

Euthanasia

As of 2008, active euthanasia is legally permissible in Belgium, Luxemburg. The Netherlands, Switzerland, the US State of Oregon, The autonomous Community of Andalusia (Spain) and Thailand.

The Oregon Experiment

Euthanasia in Canada: the Supreme Court voted two weeks ago in favor of assisted suicide.

Here's an example of a recent bill proposal by a private MP, in 2010, which at the time was defeated in the House of Commons.

Here's an example of such a bill (Bill C-562, an Act to amend the Criminal Code).

The bill would have required that the individual seeking assisted suicide:

- Be at least 18 years old
- Be either experiencing “severe physical or mental pain without any prospect of relief” or terminally ill;
- Have, while appearing to be lucid, made two requests more than 10 days apart stating his or her free and informed wish to die;
- Have designated in writing someone to act for him or her “with respect to the person who aids him or her to die... and with respect to any medical practitioner” in the event that the individual appears not to be lucid.

The bill would also have required that the person who is assisting the death:

- Be a medical practitioner or be assisted by a medical practitioner;
- Have received confirmation of the diagnosis from one or two medical practitioners (depending on whether the person assisting the death is a medical practitioner);
- Be entitled by law to provide health services or be assisted by a team of people so entitled;
- Act as directed by the individual whose death is assisted; and
- Provide the coroner with a copy of the diagnosis from one or two medical practitioners (depending on whether the person assisting the death is a medical practitioner);

June 2007 – An Ipsos Reid survey of 1,005 Canadians found that 76% of respondents supported the right to die for patients with an incurable disease (this figure has remained unchanged for 14 years).

The strongest support was in Quebec with 87%, while Alberta has the lowest with 66%.

Some of the factors in the poll results:

Access and cost of palliative care (around 95% of deaths in Canada would benefit of palliative care, yet around 70% of Canadians lack access to hospice and palliative care);

Change in life expectancy (according to Stats Canada's 2007 report, there is a 2.3 increase in life expectancy at birth compared to a decade ago);

New methods of euthanasia and/or assisted suicide (such as dehydration and starvation, withdrawal or withholding of treatment, etc)

James Rachels, “Active and passive euthanasia” (reprinted over 200 times since it was first published in 1975)

Main argument of Rachel's article: there isn't really a distinction between passive and active euthanasia from a moral point of view.

So, if we allow passive euth, we should allow active euth, as well

Rachels: the medical community, as well as society in general, seem to accept passive euthanasia as legally morally permissible.

Passive euthanasia: cessation of treatment which will prolong the life of a seriously ill patient.

The justification of passive euthanasia:

- some patients (terminally ill, suffering from injuries, congenital defects, and life-threatening medical conditions) suffer intolerable, debilitating pain;
- -- they have extremely low quality of life;

- -- they often anticipate the inevitable with horror (as in the case of Sue Rodriguez)
- -- they deserve to die with dignity and be relieved of their existence

Rachels: if we accept passive euthanasia as both legally and morally permissible, then we shouldn't have problems with active euthanasia, either.

Active euthanasia: intentionally ending the life of the patient (based on a request made by the patient) with a lethal dose of barbiturates.

The way that people usually argue for passive euthanasia and against active euthanasia: passive euthanasia is 'letting someone die' while active euthanasia is 'killing someone'.

Since killing is morally wrong, then active euthanasia is morally wrong and therefore, should be illegal.

Rachels does not dispute the legal grounds for euthanasia.

But for him there is no moral distinction between the cases of 'letting die' and 'killing' in the context of euthanasia.

A doctor who lets someone die by not treating them, and another doctor who gives someone a lethal injection, are both in the same moral position- they've decided to terminate someone's life on humane grounds (out of compassion).

If eventually the disease of both patients turned out to be curable, then the doctors' decisions would be equally regrettable, no matter which method was used to carry it out.

Also, often "letting someone die" is actually more cruel and accompanied by more suffering and pain than actively assisting someone to commit suicide.

The problem: when talking about the moral grounds of active and passive euthanasia, we tend to conflate two different questions.

The first question is whether it is better from a moral point of view to let someone die or kill someone.

The second question is whether there is a distinction between the actual cases of letting die and the actual cases of killing.

The analysis of the first question leads to the conclusion that from a moral point of view, the concepts of letting die and killing in the context of euthanasia are on equal grounds.

The analysis of the second question leads to the conclusion that the actual cases of killing are much more horrible than the actual cases of letting die (outside of the context of euthanasia).

Main reason for the second conclusion: bias.

We read about killing in the media, we learn that the killer had an ulterior motive of personal gain or hatred for the victim.

SO, naturally, we feel that the real-life cases of killing someone are morally reprehensible and morally wrong.

Rachels: but if we take the bare cases (ideas) of 'killing' and letting die' without the accompanying bias, then they are morally on the same ground.

Therefore, morally passive euthanasia is the same as active euthanasia

The most common moral objection to active euthanasia: the doctor actually does something to cause the patient's death

In the case of passive euthanasia, the doctor does not do anything to cause euthanasia patient's death, but lets nature take its course (the patient will die without medical intervention)

Rachels' response: even in passive euthanasia, the doctor actually does something very important: lets the patient die.

The decision to deliberately cease treatment is and should be subject to the same moral appraisal as any other doctor's decision (including giving a lethal injection).

The fact that death occurs as a result of active euthanasia should not be taken toward it being a morally reprehensible act. Why?

In these circumstances, the patient's death is no greater evil than his/her prolonged life.

Rachel's overall conclusion: medical practitioners should stick to the legal consequences of performing active or passive euthanasia, but they should not suggest or add any moral weight to the distinction between active and passive euthanasia since such a distinction is blurred and made on irrelevant grounds.