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Conflicting Protestant Views on Euthanasia

Francis P. Furlong, S.J.

EUTHANASIA-PRO" and "Euthanasia-Con" are companion chapters in *The Ethical Basis of Medical Practice* by Dean William A. Sperry of the Harvard Divinity School. The same tragic uncertainty in this matter of life or death is shown by companion articles in the Protestant journal, *Theology Today* (July, 1951, pp. 194-212). There John Sutherland Bonnell defends "The Sanctity of Human Life" and Joseph Fletcher attempts to prove "Our Right to Die."

It might interest Catholic medical men to consider these extreme divergent Protestant views. No new arguments "Pro" or "Con" are introduced. Hence, for the most part I shall but report the line of thought without formal approval or rebuttal. For material on the Catholic position, and for the formulation of the convincing arguments against euthanasia together with the answers to the objections advanced, I refer the interested reader to Father Gerald Kelly's survey of recent literature on euthanasia in "Medico-Moral Notes" (LINACRE QUARTERLY, November, 1950, pp. 3-9).

I. "THE SANCTITY OF HUMAN LIFE"

Euthanasia for Whom?

Dr. Bonnell mentions that the medical men who are advocating a bill favoring euthanasia in New York would want to include not only those suffering from an incurable and painful disease, but also mental defectives and others incapable of giving consent. Seriously malformed and idiotic children, for instance, should be given an easy death, they would reason, since there is so little accommodation in public institutions for these wretched creatures, so distressing, and so useless. As a matter of expediency, however, for the *present* the Euthanasia Society of America campaigns only for *voluntary* euthanasia, as the measure which will encounter the

least opposition. "Every thoughtful person must realize that once the principle of euthanasia is conceded, its application will almost certainly be broadened to include all these classes."

Considerations Urged Against Euthanasia

1. "The suggestion that in some circumstances death is more desirable than life may well promote a wave of suicides among neurotics and others of weak and unbalanced mind."

2. "Doctors who oppose the project fear that the legalization of euthanasia would result in many so-called 'justifiable homicides,' . . . legal justification for the taking of a human life under certain circumstances would provide potential infanticides [e.g. in the case of illegitimacy] with a kind of moral sanction."

3. "Again, a question is raised as to whether such far-reaching powers ought to be invested in the state." (I cannot refrain from remarking here that in asking: "Are we prepared to give the state authority in so vital an area?", Dr. Bonnell seems to suppose that we have the power to give such rights. Most certainly we have no such power. God alone has the dominion over human life. And it is not the state but God Himself who "concedes the right to take a human life in battle, in certain cases of self-defense, and in capital punishment.")

4. The line cannot be held at *voluntary* euthanasia. One of the gravest offenses charged against the Nazis was a program aimed at the elimination of "useless eaters," the crippled, the incurably ill, and the hopelessly retarded or insane among the German people. Our fellow Americans, we trust, are not motivated by Nazi utilitarianism but by human compassion. Now:

"If the benefits of a painless death are in certain cases as great as its advocates contend, one wonders on what principle of compassion this blessing is withheld from a great proportion of sufferers merely because they cannot request a merciful release. Furthermore, why should this boon be given only to the sufferers from physical pain? Many people contend that mental suffering is more intolerable than even the most acute physical agony. The moment these issues are raised one sees that the principle of euthanasia reaches into almost every area of human life."

5. Once we have extended the law to include the hopelessly crippled, "How should we know whether or not such a cripple might not ultimately become a greater asset to the community than many people who are rated physically normal?" Examples of this, such as Steinmetz, are not wanting.

6. "If the principle of euthanasia should ever be generally adopted it will rob the medical profession of one of its most valuable assets—the confidence inspired in the patient by the fact that the physician has ever been regarded as a sustainer of life. Back of the modern doctor is an age-old tradition of prolonging life while making the patient as comfortable as medical skill permits. Now, if in addition to the function of healer is added, on occasion, that of life-taker, a powerful factor in the building of the patient's morale will be lost."

7. What kind of human society would result if euthanasia were generally practiced? "Even though the patient may be unaware of the loving solicitude of those who care for his every need, it ministers to the moral and spiritual enrichment of those who so unselfishly cherish even the hollow shell of one who is dear to them."

8. Pain undoubtedly has a constructive part to play in individual character formation. "We have all been inspired by the sight of someone courageously meeting the challenge of incurable illness and pain, quietly fulfilling the tasks of life while strength permitted, and at last going out with all the trumpets sounding."

9. Dr. Bonnell considers that: "The principal argument advanced by the medical men is that the benefits of narcotics in the case of patients who are incurably and painfully ill are progressively decreased." Hence he answers this argument more at length.

"Constant advances are being made in the production of more effective narcotics and in the techniques of nerve blocking. But a far more significant and hopeful development has appeared. It may well revolutionize medical thinking on the subject of the relief of intractable pain. I refer to the surgical operation known as 'unilateral prefrontal lobotomy'."

In confirmation of this the very impressive report of a leading United States neuro-surgeon is quoted. This particular doctor has

performed unilateral prefrontal lobotomy on approximately one hundred and fifty patients. In seventy per cent good results were obtained. For him good results meant that the patient no longer spontaneously complained of pain or asked for analgesic medication. Fair results were obtained in fifteen per cent in that these patients continued to complain of some pain, but required far less medication than before. Failure resulted in the remaining fifteen per cent where the pain continued unchanged. Though even some of these were relieved of their pain by performance of a lobotomy on the second side of the brain.

All of the above patients were suffering from pathological conditions. The majority of them had malignant tumors, many of which were so located that no other type of surgery could relieve the pain. As to personality changes the surgeon wrote: "The prefrontal lobotomy . . . produces no detectable alteration either in the intellect or personality of the patient. . . . Even the patient badly debilitated by widespread malignant disease tolerates the unilateral lobotomy with amazing ease." The author testifies that he "has witnessed the almost miraculous results accomplished by the operation in the relief of intolerable pain."

10. The final argument is, of course, ethical and spiritual. We are the inheritors not only of the spiritual tradition of the Jewish faith, but above all of Christianity. Followers of the Great Physician would do well to remember that: "Christianity has never ceased to emphasize the sanctity of human life and the value of the individual, even the humblest and lowliest, including the afflicted in mind and body."

II. "OUR RIGHT TO DIE"

What are your objections against euthanasia? Professor Fletcher feels that he has an answer for all of them. An answer when you argue from, "Thou shalt not kill" to conclude that euthanasia is an invasion of God's right to determine when life shall end, and hence suicide or murder. An answer to the claims that suffering is a part of the divine plan; or that "incurables" have been cured; or that euthanasia might be requested impulsively or extended disastrously, or abused dastardly. An answer, finally to such fears as: "The ethics of physicians forbid them to take

life;" or: "Doctors do not want euthanasia made legal;" or: "Euthanasia would stop medical research."

I need not repeat here Professor Fletcher's familiar arguments in favor of euthanasia. They are refuted, every one of them, in the current literature on the subject. My point now is that the earnest presentation of this view in a Protestant theological journal as one side of a freely debated question, bears witness to the fundamental confusion and uncertainty in the minds of many today.

Professor Fletcher Objects

Some notes which I made as I went through Professor Fletcher's article may be of interest as indicative of this particular non-Catholic mentality.

1. Euthanasia is suicide. — The author concedes this, but asks whether we do not have some right to commit suicide. To show that we have such a right he appeals to the case of the hero, the martyr, and all those who deliberately give their lives. (Professor Fletcher, may I remark, is aware of the distinction between willing something *directly* or *indirectly*, but he does not appreciate what the distinction implies. What a tremendous moral difference there is between simply permitting an unavoidable evil effect as the by-product of a good action, and wanting that evil effect either in itself or as a means to something else.) To him, then, to make the point that the suicide *directly* seeks to end his life, "is only to raise the question of what purposes are sufficient to justify the loss of one's life."

2. Euthanasia is murder. — Legally, Professor Fletcher maintains, "malice aforethought" may signify nothing more than premeditation, but morally we must weigh the motive. The means (taking life) is the same in murder and euthanasia, but the motive is entirely different. Is there not a difference between a parent who saves to benefit his children and one who saves out of avarice? Just as the motive makes the difference there, so are murder and euthanasia quite different. (As a Jesuit moralist, I must recall here that the calumny spread was that we Jesuits taught: "The end justifies the means." Then, too, here we see no attempt made to distinguish a means that is evil from a morally indifferent means.)

3. God has reserved for Himself the right to determine when life shall end. — He replies that if this argument is valid, then we should not try to *lengthen* life either. So the Roman Catholic divine-monopoly theory about life is wrong. (One good effect which follows from the proposal of false views of life is the refutation of specious argument. For instance, it was of this same objection of Professor Fletcher that Dr. John F. Conlin, Director of Medical Information and Education, Massachusetts Medical Society wrote:

“Those who argue for euthanasia would impale their antagonists by urging that if it be not permissible to shorten life, it follows with equal force that it is immoral to lengthen or prolong life. This is a full-blown *non-sequitur*. The Redeemer of the human race raised the dead to life, gave sight to the blind, healed lepers and Himself submitted to the agony of the Cross. There is adequate argument favoring the physician’s healing work, none for the evil advocated by the proponents of euthanasia.”

Dr. Conlin’s whole article is very good. It was published as “Euthanasia: ‘Unethical, Immoral’” in *Pastoral Psychology* for September 1950, pages 35-38. Since it is pretty much of a rebuttal of an earlier article by Professor Fletcher defending euthanasia, it may be of special interest to some doctors challenged by my mere reporting these arguments here.)

4. The ethics of physicians forbid them to take life. — “We recognize that as a fact,” Professor Fletcher says, “but the issue is raised precisely because there are cases where the doctor’s duty to prolong and protect life is in conflict with his equal duty to relieve suffering.” (It is to be noted that the doctor’s obligation to relieve suffering can extend only to moral means which are in accord with the law of Almighty God. A doctor certainly cannot be obliged to do evil and take an innocent life, in order to accomplish any good whatsoever, relief of suffering or anything else. The doctor in fact, like anybody else, is obliged *not* to do evil.)

5. Doctors do not want euthanasia made legal. — He quotes the *AMA Journal*: “Doctors know that cases arise when decisions have to be made on this supreme matter. What they will strongly oppose is any effort to legalize such a course of action.” His idea seemingly is to bring it out in the open. He makes this striking assertion: “At a recent meeting of a medical society in the Middle

West, a speaker asked for a show of hands from those who had never administered euthanasia. Not a hand was raised." No reference is given as to where and when the meeting took place, nor is any information given as to who attended it. (Human legislatures, of course, can never veto the enactments of the Divine Lawgiver. Evil no matter how commonly practiced does not thereby become good.)

Euthanasia for Whom?

As to the extent to which euthanasia is to be applied, Professor Fletcher's thought is:

"In conclusion, it should be pointed out that there are three schools of thought favoring euthanasia. First, there are those who favor voluntary euthanasia, a personalistic ethical position. Second, there are those who favor involuntary euthanasia for monstrosities at birth and mental defectives, a partly personalistic and partly eugenic position. Third, there are those who favor involuntary euthanasia for all who are a burden upon the community, a purely eugenic position. Logically we do not have to endorse the third school of thought just because we are in sympathy with either the first or the second, or with both of them."

Even in that conclusion, Professor Fletcher makes it abundantly clear that once the line of defense against legalized murder is broken, it never will be held at *voluntary* euthanasia. Significantly with reference to the proposed New York bill he remarks: "It leaves aside the whole question of eugenic euthanasia for solution at another time and by other legal instruments."

III. CONCLUSION

The articles discussed above afford us, I believe, another object lesson in the importance of competent guidance in a confused world. Despite obvious good will, obscurity and uncertainty remain in the thinking of those who do not have some authoritative and trustworthy norm to follow. Our code of *Ethical and Religious Directives for Catholic Hospitals* not only tells us that: "Euthanasia in all its forms is forbidden," but also directs us to satisfying sources explaining how this conclusion is arrived at.

The above articles, too, to my mind, add weight to the remark: "Catholic physicians do not sufficiently appreciate the wonderful guidance which they receive from the Church on the ethical matters of our profession. It is pointed out to us in clear reason and in high morals, and not in mawkish sentimentality, what our proper attitude must be in the many controversies raised by our less favored confreres" (LINACRE QUARTERLY, April 1939, p. 27).

Editorial comment, finally, on page 152 of that July number of *Theology Today* tells us that: "The two [articles] dealing with euthanasia were written in view of the introduction into the several state legislatures of bills which would legalize, under certain restricted circumstances, the taking of life of those suffering from an incurable disease." So responsible Catholic doctors may be obliged to oppose the enactment of immoral laws in this regard. To this end, it helps to know what some others think or feel. We stand sure with those who champion "The Sanctity of Human Life," and reject as false "Our Right to Die" construed to mean a right to intend our death either for its own sake or as a means of getting something else we want.