WHY WE SHOULD NOT LEGALIZE EUTHANASIA

Summary The euthanasia debate is really the backdrop for a discussion within our society about the very nature of human life and meaning. Because the origin of life is in God, human beings do not have dominion over life but are stewards of life.

The powerful combination of sanctity and stewardship is expressed in the foundational ethical principle. This principle says that no person has the right to directly take innocent human life and in fact there is a positive obligation to nurture and protect life.

In our secular society there is a need to develop a "natural" metaphysic of sacredness. Such a metaphysic can serve as bedrock from which a foundational principle can be developed and then applied in concrete moral norms. It can show that life contributes to the full dignity of the human person. For this perspective to be effective in countering the movement to legalize euthanasia, this sense of integral wholeness of human personhood must be demonstrated in a convincing manner. It can be because a dualistic philosophical bias has been found wanting by Western culture.

We must arrive at what ethicists would call concrete norms that guide individual choices. At issue is how we translate our foundational principle—Do not directly attack innocent human life—into a concrete norm when confronted with the possibility of death.

Some persons question whether the concrete norm opposing euthanasia should be a matter of public morality. To answer this question, we must turn to our foundational principle. As a society, we must ask ourselves, How "sacred" is life? Will that natural sense of awe about life, that natural desire not to be vulnerable, be enhanced or threatened by making euthanasia legal?

Euthanasia has become the ethical issue of the 1990s and the focus of some of our most controversial public policy questions. I oppose the legalization of euthanasia. But we must do more than simply disagree with its proponents. It is possible, using the belief structures of the Judeo-Christian tradition and other reflections, to develop a persuasive understanding of human life that can serve as the foundation for an ethic that would oppose the legalization of euthanasia.

Although voters in California and Washington State have rejected assisted-suicide initiatives, the euthanasia debate will continue. Religion serves a vital role in this public policy discussion. But I see the euthanasia debate as symptomatic of a much more profound cultural discussion on the nature and meaning of human life. Certain foundational principles, which can be formulated in both religious and secular terms, can guide the opposition to euthanasia.

Religion and Public Policy

Persons involved in the euthanasia debate are often concerned about the role of religion. Many people are concerned that participation by religious leaders is an inappropriate attempt to impose a particular religion's morality on society. But the constitution protects our nation's religious pluralism and ensures that a person who practices a religion *or* a person who practices no religion will not be excluded from participating in public policy development. Such participation,

The Foundational Ethical Principle Obliging Us To Protect Life Must Be Translated Into a Concrete Norm

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however, is based on two distinctions:

• The distinction between civil law and morality. Although our legal tradition is rooted in moral principles, "the scope of law is more limited and its purpose is not the moralization of society."[1] Everything that people of good will consider to be morally wrong need not be made illegal. This should only happen when the mutually agreed-on demands of the public good or the public order require it.

• The distinction between public moral questions and private moral questions. Something is a matter of public morality if it affects the public order of society. Catholic thinker John Courtney Murray defined public order as encompassing three goods: public peace, essential protection of human rights, and commonly accepted standards of moral behavior in a community. As a general principle, the domain of law and public policy is public morality, not private morality.

Thus religious leaders must be circumspect when they speak outside their congregations. Some areas of religious belief and practice are not appropriate matter for legislation. Religious leaders should speak out, however, on matters pertaining to public morality. In a pluralistic society religious leaders are as free as other citizens to participate in the public discussion that seeks to build consensus on what constitutes public morality. Card. Joseph Bernardin of Chicago has suggested that when religious leaders do participate in such public dialogue, they must translate their religious beliefs or philosophical assumptions "into commonly agreed upon language, arguments and categories before they can become the moral or ethical foundations for key public policy choices."[2] He adds:

> A rationally persuasive case must be made that an action violates the rights of another or that the consequences of actions on a given issue are so important to society that the authority of the state ought to be invoked through public policy or civil statute, to govern personal and group behavior. Obviously, in a pluralistic society, arriving at a consensus on what pertains to public policy is never easy. But we have been able to achieve such consensus in the past by a process of dialogue, decision making and review of our decisions.

In a pluralistic society, religious leaders are as free as other citizens to speak out on issues of public morality.

In accepting Card. Bernardin's challenge, I will explain why the legalization of euthanasia would violate the public order of our society and therefore should not be allowed. Persons who propose the legalization of euthanasia must be held to the same standard: They must demonstrate how such a change of public policy would *not* adversely affect public order.

The Cultural Context

Although euthanasia is not new in Western culture, it is evident that euthanasia has not been

HOW THE CATHOLIC TRADITION VIEWS EUTHANASIA

In the Catholic tradition euthanasia is understood "as an action or omission which of itself or by intention causes death in order that all suffering may in this way be eliminated" (Congregation for the Doctrine of the Faith, "Declaration on Euthanasia," *Origins*, vol. 10, 1980, pp. 154-157). Euthanasia may be voluntary or involuntary. The difference is found in the patient's intention. Voluntary euthanasia is when a patient ends his or her own life with the assistance of a care giver, or when a care giver does it at a patient's request. Involuntary euthanasia occurs when a care giver ends a patient's life without the patient's consent.

Also, euthanasia may be either active or passive. Active euthanasia occurs when death is induced through an external method, such as Dr. Jack Kevorkian's machine. Passive euthanasia occurs "if the cause of death is present within one's body, but is not resisted when there is a moral obligation to do so" (Kevin O'Rourke, "Assisted Suicide: An Evaluation," *Journal of Pain and Symptom Management*, vol. 6, 1991, p. 2).

Within the Catholic theological tradition, no moral distinction is made between active and passive euthanasia. Both are described as causing the death of a person who is ill when there is a moral obligation to prolong that person's life.

Key to this ethical analysis is the assumption that there is a moral obligation to preserve and protect human life. The existence of such an obligation is relevant because, according to the Catholic theological tradition, there are times when no moral obligation exists to prolong life—namely, when the care or treatment would be futile or disproportionately burdensome. Consequently, when there is no such obligation and a person is allowed to die from a fatal pathological condition, "then the act by which one is allowed to die is not euthanasia" (O'Rourke).

This is an important point. Catholic tradition does not require that persons who are dying be kept alive needlessly. Rather, it opposes reversing a centuries-old tradition enshrined in our civil law saying that no one should directly take the life of another innocent person or assist in the taking of that life even if that person is dying or is seriously ill.

acceptable practice within U.S. culture or our civil laws. Only in the past few years has euthanasia become a matter of public discussion and concern. The reasons for this growing openness to euthanasia are many, including the advancements of medical technology that have made it possible to maintain and extend human life as never before. Clearly, the sense of powerlessness and the fear of needless pain often associated with such advanced forms of treatment have been practical reasons for the advancement of the euthanasia movement. However, deeper reasons exist for this euthanasia phenomenon—reasons that are cultural or philosophical.

Underlying Assumptions Harvard's Arthur J. Dyck has identified what he considers to be the underlying presuppositions of an ethic of euthanasia. They are as follows:

> 1. That an individual's life belongs to the individual to dispose of entirely as he or she wishes;
> 2. That the dignity that attaches to personhood by reason of the freedom to make moral choices demands also the freedom to take one's life;
> 3. That there is such a thing as a life not worth living, whether by reason of distress, illness, physical or mental handicaps, or even sheer despair for whatever reason;
> 4. That what is sacred or supreme in value is the "human dignity" that resides in man's own rational capacity to choose and control life and death.[3]

Obviously, one might disagree with some of Dyck's characterizations, but I suggest that he has captured, *in a general sense*, the presuppositions of the euthanasia movement. And there is much to be said for these presuppositions. For example, they make us aware that values exist beyond those of physical survival. Similarly, they force us to realize that death is not the greatest harm which can befall a person.

Assumptions' Weaknesses Nevertheless, weaknesses are inherent in these assumptions. Rev. Richard M. Gula, SS, identifies three:

- They are arbitrary in that they identify a few values to define the significance of human life and fail to put them in the context of a full spectrum of human values and their consequences.
- Taken as a freestanding composite, they are too risky. It is not self-evident why their application could not be extended to the most vulnerable members of society such as the elderly and the handicapped.
- They erode the "character of a helping community of trust and care."[4]

The euthanasia debate is really the backdrop for a discussion within our society about the very nature of human life and meaning.

More important, however, the presuppositions Dyck describes do not speak merely to the question of euthanasia. As Courtney S. Campbell has pointed out:

> Disagreements regarding the end of life choices open to dying persons reflect nonmoral assumptions about the source of meaning and good in human life; the significance of suffering and death in human experience; the relation between dependency, dignity and control; the moral character of caring relationships; and the nature of the human self.[5]

The euthanasia debate is really the backdrop for a discussion within American society about the very nature of human life and meaning. Although societies seldom choose to engage such fundamental questions in their abstract form, we must not lose sight of the fact that we are discussing more than whether euthanasia should be legalized.

Argument against Euthanasia

For Catholics (indeed for many Christians), at the center of such a discussion on the nature of human life and meaning is the question of the sanctity of human life. For the believer, God is the origin of all life and the sustainer of all life. For that reason human life has a dignity greater than the sum of life's parts. In a sense this dignity is not intrinsic to the human person. Human dignity is not conferred by one's actions, by the judgments of others, or by the fiat of law. Rather, it is conferred by God. Intimately associated with the concept of sanctity is an awareness that, because the origin of life is in God, human beings do not have dominion over life but are the stewards of life, which is a gift from another.

The Foundational Ethical Principle The powerful combination of sanctity and stewardship is expressed in the foundational ethical principle. This principle says that no person has the right to directly take innocent human life and, in fact, we have a positive obligation to nurture and protect life. This same ethical principle inspired religious leaders and the faithful to participate in the civil rights movement of the 1950s and 1960s, raised citizens' concern about the morality of nuclear warfare, enlightened the discussions on the manner in which the war against Iraq was conducted, and now motivates the drive against the legalization of euthanasia. This foundational ethical principle is the keystone, if you will, of a consistent ethic of life.

Many persons might suggest that this perspective on the sacredness of life is no longer valid for

a large number of Americans. They argue that traditional Judeo-Christian symbols and values are no longer adequate to serve as a substratum for the development of a consensus or vision to guide the evaluation of the needs of public order. Some Americans believe we should replace that substratum with one similar to Dyck's presuppositions. If this were to happen, the legalization of euthanasia would be easily justified.

As a committed Christian, I disagree with such a contention. But it is not enough to simply disagree. As Card. Bernardin has proposed, we must offer a positive vision that opposes euthanasia, one secular America will heed.

A Positive Vision Several persons have attempted to develop such a vision. One of the more persuasive contributions is that of Edward Shils. Shils proposes a natural metaphysic that supports the sacredness of life. Sacredness for him is not rooted in a transcendent creator but "in the primordial experience of being alive, in the fear of extinction, in the spontaneous revulsion to contrived interventions and unnatural destruction of human life, and in the sense of awe one feels before one's own vitality and that of the species."[6]

For Shils, sanctity of life does not come from outside life but from the experience of life itself. On a pragmatic level, Shils and others argue that unless sacredness of life is acknowledged, the entire structure of human values and rights will collapse. This natural metaphysic of sacredness, much as the Christian understanding, serves as bedrock from which a foundational principle must be developed and then applied in concrete moral norms. The process of developing such a principle is complex, and there is room for disagreement. For example, one could hold to a natural understanding of the sacredness of life and still support euthanasia.

Developing a Foundational Principle

Instrumental Good To develop a foundational principle, it is necessary to discuss the question, Is human life and its natural sacredness only an instrumental good necessary for personal fulfillment? Or is it something more? Many euthanasia supporters view life as an instrumental good. In other words, the living body is a means to achieve the true end or purpose of being, which is personal activity. Bodily life provides the wherewithal for personal fulfillment. And when the personal component (the ability to control life through rational choice) is missing, the person has no obligation to continue living. Bodily living has lost its purpose.

The Body-Person Distinction In response to this dualistic distinction between body and person, Fr. Gula proposes an anthropology that "regards the human being as one. . . . Bodily life participates in the integrity of the human person as a substantive good of human life, and human life is the life of a personal being."[7] In other words, life is not only a condition necessary for a person to achieve other values, it is intrinsic to being human, and it contributes to the full dignity of the human person. This sense of an integral wholeness to personhood must be demonstrated in a convincing manner. And I believe it can be, because a dualistic philosophical bias has been found wanting by Western culture.

A Community of Trust and Care Another area that must be addressed is the nature of the community in which human life is situated. As Fr. Gula notes, "If we focused our attention solely on the dying patient and extended our vision no further, then perhaps we might be able to make a case for euthanasia. But if we are socially conscious so that our vision encompasses the caring community as well, then we can make a better case against euthanasia."[8]

In this context Stanley Hauerwas has argued that an essential aspect of human experience is the need and the desire to trust the community in which one lives. If life is sacred, then that community of necessity will be a community of trust and care. Euthanasia would be unacceptable because it means the community has abandoned its responsibility to care and comfort. Euthanasia fails to show to dying persons what Hauerwas calls "the continuing trustworthiness of their existence."[9]

Euthanasia would be unacceptable because it means the community has abandoned its responsibility to care and comfort.

In a similar fashion one must evaluate euthanasia's effect on the life of the community. Because we are social by nature, we are connected to others. Our individual choices have an impact on others. We must keep in mind that:

> Actions reflect and give expression to certain values and beliefs. The more people perform a certain action and the more frequently they perform it, the more those values and beliefs are expressed. The effect is cumulative and eventually influences the moral tone and character of a society. . . . [And] as a result, we need to be concerned not only with individual welfare but also with societal welfare.[10]

Clearly, as Robert Bellah and others have demonstrated, the relationship between individual and community is an issue of fundamental importance to our society.[11] An increased sense of isolation and alienation affects many in our midst because we have allowed the individual to be separated from community. In a sense euthanasia can

be seen as the logical conclusion of the existential angst of the person alienated from self and community.

Setting Concrete Ethical Norms

If we are able as human beings and as a society to agree on this foundational principle, it is then necessary to apply it to concrete ethical issues. We must arrive at what ethicists would call concrete, or material, norms that guide individual choices.

Historically, we have done this. For example, we believe it is wrong to take the life of another person except in self-defense. In simple, straightforward terms we say it is wrong to murder. As a society, we accept this concrete norm as true whether its source is the decalogue or a secular ethic of human sacredness. And we affirm this concrete norm with such conviction that we teach it to our young and expect them to make it part of their code of personal or private morality. We are offended or frightened when we see it violated, especially in senseless or wanton killing.

We also have come to the conclusion that the consequences of the violation of this concrete norm are so great that they threaten the well-being of society. In other words, murder threatens the good of the public order. The public peace is shattered, and the protection of human rights compromised. For these reasons the concrete norm "Do not murder" has been translated into public law. It is understood to be part of the public morality.

At issue, then, is how we translate our foundational principle—Do not directly attack innocent human life—into a concrete norm when confronted with the possibility of death. I could argue that the earlier discussion about the natural "sacredness" of life, the integrity of personhood, and the trustworthiness necessary to sustain human community can be drawn together to support a concrete moral norm saying that it would be wrong to directly take or assist in the taking of human life to relieve pain or suffering. Although originally grounded in a Christian foundational principle, this concrete norm opposing euthanasia now has a nonsectarian basis, like the concrete norm regarding murder. It can, if you will, be called a human or a natural norm.

Although many persons might agree this is a worthy concrete norm to guide the development of personal morality, they would question whether it is so exceptionless, or the consequences of its violation so significant, as to also make it a matter of public morality. For this reason, some are questioning the validity of the existing societal presumption—namely, they question whether the concrete norm opposing euthanasia should be a matter of public morality.

At issue is how we translate our foundational principle—Do not directly attack innocent human life—into a concrete norm when confronted with the possibility of death.

To answer this question, we must return to the grounding for our foundational principle. As a society, we must ask ourselves, How "sacred" is life? Will that natural sense of awe about life, that natural desire not to be vulnerable or at risk, be enhanced or threatened by making euthanasia legal? Are enough protections available in the human community, in light of human foibles and limitations, to ensure that this practice will not make individuals more vulnerable to outside attack? In other words, will the "safe harbor" that laws against murder and euthanasia have created for human existence be enhanced or diminished? We must consider whether, as a society, we want to say that human life is but another "thing" to be used and discarded at will, like a broken toy. Is this the understanding of life we wish to celebrate as a civil society? We must ask whether we are happy living as lone rangers on the frontier of life or whether community is essential to our well-being. And if it is, what are the mutual commitments of trust necessary to support and sustain such community? Will the legalization of euthanasia enhance these commitments or detract?

Meeting the Challenge

All too often the euthanasia discussion has not addressed these more fundamental issues. The image of persons dying needlessly painful deaths controlled by insensitive medical technology dominates the discussion. And I suspect many persons who might vote to legalize euthanasia are doing so out of desperation. Ironically, they view their votes as the only way to preserve the sacredness of life and community. What they fail to see is how in fact euthanasia compromises what they most deeply believe.

Card. Bernardin addressed this reality in the following terms:

> It is important for us to address the sense of powerlessness which many people experience in regard to the contemporary practice of medicine. While the catch phrase "patient as person" is a helpful guide in this matter, we have to extend this concept more aggressively into the world of critical and terminal illness where the patient is the frailest and most vulnerable. We must also face our own fear of death and learn to provide for those who are dying or critically ill in a way that preserves their dignity and ennobles them. . . . In this way we can eliminate many of the legitimate concerns that may motivate people to consider

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familial traditions. Care for the dying is impoverished if the patient's cultural context and resources are ignored and he or she is treated as simply a technical problem.

Catholic healthcare institutions today are challenged to respect the diversity of the social and religious values of those who work at and are cared for in the institutions. Healthcare professionals will need courage and humility to affirm their own faith while respecting the diversity around them. Catholic healthcare institutions must strive to promote a sensitivity and respect for cultural diversity as they respond to the needs of the dying and those who care for them.

Sensitivity begins by welcoming the expression of cultural diversity and by promising to respect differences. When cultural differences clash with moral convictions and reconciliation seems impossible, the parties in conflict should disengage with as little disruption as possible. But no one should ever be asked to violate deeply held moral convictions.

VALUING EVERY STAGE OF LIFE

Catholic healthcare institutions should implement policies, educational programs, mission effectiveness committees, and ethics committees to respond to the multicultural dimensions of the care of the dying. As the assisted-suicide and euthanasia movement gains strength, Catholic healthcare providers need to pay attention to how cultural factors influence attitudes about care for the dying in order to fashion responses that will not only prompt them to provide compassionate care, but also give clear Catholic witness to the dignity and value of the person at every stage of life. □

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euthanasia—which otherwise would be unacceptable to them and to society.[12]

I agree with the cardinal. The reasoned and sophisticated arguments against the legalization of euthanasia will never be heard and the real discussion will not take place unless, as individuals and providers of healthcare, we first meet this critical challenge. □

NOTES

1. Joseph Bernardin, "Address: Consistent Ethic of Life Conference," *Consistent Ethic of Life*, Sheed & Ward, Kansas City, MO, 1988, pp. 86-95.
2. Joseph Bernardin, "Euthanasia: Ethical and Legal Challenges," *Origins*, June 9, 1988, p. 52.
3. Arthur J. Dyck, "An Alternative to the Ethics of Euthanasia," as cited in Richard M. Gula, *What Are They Saying about Euthanasia?* Paulist Press, Mahwah, NJ, 1986, p. 169. These reflections are deeply indebted to Fr. Gula's masterful analysis of this important subject.
4. Gula, p. 70.
5. Courtney S. Campbell, "Religious Ethics and Active Euthanasia in a Pluralistic Society," *Kennedy Institute of Ethics Journal*, vol. 2, 1992, pp. 253-284.
6. Edward Shils, "The Sanctity of Life," in Daniel H. Labby, ed., *Life or Death: Ethics and Options*, University of Washington Press, Seattle, 1968, p. 12.
7. Gula, p. 97.
8. Gula, p. 70.
9. Gula, p. 71.
10. Ron Hamel and Edwin DuBose, "Views of Major Faith Traditions," in Ron Hamel, ed., *Active Euthanasia, Religion and the Public Debate*, Park Ridge Center, Chicago, 1991.
11. Robert N. Bellah, *Habits of the Heart: Individualism and Commitment in American Life*, HarperCollins, New York City, 1986.
12. Bernardin, "Euthanasia," p. 56.

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found this to be substantially lower than costs reported by a group of area mental healthcare providers. Yet, in spite of its success, no local, state, or federal funding bodies offered support of the project after the grant period. Elderly Services (formerly the EOP) is now a permanent part of the Abbe Center for Community Mental Health. It has continued only because of the center's commitment to services for the elderly and its diversion of profits from other programs to support the program.

The EOP is not the first successful and innovative service to experience this difficulty. However, our experience reinforces the need for state and federal planners to reexamine existing policies and to review methods to fund and sustain successful service delivery programs, especially those serving the rural elderly. □

NOTES

1. For a description and evaluation of the Elderly Outreach Project, see Kathleen C. Buckwalter et al., "Mental Health Services of the Rural Elderly Outreach Program," *Gerontologist*, March 1991, pp. 408-412.
2. J. A. Krout, *The Aged in Rural America*, Greenwood Press, Westport, CT, 1986.
3. M. D. Kermis, "Equity and Policy Issues in Mental Health Care of the Elderly: Dilemmas, Deinstitutionalization, and DRG's," *Journal of Applied Gerontology*, September 1987, pp. 268-283.
4. President's Commission on Mental Health, *Task Panel on Rural Mental Health*, vol. 3, appendix, U.S. Government Printing Office, Washington, DC, 1978, p. 1,164.
5. R. Raschko, "Systems Integration at the Program Level: Aging and Mental Health," *Gerontologist*, October 1985, pp. 460-463; Kermis; B. D. Lebowitz, E. Light, and F. Bailey, "Mental Health Center Services for the Elderly: The Impact of Coordination with Area Agencies on Aging," *Gerontologist*, December 1987, pp. 699-702.
6. Buckwalter et al.