxide. While euthanasia and physician-assisted suicide are drastically different in theory, they achieve the same goal—termination of life.

Euthanasia is the clear choice when considering whether to end the life of a patient or resort to drastic measures to keep him alive based on economics alone. In Oregon, if someone wants to terminate his or her life it costs a mere thirty-five dollars. In 1994, Oregon legislature passed the *Death with Dignity Act* allowing physician assisted

suicide. The act stated that physicians could prescribe life-ending drugs on the patient’s request if the patient had six months or less to live (Life Issues Institute). The slim cost of physician-assisted suicide is much less than the thousands of dollars that it would cost to keep the person alive on life support with proper medication and physician care (Economic Aspects of Euthanasia). Instead of spending excessive amounts of money on medical care, the patient’s family would be able to spend their funds elsewhere, boosting the economy. Furthermore, euthanasia can potentially ease the emotional burden on families. When a family member is terminally ill, someone is typically in the hospital room with them at all times. Someone often must take time off work in order to become a caretaker. Numerous hours are spent sitting in a waiting room as well as countless dollars spent traveling back and forth from a hospital. Eventually, people wear-down emotionally. This traumatic experience regularly causes people to enter states of depression or develop psychological disorders. If the terminally ill family member had asked for euthanasia, the rest of the family would not have had to deal with the emotional burden of sick loved-one. In addition, time and money would have been saved, and the shock of death would have been alleviated.

Why do people object to euthanasia? Without regard to ethics, euthanasia is clearly beneficial for society. The answer is obvious – euthanasia violates morals many people hold. Many believe that life should be lived out until a natural death occurs, especially those who believe in the Abrahamic religions. Many believe that life is God’s gift to humans, and that it should be lived out to its fullest until God decides that it is time to die (Manning 20). Therefore, Christians, Jews, and Muslims claim that doctors have no right to euthanize their patients. Religious believers are not the only groups that refute the practice of euthanasia. Many non-religious Americans also struggle with the idea of killing dependent medical patients because the notion completely contradicts contemporary logic. Americans assume that doctors will utilize all measures to keep patients alive and heal them. Americans are often perplexed that doctors would allow such a disturbing practice to enter the field of medicine.

Some doctors, like Dr. Jack Kevorkian would approve of the legalization of euthanasia.

Kevorkian, often referred to as “Dr. Death”, invented and pioneered the euthanasia machines and methods practiced today. His invention, the “Mercitron”, was among the first euthanasia machines. It contained three vials. The first was a standard saline solution. At the push of a button the second vial containing sodium thiopental would be released. Sodium thiopental is a sleep-inducing agent that causes the patient to immediately fall unconscious. Seconds later, the third vial would release. The third vial contained a mixture of potassium chloride and pancuronium bromide. Potassium chloride stops the heart while pancuronium bromide prevents any spasms resulting in a rapid, painless death. Kevorkian found nothing wrong with the practice. He stated, “because I consider medicide [euthanasia] to be necessary, ethical, and legal, there should be nothing furtive about it” (Kevorkian 222-224). He practiced euthanasia for years and eventually was arrested for second-degree murder charges. In his book, *Prescription: Medicide*, Kevorkian tells the story of one of his first patients. Janet Adkins, an Oregon native, had recently been diagnosed with Alzheimer’s and had no desire to live. Her diagnosis was coupled with Kevorkian publicizing his Mercitron, euthanasia machine. Adkins and her husband discussed treatment options and eventually decided to call Dr. Kevorkian. On June 4, 1990 Janet Adkins was euthanized. Kevorkian felt that he was a champion in the eyes of the Adkins family by fulfilling Janet’s wish. He found no wrong with euthanasia where most people do.

Many individuals find it hypocritical for doctors to sign the Hippocratic Oath and allow practices such as euthanasia to take place.

*I swear to fulfill, to the best of my ability and judgment, this covenant: I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow. I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism. I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon’s knife or the chemist’s drug. I will not be ashamed to say “I know not,” nor will I fail to call in my colleagues when the skills of another are needed for a patient’s recovery. I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. 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. I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can, for prevention is preferable to cure. I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm. If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the*

*finest traditions of my calling and may I long experience the joy of healing those who seek my help. (Tyson)*

How one interprets the Hippocratic Oath determines how he or she views the morality of euthanasia. The line, “If it is given to 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” (Tyson). The last sentence of this excerpt is the focal point of the euthanasia debate. Is euthanasia playing God? The question is unanswerable, controversial, and confusing. What does one do when confronted with euthanasia? Is the doctor allowed to take the life, or must he do all he can to save it? Do patients have a right to death?

To tackle the first question, one must examine and establish his own, personal morals. “Playing God” is a very broad and powerful concept because it encompasses the capacity to both create and terminate life. Those involved in medicine have the potential to do both. Most people are comfortable with creating life via cell cultures and bacterial cloning, yet quiver at the thought of terminating a human life. Even though the euthanasia that is being performed is voluntary, it is viewed as evil, and carries a stigma. People overlook the fact that patients sign a waiver that allows the doctor to terminate their life. Furthermore, most people asking to be euthanized have terminal illnesses and want to end their suffering. They are asking the doctor to “play God” in circumstances like these and end their lives before the time of natural death. Referring back to the case of Janet Adkins, she compensated Dr. Kevorkian for his labor and supplies. Her seeing Kevorkian was a legitimate medical visit with a twist – she ultimately sought him for death. How can one blame the doctor for “playing God” when one is asking him to do so?

The controversy over euthanasia places doctors in the modern era in difficult situations. Should a circumstance like the one of Mrs. Adkins arise, the doctor must evaluate his own morals and determine if he will terminate the patient’s life. This principle is summarized in A.B Downing’s book *Euthanasia and The Right to Death*: “For a legal right is not as such necessarily and always a moral right; and hence, *a fortiori*, it is not necessarily and always a moral duty to exercise whatever legal rights you happen to possess” (Downing 30). Downing claims that even if euthanasia is legalized doctors must use their own moral code to decide whether or not to euthanize. Doctors may have to turn away a patient because their morals do not coincide with euthanasia. On the other hand, they may have no objections to the practice of euthanasia and will perform it. Either way, doctors can develop

a bad reputation. I respect those who euthanize and those who do not. I believe that doctors should heal patients as quickly as possible, and when healing is not possible, they must provide comfort and keep the patient pain-free. I understand why doctors perform euthanasia though. If euthanasia is a legalized practice and the patient consents, doctors are not “playing God”; they are simply carrying out the wishes of the patient. The outcome of euthanasia is the same as if the patient refuses treatment. The only difference is the time in which death ensues.

Secondly, do patients have a right to death? The answer to this question is more definite. If the Constitution holds true that all men are entitled to life, liberty, and the pursuit of happiness, they are then entitled to the right to forfeit their life as well. The Voluntary Euthanasia Society says it best, “The right to die is logically a party of the right to live. If there is no right to end one’s life, then it is not a ‘right’ to live but an inescapable obligation” (Kluge 96). As humans, we are given a right to live. Why then are we not given a right to terminate our own life? If a person wants to forfeit his life, for sound medical reason, he should be allowed to do so. However, there is a caveat. A medical doctor must fully examine the person asking for his life to be terminated before the patient is allowed to do so. Furthermore, since euthanasia is not legalized in many states, this death must come from omission of treatment. For instance, if a patient is admitted to the hospital with cancer, he is given several plans of action. Usually doctors will first want to operate on the tumor, if it is operable. Then, they will want to proceed with chemotherapy or radiation therapy. The majority of patients gladly accept these treatments because they want to live as long as possible. These measures are taken to prolong life and allow doctors to operate according to the original interpretation of the Hippocratic Oath. However, the patient may refuse some if not all of these treatments. If, for whatever reason, the patient does not want doctors to perform any medical practice other than providing comfort, then the doctors must grant his wish. They are not allowed to perform any action the patient or patient’s guardians do not approve of. In situations like these, the patient has exercised his right to death. He has refused medical treatment that could prolong his life or even cure his disease. Doctors are bound by law to honor the patient’s request. If patients are able to refuse treatment, they should be able to request and receive euthanasia.

An ill person who wishes to die can do so by refusing treatment, but this often resorts to a slow and painful death. Doctors may not be able to provide satisfying comfort to the sick, so they will suffer until death. Therefore it is not unreasonable

for a person to request euthanasia. If a patient wants to die but does not want to suffer through the pains of death, he should be able to request euthanasia. The right to die is one that should be granted to every patient admitted to the care of a physician. An individual should be able to control his own life or death. Once again, there is a caveat. The person who is forfeiting his life must have sound reasoning and must be of sound mind when requesting death. A doctor must tell the patient that his disease is terminal and there is no way of curing it. Furthermore, the individual must be able to reason through his or her decision alone. A decision involving the death of a person cannot be made by anyone but that person. If these conditions are met, a person should have right to die.

Euthanasia is a term that carries a negative connotation in modern society. It frightens many people, but with good reason. Death is not a pleasant topic, and the idea of a doctor ending someone’s life is terrifying. However, euthanasia is strictly regulated and not widely practiced. Those who choose to be a part of it should not be condemned as murderers, for they are fulfilling the wills of their patients. Yet, it is an individual’s responsibility to decide if euthanasia is “playing God”. It is not possible to develop an answer to such a question because it is based on personal morals. On the other hand, the question regarding the right to death has a definitive answer. People are entitled to the choice of death just as much as they are entitled to the choice of life. If they chose to forfeit their life it is a personal choice that cannot be regulated by the government. These two questions begin to introduce the highly complex euthanasia debate.

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