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Beyond Legal Euthanasia

The fear of dying, which lies behind many of our anxieties and phobias, often seizes us amidst the satisfactions and pleasures we derive from our successes or from love and affection, and it may strike us in the course of our days of greatest bliss or in moments of ecstasy. Hence, our contentment and happiness throughout much of our lives may depend in no small measure on how we come to terms with our mortality. Do we regard it as a divine punishment that we should fear, or as the natural end of our life's course – the redemption that spares us the final humiliations of a deteriorating body.

I speak of redemption because I am primarily concerned with the Death that patiently awaits us at the end of our journey through life, as opposed to Death that wants to take us long before our journey's natural end. This cruel and impatient Death we must oppose with all our might, and with all the resources that medical science and a compassionate society can provide. But the other death, the one that patiently awaits us at the end of our road – 'being old and full of days' – we must learn to accept and welcome, because it is entirely futile to struggle against it. Even if we conquer it, we may gain little more than time for one more bout, often at the price of even greater pain and humiliation of a body that has lost control over all basic physiological functions, becoming incapacitated with progressive disease or unavoidable fatigue.

In my book on the biologic-physiologic and the emblematic spiritual-emotional aspects of life from conception to death (and thereafter) that appeared in Europe in several languages*, I introduced the term *eutélia*, meaning 'good end', as an alternative to the well-known term euthanasia, which literally means good death, but has led to much controversy and still unresolved debates since its introduction by David Hume in the 18th century as 'the means of bringing about the gentle and easy death'.

Eutélia is not merely a question of the ethics and the means of 'mercy killing'. Rather, starting with the



concepts of life and death as they have evolved over the millennia in 'Western' civilisation, it deals with many interlacing approaches that can enrich the last mile of our life's journey, making it less frightening. *Eutélia* can lead us to accept and befriend the merciful Death that spares us the total loss of human dignity that we have spent a lifetime to acquire, along with our grey hair that nature invented to provide dignity to those advanced in age – like the dignity of the silverback gorilla that becomes the monarch of his troop – but we do not welcome this distinction, because in our modern societies we regard not only death but aging itself as a debasing failure against which we must fight.

There are, of course, many practical questions when considering the concept, and an envisioned institution of *eutélia*. But first, I would like to sketch a broader foundation for future discussions, which in turn can help to achieve the help we need for dying with dignity. We must realise that as the course of dying is becoming extended throughout the world by modern medicine, the overburdened health services will either collapse or will have to curtail services to the younger generations, unless their elders become less selfish in their expectation and find the joy of benevolence in giving up lovingly their greatest treasure: their place under the sun, to those they must leave behind.

Of the many relevant aspects of life's end that we must examine, dispelling old prejudices under the concept of *eutélia*, let me mention here as an example the age-old questions: do we have a moral obligation to suffer the pain and

humiliation terminal illness may bring upon us, even when a life worth living is no longer an option? Or does society have a moral obligation to heed our cries for help when we can no longer endure the agony of dying? *Eutélia*'s answer to the first question is a definite, well arguable no; while to the second one is a resounding yes: the question being not if, but the how? and the when?

We must also bear in mind that the unavailability of such help may not only fill our medically extended final days or months with the fear of unbearable suffering, but may cast a long shadow over much of our lives, for – in addition to the fear of the undiscovered country – a major and growing component of our culture's fear of death is the dread of an artificially extended process of dying. This may weigh more and more heavily upon us in our final years, as the various ailments that come with prolonged life afflict us, or as we witness the seemingly endless agonies of relatives and friends awaiting death in vain, often hooked up to ever more sophisticated life-sustaining machinery. All this, even after they have been brought back from the easy death of a cardiac arrest, or cured of pneumonia, once regarded as the friend of the dying.

Those who support the right to ask for, and obtain, help in order to die with dignity – when a humanly acceptable quality of life is no longer possible – refer primarily to the right of self-determination, while opponents – primarily certain churches – refer to the sanctity of life. Monotheism, having no other option, assigns the role of Prometheus and Zeus as well as Ares and Thanatos to the same God, bestowing onto Him the gifting of our progenies and the taking away of our progenitors.

Western civilisation is built on the premise that it is the Creator God who decides whether we are to have an easy exit or a long, painful and humiliating loss of our autonomy and most other aspects of our humanness before we are allowed to depart. This millennia old position of our churches disregards the fact that before resting on the seventh day our Creator endowed us with a

keen mind, dexterous hands, free will and all the other attributes that allow us to help each other as social beings in all endeavours of life. In as much as death is part of life, we must eventually accept that we were meant to help those ready to depart, to die with dignity without being stripped of their most basic human right of self-determination: the right to tell us when and how – that only the one prepared to depart has the right to do.

It is time to admit to ourselves that medical science long ago took death out of God's hands. We now replace diseased or simply worn out organs, re-start stopped hearts, and extend – frequently beyond the limits of endurance – the agony of dying: With our increasingly sophisticated technologies we bring people back to life (and keep them alive) whom God had shown mercy by stopping their hearts. Yet we are deaf to the pleas of those who, overburdened with years, want to die in peace. Or, even if we hear their pleas for help, we lack the courage to break with long-outdated traditions and laws that date back to times when we did not have the means to keep even the brain-dead alive.

The exponential development of biomedical science and technology enables us to keep an ever-increasing number of bodies biologically 'alive', artificially maintaining them in vegetative states that do not resemble human existence, often not even in appearance. If this trend continues, by the end of this century it may require the care or storage of hundreds of thousands or millions of functionless bodies at any given time, at the expense of providing adequate medical care for younger generations with the potential to enjoy useful lives for many more decades.

Even as we maintain 'living' bodies far beyond their natural capacity to sustain human life, doctors must ultimately take it upon themselves to decide when they should be allowed – or helped – to die. So the question of exercising passive or active euthanasia is becoming more and more not a whether or not, but of who decides when? Eutelia maintains that any form of euthanasia, 'passive' or active, can only be an expression of self-determination either directed by the patient or by his or her leaving proxy. Not a 'living will' that is a piece of paper on which we cannot anticipate all eventualities. We need to have trained and licensed professionals to be such proxies, acting for example through an Institute of Eutelia, that needs to be

established to represent those who want to maintain their right of self-determination to their last minute and even thereafter as for example assuring that farewell rites will be according to the wishes of deceased and not according to what he abhorred. Whether we prefer such rites before we die – if we are given time for it – or want people to perform pagan flower sacrifices around our coffin or ashes. Whether we want our body returned into the eternal cycle of nature in a cemetery or an environment-friendly manner or want it to be cremated as it is commonly done today, which demands much energy (gas or oil) and pollutes the air more than is allowed by industry.

We know that 'euthanasia' means 'good death', but what it represents in the public consciousness today is simply the shutting off of a respirator, the administering of an overdose of a 'pain-killer', or an injection as the ultimate *coup de grâce*. And we have the audacity to call it 'good death' even when no one is present to hold the hand of the dying, to treat them like human beings. In contrast, most veterinarians have the compassion to ask the master of a dog to hold it in his arms as he administers a fatal injection to put it to sleep...

But as long as human euthanasia remains illegal, it has to be enacted secretly, only too often under the most undignified circumstances, and much too often only when the caregivers can no longer endure witnessing the patient's suffering or hearing his or her cries of agony (or as one can only suspect also happens, when the terminally ill patient's insurance coverage runs out). In most of these cases the patients' right to self-determination is totally disregarded.

While I went into all this in some detail in my book, I must confess here that after the Terri Schiavo case I welcomed the rush of preparing living wills, which had become a right in most western countries. Only after proper reflection did I realise that under the present circumstances this can be detrimental to the cause of eutelia, i.e. the good last phase of life, given the fact that we may deprive ourselves of the most rewarding years of our life if we give a 'no resuscitation' order, i.e. if we instruct the doctors not to restart our heart if it stops, since it is a common observation that after a near-death experience many people appreciate life more and start a new, much richer, more caring and gratifying life.

Eutelia discourages the inclusion of such no resuscitation orders in living

wills until more enlightened times, when one will be able to request to re-start one's heart, with the caveat of providing appropriate help to die if a sufficient observation period (a couple of days or weeks) reveal brain damage – due to a period of hypoxia before resuscitation – that is incompatible with regaining a human level of functionality. As long as we cannot stipulate this in a living will in the absence of legal 'euthanasia', we should perhaps not even mention resuscitation in our will, unless we can make private arrangements with our doctors regarding the above mentioned caveat.

The concept of eutelia calls for comprehensive laws that are constructed with appropriate attention to the complexity of the biological, sociological and individual questions involved in end-of-life decisions – especially now, when our pharmacological arsenal is continually expanding. One can expect that if there were demand, the pharmacological laboratories and industries could come up with effective medications to ease our fears of the unknown during our last days or weeks, as such medications are already used acutely to alleviate anxieties and fears prior to surgery. They can certainly modify some of these to allow their continuous use for longer periods of time.

As we see the many facets of end of life decisions, we must recognise that the introduction of laws that guarantee the basic human right of self-determination to the terminally ill – and establish the institution of eutelia that can help to implement it – must be preceded by much broader public discussions than we witnessed thus far. Such discussions must include the biological-physiological, psychological-philosophical, sociological-educational and the theological-religious as well as the practical aspects of death and dying.

I expect that such discussions, based on the present and other propositions, will have to go on for several more years before a new way of thinking about the last phase of our lives will be embraced by a majority sufficient to force the enactment of laws extending individual autonomy to the last minute of our life as long as we possess our faculties. And beyond that, by proxy as, for example, through the institution of eutelia, as mentioned above.

Such public discussions may also extend to the moral absurdity that we regard it acceptable to send our 'enemies' and even our own children, who want to live, to their deaths

— something we became particularly proficient at over the course of the last century — but do not have the courage and empathy to give those who have fulfilled their missions in life (“being old and full of days,” as the Bible says) and wish to die, the help they seek in order to be able to depart with dignity. Whether the help sought is palliative care provided by a Hospice or the active shortening of the agony of dying provided by euthanasia, or anything in between, it can be provided by eutelia.

I do not promote, under the concept of eutelia, the legalisation of euthanasia to encourage everyone to ‘shuffle off this mortal coil’ with a lethal elixir or injection. On the contrary, I believe that the knowledge that in terminal illness euthanasia is legally available to us, if fate should be so unkind as to deal us agonies and humiliation that exceed our endurance, can help us cope much more peacefully and patiently with pain and suffering, and make it easier for us to bear this suffering longer. This can bring comfort, particularly to those who would like to have a natural end to their life, but do not regard as natural, for example, the often used ‘terminal sedation’, or being in a coma for years, maintained artificially, hooked up to more and more contraptions.

On the other hand, we must reject as morally unacceptable the current practice according to which, after the decision has been made (frequently after a long court battle) not to continue artificial maintenance of a vegetative state, the body is allowed to dehydrate slowly until it becomes incompatible with life. Or even worse, hydration is maintained, but the body is allowed to deteriorate

even more slowly by consuming itself after termination of artificial nutrition. Society would be up in arms if someone did this to a horse.

Let me emphasise that by “eutelia” I do not mean one specific, magical means of freeing ourselves of the fear of dying and death. (And to stop bringing medical care to the brink of bankruptcy by maintaining bodies incapable of human life, alive for weeks, months or years.) Rather, eutelia offers a different mindset and several practical approaches that, if a broadly acceptable system of emphatic help — doing what somebody expect from us, not what we believe would be good for him or her — evolves from them, can make the final phase of our lives more peaceful and gratifying.

Concerning this multifaceted, comprehensive approach, let me mention here one objection that I have heard most frequently at conferences, public discussions and talk shows I have conducted or participated in, since my book on eutelia and euthanasia appeared in Europe. Physicians often object to the advocacy of euthanasia, assuming that they would have to enact it. On the contrary, the concept of eutelia rules this out. It maintains that the physician’s role stops at the point when he or she can no longer heal: restore health to such an extent that life would become worth living for the patient. If this is no longer possible, the physician, bound by the Hippocratic oath, must turn the patient over to someone of a different vocation with different training, just as the internist turns the patient over to a surgeon when medical treatment no longer works. This is consis-

tent with that oath, that we inherited in many versions some of which states clearly: “I will not cut for stone, even for patients in whom the disease is manifest; I will leave this operation to be performed by practitioners, specialists in this art.” Eutelia maintains that when only death can save the terminally ill from further suffering and indignities, the physician must turn the patient over to a specialist in the art of dying.

Just as we have already established the professions of midwifery and obstetrics to help the foetus out of the womb, we need well trained, devoted and empathic specialists to help us out of life when the time comes. We may call these specialist thanatologists, but because eutelia assigns them a broader role in preparing people for *and* helping them across the threshold I would rather call them by a friendlier name: Christophers, after the saint who, according to legend, carried many people, including the little Jesus, across a river of terrifying eddies.

* Based on the introductory chapter of the English version of the book of the author on eutelia and euthanasia translated, updated and expended from its first version published in Hungary, in 2005: *Boldogabb élet – jó halál / eutelia – eutanázia / (Blissful life – good death; Athenaeum, Budapest 2005)* German translation by Hans-Henning Paetzke: *Die Kunst des schönen Sterbens* (Engelsdorfer Verlag, Leipzig 2007) Also published in Russian: ISBN 5-94698-028-09; Slovakian ISBN 80-7149-839-4 and Rumanian ISBN 978-973-669-311-3 (See also: www.laszlobito.com)