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Voluntary Euthanasia Should be An Absolute Right

The approval of passive euthanasia – withholding of treatment when there is no hope for recovery – is tremendous. However, why do many of these same people not support voluntary active euthanasia (VAE) – lethal injection by a physician or medication prescribed by a physician designed to end one's life? The reasons for making either of these choices are varied, but are ultimately borne by the patient: pain, pride or the desire to not be a burden are some of the more common reasons. The decision to use voluntary euthanasia should be the absolute right of any and all competent persons. Dan Brock includes his findings that competent patients should be allowed to decide whether alternative treatments are in their best interest. In his article *Voluntary Active Euthanasia* Brock also speaks about the value in self-determination and one's opinion of their own comfort and quality of life. This stance does not imply that a patient should compel a physician to perform active euthanasia against his wishes, but rather that it is morally permissible for them to seek out a physician to perform this procedure. While detractors of voluntary active euthanasia may have some valid reasons, I will defend the idea of voluntary euthanasia as staunchly as Brock does, preserving the absolute autonomy of a competent patient. After all, it is the patient alone who suffers the consequences of continued living, it should therefore be the decision of the patient alone to put an end to that suffering. Respect for autonomy is a well-established tenet according to Tom Beauchamp in the *Four Principles Approach to Health Care Ethics*.

Some maintain that the killing of an innocent person is always ethically wrong. However, Peter Singer points out that this argument is usually based on religion in his article *Voluntary Euthanasia: A Utilitarian Perspective*. And, also according to Singer, those same religions tend to only apply this ethics problem to human beings and not to other living creatures. He does not think that animals should be treated morally any less than humans. He does, however, concede the utilitarian argument that giving humans this same right to kill another human could spiral badly to more unjustified killing. Needless to say, if legalized, VAE would have to have stringent oversight and strict guidelines. Singer cites the idea put out by John

Stuart Mill, that individuals are the best judges of what is in their own best interest. Though this may not always be true, it certainly is true when applied to VAE.

Daniel Callahan's position is clear: VAE is "consenting adult killing". He maintains that allowing euthanasia is simply adding another type of killing in a society already saturated with murder. He is particularly concerned with the aspect of the physician being involved. In his article *When Self Determination Runs Amok*, he labors over the very idea of medicine being used for anything other than promoting human health. A dissenting argument to my thesis is whether voluntary active euthanasia is an unethical use of medication, as Callahan suggests. Callahan often uses the phrase "general human happiness and well-being" in his article. This phrase pertains more to mental health, which minimizes the idea that a patient may choose VAE to alleviate severe physical suffering. His assumption is that patients are simply depressed or suffering from anguish or despair due to the physical pain - not that the pain itself is unbearable. Callahan contends that physicians have no ability to evaluate the level of mental anguish, nor how tolerable the pain may be to a particular patient and therefore should not be in a position to act on the request for VAE. Callahan's argument that there is no way for a physician to determine the level of pain being endured is actually an argument in favor of VAE - the patient alone should make this determination. His argument is that medication exists that will relieve biological pain and physicians should use medication for that alone - to help their patients endure the pain. He further states that there is also medication to relieve anxiety or depression, and those would be in the purview of the physician to prescribe. On the surface, he is correct - there are medications that will relieve all of these things. However, many of these medications are extremely expensive and may provide at best a temporary respite from the suffering. So is a higher dose then recommended? What about patients with no insurance and no viable financial means to pay for the medication - must they endure the pain due to their circumstances? Clinically speaking, Callahan is correct that VAE is killing. Advocates are looking for permission to conduct the killing, with no repercussions, and that is where he can't budge on his position. His stance that it is not actually self-determined because both parties must agree to it, makes no sense. It is an autonomous decision to be made by the patient. The physician does have to be a party to it, but never without the option of declining. No physician would be forced to inject the lethal dose against his will. Whether the act is morally ethical is technically a judgment call. Morality, and moral authority, are intangible. They are based on one's own truth and principles, as well as those of society in general. Without legal guidelines, it can come down to the physician's own moral compass and his own determination of right and wrong (within legal boundaries, of course). . Although withholding treatment

may result in the death of the patient from the disease, this could take days or months or even years to happen. And no one other than the patient should determine whether that is a tolerable way to languish.

Sometimes simply using certain terminology can invite detractors. For example, many people refer to euthanasia as “physician assisted suicide”. While technically this is a correct phrase, anytime the word “suicide” is used it naturally conjures up negative feelings. Voluntary euthanasia is the ending of one’s life intentionally. When thinking of it as suicide, it would be hard to find many proponents, largely because most people associate suicide either with soldiers returning from war with PTSD or with teenagers making a rash decision. The decision to choose VAE is the complete opposite of a rash decision. The patient undoubtedly spends countless grueling hours contemplating it, and certainly considers all viable options before deciding upon VAE. Additionally, since suicide is considered a mortal sin by the Catholic community, it would be difficult for that population to accept the idea of euthanasia. Perhaps this is one reason why the current standard term is “physician assisted death”. The amount of suffering without respite endured by some patients should absolutely qualify them to make this autonomous decision. And aren’t we all ethically bound to help relieve the suffering of others or at least support the patient’s right to make that decision?

Voluntary euthanasia is currently legal in ten states, as well as the District of Columbia. Each state has their own guidelines, but all involve collaboration with a physician and use of a lethal injection. Two other states, Montana and California will allow it if a court deems it appropriate. Oregon was the first state to legalize the practice, in 1997, and since then there have been 2,895 lethal prescriptions written through 2020. It’s important to note that during that time, only 1,905 of these have been used. (cnn 2014) It was also recently reported that Oregon has removed the residence requirement for medically assisted death, and advocates are pushing the remaining states and Washington, D.C. to follow this lead. (news4jax 2022)

While some may cringe at the idea of public or legal policies permitting voluntary active euthanasia, I believe it is incumbent on us to allow competent persons to decide upon VAE with autonomy and without fear of the physician facing retribution. As the numbers in Oregon show, 35% opted against taking the final step, but all people should ultimately have the choice to end their suffering in a dignified manner. As a compassionate, caring society we should all want our loved ones to not have to wake up every day, knowing they will face hours of painful suffering, and not have the option to go in peace. The decision to use voluntary euthanasia should be the absolute right of any and all competent persons.

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