Why I Do not Believe in Mercy-Killing

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I view with grave concern the gathering momentum towards the legalization of mercy-killing (physician-assisted suicide and active euthanasia) in this country. Prior efforts to legalize mercy-killing have been rebuffed. However, on November 8, 1994, Oregon's voters narrowly approved Measure 16, which permits physicians to prescribe lethal doses of medication at the request of competent terminally-ill patients for the specific purpose of ending their lives. And earlier this year, appellate courts in the 2nd and 9th circuits found a constitutional right to physician-assisted suicide based on notions of equal protection and liberty. Although the final chapter of this debate is yet to be written (the U.S. Supreme Court will take up the issue in January 1997), one cannot help but be troubled by America's increasingly fatal attraction to "managed-death."

I do not believe in mercy-killing and I am not persuaded by the arguments advanced by its advocates. Here's why:

The Mercy Argument

Ask any mercy-killing enthusiast, and he will tell you that physicians should, in the name of mercy, assist their terminally-ill patients to die. What is the point of forcing dying patients to bear unbearable pain and discomfort? We treat our suffering pets with greater compassion; we should therefore treat our loved ones no less. Medical science at any rate, appears more interested in high-tech than high-touch, often failing to provide effective pain relief and comfort care. Thus, it is merciful, and therefore right, to extinguish both indignity and infirmity upon request at the end-of-life.

These assertions, well-intentioned though they be, paint a mistaken and inaccurate picture of the dying patient, and are overly harsh on the medical profession. For one thing, the vast majority of patients do not die in unbearable pain and suffering. Secondly, even for the seemingly recalcitrant case, effective pain relief has become available, and better doctor education can be expected to dramatically improve this aspect of clinical care. Thirdly, physicians are now more willing and ready to prescribe narcotics in doses sufficient to effectively relieve pain, even if they should unintentionally hasten death. In a recent survey of 1,028 physicians in Hawaii, we found that 88% were willing to do so.

There are other measures that speak to compassion for the suffering. Palliative medicine is now a recognized specialty in Canada, and may soon be in the U.S. American medicine has embarked on a major initiative to improve end-of-life care which includes a curriculum for physician education in pain therapy. Medicare is responding as well: it now reimburses hospitals for specific palliative treatment that previously went unpaid.

Then there's hospice — a compassionate home- or facility-based respite for the terminally-ill, where comfort care and psychosocial and spiritual support help soothe the final journey of life. Thousands of patients have benefited from hospice care, which has admirably delivered its promise of a gentler and more peaceful parting.

One can raise direct objections to the mercy argument. For example, who should be the "beneficiary?" Only the terminally-ill? How does one define the term "terminal," knowing full well that doctors are notoriously inaccurate in their prognosis regarding time of death? Shouldn't patients who are severely impaired neurologically (how about 'modestly' impaired?) or in a persistent vegetative state be treated mercifully as well, even if they are not terminal?

As for the "we treat our pets more compassionately" contention, I find it more specious than persuasive. Suffering, after all, is part of the human condition. To equate human life with animal life trivializes human dignity. Let's carry this comparison to its absurd conclusion — we shoot horses, don't we?

Incidentally, the mercy argument necessarily allows both doctors **and** non-doctors to help patients die. After all, it is the patient who "benefits", and it should make no difference who does the assisting-in-death. On mercy, Shakespeare reminds us that "it is twice blessed; it blesseth him that gives, and him that takes." If mercy is the *raison d'être* for legalizing mercy killing, then the law should not restrict its performance by the medical profession.

The Free-Choice Argument

This argument reminds us that patients have the right to decide what is done to their bodies (autonomy or self-determination), and they should therefore have the right to request assistance in dying as part of their medical care. After all, whose life is it anyway?

At first blush, this looks like a winning argument. We all value our independence, and being empowered to control the time, place and manner of death creates a definite if macabre appeal. The autonomy argument weakens however, when we realize that it imposes the demand of one person upon another to terminate life. Additionally, mercy-killing undermines the integrity of the medical profession whose unchanging credo has always been to heal and comfort, not to kill.

The free-choice argument is further undercut by living-will statutes that allow terminally-ill patients to forgo life-sustaining treatment when they are no longer able to communicate their wishes. This allows the patient to die naturally without futile treatment. A durable power-of-attorney for healthcare decisions is even better.

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Continued on Page 303

Why I Do Not Believe in Mercy Killing
Continued From Page 273

This instrument, commonly used in conjunction with a living will, authorizes a designated trusted individual to decide on the patient's behalf, including the refusal of treatment. These are legitimate examples of patient autonomy at work. Allowing death to occur naturally by withholding ineffective and non-beneficial treatment is fundamentally different from the deliberate termination of life. In the former case, the underlying terminal condition is allowed to take its natural course; in the latter, a positive act is performed with the specific intent to kill.

Unfortunately, only a minority, perhaps 15% of the public, has executed such advanced directives. One reason — fear that they may be prematurely 'done-in' if they are hospitalized with living wills. Continued educational efforts should allay these fears; permitting mercy-killing, on the other hand, can be expected to have the opposite effect.

But most of all, legalizing mercy-killing will lead us down the slippery slope, with inevitable abuses. What begins as allowing free-choice would slide into subtle encouragement to end life; mental coercion and involuntary euthanasia without explicit patient requests lie short steps away. Relieving a burden and saving the healthcare dollar are the unspoken rationalizations. Who is most imperiled? — the handicapped, the poor and the aged. The right to die now becomes a duty to die.

Incidentally, the free-choice argument, extended to its logical conclusion, should not require the pre-requisite of a terminal illness. Or for that matter, any illness. Remember, whose life is it anyway?

History, religion and sociology are all on the side of banning mercy-killing. Since the dawn of history, society has always forbidden the taking of lives by physicians. The Hippocratic oath bears such testimony. All religions of the world consider mercy-killing to be sinful, immoral, or just plain wrong. And experiences from the Dutch, who have condoned the practice for some time, tell us that nearly 90% of patients rescinded their initial death request, most often after having had the opportunity to resolve feelings of depression, helplessness, and fear of abandonment. Most tellingly, in some 1,000 deaths, there was **no** explicit request by the patient for mercy-killing.

The views of advocates of "managed-death" are wrong because they cheapen human life, misconstrue and oversimplify the clinical context of the dying patient, and underestimate the fatal impact mercy-killing will wield on society's voiceless and vulnerable. I concede there may be an extreme case of intolerable unremitting pain in an absolutely clear-minded individual who pleads for a merciful end. How could one not feel compassion and empathy in such a rare example? I frankly do not know how I would react to such a request by my patient. But I do know this: America is currently squeezed by rising healthcare costs, and is experiencing mindless violence, increasing discrimination, family rupture, and the secularization of the medical profession into a business. In this environment, a thumbs-up for legalized mercy-killing will work to produce a more dangerous, impersonal and uncaring society.