GEORGETOWN UNIVERSITY
SCHOOL OF CONTINUING STUDIES
BACHELOR OF ARTS IN LIBERAL STUDIES PROGRAM
ELECTRONIC THESIS RELEASE FORM

Student name: Wanda Ernestine White
Thesis title: Cancer patients facing imminent death: A case for active euthanasia

I hereby grant to Georgetown University and its agents the non-exclusive license to archive and make accessible my thesis in whole or in part in all forms of media, now or hereafter known. I retain all ownership rights to the copyright of the thesis, including the right to use it in whole or in part in future works. I authorize Georgetown University to archive my electronic thesis and to release the entire work immediately for access worldwide.

Author signature: [Signature]
Date: 4/4/17
GEORGETOWN UNIVERSITY
SCHOOL FOR SUMMER AND CONTINUING EDUCATION
UNDERGRADUATE LIBERAL STUDIES PROGRAM

The thesis of WANDA E. WHITE entitled
Cancer Patients Facing Imminent Death: A Case for Active Euthanasia

submitted in partial fulfillment of the requirements for the degree of Bachelor of Arts in Liberal Studies in the School for Summer and Continuing Education of Georgetown University has been read and approved.

[Signatures]
Mentor(s)

[Signature]
Director, Liberal Studies Program

April 30, 1991
Date
Cancer Patients Facing Imminent Death: A Case for Active Euthanasia

A Thesis

submitted in partial fulfillment of the requirements for the

degree of

Bachelor of Arts in Liberal Studies

By

Wanda Ernestine White

School for Summer and Continuing Education

Georgetown University

Washington, DC

April 22, 1996
ABSTRACT

The intent of this thesis is to explore the use of active euthanasia in terminally ill cancer patients. Although the medical profession is obligated to preserve the sanctity of life, I believe that in extenuating circumstances such as that of a terminally ill cancer patient that is facing imminent death, that it would be inhumane not to put them out of their misery.

In an attempt to explain why I feel so strongly about the issue of active euthanasia in specific medical circumstances, I will explore in some detail what cancer is, how it is developed, and who is more prone to get it. After laying down the foundation of the disease, I will then explore the problems that plague the medical profession with regards to active euthanasia by consulting documents such as the Hippocratic Oath and the American Medical Association guidelines that all physicians are required to abide by. I will also consult some of the major contemporary philosophers of our time Professor James Rachels and Dr. Lisa Soule Cahill, both are well versed in the areas of ethics, human values, and euthanasia in order to assert my belief that active euthanasia in certain cases should be an option. The problem is that in certain instances, human values, and health care professionals tend to clash. The health care professional takes a Hippocratic Oath to preserve life, and for all
intense and purposes that is what they do. However, the Hippocratic Oath does not deal with the issues of humility and mercy.

As we all know, everyone at sometime in their life will be faced with death. Everyone hopes to die of natural causes i.e., old age. A good death for most people would be dying in your sleep or something of that nature. A good death is dying free of pain. A good death is a death which is not anticipated, or prolonged.

Humility and mercy are essential components of being a good person. Some people might argue that human values does not deal with humility and mercy, that human values deal with ethics.

I respectfully submit that there are rules that all of us most follow throughout our journey in life. However, nothing is plain and simple, or black and white. Yes we must adhere to the rules and standards of ethical conventions. We must never get so hung up in the rules and standards that we are unable to see the inevitable. That we are unable to see what is right, or what must be done, and more importantly, what is human and merciful.
ACKNOWLEDGEMENTS

This has been a very hard road traveled. I would like to thank God for getting me through this program. I would like to thank my grandfather Martie Brown for supporting me throughout the program. There have been days when I know in my heart that my grandfather was supporting me from the heavens above. Rest in peace grandfather because I finally did it. I would like to thank all of my professors, because they were all outstanding scholars. Specifically, I would like to thank my mentor for putting up with all of my triles and tribulations. Dr. Terrence Reynolds you went above and beyond the call of dutie. Bless you sir. Dr. Phyllis O’Callaghan, what can I say, you’re a tuff cookie. I am honored to have been a participant in your program. My reference to anyone in the future will be the same as always, that Dr. O’Callaghan is a no-nonsense kind of person who expects the best out of all of her students.

To the students with whom I have cried, and laughed good luck in the future. Sheila, Monica, and Colette thanks for putting up with me. Good luck to all the future Liberal Studies Students this program is worth every tear that you might shed.
DEDICATION

This thesis is dedicated to the memory of my grandfather Mr. Martie Brown.

After writing this paper I understand more than ever why you chose to do what you did.

I love you now and forever.
Cancer Patients Facing Imminent Death: A Case for Active Euthanasia

INTRODUCTION 1

Chapter

I. The Meaning Of Life 3
II. When The Quality Of Life Starts To Fade 12
III. The Final Curtain 14
IV. Conclusion 29
INTRODUCTION

It is the intent of this thesis to discuss in detail the ongoing ethical debate over active euthanasia, specifically active euthanasia with regards to terminal cancer patients facing imminent death, and the ethical questions that beset the medical profession. The medical profession is committed to preserving lives, however, there are ethical considerations which may allow exceptions for specific situations. My thesis argues that active, voluntary euthanasia should be permitted in specific cases where a patient is terminally ill from cancer and death is imminent.

In reflecting on the quality of life and the suffering of the terminally ill cancer patient, I will indicate why many of them come to regard euthanasia as an option. In addition, I will also examine the ethical arguments that make euthanasia a particularly troubling issue in the medical profession. For ethical and legal reasons, the medical profession stands firm that euthanasia should not be an
option. However, in presenting my case, I will reflect on both my personal experience with the dying and on ethical arguments in favor of active, voluntary euthanasia in a very limited range of cases. In addition, I will argue that active euthanasia can be viewed as a humane and Christian response to the sufferings of a cancer patient facing imminent death.
THE MEANING OF LIFE

No two cancers act alike in the human body. No two patients with cancer are alike. For this reason society and the medical profession must treat each and every case as if it is new. Every rule does not apply in every case, and for this reason it is in everyone's best interest to leave the door open to the possibility of active euthanasia as an option for the desperately ill.

Euthanasia is a word of Greek origin that means the good death.¹ As someone who has worked in the medical profession for a number of years, I respectfully submit that dying of cancer can be the ultimate expression of a bad death. For a terminally ill cancer patient at the close of life, euthanasia may offer a good death compared to the alternative of horrendous pain and agony. Active, voluntary euthanasia is defined as a deliberate attempt to help end a patient's life with the permission of the patient or the family.²

²Downing and Smoker, 31.
Active euthanasia is a hot ethical topic because there are many ethicists with varying view points on why active euthanasia in terminally ill cancer patients should not be permissible.

3In Church Dogmatics, Karl Barth rejects the notion of active euthanasia as an option. He uses the creature, and the Creator theme to explain his views. In his view, the creature is the patient, and the Creator is our Higher Authority or God. Barth says that we as creatures do not have total control over our lives because our lives are ultimately not our own, and for that reason it would be inappropriate to participate in active euthanasia. The Creator is the only one with the appropriate authority to cancel life, so the creature has no authority directly to dispose of life.

Barth’s views are also echoed by other Christians as well. Pope John Paul II. says in the Declaration of the Sacred Congregation for the Doctrine of the Faith (5/5/80) that human life is

the basis of all values; it is the source and indispensable condition for
every human activity and all society. Christians must regard life as a
loving gift from God, and must always work to preserve it. St. Paul
says, that while we live we are responsible to the Lord, and when we
die we die as his servants. Both in life and in death we are the
Lord’s. As a result the Pope argues that active euthanasia is always
morally wrong. One may comfort a patient and even withhold
unnecessary forms of treatment to hasten the arrival of death, but one
cannot directly take the patient’s life under any circumstances.

When some patients lose their self identity to cancer, they no
longer feel validated as the human being they once were. Once
cancer patients no longer have the ability to express themselves, or if
they lose their own distinctive identity, that which makes them
unique, then they have lost a big part of the battle with cancer. The
battle to fight cancer is not only based on physical endurance. It is
based on mental strength as well. However, I believe that

---

4Lammer and Verhay, 168
depending on one's illness, an individual can die spiritually and mentally and still be breathing. When a situation like this occurs, and the patient or patient's family agrees, then I believe that euthanasia is an appropriate action to take.

The notion of a fulfilling life is different for everyone. Some people believe that life is worth living when they are hooked to respirators. Some people believe that life is worth living when they have missing limbs or nonfunctional body parts. I believe people are living when they are doing what they believe are positive, productive things with their lives. When people have spirit, drive, and motivation, then that is living, that is what constitutes life for me. When a person is facing imminent death and has no realistic hope of recovery, then that individual's life has been reduced to nothing more than a moving E.E.G. line. There are many individuals who might consider euthanasia, whether passive or active, a form of suicide which, from a religious point of view, would be a sin against God. However, I believe people have every right to seek an end to their own lives if the quality of life for them has been reduced to a
moving E.E.G., and death is imminent.

A cancer patient who elects not to participate in a chemotherapy protocol to preserve his/her life, but chooses to go home and wait to die, would not be an example of active euthanasia because the patient is not seeking a direct end of life. While some people might consider not going through chemotherapy as suicide, technically it is not suicide, because the patient is not killing himself/herself. The cancer is the agent of death, and the patient is simply choosing not to fight against the cancer’s inevitable victory.

In a world of videos, computers, and lasers, the nineties have become the “you can do anything” decade; that is, anything except keep terminally ill cancer patients from suffering unmercifully. Terminally ill cancer patients contend with a tremendous amount of pain and agony before they eventually die. This pain and agony is so intense and so severe that a great many of them have actually begged to be euthanised.

Medical professionals are persons who have dedicated their lives to helping to keep other people alive. However, the quality of
the patient's life and the patient's own wishes should play a paramount role in whether or not the patient is truly living life to its fullest potential. For some people it is just not enough to be breathing; they have to be able to move and to experience the joys of life. Simple things like smelling flowers or taking a walk in the park becomes very important actions for a cancer patient.

Death, no matter how it occurs, is tragic. It is tragic for its victims, and for the family the victims leave behind. The subject of euthanasia raises some especially sensitive issues about death and dying. There are many different views on the issue of euthanasia. Many different philosophers and theologians have distinguished suicide from euthanasia in an attempt to explain why one might prefer one to the other. Often physicians can prescribe drugs to make a cancer patient comfortable. What does is increases the patient's tolerance level for pain. Being able to withstand the pain of cancer via medication does have its own price tag. Usually patients lose coherence, in the sense that they do not feel competent or aware of their surroundings.
Cancer medications have to be powerful, and these powerful medications alter the state of one’s mind. “Medications such as morphine, dilaudid, and duragesic are the main drugs of choice to aid in pain control for cancer patients. While morphine, dilaudid, and duragesic are extremely helpful in pain reduction, this does not come without a price.” There are some severe side effects associated with the use of some of these drugs. For instance, the duragesic patch takes at least twenty-four hours before the pain killers kick in. During the wait time for the patch, patients are put on controlled narcotics such as Percoset. The side effects of these narcotics include sedation, lethargy, lower blood pressure, dry mouth, constipation, and sometimes disorientation or confusion. In addition, addiction is always a strong possibility with the use of controlled narcotics.

Terminally ill cancer patients go through a tremendous amount of pain, both physical and mental. There is also a

---

5Owen, D.C., “Nurses Perspectives on the Meaning of Hope in Patients with Cancer: A Qualitative Study” *Oncology Nursing Forum* 1(Jan.-Feb.): 57-61.
tremendous burden on both family and friends. Cynthia Donovan, R.N., Nurse Coordinator for Lombardi Cancer Center at Shady Grove, recently told me about the problems that occur in a terminally ill cancer patient's life. She told me that if the family is not wealthy then the patient will probably deplete a large amount of its savings.\(^6\) Health insurance is an essential part of the treatment, but insurance companies generally have a ceiling on how much money they will spend on one illness. This is a lot of stress for a person to endure knowing that he/she is facing death anyway. Nurse Donovan also said "that because cancer is so devastating to the body and the mind, in recent years it has become necessary for the medical profession to reevaluate the way cancer patients are treated."

Because there are so many issues involved it has become necessary to develop support groups to address specific issues that occur in the life of a cancer patient." The support groups are

\(^6\)Donovan, R.N., Cynthia, personal interview, September 1995.
basically a coping mechanism in which the patient is taught how to live with cancer.
WHEN THE QUALITY OF LIFE STARTS TO FADE

When an aggressive cancer takes over the body, it eats away at the organs that it has infected; when this happens, then the quality of life starts to fade. Chemotherapy and radiation are no longer useful to the patient. There comes a point when the treatments do a terminally ill cancer patient more harm than good. When this occurs, then all treatment is stopped and the patient is sent home. The patient can be placed in a hospice care center, or he/she can be sent home depending on the availability of a family member or friend willing to perform a bedside watch of the patient for changes or problems that may occur. It is at this point that tension becomes higher than usual for both the patient and the family and friends.

According to Susan Spaulding, R.N., director of the Montgomery County Hospice Program. “When a patient is sent home because the medical protocols have been exhausted, this becomes the most difficult time for everyone involved. The family begins the difficult task of reflecting, and saying their goodbyes. Generally, the spouse of the patient does not get the luxury of being
able to reflect, and say their goodbyes, because they are still acting in the role of caregiver up until the end.”

The spouse and the hospice nurse usually stay by the patient’s side to make the patient as comfortable as possible. The hospice nurse visits every day for a few hours to give injections, take vital signs, and update the physician on the patient’s progression towards death. The hospice nurse can generally give an estimated length of stay on the patient. The nurse takes into account the disposition of the eyes, the smell of the patient, and the overall look and tone of the patient to judge how much time is left.

It is when a spouse can no longer stand to see a loved one in pain that doctors often get frantic calls asking for a lethal dose of some sort of drug. During this time, the patient is in so much pain that the morphine, which is designed to help ease pain, is no longer effective. In some cases the patients themselves actually ask to be

7Spaulding, R.N., Susan, Director of Montgomery County Hospice, personal interview, August, 1995.
put out of their misery by lethal injection or other means.
THE FINAL CURTAIN

When the final curtain comes down on one’s life, there is sometimes a great deal of pain and agony involved. No one disagrees with the fact that terminally ill cancer patients endure a tremendous amount of pain and suffering before they finally pass away. However, the conflict arises about what should be done to end a person’s pain and suffering.

Often times cancer patients get so fed up with their pain that they actually refuse any more medical care. They go home and wait to die in the hopes that the lack of medicine will accelerate their dying and put them out of their misery. This exercising of a patient’s right to refuse treatment is a form of passive euthanasia. In fact, doctors will often send patients home telling them that there is no more that can be done for them. This is the reverse of the patient’s refusing treatment; it is the doctor waiving any more medical treatments. Both of these situations are acceptable avenues to explore according to the American Medical Association, and the Hippocratic Oath.
Doctors are under a strict code of ethics with the AMA and with its ethical bible known to most as the Hippocratic Oath. The AMA has no ethical objection to refusal of treatment by a patient or physician for humanitarian reason, but it does not endorse active euthanasia.

A terminally ill cancer patient cannot be actively killed in an act of humanitarianism because of the Hippocratic Oath. The Oath and medical ethics do not allow for actively laying on of hands to a patient to end his/her life. Accordingly, any active involvement would mean that the patient did not die of cancer, but from some outside force, which in this country would be considered murder, not euthanasia. However, I submit that active euthanasia in terminally ill cancer patients is an acceptable ethical and moral option.

Ethics, human values, and medicine have been in conflict with one another for many years.⁸ Medicine is the science of man.

Ethics and human values are science of the soul. The major reason for the conflict within the medical profession on the issue of active euthanasia is the fact that all doctors must take the Hippocratic Oath in order to become practicing physicians.

The Hippocratic Oath reads as follows:

"I Will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel, and in like manner I will not give a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption, and further, from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!"

The Hippocratic Oath basically states that health is a good and

---

the physician, when practicing medicine, is to pursue this good in a proper manner or in a way that only benefits the patient and is not harmful to him/her. The Oath also gives certain directives on actions that are not to be taken: 1) I will give no deadly medicine, 2) I will not abort fetuses; 3) I will abstain from every voluntary act of mischief and corruption; and 4) I will keep secret what passes between my patient and myself.

Thus, the Oath calls on people who enter the profession to commit themselves to certain fundamental values. From the four directives stated above, we find values such as the following: 1) It is excellent to commit oneself to the pursuit of life; 2) It is a fundamental principle that one should not action against the good of life for any reason, 3) In medical practice, one should guard the goods of truth and honesty, and 4) In the medical profession, one must protect the goods of friendship and trust. There is a long classical tradition that maintains one should never directly act against these and other basic fundamental moral principles. The Hippocratic Oath clearly is in conformity with this tradition, in such
a way that even today it is said that “moral requisites of a high standard were recommended, if not exacted, by the Hippocratic.”

The same principled mode of thinking is in other statements of medical ethics and ideals, e.g., the American and the World Medical Associations’ Codes of Medical Ethics, both of which have very similar standards. These documents insist on a firmness of principle in their guidance of professional conduct. Accordingly, there are certain deeds that fail to respect certain basic human values and so are not to be done, even if doing them would be useful and convenient ways of achieving what is clearly desirable.

Although these doctrines are exact in their statements, they are old and outdated to say the least. None of these documents takes into account the severe nature of certain illness, mainly cancer. Clearly the Hippocratic Oath needs to be re-written to reflect what is true in the nineties.

\[\text{\textsuperscript{10}}\text{Bourke, 120.}\]
Physicians have been performing abortions regularly without repercussions. If it were up to the Oath these physicians would be in direct violation of it, but of course in today’s times, patients, physicians, and administrators allow for procedures that have to be done out of necessity.

Dr. H. Pitney Van Dusen, former president of Union Theological Seminary, says "that he does not think there is any other profession that is wedded to such an ancient document, not even the clerical profession with its Ten Commandments." If we really reflect upon euthanasia as a whole than we could actually say that doctors perform passive euthanasia every time they send a cancer patient home to die. They allow the patient to die by not continuing therapy.

Dr. James Rachels, a philosopher at the University of Alabama, argues in his essay "Active and Passive Euthanasia" that

---

the cessation of treatment that the American Medical Association allows is intentional termination of life; if this the case, letting die is morally no different that giving the patient a lethal injection. Once the initial decision not to prolong a patient's agony has been made, active euthanasia is actually preferable to passive euthanasia, rather than the reverse. To say otherwise is to endorse the option that leads to more suffering rather than less and is contrary to the humanitarian impulse that prompts the decision not to prolong the patient's life in the first place.\textsuperscript{12}

Not only is active euthanasia a viable option, but some experts think that it should be legalized. In Great Britain, The Voluntary Euthanasia Society has been fighting for a number of years to make the act legal. Dr. Peter Singer, a philosopher at Monash University (Australia), says in his essay entitled \textit{Justifying Voluntary Euthanasia} that voluntary euthanasia is morally justifiable and that it should be a legal option for a terminally ill patients.

\textsuperscript{12}Weir, 247.
He says "that there should be a legal document that the patient who is of sound mind and body should be able to sign giving the physician full release of liability, and full consent to perform active euthanasia if at some point in the patient's treatments the patient is terminally ill, and in severe pain." "In addition, Singer gives some guidelines that he believes should be followed:

1. The patient's medical condition appears irreversible

2. The patient has intractable pain or other intolerable condition.

3. The patient is unable to commit suicide

4. The patient prefers death to continuation of intolerable life

5. The patient requests to be killed

6. The physician (or someone) intentionally kills patient

7. The moral agent's motive is compassion or mercy"\textsuperscript{13}

\textsuperscript{13}Weir, 247.
From an ethical standpoint, human values are all based on life itself. Life is a basic value corresponding to the drive for self-preservation. One seeks this value also when pursuing what perfects or fulfills life, such as health, safety, and the avoidance or removal of pain. If this is the case, then we can safely say that a life filled with severe pain and misery may be so severely impaired that it can no longer serve as a foundation for other values. Human values are based on humans valuing life, and once that has ceased to exist, then we must look at alternatives for that individual.

Dr. Lisa Sowle Cahill concurs with my statement. In her essay *A Natural Law: Reconsideration of Euthanasia* "She writes, Aquinas refutes murder in no under certain terms because of the Sanctity of Life." However, Dr. Cahill says “that prolonged physical and mental torment can lead to a form of rebellion against God. Sometimes we must yield to greater values. If death is for this person the better alternative, there exists sufficient reason for causing it. Deliberately caused death is not so great an evil that it can never
be outweighed by greater goods."\textsuperscript{14}

Cahill argues that life is no longer worth preserving if death is imminent and the patient cannot interact with or love other people. If a patient is so riddled with pain that they are no longer capable of giving or receiving love which is God's ultimate good, then they should be allowed to choose active euthanasia.\textsuperscript{15}

In addition, Cahill argues that the patient has a right to be freed from severe pain and suffering, and that if the patient is no longer able to nurture a loving relationship, as God directs us to do, then the patient has a right to die.

In essence, the patient is being spared the pain and the indignity of not being able to live a fruitful life as God directs. In ethics, unlike medicine, respect for life does not always justify prolonging it. Respect for life often means acknowledging when that

\textsuperscript{14}Lammer and Verhey, 165.

\textsuperscript{15}Lammer and Verhay, 160.
life is no longer functioning properly.

Cahill contends that if a terminally ill cancer patient is suffering to the point of life not being worth living, then we can no longer keep the patient alive for physical, spiritual, or even moral reasons because the patient is no longer adhering to the physical, spiritual, or moral components of life. In fact, intense physical and mental pain can in some instances make a patient rebellious against God.

When death is imminent, in a terminally ill cancer patient then it does no one any good to prolong life. We must concern ourselves with the entire person, and not just physical existence. When human values are no longer in existence, then and only then can we justify direct intervention in a patient's pain and suffering. Cahill states, and I concur, that the totality of personhood is the main issue regarding euthanasia.\textsuperscript{16}

\textsuperscript{16}Lammer and Verhay, 168.
Ethically speaking, no one has the right to take someone’s life just for the sake of taking it. Ethical issues and moral issues will continuing to surround the notion of active euthanasia. It can be a very scary option to consider. I firmly believe that active euthanasia is a useful tool within the medical profession provided that it is used properly, professionally, and ethically. Even religious leaders would have to concede that it can be morally and spiritually unjust to have someone suffer unmercifully for no reason, especially if we know for certain that the person is not going to get better. Many people have argued that you never know if a person will get better or not.

Although many religious figures are opposed to euthanasia, one religious figure favors it in specific cases. Glanville Williams is a Fellow of Jesus at Cambridge University, and although he is a student of religion, he is in favor of euthanasia in specific cases.

The essence of William’s argument in favor of voluntary euthanasia in the terminal stages of painful disease such as cancer centers on human values. That is, Williams is in favor of voluntary euthanasia because he values human beings, and human life.
He believes that prolonged life, in the last stages of agony, weakness, and decay, is cruel, and in the religious realm cruelty is considered evil. If this is the case, then it is impossible not to endorse euthanasia under these circumstances. Opposition to it would indicate cruelty, which is certainly in conflict with Christian ethics.\(^{17}\)

Williams brings up a point in his argument for voluntary euthanasia that very few other authors have addressed. Williams believes that the family that is watching a loved one die a painful death may also suffer horribly and may develop problems and side effects from such a wrenching experience. This may in itself destroy the family mentally, spiritually, and emotionally. This outcome may in some way be mitigated if the patient is not forced to endure agony in his/her final days.

Williams also addresses the issue of liberty for the patient. A dying patient is still a person and as such has the right to liberty. The

\(^{17}\text{Lammer and Verhay, 185.}\)
legal hierarchy should not be in the business of repressing one’s liberty, unless that liberty is coming into direct conflict with social justice. There is no social injustice at all in ending, or accelerating the end to, a terminally ill cancer patient’s life when that patient believes that life has no positive value for him/herself, the family, or society.\textsuperscript{18}

In discussing the patient’s liberty we must also address the liberty of the physician. In terminal cancer cases, there often does come a time where the doctor can no longer help the patient. The patient is not responding to treatment or the patient has simply asked not to undergo any more painful, useless treatment. It is a gross repressing of liberty for the doctor not to be able to help the patient make a graceful exist.

Accordingly, Williams states that “it is the doctor’s responsibility to do all he can to prolong worthwhile life, or, in the last resort to ease his patient’s passage. If the doctor honestly and

\textsuperscript{18}Lammer and Verhay, 170.
CONCLUSION

sincerely believes that the best service he can do for his suffering
patient is to accede to his request for euthanasia, it is a grave thing,
that the law should forbid him to do so.”

Williams concludes, and I concur, that while voluntary
euthanasia is not generally accepted by the religious, public, and
legal societies, it is accepted quietly, behind the scenes, by individual
physicians.\textsuperscript{19} If a terminally ill patient facing imminent, agonizing
death asks to be accelerated to the end of his/her life, then the
patient, as well as the physician, has a right based on life, liberty, and
the pursuit of happiness to be obliged in that request.

There are a number of people that have argued against
euthanasia for a variety of reasons, misdiagnosis, rush to judgements
of a patient’s ability to recover, and abuse of power are a few reasons
that the medical profession does not publicly endorse euthanasia.

Tom L. Beauchamp, professor of Philosophy and Senior Researcher

\textsuperscript{19}Lammer and Verhay, 172.
with the Kennedy Institute of Ethics at Georgetown University, argues against active euthanasia for a number of reasons in his essay *Killing and Letting Die*. He fears that there may be abuses within the system that allows for active euthanasia. He says that if euthanasia is an option, it could very well divert attention and resources from other strategies that may be effective for the patient. In addition, he says that a patient could be wrongly diagnosed as hopeless.²⁰

During the final stage of the patient’s life, the pain seems to intensify, or maybe the patient becomes so weak that the pain just feels as though it has intensified. It is during these stages that Dr. Kevorkian has come under considerable legal, and ethical attack for assisting ill persons in suicide. I am in no way endorsing the techniques of Dr. Kevorkian because he does not limit himself to specific cases of imminent death. Dr. Kevorkian is a suicide doctor for hire by anyone who wants one, and I certainly do not endorse

those kinds of actions. He says that he has never assisted anyone in
dying that did not want his help. Ethically speaking I do not
believe that this makes his practices acceptable by any means. In his
practice imminent death is not certain, and for this reason his
methods are considered questionable to say the least.

Many ethicists argue that the wedge theory is a major concern
in having doctors perform active euthanasia. The “wedge theory” is
a term given to the proposition that if we allow for one specific
situation of active euthanasia, such as in the case of terminally ill
cancer patients that eventually the medical profession will wedge the
parameters for this procedure and open the door wider to include
other cases. Hence, the wedge theory is also called the “slippery
slope” theory as well.

My response to that is we know pretty much if a person is not
going to recuperate from an illness such as cancer. There is always a
possibility that the patient could get better, but it is a much stronger

probability that the patient will die. If there is a sincere fear that
doctors will abuse euthanasia, then the problem is with the doctors
not with the issue of euthanasia itself. In the case of terminally ill
cancer patients, all of these patients should be treated with respect
and dignity. There is nothing dignified about lying in a bed smelling
bad, feeling bad, and praying that someone will have mercy on you
and end the pain that you are enduring.

To further illustrate my point, James Rachels states that the
American Medical Association does endorse euthanasia in that it
does allow for doctors to discontinue treatment on a patient facing
imminent death. The doctrines read as follows:

"The intentional termination of the life of one human being by
another--mercy killing-- is contrary to that for which the medical
profession stands and is contrary to the policy of the American
Medical Association. However, the cessation of the employment of
extraordinary means to prolong the life of the body when there is
irrefutable evidence that biological death is imminent is the decision
of the patient and/or his immediate family. The advice and judgment
of the physician should be freely available to the patient or his immediate family”.  

Because of ethical, and legal issues, the medical profession stands firmly against active euthanasia as an option, but I believe otherwise. No two cancers act alike in the human body. No two patients who have cancer act alike, and for this reason we must treat each and every case as if it is new. Every rule does not apply in every case, and it is in everyone’s best interest to leave the door open for the possibility of euthanasia as an option.

I believe that it is more humane to perform active euthanasia on a cancer patient who faces imminent death. This process is a positive factor for the family, patient, and the medical professional as well. We cannot save everybody. From a religious standpoint, we must understand that not everyone can be cured. I do not agree with the belief that if you endure a lot of pain when leaving this world,

that you are somehow more accepted by God. As it says in the Bible, God is a merciful God, a forgiving God. If this is the case, then God would understand the performance of active euthanasia under these circumstances.

No matter what the ramifications are, whether spiritual, ethical, or moral, I respectfully submit that active euthanasia in terminally ill cancer patients facing imminent death is a practice that must be considered, if we are to call ourselves a civilized society.
BIBLIOGRAPHY


Lea Lipshitz, Her Soul Beneath The Bone, (Urbana, University of Illinois Press, 1988).


Spaulding, R. N., Susan, personal interview, Director of Montgomery County Hospice Association, August 1995.