Case Study: Euthanasia (Medical Assistance in Dying)

Case 1

M.G. is a 55 year-old female family physician with advanced amyotrophic lateral sclerosis (Lou Gehrig's disease). She is mentally competent. Her disease has rendered her bedridden and short of breath. She is dependent on her family to feed and bathe her and to help her with the toilet. Based on the rate of progression of her disease, she is aware that she probably has a few weeks to live.

Case 2

S.L. is a 30 year-old man with a previous history of drug abuse resulting in severe heart failure. He is in the cardiac care unit and is no longer on life support. However, he gets extremely short of breath whenever he tries to get out of bed and walk. He is at risk of suffering a cardiac arrest if he exerts himself. Unfortunately, his physicians have determined that he is not eligible for a heart transplant - the only life-saving option available for him to get out of hospital – because of his history of drug abuse and his previous failure to follow medical treatment. His condition is terminal but no one knows when he will die. He has no next-of-kin.

Case 3

G.G. is a 70 year-old man with a long history of chronic leukemia which has been treated on a number of occasions during his life. The leukemia has relapsed and only one treatment option is left. The wait list to receive the treatment is months long. If he receives the treatment, his leukemia will go back into remission and there is a good chance that he will live for months, maybe years. GG doesn't want to wait for the treatment and feels he is a burden to his family.

Definitions

Euthanasia

- Greek, "good death"
- currently, "an intentional act, usually on the part of a physician, that shortens the life of a patient by introducing some foreign, lethal substance into the patient's body."[1]

Physician-assisted death (PAD) or *medical assistance in dying (MAiD)*

- provision of lethal medication by a physician "that the conscious and presumably competent patient self-administers"[2]

Euthanasia and PAD / MAiD are different from withdrawal of life support (erroneously described as "passive euthanasia").

[1] John Breck, "Alternative to euthanasia," *St. Vladimir's Theological Quarterly* 52, no. 3-4 (2008), 389.
[2] Breck, 389.

Offer	Dying can occur with dignity
Accepting & blocking	<u>Arguments for euthanasia</u> Deontological • *Autonomy* – person has right to choose life or death Consequential • Euthanasia relieves "burden on society" • Euthanasia relieves unrelievable suffering • Euthanasia provides dignified death <u>Arguments against euthanasia</u> Deontological • Life is sacred and not for us to take Consequential • Euthanasia is a "slippery slope" • Euthanasia will be used to end the life of those who are vulnerable and who are suffering but not dying Those who propose euthanasia are not part of the community of the dying
Assessing status	• Individuals in power suggests euthanasia to individuals with less power (whose choice is it?)
Questioning givens	• Definitions of "dignity" and "compassion" • Suffering is evil / worse than death / redemptive • We control our lives • Death is the final act • Death is a failure to cure disease so end dying process as fast as possible • Discontinuation of medical therapy makes us complicit in ending someone's life • Value of human life is based on utilitarian measures

Reincorporating the lost	• Visitation and ministry – reincorporating the sufferer and their family into community • Compassion as "suffering with", not "feeling sorry for" • Remembering that the person is body, mind, soul • Recovering the role of the physician as one who cares (not only cures)
Incorporating gifts (over-accepting)	• Expansion and promotion of euthanasia highlights shortcomings of society – can be received as an opportunity renew true caring and compassion • Relieving physical, mental, and spiritual anguish • Redefining a "good death"
Forming habits	• Caring instead of judging • Caring instead of curing • Being with the sufferer as a ministry • Enacting the kingdom as a witness on how to live and die • Remembering death (*memento mori*) as part of our life

Returning to the three persons mentioned earlier …

Case 1
M.G. did not choose to end her life by MAiD. Over the next few weeks, family, friends, colleagues and former students went to visit her to be with her. She eventually reposed peacefully at home surrounded by her family.

Case 2
S.L. was offered MAiD by three different healthcare professionals and this was a traumatic experience for him as he explicitly stated that he wanted to live. The priest and matushka of his parish visited him regularly while he was in hospital (including when he was unconscious on life support) and became his family. He accepted that he had a life-ending condition and that he wouldn't know when death would occur. With the priest's and matushka's support, he reached out and reconciled with a number of individuals in his life. On the day of his death, he was talking on the phone to the matushka and was at peace with his situation. He suffered a cardiac arrest in the middle of the phone call and reposed.

Case 3
G.G.'s story is still unfolding. I think his decision will depend on how his sense of personal worth is restored or degraded. This is where *being with* the person is needed. Regardless of his decision, he will need compassion; holistic care as a person consisting of body, mind, and soul; and *agape*.