Chapter 9 – Allowing Someone to Die, Mercy Death and Mercy Killing

General Overview
In this chapter the issue of euthanasia is examined. The author uses slightly different terminology. The standard terminology isn’t settled but instructors will have to make up their own minds whether the terms used here offer any advantages. In the US the development of hospice appears to have changed the nature of the debate and Jack Kevorkian is behind lock and key. In any case, this is a complex and fascinating topic and goes right to the heart of the difficult philosophical question regarding the meaning of life and death.

Class Suggestions
Many students will distance themselves from this topic and will not understand why someone may want to choose to die or why someone might ask for help in dying. This is because of a combination of factors including youth and lack of experience. Usually only those who have had some experience, most often in their own families, will be engaged by the topic. The challenge for the instructor then is to get a class of mainly 18 to 19 year olds thinking hard about this issue. One suggestion to make this relevant and closer to home would be to explain how developing technologies will almost certainly make this an issue for everyone in the class since someone in their family, perhaps the student themselves, will be faced with decisions like this. Showing a good video can bring the issue closer as can cases, preferable real ones (like the cases discussed in the chapter). Looking at the case of Jack Kevorkian could be an interesting project, as could a research report on the legalization of euthanasia in the Netherlands. Instructors could also try to find a use for the ‘advance directive’ photocopy in the textbook which is, I think, a very useful addition.
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**Key Concepts:** Euthanasia, Allowing Someone to Die, Mercy Death, Mercy Killing, Assisted Suicide, Passive Euthanasia, Active Euthanasia, Brain Death, Irreversible Coma, Right to Die, Ordinary Care, Extraordinary Care, Appropriate Care, Inappropriate Care, Advance Directive, Hospice

**Key Questions:** 1. How does mercy death differ from mercy killing? Is one more morally acceptable than another? Why or why not? 2. What are the arguments for and against mercy death? Is it morally justifiable in some situations? 3. Carefully examine the reasons for and against mercy killing. State and defend your position. 4. Do we have a ‘right to die’? Explain why or why not. 5. ‘Slippery slope’ or ‘domino’ type arguments are often used to oppose euthanasia. Critically evaluate this type of argument looking at the evidence for and against.

**Chapter Summary**

**Definitions**
Euthanasia – ‘good death.’ Author replaces euthanasia with allowing someone to die, mercy death and mercy killing.

*Allowing someone to die*
Allow patient to die natural death.

*Mercy death*
Direct action to terminate patient’s life upon request – assisted suicide.

*Mercy killing*
Direct action to terminate a patient’s life without the patient requesting it.

**Current legal status of mercy death and mercy killing**
Thirty-two States specifically prohibit mercy death (assisted suicide) and generally illegal under homicide statues. Mercy killing is outlawed in all states and most countries.

*Brain death*
Medically death now defined as ‘brain death.’ Heart and lungs may still function but little or no brain activity.

*Persistent vegetative state (PVS) or irreversible coma*
Distinct from brain death. PVS results from cerebral, cortex, neocortex or ‘front brain’ death. This controls cognitive functioning. More basic heart and lung systems still function unaided since controlled by the other parts of the brain. May be awake but no conscious interaction with environment.

*Allowing someone to die*
Die a natural death without interference from medical science. However, many are now aided by new technologies that raise issues of quality of life and end of life care, prompting claims that we need new ways of ‘allowing someone to die.’

*Arguments against allowing someone to die*
1. Abandonment of patients
2. Possibility of finding cures
3. Impossibility of options for death
4. Interference with God’s divine plan

*Arguments for allowing someone to die*
1. Individual rights over bodies and lives
2. Shortening of period of suffering
3. The right to die with dignity
Ordinary and extraordinary means

Extraordinary or heroic means
Starting or discontinuing rare, unusual, risky or expensive treatment. To what lengths should doctors go to save lives? In certain situations doctors are justified in using extraordinary means to save a patient’s life though they are not obligated to use such means indefinitely.

Ordinary means
Controlling pain and other symptoms, but rare cases are unclear.

Appropriate or inappropriate care
Defined by reference to patient rather than – as with ordinary and extraordinary – by reference to patients generally.

Patient self-determination act (PSDA)
Act of Congress (1990) stipulating rights of patients, especially the right to “formulate advance directives.”

Advance directives
Allow patients to state the kind of care they wish to receive if they become too ill to communicate their wishes to others.

The hospice approach to care for the dying
Hospice is most prevalent approach to ‘terminally ill’ in the U.S. Involves seven elements:

1. Comforting and caring for patients
2. A team approach
3. Pain and symptom control
4. Outpatient and home care
5. Humanized inpatient care
6. Freedom from financial worry
7. Bereavement counseling and assistance

Mercy death
Assisted suicide: Direct action taken to terminate life at patients’ request.

Arguments against mercy death
1. The irrationality of mercy death
2. The religious argument
3. The Domino argument
4. The justice argument
5. The possibility of finding cures
6. The Hospice alternative

Arguments for mercy death
1. Individual freedom and rights
2. Human rights versus animal rights

Changes in attitude to mercy death
Hemlock society and Dr. Jack Kevorkian have both continually advocated for mercy death.

Court decision

Pending legislation
AMA and government have opposed Oregon law.
Lack of autonomy of patients in medical care
Lack of autonomy of patients in medical care because physicians and pharmacists have control over drugs and technologies.

Health care personnel have practical forms of assisted suicide
Many doctors and nurses are already assisting in patient suicides.

Strong desire for greater autonomy and control over life and death
Patients who have terminal conditions often want autonomy to decide their own death, including physician assistance.

Suggested safeguards for mercy death
1. Permissive rather than compulsory or mandatory
2. A written request
3. A waiting period
4. Counseling
5. More than one doctor
6. Abuse of safeguards punishable
7. Assisted suicide should be painless

Other safeguards:
1. Judge approval
2. Bioethics committee

Although these two are restrictive, would make questionable mercy death very difficult.

Mercy killing
Direct action but not at patient’s request

Arguments against mercy killing
1. Direct violation of the value of life principle
2. The Domino argument
3. The possibility of finding cures

Arguments for mercy killing
1. Mercy for the ‘living dead’
2. Financial and emotional burdens
3. The patient’s desire to die

The possibility of establishing legal safeguards
If mercy death and killing were sanctioned they would be abused. Can establish safeguards against some but perhaps not all-possible abuse.