**Euthanasia:** The term euthanasia comes from two Greek words “eu”, meaning “well”, and “thanatos” meaning “death” - and means “painless, happy death”. Some definitions broaden this to mean “termination of human life by painless means for the purpose of ending severe physical suffering', or 'me, killing'.Euthanasia is distinguished from suicide in that involves in some way the direct or indirect use of a third party. If human life begins at the moment conception and ends at the moment of death and humans have a right to be treated - beings worthy of respect throughout this period, then the unborn child or the unconscious adult should be protected exactly the same way as a conscious adult. In this respect abortion and euthanasia are often linked, and the ethical basis for this position has been the Natural Law approach to ethics.

**Voluntary euthanasia:** Death where consent has been given by individual. Any justification of voluntary euthanasia (the request and consent of the dying person) is generally made on the grounds that death is preferable to the suffering that would be involved if the person continued to live. In other words, it is based on expected results (relief from anticipated pain). This may be related to the pain, physical or emotional, that the patient may be experiencing, or the suffering of family and friends which the patient seeks to avoid. Most groups currently campaigning for changes in the law to allow euthanasia are campaigning for voluntary euthanasia, i.e. euthanasia carried out at the specific request and consent of the dying person.

**Involuntary euthanasia:** Death where consent was not given by the individual, This is when someone is killed in order to save them from additional suffering, but when in spite of being capable of consenting to their own death they do not do so, either because they were not asked, or because when asked they choose to go on living.

**Non-voluntary euthanasia:** This is the killing of someone who is not in a position to ask to live or die (for example newborn babies, or a person severely brain damaged and in a long-term coma)

**Passive euthanasia** - allowing someone to die by withdrawing treatment, for example turning off a life-support system to which a comatose patient has been connected

**Active euthanasia** - something is done actively to end life, for example in time of war, a mortally wounded soldier in great pain may ask his comrade to `finish him off' in order to shorten his suffering or giving someone a lethal injection.

**Assisted suicide** – the patient ends his or her life by taking an overdose of drugs provided by the doctor or by triggering a switch that activates a fatal intravenous injection.

At present active euthanasia is outlawed by the **Murder Act of 1965 and by the Suicide Act of 1971. The Murder Act** states that intentional killing, even with the patient's consent for compassionate reasons, is a crime and the **Suicide Act** makes assisted suicide a crime. The House of Lords ruled in 1994, after an inquiry, " there should be no change in the law to permit euthanasia." Lord Walton commented on this in a speech to the House of Lords (9 May 1994) saying:

Under British law, a person has the right to refuse treatment as long as he or she is fully competent to make that decision (voluntary passive euthanasia)

If a patient is not in a position to ask for or refuse treatment (e.g. if unconscious) then a doctor can decide to withhold treatment (non-voluntary passive euthanasia) He or she in not required to consult with the patient’s relatives about this, although it is considered good medical practice.

**Arguments in favour of Voluntary Euthanasia** (some of which might also apply to non-voluntary or even involuntary euthanasia)

**Freedom from pain:** The assumption that death is preceded by serious pain which can only be controlled to a limited extent by drugs gives rise to considerable support for euthanasia. It can quickly and humanely end a patient's suffering. This suffering is not just physical, but includes psychological stress and the suffering brought about by medical complications such as incontinence.

**Personal autonomy:** Euthanasia goes to the heart of the debate concerning human rights and how far society can interfere with individual freedom and restrain behaviour that may offend citizens within that society. For many the importance of autonomy is that it upholds the right of the individual to make a decision about the quality of their life. Quality of life is not only concerned with the pain they experience, which could be controlled by the use of drugs, but also whether they lose their dignity by being incontinent and totally dependent upon others. Human beings should be able to live dignified lives up until the ends of their lives. This isn't simply a matter of pain, but of self-respect. If my standard of living is such that I no longer want to live, then I should be able to end my life and, if necessary, be assisted in doing so. What's more, the quality of life worth living is one that only I can define. Having control over my life is a way of enhancing my human dignity.

**Social fears and pressures:** In many cases there is no one left to care for the old and the sick. The breakdown of traditional family structures, which provided care for ill and elderly people, has led to an increasing fear of the old and sick being abandoned to a faceless and ill-equipped health service, or left alone to die.

Medical advances too may encourage a philosophy in favour of euthanasia, as expensive, glamorous life-extending - but ultimately futile - treatments are promoted way above palliative care. Access to hospice care is limited and expensive, and palliative care does not attract significant numbers of health care professionals.

There is a desperate need for organs for transplantation, death may be encouraged while the organs are still healthy enough to be of use to others. Finally, a fear of dementia and the effects of Alzheimer's Disease may encourage thoughts of euthanasia in the elderly. It can shorten the grief and suffering of the patient's family.

**Arguments against Euthanasia**

**The principle of the sanctity of life:** This argument is often used by religious believers. It is based on the teaching of Genesis 2:7: `Then the Lord God formed man of dust from the ground, and breathed into his nostrils the breath of life, and man became a living being.' If life is sacred (set apart for God's purposes) and created by him, then by definition he must be the one who has control over its end as well as its beginning. Once a life has been set in motion by God it can only be ended by him. Thus an illness which ends in natural death represents a complete life, brought to an end by God within his own timing and purpose, whereas euthanasia represents a challenge to God's divine will.

**The minority should not force their will on the majority:** The critics of voluntary active euthanasia would generally accept that in a pluralist society the minority should not impose its will on the majority. People who wish to die should have the right to die. By shaping one's own death by deliberately accelerating or retarding it a person is exercising moral autonomy. Our society has safeguarded this right by no longer making attempted suicide a criminal offence. However, as has already been shown, rights also impose duties on others which they may not be willing to perform. In the case of euthanasia those who are required to terminate lives will be doctors. Many doctors believe that their primary purpose is to save and to heal the sick and, where this is not possible, to make the patient as comfortable as possible.

Allowing euthanasia will put pressure on patients to ask for euthanasia While it is true that euthanasia can shorten the grief of a terminally ill patient's relatives, it can also put a pressure on the patient to volunteer for euthanasia, if it were available. This might be in the interest of her family who would otherwise be required to look after her.

That this is not purely hypothetical is illustrated by an example from the Netherlands given by Margaret Whipp, who is both a consultant in palliative medicine and a Church of England minister. In her example an old man was dying from cancer, but his symptoms were well controlled, and he asked if he could go home to die. His four children refused to agree to his leaving hospital and asked the doctor to end his life 'in the name of humanity'. They threatened to sue the doctor when he refused. On visiting the patient's home the social worker found that all his furniture had been taken by his family.

Making doctors or nurses perform “euthanasia” will undermine peoples confidence in these professions.

The Voluntary Euthanasia Society claim that there is no evidence that the patient's confidence in doctors and nurses would be jeopardised if their role were extended to include ending lives. This is not supported by evidence from either doctors or patients.

**What about any “mistakes” that might be made?** Even patients in a persistent vegetative state have been known to recover . Recovery from brain injury takes place at different rates, and it is only after a period of 12 months that it is diagnosed as persistent, i.e, permanent. There are, however, well-documented cases of recovery after this time, although as every month goes by the likelihood of recovery is diminished.

All illnesses diagnosed as terminal will not necessarily end in death. Cases of patients given a terminal prognosis, only to live significantly longer than anticipated or to recover entirely, are by no means rare.

**How can we know what the “motive” for an act of euthanasia is ?** When a person asks for death, can we be sure that the person isn't crying out in despair, rather than making a definitive decision? In desperate moments, I may feel that I want my life to end - that the pain is too great and life too agonising - but perhaps those moments will pass and I'll be glad that no one acted on my pleas. Can doctors be sure that I know and understand all the facts? Is it possible that I may have a fear of the future which will not be realised? Any euthanasia process would have to be able to establish, beyond any doubt, the true intentions of the patient who is requesting euthanasia and that the patient is fully aware of the situation. The risk of misinformation or a failure to comprehend the situation leaves the patient vulnerable to a decision that he or she might not truly want to make.

**The impact of allowing euthanasia on the community:** What cultural effect might voluntary euthanasia have on society? Might it lead to other forms of euthanasia being supported - ultimately concluding with the kinds of involuntary euthanasia carried out by the Nazis on the sick, the elderly and the disabled? If voluntary euthanasia was made legal, would people become concerned about visiting hospitals, fearful of what might happen?

**Euthanasia is a decision which does not just effect the patient:** Ultimately, voluntary euthanasia, in its physician-assisted form, isn't simply a individual matter. It affects others and society as a whole - the doctor who assists, the nurses who are caring for the patient, the hospital in which it takes place and the wider community. The argument of an individual's right to die must be set against the community in which individuals exist. Acceptance of the practice of killing in hospitals could reduce the respect for life that civilizations uphold now more than ever in terms of human rights.

**Death does nor have to been painful:** The development of effective palliative care means that it is certainly not the case that all terminal patients will face a painful, undignified death. The work of the hospice movement exists to care for terminal patients and to educate the public and the medical profession in alternatives to the extremes of a painful death or euthanasia.

**The “slippery slope” argument:** This maintains that euthanasia is the thin end of the wedge - that once one accepts this principle, the door is open for all sorts of other procedures and abuses including infanticide. The argument is that euthanasia involves crossing a line and once this line is crossed the consequences are unforeseeable. If you allow euthanasia why not allow infanticide, killing of the handicapped, etc. Think of the atrocities carried out by the Nazis in World War

**The sanctity of life:** Those Christians who see the Bible as a source of authority for morals assert that all human beings are created in the image of God (Genesis 1v27) and are set apart from all other creatures. The creation story in Genesis stresses that all that God creates is good. He is also the one who determines when and how it should end.The notion of life as a gift from God brings certain responsibilities. When man is given life, it is in the form of a loan. Our lives do not belong to us. We cannot do whatever we like with our lives. The created man is a steward of God. He is answerable to God for the whole of creation and for the way in which he uses and cares for that created order. This must also mean that we are stewards of God with respect to our lives. We are answerable and accountable to God for life itself and how we use that life. We are not free to return the loan whenever we feel like it.As made in the image of God, man is given a worth and dignity. Thus a person's worth is not a matter of self-assessment nor of social significance nor contribution. It is a result of being created in the image of God. Thus the dignity of man makes human life important and to be treated with reverence. Part of this dignity is exemplified in the exercising of dominion in creation. In modern terms, this means that man is answerable to God for his creation and the use of science, technology and medicine. As good stewards, we are to use these things in ways which reinforce and preserve man's God-given dignity. But as stewards, we are accountable to God for that usage.

**Natural Law:** There is a long tradition which argues that we do not have the right to dispose of our lives or the lives of others because all life was created by God and belongs to Him. What is morally right is what fulfils its intended purpose. We should not interfere with nature but allow things to take their rightful course. This idea of natural law was adopted by **Thomas Aquinas** and has become a central tenet of Roman Catholic theology. Thus it would be as wrong to end a life prematurely as it would be to extend it artificially. The view that life is sacred and should be preserved in all circumstances is referred to as the sanctity of life argument. It is often used by religious believers to rule out euthanasia. However the argument is not always clearly applied. It has been argued that a belief in a loving and compassionate God entails the belief that He would want people to have a worthwhile life that is not subject to intense pain. Logically to give pain-killing drugs or to perform an operation, that would prolong life, are interfering with the course of nature. Some advocates of the sanctity of life argument have weakened their stance and have introduced distinctions in the form of ordinary and extraordinary treatment and the law of double effect.

The distinction between ordinary and extraordinary treatment was formulated in the sixteenth century before the discovery of pain killing drugs and basically stated that no one should be required to accept life-extending treatment if it brought extraordinary pain or suffering. This is essentially a pragmatic argument and varies with every situation. Often it comes down to whether the treatment would reasonably be expected to benefit the patient, would not cause excessive suffering and, regrettably, whether it would not involve excessive expenditure.

**The double effect argument** involves making a distinction between foreseeing what will happen and actually intending it to happen. An example of this would be giving a large dose of morphine to control the pain of a terminally ill patient foreseeing that it would shorten the patient's life. Some supporters of euthanasia regard this as a contrived argument. It is rather like a factory owner excusing the pollution of a river from toxic waste by arguing that it was done to promote efficiency and increase employment, even though he knew the consequences of his actions.

**Tradition:** Christian attitudes towards suicide were influenced largely by the writings of Augustine and Aquinas. Augustine taught that suicide was worse than murder. He wrote in the context of martyrdom**,** Aquinas believed that suicide was wrong. He said suicide was a failure of one's duty to:

(a) Oneself - It is an act of self-harm. This can hardly be true in the case of someone dying a long, painful death.

(b) Society - It deprives the community, and the family, of one of its members. This also cannot easily apply to the terminally ill who cannot contribute to society and may actually be a drain on it.

(c) God - This is the only duty that could be defended, but this still leaves some questions unanswered.

The last two of these arguments could equally apply to euthanasia.

Although most Christians believe we will face God's judgement after death, few would want to say that suicide is an unforgivable sin that prevents a Christian from entering heaven.

Christians believe that God has a purpose for each of our lives and we should not seek to frustrate that purpose by premature death.

However to fulfil God's purpose requires personal consciousness, which does not exist in a person who is in a permanent coma. It is also expressed in relationships, both with God and other persons. This is hardly possible when a terminally ill person's life is totally preoccupied with pain, vomiting and convulsions. Must the Christian submit to a long agonising death by' leaving it to God' when she could have it painlessly ended?

It is often said that by committing suicide, assisting suicide or euthanasia, we are 'playing God'. It must equally be the case that we are playing God when we are extending life by performing operations or putting in pacemakers. It could be argued that God would wish for life to be extended unless there were good reasons to act otherwise. The question is whether such good reasons do exist.

**Natural Law:** Followed by Catholics see previous notes. Make sure to include principle of double effect and the weak sanctity of life argument – ordinary and extraordinary means or proportionate and disproportionate means.

**Professor Ian Harriss**, there are still questionable applications of the first precept. For example in Spain a Catholic Country and where Natural law is prominent in policy, killing a patient is morally wrong but to heavily sedate someone is acceptable. To end a life goes against Natural Law, but to east the pain using morphine can be considered acceptable, the Slippery slope is not acceptable but the double effect would be seen as a concession.