

## EUTHANASIA

W. J. O'DONOVAN, O.B.E., M.D.

**L**ORD Ponsonby of Shulbrede ended a debate on Euthanasia in the House of Lords on 1st December, 1936 with these words: 'If the vote is against me, no doubt the discussion will continue in the country and at some future date will be taken up again'. The subject was in fact re-opened recently by the Dean of St Paul's, who said, 'Surveying the arguments for and against, I have come to the conclusion that the proposal of this Society (The Voluntary Euthanasia Legalisation Society) is quite in accordance with the Christian conception of human right and duty.' The Archbishop of Canterbury has dissociated himself from this opinion. And in the House of Lords debate on the subject last November, the Archbishop of York has expressed the strongest opposition

Euthanasia today signifies the termination of life by painless means for the purpose of ending severe suffering. It is enough to say that easy dying is not quite the same thing as a good death or dying well.

Dr Killick Millard, a retired Medical Officer of Health and secretary of the Voluntary Euthanasia Legalisation Society, has said that 'patients qualifying for mercy killing—we prefer to call it merciful release—would mainly be cases of incurable and inoperable cancer.' He appeals for support first of all to Seneca:

'If I can choose between a death of torture and one that is simple and easy, why should I not select the latter? Why should I endure the agonies of disease. . . . when I can emancipate myself from all my torment. . . . ? I will not depart by death from disease as long as it may be healed and leaves my mind unimpaired. . . . But if I know that I will suffer for ever I will depart, not through fear of the pain itself but because it prevents all for which I would live.'

The same doctor calls attention to this passage in St Thomas More's *Utopia*, where the Utopians not only sanction but encourage voluntary Euthanasia. This, too, was quoted by Lord Chorley in support of his recent motion on Euthanasia in the House of Lords, and the Earl of Iddesleigh subsequently showed

how fallacious must be such an appeal to St Thomas More's discussion of 'what sort of institutions would be likely to exist in a state . . . without any assistance from the Christian revelation.'

'If the disease be not only incurable, but also full of continual pain and anguish; then the priests and magistrates exhort the man, seeing he is not able to do any duty of life, and by over-living his own life is noisome and irksome to others and grievous to himself; that he will determine with himself no longer to cherish that pestilent and painful disease. And seeing that his life is to him but a torment, that he will not be unwilling to die. . . . he shall end his pain. And because in that act he shall follow the counsel of the priests, that is to say of the interpreters of God's will and pleasure, they show him that he shall do like a godly and virtuous man. . . . But they cause none such to die against his will, believing this to be an honourable death. . . .'

In official Euthanasia literature, frequent reference is made to suicide. In this discussion the legalisation of Euthanasia and the ethics of self murder or suicide cannot be dissociated. It was Viscount Fitzalan of Derwent who called the 1936 Bill a Bill to legalise murder and suicide. The ancient oath of the sons of Hippocrates is: '*Neither will I administer a poison to anybody when asked to do so nor will I advise such a course.*'

Dean Inge, for his part, maintains: 'It is often argued that, for a man to end a painful illness by his own act, is to avoid a divinely appointed discipline of trial and suffering. But it may be noted that precisely that argument was used by many religious people to prove the unlawful nature of anaesthetics. Yet a man who would today forbid the use of chloroform in a major operation, on religious grounds, would be ridiculed. I have found it impossible to discover any really conclusive argument against suicide under due restrictions'.

It is generally taught and generally believed that the act of suicide, except in cases of insanity, is an absolute contradiction to everything Christianity teaches; but, it is a common act to go into savage countries to preach the Gospel; it is not wrong for steeplejacks to follow their dangerous occupations; acts such as these are in themselves good and upright. The reasons for doing them seem to all of us compellingly sufficient, and medical peers have explained clearly to the House of Lords that it is lawful to use drugs to alleviate pain, even though it be foreseen that this

may shorten life, provided that the alleviation of pain and not the shortening of life is the primary purpose of the drug.

The published support behind the movement for legalising Euthanasia is professionally formidable, including as it does a past president of the Royal College of Physicians; medical administrators of eminence, Royal Surgeons, Professors of Medicine and of Surgery, Directors of Research, medical Deans, Lawyers, Judges, Deans of the Established Church, Lord Mayors and Mayors, political chiefs and sociologists. But Dr Bond has reported that nurses as a class look upon Voluntary Euthanasia 'with suspicion and disapproval'.

In 1927 a man was tried for murder for drowning his little girl of four years who had contracted tuberculosis and had developed gangrene in the face. Mr Justice Branson said: 'It is a matter which gives food for thought when one comes to consider that, had this poor child been an animal instead of a human being, so far from there being anything blameworthy in the man's action in putting an end to its suffering, he would actually have been liable to punishment if he had not done so.' All who have taken serious part in discussion of this subject know that happy children suffering from mongolian idiocy, other congenital idiots, deformed infants and those suffering from senile dementia are brought into the arena as needing similar treatment. 'The Right to Die' is a neologism for this irrevocable anaesthesia and the issue is posed as a drive for human rights in which doctors and humanitarians are opposed by the Catholic Church.

Lord Dawson said in the Lords in 1936 that compassion for pain and suffering is not likely to be less among those who are constantly called upon to relieve pain. In relation to cancer especially, he said it would not be correct to say that most cases are characterised by agonising pain; and there has been in the last few years a steady growth of power on the part of the physicians and of surgeons to assuage pain. One need only refer to the increase in the numbers and in the training of the nursing profession, the multiplying of medicinal remedies, the subtlety and effectiveness of operations planned to abolish painful sensations, so that the contest against pain today is far in advance of that of my student days. The medical profession is primarily concerned with the causes, diagnosis and treatment of disease, and our undeviating purpose is to cure or to assuage suffering in so far as it is com-

patible with that end. And Lord Horder, in the recent debate emphasised the doctors 'basic considerations on life': 'We think that every man has an inalienable right to live, and that one must not take this right from him'.

Often legalised Euthanasia is justified as a civilised matter by drawing a comparison with the state's right to inflict capital punishment or to send its citizens to death in battle. But a state may have no means of defending itself except by war, and may have in an extremity no other means of protecting effectively the lives of its citizens except by capital punishment. The cancer patient is not an aggressor to be killed by the doctor for the public good, and he has no 'right' to kill himself unless he is indeed master of his fate and captain of his soul and accountable to no-one.

The practical advice of the late Archbishop Lang of Canterbury on this matter is set out in the proceedings of the House of Lords already referred to. 'I cannot but think that it is better to leave this most difficult and delicate matter in the hands of the medical profession, exercising its intimate and responsible judgment, rather than, as this Bill would propose to do, to drag it into the open and regulate it by elaborate official procedure. It seems to me a situation which must be dealt with from inside, by the confidential relations of the doctor and the patient; not from outside by the procedure which is contemplated in this Bill. I confess that in this matter I would trust the judgment and honour of the medical profession'.

One must remember the year in which this was said (1936). I would not have it thought that an Archbishop of Canterbury today would be so blind to the weakening in public ethics that he would say that in this matter he would be content to trust the judgment of a profession of many and no faiths. We hear in uncensored, but not untruthful, professional gossip of medical men who have advised their qualified assistants to overload their morphia syringes so that they will not be called out in the night. We are told that in some hospitals there is a draught of heroin in gin that is popularly spoken of by the nursing staff as 'the death draught', and we hear of cases in the last stages of cancer killed without any scruple whatsoever by an injection of insulin into a vein. I say without scruple, but I have also met those who have refused to carry out such instructions.

In hospital life, though not in general practice, every administered dose of morphia can be checked, and competent pathologists are not likely to overlook *post mortem* the signs of morphia poisoning; but insulin kills painlessly and leaves no sign by which expert professional pathologists can recognise and affirm that it has been used. If these matters leak out to the general public, however good be the intentions of the Euthanasia Society, I am quite certain that the reputation of our profession in the minds of the common people will fall with alarming and disastrous rapidity. It has already fallen when some nurses expect doctors purposefully to overdose some patients.

Already doctors working among the old and poor and friendless have heard it said to them, 'Don't send me to hospital else I may never come out.' The recent and wide public discussion on this matter has begun to frighten the old, who know that hospital beds and nurses are all too few and who daily hear of denials of hospital admission because of their age.

There is a Cancer Act on the statute book, and cancer centres will soon be in operation. Cancer will be concealed, and these centres will have their work seriously impeded if inoperable cancer is always put forward in every public discussion of Euthanasia, and if the public read that the practice of Euthanasia is in fact growing.

Six thousand suicides find death easily every year. In medicine there are now large numbers of co-workers. Chiropodists, almoners, dieticians, occupational therapists, physiotherapists, speech therapists, dispensers, trichologists, masseurs, sanitary inspectors, food inspectors and even municipal dustmen are indispensable fellow workers. Is it inconsistent with the development of medicine that this simple killing should fall into some lay auxiliary specialists' hands? In the whole prison service no resident hangman is retained to live and work with the prisoners. In medicine we desire no merciful killer to be a companion of our way and life. Might there not be a new panel of medical auxiliaries who might be termed permanent anaesthetists who would do for the public what the public are thought to desire, and leave doctors to pursue the preservation of life and health as their vocation and purpose in life?

If cancer and other grave maladies are to be ended by killing, then it is only a matter of time before research into their causes

and attempts at prevention will both cease. The short cut will obviate laborious hours in the laboratory and ease the scheduled duties or lighten the responsibilities of health officers.

Should parliament in due time legalise this voluntary suicide of the sick, then doctors, nurses, chaplains, dispensers and all others in these great metropolitan battlegrounds of life will be voluntary or involuntary partners in a new ministry of death. All that was trained and dedicated to preserve life may now, by the authority of the state, be turned to serve death. If the Ministry of Health adds to its functions birth prevention, occasional abortion, infrequent sterilisation and Euthanasia on due certification, gradually in the public mind it will be thought of as a Ministry of Death. What the law permits the people will soon conclude cannot be wrong. The impatient or the very tender hearted relative or doctor—with or without any incentive—will act and risk the consequences, and, as the years pass the weight of the risk will severely diminish.

That pressure, even criminal pressure, might be brought to bear on a sick man is an obvious criticism of the proposal for voluntary Euthanasia. The effects in a family after its administration would never end, it could and would lead to the bitterest dissension; recriminations would be unending and the activists would never again be at one with those in the family opposed to the fatal act. Legal problems of inheritance and insurance would demand amending Acts to the present law.

We doctors all associate ourselves with Lord Horder's pronouncement that the doctor's reference is very clear, very brief and very generally accepted. It is to cure patients of their diseases and to cure them quickly. If we cannot do that then we must prolong life and relieve pain, both physical and mental.

To bring the bureau of the Ministry of Health into the bedroom is a dreadful proposal. Sentence of death is surely already pronounced when the three officials enter gravely and ask the patient in pain and perhaps half drugged to sign in the presence of witnesses that: *I am . . . years of age and am suffering from illness involving severe pain, which, as I am informed, is of an incurable and fatal character. I am desirous of anticipating death by Euthanasia and hereby make application for permission to receive Euthanasia*, and then he appends his signature. The legal criterion of incurability will inevitably become more and more difficult to determine as the

years pass on and as medicine itself advances in skill and resources.

The two extremes of dying in pain and being killed do not exhaust the possibilities of the stricken patient, because there is a middle position created by a kindly and skilful doctor who gives assistance of an equally kindly nature, and that is what is at present implicit in the patient's question: 'You will stand by me, won't you?' and Lord Horder's assurance: 'Yes, I will'.

One must reflect at some stage in this discussion on the number of victims involved. There are envisaged, for the present, the incurably old, those miserable with incontinence and afflicted with cancer, but the ambit will greatly and rapidly be enlarged. The governments of the civilised world have expressed their abhorrence of genocide, although, on account of legal difficulties, Britain has not ratified the genocide convention. (K. G. Younger, Minister of State, House of Commons, May 1950). He who shrinks from genocide should shrink from its very beginnings in the English speaking world.

If suffering be a greater evil than sin, damnation has already begun.

### NOTICE

BLACKFRIARS for February will be devoted to 'Ireland To-day'. Among the contributors will be the Earl of Wicklow; the President of Cork University College (Professor Alfred O'Rahilly); Roger McHugh and Fr Jerome Toner, O.P. There will also be a fully illustrated article by James White on 'The Visual Arts in Ireland'.