

Euthanasia And The Right to Die

By Sergo Legoute

Brittany Maynard, 29 years old, was diagnosed with brain cancer in 2014. After learning of her new terminally ill status and the fact that there were no available treatments for her, Maynard and her family decided to move from California to Oregon, as Oregon is one of the only states to have passed the “Death with Dignity Act”. The Death with Dignity Act allows patients to voluntarily end their lives with the self-administration of lethal medications, rather than to continue their prolonged suffering. However, controversy soon erupted over the ethical reasoning of having “the right to die.”¹ The issue was the fact that many people, including religious organizations like the Catholic Church, opposed the Death with Dignity Act. They believed, in a sense, that those doctors or the terminally ill patient was “playing God” because they were choosing how and when this person will die.²

Euthanasia and Assisted Suicide has been a controversial topic for some time. Many people believe it is a right because those who wish to end their suffering and who are of sound mind with a terminal illness should be granted the right to end their suffering on their own terms. In the 1970s, the idea of patients’ rights began to gain acceptance. By 1972, the U.S. Senate Special Commission on Aging began to hold its first hearings on Euthanasia by first deliberating on the “Death with Dignity Act.” The public discussion was focused on

¹ Brittany Maynard, *My right to death with dignity at 29*, cnn.com (2014), <http://www.cnn.com/2014/10/07/opinion/maynard-assisted-suicide-cancer-dignity/> (last visited Feb 4, 2016).

² Id.

Americans who were becoming unhappy with the medical protocols that diminished patient dignity and quality of life.³

Over the next 40 years, several states including California and Oregon, legalized euthanasia as an alternative choice for those battling terminal illnesses and who wish to end their prolonged suffering. Some argue that although it may seem ethically wrong for some people, terminally ill and sane patients should have the choice to end their lives if it means ending their already painful existence. Euthanasia, by definition, is the act of ending a life prematurely in order to end pain and suffering. The process is also sometimes called “Mercy Killing”⁴. There are several different types of Euthanasia, including voluntary euthanasia, which is carried out with the permission of the person whose life will be taken. It is usually performed by a licensed doctor to a terminally ill and mentally sane patient who wishes to end their prolonged suffering, like the case of Brittany Maynard. Other than Oregon, Washington, Vermont, New Mexico, Montana, and California (very recently), Euthanasia is also legal in Belgium, the Netherlands, and Luxembourg.⁵

The main issue with Euthanasia is the fact that the Encyclopedia of American Law still classifies euthanasia as a class of

³ Ian Dowbiggin, *US Senate Holds First National Hearings on Euthanasia euthanasia.procon.org* (2013), <http://euthanasia.procon.org/view.timeline.php?timelineid=000022> (last visited Feb 4, 2016).

⁴ *History and Debate of Euthanasia*, Debate.org, <http://www.debate.org/euthanasia/> (last visited Feb 15, 2016).

⁵ *Law Reform, Assisted Suicide*, Euthanasia Research Guidance Organization, http://www.assistedsuicide.org/suicide_laws.html. (Retrieved March 9, 2016.)

criminal homicide. However, judicially, not all homicide is illegal.⁶ Oregon's "Death with Dignity Act," Oregon Statute (ORS) 127.865 (2), requires a terminally ill patient who wishes to end their life to have a licensed medical doctor present to administer the lethal drug dosage to the patient.⁷ However, in many other states and jurisdictions where euthanasia is illegal, that would be considered a homicide and punishable by the full extent of the law.^{8 9}

Surveys have also shown that out of 10,000 doctors surveyed, only 16% would consider stopping life maintaining therapy at the recommendation of the family or the patient. Fifty-five percent of those doctors said that they would never euthanize their patients. The study also found that 46% of those doctors believe that that physician-assisted suicide should be allowed in some cases.¹⁰

In a *Linacre Centre Journal* article by Helen Watt, controversy loomed over empirical data found in the van der Maas survey concerning euthanasia in the Netherlands, where euthanasia is legal. In

⁶ *History and Debate of Euthanasia*, debate.org, <http://www.debate.org/euthanasia/>. (Last visited Feb 15, 2016.)

⁷ Oregon Statute (ORS) 127.865(2) enacted in 1997.

⁸ Daniel C. Maguire, *Death, Legal and Illegal*, *The Atlantic Monthly Online*, Feb. 1974,

<http://www.theatlantic.com/past/docs/issues/95sep/abortion/mag.htm>. (Retrieved March 9, 2016.)

⁹ *Homicide*, <http://legal-dictionary.thefreedictionary.com/homicide>. (Retrieved March 9, 2016.)

¹⁰ Leslie Kane, M.A., *Exclusive Ethics Survey Results: Doctors Struggle With Tougher-Than-Ever Dilemmas*, *MedScape, news & Perspective*, Nov. 11, 2010, http://www.medscape.com/viewarticle/731485_7, 9. (Retrieved March 9, 2016.)

the survey, doctors in the Netherlands were asked what their reasons and intentions were with regards to ending the life of a terminally ill patient. The construction of the statistics concerning voluntary euthanasia was minimalized and the report indicated a higher total of involuntary euthanasia cases. The van der Maas data indicated that cases in which doctors ‘acted, or refrained from acting, with the explicit purpose of shortening life,’ was a factor in 9,050 cases in 1990. Of those cases, 5,450 were without the explicit request of the patient.¹¹

The 1990 Statistics in the van der Maas survey indicated that on-voluntary euthanasia, illegal in the Netherlands, is more common than voluntary euthanasia. As a result of this published survey, the Dutch government passed stricter guidelines in order to define voluntary euthanasia. It requires that the patient give written and oral consent. Secondly, the patient must be suffering intolerably and must be terminally ill. And thirdly, euthanasia must be the last resort after all other efforts to ease the pain of the patient have been exhausted.¹²

In the U.S., doctors interpret taking the life of a terminally ill patient as a violation of the Hippocratic Oath. However, in 1999, a U.S. doctor named Jack Kervorkian, nicknamed “Doctor Death”, was arrested for euthanizing a terminally ill patient (who requested to die). During his trial, Dr. Kervorkian was found to have assisted in the suicides of many terminally ill patients.¹³ Despite his efforts to

¹¹ Helen Watt, *Euthanasia: Unpacking the Debate*, Linacre Centre (2002), <http://www.linacre.org/euunde.html>. (Retrieved Feb 15, 2016.)

¹² *Id.*

¹³ *Chronology of Dr. Jack Kevorkia's Life and Assisted Suicide Campaign*, Frontline, (1999), <http://www.pbs.org/wgbh/pages/frontline/kevorkian/chronology.html>. (Retrieved March 9, 2016.)

campaign for a change in the law regarding euthanasia and assisted suicide, he was convicted of second-degree murder and imprisoned after a widely publicized trial. Dr. Kervorkian was released on parole for good behavior on June 1, 2007.¹⁴

According to author Ezekial Emanuel, studies performed in the U.S. have found that religious people, African Americans, older individuals, and women tend to be opposed to euthanasia and assisted suicide. Interestingly, patients with terminal illnesses, such as cancer and chronic obstructive pulmonary disease, have attitudes that are almost identical to the public's general opinion. In other words, having a serious, life-threatening illness itself does not seem to alter attitudes toward the permissibility or opposition to euthanasia or PAS (Physician Assisted Suicide). Similarly, being a caregiver for a terminally ill patient or a recently bereaved caregiver does not seem to affect attitudes toward euthanasia or PAS.¹⁵

Michael Irwin, a former Medical Director at the United Nations and current Coordinator of the Society for Old Age Rational Suicide (SOARS), stated, "The right to die should be a matter of personal choice. We are able to choose all kinds of things in life from who we marry to what kind of work we do and I think when one comes to the end of one's life, whether you have a terminal illness or whether you're elderly, you should have a choice about what happens to

¹⁴ Jack Kevorkia, *Doctor* (1928-2011), Bio. <http://www.biography.com/people/jack-kevorkian-9364141>. (Retrieved March 9, 2016.)

¹⁵ Ezekiel J. Emanuel, *Euthanasia and Physician Assisted Suicide*, A Review of the Empirical Data From the United States 1-11, 1-11 (2002), <http://www.euthanasia.ws/hemeroteca/t316.pdf>. (Retrieved Feb 15, 2016.)

you...”¹⁶. Stephen Hawking, PhD, a cosmologist and theoretical physicist, also stated that “I think those who have a terminal illness and are in great pain should have the right to choose to end their lives and those that help them should be free from prosecution. We don’t let animals suffer, so why humans?”¹⁷

It is a constant topic of public debate, whether is in the United States or other countries, the issue of euthanasia and assisted suicide is a very real question for legislators, medical professionals, and humans dealing with extreme medical realities. One side of the argument for euthanasia is the fact that it will end the prolonged suffering of the terminally ill patient, save the family more months (and in some tragic cases, years) of mental and financial hardships. It gives those who are going to die a chance to be in control of their own body and gives them a chance to die on their terms. The con side to euthanasia is that it is still viewed, through a religious standpoint, morally and ethically wrong because it gives doctors (and even the patients) a chance to “play God” and dictate life and death. Some arguments against euthanasia state that it is an easier way to deal with sick people, as a “hastened” way to end a life. In conclusion, the issue of euthanasia and assisted suicide has been and will be a hot topic for years to come. However, this may be one argument that requires science to take a back seat and yield the debate floor to a more empathetic approach, taking into consideration how the terminally ill patient must feel, knowing that

¹⁶ Michael Irwin, *Euthanasia: The Right to Die Should Be a Matter of Personal Choice*, euthanasia.procon.org (2014), <http://euthanasia.procon.org/view.answers.php?questionid=001320>. (Retrieved Feb 15, 2016.)

¹⁷ Stephen Hawking, *Euthanasia*, euthanasia.procon.org (2013), <http://euthanasia.procon.org/view.answers.php?questionid=001320>. (Retrieved Feb 15, 2016.)

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they will have a short time left on this earth and perhaps choosing to go on their own terms.