

Euthanasia comes to the United States

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...“I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce abortion.”... (from the Hippocratic Oath)

The Hippocratic Oath which pertains to the ethical practice of medicine has traditionally been taken by physicians. It is one of the oldest binding documents in history. Hippocrates was a celebrated Greek physician in the 4th century BCE. Even then physicians were organized into a guild with regulations for training and a professional ideal of practice. While the oath is considered a rite of passage for medical practitioners, it is not obligatory. Over the years the oath has been modified. While most schools administer some oath, many do not use the original version that forbade abortion or euthanasia. However, the Hippocratic Oath continues to be considered a sacred document among health professionals. (Wikipedia, 2009)

Eugenics and It's aftermath in the U.S.

In 1883 Sir Francis Galton coined the word eugenics, later defined as “ the study of hereditary factors that ‘improve or impair the racial qualities of future generation”. This concept inspired some U.S. states to pass laws in the early 20's allowing sterilization of persons presumed to have bad genes. In 1927 the Supreme Court made an 8 to 1 decision in favor of the sterilization of a young woman in a Virginia home for the feebleminded. Justice Oliver Wendall Holmes, Jr. wrote for the court saying the decision would “prevent those who are manifestly unfit from continuing their kind...three generations of imbeciles are enough”. . (Brookhiser, 2007)

Margaret Sanger, the founder of the Planned Parenthood Federation, was closely associated with the scientists who developed Nazi Germany's ‘race purification program. She endorsed the euthanasia, sterilization, abortion, and infanticide programs of the early Reich. When the mass murder of unfit individuals and ethnic groups gave the Nazis and eugenics a bad name, Sanger back pedaled her position to cover up her complicity. (Grant, 1992)

Euthanasia in the Netherlands

A report in the New England Journal of Medicine stated that for the years 1990-1995, Dutch deaths that included medical intervention with the intent to end life involved 76% that did not involve an explicit patient request for death. Data for 1995 report 13,919 deaths with clear patient request and 42,874 deaths with no clear patient request. (Imbody,2001; van der Maas, P.D. et. Al, 1996).

Before 1990, the medical practice of euthanasia and assisted suicide , although not officially legal, were well recognized as practices in the Netherlands. In 1991 The Dutch Government established a government commission, headed by Professor Jan Remmelink to examine this problem. The *Remmelink Report* “found that 49,000 of the 130,000 deaths in the Netherlands each year were not natural but involved a ‘medical decision at the end of life”. While 50% of Dutch physicians admitted to practicing

euthanasia, only 29% reported that they filled out death certificates honestly in these cases. (Dykhhoorn, 1999).

A second report on euthanasia in Holland for 1995 documented that the number of cases where a doctor hastened death without the patients express request had risen to 20% of the total annual mortality rate. In order to come to grips with this behavior, a Bill was introduced in 1998 and passed in November of 1999 to change the Criminal Code in order to legalize euthanasia and assisted suicide, thus normalizing actions that were already in practice. (Dykhhoorn, 1999)

Holland's Slippery Slope

In 1994 Herminia Dykhhoorn accompanied her father to Holland to visit his elderly siblings. She noted in surprise : In 30 years, Holland had moved from:

assisted suicide,

to euthanasia of people who are terminally ill,

to euthanasia of people chronically ill,

to euthanasia for mental illness,

to euthanasia for psychological distress or mental suffering;

and from voluntary euthanasia to involuntary euthanasia or as the Dutch prefer to call it "termination of the patient without explicit request". Dykhhoorn, 1999)

Henk Reitsema, the leader of the L'Abri Fellowship in Holland, was shocked when she discovered that the nursing home in which her grandfather stayed was euthanizing him. Henk's grandfather had contracted non-Hodgkin's lymphoma and the decision to euthanize him was made by the medical staff without consultation with the family. The Dutch media addressed the tragedy at nursing homes. Henk recalls, "The newspaper reported that they practiced 'bed-rooming' ...When they needed beds for new patients, they would 'clean out 'some beds. Within a week, ten people would die". (Imbody,2001).

Bringing Euthanasia Home

After visiting the Netherlands, pathologist, Dr. Jack Kevorkian was inspired to offer assisted suicide in the United States. In 1990, he started his campaign with practically no support from medical organizations or the court. His hope was to arouse sympathy and force the medical profession to change its position regarding assisted death. (Kastenbaum, 2001) Dr. Kevorkian claims, "It's your life, it's your death; it should be your choice". (de S. Cameron, 1997).

Kevorkian felt that compassionate care would sometimes have to kill a patient in order to relieve suffering. Sympathy with his program was gained as talk show hosts related emotional tales of relief from pain sought by terminal patients. In the name of compassion, the method used by the man known as Dr. Death supplied a patient with the gas canister and tubing. Kevorkian watched as the patient started the process. Kevorkian "left bodies in motels, in vans, and dropped them off at hospitals." (Henslin, 2000).

Kevorkian participated in at least 130 assisted suicides before Oakland County (Michigan) Judge Jessica Cooper sentenced him to a term of ten to twenty-five years after being found guilty of second

degree murder. (Kastenbaum, 2001). In June of 2007 Jack Kevorkian left prison after serving eight years in prison. He left with a promise not to help anyone commit suicide but also with a vow to continue work for legalization of assisted suicide. (msnbc, 2007)

Death with Dignity or Assisted suicide?

In 1994, the debate about end-of-life care changed drastically in the U.S. when Oregon voters approved the *Death with Dignity Act*. This bill permits terminally ill patients with less than six months to live to request and self-administer lethal doses of medicine. The ruling does not legalize euthanasia on demand. Only the terminally ill are covered. By 2006, 200 people had used this bill to take their own lives. (Veith, 2006). On March 5th, 2009 Washington State became the second state to approve the *Death With Dignity Act*, called Initiative 1000.

These bills were encouraged and moved forward by the *Death with Dignity National Center*. This organization vows to support people in other states also who are willing to work for the passage of a *Death with Dignity Act*. Their concern is that people who face a terminal illness need to know that they can have control over the end of their lives in a dignified way, knowing that they can make the decision when it is time to end their suffering. (Death with Dignity, 2008).

Opponents of the Bill contend that “assisted suicide” more accurately describes the results of this legislation. Kenneth Stevens, a Portland, Oregon radiation oncologist said that assisted suicide “is a reversal of the historic role of physicians as healers, as comforters, as counselors.” Stevens is president of the 1,400 member Physicians for Compassionate Care, a secular organization that opposes assisted suicide. In 1982, when Steven’s wife developed lymphoma, her doctor told her that she could commit suicide and she was devastated. Stevens said, “It made me realize at that time just how important the trust is between a doctor and the patient.” (Allen, 2004) Eileen Geller, coordinator for the Coalition Against Assisted Suicide opposed 1-1000 said, “Clearly we know it’s a bad law...It puts low-income and vulnerable people at risk”. (Tu, 2008)

Opting out for Conscience.

Because there is much resistance to the practice of “assisted suicide”, the Death With Dignity Acts allow institutions, doctors, pharmacists and other health care providers to refuse to participate, to opt out. However, this raises issues for institutions that choose not to participate. How would a patient who wants to use the law be dealt with by the staff? This is an important question because in Oregon, at least 40 of the 341 people who had used the law were served by the Catholic health-care system. Doctors willing to be involved prescribed the medications off duty and off premises. In 2007 only about 45 doctors in Oregon were willing to write prescriptions. Other questions arise. Should a mental – health evaluation be given before a prescription? Physicians have not been trained in how to evaluate for such requests or trained for giving prescriptions of life-ending medication. (Tu, 2009)

Depression and Pain management

Respect for the dignity of life requires that we remove the reasons that people want to die. Depression and intense pain are two conditions common to people who consider assisted suicide (Gordon, 1997). Depression is a primary factor linked to assisted suicides. Depression is a condition that should be diagnosed and treated before suicide is considered. Doctors, however, are often unable to diagnose the symptoms. Studies have shown that more than 95 percent of individuals who committed suicide suffered from depression or another psychiatric illness (Gordon, 1997).

Patients often seek death as a relief from relentless pain. Yet with good medical care pain is almost always manageable. When pain is relieved patients almost always regain their will to live (Bernhoft, 1996). In 1996, Eric Chevlen, Director of Palliative Care at Elizabeth Health Center stated, "We already know enough now to manage virtually all cases of malignant pain successfully. The widely held belief that pain can be relieved only by doses of morphine so high as to render the patient a zombie is a pernicious myth" (Gordon, 1997:27).

Palliative-care is an effective alternative to euthanasia. Palliative care includes pain and symptom management, counseling and spiritual support for patients and family. Hospice services provide the most available sources of palliative care.

In 1996, The American Medical Association (AMA), which opposes doctor-assisted suicides, announced that it was developing a program to educate physicians in pain management (Bernhoft, 1996). In 2007 the AMA Code of Medical Ethics outlined its stance on assisted suicide. "Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life...Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication" (AMA, 2007)

The Elderly at risk

A British government advisor, Baroness Helen Mary Warnock, contends that the demented have a duty to die. Warnock believes that people should have an Advance Directive permitting someone else to kill them if they reach a certain stage of dementia. Ken Connor, president of the *Center for a Just Society in America* is concerned that her attitude will impact America if it were adopted in England. Connor says that in her view, you can be 'put down like a sick dog' when you cost more to maintain than you produce. This is deeply concerning because in the United States five-million people suffer from Alzheimer's disease and half of nursing home admissions are dementia sufferers (Butts, 2008).

The Unborn at risk

When the atrocities committed by Nazi regime came to light, the eugenic societies in the United States that had formed during the 1920's and 1930's closed their doors. State and federal laws on

sterilization also disappeared. However the science of genetics continued in the universities. The search and concern for 'good genes' continues today.

With the development of in-vitro fertilization and pre-implantation genetic testing, a market has developed for designer babies. Parents have been drawn into the process of choosing the characteristics of the child they will bear, destroy or abort. A March of Dimes survey revealed that 43 percent of parents would use gene therapy to enhance the physical and mental abilities of their child (Andrews, 1999:145).

Dr. Joseph Schulman offers a genetic testing technique whereby parents can examine a conceived embryo. A staff doctor removes a single cell of a couple's eight cell embryo and freezes the remaining seven. The cell is tested for Down syndrome, cystic fibrosis and a multitude of other genetic disorders. If the embryo receives a clean bill of health it will be defrosted and implanted in the mother's womb. Otherwise it is destroyed. Schulman operates an industry with more than two hundred employees where up to 7,000 samples of amniotic fluid are processed for prenatal diagnosis of more than two hundred inherited conditions (Andrews, 1999:152-153).

These practices raise many questions. What will happen to our concept of what is normal? The boundaries of human dignity are being challenged by these new technologies. Medical advice routinely recommends abortion when an embryo tests positive for a number of genetic abnormalities, including Down syndrome. However many parents are refusing this advice. After learning that the baby they were expecting had Down syndrome, a Seattle genetic counselor gave Tom and Lynn Chittenden a book on late term abortions. Instead Lynn became the driving force behind a Seattle-area support group for families with a Down syndrome child (John, 2001).

This issue was brought into public awareness when Governor Sarah Palin ran for the vice-presidency. Her acceptance of her newly born Down syndrome child gave support and encouragement to those who value the life of a child with disabilities. She issued a statement saying, "Twig is beautiful and already adored by us. We knew through early testing he would face special challenges."

Pulling the Plug

Advances in medical technology raise questions about how far we should go in preserving and protecting human life. This debate became heated when Terri Schiavo, 39, brain damaged and fed through a tube in her abdomen, became the subject of a right-to-die case. The case became one of the Nation's longest and most contentious, with extensive media coverage as family members were pitted against each other and the Florida legislature and the U.S. Congress were drawn into the debate (Crary, 2003).

In 1990 Ms. Schiavo was diagnosed as being in a persistent vegetative state after her heart stopped because of a chemical imbalance. In 1998, her husband, Michael, who had guardianship over her, petitioned to remove her feeding tube, saying that Terri had told him that she would not want to live in a vegetative state. Her parents disagreed and insisted that she responded by smiling and attempting to talk. Her brother said his sister was "alert and responsive". After 5 years of struggle by family members, when the feeding tube was removed, the Florida legislature and later the United States Congress passed laws to reverse removal of Schiavo's feeding tube. However, Judge Greer, of the 2nd

District Court of Appeals examined the case and ruled that Ms. Schiavo was beyond hope of improvement. Schiavo was disconnected from life support on March 18th and died of dehydration on March 31st, 2005 (Wikipedia, 2009).

In 1999 the Texas Advance Directives Act, also known as the Texas Futile Care Law, outlined provisions which allows “a physician to refuse to honor a patient’s advance directive or decision to continue life-sustaining treatment if the physician believes the continued treatment would be medically hopeless or futile.” The physician or health care facility must give the patient a ten day notice, allowing the patient to transfer to another facility. After ten days the hospital has no obligation to continue treatment. The policies are directed toward protecting hospitals and doctors. Futile care laws vary from state to state. However, Texas is one of only two states with a timetable for terminating a patient’s life sustaining treatment. (Marietta, 2007).

The Disabled at Risk

Following Jack Kevorkian’s acquittal in the assisted suicides of two women with non-terminal disabilities, the cry of 500 people with disabilities chanting “Not dead yet” was heard around the world when the organization Not Dead Yet (NDY) was founded in April of 1996. Eleven other national disability groups have joined with NDY to oppose legalized assisted suicide (Not Dead Yet, 2005).

Diane Coleman, president of Not Dead Yet, expressed concern about the Texas “Futile Care” Act. She writes, “Futile care policies do not generally require that the treatment be objectively futile, but allows doctors to use subjective criteria such as quality of life judgments and even economic factors as grounds for denying treatment.” A Texas organizer for NDY argues, “...the essence of any futility law embraces involuntary euthanasia...The ability of a doctor to overrule both the patient and their surrogate in withdrawing life-sustaining treatment is in violation of the principle of patient autonomy. There’s no way to ‘fix’ this law. It just needs to be killed – or euthanized” (Coleman, 2006).

The Slippery Slope of Assisted Death

Assisted suicide and euthanasia involves much more than a sense of compassion, it carries great potential for abuse. As in the Netherlands, voluntary suicide may insidiously become involuntary suicide. Relatives may pressure terminally ill patients or disabled family members to take their lives if long-term care becomes burdensome. States may decree that life support is optional and health-care providers may cap or refuse benefits (Allen, 2004). A chilling reason for choosing euthanasia is that it is cheaper than treatment. Insurance companies may conclude that funding assisted suicide is cheaper than funding a cure or supporting the disabled.

Emotionally charged debates *between* supporters of the Death with Dignity and the Right to Life continue unabated as technology creates challenges to the meaning of preserving life or allowing death. Are the recent abuses witnessed in the Netherlands and the atrocities committed in Nazi Germany being repeated in the United States?

REFERENCES

- * Allen, Marshall. August, 2004. "Death Wishes". *Christianity Today*. Vol.48, No. 8:24.
- * AMA (American Medical Association) 2007. "Opinion 2,211 Physician-Assisted Suicide." *Code of Medical Ethics*. http://www.ama-assn.org/amal/pub/upload/mm/Code_of_Med_Eth/opinion2211.ht.
- * Andrews, Lori B. 1999. *The Clone Age: Adventures in the New World of Reproductive Technology*. Henry Holt Com: New York.
- * Bernhoft, Robin. M.D. F.A.C.S. June 24 1996. "How we can win the compassion debate." *Citizen*. Focus on the Family. Colorado Springs, CO.
- * Brookhiser, Richard. August 6, 2007. "Matters of Morality". *Time*. Vol. 170, No. 6.:52-53.
- * Butts, Charlie. October 4, 2008. "Fighting for life: Dementia and the Elderly". <http://www.onenewsnow.com>. 12/13/2008.
- * Coleman, Diane and Stephen Drakes. May 1, 2006. "Disability Advocates: Texas 'Futile Care' Law Should be Euthanized". *Not Dead Yet*. <http://www.notdeadyet.org/docs/TXfutilecarelawPRO506.html>.
- * Crary, David. October 23, 2003. "Right-to-Life gets new life". *San Antonio Express News*. 1A.
- * Death With Dignity National Center. 2008 "Washington Voters Pass Death With Dignity Act." <http://www.deathwithdignity.org>. 2/4/2009.
- * De S. Cameron, Nigel M. January/February , 1997. "You are not your own". *Physician*. *Focus on the Family*; Colorado Springs, CO:18-20.
- * Dykxhoorn, Hermina. 1999 "Euthanasia in the Netherlands." <http://www.euthanasia.com/netherlands.html> 2/4/2009.
- * Gordon, Carrie. 1997. *Prescribing Death*. *Focus on the Family*: Colorado Springs, CO.
- * Grant, George. 1992. *Grand Illusions: The Legacy of Planned Parenthood*. Adroit Press: Franklin, Tennessee
- * Henslin, James M. 2000. *Social Problems*. Prentice Hall, Upper Saddle River. New Jersey: 363.
- * Imbody, Jonathan. Jan/Feb. 2001. "Deadly Diagnosis in the Netherlands". *Family Voice*. :6-12.
- * John, Sue Lockett. January, 2001. "Sharing Support". *Focus on the Family*. Vol. 25, No. 1 :10-11.
- * Kastenbaum, Robert J. 2001. *Death, Society, and Human Experience*. Boston: Allyn Bacon.
- * Marietta, Cynthia. April , 2007. "The Debate Over the Fate of the Texas 'Futile-Care' Law: it is Time for Compromise."
- * *Msnbc.com news services*. June 1, 2007. "Kevorkian released from prison after 8 years." <http://www.msnbc.msn.com/id/18974940/print/1/displaymode/1098>. 2/4/2009.
- * Members Tripod. "The Hippocratic Oath" <http://members.tripod.com/nktiuro/hippocra.htm>. 2/4/2009.
- * Not Dead Yet. 2005. About Not Dead Yet. <http://www.notdeadyet.org/docs/about.html>. 2/6/2009.
- * Tu, Janet I. November 5, 2008. "Death with dignity act passes". *The Seattle Times*. http://www.seattletimes.nwsourc.com/cgi-bin/PrintStory.pl?document_id=2008352350&zsection. 2/4/2009.

* Tu, Janet I. February 2, 2009. "Health-care facilities scrambling to deal with Death with Dignity Act." *The Seattle Times*.

http://seattletimes.nwsourc.com/cgi-bin/PrintStory.pl?document_id=2008696811&zsection.

2/4/2009.

* van der Maas, P.J., G. van der Wal, I Haverkate, et al. Nov. 28, 1996. "Euthanasia Physician-Assisted Suicide and Other Medical Practices Involving the End of Life in the Netherlands 1990-1995". *New England Journal of Medicine*. Vol. 355:1699-1705.

* Veith, Gene Edward, Feb. 2006. "Life-changing decisions". *World*. February 4:26.

* Wikipedia, 2009. "Hippocratic Oath". " <http://en.wikipedia.org/wiki/Hippocratic.oath>. 2/4/2009.

* Wikipedia, 2009. "Terri Schiavo Case" http://en.wikipedia.org/wiki/Terri_Schiavo. 2/6/2009.