

Annunciation Lent Course 2024: Making Moral Decisions

Talk 3. Ethics at the end of life

The idea that life does not have an absolute value, deserving protection, but can be granted or taken away, sacrificing the individual for “the greatest good of the greatest number”, is a result of utilitarian philosophy. The manipulation of nature for the sake of society has also been aided by scientific developments in the fields of genetics, statistics and economics, which have made the calculation of results more accurate. During the twentieth century the idea of dying at God’s appointed time has been replaced by human control of the process.

Eugenics

The father of modern genetics was the Augustinian monk Gregor Johann Mendel (1822-1884) who demonstrated that the inheritance of certain traits in pea plants follows particular patterns. In 1859 Charles Darwin’s *Origin of the Species* included a chapter on the breeding of domestic animals. These ideas were much more fully developed by Darwin’s cousin, the formidably intelligent Sir Francis Galton (1822-1911) who coined the term “eugenics” to describe the theory and practice of improving the genetic quality of the human population. He advocated the improvement of human genetic traits through the promotion of higher reproduction of people with desired traits (positive eugenics), and reduced reproduction of people with less-desired or undesired traits (negative eugenics). Galton devised ways of measuring human traits, collected data, calculated statistics and drew conclusions. In his book *Hereditary Genius* (1869) he said that in the ideal society the highly gifted would be “enabled to achieve a first-class education and entrance into professional life” while “the weak could find a welcome and a refuge in celibate monasteries or sisterhoods”. He believed that a scheme of 'marks' for family merit should be defined, and able couples should be encouraged to have children by monetary incentives. Eugenics is also related to racism: in 1873 he wrote a letter to *The Times* of London to say that the “industrious, order loving Chinese” should be encouraged to settle in Africa to “supplant the inferior Negro race”. The *Eugenics Review*, the journal of the Eugenics Education Society, commenced publication in 1909 and The First International Congress of Eugenics was held in July 1912, just after Galton’s death.

At that point leadership in the field of eugenics passed to the United States. Physicians in Alabama, for example, called in 1910 for a state policy of eugenic sterilization, pointing out that such laws were already in action in Indiana,

Connecticut, Utah, and California. By 1937 there were sterilization policies in 31 of the 48 states. In parallel with this Margaret Sanger (1879-1966) opened the first birth control clinic in the United States in 1916, receiving support from the eugenics lobby. In 1921, she founded the American Birth Control League, which later became the Planned Parenthood Federation of America. Sanger backed compulsory sterilization for the “retarded” and, as with Galton, there was an element of racism in her ideas; her most influential book was called *Woman and the New Race* (1920). Henry Fairfield Osborn, the American host of the 1921 International Congress of Eugenics, noted in his “Address of Welcome”:

“The right of the state to safeguard the character and integrity of the race or races on which its future depends is, to my mind, as incontestable as the right of the state to safeguard the health and morals of its people. As science has enlightened government in the prevention and spread of disease, it must also enlighten government in the prevention and spread and multiplication of worthless members of society, the spread of feeble-mindedness, of idiocy, and of all moral and intellectual as well as physical diseases”.

Euthanasia

Eugenics is the background of the Jewish Holocaust. Sanger wrote, “we [do not] believe that the community could or should send to the lethal chamber the defective progeny resulting from irresponsible and unintelligent breeding” - but she did consider the idea. There is a link between controlling the quality of the race by voluntary means (contraception, abortion) and involuntary means (sterilization, abortion, euthanasia). [Note: ‘voluntary’ abortion in America has had a disproportionate effect on the black population; involuntary abortion in China has caused an imbalance between men and women] At the 2nd International Congress for Studies on Population, held in 1935 in Berlin with representatives from 36 countries, an American described German eugenics laws as an outgrowth of earlier British and American ideas:

“It is from a synthesis of the work of [British and U.S. eugenicists] that the leader of the German nations, Adolf Hitler, ably supported by the Minister of the Interior, Dr. Frick, and guided by the Nation’s anthropologists, its eugenicists, and its social philosophers, has been able to construct a comprehensive racial policy of population development and improvement that promises to be epochal in racial history. It sets the pattern which other nations and other racial groups must follow, if they do not wish to fall behind in their racial quality, in their racial accomplishment, and in their prospects of survival”.

In 1933 the first concentration camps had been built in Germany for political prisoners but in 1934–35 Heinrich Himmler's SS took full control of the camps throughout Germany. Adolf Hitler enacted the Aktion T4 program in October 1939

to euthanize “incurably ill, physically or mentally disabled, emotionally distraught, and elderly people”; also under threat were all who were deemed “inferior and threatening to the well-being of the Aryan race”, so the camps' facilities and personnel were used to purge German society of so-called “racially undesirable elements” such as Jews, criminals, homosexuals, and Romani people. Between 1939 and 1945 during World War II, the number of camps exploded to more than three hundred. Six million of the nine million Jews of Europe were killed and more than four million other people, including the handicapped.



This poster is Nazi propaganda for their compulsory "euthanasia" program: "60,000 Reichsmark is the lifetime cost of this hereditarily diseased man to the Volksgemeinschaft (nation/community). Fellow German, that is your money, too."

In August 1941 Cardinal Clemens von Galen condemned these Nazi policies in a sermon at Munster Cathedral: “For some months we have been hearing reports that, on the orders of Berlin, patients from mental asylums who have been ill for a long time and may appear incurable, are being compulsorily removed. Then, after a short time, the relatives are regularly informed that the corpse has been burnt and the ashes can be delivered. There is a general suspicion verging on certainty, that these numerous unexpected deaths of mentally ill people do not occur of themselves but are deliberately brought about, that the doctrine is being followed, according to which one may destroy so-called 'worthless life,' that is, kill innocent people if one considers that their lives are of no further value for the nation and the state”. He went on to say: “We are dealing with human beings, our fellow human beings, our brothers and sisters. With poor people, sick people, if you like unproductive people. But have they for that reason forfeited the right to life? Have you, have I the right to live only so long as we are productive, so long as we are recognized by others as productive? If you establish and apply the principle that you can kill 'unproductive' fellow human beings then woe betide us all when we become old and frail... woe betide the invalids who have used up, sacrificed and lost their health and strength in the productive process... woe betide loyal soldiers who return to the homeland seriously disabled, as cripples, as invalids”.

Horror at Hitler's "final solution" (and greater awareness of the 1915-1922 genocide of the Armenians by the Turks) led to a rejection of eugenics and the classification of involuntary euthanasia as murder. The Euthanasia Society of America, formed in 1938, originally advocated for coercive eugenic sterilization and involuntary euthanasia to eliminate undesirable defective people from society, but after the war they promoted voluntary euthanasia exclusively. Euthanasia literally means "good death" and has come to refer to the intentional ending of a life in order to relieve pain and suffering; in the last fifty years there has been considerable interest in voluntary euthanasia, understood as "termination of life by a doctor at the request of a patient", and assisted suicide is legal, in some form, in the Netherlands, Belgium, Luxembourg, Switzerland, Estonia, Albania, and the US states of California, Colorado, Washington D.C., Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, and Washington.

In the context of teaching on the dignity of every human being the Second Vatican Council condemned "all offenses against life itself, such as murder, genocide, abortion, euthanasia and willful suicide" (GS 27). In 1980, under John Paul II, the Sacred Congregation for the Doctrine of the Faith released its *Declaration on Euthanasia* which further clarified this general guidance in light of the increasing complexity of life-support systems and the promotion of euthanasia in some countries as a valid means of ending life.

"The progress of medical science in recent years has brought to the fore new aspects of the question of euthanasia, and these aspects call for further elucidation on the ethical level...A number of Episcopal Conferences have raised questions on this subject with the Sacred Congregation for the Doctrine of the Faith. The Congregation, having sought the opinion of experts on the various aspects of euthanasia, now wishes to respond to the Bishops' questions with the present Declaration, in order to help them to give correct teaching to the faithful entrusted to their care...It is hoped that this Declaration will meet with the approval of many people of good will, who, philosophical or ideological differences notwithstanding, have nevertheless a lively awareness of the rights of the human person...Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful...Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities or to the whole of society.

Today...the word Euthanasia is used in a more particular sense to mean "mercy killing," for the purpose of putting an end to extreme suffering, or saving abnormal babies, the mentally ill or the incurably sick from the prolongation, perhaps for many years, of a miserable life, which could impose too heavy a burden on their families or on society. It is, therefore, necessary to state

clearly in what sense the word is used in the present document. By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used. It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity... The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.

Human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor's advice. But the intensive use of painkillers is not without difficulties, because the phenomenon of habituation generally makes it necessary to increase their dosage in order to maintain their efficacy. At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: "Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?" the Pope said: "If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes." In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine.

Today it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse... Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful. However, is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use "extraordinary" means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of "proportionate" and "disproportionate" means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources ... (Doctors) may in particular judge that the investment in instruments and personnel is

disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques. It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger.

The norms contained in the present Declaration are inspired by a profound desire to service people in accordance with the plan of the Creator. Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity...As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity. Such service to people is also service to Christ the Lord, who said: "As you did it to one of the least of these my brethren, you did it to me" (Mt. 25:40)".

The definitive summary of current Catholic teaching is in the *Catechism* (1997):
2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

2278 Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of "over-zealous" treatment. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

The *Catechism* also deals with suicide (euthanasia is often disguised as “assisted suicide”), respect for the person and scientific research, and respect for the dying:

2280 Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

2281 Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

2292 Scientific, medical, or psychological experiments on human individuals or groups can contribute to healing the sick and the advancement of public health.

2294 It is an illusion to claim moral neutrality in scientific research and its applications...Science and technology by their very nature require unconditional respect for fundamental moral criteria. They must be at the service of the human person, of his inalienable rights, of his true and integral good, in conformity with the plan and the will of God.

In the light of John Paul II’s *Evangelium Vitae* (1995) the latest edition of the *Catechism* also excluded the death penalty as a normal punishment:

2267 (paragraph 2) If, however, non-lethal means are sufficient to defend and protect people’s safety from the aggressor, authority will limit itself to such means, as these are more in keeping with the concrete conditions of the common good and more in conformity with the dignity of the human person.

So, for the Church, euthanasia can be distinguished from the stopping of extraordinary means of health care. The patient - or guardian in the case of an unconscious patient - has the right to reject outright or to discontinue those procedures which are extraordinary, do not offer a proportionate good, or do not

offer a reasonable hope of benefit. Such a decision is most appropriate when death is clearly imminent. In these cases, the person would place himself in God's hands and prepare to leave this life, while maintaining ordinary means of health care.

For example, a priest was diagnosed with pancreatic cancer and told he would die from the disease. Rather than undergo painful chemotherapy or radiation, which would only give him perhaps six months more to live this life, he entered the hospice program, which provided nourishment, pain medication and excellent nursing care. He prepared himself to meet the Lord he had served as a priest for forty five years. Another, younger man was dying of prostate cancer which had metastasized throughout his body. In the hospital, he had gone into a coma and was being fed intravenously and was breathing through a respirator. His kidneys had failed. The doctors told the family that there was nothing more they could do and the situation was not reversible. At that point, the medical technology was not providing any hope of recovery or benefit but rather was prolonging death. The family decided to turn off the respirator, which had now become an extraordinary means, and minutes later he died. This action was morally permissible - it was not purposefully terminating life but was allowing death to happen.

Utilitarianism Not surprisingly, for Peter Singer a rational person with "an irreversible condition causing protracted physical or mental suffering" who chooses to waive the right to life should be assisted in ending his or her life. In Belgium a 2002 law permits euthanasia for those in a 'medically hopeless' situation due to a serious and incurable condition caused by injury or illness, with physical and/or psychological suffering which is constant and unbearable, and cannot be mitigated. In practice, the grounds for euthanasia have been extended: in 2013 there were 200 cases, in 2022 c. 3000. Doctors have now linked euthanasia to the harvesting of organs for transplant, which sends the cruel message to disabled or mentally ill people "Your deaths have greater value than your lives." In Oregon two cancer patients were told that the Oregon Health Authority would not pay for their chemotherapy but would happily pay for their assisted suicide.

Allowing euthanasia is a slippery slope. Any change in the law to allow assisted suicide or euthanasia would place pressure on vulnerable people to end their lives for fear of being a financial, emotional or care burden upon others. This would especially affect people who are disabled, elderly, sick or depressed. However, persistent requests for euthanasia are extremely rare if people are properly cared for. Our priority must be to ensure that good care addressing people's physical, psychological, social and spiritual needs is accessible to all.