

**April 2005**

## **IS EUTHANASIA A CRIME?**

By Dr. Lionel C.M. VonFrederick Rawlins, President & CEO, The VonFrederick Group

The war on terrorism has been temporarily overshadowed by the Teri Schiavo case in Florida. As a criminologist, this debacle has intrinsic value to the criminal justice system and to society as a whole. Questions about the morality of euthanasia are not new but they are debated with a new intensity, especially since the feeding tube was ordered removed from Teri Schiavo.

Recent advances in biomedical technology have made it possible to prolong human life in ways undreamed of by past generations. As a result, it is not unusual to find individuals who have lived a long and useful life now permanently incapable of functioning in any recognizably human fashion. Biological life continues; but some find it tempting to say that human life, in any meaningful sense, has ceased. They argue that there is no longer any capacity for creative employment, intellectual pursuits, or the cultivation of interpersonal relationships.

Discussions of the moral justifiability of euthanasia often involve distinctions, which are themselves controversial. Such distinctions include that between ordinary and extraordinary means of prolonging life, and that between *killing* and allowing to die. In accordance with a “narrow construal of euthanasia,” *euthanasia* is equivalent to *mercy killing*. If a physician administers a lethal dose of a drug (on grounds of mercy), this act is a paradigm of euthanasia.

If, on the other hand, a physician allows the patient to die by ceasing to employ “extraordinary means” (such as a respirator, or the feeding tube in the Schiavo case), this does not count as euthanasia, or does it?

In contrast, on a “broad construal of euthanasia,” the category of euthanasia encompasses both killing and allowing to die (on grounds of mercy). Those who adopt a broad construal of euthanasia often distinguish between active euthanasia, i.e., killing, and passive euthanasia, i.e., allowing to die. Though there seem to be clear cases of killing (e.g., the lethal dose) and clear cases of allowing to die (e.g., withdrawing the feeding tube), there are more troublesome cases as well. Suppose a physician administers pain medication with the knowledge that the patient’s life will be shortened as a result. A case of killing? Murder? Suppose a physician or family member discontinues “ordinary means” of treatment. A case of allowing to die?

Sometimes it is even said that withdrawing extraordinary means of life support is active (“pulling the plug!”) in a way that withholding extraordinary means is not. And at a time when coronary bypass surgery and hemodialysis treatments have become routine medical procedures, just what distinguishes ordinary means from extraordinary ones? Cost? Availability? The age of the patient? The condition of the patient? Social status?

There is one further distinction, itself relatively uncontroversial, that is prominent when debating the relationship between euthanasia and murder. *Voluntary* euthanasia proceeds with the (informed) consent of the person involved. *Involuntary* euthanasia proceeds without the consent of the individual

involved because the individual is incapable of (informed) consent. Is euthanasia a criminal procedure? Is it a legal killing or murder? To escape this cloud of controversy and possible murder conviction, get a **LIVING WILL**.