

Euthanasia: An Overview

What is euthanasia?

Euthanasia comes from the Greek words *eu* meaning “good” and *thanatos* which means “death.” Combined they mean good or merciful death and from this the euphemism “mercy killing” becomes a synonym for euthanasia. A more technical definition of euthanasia involves whether or not active or passive means of killing are used as well as what form of consent, if any, the victim gives. These variables give rise to the following definitions:

- Euthanasia: An act or omission intended to cause death in order to eliminate suffering. A person may euthanize themselves or have another person euthanize them.
- Active Euthanasia: Any act of euthanasia that involves directly killing the victim, like injecting them with a poisonous drug or smothering them.
- Passive Euthanasia: Any act of euthanasia that indirectly kills the victim by withholding something they need to sustain life, usually a ventilator, food or water.
- Voluntary Euthanasia: A person requests that they be killed by euthanasia.
- Involuntary Euthanasia: The person does not give consent to be killed or is incapable of giving such consent. This is common when the victim is in a coma.
- Physician Assisted Suicide: A form of voluntary euthanasia where a person contacts a doctor to instruct or prepare an apparatus for the victim to take his or her own life. The physician serves as an advisor and supplies materials needed for the suicide but ultimately it is the patient who takes their own life.

Do people have a right to die? Shouldn't people be allowed to have “death with dignity?”

Death is not a right, it is the end of all rights and a fate that none of us can escape. The ultimate right we have as human beings is the right-to-life, an inalienable right that can never be taken away, not even by the person who possesses it. It is similar to the fact that our right to liberty does not give us the freedom to sell ourselves into slavery. In fact the U.S Supreme court ruled in its unanimous *Washington v Glucksberg* (1997) decision that no one possess a “right to die.” In addition, this right to die does not equal a right to “die with dignity.” Dying in a dignified manner relates to how one confronts death, not the manner in which one dies since history recounts many situations of individuals facing degrading deaths in a dignified way. Of course, what this objection really relates to is the supposed lack of dignity of forcing someone to endure suffering rather than allowing them to end their life. However, better pain alleviation techniques are a more moral solution to this problem than killing those who are suffering.

When is it moral to stop or refuse treatment?

Modern medicine has created many new ways to extend or support life, but opposing euthanasia doesn't mean that one is obligated to extend or support life indefinitely with all of these new methods. Instead, a crucial difference must be made between ordinary means of life support or treatment and extraordinary means. For example, ordinary means of treatment are those that do not place an undue burden on the patient but are scientifically reliable and statistically useful methods of treatment. These include food and water, even if it is delivered through a feeding tube, and normal administering of medication like penicillin.

However, extraordinary treatment is treatment one is not obligated to undergo because of its high cost (whether it be financial or physiological) or because it offers little benefit to the patient. For example, a new drug that can keep a cancer patient alive for an extra month but could actually increase their pain would be considered extraordinary treatment. When death is imminent, patients may refuse treatment if the intent is to reduce suffering and not to immediately cause death.

Should we euthanize people who are in “persistent vegetative states?”

A “persistent vegetative state” or PVS occurs when an individual shows no elements of consciousness over a significant period of time (usually a year) and has only minimal electrical activity within their brain. It is assumed that individuals in a PVS cannot communicate with or perceive the external world at all and are not even aware of their own existence. However, these people are still human beings, and it is derogatory to refer to them with the inhuman term “vegetable.” In the last half of the twentieth century hundreds of people have woken up from “persistent vegetative states” and hundreds more have been misdiagnosed as PVS when they were still conscious. Someone who suffers from being in a PVS must not be denied basic needs like food and water which are entitled to every human being, whether or not they can receive them under their own capacity.

What is the difference between a “living will” and a “will to live?”

A “living will” is also known as an advanced directive, and it is simply directions for medical personnel to follow when an individual is incapable of giving consent for receiving or refusing treatment. Living wills can be dangerous because while people's attitudes towards life, euthanasia, and what are appropriate treatments can change, living wills do not. Instead, a “will to live” is a legal document that gives medical proxy over to a trusted individual who knows what means of life support and medical treatment a patient considers ethical. (It is important to note that some living wills do provide for a “medical proxy” and more closely resemble “wills to live” which makes them suitable alternatives. The key in creating any advanced medical directive is to not allow ambiguities in the will to provide doctors or unscrupulous relatives to sanction euthanasia.)