

The medical aspect of euthanasia

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The recent presentation of the *European Guide to Medical Ethics* (in January 1987), and its unanimous approval by representatives of the Medical Association of Italy and equivalent organizations from the 12 countries of the European Community, has again brought to everyone's attention the problem of the so-called "passive" euthanasia.

This delicate problem is in fact not dealt with directly in the *European Guide to Medical Ethics*, but indirectly alluded to in Article 12, relative to the care for the dying, in which the following is said:

Medicine carries with it in every circumstance, the unremitting respect for life, the moral autonomy and free choice of the patient. However, the doctor may, in case of incurable disease in terminal phase, limit himself to easing the physical and moral suffering of the patient, providing him with appropriate treatment, and conserving, as much as possible, the quality of the life that is being extinguished.

It is an imperative duty to assist the dying until the end, and to act in such a way to allow him to conserve his dignity.

This article lends itself to multiple interpretations, especially the phrase "however, the doctor may, in the case of an incurable disease in terminal phase, limit himself to easing . . ." which has been rated by some as an invitation to reconsider the viability of passive euthanasia in regard to certain types of patients.

For our part, we interpret the Article not as an invitation to passive euthanasia, but as medical advice to not fall into

certain curative attitudes which may in some fashion lead to a genuinely ruthless therapy, equally censurable. Our interpretation is supported by certain explicit statements in the guide:

"It is the imperative duty to assist the dying until the end . . ." a phrase which clearly excludes any justification whatsoever, of ever leaning toward euthanasia.

In underlining our reservations and our firm opposition to any type of euthanasia whatsoever, we believe that once again the discordant, and at times opposite, interpretations of the cited Article, are to be attributed to an insufficient comprehension of the terms "ruthless therapy," "passive euthanasia," "proportional or disproportional therapy," and "terminal phases of life."

The very definition of the concept of euthanasia is not yet clear; the Declaration of the Sacred Congregation for the Doctrine of the Faith, of the 5 of May, 1980, announces:

By euthanasia is understood an action or omission of such a nature, or intention to cause death, with the aim of eliminating all suffering.

I would like to underline that the document speaks of action, or omission, not euthanasia—passive or active. Even this latter distinction, in fact, though in common usage, is itself not very clear, because in medicine, it is difficult to establish the confines of that which is active from the passive.

Certainly "active" is the behavior of one who suspends therapy aimed at maintaining a vital function; for example, disconnecting mechanical respiratory apparatus with the purpose of interrupting life.

But it is equally "active" to decide to not begin mechanical respiration when this is advisable and indispensable for the survival of the patient.

In practice, when the term "passive euthanasia" is used, it does not seem sufficiently clear whether one is referring to the omission of a valid and necessary therapy, or a disproportionate therapeutic technique.

But abstaining from a disproportionate therapeutic technique is not euthanasia, active or passive; and the judgment

Euthanasia for children proposed in Netherlands

The editors of *EIR* express their categorical opposition to plans for legalizing euthanasia in the Netherlands, which are now far advanced. The Dutch euthanasia guidelines mimic the actions for which Nazi doctors were hanged at Nuremberg after World War II, as war criminals. But today, such "cost-cutting" measures have won "liberal" acquiescence.

On March 30, the Dutch Health Council advised the Netherlands cabinet to change the wording of proposed euthanasia guidelines to allow "terminally ill" children to be killed without parental consent, according to a dispatch from Reuter.

It is advisable, but not mandatory, for doctors to consult parents before performing euthanasia on children, according to the wording of the proposed new law.

A spokesman for the Dutch government said that he could not confirm the accuracy of the Reuter report. But the spokesman, Mr. Robert Haslach, said the Dutch cabinet had requested that the Health Council review all proposals and guidelines for legalized euthanasia that have been submitted to the government, and that this was done March 26.

Euthanasia is now a felony, under articles 293 and 294 of the Dutch Penal Code, he insisted—"just like in the United States."

Already, public officials agree that between 6,000 and 10,000 citizens of the Netherlands are killed with lethal injections in hospitals every year—by doctors. Supposedly, these patients "asked" to die. Physicians report these as "death from natural causes" on the death certificate. If the proposed guidelines are adopted, children aged 1-15 will be able to avail themselves of this privilege.

Last year a Dutch Appeals court sanctioned killing one woman because she "suffered from several mental problems." A liberal Dutch VVD Party member called for the law to include euthanasia for "mental and spiritual illnesses" as well. The Dutch Medical Association recommended in 1986 that 8-year-old children "be allowed to kill themselves or to be killed" should they request it.

In February, the Royal Dutch Pharmacists' Association published a list of the most "efficient" drugs for doctors to use to give their patients a painless death.

regarding the proportionality of the therapy certainly cannot be taken out of the hands of the doctor concerned.

Just for these reasons, we have repeatedly stated that the proponents of euthanasia, even if motivated by sincere humanitarian intentions, have no idea how complex a matter it is to presume to wish to dictate juridical norms in this field.

These difficulties are particularly manifest when, for example, in a specific case, reference is made to a so-called "patient in terminal phase of illness," for whom valid therapies that assure a significant recovery, do not exist, but only therapies that prolong the agony.

The problem can be put in the following terms: Faced with a cancer patient in terminal phase, is it just to practice euthanasia and shorten, with life, also the inevitable suffering; or, resist this temptation and let the disease run its course, limiting ourselves to the use of the palliatives which his condition requires?

There is no doubt that whoever wants to responsibly confront this problem, cannot hide behind agnosticism, nor renounce adopting a code of conduct in accordance with reason. However, to respond to the question cited, it is necessary to take into account the clinical context we are faced with, and the objective situation.

One obligatory consideration is that the evolution of a disease, even in its terminal phases, is generally not gradual, rather it is marked by multiple, acute episodes, one of which becomes the ultimate factor and decisive in death. The image of the cancer patient, tormented by grave suffering, corresponds to the truth, but this suffering derives from other medical complications that accompany the cancer condition. At times it is caused by compression or irritation of a nerve; more often, by intestinal, urinary, pulmonary, and other complications. Faced with a patient who has pain from a specific cause, are we obliged to remove the cause, or are we to let them suffer? If one patient has difficulty urinating, even if he is in a terminal phase, would it be possible to refuse to lend the necessary assistance? And again, faced with a patient afflicted with intestinal occlusion, who vomits and cannot feed himself or keep food down, and asks to have something to relieve his suffering, can we refuse to take into consideration an apposite treatment, even were it merely to relieve the symptoms? If a pulmonary infection breaks out, will it be possible to refrain from administering the suitable drug, only because the patient is not destined to live much longer?

The clinical problem, as concretized in the image of the terminal patient, is the expression of these ineluctable considerations. If a patient is terminal today, and destined to die within a brief period, that is due to the fact that still today, too many aspects of the disease are unknown, and will remain so until the point that our ceaseless efforts cause another chapter in the book of medicine to be written. And it is emphatically not rhetorical to remember that the cure for many illnesses has been found thanks to the efforts to

help the terminally ill.

Moreover, the question of euthanasia does not come up only in regard to those who are afflicted with cancer, but also when it concerns the condition of aging, accompanied by extreme conditions of incompetence.

The senior citizen, still lucid of mind, who must defenselessly watch the loss of the vital organic functions, would he not perhaps prefer a dignified death to this humiliating condition? No one, I believe, apart from the person in question, can give a sincere reply to this question; and it is not to be excluded that some would give an affirmative answer. On the other hand, I would merely observe, that on the subjective plane, it is allowed to all to desire death to put an end to suffering. But is an entirely different problem to want to provoke or favor it. In any case, the duty of society is that of protecting this same "senectus" and to seek for a glimmer of a less drastic prognosis. Certainly, aging can be a matter of extreme gravity—also because it is something from which we cannot flee. Besides, the problem has taken on enormous social proportions, since the progress of medical science, in all its articulation, has so markedly increased the average life span. And this is a curious paradox of our time. The absolute good of promoting life, is accompanied by the growth of specific problems, to which medical science is not equipped to provide a solution.

Faced with a growing number of sick people and their augmented exigencies, our civilization finds itself at a crossroad: Either we favor the strong, securing them the greatest benefits, shunting aside the weak, and letting the final phases of our existence slide into increasingly degraded forms; or we redouble our efforts to attain a different solution to the current problems in health care.

Euthanasia, artificial birth control—achieved by infanticide—and so many other phenomena only made possible by modern life, depend on the choice we make with regard to these two roads. There is, however, an alternative, and that is the choice of solidarity with those who find themselves in the greatest difficulty, such as the sick, the weak, the shunted-aside. This solidarity accompanies the engagement in the task of furthering scientific progress, which will permit finding an actual solution to the chronic illnesses which still today afflict mankind. Unfortunately, those who foresaw fewer medical problems with the prolonging of life, have been proven wrong. It remains, however, true, that most chronic illnesses do not have multiple causes, but the prime cause of all of them is old age. If it is true that a single genetic defect can have multiple consequences, it must also be true that the multiple effects of old age may be modified, without recourse to measures that have no justification whatsoever.

What is needed is a loyal faith in research, and engaging oneself in giving increased support in the direction of research which looms preeminent in biomedical strategy. This has as its objective, not so much the prolonging of life, but more the prevention of the outbreak of innumerable debi-

litating illnesses. Euthanasia is not found in this camp, rather in the camp of surrender.

Life—and this is a consideration which I as a doctor can certainly testify to—is born and affirms itself in the midst of suffering and denial, without that being any reason or justification for killing a human being, who, though he may be conscious, is not in a condition to serenely make decisions about his own person. The concept of euthanasia cannot enter into the task of a doctor, any more than one specializing in intensive care, engaged in so many fronts against death. For him, by his very way of being and thinking, by experience and education received, there is no place for even a passive attitude toward death, even if, naturally, he cannot, and must not, impose therapies which the patient does wish, or refuses to undergo.

When a doctor girds himself to take up the case of incurable patients or those in terminal phases of life, he has in front of him the vision presented by the fact that great conquests of medicine, are often the result of so many battles fought and lost.

These battles, moreover, do not increase—as some people maintain—the suffering of terminal patients. Modern biomedical technology in many cases allows both the prolonging of life and the simultaneous alleviation of suffering.

All we have said induces us to be against "ruthless therapy," but also against "therapeutic abandonment"; we are, instead, in favor of "insistent therapy."

In our judgment, the best political road regarding euthanasia must consist of further plumbing the depths of the phenomena connected with death, in seeking the causes which frequently enter the picture, in confirming the whens and wherefores as the process develops, and finally, the important thing, to put to work all efficacious measures for arresting the process.

Naturally, our activity must correspond to the necessities of our patients.

The suffering which frequently troubles many of those who arrive at terminal stages of their disease, is clearly combatted, not by favoring a serene death, but by having the sick person go on participating in life.

There is no pain that exists today which cannot, be it only partially, be alleviated by analgesics, pharmaceuticals of extraordinary strength, and highly selective techniques can be used against pain with good, and at times optimal, results.

Alleviating pain in these cases is certainly important, as is the imperative of reassuring the patient and ensuring that he closes his existence serenely but spontaneously. In that light, euthanasia is banished from the doctor's purview, because it becomes an absurd practice, that even pain is not capable of justifying.

We do not say that the ill have to live at all costs, but that we do our best so that there be found for them at least a minimal prospect of an existence, through which they can enjoy and suffer the things of this world.