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# Active Euthanasia in America: The Domino Falls

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Active euthanasia will be legal in America before 1990. The "euthanasia domino," to use the expression of the surgeon general of the United States, Dr. C. Everett Koop, is about to fall. A "Humane and Dignified Death Act" is being drafted. The passage by ballot in November, 1988, of an amendment to the California state constitution recognizing the "right of the terminally ill to voluntary, humane and dignified physician-assisted aid in dying," is assured, as it has wide public support, and the backing of the Beverly Hills Bar Association.

While we may be justifiably sceptical about "domino theories" and global "secret agendas" developed by the CIA, the USSR and the Hemlock Society, evidence indicates that the move toward assisted suicide in California is no accident. At the Hemlock Society's 1986 convention last September in Washington, DC, the society's founder and director announced a grant of \$50,000 to establish "Americans Against Human Suffering," a political action organization which will work for the next two years on coordinating community support, lobbying lawmakers and attorneys, making its case on TV. Derek Humphry knows that 40% of the California State Bar Association is behind him. Highly-respected TV journalist Betty Rollin, whose book *Last Wish*, about her mother's suicide and her active participation in the experience, has been a best-seller, has given her support to the cause. It is no accident, I believe, that the mini-series movie "Murder or Mercy" (about the Roswell and Emily Gilbert "murder" case) was aired in January, with Robert Young playing the leading role, nor that Ted Koppel devoted "Nightline" on Feb. 3 to euthanasia, giving the ABC audience a very sympathetic picture of current practices in Holland, the wisdom of the views of Dr. Pieter Admiraal, a

leading Dutch advocate, and Betty Rollin.

Actually, given the moves to liberalize US divorce laws, the abortion statutes, the wide recognition of the legality of homosexuality, it is logical that doctor-assisted suicide should be added to "living will" laws. Once the "right to die" was acknowledged, medical ethics gave dominant value to personal autonomy and individual choice and it was inevitable that "death with dignity" and "death without suffering" would follow. None of us likes to see people suffer, especially when their condition is terminal. It does seem futile and pointless to prolong such lives and delay the dying, as all who followed the Quinlan case, or saw the educational video "Please Let Me Die" about Texan Dax Coward, must have felt. Further, who in this nation can oppose such slogans as "freedom of choice" and "right to die"?

### Two Questions

Whatever our own, or the nation's feelings, two questions, I believe, ought to be debated, given maximum community discussion, before active euthanasia becomes legal. First, will the change be good for America? Second, will active euthanasia be good for medicine and health care?<sup>1</sup>

Permitting physicians to give the terminally ill injections to end their anxiety and suffering will immediately produce results which will be in the interests of the community. Such procedures, strictly monitored and within the law, will achieve their intended goal: pain and suffering will be lessened. The finances of the terminally ill will not be exhausted. Financial burdens imposed upon families will be reduced, Nursing home and oncology facilities will be less strained, and obviously state and federal revenues which have been directed toward Medicare/Medicaid will be able to be redirected. However, will these changes really be in the nation's *best* interests? Individuals may gain, assuredly, but even for those who accept the premise that law and public policy should be made in the community, not individual interest, I wonder if the case in favor of active euthanasia can be made.

First, the introduction of physician-assisted dying will cause a wave of complex problems for the health care professions and institutions expected to provide the service. Medical education programs, curricula in place in medical schools, will require change. The new laws will affect the tradition of beneficence deeply, and impose upon nurses and physicians serious burdens which run counter to their training and philosophy. A whole new language will have to be constructed at short notice, and while in some cases the change will improve the physician-patient relationship (lessen anxiety and financial worries), I believe that the move will heighten the level of fear and dread among many patients. Health care professionals and pastoral care personnel will have to show greater skill in dealing with clients. Death will have to be faced more directly. The termination of a patient's life will have to be seen as one's last duty toward patients, as Dr. Pieter Admiraal has expressed it. The coming of mercy-killing, the rational way to die, as Daniel Maguire has depicted it in *Death by Choice*,

may be a Pandora's box, which opens up unexpected levels of fear among the chronically ill and aged, psychological problems which the profession has never before faced.

### **Plethora of Problems**

Active euthanasia will create a plethora of complex problems for the insurance industry. No longer will suicide void policies. One wonders, however, about new opportunities for fraud, and further erosion of patient trust, the stability of the tradition of physician-client confidentiality. It is hard to overlook how a host of abuses can be stopped. Further, with the change, there must follow a decline in nursing home revenues, in fees from patients, in total dollar profits for drug companies. Will there be the same incentive toward research aimed at preventing MS, ALS or Alzheimer's disease? While we might not see this shift in funds as a negative result of the legal change, the total result might prove to be not in the community best interests, given the power of market forces, the commitment of this nation to capitalism, the influence of Michael Novak, the American Enterprise Institute.

Reference to MS, ALS and Alzheimer's disease forces forward another major concern: What constitutes a "terminal illness"? Is the American medical community, the nation as a whole, prepared for the issues which this drive toward active euthanasia raises? Do we want the courts to uphold the opinion of Derek Humphry that "two and a half million alone are *dying* of Alzheimer's disease", as he has stated in the *International Herald Tribune*? Will it be in the country's best interests to allow spina bifida babies, quadraplegics, and all who have limited "quality of life" to be permitted to have their lives terminated? Given what has happened since it became legal and ethical to deny the dying nutrition and hydration, since the Supreme Court decided on June 9, 1986 that withholding treatment from infants when parents are in agreement with this action does not violate the laws for handicapped persons, does the medical profession really believe that active euthanasia will be in the best interests of the handicapped, the chronically and terminally ill? When there is such disagreement within the medical community, among nurses and physical therapists, about what exactly constitutes a "terminal" illness, and when such a stage has been reached in ALS or Alzheimer's disease, I do not think it is in the best interest of the community as a whole for laws to be changed.

Before WWII, the introduction of supertechnology, the increase in malpractice suits, compassionate physicians, known and trusted family doctors, must sometimes have eased the final stages of a patient's terminal illness by administering heavy doses of sedatives, as Maurice Cranston, writing in the *Listener* (Sept. 18, 1986), has observed. What physicians did was illegal, but done discreetly, silently and conscientiously, and when (and rarely) their actions came before judges, they were (as Derek Humphry has admitted in his recent book, *The Right to Die: Understanding Euthanasia*), usually treated quite mercifully. Such actions

should remain that way. Killings motivated by kindness should not be made lawful. "Hard cases make bad laws" still is a wise legal dictum, no matter what the Hemlock Society says. Further, laws should not be changed unless there is a definite body of evidence—not simply community sympathy—which shows that change is clearly in the community interest. From the above, I doubt that there is such evidence. Sadly, however, due to the confusion of the Church, the apathy of the public, its tendency to be swayed by the talk shows and the superstars, the power of slogans which touch the community-psyche (remember "Make Love Not War"), the astute political know-how of the advocates for change, I know that the battle has been lost even before it has been engaged. The domino has fallen. Active euthanasia will be legal in America before 1990.

### Reference

1. While I absolutely reject the widespread opinion that religious views should be kept out of public health care ethics and policy-making, that secular themes (beneficence, autonomy, justice, honesty) only should be introduced into such discussions, nevertheless, since the water is now over the dam, active euthanasia moves have won such support. I believe that their impact will only be lessened by active debate and research of those questions which the public, lawmakers and the media, will accept. Thus, in what follows, I have raised simply those concerns pertaining to the best interests of the nation and health care. If it can be shown that seniors will be worse off, subject to more dangers, by this legal change, (as I think they will be), then it might be possible to delay some aspects of the legislation. Appeals to "God's laws" or the "sanctity of life" will have little weight, I believe.

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