



Euthanasia—Reading

1 A democratic government is responsible for protecting the lives of all its citizens. A central
2 democratic principle, however, is that each person is autonomous (self-governing): people have
3 control over their own lives. Finding the balance between these two principles often creates
4 conflict.

5 While most citizens in a democracy want to protect life, they also believe and expect that
6 they make their own personal decisions, particularly about their own bodies—to travel where
7 they wish, eat and wear what they want, even decorate their bodies as they desire. People also
8 assume that this right of control over their bodies extends to matters of life and death. For
9 example, all democratic societies outlaw the cruel or unusual punishment of humans.

10 Many people believe that the right to live autonomously includes the right to decide when
11 and how they end their own lives, particularly when “life” means facing a terminal illness,
12 depression, or terrible pain. Yet many people around the world, because of their religious
13 teachings, see end-of-life decisions not as personal choices but social responsibility; they oppose
14 permitting suicide or enabling someone else to die. These divergent beliefs about protecting life
15 and preserving autonomy come into conflict when people discuss whether the government
16 should permit physicians to assist patients with suicide.

17 Euthanasia

18 Euthanasia, or “easy death,” means allowing or enabling people to die in a relatively painless
19 way. The debate over euthanasia goes back at least to the time of Hippocrates, the ancient Greek

39 **Euthanasia and the State**

40 During World War II, Adolf Hitler ordered the government of Nazi Germany to conduct a
41 euthanasia program to eliminate “life unworthy of life.” At first, this policy was limited to
42 newborn and very small children. Children were assessed by doctors and medical nurses, and a
43 decision was made by a medical review board. If the panel decided that a person was “unworthy
44 of life,” the patient was either killed or starved to death.

45 Very quickly, however, Hitler and the Nazis expanded their program, called “Aktion T 4,” to
46 include persons who had incurable diseases, chronic conditions, or a physical or mental
47 disability. Ultimately, the Nazi death program was extended to homosexuals and to persons of
48 “inferior races,” particularly Roma (Gypsies) and Jews. By war’s end, the Nazis had murdered
49 millions of people.

50 Since World War II, only the Netherlands and Belgium have permitted euthanasia on a large
51 scale. Both active euthanasia and assisted suicide remain crimes in the Netherlands, but a doctor
52 may grant a patient’s request for euthanasia if the doctor follows certain procedures. According
53 to the “Termination of Life on Request and Assisted Suicide (Review Procedures) Act,” a doctor
54 must:

- 55 a. be satisfied that the patient’s request is voluntary and well-considered;
- 56 b. be satisfied that the patient’s suffering is unbearable, with no chance of improvement;
- 57 c. tell the patient of his or her situation and further prognosis;
- 58 d. discuss the situation with the patient and come to agreement that there is no other reasonable
59 solution;

81 In 1991, voters in the State of Washington (U.S.) turned down a ballot initiative that would
82 have permitted “physician aid in dying.” Shortly afterward, the Washington state legislature
83 passed a law forbidding physician-assisted suicide. Opponents challenged the law in the courts,
84 arguing that competent terminally ill adults had a “fundamental liberty right” to have physician
85 assistance in committing suicide. In the 1997 decision *Washington v. Glucksberg*, the U.S.
86 Supreme Court disagreed; instead, the Court left the decision to each state.

87 **Death with Dignity?**

88 Today, Oregon is the only U.S. state that permits doctors to assist the suicide of terminally ill
89 persons. Oregon voters in 1994 approved a ballot initiative called the “Death with Dignity Act.”
90 This law allows Oregon physicians to prescribe, but not administer, drugs to assist the suicide of
91 terminally ill patients who expect to die within six months. Such persons may or may not be
92 experiencing pain. The law, however, prohibits physician-assisted suicide for persons who suffer
93 from psychological disorders such as depression. As it turns out, depression (which can be
94 treated) is a greater factor in requests for physician-assisted suicide than unrelieved pain. Oregon
95 has followed this law since 1998. Fewer than 50 people per year have been prescribed these
96 medications.

97 Opponents of euthanasia point out that the Oregon law fails to require doctors to try
98 “palliative care,” an approach that focuses on the prevention and relief of patient suffering, to
99 ease the death of their patients. They note that depression, the most common reason given by
100 people who want to commit suicide, is treatable. With medication for pain and depression, caring
101 hospice facilities, and the love of family and friends, patients can die in peace and with dignity
102 without having to resort to suicide. Medical schools in the United States are beginning to train
103 doctors in palliative-care strategies. Critics also worry that events in the United States will follow



Euthanasia—Selected Resources

For Further Information

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- "Oath of Hippocrates" (for physicians), <http://www.medword.com/hippocrates.html>.
- "The Oregon Death With Dignity Act," Oregon Revised Statutes, Chapter 127 — Powers of Attorney; Advance Directives for Health Care; Declarations for Mental Health Treatment; Death with Dignity (1994), <http://egov.oregon.gov/DHS/ph/pas/docs/statute.pdf>.
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Anti-Euthanasia

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- "The Euthanasia Corner" (Kelowna, British Columbia: InterLife, 2004),
<http://www.interlife.org/euthan.html>.
- "International Anti-Euthanasia Task Force" (Steubenville, OH: IAETF, n.d.),
<http://www.iaetf.org/>.
- "Not Dead Yet: The Resistance" (Forest Park, IL: Not Dead Yet, n.d.),
<http://www.notdeadyet.org/>.

Pro-Euthanasia

- "Compassion and Choices: Compassion in Dying, End-of-Life Choices" (Denver, CO: Compassion and Choices, 2005), <http://www.compassionandchoices.org/>.
- Death with Dignity National Center (Portland, OR: Death with Dignity, 2001-2005),
<http://www.deathwithdignity.org/>.