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Alphonse M. Schwitalla

MEDICAL OPINION CONCERNING EUTHANASIA

ALPHONSE M. SCHWITALLA, S.J.

Moderator, Federation of Catholic Physicians' Guilds, St. Louis, Mo.

MEDICAL opinion concerning euthanasia has reached the repetitive echo stage. The medical arguments adduced in the five years 1930-1934 were repeated with increasing emphasis in the next quinquennial period 1935-1939, were dying down in volume and stress during the next period from 1940-1944 and since that time, have apparently reached the weakness of inaudibility. From 1930-1934, no fewer than twelve papers were listed in the Cumulative Index, the titles of which indicated some relationship to euthanasia. During the subsequent five years, twenty-two articles were listed; in the following five year period, there were five articles and since 1945, none were listed, indicative of any relationship to euthanasia. Such is the evidence concerning trends in medical opinion about euthanasia, which can be elicited from a more or less rapid perusal of the entries under "Death" in the Cumulative Index.

While all of this emergence and submergence of medical interest in euthanasia was occurring, there was a gradual rise of popular social, legislative and perhaps, ethical interest in the questions centering in euthanasia. Extreme opinions ranged from the viewpoint of Hinman,[1] who states that "Doctors have long been given the power of life and death," to the opinion of Canon Green, of Saint Pauls, quoted by Dr. Millard,[2] President of the Society of Medical Officers of Health, "I have found it impossible to discover any really conclusive arguments against suicide under due restrictions."

THE MITIGATION OF PAIN

Medical opinion has a tendency to theorize, rather than to "pragmatize" about euthanasia, using as the starting point of its analysis, the accepted and unquestioned principle that one of the functions of a doctor is to relieve pain. Zak [3] emphasizes the thought that the allaying of pain by the physician through the use of sedatives might be included in the concept of euthanasiastic procedures. Euthanasia would thus belong to the humane responsibilities of the physician. Strecker [4] reviewing the debate on the Euthanasia Act in the House of Lords in 1936, explicitly states that the purpose of the Act under debate was to legalize what is common practice among physicians, namely, to allay pain as death ap-

proaches. He thinks that legalizing procedures concerning the administration of drugs which have sedative, anaesthetic and narcotic properties, belongs to medical practice and hence, there is no reason why the right to the administration of such drugs, as death approaches, should be denied to the physician. Throughout the discussion, the thought recurs that it is the place of the physician to give relief from pain and to prevent pain not only in life but also in death.

Hinman [5] is of the opinion that therapeutic euthanasia by which he means allowing an incurable sufferer to die, is being practiced habitually by doctors, as for example, when a physician keeps a woman dying of cancer continuously in a state of euphoria. In his opinion, too, doctors sometimes do this unknowingly and ignorantly and he pleads that this practice should be legalized, with full understanding of its significance by the doctor and with full acceptance by him of his responsibilities.

From this starting point, medical opinion diverges in many directions. These diverse opinions, however, are less medical in their content than social or psychological or economic. They are derived from medical considerations but in themselves, are rather consequences of medical opinion than the subject matter of real medical judgment. Thus Hinman [6] extends the application of euthanasia not merely to the mitigation of pain at the time of death but to the elimination of certain individuals "To end a life that is useless, helpless and hopeless seems merciful. The end should be welcomed. The act then is kind rather than ruthless and the result could not but benefit the living." He goes on to discuss *what lives* are "useless, helpless and hopeless" and concludes that they are the lives of those who have become unfit in the struggle of life, inclusive of idiots, the insane, imbeciles, morons, mild and severe psychopaths, criminals and delinquents, monsters, defectives, incurables and the wornout senile. All of these, so it is said, are of no apparent use in the world; they require care but without the hope of betterment.

Brill [7] takes up the argument but gives it a somewhat different connotation: "If the person is so ill that he is beyond any medical help, so that sooner or later he will surely die, and if in addition, he is in agony and often prays for death, why not help him die?" Brill answers by indirection that the question as thus posed demands too much, for if the question applies to those who are beyond any medical help, why should we not ask the same question concerning those who are beyond economic and religious and educational help since these needy groups also, are indigent and are very definitely charges upon the state. If those who are beyond medical help might be aided to die, why not those who are in financial embarrassment or in danger of social ostracism or in danger of a mental breakdown? Hence, so Brill says, many euthanasiasts would be in favor of following the principle through to its logical conclusion if only any one of us could

say "who is incurable." Incorrigible criminals are even more of a nuisance to society than are physical incurables. Brill raises the question whether it would always be advantageous to society financially to get rid of useless members. He instances incorrigible criminals. If we could get rid of useless members, would we be in favor of mercy killings? He answers his own question: "I am against it not for religious or any other emotional considerations but for purely psychological reasons." Mercy killings would do men incalculable harm for the simple reason that killing of human beings, as for example, in war or in legitimate self-defense results in serious disturbing influences on civilized mankind. Mercy killings would demoralize the physician by destroying the sacredness of human life. Hence, any relaxation in such controls of death as men are exercising, threatens to destroy society. However, among those who have expressed themselves in publications during the last decade or so, Brill's is almost the only vigorous voice that protests against the views of those physicians who have given much thought to the subject.

The Mitigation of Pain in Death

If it is desirable that the humanitarian urge be gratified by reducing suffering, and if medicine, consequently, attempts to support this humanitarian outlook, then surely, a reduction in suffering seems most indicated as death approaches. Wolbarst,[8] among many others, says that men should be given at least as much consideration as is given to dumb animals. The latter are put out of their pain as they approach death; but to assist a dying human being to die more easily is subject to the severest penalties. "It is a crime punishable by death to interfere with the unnecessary and incurable suffering of a human being." He thinks that: "There is nothing noble or glorifying in the ultimate death struggle." As long as there is a purpose in suffering, it might well be endured, and it may be courageous or heroic to endure it, but euthanasia eases the final passage when further suffering is useless and without purpose. If this is the case, then euthanasia must be considered a factor in the progress towards social betterment.

An undercurrent of similar views runs through the opinion of many other physicians. The question may well be raised whether these views, even though not expressed in contemporary literature, are not in reality much more common than the meagerness of the literature would lead one to think. One hears the thought expressed at times that euthanasia defends the right of the individual to die peacefully and painlessly. The assertion of this alleged right in this bald form challenges one's thinking. Does the individual have the right to die peacefully and painlessly? It might well be conceded that he has the right to die or that he certainly will die but does he have the right to die as he himself chooses? And even if he had such a right, are there no limits to his freedom of choice? Surely,

none of us can defend the right to die when he himself pleases nor the right to quarrel with anyone if we die differently than we had anticipated. And surely, even if one wanted to quarrel, what good would there be in doing so if the circumstances of one's death have become so coercive as to make a change in the circumstances of one's death both a practical and a theoretical impossibility.

The Moral Right to Administer Narcotics

It seems desirable at this point to examine into the question why, if a physician really has the right to administer sedatives, analgesics and narcotics, his right to administer them when he knows they will result in death, or even to administer them in order to hasten death, should be limited. In his practice, the practitioner is often confronted with a serious dilemma in this matter. If he does not administer the drug for relieving pain, the patient must continue to endure pain and that mere fact may hasten the patient's death. If, on the other hand, the physician administers the drug, the condition of the patient himself may be such that the effect of such administration is simply unpredictable and often enough, the drug itself might accelerate the coming of death. In such a moment, the physician must fall back upon his own personal philosophy of life and upon his own philosophy of medical practice. If death is looked upon as merely a biological phenomena, it might conceivably make little if any difference, other things being equal, whether a patient's life is prolonged for ten minutes or shortened by ten minutes. If, on the other hand, it is realized, as certainly a physician above all people should realize, that the moment of death is the most important moment of life, the moment for which the whole of life is but a preparation, the moment upon which depends the patient's fate for an immortal eternity, then surely, the gravity of the physician's decision is simply overwhelming. The dominant controlling and limiting consideration cannot be whether or not the patient is going to continue in suffering or whether he will be relieved but rather, whether, as far as the physician can be held responsible, the patient will be in such a condition at the moment when death comes that he will face that indescribably important moment in full consciousness and in the full possession of his senses even though he be in pain and suffering.

The right to deprive a patient of his consciousness even for the purpose of relieving his pain, is not an absolute and unlimited right. It is contingent upon circumstances, upon the physician's intentions and perhaps on many other considerations. The physician must have a laudable and worthy purpose or at least not a vicious one, to deprive a patient of consciousness. Hence, if, as happens at the moment of approaching death, other considerations must prevail, in fact, must be given dominant consideration over the relief from pain, then surely, the physician who insists that even under such circumstances he will administer a drug, may be

guilty of a real crime which may have the farthest reaching consequences. Unless the assurance is all but certain that a patient has used all the means to ensure a death, as far as he is able to achieve it, in the friendship of God, it certainly cannot be questioned whether any physician has the right to administer a narcotic with a definite foreknowledge that the patient will probably die in the ensuing narcosis. It is sometimes said, especially in non-Catholic hospitals, that Catholics desire to receive all the sacraments of the dying first before subjecting themselves to a terminal narcosis. A physician who disregards such a wish is, of course, unjust and uncharitable to his patients. As a matter of fact, however, a physician, Catholic or otherwise, who fails to safeguard the spiritual welfare of his patient, even at the cost of the severest pain, under such conditions, must be held accountable for the serious consequences which may ensue with reference to the patient's eternal welfare.

All of the considerations adduced in the preceding paragraph must be evaluated as having a distinct bearing on the problem of euthanasia. In other words, the physician's right to deprive a person of consciousness, under whatever reason, must enter into a judgment regarding the morality of euthanasia. But we are here concerned rather with medical opinion and with other aspects than merely the anaesthetic aspect.

The Elimination of the Unfit

Wolbarst [9] points out that among physicians there are three groups who hold extremely diverse opinions with reference to euthanasia. The first and largest of these groups "favors voluntary euthanasia to be administered only upon request of the sufferer for whom no care is known to medical science." The second group favors the application of euthanasia only to those in early life who are doomed to live useless lives because of impaired development, teratological structure or birth accidents. The third group is the real extreme group; these physicians would include among those who should be "euthanasized" not only the congenital defectives, the aged and those who are suffering from incurable disease, but also the incurably insane, the paralytic, and the helpless criminal. From this classification of physicians alone, if from no other source, there become obvious some of the extremest fallacies surrounding euthanasia.

We have already quoted above the list of those whom Hinman regards as "useless, helpless and hopeless" as well as those whom he regards as unfit to live. Kennedy [10] makes a further distinction. He admits that at one time in his life, he was in favor of legalizing euthanasia. Now, he says, "My face is set against the legalization of euthanasia for any person who having been well at last become ill, for however ill they be, many get well and help the world for years after." Kennedy, however, is "in favor of euthanasia for those hopeless ones who should never have been born—nature's mistakes. In this category it is, with care and knowledge, im-

possible to be mistaken in either diagnosis or prognosis." To quote Hinman [11] again, he admits that not all doctors, even of those who favor euthanasia, are convinced that the removal of the unfit, so-called, would benefit, the race. Naively, he points out, that if all the unfit were eliminated, much "material" for research and investigation would be uselessly destroyed. As if, in case such humans could be used for research and investigation, their "unfitness" to live would thereby be lessened. Kanner [12] attempts a different classification of possible candidates for treatment by euthanasia: first, "those so markedly deficient in their cognitive, emotional and constructive conative potentialities that they would stand out as defectives in any type of existing human community"; secondly, "those individuals whose limitations are definitely related to the standards of the culture which surround them." The implication of this classification is that the first of these groups could be euthanasized since by supposition, they would stand out as defectives in any human community. The second group, however, should not be deprived of life since the simpler treatment for them would be to put them into an environment in which their limitations could be merged satisfactorily in relation to the standards of the culture into which they would then have been transplanted. Kanner further holds a view similar to that of Wolbarst already described. He suggests that euthanasia be applied not to those who have been well and who have become ill but to those who should never have been born.

The Doctor's Power of Life and Death

Clearly, in these various classifications, the physician who administers euthanasia is acting in a capacity which right reason and sound ethics find it impossible to concede to him. We have already referred to the attitude expressed by Hinman [13] that: "Doctors have long been given the power of life and death." By whom have they been given this power and what is the extent of the power and if they have the power, which is their responsibility for the use of that power? And having used or misused that power, what power is there in this life to whom or to which they are answerable? There is, of course, a fundamental distinction between physical power and moral power. A physician, physically speaking, may have the power of life and death, that is, he may administer a drug which will kill but surely, no one will assume that, therefore, any physician is the arbitrar of our life and death, any more than I could assume that parents have the moral power of life and death over their infant child simply because they have the physical power. Or do we hark back to the pristine days of a philosophy of might, of infanticide, of arbitrarily legalized murder? It need not be pointed out here that there is no conceivable reason which could justify the inclusion in a single law for eliminating from human society through euthanasia, the catalogue of all those unfortunates whom Hinman and Wolbarst include as potential candidates for euthanasia. It seems all but incredible that this line of thinking could

have been formulated seriously. Murder is murder whether it is legalized through an alleged law or whether it is performed by the arbitrary exercise of power by an individual.

Voluntary Euthanasia

This leaves for further consideration, the question of voluntary euthanasia, that is, the choice to die, by one who is suffering from an incurable, painful or fatal disease and who, upon request to his physician, becomes a candidate for a voluntary death at a time and under circumstances determined by agreement between himself and his physician. It seems almost unnecessary to point out that no matter what refinements of logic might be used to distinguish between voluntary euthanasia and suicide, such efforts cannot destroy the fundamental identity of the two. If there is any difference, the difference lies in the fact that in one instance the person who chooses to die, actually and physically deprives himself of life; in the other instance, the patient simply chooses or acquiesces in a choice while the physician physically brings about the death. It is the self-determination of the individual human being of the time and place and manner of his own death which fundamentally establishes the identity of suicide and voluntary euthanasia. Sophistries here have no place in the discussion. Suggested motivations, as for example, that in suicide a man performs a cowardly act because he cannot stand up against the pressures of life, whereas, in euthanasia he does a courageous act because he liberates his friends and relatives from the onus of supplying nursing care, have no bearing upon the fundamental similarity of the two situations which in the last analysis, are both methods of escape from allegedly overwhelming circumstances. The suicide and the patient who requests euthanasia are both attempting to exercise jurisdiction which they do not possess, that is, jurisdiction over their own lives.

The Patient in Coma

A word must here still be added regarding a group of patients for whom, if for anyone, so it is said, euthanasia should be provided, namely, for the patient who lives in an unbroken coma for a period of time or who lapses into unconsciousness and while unconscious, sinks by imperceptible stages to the zero point of death. Is it not merciful to administer drugs to such a patient? Presumably, the patient himself does not gain by his premature death since by supposition he is unconscious but the bystanders, the relatives and friends of the patient are the ones, so it is said, who would be benefited by legalizing the administration of a drug under such conditions. Here again, there is no one who has the power to give the order for the administration of such a drug. We have already seen that the physician does not have the power of life and death in a true sense of the word. The patient himself is unconscious and even if he were conscious, he would not have the right to say that he should die. Obviously, the

relatives do not have this right. Again, the physician would presume to hold a divine prerogative if he attempted to decree the death of an unconscious patient even though he felt morally sure that such a patient would not regain consciousness.

Objections to Euthanasia

In many of the considerations which we have just discussed, we are already far beyond a merely medical opinion. We are already in the field of social or legal thought and the considerations have the most diverse implications. We must now turn to some of the objections which have been foreseen by physicians to the possible extension of legalized euthanasia. Millard [14] in his presidential address already referred to, points out that ethical objections to euthanasia are disposed of by the opinion of certain members of the clergy. If they find no arguments against euthanasia nor against suicide, their opinion offsets the opinion of other clergymen who hold views against the ethical liceity of euthanasia. The fallacy here is too obvious to require uncovering. Millard says further, that the chief legal objection which he finds against euthanasia is this, that friends might wish to dispose of a person for selfish reasons either, let us say, to be rid of troublesome relative or friend or to gain financially by their death, as for example, by securing the benefits of a life insurance policy. If this were all that the law has to say on the matter, it would be sad indeed. As a matter of fact, the law upholds a much more dignified, ethically correct and objectively true attitude towards the dignity of man than would seem to be implied in Millard's discussion.

Lord Horder, to whom reference is made by Strecker [15] in his report on the debate in Parliament, produced an argument against euthanasia which might be desirably developed at greater length. He feared that the passing of an euthanasia law might weaken the confidence between patient and physician if such a law legalizes any phase of the activities of the physician which the patient might suspect or disapprove. This objection to the law is really profound and far reaching. Lord Horder points out, furthermore, that the relation of the physician to the relatives of the patient would be seriously imperiled if euthanasia were permitted. By way of illustration, one need only recall instances in one's own experience. In some instances, relatives seem to insist that everything be done to prolong the patient's life by the use of even the most unreasonable means; in other instances, probably just as numerous, relatives are anxious to have death come as soon as possible once it is realized that medicine is helpless to cure. What is more significant still is that relatives of patients change their minds from time to time about such matters. Immediately after a patient's death, they might wish that they had not given whatever approval they gave. Out of such an attitude, there may grow legal consequences of the utmost complexity for the physician.

Millard [16] is inclined to brush aside all such objections. He admits that in the beginning, the number of persons availing themselves of euthanasia would probably be very small. In the course of time, however, after persons of some prominence had chosen this mode of death for themselves and have thus set an example to the nation, many would be encouraged to choose euthanasia. Millard himself says that he does not wish to have his suggestions treated as utopian. If our citizens have accepted and later approved other innovations which prior to such approval they opposed, at times vigorously and bitterly, then surely, we should have some hope for the general acceptance of euthanasia. It is interesting to note of what innovations Millard is thinking and his choice of examples is eloquent enough. "In view of the drastic and revolutionary changes that have come about in recent years such as the innovation of 'summer time,' the legalization of cremation and the toleration of birth conrtol," we should expect the gradual development of a more healthy attitude towards euthanasia.

Procedure

Prematurely anticipatory or otherwise, there is considerable discussion how euthanasia, if it were legalized, could be controlled, and how through such control, abuses might be forestalled. This fact is particularly interesting since it is clear that some of the proponents of particular procedures would seem to imply, if not to state explicitly, that if only satisfactory methods for control could be devised, there would be very much less reason to worry about the moral phases of euthanasia or, for that matter, about the medical phases. Many of the proponents of the special methods of control emphasize predominantly the sociological aspects of euthanasia. Several authors seem to suggest that just as in some states it is required that consultation be asked with competent physicians before a therapeutic abortion may be done, there be also medical consultation before euthanasia. To be assured that the legal aspects of euthanasia are all taken care of, one finds the suggestion that an application be filed for court action on properly prepared forms and with full consideration by the physician, the patient, the relatives and financially interested parties. It is even suggested that witnesses should be heard both about the wishes of relatives and about the opinions of the patient. Kennedy [17] dealing with euthanasia of the defective child has this to say: "I believe when the defective child shall have reached the age of five years—and on the application of his guardians—that the case should be considered under law by a competent medical board; then it should be reviewed twice more at four-month intervals; then if the Board, acting, I repeat, on the application of the guardians of the child, and after three examinations of a defective who has reached the age of five or more, should decide that that defective has no future nor hope of one; then I believe it is a merciful and kindly thing to relieve that defective—often tortured and convulsed, grotesque

and absurd, useless and foolish, and entirely undesirable—of the agony of living."

For fear that someone may have objections to this procedure in dealing with the defective child, Kennedy indulges in a brief meditation in social philosophy and points out that lethargic conservatism in dealing with the law corrects no social ills, but that such correction can be effected only through growth of the law "along with the amplitude of our new ideas for a wiser and better world." He says: "Now, the Law is the garment of our social body. A garment which must grow and shrink with the growth of reduction of us it covers. On our body, sometimes it constricts; as it did during the years of prohibition. In that silly period we allowed a law that drove down on the organism so much that the organism had to cut its way out. However, should the social organism grow up and forward to the desire to relieve decently from living the utterly unfit, sterilize, the less unfit, and educate the still less unfit—then the Law must also grow, along with the amplitude of our new ideas for a wiser and better world, and fit the growing organism easily and well; and thereafter civilization will pass on and end in beauty."

If it be argued that these elaborations of legal procedure would be discouraging to the masses of the people who might conceivably desire to die by euthanasia, we should reconsider Dr. Millard's [18] position. He admits that at first the number of persons who would take advantage of euthanasia would probably be very small. He hopes, however, that by the example of prominent persons, choosing euthanasia, others would be encouraged to follow their example. Dr. Millard feared that his suggestions might be considered utopian but as a matter of fact, he himself tells us that he derived a measure of assurance from the remembrance of the drastic and revolutionary changes which have come about in recent years despite the initial popular opposition to a new idea. The ideas which, in Dr. Millard's mind, have yielded to public opinion despite the opposition with which they were first met, are "the innovation of 'summer time', the legalization of cremation, the toleration of birth control." Whatever may be said about changes of opinion concerning 'summer time,' as it is called in England rather than "daylight saving time" as we call it, it would apparently seem quite certain that neither cremation nor the toleration of birth control are quite as general, as Dr. Millard's choice of these social phenomena as illustrations of the breakdown of popular antipathies to innovations in ethics, would have us believe.

A Word in Conclusion

The evidence for medical opinion favoring euthanasia in so far as current literature reveals it, is remarkably scarce. The evidence for the preference of the medical profession for euthanasia under certain controlled conditions, is almost equally scarce; but whatever current litera-

ture there is in medical journals, is to a large extent, in favor of euthanasia. This, of course, is to be expected and the fact does not signify, as it has been said to signify, that the very frequency with which opinions are expressed favoring euthanasia by members of the medical profession, indicates a veering towards euthanasia by physicians. It is self evident that those who are in possession of the situation need not be as eager to attack the contrary view or to defend themselves against an attack as those who seek to dislodge an ethically, historically and medically entrenched position.

Whatever States may adopt or reject a proposal for the legalization of euthanasia, will find, as New York has found, that there is behind the legal safeguards of our civilization, a strong conservative element which is willing to move onward towards great achievements in the interest of conservative progress but which will not go along with ethical modernism nor with revolutionary novelty. Medicine will not forego its age-old tradition and its time-honored principles that its purpose is to conserve life and that as long as a patient is alive, the effort must be made to keep him still longer alive.

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