

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

Euthanasia and the right to die are intertwined issues. Strictly speaking, euthanasia comes from the Greek phrase *eu thanatos*, meaning "well death," or dying without pain. In the United States and other industrialized countries, euthanasia usually refers to "mercy killing," or hastening death for terminally ill or injured patients. The related issue, the right to die, focuses on the fact that medical technology has provided the means to extend life in ways never before possible. While every person will eventually die, the right to make a choice to do so before one's natural death frames the debate.



On one side are those who take the stance articulated by Oregon's Death with Dignity Act that allows physician-assisted suicide. Physicians may prescribe a lethal drug dose if their terminally ill patients are in great pain, mentally competent, and intent on ending their lives, although doctors cannot administer the medications. This law is similar to those in force in the Netherlands, Belgium, and Switzerland. Those who take the opposite view contend that any effort to end a life is legally and morally wrong. In 2001, then-U.S. Attorney General John Ashcroft filed a lawsuit against Oregon's Death with Dignity Act, claiming that it was a violation of the Controlled Substances Act (CSA). After various restraining orders and appeals, the U.S. Supreme Court heard the case and on January 17, 2006, ruled that Oregon's law could remain in effect.

Opponents of the right to die also argue that patients in a persistent vegetative state (PVS) should receive artificial nutrition-hydration because to withdraw the support constitutes murder. This view was widely publicized in 2005 when federal and state government officials and religious groups attempted to intervene in the case of Florida native Terri Schiavo. Schiavo had been in a vegetative state and had been kept alive artificially for 15 years despite her husband's request to have her feeding tube removed. She died in March 2005.

In the debate over euthanasia or the right to die (sometimes the terms are used interchangeably), medical personnel, theologians, bioethicists, and many nonprofessionals make a distinction between passive and active euthanasia. In general, passive euthanasia is allowing a person to die by withholding or withdrawing such medical treatment as respirators, heart and lung machines, feeding tubes, and other mechanical means of maintaining life when there is no known benefit to the patient. Active euthanasia usually involves a person in extreme, unrelieved pain or a terminally ill patient who wants to take action to end suffering or hasten death. Many of those who seek help in ending their lives are people with incurable and agonizing diseases such as acquired immune deficiency syndrome (AIDS), certain severe respiratory ailments, and cancers. In the United States, except in Oregon, physician-assisted suicide is a crime. Jack Kevorkian, a retired pathologist and trained physician in Michigan, prompted a major controversy during the 1990s, when he defied the law and helped numerous people who had requested the means to take their own lives. Kevorkian was convicted of second-degree murder and sentenced to prison in 1999.

Rights of the terminally ill

There are two opposing views on how people should exercise their rights if they become terminally ill or injured. The Texas-based Center for the Rights of the Terminally Ill, which calls itself a pro-life group, is opposed to most efforts of the right-to-die movement and recommends and distributes a Patient Self-Protection Document (PSPD) which bans both passive and active euthanasia. It also specifically provides that the signer of the PSPD receive appropriate

medical care and food and fluids unless death is imminent. The federal Patient Self-Determination Act, which went into effect in 1991, requires all hospitals, long-term care facilities, and home health agencies to give patients information on their right to create advance directives, which an increasing number of people are doing. They are also creating living wills and durable or medical powers of attorney to help protect and communicate their end-of-life wishes. Some options include whether to be revived after a respiratory or heart failure, to be hospitalized even after developing a condition that usually requires such care, to be fed nutrition through artificial means, or to be subjected to life-prolonging procedures when other body systems are failing.

End-of-life decisions

Those who favor the concept of being able to manage one's own death believe that quality of life should determine whether a person chooses to hasten death. Quality of life is determined by such factors as living the rest of one's days without further invasive medical treatments or being able to interact with others and live with dignity. On the other side of this argument are people who adamantly oppose using quality of life as a criterion for decisions on death and dying. They claim that decisions on quality of life will open up the possibility of abuse: poor and vulnerable people, such as the frail elderly, insane, handicapped, and persons with intellectual disabilities, will be expendable because they are considered a burden to society. In recent years, numerous organizations, such as the American Association of Retired Persons (AARP), American College of Physicians, National Institutes of Health, Mayo Foundation, Right-to-Life, and many religious denominations, have provided Web sites with advice (or religious doctrine) on end-of-life decisions.

Outlook

In 1976, some of the first state laws were passed to legalize living wills and protect physicians against lawsuits for failing to treat incurable illnesses. Over the following decades, right-to-die organizations such as the Hemlock Society formed, several controversial right-to-die cases gained public attention, and Pope John Paul II issued a Declaration On Euthanasia which opposed mercy killing but allowed the right to refuse extraordinary life-sustaining means. In response, anti-euthanasia groups were founded, such as the American Association of People with Disabilities, Justice for All, National Right to Life, and Not Dead Yet; and countless books, articles, TV shows, and Web sites focused on the pros and cons of the issues.

Currently the euthanasia or right-to-die controversy shows no signs of resolution. The Terri Schiavo case has prompted an increasing number of Americans to plan for their own medical treatment if they should become incapacitated and terminally ill. Public opinion polls in 2006 show that six out of 10 of those surveyed believe that people have a right to end their lives if they have incurable illnesses, but they are unsure about helping someone else die. A substantial majority says that the government should stay out of decisions about ending or maintaining life support for family members.

Arguments over the right to die will continue as a controversial issue. One factor is the political agenda of federal and state governments. Conservatives in these bodies tend to support "sanctity of life," which includes opposing abortion along with rejecting physician-assisted suicide and the right to end life. Liberals tout "quality of life" and "compassionate choice" as they campaign for freedom to determine their care in their final days. Compassionate-choice legislation is pending or under consideration in several states, including California and Vermont, and such laws could be passed in the years between 2006 and 2010. However, there is no guarantee because of the strong opposition from religious and right-to-life groups.

Kathlyn Gay

Further Reading

Dowbiggen, Ian. *A Merciful End: The Euthanasia Movement in Modern America*. New York: Oxford University Press, USA, 2003; Humphrey, Derek, and Ann Wickett. *The Right to Die: An Historical and Legal Perspective of Euthanasia*. Eugene, OR: Hemlock Society, 1990; Russell, O. Ruth. *Freedom to Die*. New York: Human Sciences, 1977.

Select Citation Style: ▼

MLA

Gay, Kathlyn. "Euthanasia and the Right to Die: Outlook." *Issues: Understanding Controversy and Society*. ABC-CLIO, 2014. Web. 15 Sept. 2014.

[back to top](#) **Entry ID: 944064**