

EUTHANASIA

IS LEGALIZING IT A GOOD IDEA?

AUSTRALIAN DIALOGUES

JUNE-JULY 2011

MARGARET SOMERVILLE

AM, FRSC, A.u.A (pharm.), LL.B (hons), D.C.L.
Samuel Gale Professor of Law
Professor, Faculty of Medicine
Founding Director, Centre for Medicine Ethics and Law, McGill University

TABLE OF CONTENTS

PROLOGUE..... 1

DIALOGUES

1.		W
	Why are we debating euthanasia now?.....	4
2.		I
	Is confusion being used as a strategy for legalizing euthanasia?	17
3.		S
	Should we continue to prohibit euthanasia?	27
4.		W
	Could legalizing euthanasia harm medicine and society?	34
5.		
	What do dying people need?.....	39
6.		C
	Can we keep the euthanasia debate in a moral context?	47

EPILOGUE.....65

PROLOGUE

I have agonized about which issues relevant to death and dying, and, relatedly, to physician-assisted suicide and euthanasia, I should address in these Dialogues, which I regard as privileged opportunities to speak to Australians in several capital cities.

Much could be and needs to be said. I will, however, largely address only the issue of euthanasia and physician-assisted suicide¹. My reasons for doing so are that I believe this is by far the most important issue we face in relation to “death and dying”, not least because what we decide in this regard will have major impact far outside the immediate context of euthanasia. I hasten to add, however, that statement is not meant to detract from the great importance of other issues relevant to death and dying, in particular, access to good palliative care for all people who need it and to fully adequate pain relief treatment.

I have researched and written on euthanasia for over thirty years. Much of this research and writing, up to the year 2002, is collected in my book “*Death Talk: The case against euthanasia and physician-assisted suicide*”², which is 433 pages in length. And the intensity of my research has only increased since that was published.

It’s impossible, of course, to communicate to you in these Dialogues even a small fraction of the materials on the basis of which I have concluded that legalizing euthanasia is a bad idea and my reasons for coming to this conclusion, but many of them can be found in my book or my subsequent publications, submissions and consultations on euthanasia, most

¹ Note: Unless the contrary is indicated, I use the term euthanasia in these Dialogues to include both euthanasia and physician-assisted suicide.

² Margaret Somerville, *Death Talk: The case against euthanasia and physician-assisted suicide*, McGill-Queen’s University Press, 2002, Montreal, pp.433

of which can be found on Internet websites. Rather, in these Dialogues, I'm going to assume that you have probably heard all the usual arguments for and against euthanasia, many of which are very important and prominent in the euthanasia debate in the public square. I'm taking this approach, because I want to focus on some aspects that you might not yet have heard about, and would not otherwise encounter, or at least not from the perspectives that I will present them.

Before doing so, however, I want to point out and emphasize that we need to look at the impact of legalizing euthanasia at three, and probably four, levels: The micro or individual level; the meso or institutional level; the macro or societal level; and the mega or global level.

The case for euthanasia is made almost entirely at the individual level – the right of individuals to decide how and when they will die. As I discuss in the first Dialogue, it focuses on individual person's rights to autonomy and self-determination and relief of suffering and rights to decide for themselves. While there are strong arguments against euthanasia at the individual level, in particular, realistic and valid concern about its abuse, very strong arguments against it exist at the institutional and societal levels, which, so far, have not been given the consideration they deserve³. To the extent that I am able, I hope to correct that omission in these Dialogues.

The Dialogues are structured as six questions and my responses to those questions are not meant, by any means, to be comprehensive. Rather, they are intended to open up discussion, which is why these texts are called Dialogues, although the other voices - including, I hope, your voices - remain to be included.

³ Note: A substantial proportion of the content of these Dialogues first appeared as editorial page or commentary articles in Canadian daily newspapers, including The Globe and Mail, The Ottawa Citizen and The [Montreal] Gazette.

In the order in which they appear, which is not an accidental order, the questions are:

1. Why are we debating euthanasia now?
2. Is confusion being used as a strategy for legalizing euthanasia and a means of doing so?
3. Should we continue to prohibit euthanasia? If legalized would euthanasia become the norm?
4. Would legalizing euthanasia harm medicine and society?
5. What do dying people need? Making death bearable.
6. And, can we keep the euthanasia debate in a moral context?

DIALOGUE 1**WHY ARE WE DEBATING EUTHANASIA NOW?****1.1 THERE'S NOTHING NEW ABOUT EUTHANASIA**

Why have many of our Parliaments, for instance in Australia, Canada, the United States and the United Kingdom and other European countries, recently been considering whether to legalize euthanasia and physician-assisted suicide, when we have prohibited them for millennia?

Not one of the bottom-line conditions usually linked with calls for legalizing euthanasia - - that a person is terminally ill, wants to die and we can kill them -- is new. These factors have been part of the human condition for as long as humans have existed. And our capacity to relieve pain and suffering has improved remarkably. So, is some other cause the main one? Asked another way: Why *now* are we debating whether to legalize euthanasia?

Although the euthanasia debate usually centres on a dying, identified person, who wants euthanasia, I believe the answer to what has precipitated the debate lies in understanding profound changes in our post-modern, secular, western, democratic societies, and their complex interactive and cumulative effects. To make wise decisions about whether or not to legalize euthanasia, we need to identify and understand these changes. And if, as I do, we believe legalizing euthanasia is a bad idea, identifying these factors can help us to see what is needed to make the case against euthanasia clearer and stronger.

1.2. FACTORS INFLUENCING THE EUTHANASIA DEBATE

1.2.1 INTENSE INDIVIDUALISM AND MORAL RELATIVISM

"Intense individualism" (sometimes called "selfish" or "radical" individualism), which needs to be distinguished from "healthy individualism," dominates our society. This entails giving pre-eminence to rights of personal autonomy and self-determination, often to the exclusion of considering harms to institutions or society - that is, the community - all of which favour the acceptance of euthanasia.

Making the case for euthanasia, when that case is based on intense individualism and respect for autonomy and self-determination is seen as a sufficient justification, is very easy.

Making the case against euthanasia on the basis of the harm euthanasia would cause is difficult, not because it is a weak case, but for reasons I will explain.

Intense individualism or neo-liberalism is reflected in the question, "Whose life, whose death is it, anyway?" when it is asked rhetorically. The anticipated, "intensely individualistic" answers are "your life, and your death, so it's entirely up to you to decide what you do and don't want with respect to continuing your life and no one else's business to tell you otherwise."

Francis Fukuyama speaks of “intense moral individualism” which has a very dominant focus on individual values and very little concern about the impact on societal values or the common good of giving priority to those values¹.

Moreover, “intense moral individualism” focuses on only the physical risks, not the moral risks, of always giving priority to individuals’ values. “Intense moral individualism” is implemented through recognizing and giving priority to individual legal rights, for instance, “rights to absolute reproductive freedom” or legalizing euthanasia.

Almost all the justifications for legalizing euthanasia focus primarily on the dying person who wants it. Its harmful impact on society and its values and institutions is ignored. We need, however, as I point out in the Prologue, to look at the impact of legalizing euthanasia, not only, at the micro or individual level, but also, at the meso or institutional level, the macro or societal level and the mega or global level.

As well, "intense individualism" tends to exclude developing any real sense of community, even in connection with death and bereavement, where that sense is an essential need and coping mechanism for most people.

MORAL RELATIVISM...

Intense individualism is closely linked to moral relativism, a philosophical position that there is no absolute right or wrong, rather we can each decide that for ourselves what is and isn't ethical. Moral relativism is now dominant in large sections of academia and certain segments of society.

PRE-MORTEM LONELINESS...

¹ Francis Fukuyama, *The Great Disruption: Human Nature and the Reconstitution of Social Order*, Simon & Schuster, 1999.

Dying alone or unloved seems to be a universal human fear. In democratic western societies many people have a sense of loss of family and community: relationships between intimates have been converted into relationships between strangers.

That loss has had a major impact on the circumstances in which we die. In our society, death is largely a medical event that takes place in a hospital or other institution and is perceived as occurring in great isolation. Death has been professionalized, technologized, depersonalized and dehumanized. Facing those realities makes euthanasia seem an attractive option and easier to introduce.

Euthanasia can be seen as a response by the dying person to "intense pre-mortem loneliness" to use psychiatrist, the late Dr. Jay Katz's, words.²

Finally, there is a radical difference between valuing only what we want in relation to our own life or also valuing the lives of generations to follow and deciding what we owe to them, and acting accordingly. Calling for legalized euthanasia in order to allow personal preferences concerning death to prevail is an example of the former. Rejecting euthanasia because of the harm we believe it would do to our shared values, societal institutions, and society, itself, shows that we also value the lives of future generations. We have obligations to hold the future in trust for future generations. We need to ask ourselves, if we legalize euthanasia, how might our great-great grandchildren die?

1.2.2 ATTITUDES TO SUFFERING

² Jay Katz, *The Silent World of Doctor and Patient*, The Free Press, New York, 1984.

I taught a course, "Ethics, Law, Science and Society," to upper year and graduate law students at McGill, in which euthanasia and physician-assisted suicide was one of the topics we studied. I've researched euthanasia, physician-assisted suicide, the ethics and law of palliative care and pain relief treatment, decision-making at the end of life, and related topics, for nearly three decades and published a 433-page book on these topics.

Yet, I came away from the class feeling that I had completely failed to communicate to most of my students what the problems with euthanasia were -- that I was hitting a steel wall. This was not due to any ill-will on their part; rather, they seemed not to see euthanasia as raising major problems -- at least any beyond preventing its abuse -- a reaction I found very worrying.

I probed the reasons for their attitude. One of my students explained, "I think many of our reactions come from an aversion to suffering, and an unwillingness or hesitancy to prolong pain."

Finding convincing responses to the relief-of-suffering argument used to justify euthanasia is difficult in secular societies. In the past, we used religion to give value and meaning to suffering. But, now, suffering is often seen as the greatest evil and of no value, which leads to euthanasia being seen as an appropriate response.

1.2.3 MAINSTREAM MEDIA

Today we create our collective story -- the store of values, attitudes, beliefs, commitments and myths -- that informs our collective life and through that our individual lives and helps to give them meaning, through mass media and the Internet.

Failure to take into account societal and cultural-level issues related to euthanasia is connected with the "mediatization" of the debate. We consider only the issues presented by the mass media -- and those only as presented by them. For instance, it makes

dramatic, personally and emotionally gripping television to feature, as happened in the Sue Rodriguez case in Canada, an articulate, courageous, 42-year-old, divorced woman, dying of amyotrophic lateral sclerosis, begging to have euthanasia made available, who says she will commit suicide while she still can and leave her eight year old son sooner, if she can't obtain euthanasia later.

The arguments against euthanasia are based on the harm that it would do to society, both present and future, and are very much more difficult to present visually. They come across as abstractions. Society cannot be interviewed on television and become a familiar, empathy-evoking figure to the viewing public.

Moreover, the vast exposure to death that we are subjected to in both current-affairs and entertainment programs might have overwhelmed our sensitivity to the awesomeness of death and, likewise, of inflicting it.

1.2.4 DENIAL OF DEATH AND 'DEATH TALK'

Ours is a death-denying, death-obsessed society. Those who no longer adhere to the practice of institutionalized religion have lost their main forum for engaging in "death talk" -- whether church, synagogue, mosque or temple. We need to engage in that "talk" if we are to accommodate the inevitable reality of death into the living of our lives. And we must do that if we are to live fully and well.

Our extensive discussion of euthanasia in the mainstream media may be our contemporary "death talk". So, instead of being confined to an identifiable location and an hour or so a week, "death talk" has spilled out into our lives in general.

1.2.5 FEAR

This makes maintaining the denial of death more difficult, because it makes the fear of death more present and "real." One way to deal with this fear is to believe we have death under control – control is a fear-reduction mechanism. The availability of euthanasia could support that belief.

Euthanasia moves us from chance to choice concerning death. Although we cannot make death optional, we can create an illusion that it is, by making its timing and the conditions and ways in which it occurs a matter of choice.

We can be frightened not only as individuals, but also as a society. For instance, collectively, we express the fear of crime in our streets or terrorist attacks. But that fear, though factually based, might also be a manifestation of a powerful and free-floating fear of death, in general.

Calling for the legalisation of euthanasia could be a way of symbolically taming and civilising death, thus reducing our fear of its random infliction through crime, that is, euthanasia functions as a “terror reduction” mechanism or “terror management” device. (It’s interesting to consider whether capital punishment also functioned as that.)

If euthanasia were experienced as a way of converting death by chance to death by choice, it would offer a feeling of increased control over death and, thereby, decreased fear.

We tend to use law as a response to fear, often in the misguided belief that this will increase our control of that which frightens us and, hence, augment our safety. Hence, it is not surprising that the euthanasia debate focuses on its legalization.

1.2.6 LEGALISM

Western societies have, to varying degrees, become a legalistic ones. The reasons are complex and include the use of law as a means of ordering and governing a "society of strangers", as compared with one of "intimates".

On the whole, we use ethics to govern intimate relationships and law to govern relationships with strangers. Think of a divorce case or a medical malpractice one. When the bond of trust is broken in these "intimate" relationships, the people become strangers and a switch occurs from ethics to law to govern the relationship.

Matters such as euthanasia, which would once have been the topic of moral or religious discourse, are now explored in courts and legislatures -- especially through concepts of individual human rights, civil rights, and constitutional rights.

Man-made law (legal positivism), as compared with divinely ordained law or natural law, has a very dominant role in establishing the values and symbols of a secular society. In the euthanasia debate, it does so through the judgments and legislation which result from the "death talk" that takes place in "secular cathedrals" -- legislatures and courts.

1.2.7 MATERIALISM AND CONSUMERISM

Another factor favouring euthanasia is that our society is highly materialistic and consumerist. It has lost any sense of the sacred, even just of the "secular sacred."

That favours a pro-euthanasia position, because a loss of the sacred fosters the idea that worn-out people may be equated with worn-out products; both can then be seen primarily as "disposal" problems.

One Australian politician put it this way: "When you are past your best-before or use-by date, you should be disposed of as quickly, cheaply and efficiently as possible." Euthanasia implements that approach. This feature of euthanasia is what makes it especially dangerous for old or disabled people.

1.2.8 FEAR OF MYSTERY

Mysteries make many contemporary humans highly anxious. So, we convert mysteries into problems in order to deal with them, often through a technological solution, and reduce our anxiety in doing so. If we convert the mystery of death into the problem of death, euthanasia (or, even more basically, a lethal injection) can be seen as a solution to that problem.

A sense of mystery might be required to "preserve room for hope." Hopelessness -- nothing to look forward to -- is strongly associated with a desire for euthanasia.

Rejection of any sense of mystery often correlates with a belief that reason is the only valid way of human knowing, and a rejection of other ways, such as intuition, especially moral intuition, examined emotions, experiential knowledge and so on. Such an approach favours euthanasia -- it can make logical sense, even though humans have a deep moral intuition against killing each other and we have thousands of years of history (that is, human memory which is a "way of knowing") in all kinds of societies that it is wrong to do so, except where it is unavoidable to save human life.

1.2.9 CHALLENGES TO ESTABLISHED SOCIETAL VALUES

The euthanasia debate is one of many current debates that have a common feature in that they are challenging long-established, previously, at least, widely-shared societal values. While it is good to be open to debate about our values, it's not necessarily progress to change them, in fact, it can be the opposite.

I have written elsewhere³ about how I believe that we go through three stages in relation to forming our values. At the "true simplicity" stage we know what are values are and accept them as correct. When they are challenged, we can shift to a "chaos stage" – we are no longer certain our values are correct, but we don't yet know what they should be. In

³ See Margaret Somerville, *The Ethical Canary: Science, Society and the Human Spirit*, McGill-Queen's University Press, p.288

the third, “apparent simplicity” stage we have restructured the chaos and know what our values should be and, often, that is very similar or the same as what they were in the “true simplicity” stage. The difference is that we now understand much more deeply why they should be what they are.

These challenges to traditional values are part of the implementation of moral relativism. If there are no absolute truths or values and everyone has the right to decide for himself or herself what the governing values should be, then one should not just accept what others decide about values.

1.2.10 DISPUTES OVER WHAT IT MEANS TO BE HUMAN

At the heart of many of the current debates on ethics, including in relation to euthanasia is the issue of whether humans are “special” and, therefore, deserve "special respect" as compared with animals or robots. Many of these arguments centre on the concept of human dignity.

Some philosophers see recognition of human dignity as the marker of the ethical and moral sense humans have, which they see as distinguishing humans from animals, which also have consciousness. They believe humans are "special" because of this moral sense and, therefore, deserve special respect. Others reject any special status for humans and see us as just another animal in the forest.

I believe we deserve special respect simply because we are human, which also means we have absolute obligations to protect and preserve the essence of our humanness. What constitutes that is a further and difficult question.

But some people don't agree that there's anything intrinsically special about being human. For instance, Princeton "animal rights" philosopher Peter Singer would not differentiate animals from humans in the kind of respect they are owed. So, these people

argue that if, out of mercy, we see it as acceptable to euthanize our suffering dog or cat, likewise, we should be able to offer euthanasia to humans. But we are not dogs.

1.2.11 THE IMPACT OF SCIENTIFIC ADVANCES

Among the most important causes of our loss of a sense of the sacred, in general, and regarding human life in particular, is our extraordinary scientific progress and the mistaken views that we will be able to know everything through science and that science and religion are antithetical.

New genetic discoveries and new reproductive technologies have given us a sense that we understand the origin and nature of human life and that, because we can, we may manipulate -- or even "create" -- life. Transferring these sentiments to the other end of life would support the view that euthanasia is acceptable.

1.2.12 CONTROL

The new science has created a new reality in our societies – that of the present capacity and future potential of technoscience to move us beyond what we have known as human, to make us what the transhumanists call “post-humans” – that is, occupants of a world in which humans are “an obsolete model”.

Up to the present, the ethics focus on the mind- and world- altering changes that could be wrought by the new science has been on human birth and the living of human life.

But, now, that science and the ethics that govern it are also having impact on how we view human death and what we see as ethical conduct in relation to it. Calls to legalize euthanasia are one expression of such impact. The polar opposite example, that of the transhumanists' search for immortality, is another. The feature they have in common is control over human death, in the case of euthanasia to cause it, and that of the search for immortality to avoid it.

A science based or technological based approach to life and death – which both euthanasia and a search for physical immortality reflect – is strongly related to taking control. In contrast, a “spiritual approach” (which may or may not be based in religious belief⁴) accepts that there are some things that we cannot or ought not to try to control, at least through certain means.

1.2.13 COMPETING WORLDVIEWS

Though immensely important in itself, the debate over euthanasia might be a surrogate for yet another, even deeper, one. Which of three irreconcilable worldviews will form the basis of our societal and cultural paradigm in the future?

According to one worldview, which I call the “pure science” view, we are highly complex, biological machines, whose most valuable features are our rational, logical, cognitive functions. This worldview is in itself a mechanistic approach to human life. Its proponents support euthanasia, as being, in appropriate circumstances, a logical and rational response to problems at the end of life.

In contrast, the “pure mystery” view rejects science, and takes a fundamentalist approach to religion and bases itself on a literal interpretation of sacred texts, for instance, the

Bible. The commandment, “Thou shalt not kill”, means the adherents of this view strongly reject euthanasia.

The third worldview (which for some people is expressed through religion, but can be, and possibly is for most people, held independently of religion, at least in a traditional or institutional sense) celebrates science, but also accepts that human life consists of more than its biological component, wondrous as that is. It involves a mystery - at least the “mystery of the unknown” - of which we have a sense through intuitions, especially moral ones. It sees death as part of the mystery of life, which means that to respect life, we must respect death. Although we might be under no obligation to prolong the lives of dying people, we do have an obligation not to shorten their lives deliberately. I call this the “science human-spirit” view.

DIALOGUE 2

**IS CONFUSION BEING USED AS A STRATEGY FOR
LEGALIZING EUTHANASIA AND A MEANS OF DOING SO?**

**2.1 THE DELIBERATE CONFUSION OF PAIN RELIEF TREATMENT AND
EUTHANASIA TO PROMOTE THE LEGALIZATION OF EUTHANASIA...**

Providing necessary pain or suffering relief is not euthanasia. Indeed, unreasonably failing to provide necessary treatment for pain and suffering could constitute unprofessional conduct with resultant disciplinary measures, medical malpractice, and, in extreme cases, criminal negligence. It is now also widely recognized that for a healthcare professional to negligently leave a patient in serious pain is a breach of fundamental human rights.

People in pain have a right to fully adequate pain management. But that does not entail endorsing euthanasia, as pro-euthanasia advocates propose.

The pro-euthanasia lobby has deliberately confused pain relief treatment and euthanasia in order to promote their cause. Their argument is that necessary pain relief treatment that could shorten life is euthanasia; that we are already giving such treatment and the vast majority of citizens agree we should do so; therefore, we are practising euthanasia with the approval of our citizens, so we should come out of the medical closet and legalize euthanasia. Indeed, they argue, doing so is just a small incremental step along a path we have already taken.

It's true and to be welcomed that the vast majority of people agree we should give fully adequate pain relief, but the pro-euthanasia lobby is wrong on all its other claims.

We need to distinguish treatment that is necessary to relieve pain, even if it could shorten life (which is a very rare occurrence if pain relief is competently prescribed), from the use of pain relief treatment as covert euthanasia. The former is not euthanasia, the latter is.

And in the small number of cases in which pain cannot be controlled palliative sedation is an option. This is not euthanasia as 49 percent of Quebec physicians relatively recently polled mistakenly thought it was.

The distinction between pain relief treatment and euthanasia hinges on the physician's primary intention in giving the treatment and the patient's need for the treatment given.

Pain relief treatment given with a primary intention to relieve pain and reasonably necessary to achieve that outcome is not euthanasia, even if it did shorten the patient's life. Any intervention, including the use of pain relief drugs, carried out with a primary intention of causing the patient's death and resulting in that outcome, is euthanasia.

Acting with a primary intention to kill is a world apart from acting with a primary intention to relieve pain. And this is not a novel or exceptional approach. The law recognizes such distinctions daily. If we accidentally hit and kill a pedestrian with our car, it is not murder. If we deliberately run him down with our car intending to kill him, it is.

It is a tragedy for patients, especially those who are terminally ill and in pain, and a major disservice to physicians, nurses and humane and good medical care to confuse these situations as the pro-euthanasia lobby deliberately does. Physicians and patients become frightened of giving and accepting adequate pain relief.

The proper goal of medicine and physicians is to kill the pain. It is explicitly not their role to kill the patient with the pain — to become society's executioners — which is what euthanasia entails, no matter how merciful or compassionate our reasons.

Even most people who support legalizing euthanasia believe its use needs to be justified, usually as being necessary to relieve pain and suffering. Surveys of the general public that ask the question "Do you believe people in terrible pain should have access to

euthanasia?” reflect that belief. But again this approach causes confusion between pain relief and euthanasia. It makes euthanasia the treatment for pain, and it makes it impossible for people to agree that all necessary pain relief must be provided, without also endorsing euthanasia. Respondents have either to agree to both pain relief and euthanasia or to reject both. Of course, to have the public endorse euthanasia might be the goal of some of these surveys.

Rights to pain relief treatment will, however, be nothing more than empty words unless that treatment is accessible. If, as I do, we believe legalizing euthanasia or physician-assisted suicide would be a terrible mistake for society, we have serious obligations to ensure fully adequate pain relief treatment is readily available to all who need it.

2.2 THE CONFUSION BETWEEN RIGHTS TO REFUSE TREATMENT AND EUTHANASIA: WHY IS WITHDRAWING TREATMENT TO ALLOW A PATIENT TO DIE ETHICALLY ACCEPTABLE AND EUTHANASIA IS NOT?

Many people also seem to be confused with respect to the ethical and legal differences between withdrawal of treatment that results in death and euthanasia, and why the former can be ethically and legally acceptable, provided certain conditions are fulfilled, and the latter cannot be. This is a central and important question in the euthanasia debate.

2.2.1 . PRIMARY INTENTION...

First, the *primary intention* is different in the two cases: In withdrawing life-support treatment the primary intention is to respect the patient’s right to refuse all treatment; in euthanasia it is to kill the patient. The former intention is ethically and legally acceptable; the latter is not.

2.2.2 RIGHTS...

Patients have a right to refuse treatment, even if that means they will die. Such a refusal is an exercise of their right to autonomy and self-determination. The content of that right is a right not to be touched without their consent – a right to inviolability.

Pro-euthanasia advocates use recognition of the right to refuse treatment even when it results in death, to argue that, likewise, patients should be allowed to exercise their right to autonomy and self-determination to choose death through lethal injection. They say that there is no morally or ethically significant difference between these situations, and there ought to be no legal difference.

They found their argument by wrongly characterizing the right to refuse treatment as a “right to die”, and then generalize that right to include euthanasia and physician-assisted suicide. But the right to refuse treatment is not a “right to die” and does not establish any such right, although death results from respecting the patient’s right to inviolability. The right to refuse treatment can be validly characterized as a “right to be *allowed* to die”, which is quite different from a right to be killed that euthanasia would establish.

This particular pro-euthanasia line of argument is just one more example of promoting euthanasia through deliberate confusion between interventions, such as acting on valid refusals of treatment, that are not euthanasia and those that are.

2.2.3. CAUSATION...

Which brings us to the issue of *causation*, which also differentiates refusals of treatment that result in death from euthanasia.

In refusals of treatment that result in death, the person dies from their underlying disease – a natural death. The withdrawal of treatment is the occasion on which death occurs, but not its cause. If the person had no fatal illness, they would not die. And, moreover, sometimes patients, who refuse treatment and are expected to die, do not die. In contrast in euthanasia, death is certain and the cause of death is the lethal injection. Without that, the person would not die at that time from that cause.

2.2.4. CONFUSION AS TO THE ISSUE...

The fact that the patient dies in both refusing treatment that results in death and in euthanasia is one of the causes of the confusion between the two situations. If we focus just on that outcome of death, we miss what the real point of distinction between the two situations is.

The issue in the euthanasia debate is not *if* we die - we all eventually die. The issue is *how* we die and whether some means of dying, such as euthanasia and physician-assisted suicide, should remain prohibited. I believe they should.

2.3 CONFUSION IN LANGUAGE

WORDS MATTER...

Definition of words matters. Take the concept of human dignity. Pro- and anti-euthanasia advocates use different interpretations of the concept to bolster their arguments.

Euthanasia advocates argue respect for human dignity requires that euthanasia be legalized and opponents of euthanasia argue exactly the opposite, that respect for human dignity requires it remain prohibited. In short, the concept of human dignity and what is

required to respect it is at the centre of the euthanasia debate, but there is no consensus on what we mean by human dignity, its proper use, or its basis.

American political scientist Diana Schaub says "we no longer agree about the content of dignity, because we no longer share ... a 'vision of what it means to be human'." She's correct. So what are the various interpretations of dignity and what can they tell us about "what it means to be human"?

Intrinsic dignity means one has dignity simply because one is human. This is a status model - dignity comes simply with being a human being. It's an example of "recognition respect" - respect is contingent on what one is, a human being.

Extrinsic dignity means that whether one has dignity depends on the circumstances in which one finds oneself and whether others see one as having dignity. Dignity is conferred and can be taken away. Dignity depends on what one can or cannot do. Extrinsic dignity is a functional or achievement model - dignity comes with being able to perform in a certain way and not to perform in other ways. It comes with being a human doing. This is an example of "appraisal respect" - respect is contingent on what one does.

These two definitions provide very different answers as to what respect for human dignity requires in relation to disabled or dying people, and that matters in relation to euthanasia.

Under an inherent dignity approach, dying people are still human beings, therefore they have dignity. Opponents of euthanasia believe respect for human dignity requires, above all, respect for human life and that while suffering must be relieved, life must not be intentionally ended.

Under an extrinsic dignity approach, dying people are no longer human doings - that is, they are seen as having lost their dignity - and eliminating them through euthanasia is perceived as remedying their undignified state.

Pro-euthanasia advocates argue that below a certain quality of life a person loses all dignity. They believe that respect for dignity requires the absence of suffering, whether from disability or terminal illness, and, as well, respect for autonomy and self-determination. Consequently, they argue that respect for the dignity of suffering people who request euthanasia requires it to be an option.

Importantly, to respect human dignity we must have respect for both the human dignity of each individual and for the worth of humanity as a whole. That means that even if we accepted that individual consent could justify taking human life, it is not necessarily sufficient to ensure human dignity is not being violated. For instance, a French court ruled that the "sport" of "dwarf throwing" was in breach of respect for human dignity and banned it, even though the dwarfs involved consented.

Words also matter because they affect our emotions and moral intuitions, which play an important role in good ethical decision making. Research shows that people with damage to the emotional centres of their brains could not make "good moral decisions".

As well, people respond differently depending on how the questions are framed in surveys asking them whether they agree with euthanasia, physician-assisted suicide or physician-assisted death. When it's associated with relieving excruciating pain they are more likely to agree with it. And describing euthanasia as "the last act of good palliative care" or "merciful clinical care" leaves one with a very different impression of what it involves than if we describe it as "doctors killing their patients".

It's a controversial suggestion, but I propose that if we were to legalize euthanasia, we should take the "medical cloak" off it, that is, physicians should not be the ones to carry it out because their doing so confuses us.

REASONS TO TAKE THE MEDICAL CLOAK OFF EUTHANASIA...

One reason, among many, to take the medical cloak off euthanasia is that it causes people to fear physicians, accepting pain relief treatment, and hospice and palliative medicine and care.

As well, placing a medical cloak on euthanasia makes it seem safe, ethical and humane, because those are the characteristics we associate automatically with medical care, when, in fact, we all need to question the acceptability of legalizing euthanasia and physicians being authorized to carry it out.

One suggestion for alternative practitioners, that has shocked even people who are euthanasia advocates, is to consider having specially trained lawyers. I was giving a speech on euthanasia at a national medical association conference in Australia. I stated on two or three occasions that “we can’t have physicians killing people”. A pro-euthanasia palliative care physician in the audience leapt to his feet and shouted, “Margo, will you stop using that word killing; it’s not killing, it’s VAE [voluntary active euthanasia]”.

Later in the speech, I addressed the issue of, if we were to legalize euthanasia, who should carry it out. I argued against physicians, since, as I’ve explained above, that makes people frightened of consulting physicians and reluctant to accept pain relief treatment, because they fear being euthanized. The solution I suggested would be to have a specially trained group of lawyers¹. The justification put forward for this choice is that they understand how to properly interpret and strictly apply laws and, for pro-euthanasia advocates, ensuring that in order to prevent abuse is the major concern, not euthanasia itself.

¹ This is not my original idea. See R.M.Sade and M.F.Marshall, “Legistrothanatory: A New Specialty for Assisting in Death”, *Perspectives in Biology and Medicine* 1996;39(4):547-549

The same physician who had objected to my using the word “killing”, again jumped to his feet and this time exclaimed, “Margo are you crazy? We can’t have lawyers killing people.” I agree wholeheartedly, and neither should we have physicians killing people. With the medical cloak on the act it was not killing; with the cloak off, the same act was killing.

2.4 CONFUSION BETWEEN THE RESPECT OWED TO ANIMALS AND TO HUMANS

We must protect humans' special status. If certain animals become persons, as some philosophers argue they should, human persons become animals, which other philosophers argue is all that they are. Adopting such concepts has consequences for how we should treat each other, including with respect to euthanasia.

Addressing the argument that we euthanize our pets out of compassion, so why not humans we love, the short answer is we are not just another animal. But if we were, we should be treated the same.

The issue is “Are humans special and therefore deserve “special respect”?”

We used to regard humans as special on the basis that they had a soul, a Divine spark, and animals did not. Far from everyone accepts that today. But most people at least act as though we humans have a "human spirit," a metaphysical, although not necessarily supernatural, element as part of the essence of our humanness. Here’s how I define the human spirit:

It is the intangible, immeasurable, ineffable, numinous reality that all of us need to have access to find meaning in life and to make life worth living — a deeply intuitive sense of relatedness or connectedness to all life, especially other people, to the world, and to the universe in which we live; the metaphysical -- but not necessarily supernatural -- reality which we need to experience to live fully human lives.

The beautiful Sanskrit greeting Namaste - loosely translated, "The Light in me recognizes the Light in you," - captures this reality.

DIALOGUE 3

SHOULD WE CONTINUE TO PROHIBIT EUTHANASIA?

Once legalized, would euthanasia become the norm?

Abuse and the unstoppable expansion of justifications of euthanasia

3.1 EUTHANASIA WOULD CHANGE HOW WE VIEW DEATH

Approval of euthanasia would muffle our proper emotional response to a person's passing. And legalizing assisted suicide could adversely affect our ethical judgments surrounding death. For instance, questions we would have to address include: Should we allow people to choose death to avoid emotional suffering? Do you need a justification for euthanasia beyond that's what the person wants?

A newspaper story, in 2009, reported that William Melchert-Dinkel, a Minnesota nurse, used the Internet to encourage many people, including a young Canadian woman, 18-year-old Canadian Nadia Kajouji, who killed herself, to commit suicide. No one argued that this was or should be ethically or legally acceptable. He has just been convicted, in May 2011, by a Minnesota court of assisting suicide, but received only a year in prison, which most commentators labeled as grossly inadequate.

That was not the case in relation to George and Betty Coumbias, two 73-year-old British Columbia residents. George suffers from serious heart disease; Betty was healthy. But in Betty's words, "I don't think I can face life without [George], and since we read about Dignitas [a Swiss organization that assists people to commit suicide], we felt what would be better than to die together, you know, to die in each other's arms?"

Under Swiss law, because George was seriously ill, Dignitas has no problems in helping him. But they sought a ruling from local officials as to whether they might help Betty, as a healthy woman, to kill herself and allow her and George to carry out their suicide pact.

If, as pro-euthanasia advocates argue, respect for people's rights to autonomy and self-determination means everyone has a right to die at a time of their choosing, and the state has no right to prevent them from doing so, then Betty would have the right to choose to die with George. And that's precisely what the president of the Canadian Right to Die Society argued on Canadian TV. In her words, "life is not an obligation."

Most of us, I suggest, including some people who would support assisted suicide in some circumstances, see the situation differently and would regard helping Betty to kill herself as wrong, just as they do the encouragement given to the Ottawa woman. The possibility that legalizing euthanasia and assisted suicide could allow this might make some pro-euthanasia people rethink their stance.

It's also interesting to note the outcome of the Coumbias's case. Betty died unexpectedly prior to the Swiss decision on whether she could commit suicide with George and, at last report, George was living in British Columbia and was not seeking assistance to commit suicide.

Then we can look at a very recent funeral in Flanders Belgium a commentary on which was published under the title: "Euthanasia makes it easier to have a customized funeral". Here's what Michael Cook, the editor of the website Mercatornet wrote on 31st March, 2011¹

If you are up for some spine-chilling excitement, take a look at this video clip from Flanders News, in Belgium. A few days ago, a Belgian couple were euthanased together because they could not

¹ <http://www.mercatornet.com/careful/view/8902/>

imagine life without one another. He was 83 and had cancer. She was 78 and suffered from old age. A euthanasia expert explains that “euthanasia is becoming normal in Belgium – so normal that it featured on the couple’s memorial card. Many people mistakenly believe that euthanasia is only for the terminally ill. Wrong!”, he says cheerfully,. “It’s a beautiful choice for everyone who feels that life has nothing more to offer”.²

3.2 CAN EUTHANASIA BE JUSTIFIED?

People who oppose euthanasia and assisted suicide believe these interventions are inherently wrong -- they can't be morally justified, and that even compassionate motives do not make them ethically acceptable -- the ends do not justify the means.

People who would accept euthanasia and assisted suicide, but only in some circumstances, usually limit access to them to people who are terminally ill and in serious pain and suffering that can't be relieved (which are exceptional cases). These limitations show that these people believe each case of euthanasia or assisted suicide needs moral justification to be ethically acceptable.

Pain and suffering are the reason given to justify euthanasia, and is the justification the public accept in supporting its legalization. But research shows dying people request euthanasia far more frequently because of fear of social isolation and of being a burden on others, than pain. Loneliness and social isolation are strongly associated with requests for euthanasia.

Most recently, however, some pro-euthanasia advocates are arguing that respect for rights to autonomy and self-determination means competent adults have a right to die at

² ~ Flanders News, March 26, 2011

a time of their choosing, and the state has no right to prevent them that is, in their case, the state has no right to require a justification.

I believe that even utilitarians, who base their ethics on whether the benefits and potential benefits of euthanasia and assisted suicide outweigh their risks and harms, should decide against legalizing them, because the harms outweigh the benefits, especially on the slippery slope these interventions open up.

There is also abuse in that legal requirements are not fulfilled. And there is now great concern that if euthanasia or physician-assisted suicide were legalized that old people, especially, would be abused and disabled people would be discriminated against in terms of protection of their right to life..

We can clearly see the slippery slope of the expansion of justifications for euthanasia in the Netherlands' 30-year experience with it.

The original Dutch criteria for euthanasia were that it was limited to competent adults, who were terminally ill and had pain and suffering that could not be relieved, and who repeatedly asked for euthanasia. Now, none of those requirements apply:

- ◆ The recent Groningen protocol allows parents of disabled babies to request euthanasia for them.
- ◆ Children aged 12 to 16 years can request and obtain euthanasia with their parents' consent and those over 16 can give their own consent.
- ◆ There are more than 500 deaths a year from euthanasia (and possibly many more) where the adult was not competent or whose consent was not obtained.
- ◆ A middle-aged depressed woman, who was not terminally ill, was given euthanasia by her treating psychiatrist. A court ruled this was justified.

- ♦ An old man who had a dread of being put in a nursing home was given a choice by his family between a nursing home and euthanasia. He chose euthanasia. He was not terminally ill or in unrelievable pain and suffering.
- ♦ Recent research showed that in the Netherlands the rate of suicide in late middle-aged men (a group at increased risk for suicide) had dropped, but the rate of euthanasia in this same age-group had risen. We don't know that there is a cause and effect relation between these statistics, but even apart from that, what impact would recognizing suicide as a legitimate way to relieve suffering have on people who are suicidal?
- ♦ And it's recently been reported that a group of older Dutch academics and politicians have launched a petition in support of assisted suicide for the over-70s who are "tired of life"³. They have attracted over 1000,000 signatures, far more than the 40,000 needed to get the issue debated in parliament under citizens' initiative legislation⁴.

Indeed, one of the people responsible for shepherding through the legislation legalizing euthanasia in the Netherlands recently admitted publicly that doing so had been a serious mistake, because, she said, once legalized, euthanasia cannot be controlled. She later recanted to some extent on her statement when it attracted widespread public comment, saying she "had been misunderstood". After all she's a politician!

In other words, once introduced, justifications for euthanasia expand greatly, even to the extent that simply a personal preference "to be dead" will suffice.

³ "Tired of life? Group calls for assisted suicide",
http://www.dutchnews.nl/news/archives/2010/02/tired_of_life_group_calls_for.php

⁴ 'Assisted suicide petition gets 40,000 names.'
http://www.dutchnews.nl/news/archives/2010/02/assisted_suicide_petition_gets.php

Legalizing euthanasia and assisted suicide causes death to lose its moral context and us to lose our proper emotional response to it, a loss which research shows detrimentally affects our ethical judgment. There is now scientific evidence to that effect. People with damage to the parts of their brains that process emotions, but who have intact centres for rational judgment, made ethically inappropriate decisions. To quote: "The study provides evidence that [good] moral decision-making is based on emotion as well as rational thought"⁵.

Euthanasia delivers a "better off dead" message that treats dying humans as disposable products. One pro-euthanasia Australian politician, Jeff Kennett former premier of the state of Victoria, expressed that message this way:

"When you are past your 'use by' or 'best before' date, you should be checked out as quickly, cheaply and efficiently as possible."

Euthanasia implements that approach.

An aging population, scarce health-care resources and legalized euthanasia or assisted suicide would indeed be a lethal combination, not only for individuals, but also for important societal values and institutions that uphold those values and the overall ethical tone of our societies. In short, maintaining death and dying in a moral context is crucial in light of an aging population and scarce and increasingly expensive healthcare resources, which will face us with many difficult decisions about who lives and who dies.

We must have greater respect for all life, and, in particular, human life. Euthanasia will take us in the opposite direction towards loss of respect for human life. And if we lose our respect for life, we lose our humanity.

An article in *The Montreal Gazette* demonstrates this very graphically. It reported that the medical authority of the U.S. state of Oregon (where physician-assisted suicide is

⁵ "The Moral Brain", *Nature* (May 2007),

legal) “has acknowledged that when it turns down an application to cover the cost of an expensive new drug, it sends out simultaneously a reminder that the state’s assisted suicide program is available at an affordable cost”⁶.

In short, euthanasia engenders moral callousness.

As the journalist, the late Hugh Anderson, who at the time was terminally ill, commented, “What a great way to put a crimp in medical costs. Have the patients kill themselves when the cost of keeping us alive gets too high.”⁷

As to why legalizing euthanasia would be a terrible mistake, ask yourself the questions, “How would I not like my great-great-grandchildren to die?” and “What values do I want to pass on to the world of the future?” For answers, have a look at the consequences that have resulted from the 30-year history of legalized euthanasia in the Netherlands, some of which I have briefly outlined earlier.

Legalizing euthanasia is presented by its advocates as being a progressive stance, a necessary modernization of values and practice. In response, I suggest that we should ponder the wise words of C.S. Lewis:

“We all want progress, but if you're on the wrong road, progress means doing an about-turn and walking back to the right road; in that case, the man who turns back soonest is the most progressive.”

⁶ Hugh Anderson, “Suicide bill would give doctors a licence to kill”, *The [Montreal] Gazette*, February 13, 2010, A20

⁷ Ibid.

DIALOGUE 4**WOULD LEGALIZING EUTHANASIA
HARM MEDICINE AND SOCIETY?****4.1. THE FOCUS OF THE EUTHANASIA DEBATE**

In the mainstream media, and therefore in the general public forum, the euthanasia debate has been focused, almost entirely, on the impact that legalizing euthanasia (a term I use, here, to include physician-assisted suicide) would have at the individual level. But we must also consider the impact legalizing it would have at institutional, governmental and societal levels.

We need to explore not only the practical realities, such as the possibilities for abuse, that allowing euthanasia would open up, but also, the effect that doing so would have on important values and symbols that make up the intangible fabric that constitutes the basis of our society and on the institutions that carry these values.

**4.2 IMPACT OF LEGALIZING EUTHANASIA ON SOCIETAL
INSTITUTIONS AND VALUES**

For example, what would be the likely impact of legalizing euthanasia on major societal institutions, such as medicine and law, which help to establish those values and carry the message of the need to respect them?

Legalizing euthanasia would damage the foundational societal value of respect for human life. If euthanasia is involved, how we die cannot be just a private matter of self-determination and personal beliefs, because, as American philosopher Daniel Callahan

says, "Euthanasia is an act that requires two people to make it possible and a complicit society to make it acceptable." The British House of Lords, likewise, rejected euthanasia because of the harm it would cause to societal values and institutions: "The prohibition on intentionally killing is the cornerstone of law and human relationships, emphasizing our basic equality."

One important reason to protect health-care institutions is that they are value-creating, value-carrying and consensus-forming for society as a whole. In a secular, pluralistic society, medicine and law are the principal institutions that maintain the value of respect for human life in society as a whole. Changing the law to allow physicians to carry out euthanasia -- making an exception to the norm that we must not kill each other -- would seriously damage these institutions' capacity to carry that value.

In short, we need to be concerned about the impact that legalizing euthanasia would have on the institution of medicine, not only in the interests of protecting it for its own sake, but also because of the harm to society that damage to the institution would cause.

4.3 IMPACT OF LEGALIZING EUTHANASIA ON THE MEDICAL PROFESSION AND HEALTHCARE PROFESSIONALS

And what might be the impact of the legalization of euthanasia, internally, on the profession of medicine and its practitioners?

As the Canadian Medical Association wrote in a letter distributed to all members of the Canadian Parliament just before the first debate on Bill C-384, a private member's bill that propose legalizing euthanasia, "CMA's policy on this matter is clear: 'Canadian physicians should not participate in euthanasia or assisted suicide'." And surveys show that physicians in various countries are more opposed to euthanasia than the general public. For instance, a 2009 survey by the British Royal College of Physicians showed 73 per cent of its members opposed euthanasia, whereas up to 82 per cent of the British

general public approved of it. Important insights could be gained by pondering the causes of such disparities.

Euthanasia takes physicians and medicine beyond their fundamental roles of caring, healing and curing, whenever possible. It involves them, no matter how compassionate their motives, in the infliction of death on those for whom they provide care and treatment. It can be described, as the London (England) based Institute of Medical Ethics does in its report, "Working Party on the Ethics of Prolonging Life and Assisting Death," as "a merciful act of clinical care," or, as the Quebec College of Physicians and Surgeons characterizes it, "part of appropriate care in certain particular circumstances" and, therefore, it may seem appropriate for physicians to administer. But the same act is also accurately described as "killing." This means, as American psychiatrist and ethicist Willard Gaylin put it, that euthanasia places "the very soul of medicine on trial."

There are very few, if any, institutions in today's secular societies with which everyone identifies except for those -- such as medicine -- that make up the health-care system. These, therefore, are of unusual importance when it comes to carrying values, creating them, and forming consensus around them. We must take great care not to harm their capacities in this regard and, consequently, must ask whether legalizing euthanasia would run a high risk of causing this type of harm.

The kinds of questions we need to ask include:

- ◆ How would legalizing euthanasia affect medical and nursing education?
- ◆ Would we devote time to teaching students how to administer death through lethal injection? (There has been a medical malpractice case in The Netherlands for "botched" euthanasia -- the patient didn't die.)
- ◆ What impact would physician role models carrying out euthanasia have on medical students and young physicians?
- ◆ Would they be brutalized or ethically desensitized? (And we cannot afford to underestimate the desensitization and brutalization from carrying out euthanasia.)

- ◆ Do we adequately teach pain-relief treatment at present?
- ◆ Would euthanasia be a required procedure, that is, a student must perform it competently, in order to graduate?
- ◆ *Can we even imagine teaching medical students how to kill their patients?*

A fundamental value and attitude that we reinforce in medical students, interns and residents, and in nurses, is an absolute repugnance to killing patients. It would be very difficult to communicate to future physicians and nurses such a repugnance in the context of legalized euthanasia.

Physicians' and nurses' absolute rejection of intentionally inflicting death is necessary to maintaining people's and society's trust in both their own physicians and the profession of medicine as a whole. This is true, in part, because physicians and nurses have opportunities to kill that are not open to other people.

Physicians and nurses need a clear line that powerfully manifests to them, their patients, and society that they do not inflict death. Both their patients and the public need to know with absolute certainty -- and be able to trust -- that is the case. Anything that blurs that line, damages that trust, or makes physicians or nurses less sensitive to primary obligations to protect and respect life is unacceptable. Legalizing euthanasia would do all of these.

Consider the outraged reactions against physicians carrying out capital punishment through lethal injection -- the same procedure as euthanasia -- when laws provide for them to do so. We do not consider their involvement acceptable -- not even for those physicians who personally are in favour of capital punishment. We, as a society, need to say powerfully, consistently, and unambiguously, that killing each other is wrong (except as a last resort to save human life, as in self defence), and we can't do that if we legalize euthanasia.

It is sometimes remarked that physicians have difficulty in accepting death, especially the deaths of their patients. This raises the question of whether, in inculcating a total repugnance to killing, we have evoked a repugnance to death, as well. In short, there might be confusion between inflicting death and death itself. We know that failure to accept death, when allowing death to occur would be appropriate, can lead to overzealous and harmful measures to sustain life. We are most likely to elicit a repugnance to killing, while fostering an acceptance of death, and to avoid confusion between these, if we speak of the necessity of maintaining a repugnance to killing (although that is an emotionally powerful word).

Moreover, it is a very important part of the art of medicine to sense and respect the mystery of life and death, to hold this mystery in trust, and to hand it on to future generations -- including future generations of physicians. We need to consider deeply whether legalizing euthanasia would threaten this art, this trust, and this legacy.

Finally, I refer back to the controversial suggestion I made in Dialogue 2, that if we were to legalize euthanasia, we should take the "medical cloak" off it, that is, physicians should not be the ones to carry it out. As I pointed out, reasons include that it causes people to fear physicians, accepting pain relief treatment, and hospice and palliative medicine and care. As well, placing a medical cloak on euthanasia makes it seem safe, ethical and humane, because those are the characteristics we associate automatically with medical care, when, in fact, we all need to question the acceptability of legalizing euthanasia. Some additional reasons are discussed above in this dialogue.

DIALOGUE 5

WHAT DO DYING PEOPLE NEED?

*Making death bearable***5.1 HOPE: KEEPING THE HUMAN SPIRIT ALIVE**

Dr. Harvey Chochinov of the University of Manitoba is a psychiatrist who specializes in psychiatric care for terminally ill people. In one project, he was among the researchers who developed an approach that allowed them to distinguish a condition they called "hopelessness" from clinical depression. They found that hopelessness, not clinical depression as such, was the characteristic that best identified people who wanted euthanasia or assisted suicide.

This is very important information for those of us who think legalizing euthanasia is a bad idea. It means that giving hope is part of the treatment dying people need. Long-term hopes are not possible, of course, but "mini-hopes" are.

Hope is dependent on having a sense of connection to the future, even if that future is very short-term. It is generated by having something to look forward to.

In the case of a terminally ill person, that could be a visit from a loved one or friend, seeing a grandchild on their graduation or wedding day, or perhaps just hearing the birds' "dawn chorus" as the sun rises the next morning. Palliative care specialists tell many stories of the power of such mini-hopes to keep our will to live alive, until we die naturally.

Hope is the oxygen of the human spirit; without it our spirit dies. With it, we can overcome even seemingly insurmountable obstacles, including in our last great act of living, our dying. Hope is to the human spirit, as breathing is to the human body.

It's a true tragedy when our spirit dies before our bodies. But the answer is not to kill our bodies with euthanasia; it's to do our best to keep alive our human spirit with hope. Chochinov's and his colleagues' research shows there are steps that we can take that will help dying people in that regard.

The remarkable, uncommon "common humanity" of inspirational philosopher, Jean Vanier, the founder of L'Arche, the now world-wide organization that establishes homes for intellectually challenged people, can guide us in this context. He speaks of enriching ourselves, others and our world through developing, experiencing and celebrating the "gifts of the heart" and putting into practice a "little sign of love in the world"¹

So we must ask ourselves what are the "gifts of the heart" and what does putting into practice a "little sign of love in the world" require of us in relating to dying fellow humans.

For instance, we need to recognize the importance to dying people of leaving a legacy. People die more peacefully if they can experience that they are leaving a legacy, gifts to those who remain. And those gifts must be accepted and valued by the receiver. We must accept dying people's gifts, especially those gifts that are of the essence of themselves, recognizing that they and the person who gives them are unique and precious. (Ironically, we see euthanasia advocates implementing this approach in the stories that are told of their speaking to a dying person of the gift of furthering the euthanasia cause that they are bestowing by dying through euthanasia.)

¹ Jean Vanier, *Our Life Together: a memoir in letters* Harper Collins; Toronto, 2007, pp.568, p.498

And the dying person needs us not only to accept these gifts, but also to confirm their worth and, in doing so, that of the giver. But often we refuse to do so and for same reason we reject disabled persons' gifts. We are frightened: This person is not me and could not be me – dis-identification is the way we deal with our fear.

I suggest that euthanasia is, at least sometimes, a further step in dealing with this same fear: Instead of just fleeing the person, we eliminate them. Euthanasia allows us to feel we are in control. And, as I've explained in the first Dialogue, taking control is an antidote to fear and to suffering which are related phenomena.

So a major challenge for those who hope to prevent the legalization of euthanasia is how we can communicate, both to dying people and to society in general, the unique and precious value of each person's "last days on earth"?

We certainly can't do that as an isolated event, or just in words, and especially not by pious statements. It is the same problem as that we face in communicating the value of the life of a person living with a disability.

We need, as Jean Vanier did in relation to radically changing how at least some of us now see the lives of disabled people, to see the dying person's continuing to live up to the time of a natural death as a gift from that person to the rest of us; we need to learn how to accept that gift; and we need to be able to articulate and communicate the immense value of that gift which is unique and irreplaceable.

It's a paradox, but it might be that only in accepting death, we can live life fully, and the way to accept death is not to inflict it, but to allow the dying person to give us, as one last gift, what they learn, communicate to us, and elicit in us through their dying.

In contrast, euthanasia is a rejection of death, not an acceptance of it and a refusal to see that there could be anything of value that the dying person could create from their dying, and a refusal to accept any resulting gift from the dying person. It is, in effect a rejection

of the human spirit, and the possibility of employing our human imagination and creativity when we are dying.

5.2 DIGNITY AND DYING

We have already looked at the concept of dignity in both the first and second Dialogues. Pro-euthanasia advocates argue respect for human dignity requires that euthanasia be legalized and opponents of euthanasia argue exactly the opposite, that respect for human dignity requires it remain prohibited. As I explained, they are using different concepts of dignity.

Pro-euthanasia advocates argue respect for dignity requires the absence of suffering whether from disability, or illness or terminal illness and that requires euthanasia to be an option. Relatedly, as also explained previously, in addition they believe that respect for dignity requires respect for autonomy and self-determination. The basic approach of pro-euthanasia advocates is that euthanasia is necessary to respect a dying person's dignity: "You are in an undignified state and we will correct that by eliminating you."

Opponents of euthanasia believe respect for human dignity requires respect for human life and, if there were a perceived conflict, the latter should take priority. In fact, the original primary purpose of the concept of dignity was to ensure respect for life. It's paradoxical that it's been turned on its head to promote exactly the opposite outcome.

Again, Dr Harvey Chochinov and his colleagues have done ground-breaking research in this context. He and his co-authors identified the components of dignity and defined them and then looked at how they could be implemented to enhance dying people's feelings of both dignity and being treated with respect for their dignity, which are two

separate considerations. They call this approach “dignity therapy”.² Dr. Chochinov has given me permission to include the chart which he and his fellow researchers created. Here it is:

² Harvey Max Chochinov, Thomas Hack, Thomas Hassard, Linda J. Kristjanson, Susan McClement, Mike Harlos, “Dignity Therapy: A Novel Psychotherapeutic Intervention for “Patients Near the End of Life”, *Journal of Clinical Oncology*, 2005;23(24): 5520-5525 (August 20), © 2005 [American Society of Clinical Oncology](#).DOI: 10.1200/JCO.2005.08.391

Table 1. Dignity Themes, Definitions, and Dignity-Therapy Implications^{1,2}

Dignity Theme	Definition	Dignity-Therapy Implication
Generativity	The notion that, for some patients, dignity is intertwined with a sense that one's life has stood for something or has some influence transcendent of death	Sessions are tape-recorded and transcribed, with an edited transcript or "generativity document" being returned to the patient to bequeath to a friend or family member
Continuity of self	Being able to maintain a feeling that one's essence is intact despite advancing illness	Patients are invited to speak to issues that are foundational to their sense of personhood or self
Role preservation	Being able to maintain a sense of identification with one or more previously held roles	Patients are questioned about previous or currently held roles that may contribute to their core identity
Maintenance of pride	An ability to sustain a sense of positive self-regard	Providing opportunities to speak about accomplishments or achievements that engender a sense of pride
Hopefulness	Hopefulness relates to the ability to find or maintain a sense of meaning or purpose	Patients are invited to engage in a therapeutic process intended to instill a sense of meaning and purpose
Aftermath concerns	Worries or fears concerning the burden or challenges that their death will impose on others	Inviting the patient to speak to issues that might prepare their loved ones for a future without them
Care tenor	Refers to the attitude and manner with which others interact with the patient that may or may not promote dignity	The tenor of dignity therapy is empathic, nonjudgmental, encouraging, and respectful

What a contrast this approach is to a quick fix solution of a lethal injection being the best way to enhance a person's dignity.

Here's the edited abstract from Dr. Chochinov et al's study:

"The study examined a novel intervention, dignity therapy, designed to address psychosocial and existential distress among terminally ill patients. Dignity therapy invites patients to discuss issues that matter most or that they would most want remembered. Sessions are transcribed and edited, with a returned final version that they can bequeath to a friend or family member. [That is, the patient can leave a legacy, which is important in helping people to die peacefully.] The objective of this study was to establish the feasibility of dignity therapy and determine its impact on various measures of psychosocial and existential distress.

...Terminally ill inpatients and those receiving home-based palliative care services, ...were asked to complete pre- and post- intervention measures of sense of dignity, depression, suffering, and hopelessness; sense of purpose, sense of meaning, desire for death, will to live, and suicidality; and a postintervention satisfaction survey...."

Ninety-one percent of participants reported being satisfied with dignity therapy; 76% reported a heightened sense of dignity; 68% reported an increased sense of purpose; 67% reported a heightened sense of meaning; 47% reported an increased will to live; and 81% reported that it had been or would be of help to their family. Post intervention measures of suffering showed significant improvement and reduced depressive symptoms. Finding dignity therapy helpful to their family correlated with life feeling more meaningful and having a sense of purpose, accompanied by a lessened sense of suffering and increased will to live. ...

Dignity therapy shows promise as a novel therapeutic intervention for suffering and distress at the end of life."³

³ Ibid.

These are truly remarkable results. But to achieve them takes care, time, commitment, research and expertise. In thinking about investing healthcare and medical research dollars so as to enhance human dignity, we should keep in mind studies such as that of Dr. Chochinov and his colleagues.

We have much work to do if we are to avoid the mistake of legalizing euthanasia, but, as Dr. Chochinov and his colleagues demonstrate, that work is now underway, which should both give us hope and somewhat reassure all of us who believe that legalizing euthanasia is not a good idea.

DIALOGUE 6

**CAN WE KEEP THE EUTHANASIA DEBATE
IN A MORAL CONTEXT?**

**6.1 WHY THE EUTHANASIA DEBATE NEEDS TO BE PLACED IN A
MORAL CONTEXT**

We need to place the issue of euthanasia into a moral context, not just a reasoned or legal one, and keep it there. We can see what might happen if we legalize euthanasia, with respect to keeping it in a moral context, by looking at what has happened with abortion – it’s lost its moral context.

Abortion is always a moral and ethical issue - or it should always be. The Archbishop of Canterbury, the Reverend Rowan Williams, writing recently, in London, England’s *The Observer*, says however that we have lost our sense that abortion involves a “major moral choice” – it’s been “normalized” – “something has happened to our assumptions about the life of the unborn child, ...when one third of pregnancies in Europe end in abortion”.

Abortion has gone from being a rare exception to the norm – the same would happen with euthanasia. If we legalized euthanasia, we would lose the moral context within which it needs to be viewed.

It’s interesting to note that the same forces that changed society’s attitude to abortion are also operative in the euthanasia debate. When the Baby Boomers entered reproductive age, many of them advocated for wider access to abortion and such access became available, although at first most people thought that abortion would be used as a rare exception. Now the Baby Boomers are entering old age and many of them are among those advocating for access to euthanasia and physician-assisted suicide. In both cases this demographic’s espousal of rights to self-determination and autonomy – that is,

intense individualism - and desire for control, as well as many of the other factors I mention in the first Dialogue are operative.

Australian social scientist Jaklin Elliott's empirical research on terminally ill people's attitudes to euthanasia shows, among other results, that dying people presently see euthanasia in a moral context, that is, if it were ever to be morally acceptable, it would need moral justification. The reason that the dying people she interviewed associated pain with wanting euthanasia is consistent with the view that they are seeing it in a moral context – pain morally justifies the desire for euthanasia.

That raises an issue which I have focused on in all my past work as central to making the case against euthanasia, which I'm not addressing in depth here, but is of no less primary importance because of that: To make the case against euthanasia and assisted suicide in the secular public square, it is essential to make the case for every person's right to completely adequate pain relief treatment and their right to refuse all medical treatment, including artificial hydration and nutrition. As I explain in the second Dialogue, providing all necessary pain relief treatment and respecting people's refusals of treatment are *not* euthanasia or assisted suicide.

To return to the issue of pain as a moral justification for euthanasia, in fact, we have always required a moral justification for killing another human, but traditionally the only justification that sufficed was that taking human life was the only reasonable way to save human life in a situation where that necessity had not been precipitated by the person taking another's life. This is true in justified self-defence; was thought to be the case in capital punishment – that execution was necessary to prevent the offender murdering again in the future; “just war” – protection of the lives of citizens from an aggressor; and abortion to save the life of the mother.

In all these cases a moral justification for taking human life was required and that justification was that killing was necessary to save human life. But that is not true of euthanasia, so (leaving aside abortion, which some would argue involves different

considerations) seeing euthanasia as morally justified means that we set a new precedent that killing other than to save life is morally acceptable.

6.2 WAYS TO PLACE AND KEEP EUTHANASIA IN A MORAL CONTEXT

All of which is to propose that the question, “How can we place and keep euthanasia in a moral context?” is central to making the case against euthanasia. Below I suggest some considerations that we could take into account in order to try to accomplish this outcome, some of which have been canvassed in earlier Dialogues, but are mentioned here for the sake of completeness.

6.2.1. CONSIDER WHETHER WE ARE MAKING A MISTAKE TO BE ALWAYS ARGUING ABOUT THE LAW THAT SHOULD GOVERN EUTHANASIA

We used to be able to assume that the law reflected our collective morality, but now that is not necessarily the case. However, the law does establish collective values and what these values are in relation to euthanasia and death is important. What would legalizing euthanasia do to our collective values? I suggest that we should focus the arguments against euthanasia more on the values that will be affected rather than the law that should govern it, although the latter remains important. The problem with focusing too restrictively just on the law, is that the wider moral and ethical issues raised by euthanasia are not explored sufficiently or even identified, raised in the public debate, and addressed.

6.2.2 USE ALL OUR HUMAN WAYS OF KNOWING

I have spoken at length elsewhere about the need to use the full range of our human ways of knowing in “doing ethics”.¹ These include imagination and creativity, examined emotions, and intuition, especially moral intuition, and “human memory” John Ralston Saul’s term for history, as well as reason. While it is, of course, essential to bring reason to bear in our ethical decision making, I believe it is a secondary verification mechanism that we can use to ensure our other ways of knowing have not led us astray, in particular, in our decision making about ethics.

In other words, we need to use all our human ways of knowing with respect to deciding whether legalizing euthanasia is a good idea, if we are to keep euthanasia and our decision making about it in a proper moral context. As I discussed in the third Dialogue, an article in *Nature*, “The Moral Brain” (May 2007), gives us scientific evidence that supports my approach to how we can best “know” about ethics, including with respect to decisions about euthanasia. People with damage to the parts of their brains that process emotions, but who have intact centres for rational judgment, made ethically inappropriate decisions. To quote: “The study provides evidence that [good] moral decision-making is based on emotion, as well as rational thought”. A subsequent study, also reported in *Nature*, shows that people with damage to the front part of their brain – the cortex – have “an abnormally utilitarian pattern of moral judgments”. I have pondered whether some utilitarian ethicists, many (probably most) of whom support euthanasia, display this phenomenon, despite the fact that their advocacy of euthanasia is premised on its necessity to relieve suffering, which is an emotional response.

¹ See, Margaret Somerville, *The Ethical Imagination: Journeys of the Human Spirit*, House of Anansi Press, Toronto, 2006, (CBC 2006 Massey Lectures).

In short, we need cognitive and emotional areas of the brain to be intact for good ethical decisions. This research underlines the need to heed examined emotions and moral intuitions, not just reason, important as reason is. Reason used alone could tell us euthanasia is ethically acceptable, but our other ways of knowing warn us it is not and we ignore what they tell us at our ethical peril.

I would argue that Elliot's research showing dying people's rejection of the analogy to euthanizing a suffering dog shows this warning phenomenon. In her article, "I wouldn't let my dog go through it ...But I'm not a dog": Dying cancer patients talk about euthanasia", she describes how the argument that "we are merciful to animals in providing euthanasia so why not humans", was rejected by dying people who were interviewed. Their answers reflect a belief that taking the life of a person is morally different from taking that of a dog.

So, again, placing euthanasia in a moral context and examining the morality of euthanasia is relevant to making the case against it. And that brings us back, once again, to the question already discussed in the second Dialogue of what is special about being human and what respect for human life requires we not do to ourselves that we might do to animals.

6.2.3. TAKE THE MEDICAL CLOAK OFF EUTHANASIA.

I have already canvassed this issue in the second Dialogue, arguing that if we legalized euthanasia, physicians should not carry it out, that is, we should take the medical cloak off euthanasia, because that makes people fear physicians, accepting pain relief treatment, and hospice and palliative medicine and care. Moreover, placing a medical cloak on euthanasia makes it seem safe, ethical and humane.

6.2.4 . CHOOSE LANGUAGE THAT DOES NOT DULL OUR MORAL INTUITIONS

I also spoke in the second Dialogue of the confusion generated in people by imprecise language or even language that is intentionally chosen to confuse people and mislead them in their ethical judgments or to manipulate them. We must also avoid this if we are to keep the euthanasia debate in a moral context.

Such language includes physician-assisted death as compared with. physician-assisted suicide – we all want physician assistance with pain and suffering relief when we are dying, but that does not mean we agree that it is ethically acceptable to kill us or other terminally ill people. The terminology of active and passive euthanasia is also misused - the argument that they are analogous is a false one. Pro-euthanasia advocates characterize the justified withdrawal of life support treatment and rights to refuse such treatment as passive euthanasia and then argue that active euthanasia – a lethal injection – is morally and ethically the same and ought to be treated in the same way by the law, that is, all should be legal. There is, however a major moral and ethical difference between allowing a person to die naturally, when that is unavoidable, and killing that person.

Other misleading euphemistic language used to refer to euthanasia that I also noted in the second Dialogue includes using an acronym VAE - voluntary active euthanasia - or describing it as a “merciful act of clinical care” and adamantly rejecting any use of the word killing. Correlatively, language of mercy and compassion are employed to positively support euthanasia. They can suppress moral intuition and emotional responses, which, as explained, can warn us ethically. In contrast, I believe that poetry can be a powerful instrument of moral and emotional education

I want just to mention here, without exploring them, some examples of the conversion of the substance and meaning of key language to subvert foundational ethical concepts and

principles, relevant in the euthanasia debate. They include: dignity, which is discussed in the second Dialogue; quality of life, which was intended to give people access to medical treatment, but is now being used for precisely the opposite goal, that is to deny access; changes such as in the Australian Medical Association Guidelines from an obligation to preserve life to one to respect life or to respect the person and the person's wishes, that is giving absolute priority to individual autonomy.

6.2.5 . WORK TO PREVENT DEPERSONALIZATION

Depersonalization is an issue also related to language, because depersonalization is mediated through language. Depersonalization of the person to be killed lets the act of doing so be taken out of a moral and ethical context.

When a woman in an African cultural group called Donga dies in childbirth the belief is that the child was an evil spirit (not a human person) which killed the mother and must be killed: They regard the child as a "spirit child" and not one of us, so can be killed. This can be compared with some alleged justifications for abortion proffered by pro-choice advocates: There is no child; the fetus is just a mass of tissue that is part of the mother. One could even contemplate, analogously to the Donga's reasoning, that the fetus is perceived as having "killed" the lifestyle of the mother in being conceived and may, therefore, be killed in abortion.

Research indicates that in imposing capital punishment judges first depersonalize the convicted person, and we can see the same phenomenon manifested by soldiers in battle, especially when they are in close person to person combat. Humans have a natural instinct and inhibition against killing each other, which has to be overridden to allow them to do so in such circumstances. Would the same apply in euthanasia and, if so, what are its risks and harms?

Depersonalization precedes dehumanization, which is a condition precedent to stigmatization, discrimination and breach of human rights.

6.2.6 ARTICULATE RETRO-PROGRESSIVE VALUES.

Keeping the euthanasia debate in a moral context also requires us to expressly identify and articulate our values. I've been arguing for some time now that we make a serious mistake when we throw out old values and virtues simply on the basis that they're old. What we need is to reconsider them and decide whether they still offer us important foundations for our individual and collective lives.

If so they might need to be dusted off, polished a little, and perhaps renamed more compatibly with contemporary language use. So, for instance, I call the old virtue of prudence "wise ethical restraint". Other principles, concepts or values that need re-exploring in the context of euthanasia include: conscience; compassion; courage – especially moral courage; confidence; hope – including "mini hopes" – see the fifth Dialogue; generosity; and trust.²

6.2.7. BE CONSISTENTLY PRO-LIFE: OPPOSE CAPITAL PUNISHMENT

Keeping the euthanasia debate in a moral context requires as well that we are consistently pro-life in order to be anti-euthanasia. For example, it's ironic that pro-life conservatives who refuse to take all possible steps to prevent the execution of Ronald Smith, a Canadian on "death row" in the United States for a double murder, do not see the contradiction in their stance: Failure to do so is to act contrary to a true pro-life position.

² See, Somerville, *The Ethical Imagination*, supra, chapter 5.

The arguments against Mr. Smith's execution have nothing to do with doubt about his guilt (it's undisputed even by him) or whether we abhor what he did (we do). The reason to oppose his execution is the belief that one should never support the deliberate taking of human life, except where that is unavoidable in order to save life. And that's not true of capital punishment.

And it's not just a matter of respect for Mr. Smith's life, important as that is, but of respect for human life in general. Not protesting the intentional infliction of death, when there are legitimate grounds (Smith is a Canadian), is a deliberate abandonment of respect for and protection of life by the Canadian Government.

Many (one hopes most) Canadians believe capital punishment is immoral and unethical. If that's also our Government's position, it's no answer to say capital punishment is authorized by United States' law. Unethical laws need to be opposed. On the contrary, failing to protest Mr. Smith's execution endorses capital punishment.

The fact that we share many values with the United States, especially democratic ones, might sometimes blind us to values we don't share. In contrast, we would, one hopes, as many Australians have done, protest the execution of our citizens and, indeed, non-citizens, "legitimately" condemned to death under the law of other countries, for instance, Indonesia or Malaysia, for drug trafficking.

Pro-life advocates have nothing to lose and everything to gain by being consistently pro-life - that is, protecting all human life against its intentional taking in whatever situations that possibility presents itself, including that of capital punishment.

People who are pro-life need to understand how dangerous to their values, especially those relating to euthanasia and their stance against it, supporting capital punishment is. The same reasoning justifies both.

If you say that you are justified in imposing capital punishment because the person has forfeited his or her right to live by killing another person (that is, there is a reason other

than saving human life that justifies taking human life), then you can say the same about euthanasia where the justifying reason is to relieve suffering (that is, there is a reason other than saving human life that justifies taking human life). In fact, the latter is “more justifiable”, because relief of suffering is a more powerful justification in most peoples’ estimation than punishment, and in euthanasia the person killed requests and consents to it.

I’m especially concerned about any Government that supports capital punishment, not only because I believe capital punishment is immoral and unethical, but also, because of the impact this stand will have on euthanasia.

Within this context, the recent killing of Osama Bin Laden is a controversial example. There is much disagreement whether killing him, rather than capturing him and placing him on trial if that were possible, can be justified.

6.2.8. RECOGNIZE THAT WE NEED AN ETHICS OF COMPLEXITY, UNCERTAINTY AND POTENTIALITY

Someone asked me recently what I thought would be the big ethical issues for the immediate future. Without thinking I blurted out, creating an ethics that can accommodate complexity, potentiality and uncertainty.

I’ve been musing ever since on what I meant by those words. But in writing these Dialogues I thought it might be interesting to see if we could get any insights about euthanasia by applying them in that context.

Let me hasten to add these are very preliminary thoughts and not even, at this stage, a work in progress.

COMPLEXITY

In terms of making the case for euthanasia and the case against it the times have changed. When we were smaller, relatively more homogenous societies in terms of values, often with a broadly shared religion, it was easy to make the case against euthanasia: it's wrong and it's rightly prohibited. In a secular, diverse society with many less shared values and an emphasis on individual rights, it's easy to make the case for euthanasia, "it's my life and I have the right to decide when to end it". In contrast, it's much more difficult to make the case against euthanasia in such a society.

The case against euthanasia is complex (and we make a fatal error if we fail to recognize that); the case for it is straightforward and simple. That is not surprising: "The first casualty of activism is complexity" and I believe that is true of the pro-euthanasia advocates' case. A related way to say what often amounts to the same observation is that "the first casualty of war is truth". But the loss of complexity is more subtle and often harder to detect than the loss of truth.

Not only is the case for euthanasia easy to make, simple and straightforward – that is not complex – but also, at the surface level, at least in theory, carrying out euthanasia itself is easy, simple and straightforward. One Dutch physician who told me he had carried out over 1200 cases of euthanasia explained it this way: "I'm an anaesthetist; I just give the first half of a general anaesthetic (to paralyse the patient with curare) and not the second half (resuscitation)."

But even a "good death" is not easy, simple and straightforward – or at least it shouldn't be if we are relating fully to the dying person. Death is one of the two great events of each and every human life – the other is birth. Both are focal points for the formation and affirmation of our most important personal and collective values, attitudes, principles and beliefs.

UNCERTAINTY

There is a parallel between the use of reproductive technologies (ARTs) – for “hatching” - and euthanasia – for “dispatching” - in that in both we are seeking more certainty, in one case about birth and the other death; in both, we are employing technology to reduce uncertainty (our child’s characteristics or when it will be born, or when we will die);and in both we eschew the natural.

Euthanasia makes death certain, reproductive technologies can make the birth of certain kinds of children certain. A child’s coming into being is a technological event, disconnected from the natural; the child is a product. We can compare this with the view that dying people are superseded products to be checked out of a supermarket through euthanasia, referred to in the third Dialogue. We need to think deeply about what is the zeitgeist these realities reflect.

POTENTIALITY

Although it might seem a fanciful question to many people, I believe we need to ask what potential we might find in death, whether as dying people or others to whom we relate, for opportunities to experience the essence of our humanness and to share it with others. In this respect we can learn from the profound wisdom, humanity and humanness of Jean Vanier’s approach to disability, which I discuss below. He shows us the opportunities that can provide to “become human”. In contrast, euthanasia pulls the plug on the potential to grow in deeply human ways that dying people and those who love or are caring for them can experience.

I also want to mention briefly here, that the way in which we view human life can radically alter what we see as ethical with respect to it. Under a “construction concept” of human life an embryo can be seen, as it’s often described by those wanting to use it for some extrinsic purpose, such as stem cell research, as “just a few cells” – it’s not yet

sufficiently established to merit respect as a human being. Likewise, under the same approach, a dying person can be regarded as “just a shell of the person”, whose life no longer merits respect and protection – the person is deconstructed to such an extent he or she is regarded as ceasing to exist, although still alive. Euthanasia is seen as a necessary and merciful “completion”³. This can be compared with a “development concept” of human life in which the human being is seen as whole and complete at all times because the person has the intrinsic capacity and potential to develop from the beginning at conception to the end at natural death.⁴

6.3. LEARNING LESSONS FROM OTHER SITUATIONS AND PEOPLE

Finally, in this Dialogue I want to look to other situations and people who have had experience from which we could learn how, most effectively, we can present the case against legalizing euthanasia and of risks and harms that we might not otherwise identify, but of which we need to be aware and try to avoid.

6.3.1 THE NEED TO FOCUS ON “COLLATERAL DAMAGE”: LESSONS FROM THE SAME-SEX MARRIAGE DEBATE

Inflicting harm on people always raises moral and ethical issues. Legalizing same-sex marriage raises the issue of the ethical acceptability of collateral harm, but this harm went largely unrecognized at the time of the same-sex marriage debate in Canada. Indeed, as an expert witness for the Government of Canada, which was opposing the claim that it was unconstitutional discrimination not to legalize same-sex marriage, I was

³ See the book and film “Never Let Me Go” (Zazuo Ishiguro) where the word “completion” is the one used to describe the final lethal harvesting of a vital organ from a human clone bred to provide organs to a wealthy “original” – the progenitor.

⁴ See Richard Stith, “Does making babies make sense?” http://www.mercatornet.com/articles/view/does_making_babies_make_sense/ (accessed 13th June, 2011) for a discussion of the construction and development concepts of human life.

told not to raise the issue. My guess is that this was because the Government wanted the least possible fall-out possible, not a full canvassing of all the important, relevant issues.

People who opposed same-sex marriage and focused just on the change in marriage that represented, in my view, made a serious error. The strongest case against same-sex marriage – indeed, I believe the only valid case in a secular society – was the collateral damage legally recognizing same-sex marriage would cause, especially to children’s human rights. The primary by-stander victims are children with respect to their rights regarding their biological origins and biological families, as I explain in my recent article referenced below.⁵

Other by-stander victims are people and institutions who have moral objections to same-sex marriage. They include ministers of religion, teachers, civil marriage celebrants, associations and clubs, churches and so on. Their rights of freedom of speech, freedom of association, and freedom of conscience, belief and religion are affected and curtailed or eliminated, and the institutions to which they belong are harmed.

“Collateral damage” would also occur if euthanasia were legalized. The nature of that damage needs to be articulated and brought forward in the euthanasia debate. Doing so will provide powerful arguments against its legalization.

It is worth noting that collateral damage is not the same as the “slippery slope” argument, that allowing euthanasia would necessarily lead to other practices that we should not institute. That is a valid argument if those practices are seriously harmful and can’t be prevented or the harm avoided, as I believe to be the case, as I discuss in the third and fourth Dialogues. But, if that were not the case, the first line of defence against such

⁵ See Margaret Somerville, “Children’s Human Rights to Natural Biological Origins and Family Structure”, HeinOnline IJF library 2011, <http://heinonline.org/HOL/Page?handle=hein.journals/ijjf1&id=1&collection=journals> . Hard copy in the *International Journal of the Jurisprudence of the Family* (forthcoming).

slippery-slope possibilities would be to implement controls that make them unlikely to occur, not to prohibit the activity that opens up those possibilities. Rather, collateral damage is direct and inevitable damage in a broader context and to a wider range of people than just the dying person. In the context of euthanasia, as canvassed throughout these Dialogues, those people can include the dying person's family, healthcare professionals and institutions, and society, itself.

6.3.2 LESSONS FROM RESPECT FOR DISABLED PEOPLE FOR PROMOTING RESPECT FOR DYING PEOPLE AND MAKING THE CASE AGAINST EUTHANASIA

Lessons from others we respect can also help us to keep a focus on morals and ethics in the euthanasia debate.

A while ago, I was asked to write a “blurb” for the back cover of Jean Vanier’s new book, *Our Life Together*. It’s a collection of his letters, written over many decades, that describe his worldwide work and travels in establishing L’Arche, a refuge and life-long home for intellectually disabled people. I think the wisdom I found in it has immediate relevance to the approach we need to take if we hope to prevent the acceptance and legalization of euthanasia. As you read these comments, each time the words “disabled person” appears, think dying person.

And we can compare the essence of Jean Vanier’s approach to life and death and that manifested in a situation described in a recent newspaper article entitled “Death on wheels”: The Swiss euthanasia facility “Dignitas” that offers “euthanasia tourism” was evicted from a rented apartment because the neighbours objected to the flow of terminally ill people – including some Canadians - seeking its services. So it set up in a recreational vehicle in a parking lot.

But first, a warning is in order: There is a grave danger in romanticizing death, which is not the same as respecting its mystery – the latter requires looking tough realities in the

face and struggling to live with them and finding meaning in doing so. Jean Vanier is an outstanding model in this respect – he does not romanticize disability, but he shows us how one can find hope, joy and love despite – or perhaps in part – because of it. Romanticizing death or disability ultimately harms the arguments against euthanasia; it makes them and those who make them easy to dismiss.

Here's what I said in my "blurb":

As we move through Jean Vanier's letters to his and L'Arche's friends and supporters, increasingly he signs off with just "..... Love, Jean" - the most simple and profound salutation. This book is a love story of a different kind. It shows the extraordinary flourishing of the human spirit that can occur when a certain kind of love – a truly unselfish, non-self-centred love – is made central to ordinary daily life.

Jean Vanier's radical, counter-contemporary-culture message is that we "non-disabled" people are the losers in refusing to accept disabled people and rejecting the unique gifts they have to offer us as individuals and societies. He writes: "It's not a question of going out and doing good to them; rather receiving the gift of their presence transforms us" (p.1). This unfashionable belief in the enormous value of what disabled people can contribute was summed up for me by a L'Arche assistant (a non-disabled person living in a L'Arche community) who said: "You have to understand, we're not martyrs, saints or heroes; we do this because of the fullness of life it brings us."

Jean Vanier's letters gently show that among the many gifts disabled people can offer us are lessons in hope, optimism, kindness, empathy, compassion, generosity and hospitality, a sense of humour (balance), trust and courage. But, as Jean Vanier recognizes, to do that they must be treated justly; given every person's right to the freedom to be themselves; and respected as

members of our community. That requires us to accept the suffering, weakness and fragility we see in them, which means, as Jean Vanier emphasizes, we must first accept those realities in relation to ourselves. Most of us find that an enormous challenge and flee.

The ethical tone of a society is not set by how it treats its strongest, most powerful members, but by how it treats those who are weakest, most vulnerable and in need. This book is testament to an amazing example in the latter respect and, as such, deserves to be widely read and deeply contemplated.

Jean Vanier's remarkable, uncommon "common humanity" shines through these letters. Not everyone will share his Christian tradition, but everyone can learn from him how to enrich themselves, others and our world through developing, experiencing and celebrating the "gifts of the heart" and putting into practice a "little sign of love in the world" (p.498).

So we must ask ourselves what are the "gifts of the heart" and what does putting into practice a "little sign of love in the world" require of us in relating to dying fellow humans.

To respond to that enquiry, I refer my reader to the fifth Dialogue, "What do dying people need?", the content of which I will not repeat here. But we must recognize, for instance, the importance to dying people of leaving a legacy. People die more peacefully if they can experience that they are leaving a legacy, gifts to those who remain. And those gifts must be accepted and valued by the receiver. As I explained, euthanasia advocates recognize this and speak of the dying person's gift of furthering the euthanasia cause by dying through euthanasia.

And, as I wrote in the fifth Dialogue, a major challenge for those who hope to prevent the legalization of euthanasia is how we can communicate, both to dying people and to

society in general, the unique and precious value of each person's "last days on earth"? Jean Vanier provides us with extraordinary leadership in that regard, among the most important lessons of which is that it's nowhere near enough to "talk the talk", we must "walk the walk" with those who are suffering, difficult and frightening as that can be. And it might be that in doing so, we will find some of the essence of our humanness – some of the central truth of it – that we couldn't find in any other way.

EPILOGUE

A major issue is how to convince the general public that euthanasia is a bad idea. That concern evokes the question: How can we make death bearable?

It might seem trite, but stories are important and with our loss of traditions, ritual and religion we've lost many of the stories - whether we regard them as true or false - that were used in the past to help to make death bearable. With the loss of our stories we might also have lost some access to truths that we need in order to deal with death. As Australian writer Paul Hawker states: "The shortest distance between a human being and the truth is a story". And with this loss we've also lost many connections with others and that matters to us and our families and friends, especially when we are dying.

Stories can also sensitize us to what dying people need and how we can provide it. The back page of the Life Section of the Globe and Mail (Toronto) has a daily feature called The Essay and it's surprising how many of these deal with death. One was entitled "A doctor's compassionate care" and was written by a young doctor who sat with an old lady dying alone, until she died. Another, called "The woman from Meath" told of a wife who was sitting with her dying husband of many years and the doctor told her to go home and get some rest. She replied, "No. I will not be leaving him." Such stories can touch and inspire many of us to view death, and the various roles we might play and the meaning we can find in it, in ways that cannot be communicated directly.

We need to adamantly reject, not only, the idea of euthanasia - killing people - but also, "officious intermeddling at the end of life and prolonging people's dying". Fear of the latter causes people to support euthanasia. That means we need to promote the idea of allowing people to die naturally, as I once saw it described, of placing "nothing between an insect and the light".

Moral, ethical and social considerations are likely to be the most effective way to defeat the effort to legalize euthanasia. And to do that we must understand the pro-euthanasia arguments and challenge them openly, honestly, carefully, courageously and with deep understanding of their content and that of the arguments against them. Just repeating all the old mantras against euthanasia, and simply saying it's wrong, will no longer suffice to prevent its being accepted and legalized.

We have obligations to hold the future in trust for future generations, and nowhere is that more important than in the context of human death and proposals for euthanasia. To fulfill that obligation we must explore in great depth, with humility, courage and wisdom questions such as: What is the essence of our humanness? What does holding that essence in trust require, in general? What does holding it in trust require in relation to how we handle death?

I propose that it requires, first, that we reject euthanasia and, second, we respectfully try to convince others that is the wisest ethical choice. The challenge is to maintain death as the last great act of human life, a final human act through which we can still find meaning and, I believe very importantly, pass meaning on to others. In other words, in our dying, we can contribute one last time to our shared human legacy of meaning. That will require as many of us as possible to reject, and to persuade others to reject, the values, principles, attitudes, beliefs and actions that the Swiss Dignitas clinic's "death on wheels" assisted suicide implements and symbolizes.