

## Legalization of Euthanasia

Yasko Ishimaru

Euthanasia is the practice of killing a person who is suffering from an incurable disease. Some advocates of euthanasia point out that patients' suffering can be unbelievable and intolerable, and that euthanasia is a possible solution to end these hopeless situations (Battin and Lipman). For instance, "a survey published in the JAMA [in 1992] indicated 64% of Americans thought physicians should be allowed by law to respond to a request for aid in dying by a competent, terminally ill patient in pain" (Battin and Lipman 32). Others state that people have the right of autonomy, which should allow them to have their own decision about their life (Callahan). However, as many countries hesitate, legalization of euthanasia has significant potential risks, so it should not be legalized. Three possible dangers are patient abuse, deceleration of medical development, and threat to the doctor-patient relationship.

The first argument against euthanasia is the conceivable danger of abuse. For example, "if euthanasia [is] legalized...vulnerable patients could feel obligation to accept it in order to reduce the burden on their families [and] their caretakers" (Battin and Lipman 29). In such a desperate situation, it is possible that even when patients do not want to die, caregivers might not want to look after them any more. Thus, the pressure from caregivers might force patients to give up their life. It is a human right to live, and nobody should force anyone to die against his/her will under any circumstances. Moreover, pressure from doctors and medical expenses can also cause potential abuse of patients. For physicians, letting a patient die is much easier than continuing the treatment for recalcitrant pain and suffering (Battin and Lipman). Therefore, legislation of euthanasia could reduce the pressure for physicians to fight against the deadly disease and might contribute to the abandonment of difficult patients. Besides, the cost for the medical treatment could also force elimination of patients, especially the elderly and the poor who have difficulty paying expensive medical costs.

Another potential danger of legislating euthanasia is the deceleration of medical progress for palliative and hospice. For instance, legislation of euthanasia "may lessen the need for the medical profession to improve pain control" (Battin and Lipman 29). Decreasing pain in suffering patients is one of the goals for medical professions. If euthanasia were legalized and doctors stopped giving the pain release treatment for incurable patients, it could retard the research for palliative. In addition, legislation of euthanasia could also undermine the purpose of hospice. Hospice is a hospital where dying people spend the last moment of their life. If doctors start to perform euthanasia legally, the number of patients in hospice could dramatically decrease; as a result, hospice might get integrated into general hospital (Battin and Lipman 29).

Lastly, legislation of euthanasia might threaten the doctor-patient relationship. If euthanasia were legalized, physicians would have the most authority for its decision. Repetition of decisions for euthanasia could reduce physicians' sensitivity to death and might cause callous attitudes (Battin and Lipman). Even though most physicians follow their morality, "a few irresponsible physicians could abuse enormous numbers of patients and seriously damage the reputation of the profession" (Battin and Lipman 34). If such

reputation jeopardizes patients' trust in physicians, patients could start to fear their own physicians. This would cause serious problems in a medical system.

In brief, although many people are discussing the needs and benefits of euthanasia, legalization of euthanasia involves great potential of patient abuse, retardation of palliative and hospice, and risk of jeopardizing the doctor-patient relationship. It is true that euthanasia has actually been happening under certain circumstances and that some countries such as the Netherlands and Australia are fairly open about the idea. However, once euthanasia is legalized, it is difficult to prevent the possibility of a slippery slope; hence, it should not be legalized.

#### Works Cited

Battin, Margaret P., and Arthur G. Lipman. *Drug Use in Assisted Suicide and Euthanasia*. London, New York: Pharmaceutical Products Press, 1996

Callahan, Daniel "When Self-Determination Runs Amok." *Hastings Center Report* 22.2 (1992): 52.