

A PLEA FOR BENEFICENT EUTHANASIA

We, the undersigned, declare our support on ethical grounds for beneficent euthanasia. We believe that reflective ethical consciousness has developed to a point that makes it possible for societies to work out a humane policy toward death and dying. We deplore moral insensitivity and legal restrictions that impede and oppose consideration of the ethical case for euthanasia. We appeal to an enlightened public opinion to transcend traditional taboos and to move in the direction of a compassionate view toward needless suffering in dying.

We reject theories that imply that human suffering is inevitable or that little can be done to improve the human condition. We hold that the tolerance, acceptance, or enforcement of the unnecessary suffering of others is immoral.

We believe in the value and dignity of the individual person. This requires respectful treatment, which entails the right to reasonable self-determination. No rational morality can categorically forbid the termination of life if it has been blighted by some horrible malady for which all known remedial measures are unavailing.

Definition

Euthanasia, which literally means "good death," may be defined as "a mode or act of inducing or permitting death painlessly as a relief from suffering." It is an effort to make possible a "gentle and easy death" for those afflicted with an incurable disease or injury in its terminal stages. It is beneficent euthanasia if, and only if, it results in a painless and quick death, and if the act as a whole is beneficial to the recipient.

Dying with Dignity

To require that a person be kept alive against his will and to deny his pleas for merciful release after the dignity, beauty, promise, and meaning of life have vanished, when he can only linger on in stages of agony or decay, is cruel and barbarous. The imposition of unnecessary suffering is an evil that should be avoided by civilized society.

We believe that our first commitment as human beings is to preserve, fulfill, and enhance life for ourselves and our fellow human beings. However, under certain conditions, a meaningful or significant life may no longer be possible. It is natural for human beings to hope that when that time comes they will be able to die peacefully and with dignity. When there is great distress and the end is inevitable, we advocate a humane effort to ease the suffering of ourselves and others, without moral or legal recriminations.

From an ethical viewpoint, death should be seen as part of a life-continuum. Since every individual has the right to live

with dignity—however often this right may in fact be violated—every individual has the right to die with dignity.

Euthanasia presents an ethical problem for patients who know that their condition is incurable or irremediable and their suffering unendurable only if their theology or philosophy has persuaded them that no human involvement in the termination of life is morally permissible. For ethical humanists, euthanasia should be no problem. Pain or suffering is to be endured with as much dignity as patients can summon, as long as there is present a possibility of relief or cure. It is not to be endured when it is completely pointless, as is the case in the final stages of incurable disease.

Voluntary Euthanasia

We recommend that those individuals who believe as we do sign a "living will," preferably when they are in good health, stating unequivocally the expectation that the right to die with dignity will be respected. The individual's regular physician should be informed of this will and be given a copy of it; and, if the physician is not willing to comply, another, more sympathetic physician should be chosen. Family and close friends should have copies of the "living will" or, in its absence, be aware of the individual's desire, in the event that at a terminal stage the person is incapable of communicating with others.

When a living will has not been written or an intention stated before the onset of an incurable disease, the patient's expressed request for euthanasia should be respected. Preferably, this should be a reflective judgment stated over a period of time. In all of these cases, euthanasia is voluntary, and it follows from a person's own free conscience to control both his life and, to some extent, the time and manner of his death.

Passive and Active Euthanasia

For those who have reached the point of such acceptance, there is yet another distinction of major importance: that between passive and active euthanasia. Passive euthanasia is the withdrawal of extraordinary life-prolonging techniques, such as intravenous feeding and resuscitation, or not initiating such treatment, when the situation is hopeless. Given the tremendous advances in medical science, it is now possible to keep terminal patients alive far beyond the time they might ordinarily die. Active euthanasia is the administration of increasing dosages of drugs (such as morphine) to relieve suffering, until the dosage, of necessity, reaches the lethal stage. On the basis of a compassionate approach to life and death, it seems to us at times difficult to distinguish between passive and active approaches. The acceptance of both forms of

euthanasia seems to us implied by a fitting respect for the right to live and die with dignity.

Cortical Death

The most difficult questions of euthanasia may arise when individuals are in an unconscious state or coma and are unable to convey their wishes. We believe that, when a medical pronouncement of cortical death has been made, the health-care delivery team in consultation with the patient's family and friends, and with proper legal protections, should suspend treatment calculated to prolong life. Euthanasia should here be administered only in carefully defined circumstances and as a last resort and with all possible legal safeguards against abuse.

Attitudes of Physicians

Often physicians and families, unable to bear a terminal patient's torture, permit acts of euthanasia to occur, but with great fear and secrecy. It is time that society faced this moral dilemma openly.

For some physicians the problem of euthanasia arises primarily because of a certain ambivalence in the Hippocratic Oath. We should point out that, by this oath, a physician is

committed both to the treatment and cure of disease and to the relief of suffering. A physician's own theology or philosophy will often influence the decision about which horn of this "doctor's dilemma" to choose. Often, too, consciously or subconsciously, a doctor's choice will be determined by his unwillingness to "lose" a patient, especially in cases where there is close personal identification. But the physician has no moral right to frustrate the patient's reflective wishes in these circumstances. For an ethical humanist, the physician's primary concern in the terminal stages of incurable illness should be the relief of suffering. If the attending physician rejects this attitude toward the patient, another doctor should be called in to take charge of the case.

Conclusion

We believe that the practice of voluntary beneficent euthanasia will enhance the general welfare of human beings and, once legal safeguards are established, that such actions will encourage human beings to act courageously, out of kindness and justice. We believe that society has no genuine interest or need to preserve the terminally ill against their will and that the right to beneficent euthanasia, with proper procedural safeguards, can be protected against abuse.

SIGNERS (partial list)

Nobel Prize Laureates

Linus Pauling, *Stanford University*
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Religious Leaders

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Additional Signers

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