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America’s Hesitation of the Acceptance of Euthanasia

 Euthanasia, which is sometimes accredited to murder and homicide, is rapidly growing into a polarized debate in America that is argued with both a moral and constitutional basis. Euthanasia is the concept of ending one’s life by lethal drugs whenever and wherever the victim feels like they wish to die. This controversial subject has had a long history in America, but is now coming to light once again as a serious discussion in American politics. While some defend the idea of euthanasia by advocating agency over one’s body and the freedom to choose when to die, the majority of America still sees the idea as immoral and monstrous. Though there are situations in which euthanasia presents itself as the most moral option in consideration of terminal illness and pain, the United States and its people are not ready to accept the implications of the legalization of physician-assisted suicide. This sense of closed-mindedness stems from the concept of a “slippery slope,” which is the belief that individuals who are allowed or expected to end their lives, such as the terminally ill or severely handicapped persons, will be devalued to society. This dichotomy paves the road for discrimination and suicide based on rejection and expectation, because these individuals are seen as impure to or different than the rest of society. The history of euthanasia in America sheds light on the current movement and exemplifies the dangers of legalizing it.

 In 1894, Robert Ingersoll argued for euthanasia to be legalized in America, stating that adults suffering from terminal illness or cancer should have the right to end their prolonged suffering. It is suggested that his argument for euthanasia broke apart peoples’ moral obligations, and led the way for the definition of euthanasia to be stretched. This interpretation was broadened during the early years of the Great Depression when the movement, “caught fire, making [those] years the most pivotal juncture in the history of euthanasia in America” (Dowbiggin 32). The growth of the movement however was quickly diminished when the Nazi Party in Germany utilized the practice of euthanasia to ‘cleanse’ their society by forcefully slaughtering the handicapped, mentally ill, and used it as a final ‘solution’ to exterminate the Jewish race. This discredited many of the movement’s ideas and lost most of the short-lived popularity that it had gained. Throughout the decades of 1960 and 1970 however, the leaders of the movement including the Euthanasia Society of America (ESA) revised the wording of their agenda from advocating the right of the American people to end their life, to a gentler message of, “the autonomy of suffering; terminally ill patients deciding when and how their lives should end” (Larson, 1250) allowing for a wider moral acceptance of euthanasia. Along with the counterculture movement of the 1970’s, where people explored freedom and control of their bodies, euthanasia regained its momentum it once again. In 1994, the Death with Dignity Act was passed in Oregon by less than one percent of the population. This act defined the beginning of the legalization process for the euthanasia movement in America and still is today, “the only statute in the United States that currently authorizes physician-assisted suicide under limited circumstances” (Wingfield, 47). This reflects the rhetoric of current supporters in America which commonly depicts euthanasia as a modern way of dying.

 With an increasing interest in the concept of euthanasia, many individuals and groups have publicly supported the legalization in America, one of the most influential being, Jack Kevorkian, better known as “Dr. Death”. Jack Kevorkian was a physician obsessed with the idea of death, so much that he assisted over 130 patients to their deaths via lethal drugs. He was later arrested and served eight years of a prison sentence for second-degree murder, and died just a year ago in 2011. Though he was not the only current euthanasia activist, he made a significant impact on how euthanasia is perceived by the rest of society. Alongside Kevorkian, many groups promoting the right to die have sprung up in hopes to make real legal change on the issue. Such groups like the Hemlock Society, now known as, Compassion and Choices, hold the motto, “[Our] mission is to both provide information to dying persons who are currently considering hastening their ends, and to pass legislation permitting physician-assisted suicide with accompanying guidelines to prevent abuse” (“What we do”). The groups that have formed in the current movement have been largely successful in their efforts. Not only did the Death with Dignity Act pass in Oregon in 1994, but two cases, *Glucksberg* and *Quill,* managed to reach the Supreme Court. Though the justices voted in both cases in favor of keeping euthanasia illegal, there was a suggestion by the Supreme Court to, “shift the debate from federal courts into legislative chambers and the public square” (Larson, 1255). For a topic that impacts all Americans, it is beneficial for the pro-euthanasia movement to shift the debate into the hands of the American people rather than the judicial courts.

Oddly enough, there is very little resistance from the majority of society that stands against pro-euthanasia movements that publicly advocate and recruit their cause. Groups such as the Patients Rights Council, and True Compassion Advocates that oppose euthanasia are generally not publicly heard or known. These opponents of euthanasia, “still put too much confidence in the stability of traditional values, and they find it awkward to expound publicly the truths that in their view are self-evident” (Fenigsen, 73). It has been such a long standing tradition from a moral standpoint that life should be valued over anything else. This tradition is also deeply embedded in the values and constitutional ideas that America was built off of, which is seen in the justification of the Supreme Court justice’s decision in the *Quill* case: “[Our interests] include prohibiting intentional killed and preserving life; preventing suicide; maintaining physicians’ role as their patients’ healers; and protecting vulnerable people from indifference, prejudice, and psychological and financial pressure to end their lives” (Larson 1256). In other words, the government has always had the principles that somewhat oppose the ideas of euthanasia, as there are too many risks to outweigh the potential benefits in the court’s opinion. The uncertainty of what benefits and risks come with the legalization however, is exactly the reason why there is still political and moral debate today over the idea of euthanasia.

Though assisted suicide can be perceived as immoral, there are advantages that would come from the legalization of euthanasia. The most commonly promoted of these advantages is in regards to the terminally ill, who many believe – including four of the Supreme Court justices – should have the right to end their suffering at the time and place that they wish. Also classified under terminally ill, are patients who are in a permanent vegetative state and cannot speak on their own behalf. Taking the *Cruzan* case as an example, one can see that there are times where the only moral option is euthanasia. Nancy Cruzan was involved in a car accident in 1983, was resuscitated by the paramedics, and presided in a dormant coma, only staying alive by the slender feeding tube down her throat. It took Nancy’s parents seven years to reach the Supreme Court before finally being allowed to remove their daughter from life support (“Cruzan”). Had euthanasia been legalized, Nancy’s family would have been spared years of grief and sorrow.

In correlation with the idea that the terminally ill should have the legal right to voluntary euthanasia, some believe that it is unfair to physicians whose main priority is the relief of suffering of their patients, to make it illegal for them to suggest physician-assisted suicide as an option (Benjamin). Jack Kevorkian, being a physician himself had a much more radical view on the benefits of euthanasia. Kevorkian stated, when asked about rights for the terminally ill, “What difference does it make if someone is terminal? We are all terminal” (“*Dr. Jack Kevorkian*”). Kevorkian along with many pro-euthanasia societies believed that a benefit is the right to control when are where one dies, and have true agency over their own bodies. Though there are some skeptical that having the right to choose when to die is a benefit, there is an undeniable fact that legalizing euthanasia can save a significant amount of money.

As immoral as it is to put a price on anyone’s head, even the President of the United States agrees that, “the chronically ill and those toward the end of their lives are accounting for potentially 80 percent of the total health care bill out [there]” (Ross 1). End-of-life care is another heated issue of legalizing euthanasia in America as well. Though it has not been done nor acted on, there has been many debates and interviews with President Obama that suggest that offering voluntary euthanasia for patients in end-of-life care could save a large amount of tax payer dollars in addition to the option of limiting pain and suffering. There are many potential benefits to legalizing euthanasia (money being of least importance), but there are even large risks in doing so that the American people and the American government have not yet decided they want to gamble with.

There are dangers in legalizing euthanasia even just for the terminally ill. Reverting back to the *Cruzan* case, Nancy Cruzan’s parents finally attained permission to remove their daughter from life support only after they provided “clear and convincing evidence” that that is what she would have wanted (“Cruzan”). Legalized however, euthanasia could be left up to parents and decision makers, not all with the same moral beliefs and obligations, which further leads to fraud, murder, and unwanted or unnecessary assisted suicide. In addition to the terminally ill, it is commonly thought by pro-euthanasia movements that handicapped and mentally disabled persons would also be the first to be given the right to die.

There is no question that a developed society like America’s has more accommodations, advocacies, and support for people with disabilities than most places around the world. Because they are the largest minority group in the United States though, the severely disabled are also a vulnerable target to the pro-death agenda as they, “consume significant medical and other resources; they often have impaired quality of life and diminished autonomy” (Mostert, 75). None of these reasons justify however, the assisted deaths of many great people including veterans of the United States military that live with a disability. This kind of propaganda from the euthanasia movement demoralizes those with disabilities making them feel of less value to society and a burden to their friends, family, and fellow citizens. Though that kind of thinking may be accepted elsewhere in the world, it is clearly not moral or accepted in American society. Another worry that lingers in the debate of the legalization of euthanasia is the sure possibility of abuse of the right from those who do not need to exercise it.

Ian Dowbiggen, author of *A Merciful End* raises the question surrounding the right to die, “once legalized for the dying, who can be denied such a right?” (Dowbiggin, 34). This question is one that halts the pro-euthanasia movement when fighting the government. In the government’s opinion there is, “a big difference between withdrawing life-support and supplying life-ending treatment” (Larson 1256), and with their interest in “preserving life and prohibiting intentional killing,” the pro-euthanasia movement will not make progress in legalizing euthanasia unless it changes its agenda. Those against euthanasia are certainly justified in worrying about the abuse over the right to die when legitimate questions are raised such as: Would unscrupulous doctors use euthanasia to cover their malpractice? Would people with suicidal tendencies or those suffering from depression seek physician-assisted suicide before physiological help? Would the handicapped use euthanasia to lessen the burden they put on others? All are valid and pressing questions when speaking to the legalization of euthanasia, and as one can see there are many unknown consequences that can only be speculated.

Ultimately, America is not ready for the legalization of euthanasia. Its people are engulfed in the traditions that the country was built on, and are not open or willing to accept this new ‘modern’ way of dying as euthanasia supporters put it. A big contribution to America’s rejection of euthanasia is the fear of a slippery slope that seems so likely to happen if it is legalized. The slippery slope is the idea that starts with the legalization of euthanasia. When people are allowed to choose freely to end their lives, others will feel pressured, such as the handicapped, mentally ill, or depressed to end their lives as well. Legalization of euthanasia for these specific groups only would still give them the idea that they are of lesser value to society. After America realizes that some people feel of lesser value, they will begin to see groups of people as inferior and not fit to live. When some people are viewed as expendable, other groups will be seen as disposable as well. This will be coupled with an increase in discrimination and persecution between racial, ethnical, and physical attributes. The fear of this slippery slope however is just one reason behind America’s refusal of a desensitized view of death.

Another part of this stubbornness to accept euthanasia is the fact that America has developed enough to give the people enough sense of control and freedom over their lives and bodies while still maintaining domestic tranquility, so that the majority does not feel the need to choose when they need to die. They see through the pro-death movement as a, “stealthily destructive act, because it masquerades as compassion and care, a deceptive logic declaring that death-making is for the best, an act of true and unselfish benevolence, and a way of acknowledging that because life isn’t the same as it used to be, it needs to be terminated” (Mostert 74). The ability of Americans to see through the agenda of euthanasia shows their content with their way of life, and their content with their current unalienable rights.

Through all of the political and moral battles fought over the legalization of euthanasia, it would be ideal to think that everyone could agree on legalization for those only with a serious terminal illness, but the debate stretches on and will for quite a while. With President Obama elected to another term in office, and expected to appoint two more justices to the Supreme Court, Obama’s stance on euthanasia will determine the amount of progress that will be made during the next four years. Though Obama does not have a clear stance on euthanasia, there is hope for pro-euthanasia societies. With end-of-life care accounting for almost eighty percent of the total health care bill, Obama may very well give a fighting chance to the idea of legalizing euthanasia. He could further speed up the process towards legalization by appointing two Supreme Court justices with similar ideas as him (Thomas 2). The legalization of euthanasia, though helpful to Obama’s budget deficit, is a long ways away. The United States and majority of its people are simply not ready to accept the chaotic slippery slope implications of the legalization of physician-assisted suicide; they simply do not want, to not fear death.

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