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End of Life Ethics: Euthanasia and Assisted Suicide

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Case Study by Dennis Sullivan, MD

Steve Crossley is a 65-year-old engineer living in Grand Rapids, Michigan. After a vigorous professional life, he has been looking forward to retirement. Just six weeks ago, he began to notice that his clothes were fitting more loosely than normal, and that he is losing weight. His appetite has deceased, and he now has growing pain in his lower back.

Steve went to see his family physician, who was worried enough to send him to a specialist. Now, after 2 1/2 weeks of testing, Steve knows the truth. And abdominal CT scan revealed a mass in his pancreas. A radiologist passed the needle into the mass under ultrasound guidance, and removed tissue for biopsy. The pathologist's report arrived yesterday. The diagnosis: incurable cancer of the pancreas.

Steve has always been an active man, and the prospect of chemotherapy with all of its complications and side effects does not appeal to him. Besides, he is a pragmatist and knows when it is his time to go. Steve attends church on occasion, though he has never been very serious about his Christian faith. He is not sure what lies beyond the grave, but he does not wish to suffer the severe pain that his current diagnosis offers.

Steve's wife left him five years ago. His two daughters are grown, with active lives of their own. They have never been close to their father. Steve has always been a proud, private person, and they are very few people he will confide in. You are his golf partner, and his only real friend.

Just this morning, Steve met with Dr. Jack, an acquaintance who has just recently been released from prison. Dr. Jack has a machine he is willing to let Steve borrow, that will "make all of his problems disappear." Steve stops by your house to ask what you think of the idea.

Questions For Discussion:

1. What do you think of the timing of Steve's thoughts of suicide? After all, he has only yesterday learned about his terminal diagnosis. What may be going through his mind? How do you think his family doctor would respond to Steve's unusual plan?

2. Perhaps the detail about "Dr. Jack" seems far-fetched. In fact, if Steve were a resident of Oregon, he could legally obtain a prescription for lethal drugs to end his life, provided certain conditions are met: two doctors must agree, and there must be a 15-day waiting period. Interestingly, no psychiatric exam is required by the statute. How often do you think that thoughts of suicide are the result of clinical depression?

3. The ethics of the medical profession have been guided for over 2400 years by the Hippocratic Oath, the legacy of an obscure Greek healing cult. Among its many provisions, the Oath includes this statement: "I will neither give a deadly drug to anybody who asks for it, nor will I make a suggestion to this effect." In all the years since, this idea has been self-evident: doctors don't kill their patients!

   It seems, however, that this has changed in the past 50 years. What forces in our society have contributed to this decline? What has happened to respect for human life, and what has happened to the role of doctors as healers (as opposed to mere technicians)?

4. What is euthanasia, and how is it different from assisted suicide? Which of these is Steve requesting?

5. You are Steve's best friend, and a devout Christian. What advice would you give him?

Digging Deeper:

1. Steve has taken your advice, and has followed through with chemotherapy. It is now four months later. Despite two rounds of chemotherapy, it is clear he is losing the battle. He is a mere shadow of his former self. He has lost all of his hair, and has constant nausea from the chemo. Furthermore, the cancer has invaded Steve's spinal column, and he is struggling to walk. The pain is almost unbearable.

   What spiritual counsel would you give Steve? Is now the time to consider ending it all?

2. Steve's family doctor is afraid to give him more pain medication, fearing that he will become an addict. What do you think of this?

3. The "Principle of Double Effect" is an ethical formula that dates back to Thomas Aquinas. The basic idea is this: if a treatment has two effects: one good and one bad, it may be ethical to use the treatment if one's *intent* is the good effect.

   Here's how this may work in modern medical practice: morphine is a narcotic used to treat severe pain (a good effect), but may suppress respirations if given in too high a dose (a bad effect). The Principle of Double Effect would justify using a high enough dose of morphine to treat Steve's severe pain, even though it may lead to his death a little sooner than otherwise expected. In other words, his earlier death may be an *unintended consequence* of the appropriate intent to relieve his suffering.

   Please note that the author of this case study (Dr. S.) is generally favorable to this analysis in the hands of a highly-trained physician. Perhaps you feel, however, that this is just a rationalization. When would this cross the line into euthanasia? What safeguards might you put into hospital policy to prevent things going to such an extreme?

4. Steve's doctor recommends that he consider hospice care. Steve thinks that just means the doctors have given up. What do you think of the idea of hospice?

Links and References for Further Research:

Oregon Death with Dignity Act: http://egov.oregon.gov/DHS/ph/pas/

Sullivan, DM. Euthanasia Versus Letting Die: Christian Decision-Making in Terminal Patients, *Ethics & Medicine* **21:2** (2005), available at: http://www.cedarville.edu/centerforbioethics/files/articles/euthan.pdf