

Live Or Let Die

by Yvonne Perry

Twice in my life I have watched as the health of a loved one deteriorated until the human body could no longer support life on its own. It's like watching someone drown while holding a life preserver in your hand, except the victim has made a legal choice to refuse your help. In each case a precarious but necessary decision was made, whether or not to allow euthanasia. There are two types of euthanasia. Commonly carried out at the patient's request, Passive Euthanasia involves not doing something to prevent death, as when doctors refrain from using life support to prolong the life of a terminally ill patient. Active euthanasia requires an action on the part of a doctor or medical practitioner who may "pull the plug" or administer a lethal injection to bring about the impending death of a critically ill patient. I believe that a critically ill person, who is mentally capable of making a decision, has the right to hasten his or her impending death by refusing resuscitative procedures such as life support or nutrition. I am in favor of euthanasia, only when the circumstances warrant it.

Life support replaces or supports a failing bodily function. When patients have curable or treatable conditions, life support is used temporarily until the illness or disease can be stabilized and the body can resume normal functioning. At times, and in the case of my grandfather and my uncle, the body never regains the ability to function without life support. My grandfather chose to refuse life support. His death was less traumatic than that of my uncle who suffered the torment of merely existing day after day confined to a hospital bed for over a year. Connected to tubes that fed him and machines that

breathed for him, he could not talk, walk, bathe, or do anything for himself that a healthy person takes for granted. Either man's death was like watching someone drown. My grandfather refused the life preserver. My uncle accepted a life raft with a slow leak in a sea of sharks.

Some people believe that it is not wise to circumvent the dying process, even in the terminally ill. Psychiatrist Elisabeth Kubler-Ross, (1969) outlined the 5 stages of the dying process - denial, anger, bargaining, depression, and acceptance. Recently Dr. Kubler-Ross indicated that her experience in working with thousands of dying patients and their families tells her that suicide is wrong even for patients with terminal illness:

Lots of my dying patients say they grow in bounds and leaps, and finish all the unfinished business. (But assisting a suicide is) cheating them of these lessons, like taking a student out of school before final exams. That's not love, it's projecting your own unfinished business.

The unfinished business referred to by Dr. Kubler-Ross's is that of considering the ultimate meaning of one's life. She feels the "end of life" period is a time of resolving old disputes and mending relationships, of coming to a final recognition and appreciation of all the good things that have been a part of one's life. I believe this is the business we need to be doing daily! Dr. Kubler-Ross believes that despite their compassionate motives, those healthy bystanders who encourage or even assist in these suicides are helping to steal the last precious moments of these patients' lives. I understand Dr. Kubler-Ross's theory, but I believe that every person's "unfinished business" must eventually come to an end. If one is unable to live without life support, and feels his "business" is complete, it would be cruel to force the patient and the family to suffer

needlessly. My grandfather was diagnosed with emphysema fifteen years before his struggle to breathe bound him to his climate-controlled bedroom. Much of the last year of his life was spent in a hospital. The non-stop care for his declining health was beginning to take its toll on my family who never left his side. My grandfather knew that he would not be able to recover from his illness and lead a normal life. Therefore, he signed a living will in which he requested that he not be resuscitated or placed on life support in the event of cardiac or pulmonary arrest. I remember talking with him in his final days. I asked him if he was ready to die and he responded with an assured, "Yes." He died peacefully in a hospital without the assistance of life support. My experience with a loved one's decision regarding life support, has led me to believe that every person has the right to choose passive euthanasia as my grandfather did.

A study of terminally ill patients was published in *The American Journal of Psychiatry* in 1986, and concluded that terminally ill patients desire to die because they are depressed.

The striking feature of [our] results is that all of the patients who had either desired premature death or contemplated suicide were judged to be suffering from clinical depressive illness; that is, none of those patients who did not have clinical depression had thoughts of suicide or wished that death would come early.

USA Today has reported that among older people suffering from terminal illnesses who attempt suicide, the number suffering from depression reaches almost 90%. Even Jack Kevorkian, the notorious "suicide doctor," said at a court appearance that he considers anyone with a disease who is not depressed "abnormal." Kevorkian and others who

argue in favor of physician-assisted suicide regard that even though depression is treatable, the disabling disease itself is untreatable. Treating depression in critically ill patients will help to alleviate some of the emotional despair but it does little for the physical symptoms. The patient will still lie on “death row” until the grim reaper comes for him.

My uncle, Edmond, endured open-heart valve replacement surgery three times. During the third operation, when the breastbone was being separated to access the chest cavity, his left lung tore. After the surgery, he was in critical condition and was not expected to live. However, he continued to live and there seemed to be hope for his survival. Assisted by narcotics, and breathing only with a mechanical ventilator attached to a tube inserted in his mouth and down into the windpipe, he remained unconscious for weeks. When he awoke, unable to talk, he was given a pad and pencil with which he weakly scribbled, “DIE”. Prior to this he had signed a living will giving his wife, and his medical staff, permission to decide what procedures would be done for him. Because of this, he gave away his power to change his mind once the complications of the surgery robbed him of the potential to live a quality life. Even though he expressed his desire for passive euthanasia, he had several more surgical procedures performed as his wife exercised the rights assigned to her in the living will. After several months of intravenous feeding, Edmond weighed only 109 pounds. A tracheotomy was performed to relocate the ventilator, in hopes of allowing him to take nourishment by mouth. When he was unable to swallow, another surgery was performed to place a feeding tube to his stomach. His body made several attempts to carry out the will of his mind, which was to die. He contracted staphylococcal infection, then pneumonia. His arm manifested an

aneurysm in the vein where the IV had been, and had to be surgically repaired. Then a drug allergy, an intestinal infection, Adult Respiratory Distress Syndrome (ARDS), and gall bladder inflammation threatened. But his doctors and family members intervened, and prolonged his life again and again. I believe that my uncle's competent request for passive euthanasia following his surgery should have been granted.

People with strict religious beliefs may hold the opinion that voluntarily ending a human life is immoral and should not be legalized. The Nancy Cruzan case provides the current US legal framework for the legal right of a patient in a persistent vegetative state (PVS). Nancy Cruzan had sustained severe injuries in an automobile accident, and had been in a PVS for 5 years when the Cruzan family petitioned for the removal of Nancy Cruzan's feeding tube. Hospital employees refused, without court approval, to honor the request of Cruzan's parents, co-petitioners, to terminate her artificial nutrition and hydration, since that would result in death. The Missouri Trial Court found that the patient, Nancy Cruzan, had the fundamental right to ask for the removal of the feeding tube. It rejected the argument that her parents were entitled to order the termination of her medical treatment, concluding that no person can assume that choice for an incompetent in the absence of the formalities of clear and convincing evidence of the patient's wishes. Nancy had expressed to a former housemate that she would not wish to continue her life if sick or injured unless she could live at least halfway normally. However, the Court decided that the State Living Will statute strongly favored the preservation of life, and that Cruzan's statements to her housemate were unreliable for the purpose of determining her intent. In 1990, the US Supreme Court affirmed the state's right to determine its requirements for "clear and convincing evidence" and affirmed the

right of the patient in a PVS to discontinue nutrition and hydration when sufficient evidence of the patient's desire is available. In the end, a state trial court authorized the termination of Nancy Cruzan's feeding tube on June 25, 1990, finding that a person in Cruzan's condition has a fundamental right under the State and Federal Law to do so. In such cases as the Cruzan's daughter, it would have been ideal that Nancy had signed a living will while she was in good health.

In his book, *The Legal Logic of Euthanasia*, Michael M. Uhlmann, refers to the opinion of the Due Process Clause. The Clause understood the right to abort as a liberty interest, "the right to define one's own concept of existence and to make the most basic decisions about bodily integrity." The court pointed out that liberty is an evolving concept whose content cannot be limited by historical understanding, common usage, or the words of the Constitution itself. Although the definition of one's "liberty" may be difficult to assess, we know that choices central to self-government are also central to liberty under the Fourteenth Amendment. A right of autonomy broad enough to cover a woman's right to abortion is broad enough to cover a terminally ill person's right to determine the time and manner of death. The Declaration of Independence accepts the fact that all men are endowed by their Creator with an unalienable right to life. Therefore, a terminally ill patient, who is competent, should also be endowed with the right to die.

In summary, I believe that a patient, who is kept alive by machines against his/her higher good and personal preference, becomes a victim of someone else's choice. No one should be denied the God-given power of free will. The choice belongs to the individual, to live or let die.

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