AID-IN-DYING’S ENEMIES: Are they VSED’s enemies too?

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Enemies?
The three principal opponents of aid-in-dying:

- The disability-rights movement
- Suicide prevention organizations
- Some religious groups
For each, explore:

- The core of their objection to aid-in-dying
- The core of their objection to VSED
- Points of agreement with aid-in-dying and VSED
- What they could contribute to the aid-in-dying movement
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Opponent #1: The disability rights movement
The core of the disability-rights movement’s objection to aid-in-dying:

THE “SLIPPERY SLOPE” AND THE POSSIBILITY OF ABUSE

“Both society in general and the medical profession in particular have important duties to safeguard the value of human life. This duty applies especially to the most vulnerable members of society—the sick, the elderly, the poor, ethnic minorities, and other vulnerable persons. In the long run, such persons might come to be further discounted by society, or even to view themselves as unproductive and burdensome, and on that basis, “appropriate” candidates for assistance with suicide...

...the ramifications [of legalization] are too disturbing for the ...value our society places on life, especially on the lives of disabled, incompetent, and vulnerable persons.”

American College of Physicians–American Society of Internal Medicine, 2001

Perceptions of disability

“Disabled lives are less worth living”:

Perceptions that the lives of disabled people are:

• painful
• burdensome to others
• expensive and consume an unfair share of medical and other resources
Perceptions of disability

- Realities of discrimination against people with disabilities
  - Inadequate access to health care
  - Inadequate social and income supports
  - Environmental limitations and constraints

Disability and aid-in-dying

- No evidence in US, Canada, or Europe of increased rates compared to general population of physician-assisted dying or active euthanasia for people with disabilities.

- [Emanuel EJ et al. JAMA 2016;316(1):79-90]
from the early feminist literature, on the internalization of negative perceptions:

• “It's hard to fight an enemy who has outposts in your head.”

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(this is the “slippery slope” concern)
“It's hard to fight an enemy who has outposts in your head.”

--so people with disabilities will be more easily led into seeking assisted dying

— and even more easily into VSED

Point of agreement with aid-in-dying:

• Yes, the “enemy” may have “outposts in your head” — we call this social programming—
What disability-rights could contribute to aid-in-dying:

- Yes, the “enemy” may have “outposts in your head”—we call this social programming—

- But patients who are dying are already subject to social programming—namely, to continue on as long as possible, to the very end of their disease.

- “Keep on fighting!”

- “You’re such a hero!”

- “Do it for us.”
Opponent #2: Suicide-prevention organizations

AMERICAN ASSOCIATION OF SUICIDOLOGY
Suicide Prevention is Everyone’s Business

(Disclosure: I’ve been a career-long member of this organization)
There are many schools of suicide theory and suicide-prevention practice, e.g. Cognitive-Behavioral Therapy (CBT)

All have the same core commitment and goal, which seems to conflict with aid-in-dying
Core of the suicide-prevention organizations’ objection to aid-in-dying

*Suicide is a tragedy,*
for the person,
for the family,
for the society as a whole

The goal:

[ZERO Suicide logo]

*ZERO Suicide*
*IN HEALTH AND BEHAVIORAL HEALTH CARE*
Does VSED count as suicide and hence to be prevented?

Labeling suicide: mechanism and intention
One basic suicide-prevention strategy: Get the suicidal person to articulate his or her reasons for dying but also their reasons for living—and reinforce these.

Point of agreement of suicide prevention with aid-in-dying:

*Choices to die can be misguided!*
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*Choices to die can be misguided!*

Aid-in-dying clearly agrees: Even where legal, many requests for aid-in-dying are not honored

And where aid-in-dying isn’t legal, you can’t always openly explore your choice with family, friends, or a trained professional. Merely saying that you are considering ending your life can elicit unwanted consequences, from intensification of unwanted treatment, to institutionalization, or, conceivably, involuntary mental-health commitment.
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Would this be a problem in VSED?

What suicide-prevention programs could *contribute* to the aid-in-dying movement:

Skill in helping a person think through their choices about whether, when, how to die.
What suicide-prevention programs could contribute to the aid-in-dying movement:

Skill in helping a person think through their choices about whether, when, how to die--without antecedent commitment to preventing such a choice.

What suicide-prevention programs could contribute to the aid-in-dying movement:

A different basic suicide-prevention strategy that also acknowledges aid-in-dying: Get the person to articulate reasons for living but also reasons for dying, and if appropriate, provide support for (reasonable, understandable) choices to die?
What suicide-prevention programs could *contribute* to the aid-in-dying movement:

Skill in helping a person think through their choices about whether, when, how to die—without antecedent commitment to preventing such a choice.

(this would certainly apply to VSED)

**Opponent #3:** Some religious groups
Core of the Catholic Church’s objection to euthanasia and aid-in-dying?

- The Church is opposed to many other social practices:
  - Divorce
  - Abortion
  - In vitro fertilization
  - Embryonic stem cell research
  - Same-sex relationships and marriage
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So it is tempting to write off its views on euthanasia and aid-in-dying; but there’s something to be gained here

Pope Francis, November 2014
• Pope Francis denounces the right to die:

• Euthanasia is a sin against God
• It is a “false sense of compassion” to consider euthanasia as an act of dignity.
• The assisted suicide movement is a symptom of a contemporary “throw-away culture” that views the sick and elderly as a drain on society.
• Euthanasia is “a threat to families everywhere.”
• Life starts at the moment of conception and should end at the moment of natural death; euthanasia “is playing with life...Beware, because this is a sin against the creator, against God the creator.”

From remarks made to the Association of Italian Catholic Doctors, November 2014, and elsewhere.

Catholic objection to aid-in-dying?

The Church’s objections are a mix of theological, conceptual, and empirical slippery-slope arguments that have fueled protests everywhere and blocked right-to-die legislation
Alternatives to aid in dying?

- Terminal sedation
  - Alleviate intractable suffering
    - Agitation/Delirium (~60%)
    - Pain (~15%)
      - Approx 2 to 5% of patients will have intractable pain
    - Dyspnea (~20%)
    - Myoclonus/seizures
    - Nausea (~5%)

- VSED, voluntary stopping of eating and drinking
  - Requires careful management; patient dies of dehydration
Francis’ positive view of the appropriate alternative to aid-in-dying

- “time spent with the sick is holy time”
- “wisdom of the heart” means four separate things:
  - Serving those who are sick
  - Being with them in their suffering
  - Going forth from yourself to help others
  - Showing solidarity with the sick while not judging why they are sick

(Pope Francis, Dec. 3, 2014)

None of this is precluded by aid-in-dying or VSED
Prayer: Preparation for Death

Mary, conceived without sin, pray for us who have recourse to thee; O refuge of sinners, Mother of the dying, forsake us not at the hour of our death; obtain for us the grace of perfect sorrow, sincere contrition, the pardon and remission of our sins, a worthy receiving of the holy Viaticum, and the comfort of the Sacrament of Extreme Unction, in order that we may appear with greater security before the throne of the just but merciful Judge, our God and our Redeemer.

Amen.
Points of agreement between the Catholic Church and aid-in-dying

• Last moments are important
• Communication is important
• Acceptance of oncoming death is important
• Spiritual experience is important

• What is precluded by intolerable suffering at the end of life? Or by pain-relieving medications that dull consciousness?

  • Self-awareness in an emotional and cognitive sense
  • Communication with family, friends, coworkers, the world
  • Capacity for bestowing wisdom, saying goodbye, blessings
  • The capacity to meet, even embrace death, perhaps as the transition to another life.
  • Ability to pray
Ability to pray?

• In medieval Christianity, the last moments of life are the crucial moments—this is the opportunity for repentance and absolution, and may determine the entire course of one’s afterlife.

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• Contemporary secular version: “Life closure”

• The families of patients who die in the ICU most often regret not knowing death was coming (although the medical staff did) and hence not being able to say goodbye.

  • (E. Gilmore-Szott, work in progress)
What religious groups, especially the Catholic Church, can contribute to the aid-in-dying movement:

- a deep sense of the (spiritual) importance of the end of life, for the person, for the family, and perhaps for the larger society in general
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• Does VSED enhance this possibility?

In sum, altogether:

What can the enemies of aid-in-dying contribute to the right-to-die movement?

Aid-in-dying’s (potential, if unwitting) allies—

All intend to make human life better

All could help to make human death better too—
from Disability-rights:
Alertness to social programming—in one direction or the other.

from Suicide prevention:
Skill in helping a person think through their choices about whether, when, how to die—without antecedent commitment to prevention.

from Religious groups, especially the Catholic Church:
A deep sense of the (spiritual) importance of the end of life, for the person, for the family, and perhaps for society in general.

All of these would enrich the right-to-die movement.

(and to some extent already do)
Maybe the “enemies” of aid-in-dying needn’t be seen as (entirely) enemies after all. What we need is a clearer look at the core of their commitments, insight that can strengthen the case for the right to die in a way compatible with their central concerns.

(even if that’s not what they have in mind)