Will "Jack the Dripper" Morality Govern Medicine in the Next Millennium?

Three Key Things You Should Know about Doctor-Assisted Suicide

July/August 1997

Dear Friend,

Jack Kevorkian, known by some as "Doctor Death" and by others as "Jack the Dripper," has assisted the suicide of 45 people to date by allowing a deadly dose of barbiturate to drip into their veins. To my knowledge, not a single one of his "patients" was terminally ill.

Kevorkian champions a new right, the "right to die." This right is not recognized by any state but Oregon, but that may change soon.

At the time of this writing, this nation is waiting for a Supreme Court decision on the practice known as doctor-assisted suicide, euthanasia, or simply "mercy killing." The judges will decide whether dying patients have a Constitutional right to seek medical help in ending their own lives.

The issue before the Court is not the morality of physician-assisted suicide itself, but rather whether any state has the right to restrict it. Regardless of the decision, this issue will not be settled by the courts, but by the people, by citizens like you and I.

The doctor-assisted suicide debate is not really one issue, but two. First is the question of suicide itself. Is it moral? Are our lives our own? Does anyone have the right to take his own life?

Even if the first can be defended, another bridge must be crossed. Should the medical community--one traditionally committed to health and life--be employed to kill rather than to heal, to bring death rather than to give life?

Are Our Lives Our Own?

First, is life a gift with a transcendent purpose to be fulfilled, or do we own ourselves and have the right to do with our bodies whatever we please?

This question can be answered in part with a little reflection. Why do we feel compelled to talk someone out of suicide? Why try to dissuade them? The reason is that we have an intuitive sense that life has transcendent purpose. We're so sure of this that we try to stop people from killing themselves and "wasting" their lives.
A life can only be wasted if it has a purpose that is never fulfilled. If there is no purpose in life, there is no tragedy when a child is struck down in infancy, or when high school students are killed in a plane crash, or when 39 people commit suicide to fulfill a cultic hope.

Notice that the notion of "untimely death" here has no relation to the person's own subjective goals. The goal of a suicidal person is to die, a purpose he fulfills if he takes his life. An infant who dies unexpectedly has no goals or aspirations of his own. Yet in both cases we have this nagging suspicion that something is wrong.

Our sense of tragedy lies in our conviction that these people did not fulfill some larger purpose in life, one bigger than their own temporal wants and desires. If such a purpose exists--and our intuitions suggest that it does--then it isn't the case that our lives are our own to do with as we please.

On the other hand, if libertarians are right and we answer only to ourselves, we face another problem. If the individual alone is the master of his own destiny, and deciding the time of his death is viewed as the ultimate liberty, then suicide under any circumstances is always justified. It's his decision to make for whatever reasons are important to him at the time.

Having more than one doctor certify that the patient is terminal and of sound mind, or is not suffering from any depression--or any other qualifying restriction--is an inappropriate intrusion on his liberty. If one has a right to die based on personal autonomy, then how can the government justify any restrictions at all? They can't have it both ways.

God has made it clear that we are not the masters of our own lives. Our existence is not a thing we own, but a sacred life we are entrusted with. The commandment "Thou shall not murder" forbids us to take an innocent human life. It applies to taking our own lives and not just lives of others.

There's a reason for this. The fifth commandment was given not because murder violates personal liberty by taking something that belongs to someone, his life. That's covered in the seventh commandment, "Thou shalt not steal." Instead, it prohibits the unwarranted destruction of a human being because he's made in the image of God (see Genesis 9:6). Murder is a crime against God first, and a person who commits suicide is guilty of that crime.

Give No Deadly Drug

Second, should doctors be in the killing business? As part of their initiation into the medical community, doctors take the Hippocratic oath, pledging to "give no deadly drug if asked for it, [nor] make a suggestion to this effect." Traditionally, doctors have been healers and care-givers.

Jack Kevorkian wants to change that. "A doctor is a servant," he said during a television interview, "and I'm here to serve the needs of the patient."[1] That's an unusual statement about a doctor's role. "Serving the needs of the patient" used to mean protecting his life. Now, according to Kevorkian, it may mean killing him. Kevorkian is trying to single-handedly redefine the role of doctors in our society. Many are adopting his way of thinking.

Are doctors just mechanics in blood and flesh and bone? Do they simply repair human machines who can be discarded if they can't be fixed? Or do doctors have a higher, more sacred calling to give care to human beings, whether they can be "fixed" or not?

The AMA, struggling to defend the traditional role of medicine, is vigorously opposing turning doctors into killers. On April 29, 1996, in the "Statement of the American Medical Association to
the Subcommittee on the Constitution Committee on the Judiciary, U.S. House of Representatives," Dr. Lonnie Bristow wrote:

The AMA believes that physician-assisted suicide is unethical and fundamentally inconsistent with the pledge physicians make to devote themselves to healing and to life. Laws that sanction physician-assisted suicide undermine the foundation of the patient-physician relationship that is grounded in the patient's trust that the physician is working wholeheartedly for the patient's health and welfare.

**Holland: Euthanasia’s Slippery Slope**

There's a third consideration. Even if one were convinced that physician-assisted suicide in itself was moral, there's another problem with making it legal. It's called a causal slippery slope.

The "causal slippery slope" is like a line of dominoes falling. An action that might be morally benign in itself, but leads to something else that's immoral, casts a moral shadow back on the first action. For example, if pornography causes violence against women, then pornography may be morally suspect for its effect, even if one argued it was morally benign in itself.

Causal slippery slope arguments can be fallacious. The critical question to ask to determine if a causal slippery slope argument is unsound is this: Is there a true causal relationship between the first thing and the second. Could legalizing physician-assisted suicide actually lead to the killing of the old and infirm against their wishes? It's happening right now in Holland.

When euthanasia is voluntary, a patient makes a conscious, informed decision to die. In non-voluntary euthanasia, a patient is not capable of making that decision (e.g., when they're in a coma), so someone else decides for them. With involuntary euthanasia, patients actually voice their desire to live, yet are still killed against their will.

Such a thing seems unthinkable, yet a close look at "The Report of the Dutch Governmental Committee on Euthanasia" shows the impact of 15 years of *de facto* legalized euthanasia there. At the time of the report (1990) nearly 20% (19.4%) of all deaths were a result of euthanasia. More stunning, 11.3% of the total number of the 14,691 deaths in the Netherlands were cases of involuntary euthanasia.[2]

New evidence suggests this trend has continued. The *LA Times* reported that, "A new analysis of doctor-assisted death in the Netherlands...suggests that caregivers there have increasingly taken the next troubling step: ending patient's lives without their permission."[3]

An analysis recorded in the *Journal of the American Medical Association* indicates that nearly half of the doctor-assisted deaths in 1995 in the Netherlands (2,844 out of 6,368) were not voluntary.[4]

The Dutch Pediatric Association has now asked to have the liberty to put to death severely handicapped newborns.[5] What was unthinkable yesterday, is thinkable today, and ordinary and commonplace tomorrow.

**Putting Them Out of Their Misery?**

In 1992, I participated in a debate on California's Initiative 161 concerning physician-assisted suicide. My opponents charged that I was forcing my religious views on others. They didn't realize they were making some religious assumptions of their own.

When a person claims that suicide will end a person's suffering, they are making a religious claim about the nature of life after death. They are counting on the fact that there is no
conscious existence beyond the grave, or that whatever greets us will be pleasant, an improvement on the misery of life on this earth.

If they are wrong, though, and there is a hell awaiting those who deserve it, then euthanasia may not end misery, but compound it. The person suffering here on earth is not transported to a place of peace and rest, but rather to an infinitely greater suffering in hell. It is theoretically possible, then, that "mercy killing" could actually be an act of cruelty.

It seems impossible to avoid the intrusion of religious views on either side of this issue. This is not a matter of one party forcing his religious view on another. It's a matter of two religious views competing with each other. More is at stake here than some people realize.

True Death with Dignity

It is wrong to intentionally kill an innocent human being, though under certain conditions it is permissible to allow a person to die naturally (sometimes called "passive euthanasia") by withdrawing or withholding treatment.

Incidentally, it is never morally justified to withhold or withdraw food, water, or air from any patient. These things are not treatment, but ordinary care. There's nothing artificial about them. They do not represent excessive burdens on the patient and they always offer reasonable hope of benefit, which is precisely the problem: They're keeping the patient alive when others want her to die. If they are withheld, the only intention can be to cause death because their removal necessarily creates the conditions for death.

Withhold food, water, or oxygen from any living thing, then "let nature take its natural course," and death will follow. Removing the tube that supplies food and water from a patient is no different from placing a pillow over her head to remove the supply of oxygen. Indeed, the latter would be merciful compared to the agony of slow death by dehydration.

If the patient is terminal and death is imminent, if medical treatment is merely extending the dying process and is pointless or excessively burdensome to the patient, then it seems to be time to let a person pass away naturally. In this case, though, the death of the patient isn't directly intended or caused. Nature is simply permitted to takes its course.

If Kevorkian and his ilk have their way, though, a patient wouldn't die naturally, but unnaturally. They would die by the hands of the very one bound by oath to preserve life, or to graciously care for precious human beings during their last days on earth when death cannot be avoided.

The traditional view of dying demonstrates respect for others, that human beings have special value, and that people are not merely means to ends. This is truly death with dignity.

Susan Larson of Fairfax, Virginia, captured this truth in her poignant reflection on the passing of her aunt. In a letter to the editor of U.S. News and World Report she wrote:

Your euthanasia issue arrived the weekend my aunt died of cancer. Once I asked her what it was like to live in suffering with death imminent. "Each morning when I open my eyes I thank God for another day of life," was her reply. Aunt Lillian spent her final months participating in life as much as possible. Her gratefulness in living and dignity in dying were reminders that death is inevitable for us all and life is a precious gift. Euthanasia is simply not a proper solution to suffering.[6]
Jack Kevorkian or Aunt Lillian? Who will define human dignity in the second millennium? You will. Clear-thinking Christians like you will determine whether people are treated like machines, or like the precious human beings God created them to be.

Your partner in the fight,

Gregory Koukl
President, Stand to Reason

1. "20/20," ABC, 2/14/92
4. Ibid.
5. AP wire, 7/30/92