

COMMITTEE II
The Value of Human Life

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Discussion Paper for Patrick Nowell-Smith's Paper

THE RIGHT TO DIE

by

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The provoking, inspired and stimulating paper "The right to die" by Professor Patrick Nowell-Smith examined the most fundamental values of the world's principal faiths and value systems. Enormous, dramatic and frightening progress of entire knowledge in all sciences, including the biomedicine, and radical development of technology as a whole enabled total advancement and changes of human life and existence, followed by high repercussion of humane, psychological and social aspect of its being. Physical environment changes more rapidly than the possibilities of his biological and especially psychological and sociological capabilities for adequate adjustment are inclined to. And it is when the very first splits arise in the view of alienation.

The man is becoming increasingly alone in spite of the multiple surrounding stimulations. He is lonely from the moment of delivery to the grasp of death, more in over-crowded cities than in isolated settlements. Especially he feels completely secluded in his illness, suffering and dying because in most of such cases he is assigned to isolated institutions. The technological progress made the conditions for human being to be kept biologically alive for a long time despite his unconsciousness. Inasmuch as separated from his social and family surrounding this portion of his maintenance is being tabooed more and more by the society. In the prosperous contemporary society no contradiction appears in advancing the measures for promoting the quality of cosy life but when it comes to negative approach, the entire fabric of human value system with ethical, moral and social bearing, religious beliefs and human responsibilities appear to be in conflict.

In very elaborative and descriptive narration Dr. Nowell-Smith dwelt at length

on several major dimensions and consequences of euthanasia - "active" (killing) and "passive" (letting die) and its executive subdivisions - "voluntary" - did at request or with the consent of the person and "involuntary" - without such consent. Placing into the focus of his considerations the legal aspects of the problem, he views the pro and contra attitudes of legitimate regulations of euthanasia, discussing the concept of individual rights in the context with the countervailing reasons divided into the religious, the moral, and the practical.

Without dwelling upon detailed description of the evolution of euthanasia legitimate regulations in many of Western developed countries, although exactly described in this paper, two positive trends are prominent: alleviation of legal consequences related to euthanasia and affirmative attitude towards it not only by restricted public (the enlargement of number of voluntary euthanasia societies) but by broad public as well. Despite that fact, the essential dilemma remains open: how to concorde the basic right to life with a right to choose to die. The right to life of individual is in correlation with the duty that falls on others not to kill. Could we release somebody from this duty by requesting them to kill us or giving our consent? If I deny this I will confuse the right to life with this duty. The problem becomes complicated, even if other dilemmas are eliminated that there is no willing to kill us or to help us to die. For the person to whom the request for help to die is addressed, the awkwardness of dilemma is not only of legal but to a great extent of moral and humane matter. Does the man who is in hopeless situation and asks to die, believing that "dying is better than staying alive" make mistake? It is well-known that euthanasia, and particularly active euthanasia has not still enough advocates within medical profession, and most handbooks on medical ethics express ambivalent attitude towards passive and resolutely reject active euthanasia. This probably comes from the physicians dilemma that, notwithstanding the

objective fact that the patient should be put to an end of suffering, the performance of even passive euthanasia poses them not only in front of legal embarrassments, and especially of malpractice suits, but their civil reputation is questioned, too. The practical objection, according to the author, in application of euthanasia, arises also from the possibility that mistakes will be made and abuses will occur. Is it sufficient decision of somebody to choose death when a cure for his health condition may exist in some new treatment likely to be available soon? Also, how can we be sure that when a patient chooses death the choice is fully voluntary? In all such situations one should keep in mind the patient's compulsive reaction caused by his momentary psychic condition and probable incapability of an adequate discrimination as well as the possibility of other people's pressure to release from a hard patient who is burdensome to them. We are faced with the same problem in the case of senile persons who subsist even without the aid of high technology but need constant care, what may be a great nuisance to their relatives. Therefore, not only in legal but particularly in broad philosophical and humane aspect, the possible sources of coercion and fraud in every individual case have to be investigated.

The significant part of Dr. Nowell-Smith's paper refers to subtle evolution of measures for euthanasia realization. Passive euthanasia, although in whole presents less complex problem, may have certain barriers itself, especially in the question of making decisions to whom and for how long to prolong life in suffering. In the case of unconscious patient the decision seems easier to be made as compared with that referring to mentally and physically handicapped persons, and particularly children. Is it possible for someone not allied, who is called upon to make the decision, to assess the happiness, the contentment, the appropriateness of living or suffering with these patients? However, the responsible bodies, including World Medical Assembly and U.S. President Commission for the Study of Ethical Problems in Medicine and Behavioral Research ad-

vocate passive euthanasia in some cases as preferable to the use of "extraordinary" measures to keep person alive. These statements are not quite acceptable by the author of the paper. According to him, there is no moral difference in favor of passive euthanasia (causing death by non-intervention) over active euthanasia (causing death by intervention), it is illogical to accept the former and to reject the latter; consequently, if there is moral difference in favor of active euthanasia the consensus of medical opinion is immoral as well. In conclusion to that, the respective patients should be allowed to die, when from their point of view, life, in distressing or seriously debilitating condition, is no longer worthwhile. Finally, he stressed that the general public opinion, on the whole, was indifferent to the question raised and insisted that we had to re-learn to accept death as our forefathers had done, as not only inevitable, but the natural end of earthly life, in the way how Socrates had done - having had enjoyed life to the end.

Accepting the general concept and approaches in submitted paper, I would like to emphasize the development of deeper understanding of human values themselves based on cultural, social and religious tradition which yielded ethical value systems. Ethics was the bridge between policy and human values and economic and social history of the country, its cultural and intellectual heritage, its political system reflected in the formulation and execution of policy, including such delicate matter as right to die.

Death means different things to different societies and cultures, and at different time of life. For some it is the end of entire life, for others the entrance to another life. In some societies the death of young children is commonplace, in others it is tragic. Therefore, despite the logical attitudes in Professor Nowell-Smith's paper, based on thorough scientific and philosophical postulations of euthanasia, obviously the religious (ideological, philosophical) significance of death, for individual and societies, plays a large part in policy

decisions about allocating the resources for technological means of avoiding death.

Without commenting the philosophical thesis of the attitudes towards death of major religions - Judaism, Christian, Budist, Islam, traditional beliefs of still present tribe communities in Africa, which more or less consider life and death in view of continuity, I shall refer to the standpoints of secular humanists, because they more than others interfere with the dilemmas of problems that are the matter of discussion in contemporary society of technological civilization. For secular humanist, to whom life on earth is the only life that we can intelligibly comprehend, death in general, except the meaningless one, is pure tragedy and the human life should never be sacrificed in the name of possible reward in some other mode of existence. For them, suffering is an evil to be combated, but at the same time a part of life we should strive to limit and control. The secular humanist thus endorses values that are widely shared by others, among both religiously devout and religiously indifferent. What marks the secular humanist position most clearly is its concern for justification of values, rather than for identification of values. The secular humanist need have no opposition to religious beliefs, practice or tradition, so long as it manifests the same tolerance towards human diversity and the same respect for human needs that form the central care of humanistic values. Most secular humanists, I am sure, would accept the concept that the patient's dying wish should be granted.

Considering the subject right to die we have to explore the avenues in different socio-cultural settings to help alleviating suffering and making life worth living with dignity. This would facilitate the building of societal norms and the reinforcement of our efforts and beliefs, the promotion of interaction of different cultures and thoughts, the expedition of understanding the human instincts and human approach of life to suffering and death, believing in dif-

ferent faiths and religions and placing them as they are, in different environment, in order to make our world closer. The problems arose when there was a difference in derivative source of ethical norms either among individuals in the group or between the group and society. It is obvious that values differ in different circumstances and environments, but humaneness has to overpower all weakness to develop into common norms.

I have discussed separately the established problems in the context of socio-cultural discrepancies, with purpose to point out that they are to be taken into account because the major Dr. Nowell-Smith's statements are based on norms in technologically developed Western countries. It does not imply that all technologically developed countries are Western. However, the systems of ethics, religion and law are Western. Moreover, most but not all countries that are commonly considered technologically developed are part of Western world, they share a common tradition in philosophical ethics and the dominant religious tradition is Judeo-Christian. The legal system of these countries tends to reflect these similar ethical and religious traditions. Our wish, discussing this increasingly important subject, is to create the possibilities of arriving at an international consensus in the future.

In spite of that matters of life and death concern all citizens as a humanitarian issue, I wish to pay attention to the role of a physician. A medical doctor has multiple roles - as a physician to the patient, as a generator and user of technical knowledge, as a responsible citizen and as a humane person with the consequence - all warrant him to apply health policy as valuable decision concerning the patient. Accordingly, it is appropriate to repeat the question: In the case of euthanasia should a physician be granted the role of an executor?

The medical profession today is not, in social relations, what it used to

be several decades ago because it is faced with numerous trials of legal nature, of which I have already spoken, what significantly released their relations with patients. Giving him the opportunity to be the executor of euthanasia, the distrust will enlarge and the fear will develop with serious patients, especially mentally unstable persons of all ages, with subsequent negative moral and practical consequences. The decision for euthanasia has to result from serious individual considerations, obeying the wish of patient brought to the state of being maximally mentally sound and responsible. The fortune of the subject must always be considered in view of strictly individual comprehension of personal happiness and not based on certain general universal criteria. The interest of the subject has always to prevail over the interests of the society, and the interest of society should never take precedence over consideration to the well-being of the individual.

Finally, I wish to emphasize my belief that public opinion can be mobilized to be more aware of the issue within next few years.