

# ANOTHER THING EUTHANASIA

*A discussion on Wednesday at 1 15 in Fr Philip's Office, Cherry Tree Buildings (Block C)*

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Human experience can be divided into two modes: *action* and *suffering*; or “what we do” and “what is done to us”.

Our society perhaps over-values the active - self-expression, self-realisation, self-government - and under-values the passive - awareness of others, receptivity, appreciation.

Classical Christian teaching sees suffering as a potentially holy part of our experience and, in the Cross, it becomes the sacrament of salvation for the whole of creation. Christians have their own definition of “a good death”, which involves a personal relationship with, and an obedience to, God the Father who gives life. Many people do not respond to this notion, seeing pain and death as unmitigated evils. They seek to eliminate them at all costs.

Is death a part of humanity that deserves our attention in itself, or merely a distress to be endured as efficiently as possible? Both sides in this argument speak about *dignity*; the euthanasia lobby would like to legalise designer-death, eliminating from the experience most traces of passivity, and introducing concepts like *choice*. If I can choose *how* I die and (to a limited extent) *when* I die, I can turn the ultimate *suffering* into an ultimate *action*.

The Hospice movement, by contrast, seeks to offer the optimum medical treatment, to eliminate or at least render tolerable the level of pain, and to surround the experience of death with human tenderness. But Hospices will not take steps to extinguish life.

How does one “die with dignity”?

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Catholic teaching goes a surprisingly long way towards the concerns of “good death”, but the intention of the healer is all-important. The Church says, for instance, that the conquest of pain can be pursued even to the point where the analgesics hasten the patient's death; this comes under the principle of double effect, where an *unintended* consequence (death) follows from an *intended* act (control of pain). Again, heroic measures to preserve life are not obligatory: a diabetic who is diagnosed as suffering another incurable condition could morally decide that regular doses of insulin are now irrelevant, and could relapse into a coma and die.

What are the values at stake here? Is there a human value that comes to us in suffering, or is it simply superstitious and cruel to allow it to run its course? Is death - a universal fact for us - an appropriate area for the exercise of good taste? Is anything more involved?

Does the decision rest with the individual, or does it involve others? Euthanasia hardly matches the traditions expressed in the “Hippocratic Oath”. How would we feel about hospitals if euthanasia were enshrined in their range of services? How would our attitudes change to old age and infirmity - our own, as well as others'?