

On euthanasia

[Health & Medicine](#), [Euthanasia](#)



1. Euthanasia would not only be for people who are " terminally ill" 2. Euthanasia can become a means of health care cost containment 3. Euthanasia will become non-voluntary 4. Euthanasia is a rejection of the importance and value of human life

1. Euthanasia would not only be for people who are " terminally ill." There are two problems here -- the definition of " terminal" and the changes that have already taken place to extend euthanasia to those who aren't " terminally ill." There are many definitions for the word " terminal." For example, when he spoke to the National Press Club in 1992, Jack Kevorkian said that a terminal illness was " any disease that curtails life even for a day." The co-founder of the Hemlock Society often refers to " terminal old age." Some laws define " terminal" condition as one from which death will occur in a " relatively short time." Others state that " terminal" means that death is expected within six months or less. Even where a specific life expectancy (like six months) is referred to, medical experts acknowledge that it is virtually impossible to predict the life expectancy of a particular patient. Some people diagnosed as terminally ill don't die for years, if at all, from the diagnosed condition. Increasingly, however, euthanasia activists have dropped references to terminal illness, replacing them with such phrases as " hopelessly ill," " desperately ill," " incurably ill," " hopeless condition," and " meaningless life." An article in the journal, *Suicide and Life-Threatening Behavior*, described assisted suicide guidelines for those with a hopeless condition. " Hopeless condition" was defined to include terminal illness, severe physical or psychological pain, physical or mental debilitation or deterioration, or a quality of life that is no longer acceptable to the individual. That means just about anybody who has

a suicidal impulse . 2. Euthanasia can become a means of health care cost containment "... physician-assisted suicide, if it became widespread, could become a profit-enhancing tool for big HMOs. " "... drugs used in assisted suicide cost only about \$40, but that it could take \$40, 000 to treat a patient properly so that they don't want the " choice" of assisted suicide..." ...

Wesley J. Smith, senior fellow at the Discovery Institute. Perhaps one of the most important developments in recent years is the increasing emphasis placed on health care providers to contain costs. In such a climate, euthanasia certainly could become a means of cost containment. In the United States, thousands of people have no medical insurance; studies have shown that the poor and minorities generally are not given access to available pain control, and managed-care facilities are offering physicians cash bonuses if they don't provide care for patients. With greater and greater emphasis being placed on managed care, many doctors are at financial risk when they provide treatment for their patients. Legalized euthanasia raises the potential for a profoundly dangerous situation in which doctors could find themselves far better off financially if a seriously ill or disabled person " chooses" to die rather than receive long-term care.

Savings to the government may also become a consideration. This could take place if governments cut back on paying for treatment and care and replace them with the " treatment" of death. For example, immediately after the passage of Measure 16, Oregon's law permitting assisted suicide, Jean Thorne, the state's Medicaid Director, announced that physician-assisted suicide would be paid for as " comfort care" under the Oregon Health Plan which provides medical coverage for about 345, 000 poor Oregonians. Within

eighteen months of Measure 16's passage, the State of Oregon announced plans to cut back on health care coverage for poor state residents. In Canada, hospital stays are being shortened while, at the same time, funds have not been made available for home care for the sick and elderly. Registered nurses are being replaced with less expensive practical nurses. Patients are forced to endure long waits for many types of needed surgery. 1

3. Euthanasia will only be voluntary, they say Emotional and psychological pressures could become overpowering for depressed or dependent people. If the choice of euthanasia is considered as good as a decision to receive care, many people will feel guilty for not choosing death. Financial considerations, added to the concern about "being a burden," could serve as powerful forces that would lead a person to "choose" euthanasia or assisted suicide. People for euthanasia say that voluntary euthanasia will not lead to involuntary euthanasia. They look at things as simply black and white. In real life there would be millions of situations each year where cases would not fall clearly into either category. Here are two: Example 1: an elderly person in a nursing home, who can barely understand a breakfast menu, is asked to sign a form consenting to be killed. Is this voluntary or involuntary? Will they be protected by the law? How? Right now the overall prohibition on killing stands in the way. Once one signature can sign away a person's life, what can be as strong a protection as the current absolute prohibition on direct killing? Answer: nothing. Example 2: a woman is suffering from depression and asks to be helped to commit suicide. One doctor sets up a practice to "help" such people. She and anyone who wants to die knows he will approve any such request. He does thousands a year for \$200 each. How does the

law protect people from him? Does it specify that a doctor can only approve 50 requests a year? 100? 150? If you don't think there are such doctors, just look at recent stories of doctors and nurses who are charged with murder for killing dozens or hundreds of patients. Legalized euthanasia would most likely progress to the stage where people, at a certain point, would be expected to volunteer to be killed. Think about this: What if your veterinarian said that your ill dog would be better off "put out of her misery" by being "put to sleep" and you refused to consent. What would the vet and his assistants think? What would your friends think? Ten years from now, if a doctor told you your mother's "quality of life" was not worth living for and asked you, as the closest family member, to approve a "quick, painless ending of her life" and you refused how would doctors, nurses and others, conditioned to accept euthanasia as normal and right, treat you and your mother. Or, what if the approval was sought from your mother, who was depressed by her illness? Would she have the strength to refuse what everyone in the nursing home "expected" from seriously ill elderly people? The movement from voluntary to involuntary euthanasia would be like the movement of abortion from "only for the life or health of the mother" as was proclaimed by advocates 30 years ago to today's "abortion on demand even if the baby is half born". Euthanasia people state that abortion is something people choose - it is not forced on them and that voluntary euthanasia will not be forced on them either. They are missing the main point - it is not an issue of force - it is an issue of the way laws against an action can be broadened and expanded once something is declared legal. You don't need to be against abortion to appreciate the way the laws on abortion have

changed and to see how it could well happen the same way with euthanasia/assisted suicide as soon as the door is opened to make it legal. 4. Euthanasia is a rejection of the importance and value of human life. People who support euthanasia often say that it is already considered permissible to take human life under some circumstances such as self defense - but they miss the point that when one kills for self defense they are saving innocent life - either their own or someone else's. With euthanasia no one's life is being saved - life is only taken. History has taught us the dangers of euthanasia and that is why there are only two countries in the world today where it is legal. That is why almost all societies - even non-religious ones - for thousands of years have made euthanasia a crime. It is remarkable that euthanasia advocates today think they know better than the billions of people throughout history who have outlawed euthanasia - what makes the 50 year old euthanasia supporters in 2005 so wise that they think they can discard the accumulated wisdom of almost all societies of all time and open the door to the killing of innocent people? Have things changed? If they have, they are changes that should logically reduce the call for euthanasia - pain control medicines and procedure are far better than they have ever been any time in history.