
A Response to “Playing God: The Ethics of Euthanasia”

*To The Editors of the Hampden-Sydney College
Journal of the Sciences:*

I applaud Christopher M. Ferrante '15 for his thorough research and thoughtful discussion in his recent article, "Playing God: The Ethics of Euthanasia." End of life issues are topics that are highly sensitive, confusing to most, and not talked about often enough.

Early in his essay, Mr. Ferrante asserts that euthanasia covers the withholding of treatment, which he describes as "passive euthanasia." He then later asserts in his final paragraph that euthanasia is "strictly regulated and not widely practiced." If his former definition is to be used, I disagree with his final conclusion.

As a third-year (soon to be fourth-year) medical student, I am involved in every aspect of my patients' care and am aware of each of their code statuses. Many outside of medicine might be surprised to learn that a tremendous number of patients—terminally-ill or completely healthy—are listed as "DNR/DNI," which is short for, "Do Not Resuscitate/Do Not Intubate." "In other words, if the patient's heart stops or he or she stops breathing, he or she has made it very clear we are to do nothing for him or her other than provide comfort."

We very routinely withhold treatment from people—especially surgical treatment. Yes, occasionally families get into extremely heated arguments amongst themselves, which inevitably involve our hospital's chaplaincy and ethics committee over whether or not to let a loved one go. However, in the end, I would venture that the majority of families I meet in the hospital conclude that if their loved one has an irreversible injury—one from which he or she will never recover to his or her baseline function (especially those involving the brain)—it is only fair to let their loved one die with dignity. That's not to say that the learning process for them is not painful and/or emotional, and many still choose to continue medical intervention for as long as possible—but my point is that passive euthanasia is actually quite common in the hospital setting.

I agree with Mr. Ferrante that the topic is not simple—but once you have seen a vegetative patient in the intensive care unit with broken ribs from CPR and tubes coming out of every orifice and major vein while defecating on himself, you might realize that the Hippocratic Oath is more violated by continuing to

torment these people rather than peacefully letting them go. And remember, every patient in the intensive care unit probably would have died weeks or months ago had their disease course followed its natural history without modern medicine.

So, my question for readers of this journal is: Are we playing God by withdrawing treatment, or are we playing God by putting the tubes in to begin with? The answer is not easy for either caregivers or the families of patients in dire condition.

Sincerely,

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