

## Topic Page: [Euthanasia](#)

Definition: **Euthanasia** from *The SAGE Glossary of the Social and Behavioral Sciences*

Medically assisted death (often referred to as assisted suicide). Euthanasia is among the most controversial of practices and is currently illegal in most countries. Often described as intentional killing for the benefit of the patient, euthanasia can be achieved by an act (providing lethal drugs) or omission (failing to provide life-sustaining treatment).



Image from: [Dr. Jack Kevorkian enters the Oakland County... in Encyclopedia of Crime and Punishment](#)

### Summary Article: **Euthanasia**

From *Science and Politics: An A-to-Z Guide to Issues and Controversies*

Euthanasia, which literally means “good death,” is defined as intentionally taking one's life to relieve pain and suffering. There are two broad categories of euthanasia: passive and active. Passive euthanasia deals with a patient's right to withhold medical treatment, including nourishment and life-sustaining devices, with the intent of ending one's life. Active euthanasia is the liberty to take one's life when terminally ill and frequently is associated with doctor-assisted suicide.

### History

Euthanasia has a long and storied history dating back to ancient Greece and Rome. The term was first used by the historian Suetonius in relation to the Emperor Augustus dying quickly and without suffering in the arms of his wife, Livia. The Greek physician Hippocrates, the father of medicine, has spoken against the use of euthanasia. The Judeo-Christian tradition has expressly rejected the notion of euthanasia. Thomas Aquinas, for example, mused that it contradicted our natural human instincts and survival. In the seventeenth century, Francis Bacon referred to an easy, painless, and happy death. In 1828, New York became the first state to outlaw assisted suicide. In 1870, Samuel Williams, a layman, proposed using morphine coupled with other drugs to intentionally end a terminally ill patient's life in Great Britain. In 1906, a bill was proposed in the Ohio legislature to legalize euthanasia, but it was ultimately defeated by almost an 80 percent margin (Dawbiggen 2005). The opponents to the Ohio bill were afraid that doctors would cover up their mistakes, families would try to euthanize relatives who were considered a nuisance, and it would be a quick way to inherit money from richer family members. In Nazi Germany (1939), the euthanasia program sought to eliminate “life unworthy of life.” This program began by exterminating individuals with mental retardation, physical deformity, and disabled children and adults. The Nazi regime later extended its euthanasia program to include ethnic genocide (Dawbiggen 2005).

With marked advances in health and medicine to improve and extend one's life, the issue of euthanasia is particularly controversial today. The recent cases of Dr. Jack Kevorkian and Terri Schiavo brought the euthanasia debate to the forefront in the United States. Dr. Kevorkian, a retired pathologist who was dubbed Dr. Death, created an underground movement when he illegally assisted terminally ill patients to commit suicide. The news program *60 Minutes* aired some of Dr. Kevorkian's activities, and he was subsequently sentenced to ten to twenty-five years for second-degree murder in 1999 for participating in doctor-assisted suicide. Dr. Kevorkian was released from prison in 2007. In the case of Terri Schiavo: She was in a persistent vegetative state after having had a massive heart attack that

deprived her brain of oxygen. In several legal battles at both the state and federal levels between 1998 and 2005 in the state of Florida, Schiavo's husband sought to remove her life support system against her parents' wishes. In 2005, her feeding tube was eventually removed, and she died less than two weeks later (Dawbiggen 2005).

## **Government Policies and Interest Group Positions on Euthanasia**

The Supreme Court of the United States has decided cases involving both passive and active euthanasia as it relates to the implied right to privacy. In *Cruzan v. Director, Missouri Department of Health* (1990), the Court held that the right for a cognizant patient to withhold medical treatment is constitutionally protected under the privacy doctrine. The Court reasoned that passive euthanasia is an implied liberty because it is deeply rooted in our political, historical, and cultural traditions. The right for others to make a substitute judgment regarding passive euthanasia for a patient is not constitutionally protected, however. For a third party to make a decision regarding passive euthanasia, the patient should have provided clear evidence of those wishes via a living will and given authority to that person through a medical power of attorney (Tulloch 2005).

Active euthanasia is not protected under the privacy doctrine when a state forbids the practice. In *Washington v. Glucksberg* (1997), the Supreme Court of the United States held that doctor-assisted suicide is not an implied liberty under the Fourteenth Amendment Due Process Clause. The Court emphasized that assisted suicide, unlike passive euthanasia, is not deeply rooted in the nation's tradition. Assisted suicide, according to the Court, has been expressly prohibited by virtually every state since the ratification of the United States Constitution. The Court reasoned that the state of Washington had a compelling interest in the preservation of life (Emanuel 1998).

While active euthanasia was not included as a fundamental right under the right to privacy, it does not preclude states from codifying laws that permit doctor-assisted suicide. Oregon, for example, passed the Death with Dignity Act (2007). Oregonians can end their lives through the self-administration of lethal medications, as explicitly prescribed by a physician for that precise purpose. A patient must voluntarily make that request to end his life, demonstrate that he does not have a mental condition that impairs judgment, and have a terminal illness that will kill him within six months. An independent physician will formally review the request to ensure that the law's criteria are met. Health care providers with moral objections to active euthanasia may refuse to participate. Detailed records of the patients and physicians involved in assisted suicide are maintained with state authorities. In addition to Oregon, Washington and Montana have passed laws protecting the practice of euthanasia after the decision in *Washington v. Glucksberg* (2007).

John Ashcroft, the former attorney general of the United States, argued that Oregon's Death With Dignity Act should be overruled. In *Gonzalez v. Oregon* (2006), the United States argued that the Controlled Substances Act (1970), a federal statute, precluded Oregon from permitting active euthanasia. The Supreme Court of the United States disagreed with the federal government's position, however. The Court acknowledged that the federal government has the authority to regulate and prohibit controlled substances under the Controlled Substances Act. Nonetheless, the United States, according to the Court, cannot overrule state laws by determining what constituted the appropriate use of medications that were already permitted by the federal government.

Internationally, countries have differing opinions on the issue of euthanasia. Belgium, Luxembourg, Netherlands, and Switzerland permit both active and passive euthanasia. Israel, Turkey, Russia, and India

are examples of countries that expressly forbid euthanasia. There are also countries that permit passive but not active euthanasia (e.g., Mexico). Several countries have conflicting or unclear policies on the issue, such as Canada, Colombia, and Japan.

Several interest groups also lobby for and against the liberty of euthanasia. Pro-choice groups (e.g., National Abortion and Reproductive Rights Action League [NARAL] and the National Organization For Women [NOW]), the American Civil Liberties Union (ACLU), the Hemlock Society, and Compassion in Dying all take a formal stance in favor of euthanasia. Part of the Hemlock Society's mission statement is that “every competent adult has the incontestable right to humankind's ultimate civil and personal liberty—the right to die in a manner and at a time of their own choosing” (Compassion and Choices 2013). On the other side of the ideological spectrum, Right to Life and religious groups oppose euthanasia. Americans United for Life, Citizens United Resisting Euthanasia, Pro-Life Colleges and Seminaries, and the National Catholic Bioethics Center are just a few groups that seek to prohibit euthanasia. The National Catholic Bioethics Center seeks to “safeguard respect for dignity of each human being from conception to natural death.”

### **Arguments for and Against Euthanasia**

Given that the topic of euthanasia is controversial, there are persuasive arguments for and against its use. Seven reasons for having the right of euthanasia are most compelling. First, an individual has the right of self-determination. If a person can choose where he lives, where he works, to have a family or not, or even what to eat, it is only natural that he or she has the right to decide how to die. Put simply, if an individual can choose the terms in which he lives, he should also be able to choose the terms of his demise. Second and related to the first reason, death is a private matter, not one for any government to regulate. If a patient is not hurting anyone else, then the government should not interfere with this vital choice. Third, euthanasia can quickly and humanely end a patient's suffering, allowing one to die with dignity. If a patient has an incurable and painful disease or is in an irreversible coma, it makes sense to permit the individual to make this ultimate decision. Fourth, euthanasia can assist in reducing the time of grief and suffering of the patient's loved ones. In some respects, the loved ones suffer almost as much by observing the patient's anguish. Fifth, a debilitating illness can take away a patient's autonomy. If a patient can no longer make basic choices, it leaves the individual with virtually no quality of life. Sixth, the financial cost of keeping a patient alive is exorbitant. Given the limited amount of financial resources devoted to health and medicine, that precious money could be used to save others' lives. And, seventh, the practice of euthanasia is widely accepted with animals when the quality of life has diminished. If we treat animals with this type of respect when they experience pain and suffering, it only makes sense to do the same with human beings.

In stark comparison, there are many cogent arguments made in opposition to the practice of euthanasia (Lewis 2007). Eight central arguments are most influential in this debate. First, the government has a fundamental interest in preserving life. Governments are responsible for the general safety of their citizens. States, for example, have laws against murder and a specific interest in preventing suicide. Second, the government has an interest in precluding third parties from having an arbitrary, unfair, and undue influence in the patient's right to death. Third parties may seek to hasten death of a loved one because they view that person as an emotional burden. There, moreover, may be a pecuniary gain from a patient's death. Third, euthanasia may compromise the integrity of the medical profession. Medical doctors take the Hippocratic Oath: “I will give no deadly medicine to anyone if asked, nor suggest such council.” The basic mission of physicians is to heal. Fourth, doctors recognize

that making a terminal diagnosis is difficult because many patients may beat the odds, especially with the assistance of modern medicine. A hasty decision of euthanasia eliminates the possibility of recovery. Fifth, with scientific advances in medicine, diseases that once were unbearable in terms of pain are now manageable for many patients. Pain management specialists have helped patients lead relatively normal lives with formerly debilitating conditions. Ill patients with depression also view the world with despair and little hope. Many modern medications can relieve or manage the symptoms of depression. Sixth, euthanasia is forbidden in many religions (e.g., Christianity, Judaism) for moral reasons. Several religions believe that euthanasia is against the will of God, that it weakens the sanctity of life, and that suffering has value.

As the two final reasons reveal, euthanasia can also be used for unscrupulous purposes. The seventh reason for precluding euthanasia is that it can lead to ethnic, racial, and religious genocide. There may still be a lingering association between Nazi Germany and euthanasia. Nazi Germany exterminated over 5 million Jews as part of an euthanasia program. More recently in 1994, Hutu extremists were responsible for killing approximately eight hundred thousand Tutsi and moderate Hutus in the Republic of Rwanda. And, eighth, with medical advances involving organ transplants, the rich can pay a member of poor families extravagant amounts of money in exchange for vital organs, including the heart. There is a black market developing for vital organs for rich patients who may be low priority on organ transplant lists. The cost of a poor family member's life is the ultimate sacrifice for financial security for a family living in abject poverty.

## Conclusion

Many of the arguments for and against the use of euthanasia are enduring. Yet with the continued advances in science, technology, and medicine, several issues regarding the right of euthanasia will be hotly debated on both sides of the political spectrum. Patients and third parties will have to grapple with issues of quality of life, to what lengths medicine and technology should go to keep a patient alive, and where the money will come from for these medical and technological advances. With the extraordinary costs associated with modern medicine there will always be the question of whether such a “public good” should be available to those who can afford the care or should be available to all patients. The euthanasia debate, moreover, will continue to balance the appropriate regulatory role of government in an individual's life. Governments, interest groups, private corporations, and patients will all have to make difficult choices involving this divisive issue.

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