

Topics / Euthanasia and the Right to Die / Euthanasia and the Right to Die: Overview

Recently, the issue of euthanasia came to the attention of the American public in the case of Terri Schiavo, a Florida woman who had been in a vegetative state for 15 years following a heart attack. Her husband Michael Schiavo was attempting to have her feeding tube removed so that she would die. Terri's parents were battling him in court to keep her alive. The nation was transfixed as the struggle played itself out on television, in the courts, even on the floor of Congress. In the end, Michael Schiavo's request was granted. The feeding tube was removed and Terri Schiavo died on March 31, 2005. A large number of complicated end of life issues have been raised in the wake of the case, but the most pressing focus upon the right to die. Groups in favor of a patient's right to die have challenged laws against the practice for many years.



The contemporary euthanasia movement originated in two countries in the 1930s. In 1935, the Voluntary Euthanasia Society was formed in Great Britain; in 1938, the Euthanasia Society of America was formed in the United States. By the late 1950s, significant medical and technological advances made it feasible to maintain terminally ill and permanently unconscious patients for a much longer period of time than previously possible, but this raised certain quality-of-life issues. Even though life could now be sustained longer, in light of lingering cancers and AIDS, it has become questionable whether these lives were worth sustaining. For terminally ill patients, pain and debilitating conditions gave rise to the concept of "death with dignity." In 1967, Luis Kutner, along with members of the Euthanasia Society of America, developed the country's first living will, in which patients document their wishes concerning medical treatment. By 1972, more than 100,000 living wills had been distributed in the United States.

In 1973, the American Hospital Association developed the Patient's Bill of Rights, which specifies the patient's right to refuse treatment and the right to informed consent. The 1976 New Jersey case of Karen Ann Quinlan was pivotal in energizing the right-to-die movement. This case essentially established the primacy of patients' wishes over the state's duty to preserve life. As right-to-die issues began to come to the forefront of social concerns, the Society for the Right to Die and Concern for Dying saw their membership skyrocket to nearly 70,000 by 1989. The following year, the U.S. Supreme Court found in the Nancy Cruzan case that the right to refuse medical treatment is guaranteed by the Constitution. In 1991, right-to-die activist Derek Humphry published *Final Exit*, a compelling and controversial best-seller that provided guidance in ending one's life.



Citizens of the United States are entitled to certain fundamental rights guaranteed by the Constitution. These rights provide freedom of choice for the individual and the opportunity to control the direction and destiny of one's life. Yet the United States does not fully recognize the right of terminally ill patients to dictate the circumstances of their dying. Patients do not have the right to choose to die in a dignified, peaceful, and painless manner through voluntary euthanasia (via a lethal injection). In addition, in every state except Oregon, patients are further denied the right to choose death by physician-assisted suicide (via a lethal dose of medication prescribed by a physician). However,

terminally ill patients do have the right to die through refusal of medical treatment, including refusing food and water and withdrawal of a respirator. Dying by refusing medical treatment may, however, take several days or even weeks and is generally much more painful than a lethal injection or overdose. Also, as the Schiavo case shows, when the patient is unable to make decisions, the situation can become much more complicated.



In 1994, Oregon began its long battle to legalize physician-assisted suicide. Three years after its initial approval, voters again decided to retain the law to allow assisted suicide. This law permits physicians to prescribe a lethal dose of medication to terminally ill patients who request it. To obtain the medication, a minimum of two physicians must concur that the patient has less than six months to live. The case was tied up in appeals for three years. In October 1997 the U.S. Supreme Court decided not to hear the case, clearing the way for the law to take effect.

The current status of euthanasia and physician-assisted suicide rights in the United States results from the intricate evolution of the dying process in the 21st century. A rapidly increasing segment of the population is over 65, meaning that end-of-life issues will become important to larger groups of people. Incredible advancements in medical technology have created a whole new tangle of life and death issues that no one had to worry about even a generation ago. Religious groups continue to exercise influence over morality issues, which include dying. And, because the U.S. health insurance system operates in a capitalist economy, cost will also play into the development of euthanasia issues.

Since the Supreme Court chose not to rule on the issue of physician-assisted suicide, the individual states will be the next battlefield for the euthanasia debate. Confrontation at the state level will be intriguing due to the varied demographic compositions of the states, coupled with the emergence of the new power generation—senior citizens.

Rita J. Simon

Further Reading

Beauchamp, Tom L., and Seymour Perlin. *Ethical Issues in Death and Dying*. Englewood Cliffs, NJ: Prentice-Hall, 1978; Gomez, Carlos. *Regulating Death*. New York, NY: Free Press, 1991; Gostin, L.O., and R.F. Weir. "Life and Death Choices after Cruzan: Case Law and Reform on Medically Assisted Dying." *Journal of Law, Medicine & Ethics* 21 (1993); Hoefler, James M. *Managing Death*. Boulder, CO: Westview, 1997; Humphry, Derek, and Anne Wickett. *The Right to Die: Understanding Euthanasia*. New York: Harper and Row, 1986. ; Russell, O. Ruth. *Freedom to Die*. New York: Human Sciences, 1977; Uhlmann, Michael M. "The Legal Logic of Euthanasia." *First Things*, June/July 1996.

Select Citation Style: ▼

MLA

Simon, Rita J. "Euthanasia and the Right to Die: Overview." *Issues: Understanding Controversy and Society*. ABC-CLIO, 2014. Web. 15 Sept. 2014.

[back to top](#) Entry ID: 913372