

Euthanasia: A Compassionate Crime
by Margaret Alford

"Science says: 'We must live,' and seeks the means of prolonging, increasing, facilitating, and amplifying life, of making it tolerable and acceptable; wisdom says: 'We must die' and seeks how to make us die well." – Miguel de Unamuno

Hsss. Whoosh. Hum. Beep. Slurp. A clock alerts her. Time to flip him over. The tired woman struggles to lift the six-foot, four-inch skeleton for the fifth time that day. Time to suction the massive bedsores filled with pustules. Slurp up the puss again. "Ed, do you want to try to eat today?" No response. The eyes are vacant, and the expression is infantile. The tongue hangs from the mouth, and a string of saliva drools onto the bed sheets. The woman inserts liquid food into the feeding tube once again. **Hsss. Whoosh. Hum. Beep. Slurp.** "Ed, it's time to see if you've done your duty yet." The woman peers into his diaper and sadly realizes that for the seventeenth day in a row he has not had a bowel movement. Insert the suppository into his rectum again. **Hsss. Whoosh. Hum. Beep. Slurp.** This woman, once a strong-willed professional and competent mother and grandmother, has lost fifteen years of her life to the task of caring for someone who no longer recognizes her.

Euthanasia is the process of mercifully ending a person's life, allowing that individual to escape terminal illness or an undignified death. The term has taken on many new meanings in this modern age of medical technological advancement. Scientists have devised numerous inventions to help prevent the death of humans faced with medical tragedy. The question is just how long humans should undergo life-saving and life-prolonging treatments before they are permitted to die peacefully. The fierce battle between those who support and those who oppose euthanasia has made society recognize the importance of this topic. A rational understanding of the issue makes it possible to respond to the objections of those who oppose euthanasia. Understanding the issue will support the claim that all forms of euthanasia should be made legal in the United States to protect the right that humans should have to a benevolent death.

"Euthanasia is a new-fangled notion that violates traditional social and religious beliefs!"

Human beings have practiced euthanasia since the classical era of Greece and Rome. Deformed infants born in the city-state of Sparta were left to die so that the society would not have to admit them into their "strong and robust" society. The Romans would assist their elderly citizens in dying so they could relieve their families of the burden of their care (Shaeffer 5). Though euthanasia has long been practiced, only recently has society begun criminally prosecuting physicians who engage in it.

"No civilized nation would permit a practice like euthanasia!"

The United States has laws that permit some forms of passive euthanasia, which is the halting of medical treatment to allow the patient to die of natural causes. Turning off a respirator or ending dialysis treatments are forms of passive euthanasia that are practiced by doctors with a family's consent in this country. In contrast, the Netherlands has made it legal to practice other forms of euthanasia as well. Dutch physicians are able actively to aid their patients in death if various

precautions are first taken. These safeguards include a long relationship between doctor and patient and the involvement of a psychiatrist. Jay Branegan has studied the practices of the Dutch and explains the safeguards that ensure that death is a viable option for the patient:

Doctors report to a panel of legal, medical and ethical experts to make sure these guidelines were followed: the patient must be suffering unbearably from an incurable disease; he or she must make repeated requests for euthanasia; the doctor should know the patient well enough to ensure the request is voluntary, and the doctor must consult with another physician. (2)

Like United States citizens, the Dutch have access to adequate health care if they are stricken with a terminal illness. The Dutch government provides universal medical coverage in well-equipped nursing facilities. The ability to euthanize patients does not replace treatments to alleviate pain. However, Dutch citizens also have the option of ending their suffering if they so choose. The United States should follow the humane path of the Dutch and legalize active forms of euthanasia.

"Euthanasia should be illegal because it violates the sanctity of human life!"

The issues of abortion and euthanasia pose similar questions, yet abortion is legal while euthanasia is not. A mother can choose whether or not she wants the fetus inside of her to live or die. Since the case of *Roe v. Wade* in 1973, it has been legal for a woman essentially to end the life of another human being just because the woman does not want the burden of raising a child. The methods of abortion are not humane; certainly no one would consider sucking a fetus through a suction vacuum a compassionate way to end its life. If a woman can choose to end her child's life, then why is she not able to end her own life? The abortion laws established in this country clearly state that it is legal for a woman to have an abortion at any stage of pregnancy if that woman's life is at risk. Why is it that when she grows old and wishes her own life to end, that decision is illegal? It is hypocritical to say that a fetus' life can be sacrificed to save the life of another, yet humans cannot end their own lives when they are in the throes of a terminal illness.

One of the reasons that abortions were legalized in this country is that women would receive dangerous and sometimes deadly abortions outside of the law. The legalization of abortion has decreased the number of women who have unsanitary and dangerous abortions outside hospitals or clinics.

As in the case of illegal abortions, desperate patients are now seeking ways to end their lives. Rita Marker notes that many devices now are on the market, particularly on the Internet, which people are purchasing to end their lives. Until the government legalizes euthanasia, these items will be easy to get. Devices as risky and as inhumane as plastic bags filled with deadly gases are sold on the Internet to victims of pain. Marker states, "Patients don't say, 'Look, doctor, I want to put my head in a plastic bag.' What they really want is a tablet" (4). Hopeless patients seek methods to end their lives thinking that they will unburden their loved ones by dying. Oftentimes these methods fail to "do the job," and the person is left to live in a condition terribly worse than before. The family is now left to take care of a person who has become more of a burden than he could have imagined. Like women seeking abortion, those in pain will seek methods of euthanasia. Until euthanasia becomes legal, humans will continue to resort to illegal and ineffective methods.

"If we have the technology to extend life, we are morally obligated to use it!"

The arrogance of mankind has dampened the hope that individuals can achieve a dignified death. One can read story upon story about medical caretakers who become close to the patient or his family and want desperately for that friend to find relief. However, some in the medical world have become so obsessed with their own power over life that it is hard to see human suffering at all. Barbara Hutton explains the tendency towards arrogance that steers humans: "Had we, the whole medical community, become so arrogant that we believed in the illusion of salvation through science? Had we become so self righteous that we thought meddling in God's work was our duty?" (556). Hutton is commenting that the medical community has declared that its highly technological machines are the only option for the ill. If a man is not able to control his body, think, or even breathe, can we say that he is really a man at all?

We should not be spending thousands of dollars trying to sustain the lives of those in terrible pain and wishing to die. Ellen Goodman questions man's life-sustaining treatments: "Should we treat the incompetent as aggressively as the competent? Should we order heart surgery for one senile citizen? What is the mental line between a life worth saving and the living dead? Who is to decide?" It seems futile to resuscitate a man fifty-two times, as personnel did in one case (Huttman 556). Humans need to realize that if a man has "died" fifty-two times, then there is no point trying to save him, especially if that man is begging for his own death. We must realize that death is meant to occur naturally. Human beings need to be able to draw the line and decide for themselves when it is time for them to depart from this world.

A Nurse's Perspective

As an experienced registered nurse in home-health care, I occasionally see a patient who is better off dead. Many patients have suffered cardiac death or anoxia (no oxygen) for long periods of time, so that their neurological status is permanently damaged. I have multiple patients who are "vegetables." They are quadriplegics, have no swallowing function, are incontinent, and need oxygen.

This person has been revived but for what reason? The family is devastated, exhausted, financially strapped, and depressed. The burden of care is placed on one caregiver who must give up life, job, hobbies, and happiness to provide daily care to the patient.



Typical patients will need suctioning every half hour so that they will not aspirate. Suctioning is like the gurgly, garbled, frothy sound of sucking on a straw. The yellow-green, thick mucus runs into a jar, sitting at the patient's bedside for all to see. A rubber tube is in the patient's stomach, and around the entrance of the tube is a red bloody stoma that needs to be cleaned daily, or else a greenish-yellow skin infection

will occur. A large feeding pump is next to the patient, and a plastic feeding bag is filled with a milky nutritious drink. This will run continuously over twelve hours at a certain rate. The tubing runs into the stomach tube. If the tube becomes kinked, the feeding will run all over the patient, or the machine will beep endlessly, disturbing the quick nap the caregiver may be taking. The patient has no control over his bowels or bladder, so he must have a catheter in his bladder. The urine drains down into a bag beside the hospital bed, and at time turns a dark yellow or purple. Moreover, the patient has to have a large diaper changed frequently. Turning a two-hundred-pound patient frequently causes back problems for the caregiver. The patient must have a full bath daily, and may develop a bedsore, which can become the size of a crater and go all the way to the patient's bone. Frequently, severe infections occur, and IV antibiotics are given. The caregiver must clean and pack the wound two to three times a day to prevent the infection's spread.

What quality of life does this patient have? He will not improve; he will only deteriorate, causing increased stress and guilt to the family. Shouldn't the patient be allowed to die with dignity? I have heard patients beg to be put out of their agony because of the throbbing, pounding, piercing pain spreading through their bones. Why not help the patient on his way to peace and rest? - Mary, R.N.

In Search of a Humane Death

The legalization of euthanasia would be a compassionate act, and the need for it is increasingly urgent. Modern science is creating wonderful techniques, cures, and machines that are saving the lives of millions. Humans now need to lose their arrogance and grant others the right to choose a peaceful and merciful death. After all, the term euthanasia comes from the Greek word meaning "good death." Thus, euthanasia should not be considered an evil, but a "good" and calm way to leave this world. No matter how much we wish to believe they are immortal, we must realize that our bodies cannot sustain life infinitely.

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