Euthanasia - The Wrong Answer to a True Question

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Voluntary euthanasia - and its near equivalent, physician-assisted-suicide - has been proposed as a mean of ending one’s life with dignity. In the French language the concept of dignity is not so easy to define: on the one hand, as it appears in the Universal Declaration of Human Rights, dignity is inherent in all the members of the “human family”, on the other hand some people say that a physical or a mental disease may alter the dignity of an individual. Both approaches emphasize the importance for every human being to be recognized by others, and to remain - even when severely ill or dependent - a subject; the word is used here to mean the opposite of an object. This concept is an other mean of defining every human being as a “person” or as an “individual”, as it appears again in the Universal Declaration of Human Rights.

Before going further in that paper, let me tell the short story of a young man. He had been cured from a testicular seminoma but had developed, a few years after, a radio-induced neurofibrosarcoma of the left crural nerve; the tumour had been successively removed but relapsed some months afterwards and the disease was in a locally advanced chemoresistant phase. This patient asked for an interview and told me: “Doctor, I wanted to die as a samurai. You know Doctor, a samurai kills you first, or he is already dead before you kill him. I wanted to ask you for euthanasia, but I have heard of your position: I respect you; I don’t ask you to do this for me... I had also considered suicide by a car-crash, but I thought of my wife and of our daughter... So we decided, my wife and I, to buy lethal drugs and to keep them at home for the right moment”.

I have a deep gratitude to this patient not only because of his open, kind and respectful attitude, but also because he expressed so well the consequences of euthanasia - or suicide - on the survivors, including the physician. He understood that the dignity of individuals is linked with - and depends on - the dignity of others. He died naturally at home some weeks or months afterwards, being cared for by his G.P. and by nurses of the home care team.

1. A true question

Technical Report No. 804 of W.H.O.19 says that palliative care renders legalisation of euthanasia useless. This should not be said before listening to those patients who suffer intractable pain or physical symptoms despite proper palliative care or due to the absence of good palliative care. Furthermore, many people today, particularly in France, say that dementia is an offence to their own conception of dignity and that - for themselves and themselves only - they ask for euthanasia instead of any kind of care if they were to become demented.

When seriously limited to a demand expressed by an individual for him/herself, mainly when this person is a terminally ill patient with physical and/or moral suffering, we must admit that this is a true question. What sounds true in this question?

At first, as a person and as a subject, the patient claims his/her indefeasible liberty. This includes religious and philosophical options about life and death. Not only people in favour of euthanasia, but even people against it, support the principles of autonomy and of humanity which recognize the right of every patient to decide for him/herself and to refuse or accept a treatment.

A second argument in favour of euthanasia comes from the Age of Enlightenment (18th century) and has it roots in the faith in progress and science. Science and human progress are said to make humanity free from obscurantism and myths. Science is seen as able to understand life and death, so that scientific means should be used to make death easier. Biology removes any mystery surrounding death which is understood as a biological process. People in favour of euthanasia argue that medicine has mastery over this process as for other biological ones. Obviously, modern society is no longer homogeneous in its moral or religious or philosophical beliefs, and it would be disputable that a doctor enjoin his/her opinion to a patient.

As a consequence of what is true is this ques-
tion, there is increasingly growing in the society a request for mercy killing - or physician assisted suicide - to be admitted as a right for the patient and a duty of assistance for the medical profession. Some countries have already legally admitted this right as in the Netherlands or are involved in the political process of such a legalization as in Australia's Northern Territory or in the state of Oregon.

Let us remark how much the arguments used in favour of "the right to die in dignity" are centred on the individual, and how little they take into account the social links between the dying person and his/her family members, friends, carers and doctor.

There is one exception to this: Some people call for euthanasia as a right for elderly patients who - in the case of a severe physical or mental disability - are afraid to become an unbearable burden for their children, or refuse to leave such a memory of themselves. Even if, for reasons that we will discuss further, we do not agree with those people it is sometimes difficult not to admit the sincerity of their demand. And, even if there is an obvious amount of narcissism in their claim, let us remark that it takes into account their social links.

2. Euthanasia: The wrong answer

I will not discuss here the legalization of euthanasia - or assisted suicide. I would like to remain on the ethical ground only. Obviously, if euthanasia is ethically unacceptable, why would it be legalized, and vice versa? As a matter of fact, some French doctors or psychologists say that euthanasia is unavoidable in some exceptional cases. They say that in those very rare cases the important thing is that the doctor retains the feeling of performing a transgression. Thus they admit euthanasia in some exceptions but refuse the legalization. I will not discuss this point further and I will keep to the discussion of the reasons why I consider euthanasia as unethical.

2.1 Several arguments are very often discussed and will be set forth briefly. From the beginnings with Hippocrates, the goal of medicine has been to care for others. That is the reason why many doctors spontaneously say that "a doctor is not cut out for that...". Further, with the development of technical medicine, the power of physicians upon the patients has increased and, as a consequence, has been contested. Thus, at least in France, euthanasia has been denounced as giving to doctors an exaggerated power over life and death for their patients.

Many papers about euthanasia discuss the risk of sliding from voluntary toward involuntary euthanasia of severely ill patients and, from them, toward social, or political euthanasia. People in favour of legalized euthanasia firmly refuse this argument and say that, on the contrary, legalization would limit the risk of its irresponsible or criminal extension. On the opposite side, D. Roy and Ch. H. Rapin, on behalf of the European Association for Palliative Care clearly show that the slide from the idea of voluntary euthanasia toward criminal euthanasia did occur almost once in the history of Europe. They recall the influence of a book from Karl Binding and Alfred Hoche, published in Germany in 1920, on the criminal euthanasia programmes of the Nazis, as it appeared at the Nürnberg Trial.

The debate about euthanasia in Western countries is often centred on the notion of "Respect of life" [Jean Paul II]. Indeed some people define life as a biological and physiological process, and others define life as an ability to enjoy life. The latter say that euthanasia is a way of respecting the life of a patient, or that leaving a patient with enduring sufferings is a lack of respect. Obviously the discussion on what the respect of life is deeply influenced by culture, as it is, for instance, in the debate on brain death in Japan. So we should thoroughly search for arguments as interculturally acceptable as possible. The ethical necessity of that search is not to find arguments to oppose to patients with intractable sufferings. The first need is to think of the reasons why humanity since its beginning and why doctors in their great majority have always been reluctant to kill the dying.

2.2 One of the main values of social ethics is solidarity. It is one of the ground of the Universal Declaration on Human Rights. When supporters of euthanasia describe the state of terminal patients or of demented ones, they often use degrading language. They are not aware of the fact that the description of the state in which they would never be for themselves, has an influence on those who are already get-
ting ill or aged. Their language is, even involun-
tarily, a language of exclusion. As a matter of
fact, an increasing number of elderly people in
France are now in favour of euthanasia. They
have a feeling of uselessness and of being a bur-
den for their children and the society. Here is
the true risk of a slide! Don't let the severely ill
or the elderly believe that they have become
useless, abnormal or not wanted. They are fully
human beings whatever their physical or mental
state. Their first and main right is not the right
to die, but the right to live.

2.3 We have already quoted the influence of
Progress and Science on the opinion that man
has a mastery on his life. Though contested,
mainly in the U.S.A., psychoanalysis has also
made advances in the knowledge of man. One of
them is the prolongation of an intuition from S.
Freud according to which man is unable to
desire to die. This intuition has been confirmed
by contemporary research. Thus when a patient
asks for euthanasia, his/her demand must be
listened to, not at the first level of the words
he/she employs, but at the deeper level of the
sufferings which brought the demand out. Let
us acknowledge that papers in favour of
euthanasia (and the law in the Netherlands and
in Northern Australia as well) take into
account this argument when they require that
the patient confirm and maintain his/her
demand after a while, and to an independent
doctor. But a misunderstanding may persist
along time, if nobody offers to listen to the real
suffering of the patient, to his/her hopelessness
and to his/her desires.

2.4 Lastly, shouldn't we listen to ourselves and
try to understand our own reluctance to commit
euthanasia on our own patients? Should the doc-
tor do everything for a patient, even what is
against his/her deepest feelings of what is right
and what is evil? The experience of doctors who
have actually performed euthanasia is often a
deep dissatisfaction, and - more - of a persisting
painful guilt. I have seen doctors unable to tell
the story of patients died shortly after an injec-
tion of analgesics without tears. Involuntary
euthanasia was, to some extent, practised in
France before the development of palliative care
and is still illegally practised. Even if the con-
sequences of this unfortunate behaviour have
never been evaluated, it is possible to say that
doctors and nurses remain often guilty along
their life after having been involved in one or
more cases of euthanasia. My personal convic-
tion is that we cannot remain undamaged - what-
ever our opinions - after killing a patient. The
wound which remains comes from guilt.

So many treasures have been found in the
graves from the past centuries that it may be
said that guilt is a universal feeling among the
survivors of a dead person. The worship of
ancestors which is common to so many civilisa-
tions is another evidence of the universality of
such a feeling. Human being need to feel them-
selves free from the memory of their deceased.
And the doctor too is a human being, with a right
to keep free of guilt after the death of his/her
patient. That is what my patient had understood
and told me with his story of the samurai.

Conclusion

From all these arguments I think that
euthanasia is ethically unacceptable. The
French "Conseil National de l'Ordre des
Médecins" was in a modern way - and not in a
conservative position - when he adopted the new
"Code de déontologie médicale" in 1995. Article
No.38 of this new code says that the physician
"has not the right to cause death deliberately".
The same institution has proposed a renewed
Hippocratic Oath with the sentence: "I will never
cause death deliberately".

Nevertheless it would be unacceptable to
leave the "true question" of the suffering
patients without a careful listening and a search
for the more accurate answer. Though it is out
of the scope of this paper to develop the philo-
osophy and practice of palliative care, let us say why
it is a way toward the answer. Palliative care is a
multidimensional approach of the suffering of
the dying. Major advances have been made in
the control of pain and of symptoms, and
research is in progress in many countries.
Palliative care takes into account the whole
person of the patient including psychological and
spiritual sufferings which are often the root of
hopelessness and a demand for euthanasia. In
palliative care the patient is recognized as a sub-
ject. His/her "word" is listened to and received
without discussion. One of the goals of palliative care is to avoid loneliness which is one of the most feared conditions according to supporters of euthanasia in France.

One of the ethical principles of palliative care is the principle of proportionality which is aimed at avoiding over treatment. Over treatment is also one of the targets of papers in favour of euthanasia. A rational and ethical action against over treatment is probably one of the main challenges of modern medicine, mainly in hospitals. Palliative care takes into account the questions and the suffering of the professional carers through education and support, so that nurses and doctors are less distressed at the bedside of a dying patient.

Lastly, palliative care involves volunteers in the programme of care. That means that society does not abandon its members any longer. Volunteers in palliative care are a living sign of solidarity around the dying and their families. Their presence expresses the contrary of the language in favour of euthanasia. Their presence fosters in the professional carers the thought that their patients are still living persons.

References

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