

## Euthanasia: What are the stakes?

Each stage of our life has an irreplaceable value. The end of life is perhaps the most important.

This chapter concerns the end of life and the question of **euthanasia**.

Caring for a person at the end of life is an opportunity to show him that he has worth, that he deserves respect and attention.

Sometimes care at the end of life can mean mitigating his pain and distress by means of palliative care.

## Palliative care versus euthanasia

### Palliative care

A sick person must always be cared for. However, the care that he needs changes over time: there comes a moment when therapeutic treatments must give way to palliative care that no longer aims to cure but rather to assist the patient. Besides basic care, they include the treatments needed to alleviate pain and reduce anxiety.

A palliative-care team does everything possible to help the sick person keep his ability to communicate and keep his autonomy. It provides psychological counseling and offers a reassuring presence by being attentive to the expectations of the sick person and his family.

It is essential to relieve all suffering as much as possible. The kinds of care that can be provided at home or in hospital are:

- **Medical care:** Alleviating pain by all possible means.
- **Psychological care:** Providing attention and a caring presence, music, spiritual counseling, and support.
- **Physical care:** Feeding the patient, keeping the patient clean and comfortable, and providing massages.
- Making sure that the family and friends are welcomed.

**Pain relief** is part of palliative care. It may require very powerful analgesics, such as morphine and tranquilizers, which sometimes have a secondary effect of involuntarily hastening the death of the patient. In this case, the purpose is not to bring about death but to alleviate the patient's pain (unlike euthanasia, which gets rid of the patient instead of getting rid of the pain).

### Euthanasia

Euthanasia is always a deliberate action or deliberate omission, the intention of which is to **cause the death of the patient**: injecting a lethal substance or discontinuing basic care (such as providing nutrition and hydration). Those involved in euthanasia cause death under the pretense of reducing the patient's suffering. Instead, we must relieve the pain until natural death occurs.



***“To die” is a frightening verb. What if this was the last moment of our life in which to love?***

## Ethical reflections

### What about moral suffering?

Moral suffering often accompanies physical pain and may lead the sick person to ask for euthanasia or to think about suicide.

This suffering can be alleviated by sympathetic counseling and appropriate medical treatment.

*"It is quite rare for sick persons who receive care and affection to ask for death."* (Professor Lucien Israël, member of the American Society of Clinical Oncology and of the Academy of Sciences in New York)

### Dying with dignity

Some defend palliative care in terms of the essential idea of "dignity," while others invoke it in defense of euthanasia.

Dignity is the unconditional status of a human being. Everyone has dignity because he/she is unique and cannot be replaced by anything or anyone.

Every human person has dignity, whatever his or her condition, whether young or old, sick or well, disabled or able-bodied, conscious or unconscious.

Because it is the very essence of a human being, his or her dignity cannot be called into question. Dying with dignity, therefore, implies being respected and not being subjected to euthanasia.

### Denying death

According to a poll conducted by the French magazine *BVA/Psychologie*, 82% of the respondents would prefer to die without realizing it. This sums up a widespread feeling that instead of "experiencing" your death and confronting it, you should let yourself be surprised by it.

Today, people do not want to think about death; it is considered a failure. Nevertheless, looking squarely at death and preparing for it is calming and liberating. The acceptance of death by society would more often allow the patient to die at home, surrounded by the affection of his friends and neighbors and the love of his family.

## Ethical reflections

### What good is it to live hooked up to a machine?

1 - Being hooked up to a machine may allow the patient to get beyond immediate danger to survive an accident. It may also save a patient's life by assisting one of his vital functions that is defective.

2 - When a patient is in the terminal phase, and the purpose of the machine is merely to prolong life, it is legitimate to ask whether such assistance might be disproportionate.

### What good is it to be alive but unconscious?

What do we know about degrees of unconsciousness? It sometimes happens that people who come out of a coma tell about hearing and understanding what was being said around them even though they could not communicate externally. What do we know about the interior life of a person who is apparently unconscious but whose vital functions are intact? What do we know about the last moments of life? Who are we to judge that they are useless? Does anyone have the right to steal them from the patient? And what if they could be the most important moments of a whole life?

### What if the suffering is unbearable?

Well-managed palliative care can alleviate all sorts of sufferings. This presupposes a specific training in the treatment of pain and the sufferings that can accompany the end of life. Therefore what should be promoted is not euthanasia but rather the training of physicians to combat suffering and of other personnel to care for the sick person. In fact, it is up to the caregivers to decode a patient's request for euthanasia as a call for help. (See the first of the Testimonies on the next page.)

## Testimonies

Hospital employees report that they almost never hear clear requests for active euthanasia. "More frequently some patients say, 'I've had enough; I want it to end, Doctor.' But not so fast: this does not necessarily mean that they want to end their life," warns Dr. Christophe Tournigand, a hospital practitioner in medical oncology at Saint-Antoine Hospital in Paris. At the Gustave Roussy Cancer Institute in Villejuif (Val-de-Marne), a team of psycho-oncologists trains nurses and doctors to interpret these requests, "which are rarely requests for euthanasia," says Sarah Dauchy, a psycho-oncologist. "You must try to find out whether this request comes from the patient or rather from the family or caregivers who can no longer cope," she explains. "Is the patient perhaps confused, as is often the case at the end of life? Is the request connected to some physical suffering or an anxiety that can be relieved?"

**Le Monde**, "Investigation into the practices of physicians in dealing with the end of life," by Emeline Cazi, September 7, 2011.

*"The end of life is often a great time of life: let us not steal these intimate moments. Let us not take their death away."*

**Marie de Hennezel**, clinical psychologist, a specialist in questions related to the end of life and author of numerous books on the subject. Quoted in *Valeurs actuelles*, September 1-7, 2011.

## Testimonies

### From a man whose wife died of cancer but while having palliative care:

*"My voice breaks with emotion when I talk about the kindness and concern of the doctors and nurses who cared for her to the end, effectively comforting her with the help of morphine while letting nature take its course without any heroic measures... Yes, she died with dignity, helped by extraordinary people."*

VINCENT CHABAUD, *La Croix*, letter to the editor, April 2003

### The case for palliative care.

*"Palliative care, not euthanasia, is the response that respects human dignity. It consists of mobilizing all our forces of imagination and solidarity to face the enormous problem that presents itself to us when there is no other possible outcome. When death is no longer considered as part of life, then the civilization of induced death begins."*

ROBERT SPAEMANN



*"You shall not kill."* Exodus 20:13

## What the Church says...

### **Life is a gift of God's love**

"Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful....

"Nothing and no one can in any way justify the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly....

"For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity." Declaration *Iura et bona*, I and II.

### **Confusion between good and evil**

"Even certain sectors of the medical profession, which by its calling is

directed to the defence and care of human life, are increasingly willing to carry out these [criminal] acts against the person. In this way the very nature of the medical profession is distorted and contradicted, and the dignity of those who practise it is degraded....

"Not only is the fact of the destruction of so many human lives still to be born or in their final stage extremely grave and disturbing, but no less grave and disturbing is the fact that conscience itself, darkened as it were by such widespread conditioning, is finding it increasingly difficult to distinguish between good and evil in what concerns the basic value of human life." *Evangelium vitae*, no. 4

### **The medical profession called to charity**

"As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity." Declaration *Iura et bona*, Conclusion.