THE MORAL CASE AGAINST EUTHANASIA

Catholics Must Articulate Persuasive Arguments To Counter the Cultural Rush toward Assisted Suicide

BY SIDNEY CALLAHAN, PhD

Dr. Callahan is professor, Department of Psychology, Mercy College, Dobbs Ferry, NY.

Summary Catholics who adhere to a consistent ethic of life are going to face tougher opposition as they struggle to defend society's most vulnerable members. The major ethical contention will concern the ethics of dying. Unfortunately, there have not been well-articulated moral arguments to counter society's rush toward physician-assisted suicide and euthanasia.

Catholics must articulate a persuasive ethical ideal for dying a truly good death. It is crucial to achieve a balance: between valuing individual autonomy and protecting the common good; between affirming the goodness of life and accepting death as a reality of the life cycle.

Another challenging piece of the moral argument lies in convincing people that the means and processes used to achieve a goal are rarely neutral. Another serious problem with permitting the killing of self or others is that one cannot ever be certain of the agent's motivation. And when an individual's subjective determination of a need to choose death is given ultimate validity, there is no way to call a halt. If medical mercy killing becomes acceptable, social pressure can mount for an ill person to ask for death to relieve the family burdens. Maintaining an absolute prohibition against actively taking a human life–self or other, with or without consent, dying or not–is necessary to protect human communal bonds.

Catholic healthcare ethics faces a stormy future in the midst of turbulent seas. Gale force winds and tempestuous cultural currents are approaching that are well beyond the control of any individual or institution. These new cultural and political forces will put pressure on *all* healthcare providers, but Catholics will confront unique moral and ethical challenges.

Most distressing is the certainty that Catholics who adhere to a consistent ethic of life are going to face tougher opposition as they struggle to defend society's most vulnerable members–the unborn, the poor, and the dying. The major ethical contention will concern the ethics of dying, although struggles over abortion and genetic manipulation will not fade away.

Catholic insistence on the radical moral equality of embryonic life has been a long-standing project. As a result, well-articulated moral arguments have been developed to set forth a prolife position that insists on protecting the beginning of human life as a matter of justice and equality.

Unfortunately, there have not been equally well-articulated moral arguments to counter society's growing acceptance of a supposedly moral right to suicide, physician-assisted suicide, or euthanasia. Even many Catholics working in healthcare seem unable to defend the Church's position on good moral grounds. At the risk of being an alarmist, I can well imagine a runaway movement soon establishing individuals' autonomous right to choose to die when and how they please, with the mandated assistance of healthcare providers.

The Mass Appeal

As we watch the cultural rush toward physician-assisted suicide and euthanasia, it is important to realize that this movement is not a plot by some elite group trying to dupe the American people, but is, alas, a strong grassroots movement. The popular support for Jack Kevorkian and his suicide apparatus attests to the mass appeal of assisted suicide. The offer of complete control over one's dying by medically assisted suicide seems

to seduce (1) those who do not wish to be kept barely alive by overzealously employed technological "miracles," and (2) those who do not wish to suffer, to be diminished, or to be dependent on others for care.

Because so many people are affected by these fears, we can predict the appearance of more campaigns to get state legislatures to approve physician-assisted suicide or euthanasia. Adding to the problem, a growing number of respected secular ethicists and physicians defend the morality of physician-assisted suicide and euthanasia.

Since death is a limit or boundary-of-life event, attitudes toward dying are shaped by foundational beliefs about the meaning and purpose of life. Persuading others of the immorality of suicide, physician-assisted suicide, or euthanasia will mean arguing about the deepest foundations of our culture and civilization. This is not going to be easy, but it is a worthwhile ethical enterprise.

Catholics must articulate a persuasive ethical ideal for dying a truly good death. The "goods" that people seek in suicide and euthanasia must be shown to be suspect and dangerous, while the alternative ideal of steadfast caring for the dying must be shown to foster human flourishing. In arguments over death it is crucial to achieve a balance: between valuing individual autonomy and protecting the common good; between affirming the goodness of life and accepting death as a reality of the life cycle.

Actions and example also count in cultural moral struggles, so it is vital that Catholic healthcare institutions offer a caring environment in which individuals can die with dignity, comfort, and grace.

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Means and Ends

Another challenging piece of the moral argument lies in convincing people that the means and processes used to achieve a goal are rarely neutral. Distinguishing between means, ends, and motivations and then morally evaluating them separately is crucial in understanding the difference between actively killing a person and letting the dying die a peaceful death. In the same way, relieving pain by giving medication that also may hasten death is not the same as giving an injection directly aimed at killing the person.

Although a dying person eventually ends up dead whether you withdraw treatment or actively give a lethal injection, the processes are different, with a host of different repercussions and social side effects. In withdrawing burdensome treatment that can no longer offer any medical help, an ethical agent surrenders to a natural reality of a disease or injury beyond human control. One no longer attempts to prolong dying, although one still is obligated to maintain all the care, comfort, and pain-relief measures that are possible in palliative medicine.

By contrast, in actively killing a person and directly intending to use medical technology to end a life, an agent assumes the right to define reality as well as the right to assume total control over the person's life. These differences in means and ends are obscured because technological thinking and instrumental reasoning emphasize only the outcome or the effect. Such narrow reasoning pays little attention to the "neutral" means used to get to a goal. When Gandhi proclaimed that you must only use moral means for an end because "means are ends in the making," he assaulted the habitual thought patterns engrained in technologically trained modern persons.

A Moral Right?

So what harmful ends result from means which assume that individuals have a right to control life and death by an act of killing? Obviously, the arguments for euthanasia or physician-assisted suicide are built on the claim that an individual has a moral right to commit suicide. If so, then the individual also has the right to demand assistance in suicide or euthanasia.

Well, why not? Why not accept suicide, or "self-deliverance" as the Hemlock Society would call it? Surely Americans and those who believe in democracy and intrinsic human rights believe that individuals ought to possess autonomy, liberty, "bodyright," and self-determination in conducting their lives. Isn't the alternative totalitarianism or a passive fatalism? Christians have always maintained that humans are free moral agents who must shape their lives and actions for their own good and the good of their neighbors and society.

We also know that the invention and use of technology are completely natural to the human species. Pope John Paul II, defends technology in his encyclical on work by calling it "that ally of work that human thought has produced . . . a historical confirmation of man's dominion over nature."[1]

So why is mercy killing through medical technology not another instance of humankind's admirable dominion and willed control over

nature? People who argue for euthanasia and suicide always assume that the motivation is to altruistically end real distress, and not some other unworthy, selfish motive such as revenge, hate, indifference, money, or a desire to get rid of the burden of caretaking. Defendants of the right to suicide and euthanasia also assume that depression or any other mental impairments should not be present in an "informed" consent to die.

Ah, but there's the rub. One serious problem with permitting the killing of self or others is that one cannot ever be certain of an agent's motivation. Even the agent may not be sure; almost everyone recognizes they have experienced mixed motivations, unnoticed negative influences, or the up-and-down fluctuations of ever-changing thought, emotions, and moods. The despair engulfing consciousness at one moment may change in the next. Most important conscious decisions of life can be reversed if we change our mind, but a decision to extinguish consciousness forever can never be reversed.

The Slippery Slope

Another problem in granting individual autonomy in killing decisions is that when an individual's subjective determination of a need to choose death is given ultimate validity, there is no way to call a halt. A debilitating or painful terminal illness might not even be required for suicide assistance, because sociopsychological suffering or anxiety over the future could be subjectively judged more horrible than physical pain, and even less amenable to the pain controls offered by palliative medicine.

Some of Kevorkian's patients sought his services not because they were in pain, but because they wished to avoid future suffering, diminishment, or decline. Among unhappy or stressed persons, suicide epidemics are easy to trigger, proving that the survival instinct may not be as strong as generally supposed.

Euthanasia and physician-assisted suicide allow for many abuses, misread signals, and ambiguous interpersonal motivations. Worst of all, when an efficient, quick technological solution is available to end a difficult dying process, an unfortunate dynamic operates to inhibit the exploration of alternative options or even strict attention to informed consent. Involuntary euthanasia follows voluntary euthanasia, as the experience of the Netherlands has shown—because why should the incompetent be denied what others can request?[2]

Caring for dependent dying persons in a loving way that respects their individuality and human dignity is an arduous interpersonal endeavor that taxes patience and other resources. If medical mercy killing becomes acceptable, social pressure can mount for an ill person to ask for death to relieve the family burdens. As always, the temptation exists to solve the problem of suffering by eliminating the sufferers. So-called safeguards and regulations against abuses would be impossible to maintain in the private and confusing complexities of modern living and dying. In the case of assisted suicide and euthanasia, the slippery slope argument is valid; what is once begun cannot be controlled.

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An Ecological Consciousness

Catholics and others concerned for the common good must argue convincingly that allowing individuals the liberty to extinguish life will be harmful to the common good—to individuals, families, health professionals dedicated to saving lives, healthcare institutions, and the general culture. Perhaps the growth of a new ecological consciousness will help convince many Americans of the interconnectedness of life and the limits of a cult of privacy, autonomy, and private property. Today, the claims of private property are no longer extended to destroying various species or polluting the environment. So why should possessing one's body include the right to destroy it?

Giving the individual the moral right to define reality and exercise total coercion and control to take life can become easily generalized. Permission to kill the self at will cannot help but make other acts of killing more accepted. Ancient societies that honored suicide as a noble way to die were consistent in according a dominating elite the individual liberty to choose to kill their slaves, newborns, or wayward women.

Maintaining an absolute prohibition against actively taking a human life—self or other, with or without consent, dying or not—is necessary to protect human communal bonds. All human living, loving, declining, and dying is full of stress that must be endured and overcome by communal support. What humans need most is an unconditional commitment to steadfastly care for one another through any illness or impairment until the end comes.

Checking out at will, choosing death before diminishment or dependence, will set terrible precedents for the way people should live togeth-

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enunciated 30 years ago in the statements of the Second Vatican Council on the role of the laity in the Church's mission. The more practical pressures for extending sponsorship to the laity have to do with demographics (the declining number of religious women and men), with sociology (among other things, the redirection of religious life away from institutional ministries to more personal involvement in issues of social justice and peace; and the emergence of a qualified and professional Catholic laity), and with economics (especially the need to integrate physicians and purchasers as risk-sharing partners in the Catholic healthcare system of the near future).

Today's ecclesiastical sponsors of healthcare face the challenge of sharing their responsibility with qualified and dedicated lay men and women—parish leaders, educators, health professionals, business leaders, and others—recognizing their right to a voice in the governance of a Church-sponsored health ministry and recognizing the extensive contribution they can make to that effort. Healthcare must be a ministry of the whole Christian community and it must be seen as part of the Church's one ministry of proclaiming the good news and of embodying it, as Jesus did, in expelling the demons of sickness.

A Look Ahead

Less than a century after Magellan proved the earth was a sphere, Galileo proved (or came close to proving) that it also moved around the sun. It remains to be seen whether our view of the role and structure of the U.S. Catholic healthcare system will change as profoundly as did those earlier views of our planetary system. But enough has already changed to challenge our twentieth-century model of Catholic healthcare, and the next few years will be crucial in refashioning this perennial ministry for a new age. □

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cult times, sponsors will need to help people understand why change is necessary and how it relates to the mission.

Examining a Range of Fundamental Changes Jarring Religious Life The restructuring of healthcare coincides with a major transformation of religious life in the developed world. As they grapple with the restructuring of healthcare, congregations are also wondering about the future of religious communities, reexamining their identity, and exploring alternative models of sponsorship. They are testing new ministries and applying new tools to old ones. Women religious, in particular, need to discuss all these changes, placing the changes in healthcare in the broader context of the transformation of religious life.

Developing Lay Leaders During the last decade Catholic healthcare began to move along a path that may eventually lead to lay sponsorship. In collaborative arrangements, laypersons have assumed increasing responsibility for governance and management of the ministry. For this trend to play out successfully—especially in an organization as complex as an IDS—it is vital that we develop lay leaders capable of exerting the influence of Catholic values on their institutions.

Opportunities and Risks

The forces of change in American healthcare are in full swing. The place of Catholic healthcare in the new system will depend on what we do today. The future is appealing because it offers us the opportunity to realize a holistic healing ministry and to achieve broad collaboration with non-Catholics who share our values. It also presents us with significant risks because we will have to share control of our institutions and participate in new services. The future calls us to participate in large organizations, what some might call "big business." Most important, the future calls us to impress on the rock on which the new healthcare system will be built the values of human dignity, stewardship, social justice, collaboration, and excellence. □

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er. Suicides negatively affect their families and all who know of them; won't mercy killings also contribute to a culture of death? Hospice care, by contrast, provides a moral and humane way to live and die a good death. In hospice, persons offer other persons companionship, social support, pain control, and nonintrusive care in a humane environment that respects individual human dignity.

Individuals must surrender to the moral prohibition against killing themselves or others in order to flourish as an interdependent human community of equality and dignity. If this is a truth of the moral order, then it will be shown to be true through the fruit of human experience. The axiom "Truth is great and will prevail" is true, but only in the long run. In the short run, ethical errors and mistaken moral beliefs can create worlds of suffering and misery for society.

In this coming American moral crisis, Catholic healthcare providers will find themselves at the center of great ethical struggles. The outcome of this moral conflict is as uncertain as everything else in the waning twentieth century. But Catholics dedicated to "a civilization of love" must fight against all initiatives that substitute killing for caring, no matter what appeals are made in the name of free choice, individual autonomy, and mercy. □

NOTES

1. Pope John Paul II, *On Human Work: Laborem Exercens*, Daughters of St. Paul, Boston, 1981, pp. 14-15.
2. Herbert Hendin, "Seduced by Death: Doctors, Patients, and the Dutch Cure," *Issues in Law and Medicine*, vol. 10, no. 2, 1994, pp. 123-168; Carlos F. Gomez, *Regulating Death: Euthanasia and the Case of the Netherlands*, Free Press, New York City, 1991.