

# The myth of mercy killing

With the recent news that euthanasia has been legalised in the Netherlands,

**Liv Wergeland Sørbye** examines the place of euthanasia within the field of palliative care

The level of competence in palliative medicine has never been better than today, yet the demand for voluntary active euthanasia is ever increasing. The modern culture of consumerism values functional capacity and productivity. In this climate acute medicine and patients who can be cured take priority over the chronically ill. However, conditions for the incurably ill must never be so miserable that death becomes the best solution. It is a myth that mercy killing maintains the patient's autonomy and integrity. Dying with integrity is being surrounded by love and optimal care according to available resources.

## The myth of mercy killing

In *Care of the Dying* Lamerton stated, 'It is our duty to care for the patients in such a manner

that they never will consider euthanasia. A patient who is longing to die is not being treated properly'.<sup>1</sup>

When ethicists ask for a scale for measuring a good life, first one has to answer a basic question. What is a human being? The question of which view of humankind we have is basic for the life and soul of ethics. Our view of humankind almost always has consequences in our attitudes as to what is conceived to be right and wrong, how we understand and how we interact with other people. Therefore, one can say that the view of who a human being really is, forms the basis for every question of ethics.

If we are going to value human beings according to their cognitive or physical functional ability our humanity will decrease. Palliative care needs medical and technical qualifications combined with the true art of nursing.<sup>2</sup>

## Different views of the human being

### *The Christian versus the humanistic view*

In the Christian view of humanity, life is holy and inviolable. We are created in the image of God. Life is God's gift. He has given it to us, and only He can take it back. In a humanistic view, humanity is at the centre. The value of humankind is associated with its characteristics. Since there are no authorities over humanity, 'the true human' is the highest ethical norm. The human being of humanism is autonomous. It appoints its own norms and laws. Therefore, it has apparently been easier for a humanist to say yes to active euthanasia than for a Christian – although recently, euthanasia has even been receiving support from some theological circles.<sup>3</sup>

### *The consumer culture's view*

The consumer culture's view of humanity emphasises harmony, happiness and prosperity. The ideal human being is the effective and successful person living in harmony with

## Key points

- The level of competence in palliative medicine has never been better than today, yet the demand for voluntary active euthanasia is ever increasing.
- When it comes to the chronically ill, it is recognised as ethically acceptable to provide optimal palliative care, but to cease active life-prolonging treatment.
- In 1986, the Central Committee of the Royal Dutch Medical Association recommended that doctors should be allowed to practise active as well as passive, voluntary euthanasia.
- Up until recently, euthanasia has not been legalised in any country in the world.
- The elderly, handicapped and terminally ill patients may feel pressured to ask for mercy killing when they are no longer able to take care of themselves.
- A greater openness regarding death, increased competence and better collaboration between the formal and informal healthcare services will help to achieve a reduction in elective, active euthanasia.

his/her environment. Deep conflicts or long-term suffering should preferably not exist. We live here and now without any sense of belonging to a larger context. Death is a necessary evil which one would rather not have to consider.

### *The reverence of life*

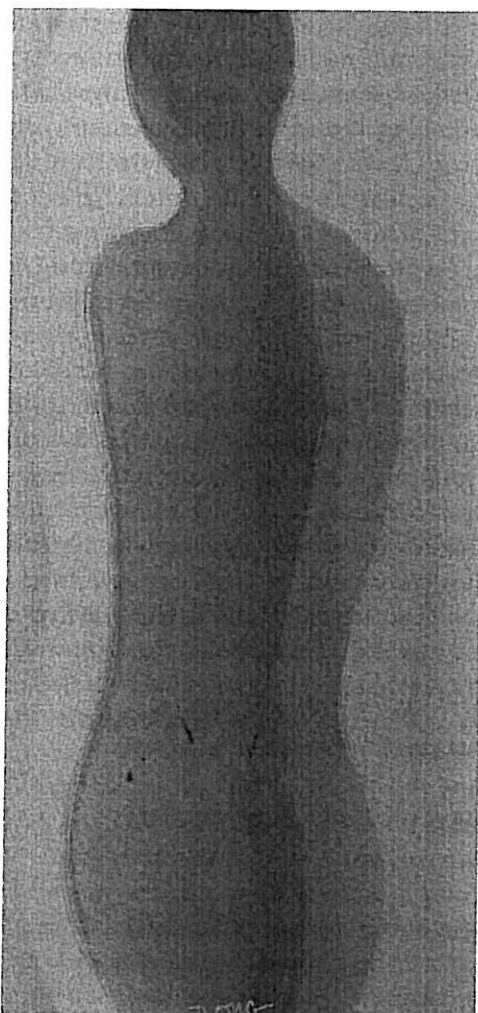
Albert Schweitzer has, probably more than any other philosopher, fought for the reverence of life. He articulates, 'We know that we all have to fight for our worth as humans, opposing exterior circumstance, and that we have to help all of those who are fighting an almost hopeless battle for their value so that this fight leads to victory. As a spiritual help in this battle, we meet those who have the attitude that a human being should never be sacrificed as a dead object on the altar of circumstance. The reverence of life creates a spiritual atmosphere allowing each person to meet the human value which circumstance is denying him in other people's thoughts. Therefore, the battle has lost its most bitter element. Man is only up against exterior circumstances, and doesn't have to assert himself to other people at the same time'.<sup>4</sup>

Humankind must never be sacrificed as a dead object on the altar of circumstance. Are the circumstances for our incurably ill so miserable that death becomes the best solution?

### **Active euthanasia**

When it comes to the chronically ill, it is recognised as ethically acceptable to provide optimal palliative care, but to cease active life-prolonging treatment. Several philosophers, including Rachels<sup>5</sup> and Kuhse,<sup>6</sup> maintain that it is not ethically valid to differentiate between taking life and not providing life-prolonging treatment. In both cases the consequences are the same – the patient dies. When a decision is made that life-prolonging treatment shall not be given, the patient should also be provided with help to die quickly. Personally, a consequential ethical approach would give another interpretation. Taking another human being's life is an irrevocable deed.

The French philosopher Jankélévitch<sup>7</sup> writes that even though death is familiar to us, the circumstances surrounding death are always an unknown – not only because death is unpredictable, but more fundamentally because a human being cannot fathom his/her own



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death. 'Any patient, even the incurable, must be viewed as curable and treated as such, all the way until the last breath has been taken. It is only afterwards that one can say that a patient was dying.'<sup>7</sup>

From the Christian viewpoint, humanity's intrinsic value is associated with existential matters, not functions or qualities. However, this does not mean that all life should be prolonged, disregarding the quality or content of that life. A Christian should have respect for life, but also have just as much respect for death. Being alive – having a biological life – is a necessity but not a sufficient condition for being enveloped by

the doctrine of the sanctity of life. The best way to reduce the desire for active euthanasia is to provide optimal treatment, care and support and terminate life-prolonging treatment. Subsequently, I cannot support Jankélévitch's view that each patient is to be considered curable until the last breath.

In 1986, the Central Committee of the Royal Dutch Medical Association recommended that doctors should be allowed to practise active as well as passive, voluntary euthanasia. The question was not whether euthanasia should be permitted, as it was accepted that euthanasia was already being carried out. The question was where and when it should be done. van de Bunt<sup>8</sup> refers to the Remmelink Report, which provides guidelines for practising euthanasia in the Netherlands.

### **Killing in love**

Dr W (anonymous) describes how it feels to carry out active euthanasia.<sup>9</sup> He started in the 1970s before the widespread discussion of euthanasia in the Netherlands led to the development of guidelines. 'My first case was

reported as a natural death. This case remains a landmark for me, not only because it was my first euthanasia, but also because it changed my way of thinking. Perhaps love is too sentimental a word, but I had such a deep sympathy for him; he influenced me beyond what I could have imagined.' Dr W gives his reasons for active, voluntary euthanasia based on brotherly love, 'The moment will come when I can only love him by killing him'.<sup>9</sup>

The Norwegian doctor Husebø made a similar statement. He said on television in 1992 that he had given a lethal injection to a seriously ill cancer patient. He explained his euthanasia by saying that he felt he would have let the patient down if he had not helped her to die. The physician was not prosecuted, even though he had acted contrary to Norwegian law. He had killed a person, but from a view of social ethics the charges were withdrawn.<sup>10,11</sup>

## The current situation in Norway

The Norwegian Medical Association became involved in the debate, and in 1994 added a new section to paragraph five of their ethical rules, 'The doctor must show respect for the patient's autonomy at the end of a patient's life. Active euthanasia, in other words measures taken with the objective of accelerating the death of a patient, must not be applied. A doctor must not help the patient to commit suicide. Terminating or not initiating pointless treatment, is not to be considered active euthanasia'.<sup>12</sup>

Vigeland<sup>13</sup> is of the opinion that by taking a stand in this way, the Doctors' Ethical Council and the Norwegian Medical Association are not in line with the views of their members. Vigeland feels that Norwegian doctors are far more positive toward active and assisted euthanasia. She refers among other things to her own poll.<sup>14</sup> A similar inquiry was made among nursing students, and the results show that these were far more restrictive in their view of euthanasia than medical students. The students' religious beliefs were correlated with their attitude regarding euthanasia.<sup>15</sup> Admiraal<sup>16</sup> also emphasises that the first time was the worst, but that taking a life never becomes a routine. Every new situation will be a reminder of the first. Conducting active euthanasia by injection opposes many fundamental ethical beliefs, but for a significant number of patients it is not possible to give any oral agent, and therefore, all that remains is active euthanasia by injection.

Conducting active euthanasia by injection opposes many fundamental ethical beliefs

## Legislation

Up until recently, euthanasia has not been legalised in any country in the world. The Terminally Ill Act in the Northern Territory of Australia lasted for only a year and was then withdrawn in 1997 due to strong public opinion.<sup>17</sup>

On 1 November 1998, a new practice regarding the conducting of elective active euthanasia started in the Netherlands. Having conducted euthanasia, a doctor is to report the incident to an ethical committee consisting of a doctor, a lawyer and an ethicist. This committee then summons the doctor to a meeting and the committee sends its report to the court. They can recommend whether or not a police investigation should be initiated. The court may then make its own decision as to whether it wishes to follow the committee's recommendation.

On 10 April 2001, euthanasia was legalised in the Netherlands.

The Dutch Association for Elective Euthanasia never provides individuals with medicine. The Deutsche Gesellschaft für Humanes Sterben (German Society for Dying with Dignity) has done this, and this has resulted in the fact that not just terminally ill patients, but also patients with mental disorders have taken their own lives.

## Terminal sedation

Terminal sedation (TS) has become an important ethical question in international cancer care. An end-of-life care consensus panel of American internists has presented guidelines for the use of sedation.<sup>18</sup> In Norway, it has been the focus of the balance between proper care and slow euthanasia. To change the focus from the terminal phase of life and associations with death, the name palliative sedation (PS) has been suggested.<sup>19</sup> This will make the borderline between appropriate care and euthanasia even less clear.

## Media

The media help to keep the debate on active euthanasia alive, but is this a worthy debate? Surveys are published without having validated the questions. There is a danger that such an imprecise descriptive account of reality is becoming the norm. de Hennezel<sup>20</sup> describes her work with cancer patients at a hospice in Paris, 'For many of the patients, life may be experienced as unbearable, and in certain cases

the matter of active euthanasia is discussed. By articulating the meaningless, everyone involved finds a meaning, and this results in the wish for a premature termination of life'.

### Role models

In Norway, two books about euthanasia make interesting reading. Husabø's book is based on his doctoral thesis. The thesis is clearly based on a Christian view of man. The title itself indicates this, *Right to make the decision to end one's own life?*<sup>11</sup> Vigeland, a human ethicist, is uncompromising when it comes to describing the church's restrictive attitude toward euthanasia. Her book is a clear yes to the legalising of the practice we are acquainted with from the Netherlands.<sup>12</sup>

Andenæs, also a supporter of the Dutch example, says that much of the criticism of the situation in the Netherlands is based on ignorance due to the language barriers.<sup>21</sup> An Australian medical magazine airs a similar criticism by van Berkestijn.<sup>22</sup> The Royal Dutch Medical Association feels that it is being misunderstood and condemned by doctors in other countries. Still, there are also objections in the Netherlands to the gradual legalisation of active euthanasia and the view of life that characterises this development. Fenigsen<sup>23,24</sup> asserts that the euthanasia programme creates physical suffering in the population. The elderly, handicapped and terminally ill may feel pressured to ask for mercy killing when they are no longer able to take care of themselves.

### Reduce the demand

Opposers of active euthanasia in the Netherlands have now begun to organise themselves, lay people as well as members of the medical profession. Many of these have a conscious Christian view of life. A newspaper article on 18 October 1998<sup>25</sup> tells us that approximately 10,000 Dutchmen carried anti-euthanasia passports. They are afraid that if they become ill, they will be helped to die before their time. In Norway, a government-appointed committee has made a plan for seriously ill and dying patients – a plan which focuses on palliative care and assistance to them help to live. The aim is to reduce the demand for active euthanasia.<sup>26</sup>

### No substitute

Taking the life of another human being alters something basic in our ethical consciousness.

It changes one's way of thinking; a line is crossed, one becomes a different person. It seems that the death process has become an illness to be cured. It is offered as part of a 'natural' health service. Euthanasia and mercy killing are concepts that have made their way into our everyday language.

The fact that recipes for an easy death are available to the public and that doctors may purchase euthanasia kits with all the equipment they need, shows that human beings are viewed as equivalent to animals that are put to sleep. The genuinely human aspect is lost.

Active euthanasia must never be a substitute for human and medical resources. A greater openness regarding death, increased competence and better collaboration between the formal and informal healthcare services will help to achieve a reduction in elective, active euthanasia.

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