The term “euthanasia” has acquired a derogatory connotation in modern society. When people hear reference to euthanasia, it would not be surprising for them to immediately associate the term with murder or killing. The reason many are quick to affiliate euthanasia with murder is because they imagine someone being euthanized against his/her consent (nonvoluntary) or against his/her will (involuntary). The frequency of people making this presumptuous association between euthanasia and murder is quite astounding, being that, the majority of the time euthanasia is discussed in our society, the actual form of euthanasia being referenced is voluntary euthanasia, or the practice of ending a person’s life upon that person’s request. This confusion is no coincidence; right-to-life and anti-euthanasia advocates frequently use the term “euthanasia” loosely when arguing against voluntary euthanasia because the term itself carries an unfavorable impression that is, in reality, associated only with involuntary and nonvoluntary euthanasia. Thus, right-to-life and anti-euthanasia advocates use the term “euthanasia” strategically to further the negative attitudes towards euthanasia. In doing so, they encourage people to see voluntary euthanasia as murder, rather than an indirect method of suicide.

In health care, voluntary euthanasia is sometimes referred to as physician-assisted suicide for the purpose of preventing any derogatory connotations that stem from using the term “euthanasia.” Attempting to synonymize the two terms does no justice for the advancement of voluntary euthanasia because the negative association between “euthanasia” and murder remains. This paper, though it serves as an advocacy for the acceptance of voluntary euthanasia in a society that condemns death, also attempts to discredit the inaccurate signalization of death that has been bestowed upon the term “euthanasia.” With modern biotechnological advancements that endorse and perpetuate the power of life, it is necessary to correct misplaced presumptions about matters of death.

The biotechnical society we live in today values human life so much that is characterized as something that should always be sought after even under the shadow of inevitable death. According to Life.Org, a website that examines all “life” related issues, “opponents to [legalizing] euthanasia claim that the provision of adequate pain management and hospice (palliative) care could improve the quality of life and eliminate the demand for euthanasia.” Similarly, the California Foundation for Independent Living Centers (CFILC) holds the belief that anti-euthanasia arguments should not focus on euthanasia itself, but on the conditions that spur the demand for euthanasia. The purpose of doing so is to fix

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Live and Let Die
by Jacqueline LLinas

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Protestor in support of Oregon’s Death with Dignity Act (DWDA), which was passed into law by a statewide ballot measure in 1997.
these conditions in order to end the demand altogether. According to the CFILC, “the inadequate funding for palliative care and pain management and government’s intransigent reliance on nursing homes all contribute to the despair felt by many who reach old age...[and] are afflicted with debilitating conditions” that influence their desire for euthanasia. Another way to phrase that would be to say the “debilitating” conditions that stem from the tarnished health care system are motive enough for a patient to feel disposed to euthanasia.

Anti-euthanasia advocates like Life.Org and the CFILC argue that the demand for euthanasia is merely a symptom of the inadequacy of health care and the rampant need for “adequate” care. However in reality, euthanasia allows for patients to be relieved of despair that is not a consequence of the condition of health care. In fact, euthanasia’s ability to provide a humane alternative to those suffering from terminal illnesses make it a much more humane option than anti-euthanasia advocates claim. Having said that, arguments presented by Life.Org and the CFILC do a disservice to society because they transmit false impressions about the conditions under which a patient might desire euthanasia. When Life.Org states that “adequate pain management and hospice care could improve the quality of life and eliminate the demand for euthanasia,” it implies, without considering an individual’s state of mind or quality of life, that so long as it were affordable to keep terminally ill patients alive under “adequate” conditions, living is always the more desirable option over death. In other words, life in any case is more suitable than death.

This mindset that Life.Org and the CFILC are promoting is congruent with attitudes that have prevailed and intensified in society—especially in recent years, with advancing biotechnologies that “enhance” the quality of life coupled with a dwindling health care system that threatens some patients’ access to these technologies. Even four decades ago in the 1970’s, Michael Foucault observed that society’s desire to preserve life caused anything that would “make die,” like euthanasia, to be disparaged and condemned. Though the form of euthanasia in question is voluntary euthanasia, it is discouraged on the grounds that it is a method to “make die.” Foucault addresses the issue in further detail in “Society Must Be Defended”:

Beneath that great absolute power...that was the power of sovereignty, and which consisted in the power to take life, we now have the emergence, with this technology of biopower, of this technology over the power over ‘the’ population as such, over men insofar as they are living beings. It is continuous, scientific, and it is the power to make life...I think that we can see a gradual disqualification of death...the great public ritualization of death began to disappear, or to at least fade away, in the late eighteenth century and that it is still doing so today. So much so that death...has become, in contrast, something to be hidden away. It had become the most shameful thing of all...Now that power is decreasingly the power of the right to take life, and increasingly the right to intervene to make life...death becomes, insofar as it is the end of life, the term, the limit, or the end of power too...Power has no control over death, but it can control mortality. And to that extent, it is only natural that death should now be privatized, and should become the most private thing of all. (247-248).

In short, what Foucault is discussing is how death has become “the most shameful thing of all” in that it stands opposite to the “technology of power,” that is the power “to intervene to make live”—something that has become fully endorsed by modern society.

Intervention into life and death matters is not a situation that one can tend to lightly being that the debate between right-to-life and right-to-die advocates has become increasingly controversial. In fact, one legal case in 2005 that sparked a na-
tionwide controversy between right-to-life and right-to-die advocates was one in which the government intervened to “make die” rather than “make live.” The case I reference is one that involved whether or not to withhold continuation of life saving treatments for Terri Schiavo, a patient living in a persistent vegetative state (PVS). Terri’s husband, Michael Schiavo, petitioned to have Terri’s feeding tube removed because he insisted that “death rather than life in a permanent vegetative state was what Terri would want” (Shepherd 1). Terri’s parents, however, resisted Michael’s efforts for a myriad of reasons—one of which was an appeal to the sanctity of life. For seven years, Terri’s parents fought legal battles with Michael in the hope that Florida’s appellate Court to intervene in the name of life rather than in death. In 2005, the Florida Second District Court of Appeals ruled there was no sufficient evidence, medical or otherwise, that supported the continuation of life. The removal of the feeding tube was then ordered by Judge George Greer on March 18th. When the final ruling was handed down, it sparked social upheaval with pro-life and anti-euthanasia advocates because the Court appeared, to them, to be intervening with the purpose to “make die.”

The Schiavo case is one that exemplifies the limit on the power to “make life” and the social consequences of making that limit known in a society that views death as the “most shameful thing of all.” Though the case itself does not immediately apply to the issue of voluntary euthanasia, the concerns at the heart of the issue do in fact apply. I say that the case does not immediately apply is because Terri Schiavo was physically incapable of expressing her desire to remain in an incapacitated state or to die. On the other hand, most terminally ill patients are able to explicitly declare their desire to die through euthanasia. While the controversy that spurred from the ruling in the Schiavo case resulted mostly from the power to “make die” being intermediated over the power to “make live,” it ultimately encompassed the issue of denying patient autonomy. As Louis Shepherd notes in her book, If That Ever Happens to Me: Making Life and Death Decisions After Terri Schiavo, much of the controversy that developed over whether to disconnect Terri Schiavo’s feeding tube was a consequence of “fairly sparse and nonspecific evidence” of Terri’s desire not to live in a vegetative state. However, most terminally ill patients, unlike patients in medical conditions like Terri Schivo’s, are able to exercise their autonomy as patients by expressing their desires. Life.Org and the CFLILC neglect to make reference to this key point of patient autonomy, which would help detract unfavorable stereotypes toward euthanasia.

The reason for neglecting to reference autonomy might be that it is crucial in setting limits on the power to “make live” as well as the power to “make die.” These limits stem from the power to “control mortality” being placed only in the hands of the patients who want to be euthanized. Oregon and Washington recognized these limits when they legalized voluntary euthanasia by passing Death with Dignity Acts (DWDA) in 1997 and 2008, respectively. Both statutes strictly specify provisions to ensure the power to “make die” neither neglects patient autonomy nor threatens the “power over ‘the’ population” that stems from the power to “make live.” In both Oregon and Washington, terminally ill patients can request prescriptions of lethal doses of medication from their attending physicians if they firmly believe death is the only viable alternative to the “debilitating conditions” of their quality of life. Nonetheless, people still oppose euthanasia because it ultimately challenges the power to “make live,” even for those who would rather “make die.” According to a BBC anti-euthanasia blog, anti-euthanasia advocates argue that even if a terminally ill patient explicitly declares a desire to end his or her life, it must be because they are “depressed…confused and unable to make sensible judgments” (“Anti-Euthanasia Arguments”). Assuming all terminally ill patients who want to
die do so because they are “depressed” or “confused” portrays euthanasia as something that is detrimental to patient autonomy. Anti-euthanasia advocates believe strongly that if euthanasia were to be legalized nationwide, the wishes and best interests of patients would be ignored or disregarded, as they believe was the case with Terri Schiavo. As Oregon and Washington’s Death with Dignity Acts demonstrate, however, provisions can be strictly defined to safeguard patient autonomy while allowing for voluntary euthanasia. According to section one of Oregon DWDA, once a patient has formally requested “medication for the purpose of ending his or her life in a humane and dignified manner” the attending physician is by law required to inform the patient of his or her “medical diagnosis…His or her prognosis…The potential risks associated with taking the medication prescribed…The probable result of taking the medication to be prescribed…[and] The feasible alternatives, including, but not limited to, comfort care, hospice care or pain control” (Oregon Public Health Authority, “Death with Dignity Act…”). Washington’s act contains the same provision.

Terminally ill patients who request euthanasia are required by law to be fully informed of their situations to prevent them from being unable to make sensible judgments. Anti-euthanasia advocates like Life.Org and the CFILC might say the only sensible judgment would be to choose the feasible alternatives provided they were sufficiently adequate. However, patients choosing euthanasia as an alternative to, say, palliative care, even if the care might be considered adequate, negates the claim that adequate care would eliminate the demand for euthanasia. For most patients, euthanasia is the only sensible option to escape the debilitating conditions of their life even with the availability of feasible alternatives. In fact, according to Oregon’s 2011 DWDA annual report, roughly 90% of patients requesting DWDA prescriptions do so because they report feeling “less able to engage in activities making life enjoyable,” experience “loss of dignity…losing control of bodily functions,” or simply feel like a “burden on family, friends/caregivers” (Oregon Public Health Authority, Oregon’s Death With Dignity Act – 2011). Conversely, “inadequate pain control or concern about it” was a reported motive for less than 22% of the 596 total Oregon patients who have requested euthanasia since the DWDA was sanctioned (Oregon Public Health Authority, Oregon’s Death With Dignity Act – 2011). Euthanasia, then, unlike what Life and the CFILC falsely imply, is generally sought after by terminally ill patients who are unable to “experience life in any way” that is meaningful or “enjoyable” (Shepherd 57).

Even so, right-to-life and anti-euthanasia advocates maintain their sentiment that euthanizing humans in all cases is disparaging to the sanctity of life. Much like what Life.Org and the CFILC imply through their arguments, opposition to euthanasia on the basis of life being sacred implies that any life is always more valuable than death. When Life.Org argues that palliative care is the better alternative to dying, even in instances where patients are unable to “experience life in any way [that is] enjoyable,” palliative care is represented as a model of what it means to make death “disappear.” The same can be said for the case of Terri Schiavo. Though Terri was physically incapable of “experienc[ing] life in any way,” right-to-life advocates, including her parents, insisted that she remain connected to the feeding tube that was keeping her biologically alive.

Like Terri’s parents, many anti-euthanasia advocates who fight to make death “disappear” do so by appealing to the sanctity of human life. While I understand the importance of preserving life from a theological point of observation, from a social and political perspective the sanctity of life argument is problematic, and in my opinion it holds little to no legitimacy for a few crucial reasons. Firstly, the “gradual disqualification of death” that stems from society’s stressed importance on the “power to make life” is the stimulator to misplaced opposition when the “power to make die” is executed. With the Terri Schiavo
case, pro-life advocates distorted the ruling to the extreme of portraying the court’s intervention as a deliberate means to disparage the right to life. Likewise, anti-euthanasia advocates distort the case strategically to fuel opposition to euthanasia because it is a similar method to “make die.” In reality, the Terri Schiavo ruling endorses the right to life, insofar as the “life” in question renders interest to the “power over ‘the’ population.” The “power to take life” was executed only because legal aids and supporting testimonials did not sufficiently show an interest to the Court to intervene with the purpose to “make life.” Though the ruling ultimately led to Terri’s death, it did in fact parallel what Foucault noted in the 70’s that the “power to make live” can “control morality.”

Terri Schiavo exemplifies that “Power has no control over death” but can “control mortality” in that the decision was not solely whether or not to “make die,” but whether or not to “intervene to make live.” Voluntary euthanasia poses a larger but similar challenge due to the “power to take life” being placed in the hands of those with a desire to “make die” rather than those who have interest in controlling mortality.

In other words, a patient who is fully competent and capable of declaring a desire to cause his/her own death challenges the power to “control mortality” which consummates “power over ‘the’ population.” Patients in an incapacitated or incompetent state like that of Terri Schiavo are unable to properly communicate their last testaments and are therefore unable themselves to intervene in the “power over ‘the’ population.” As Foucault mentioned, this “power over ‘the population’ has transformed into the “power to make life” thanks to advancements in biopower that ultimately “control mortality.” It is as if those with a strong will to “intervene to make live” condemn and portray anything that challenges that power- such as the Court’s ruling in Terri Schiavo or the legalization of voluntary euthanasia- as the “most shameful thing of all.” When the stressed importance of life is the reason for euthanasia being inaccurately represented as the “most shameful thing of all,” it overshadows the true nature of its intended use which is, in reality, “dignified and humane.”

Furthermore, professing the value of life as the only “dignified and humane” thing in the face of death is a fairly simple position to uphold when the person doing so is not in a position of having to make a life or death decision. The circumstances under which most terminally ill patients request euthanasia are not personally relatable to most healthy individuals. These circumstances include, but are not limited to, being permanently bedridden, requiring constant care and attention, being physically unable to take part in enjoyable activities, or being unable to do the simplest of tasks such as going to the bathroom, changing clothes, or even eating by one’s own power (“Pro-Euthanasia Arguments”). As right-to-die advocate Gary Seay writes in “Common Sense: A Reply to Garcia,” the “duty to relieve suffering...can sometimes outweigh the fundamental duty to preserve life.” Forcing patients to continue suffering in a dwindled state would not be preserving life, but merely preserving a “living being,” as Foucault would call it (Foucault 247).

A larger problem exists in that advocating life in situations where terminally ill patients explicitly declare a desire to end their own lives denies them a fundamental sovereign right: what Foucault identifies as “the power to take life.” In quoting Foucault, I do not mean to say there exists a right to take life in any case. Rather, I mean to say an individual has a sovereign right to exercise “the power to make live and let die” upon themselves (Foucault 241). With euthanasia, the right can be translated as the power to let oneself die. This right, or power, holds root in John Locke’s Second Treatise of Civil Government. Locke writes that “every man has a property in his own person: this no body has a right to except himself” (original emphasis) (209). In other words, no one should have power or jurisdiction over another individual’s physical being. Though this right is
not explicitly referenced or defined in the United States Constitution, like many other civil rights such as the right to contraceptives or the right to have an abortion, it exists through implication.

Having said that, Locke’s *Second Treatise* provides insight into how the right to die should in fact be safeguarded under constitutional provisions. Locke’s characterization of an individual’s being as his own private “property” laid a foundation for civil rights controversy with respect to life and death matters. Arguing against euthanasia on the grounds that it disparages the sanctity of life implies that no individual has authority over his being even if it is his own private “property.” Denying individuals jurisdiction over their own bodies has been an ongoing issue, not only with regards to euthanasia, but with other life and death matters as well. The right to have an abortion, for example, consummates the same concerns present with euthanasia in terms of having rights over one’s own body or “property.” The Supreme Court legalized abortions in the landmark case of *Roe v. Wade* in 1973 through a constitutional interpretation that portrayed the right to privacy, which encompasses the right to property, as a “personal ‘liberty’” that is constitutionally protected. Chief Justice J. Blackmun wrote in the Opinion of the Court that “right of privacy, whether it be founded in the Fourteenth Amendment’s concept of personal liberty and restrictions upon state action, as we feel it is, or as the district court determined, in the Ninth Amendment’s reservation of rights to the people, is broad enough to encompass [a woman’s right to do what she will with her own body]” (*Roe v. Wade*). Technically speaking, then, the Court established a woman’s body as a matter of private property that is legally protected under the Ninth and Fourteenth amendments to the Constitution.

The reciprocity of an individual’s body and the “right of privacy” and “property” that manifested in *Roe* tenders a sort of stupefied logic when the same issues are used to depreciate euthanasia. Consider this prospective: *Roe* made it legal to take the life of another “living being” because it is embodied within an individual’s private “property.” Yet it is illegal, except in Oregon and Washington, for an individual to take their
own life, even though it is embodied within their “property” all the same, if not more so, than a developing fetus would be. Anti-euthanasia advocates who value the sanctity of human life do acknowledge a person’s physical being as his own property. However, they persist with opposition to euthanasia on the grounds that, as Pope John Paul II put it, “Human life is sacred...[and] We should never deal with the problem of suffering by eliminating those who suffer” (“Anti-Euthanasia Arguments”). With the legal precedent installed from Roe v. Wade, denying terminally ill patients the right to die on the justification that “Human life is sacred” should be considered an unconstitutional violation of their Ninth and Fourteenth amendment rights to “privacy” and “property.”

John Locke’s social contract theory, in short, adopts a philosophical approach to government that individual rights may be sacrificed only in the name of a greater good for society whereby citizens “live together in harmony for mutual benefit” (Constitution.org). In what way, then, does denying terminally ill patients the right to “let die” through euthanasia provide a greater good for society? If an individual right can only be sacrificed in the name of the common good, there is no warrant in banning euthanasia. Legalizing euthanasia would cause no collective harm to society or threaten society’s ability to “live together in harmony.” The main threat euthanasia poses is that it generates a limit on the power to “control mortality” and to “make live” (Foucault 247). It unsettles our vastly pro-life society to recognize the existence of a “great absolute power...the power to take life” that would ultimately install limitations on the power to “control mortality.” Legalizing euthanasia would make it evident that “this technology of biopower...this technology over ‘the’ population” is not absolute and omnipotent, as many believe it to be (Foucault 247). For this reason, euthanasia has yet to be legalized nationwide because it presents a difficulty to legislatures whose constituents condemn anything that will “make die.”

The “gradual disqualification of death” over the years from the intensified value of life has increasingly forced those with the will to die to remain alive under circumstances in which living is not ideal. Rather than allowing terminally patients to “let die” on their own terms, right-to-life advocates are indirectly constraining them in unfavorable conditions of feeling “loss of dignity,” being “unable to engage in activities making life enjoyable,” or simply feeling a “loss of autonomy.” Dr. Ira Byock, a surgeon at Dartmouth-Hitchcock Medical Center in New Hampshire, said in an interview with the television program 60 Minutes that “families cannot imagine there could be anything worse than their loved one dying. But in fact, there are things worse...having someone you love die badly” (“The Cost of Dying: End-of-Life Care”). Unfortunately with the emergence of “this technology of biopower” that has the power to “control mortality,” the latter is more rampant than the former. If society continually begrudges the right to “let die” through euthanasia, terminally ill patients will continue to “die badly” with no desire to do so. Legalizing euthanasia, then, is the only “humane and dignified” way to allow patients to exercise their sovereign right to live and let die.
Works Cited


