EUTHANSIA

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Slowly the door is opened and a middle-aged couple is led into a room by a nurse clad in white. The room is silent except for the heart like pulses of a cardiac pace-maker, an artificial heart. In the midst of a maze of tubes, artificial organs and respirators lies the form of a male youth. A youth who has been lying for four years in the living death of complete coma, an auto accident having crushed his cerebral cortex. Once a sturdy blond athlete of 16, now a baby-faced brunette seemingly 10 years old. All functions of the brain have stopped, food is supplied intrevenously, air and blood is forced into his still limp body. This is a sight seen everyday by his parents. His mother sobs, "My son is dead."

In another hospital over 4,000 miles away, a fragile, 80 year old spinster, judged by her doctor to be incurably ill with cancer, lay calmly in her bed with her family gathered around. All of her affairs had been put in order and the relatives were holding a brief service at her bed side. "I rely on you to see that I never wake up," she told her doctor. A few hours later she had passed away.

That final scene, which took place in Lancaster, England, a few years ago, precipitated a nation wide debate in England centered around the question "when is killing not killing?" Dr. Maurice Millard, her physician, was very surprised at the outcry and explained in Newsweek of May 18, 1959 that "My intention was not deliberately to kill her outright but to send her to sleep and see that she remained asleep until death took over. His sole object was to relieve unecessary pain.

This heart breaking struggle over mercy-death has become a standard drama in the hospital novels such as the Interns, by Richard Fredes. Physicians struggle constantly in the primary events of birth, procreation and death; these are their daily fare.

Because most people cannot face death, the problem of dying in dignity is seldom discussed. Bad words like "euthanasia" are never mentioned, but painful conflicts exist and persist. The feeling of guilt experienced by a certain man who watched his mother die with such relief that he hesitated to call for aid is but a lay version of what many doctors feel when they forgo some device that might have sustained a patient's life a little longer.

The problem of letting people go in merciful release is a relatively new one. It is the result of our fabulous successes in medical science and technology. Not long ago, when the point of death was reached there was usually nothing that could be done. Now, due to the marvels of medicine, all kinds of things can be done to keep people living long after what used to be the final crisis. For example, the cardiac pace-maker which can re-start a stopped heart, artificial respirators and kidneys, organ transplants, intrevenous feeding and many other devices which can prolong life and death. The problem of dying in dignity is a problem raised, not by medicine's failures, but rather by its successes.

The old problem of euthanasia was "May we morally do anything to put people mercifully out of hopeless misery." Due to these advances the new problem in euthanasia is"May we morally omit anything that we could do to prolong life and suffering." For doctors this dilemma challenges the Hippocratic oath, which commits them to increasingly incompatible duties; to preserve life and to relieve suffering.

This problem also arises from the advancements in preventive medicine. With the decreqse of, what in the past have been fatal diseases, most people fear the prospect of sentility far more than they fear death. Unless we face up to these facts, our hospitals and homes will become mausoleums where inmates exist in living death. You and I should think twice of Neitzsche's observation; "That in certain cases it is indecent to go on living, to vegitate in a state of cowardly dependence upon doctors and special treatments. For who is alive in the contrivances and contraptions? In such a puppet like state? The classical death-bed scene with its loving partings and solemn last words is a thing of the past. In its sted is a sedated, betubed object, manipulated and subconscious if not sub human.

However, it is an oversimplification to think of the issue as euthanasia and decide for or against it. Euthanasia, meaning a merciful death, may be achieved by direct or indirect methods. If direct, a deliberate action to shorten or end life, it is definitely muder under our present law. But indirect euthansia is another matter. It can take three forms; administering a death dealing pain killer, ceasing treatment to prolong a patient's death, or witholding treatment altogether. The first is illustrated by Dr. Millard and his use of seditives. The second would have been demonstrated by the removal of the equipment which forced life into the youth. And finally the third by the failure of the young man to summon help for uis mother.

But these three distinctions of indirect and that of direct euthansia is by no means clear. To me, a decision to not keep a patient alive is as deliberate as a decision to end life. A decision to withdraw a life sustaining treatment or to administer a death dealing pain killer is, to me, deliberate, if not direct and certainly has the same result - death. In the words of Kant, " If we will the end we will the means."

Although the distinction may be cloudy, doctors and laymen have asked the lawmakers to legalize direct euthansia, thus far unsuccessfully. One distinguished legalist, Glanvill Williams, suggested that since there is little immediate hope of having the direct method adopted, it may be more practical to try for a law to safe-guard doctors in the indirect forms of mercy death, which they may now practice anyway.

Such a measure would provide that a medical practitioner is not guilty of any crime if he has sought to speed and ease the death of a patient suffering from a painful and fatal disease. Doctors would have then the protection of the law, and freedom to follow their consciences. To bring this matter into open practice would harmonize the civil laws with the medical morals, which must be concerned with the quality of life and not merely its quantity.

The right of spiritual beings to use intelligent control over physical nature, rather than submit beast-like to its blind workings is at the heart of many crucial questions. Birth control, artificial insemination, sterilization and abortion are ways of fulfilling and protecting human values inspite of nature's failures. Therefore I believe that death control, like birth control is a matter of human dignity. Without it, humans become puppets. To understand this is to understand the error in the belief that life, such that it is, is the highest good. This belief betrays us into keeping vegetables alive and dragging the dying back to life, just bedause we have the means. Medicine has the duty to relieve suffering which is equal to that of preserving life, and not life that is merely physical.

Doctors who will not resperate monsters at birth, the start of life, should not long have to turn people into monsters at death, the end of life.