

Euthanasia: Should American Citizens Have the Right to Choose Death?

How is murder defined? Is taking a human life in any form murder? Euthanasia refers to the deliberate taking of a life for the purpose of ending pain and suffering. Those in favor of euthanasia contend that a coherent individual without mental disabilities or impaired judgment should have the right to decide if he or she should die if he becomes incapacitated in some way. If an incapacitated individual does not wish to be kept on life support, or feels he cannot survive in that state, he reasons that he should possess the freedom to make a conscious, thoughtful decision to die. Those opposed to euthanasia claim that the state has a vested interest in protecting life, and outside forces should not be employed in order to hasten death, even if the person expressed a desire to die. Today, the United States struggles to decide which side to take on the issue; euthanasia is now legal in five states: Oregon, Montana, Washington, California, and Vermont, while it remains illegal in the rest of the country. Euthanasia and physician-assisted suicide should remain illegal in the United States due to the fact that there are no objective criteria to determine who is eligible, court rulings have been inconsistent, and euthanasia violates the Hippocratic Oath as well as law.

In examining whether there are objective criteria to allow or disallow euthanasia, each case would have to be considered independently. Broad court rulings would be insufficient to apply euthanasia to the larger population because each individual and their circumstances differ. Consider that doctors and family members may abuse a potential right to euthanasia due to financial pressure or self-interest; worse, they could fail to involve the affected patient in the decision-making process altogether. This violates the patient's civil rights and places the power of life and death in the hands of individuals not necessarily qualified to make such a decision. Is it right for a doctor to take his patient's life because he is tired or frustrated with providing care

for that patient (Fenigsen 53)? In addition to American law, British law offers some clarification on the issue. In the case of *R (Nicklinson) v. Ministry of Justice*, Adam Jackson noted:

The court identified that any defence available to those who assisted someone in taking his or her life would have to apply not only to euthanasia, but also to circumstances involving assisted suicide. This creates a significant. . .problem for a common law defence. (472)

Simply put, euthanasia cannot be legal because it confuses the law already in place, and the right could be abused if it is not monitored closely and individually.

American case law has also been inconsistent in deciding if euthanasia should be allowed. In *People v. Kevorkian*, Dr. Jack Kevorkian was convicted of second-degree murder after it was found that he administered a lethal drug to Thomas Youk, who was suffering from Lou Gehrig's disease and died as a result of Kevorkian's actions. The Michigan Supreme Court clearly decided that in his capacity as a physician, Kevorkian did not have the right to intervene and act directly to bring about Youk's death. This case appears to relate directly to active euthanasia or physician-assisted suicide. Another high-profile case that involved passive euthanasia, or the withholding of treatment rather than direct physician involvement to bring about death, was the case of *In Re Quinlan*, in which the Supreme Court of New Jersey held that Karen Quinlan could be removed from her ventilator after doctors refused to do so. In yet another case, *Vacco v. Quill*, the United States Supreme Court upheld the constitutionality of New York State's ban on euthanasia after three physicians challenged it, citing the Equal Protection Clause of the Fourteenth Amendment. These three cases alone illustrate both the complexities and inconsistencies that arise in euthanasia cases. Two courts clearly ruled against the practice, while the other permitted it. Such inconsistencies in the past lead to the conclusion

that this practice will be inconsistently applied, and that a broad, all-encompassing decision on the legality of euthanasia is fundamentally impossible.

Besides the legal problems that euthanasia presents, there are also religious and civil elements that arise. Jewish, Islamic, and Christian traditions teach that God created life, and life is a gift to all people; therefore, people should not impede on that process by causing death (Gielen 312). In other words, euthanasia takes the power of life and death from God Himself and places it in the hands of sinful man, who have flawed judgment. In the Bible, God never sanctioned euthanasia under any circumstance because it denies God's sovereignty over life. According to Islamic teaching, Allah gives life and chooses how long each person will live. Muslims believe that all life is sacred and that humans should not interfere with the course of life and death.

The ethics of euthanasia are hotly debated in medical circles as well. Some physicians argue that sustaining life artificially or if a patient has expressed a desire to die is cruel and disrespectful of a patient's freedom. They argue that if extraordinary means are used to prolong a patient's life even though that patient is suffering, then it violates the Hippocratic Oath, the pledge taken by doctors to do no harm. According to Fenigsen, doctors who believe euthanasia violates the Hippocratic Oath are "convinced that confusing the role of a healer with that of a killer must lead to disaster" (57). A doctor's job is to do whatever necessary to save a patient's life; they pledge to do nothing harmful or malicious. Given the fact that euthanasia involves the emotions of both physicians and family, finding a consensus is almost an impossible task. As a result, no consistent guidelines for euthanasia have been established, and ethical criteria have been inconsistent at best.

Overwhelming evidence exists to support the opinion that euthanasia—encompassing both direct, active physician-assisted suicide and the passive withholding of life-sustaining treatment—cannot and should not be permitted: legally, morally, or ethically.

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