Should Active Euthanasia be Legalized in Canada? - A Bioethical Response

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The practice of active euthanasia on any dying or disabled person is an act of criminal homicide and should be outlawed in Canada. Intentionally ending a person's life by means of administering a lethal injection, or otherwise taking specific steps to end a person's life invokes several negative consequences on society and humanity. Because the human body possesses built-in regulatory mechanisms intended to increase chances of survival, ending life prematurely conflicts with this '[natural] inclination to continue living' (Gay-Williams, 1979), and so active euthanasia is inherently wrong. Moreover, due to the permanency of the outcome, active euthanasia ends all future possibilities of a potential cure or palliation that may help the person return to a normal, healthy state; thus, it contains within it the possibility of working against our own best interests (Gay-Williams, 1979). Finally, permitting active euthanasia may negatively impact the balance between beneficence and nonmaleficence to which physicians are expected to maintain and follow as guiding principles for treating patients.

Active euthanasia is a *non-accidental* form of killing performed typically by physicians, either through the use of euthanizing drugs, or by the use of other means to ensure the person does not revive. The arguments presented herein will focus on two different types of euthanasia, namely, *voluntary* and *involuntary* active euthanasia. Voluntary active euthanasia involves taking specific actions to euthanize a person provided that he/she consents fully and consistently for medical reasons. On the contrary, involuntary active euthanasia involves deliberately ending a life without the permission of the person whose life is being terminated. For instance, the person whose life is ended may be terminally ill or mentally incompetent to make such a decision. Furthermore, it is also important to clarify the distinction between *non-accidental* and *accidental* killing. Non-accidental killing does not involve deaths caused by mistakenly administering the wrong drug to a person, because this form of killing was not 'deliberate and intentional' (Gay-Williams, 1979). Similarly, if death is caused by an unforeseen bodily reaction to a drug that is known to make the person well, this too would not be considered non-accidental killing because the goal was to treat the individual (Gay-Williams, 1979). Therefore, non-accidental killing entails deliberately and intentionally taking the life of a person by causing death to occur earlier than it would have otherwise happened. By this logic, active euthanasia is synonymous to *murder*. Finally, both *beneficence* and *nonmaleficence* are ethical principles of medical practice that doctors are expected to follow. The principle of nonmaleficence states that physicians 'should do everything possible to avoid harming [patients] or others in their efforts to serve' (Cournoyer, 2008, p.118). Its meaning is derived from the Latin phrase, *Primum non nocere*, which translates, 'First, do no harm.' Similarly, the principle of beneficence states that physicians are 'morally obligated to contribute to the welfare of their patients' (Yamada *et al*., 2009). Thus, beneficence is complementary to nonmaleficence and requires acting in the best interest of the patient.

Survival is an inherent aspect of human nature and an objective of all life forms on earth. Our inclination to continue living is part of our genetic make-up, and thus it is something we are naturally born with and eventually die with. To exemplify how every human being is naturally inclined to continue living, parallels will be drawn to some major regulatory mechanisms that balance the demands of circumstances that challenge our survival. For instance, at the molecular level, when certain cells are exposed to temperatures above their normal range, survival proteins known as *heat shock proteins* are rapidly synthesized to protect the cells against the effects of heat stress (Lawrence, 2005, p.285). Genes for these proteins are expressed in nearly all living organisms including bacteria (Vaux, 2002). At the cellular level, humans are equipped with an immune system that enables the body to mount a response to invading

pathogens and foreign objects as a way to protect the host and ensure survival. In addition, when humans are exposed to stressful situations, hormones such as adrenaline are secreted to enable the person to respond in a fight-or-flight manner. In fact, even the human anatomy fits the description of a survivor, that is, we have muscles and bones that allow us to avoid danger and defend against threats. Active 'euthanasia does violence to this natural goal of survival' (Gay-Williams, 1979), and disregards the *Natural law*, which maintains that 'everything in nature is designed for a purpose.' Contrary to nature's intent of self-preservation, active euthanasia 'defeats these subtle mechanisms in a way that…disease and injury might not' (Gay-Williams, 1979). Thus, active euthanasia is inherently wrong and should not be made legal in Canada.

As medical technology develops, the availability of treatments has considerably increased, rendering a remarkable amount of survivors that live happy and productive lives. For instance, prior to the 1980's, there were no effective means of treating HIV (Borchardt, 2006). Since HIV targets immune cells, carriers of the virus, at the time were either destined to continue living a lifestyle that would increase their chance of developing AIDS, and succumb as a result, or make radical efforts to overcome this vulnerability in order to survive. However, due to modern medical interventions, individuals with HIV now have the opportunity to combat the virus and live life longer. Individuals that choose to have their life ended earlier via euthanasia do not have the opportunity to reconsider their actions because death is absolute and irrevocable. Hypothetically, those who chose to be euthanized as a means to eradicate suffering and social harm caused by HIV, prior to when the medicine was first developed, would have been a tragic end to a promising future. Moreover, although contemporary medicine has a proven record of accomplishments, a misdiagnosis is always a possibility (Gay-Williams, 1979). A misdiagnosis of a deadly medical condition with a limited prognosis could severely disrupt a person's psychological wellbeing. In such circumstances, if Canada were to permit active euthanasia, people would die needlessly due to their fear of suffering and death (Gay-Williams, 1979). Also, even the possibility of *spontaneous remission*, which is a rare phenomenon associated with an unexpected improvement or cure of a medical condition, is guaranteed not to occur. This demonstrates how active 'euthanasia contains within it the possibility that we will work against our own interest if we practice it or allow it to be practiced on us' (Gay-Williams, 1979). Any law that permits individuals to end their life as a means to eliminate suffering caused by illness could never be applied universally. The maxim 'kill those who are suffering' is not *universalizable* because if all people were habitual sufferers, the human race would end, and is therefore a contradiction to the *Natural law*.

People who choose to pursue a career in medicine are often influenced by factors associated with caring for and serving others. The commitment to saving lives and improving patient outcomes is a common goal among physicians and holds the utmost importance to the profession. This ongoing commitment often entails developing and maintaining an honest and supportive relationship with patients, which is central to the practice of medicine and the maintenance of medical ethics. Contrary to the ethical principle of nonmaleficence, the practice of active euthanasia directly violates the aim of avoiding and preventing harm to the patient. In fact, it influences physicians to disregard their Hippocratic Oath and devalue the lives of people who are dying or disabled by promoting their death. Despite how ongoing pain from an illness may be discomforting and harmful to the body, injury caused by lethal injection is far more harmful because it leads to immediate death. A law that permits active euthanasia conflicts with a physician's duty to treat people and, in turn, shifts the balance between beneficence and nonmaleficence in the physician-patient relationship in favour of beneficence. For instance, since active euthanasia violates the principle of nonmaleficence, a patient who feels that assisted-suicide would contribute to his/her welfare, places his/her physician in an ethical and moral dilemma where the doctor is legally obligated to euthanize the person. Recall that the principle of beneficence maintains that a physician should act in the best interest of his/her patient.

Furthermore, legalizing active euthanasia reinforces the erroneous judgement that some people are

'better off dead'. These views are often propagated by the philosophy of utilitarianism, which maintains that society should make decisions based on the 'best overall consequences for everyone concerned.' Based on this principle, euthanizing those who, for medical reasons, no longer want to live would likely benefit society because they can no longer contribute to the good of society (Singer, 1993, p.100).This ideology is wrong because it replaces human intrinsic worth with instrumental value, where human value is solely centred on one's usefulness to society, and violates the medical axiom that 'care must be taken for the susceptible individual' (Jacob, 1999, p.51). Consequently, permitting active euthanasia may negatively impact the ethical standards and attitudes healthcare professionals are to maintain towards saving lives and avoiding injury.

It is often argued that denying a patient's request to die, for medical reasons, and prolonging their life results in the loss of the person's dignity. Those who admit to this error of judgement often do so without thoroughly contemplating the murderous nature of the crime being committed by the doctor on behalf of the patient. This idea fails to acknowledge the loss of dignity physicians are permanently stigmatized with as a result of aiding to kill a human being and risking murder charges. As mentioned earlier, active euthanasia goes against our innate willingness to survive. Since human life is a subset of nature, nature too has dignity and respects the laws of life. If nature intended for continual survival, then the practice of active euthanasia also results in the loss of nature's dignity. Thus, it is only through the acceptance of death's inevitability, that the laws of nature are respected and, in turn, one's true dignity is fulfilled.

Overall, this paper has shown that the acceptance of active euthanasia on any dying or disabled person should not be tolerated due to its negative impact on society and humanity. The practice of active euthanasia refutes the *laws of nature* by acting against our innate willingness to survive. The permanency it yields on life's ends contains within it the possibility of working against our own best interests, that is, whether it be to eliminate suffering or social harm. Finally, the legalization of active euthanasia may negatively impact the quality of healthcare service, as it promotes the devaluation of human worth. Since it is nature's intent for life to gravitate towards survival, human dignity can only be preserved if this intention is fulfilled, and while suffering may elicit the impression that some people are *better off dead*, suffering is part of the human condition, but active euthanasia is still an act of murder.

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