

# 'Passive Euthanasia' Stirs Wide Discussion

Public attention is beginning to be directed — through euthanasia movements and a new medical specialty—on the time for death and "the right to die with dignity."

To a growing number of people — religious leaders included — the right to die is as valid as the right to live. They maintain that when the body is supported after the person is gone, this basic right is denied.

"The supreme value in our (Judeo-Christian) heritage is placed on the personhood of man, the person in his wholeness, the person in his freedom, the person in his integrity and dignity," says the Rev. Robert B. Reeves, Chaplain of Presbyterian Hospital in New York City.

"Hence," he adds, "when illness brings a person to a state in which he is less than a free person, less than one with integrity and dignity, then what is most valuable and precious is gone, and we may well feel that his mere continuance by machine or drugs is a violation of him as a person."

The question of responsible control over dying has become acute of late, thanks to the advances of medicine and technology. The marvels of modern medicine can keep a dying patient alive for a few more weeks, or days, or hours. But there is a growing conviction that employment of such "life-prolonging" techniques and procedures can be needlessly cruel — prolonging the patient's suffering and creating a crushing emotional and financial burden for the family.

One consequence of this situation has been the flowering of organizations devoted to spreading a "gospel" of "natural" death.

Two such organizations in the U.S. are the Euthanasia Educational Fund and the Euthanasia Society of America, both with

headquarters in New York City. The Educational Fund is an organization with a public information function; the Society, an action group, pursues a policy which may involve legislative activity. They have the same officers, with distinct boards of directors.

To many people, the term "euthanasia" is equivalent to the term "mercy killing," which in turn is usually associated with the Nazi program of killing mental defectives, invalids and the incurably sick.

But both euthanasia groups carefully distinguish between "active euthanasia" (mercy killing), where a drug or other treatment is administered to cause death, and "passive euthanasia" in which therapy is withheld and death occurs because of omission of treatment.

Neither organization espouses active euthanasia. But, in the words of Mrs. Henry J. Mahi, president of the organizations, "We advocate passive euthanasia, the removal of supportive measures where there is no reasonable hope for real recovery. Our aim is to humanize the treatment of terminal illness so that death may come gently."

The goal of the groups parallels the goal of a new medical sub-specialty, thanatology (from the Greek word, thanatos, death). Dr. Herman Feifel, a professor of psychiatry at the University of Southern California and author of "The Meaning of Death," says the aim of thanatology is "to assist the (dying) person to recreate a significant being for himself, whether it be existential, inspirational or transcendental... to be an individual even though dying."

Thanatologists, in sum, would like to remove the dying process from its often depersonalizing, mechanical context, and make it more human and humane.

Most religious groups condemn active euthanasia, especially the Roman Catholic Church.

Last October, Pope Paul VI said in a statement to the International Federation of Catholic Medical Associations meeting in Washington, D.C., that euthanasia "without the patient's permission is murder, and with his consent, suicide." "What is morally a crime cannot, under any pretext, become legal," he added.

But the pontiff, in the same statement, reiterated the doctrine expounded by his predecessor Pope Pius XII approving of passive euthanasia.

Pope Pius, in a series of addresses in the 1950s, pointed out that, in accord with Catholic teaching, there is no absolute obligation on the physician to employ "extraordinary means" to preserve life. Such means were defined as those that cannot be used or obtained without undue expense, pain, or other inconvenience, and that offer no reasonable hope of benefit.

Pope Pius went even further, defending the morality of administering pain-killing drugs even though they hastened death: "The removal of pain and consciousness by means of drugs, when medical reasons suggest it, is permitted by religion and morality to both doctor and patient, even if the use of drugs will shorten life."

Reaffirming this teaching, Pope Paul said that while doctors have the duty to fight against death with all the resources of science, they are not obliged to use all the survival techniques developed by science. Mere prolongation of "vegetative" life in the terminal stage of incurable disease could be "useless torture," he said.

The Roman Catholic doctrine on passive euthanasia would seem to be in accord with that

Beyond the Stained Glass



of a highly respected voice in Orthodox Judaism. Rabbi Immanuel Jakobovits, Britain's chief rabbi, writing in his book, "Jewish Medical Ethics" (1959) — which many take as a standard of expression of an orthodox view — accepts "the legality of expediting the death of an incurable patient in acute agony by withholding from him such medicaments as sustain his continued life by unnatural means."

Although there is no "authoritative" Protestant view, the Rev. Joseph Fletcher, professor of Medical and Social Ethics at the Episcopal Theological School, Cambridge, Mass., and a member of the Euthanasia Educational Fund, believes that there is no absolute obligation to preserve a patient's life simply because it is medically feasible to do so.

Jerome Nathanson, a leader of the New York Society for Ethical Culture, and a strong proponent of euthanasia, remarked recently, "It's a common misunderstanding that we advocate mercy killing. But actually, mercy killing is the exact antithesis of what we seek. The question is not one of killing people. It's the question of letting them die."

Complicating the issue is the lack of any one, agreed-upon legal or medical definition of

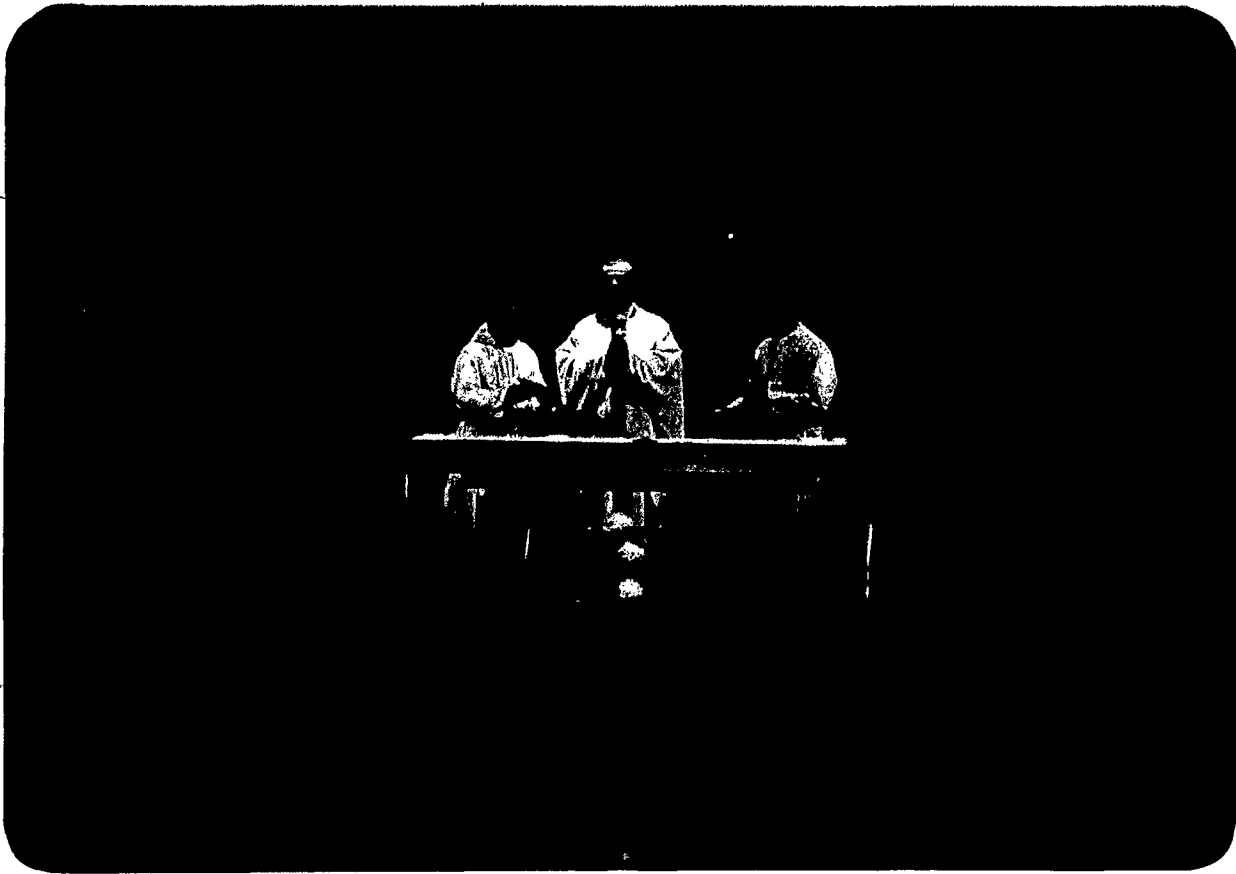
death — a factor that makes many doctors chary even of passive euthanasia.

"I tend to be basically moved toward (euthanasia)," said Dr. Barry Wood, a Manhattan internist who is also an ordained Episcopal priest, in an interview. "But I become more conservative as I see the possibilities. One possibility is to declare certain people unfit — and this has happened in the past."

Dr. Fred Rosner, director of hematology at the Queens Hospital Center, who is called by The New York Times "a leading critic of euthanasia," has expressed a similar fear. "If euthanasia were legalized," he is quoted as saying, "the next logical step would be the legalization of genocide and the killing of social misfits."

Other opponents of euthanasia argue that families might let a patient die for ulterior motives. They may wish to relieve their own suffering rather than the patient's, or heirs may have an eye on the patient's estate.

So the controversy continues. But, from the evidence, it would seem that more and more people, accepting the inevitability of their "appointment with death," want to keep the appointment with dignity, and in freedom.



photos by Laurence E. Keefe

## Abbot Blessed

Mass for the abbatial blessing of Father John Eudes Bamberger, new abbot of the Trappists' Our Lady of the Genesee Abbey, is shown above being celebrated by, from left, Father Regis Tompkins, Bishop Joseph L. Hogan, assisted by Father Michael Conboy. After the January 26 consecration, the new abbot, left, distributes communion to members of his family. Father Bamberger, a native of Kentucky, is secretary-general of the Trappists and completed his internship in psychiatry at Georgetown as part of his medical training. He returned from a worldwide pilgrimage to Trappist monasteries to take up his new duties when elected head of the Piffard, N.Y. monastery.



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