

respect
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life

EUTHANASIA

'Death With Dignity' Isn't Necessarily Death Without Pain

By THOMAS J. MARZEN

On Feb. 6, Hector Rodas died of malnutrition and dehydration in a Colorado rehabilitation center. Rodas was paralyzed from the neck down as the result of a drug-induced stroke. He decided he no longer wished to live and requested removal of the plastic tube through which he received food and fluids. Rodas took the matter to court and prevailed. He died 15 days later.

The manner in which Rodas died is no longer unusual. Indeed, the courts have almost uniformly held that "artificial feeding" may be withheld or withdrawn, like respirators or chemotherapy. But what occurred while Rodas was dying from his self-imposed fast is especially noteworthy. His lawyers, affiliated with the American Civil Liberties Union (ACLU), again approached the court and requested that Rodas "be provided with a medication or medicinal agent that would cause his death, so that he would not be required to suffer a withdrawal of treatment including nutrition and hydration which would result in a prolonged and painful death." Confusion resulted when a reporter asked Rodas if he really wanted a lethal injection or drug overdose and was told no; an embarrassed ACLU dropped the suit.

The second Rodas suit represents the first formal attempt to legitimize death by direct lethal intervention — active euthanasia. It will not be the last.

Earlier, Elizabeth Bouvia, a 29-year-old woman with severe cerebral palsy, petitioned the California courts for an injunction against the use of any artificial means to feed or hydrate her should this be required in order to save her life. A court ultimately granted her request.

In a concurring opinion, Judge Lynn Compton went further, arguing that Bouvia, in his view, had an "absolute right" to effectuate her "conscious and informed choice" to die, and the "fact that she is forced to suffer the ordeal of self-starvation to achieve her objective is in itself inhumane."

Indeed, acceptance of lethal injections and overdoses is the goal of the Hemlock Society, which openly advocates voluntary "aid in dying" for the terminally ill. In 1986, the Society formed a new political action group, Americans Against Human Suffering, to press for enactment of a 1988 California ballot initiative to legalize assisted suicide in that state. A 1986 Roper poll, commissioned by the Hemlock Society in apparent preparation for its legislative initiative, affirmed that 62 percent of the U.S. population approved the



(Photo by Jim Whitmer)

THE FOCUS OF EUTHANASIA proponents has moved gradually beyond the fight for the legal right to withhold extraordinary means of life support for terminally ill patients to arguing in favor of actively causing the death of a patient who wishes to die in order to end his suffering.

proposition.

Catholics should be especially sensitive to this issue. To feed the hungry and give drink to the thirsty are, after all, among the literal directives to those who follow Christ. The Second Vatican Council urged individuals and governments to heed the saying of the Church Fathers: "Feed the man dying of hunger, because if you have not fed him you have killed him" (*Gaudium et Spes*, no. 69).

As the NCCB Committee for Pro-Life Activities noted in its 1986 "Statement on the Uniform Rights of the Terminally Ill Act": "Since food and water are necessities of life for all human beings, and can generally be provided without the risks and burdens of more aggressive means for sustaining life, the law should establish a strong presumption in favor of their use..." The Pro-Life Committee specifically warned against "negative judgments about the 'quality of life' of unconscious or otherwise disabled patients" which "have led some in our society to propose withholding nourishment precisely in order to end these patients' lives."

The timeliness of this warning is obvious. Most of the important court cases on nutrition and hydration have involved people who are not terminally ill, but who are mentally incapacitated to one degree or another — people described as comatose, in a persistent vegetative state, "extremely

confused," or merely mentally incompetent. All they require to live additionally is to be provided is food and water.

But precisely because these "biologically tenacious individuals," as one commentator described them, may live indefinitely with continued feeding, some see a "burden" imposed by their continuing to live.

Catholic critics like Rev. John Connery, S.J., point out that this approach "differs vastly from the traditional approach." In the new approach, says Father Connery, "the intention is not to free the patient of the burden of using some means, but the burden (or the uselessness) of the life itself. The only way to achieve this goal is by the death of the patient. So when one forgoes means because of quality-of-life considerations in this sense, the intention is the death of the patient" (Connery, "Quality of Life," *Linacre Quarterly*, February 1986, p. 32).

Respect for life entails the proposition that every human life has intrinsic value. Persons who wish to foster this value for those who are sick, dying, or who have a mental or physical disability must first acquire a vision that penetrates to the core of human existence without distortion or distraction. Then they should work for hospital and nursing home policies and appropriate legislation that oppose the immoral termination of human life judged to lack sufficient "quality."

From the 1975 Quinlan decision (allowing withdrawal of a respirator from a patient presumed to be terminally ill), we have moved to an almost uniform body of law that warrants withholding of even food and fluids from patients who are *not* terminally ill, but only mentally disabled in some way. The focus has shifted from those who will inevitably die, but whose lives may be maintained by massive intervention, to those who will *not* die unless some way is found to guarantee their death.

We should clearly understand the many factors that help to grease this slippery slope — attitudes sometimes promoted through sloganeering about "death with dignity" and the "right to die." "Death with dignity" appeals to a genuine human intuition that one should be treated with dignity and respect in one's final days. But euthanasia advocates use it to argue that one is better off dead than to suffer the helplessness and other indignities that often accompany the dying process or the struggle to cope with a serious disability. So it is deemed imperative to relieve the suffering, even if this means eliminating the sufferer.

The present public climate resembles closely the climate on abortion in the mid-1960s. Then, "respectable" advocates of abortion reform suggested "moderate" liberalization of abortion statutes in the interests of public health and population control. Radical abortion activists, who regarded abortion as an autonomous absolute right, simultaneously brought court cases, argued for complete repeal of abortion laws, provided counseling and referral services, and even flaunted the law openly by performing abortions.

Today, "moderate" right-to-die organizations, such as the Society for the Right to Die, eschew (for the present) advocating lethal injections and overdoses, instead, they work to erode the inhibitions that prevent society from withholding treatment and care. But this gradualism will almost inevitably subsume and profit from the radicalism of organizations such as the Hemlock Society.

Without the constant and determined resistance of those who respect life, and who recognize the seed of discrimination against older people and people with disabilities at the heart of the modern trend toward euthanasia, social policy and private decisions will be swept along in the rising tide of euthanasia.

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