

Reconsidering euthanasia: For a right to be euthanized and for recognizing alternative end of life methods

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Abstract: The taking of one's own life remains a morally divisive issue, most notably in Western and Western-influenced cultures, affecting views related to euthanasia programs and causing many to reject such programs out of hand despite the enormous amount of suffering that they could help to alleviate. The following focuses on voluntary euthanasia and argues that common conceptions of the issue are in need of a clearer analysis, suggesting that voluntary euthanasia should rather be considered suicide by other means, and that when historical perspectives and our shifting contemporary attitudes are considered the modern prejudice against these practices can be seen to be poorly grounded. A legal right to euthanasia would help to establish its moral acceptance, and this as well as a greater understanding of the conditions under which suicide can be rationally considered a potential choice are also argued for.

Keywords: euthanasia; historical trends; right to die; *seppuku*; suicide; voluntary euthanasia

I. A death hastened

A family member of mine killed himself in a way that managed to be both deliberate and unassertive. When the time came where he wanted to die — I remember having the impression that he no longer felt like he had a reason to live — he simply stopped eating. Eventually he collapsed, went into a coma, and drifted away. It was clear that he desired an earlier death than he would have had otherwise but, having been raised in the time and place that he was, taking his own life in a more active manner probably wasn't a real option for him. To choose death can be a terrible burden to carry, and to those who make it rationally — as is (or should always be) the case in voluntary euthanasia, to be argued below — mental and physical preparations will be needed for both the person involved and the affected others in their life, as well as attention paid to any preferences for the manner in which it comes. The circumstances in which such decisions occur, or are at least considered, will vary widely, and there needn't necessarily be any shame in taking one's own life or in allowing it to be taken. In the following a reconsideration of contemporary views on euthanasia and suicide will be argued for, beginning with the case for voluntary euthanasia to be thought of as suicide by other means. Actively ending one's life has historically been accepted by human societies,¹ and the prejudice that developed against it in Western cultures has also been disappearing, a trend that will play a part in our consideration of whether or not euthanasia should be a legal right. Finally, an examination of the weaknesses of objections to voluntary euthanasia will show that a right to it seems an entirely reasonable one to grant, and perhaps deeper levels of understanding and empathy are in order for those who would rationally choose suicide and those to whom they are close.

II. Voluntary euthanasia is suicide by other means

I should state at the outset that I believe life to be a very positive phenomenon, and it would grieve me if this piece were to be misunderstood as a celebration of death. Nevertheless, we are frail biological creatures, subject to varying degrees of decay and universally bound for the grave. It is in the hope that our modern human lives, with all of their accoutrements medical and otherwise, can be lived a bit better that I wish for us to consider our ends. Now to the main, beginning with a definitional framework: the question of a right to be euthanized concerns itself only with voluntary euthanasia, with the power to choose rather than to have a choice thrust upon you because you are unable to choose, unwilling to choose, or would choose otherwise, and the below will therefore not consider involuntary or nonvoluntary euthanasia.² Let us begin by imagining a common scenario in which the question of administering euthanasia would arise: A person is nearing death, experiencing a great deal of pain and discomfort, and wishes for her final moment to come sooner rather than later. Were the person capable of it she would willingly take her own life (the option which would be the preferred one, as will be discussed below), but lacking full motor control she is unable to do so and requires assistance. She has set her things in order and is ready for the end; she only needs someone to increase the levels of morphine that she is receiving via an intravenous drip such that the dosage becomes fatal. There is no difference in principle between doing this for her and placing the device within reach so that she can do it herself; although the first would be categorized as euthanasia and the second as assisted suicide, the intention and outcome are the same in both cases.³ While it is true that you would want to make sure her decision was a stable and well thought out choice before offering your help, such actions as those described or similar behaviors are justified where a person would commit suicide if they were physically able.⁴ The same naturally follows for acts like stopping life support machines or other measures, what is important in all of these cases is that you are simply carrying out the wishes of the person for the person, however emotionally difficult such may be. It is interesting to note that in other areas as well intent in actions has taken on a stronger legal role than simply the effects of those actions; in a discussion on Good Samaritan laws and the duty to rescue Ridolfi points out that US law has shifted from a distinction of harm resultant from an act to whether the actor was ethically blameworthy or not,⁵ the difference lying, of course, in the actor's intentions. Although euthanasia generally⁶ has a broader meaning than assisted suicide — involving killing in order to spare further suffering or distress, not necessarily killing that is asked for⁷ — cases of purely voluntary euthanasia, our focus here, only concern a person who wants to die, who is actively seeking death, but for whatever reason(s) cannot bring it about on their own. Thus such can be thought to have the same considerations that suicide does in addition to that of a third party's desire to spare another further suffering and/or distress.

Many legal codes now place a 'right to life' as a core constituent of the basic rights extended to every citizen and noncitizen resident (also included in the UN's Universal Declaration of Human Rights⁸), and it has been asserted that although one has a right to harm oneself, no one has a right to harm others even if so requested.⁹ If this assertion is followed literally, an act as simple as turning off a machine can be considered a violation of rights, an act done with the intention to harm, never mind that such harm is desired. Feinberg however argues that the right to life can be viewed as a discretionary one, kept or waived by choice,¹⁰ a point supported by Singer who states that 'it is an essential feature of a right that one can waive one's rights if one so chooses'.¹¹ A right that impacts others is stickier ground though, and on an intuitive level there does seem to be a distinction between actions that one does that affect another and actions that one does that affect only oneself; a difference that is perhaps reflected in the fact that there are no legal sanctions on suicide,¹² while there are for euthanasia. Someone's obvious anguish and wish to die may be tragic but for us to act on that would still be considered an action done by us, and if it resulted in a person's death then legally we would be facing murder charges. There is though a strong disconnect between black and white law and public sentiment in this regard. In a study designed to probe public attitudes towards euthanasia versus adherence

to the law, Finkel et al. surveyed 170 subjects who acted as mock jurors in four cases where a man killed his terminally ill wife in a way that seemed to satisfy all of the conditions for first-degree murder (deliberate, premeditated, and with malice (as legally defined)). Nevertheless, 25% of the jurors returned not guilty verdicts, and 39% guilty of lesser charges.¹³ Despite the jurors being instructed to leave aside their personal feelings and follow the letter of the law, a full 64% failed to find the defendant guilty of first-degree murder, and of those who returned not guilty verdicts, two clusters of reasons for doing so of especial interest to our purposes here emerged: that the terminal cases described were hopeless and therefore there was no 'life' to take, and that when death was desired and communicated the defendant was not seen as an actor but as an *extension of the patient*, doing for her what she couldn't.¹⁴ This last reason particularly highlights the common sense aspect of viewing voluntary euthanasia as a form of suicide, and although no legal right to assistance currently stands, perhaps one should, and perhaps a legal right to euthanasia itself is the first step in this direction as the law does affect people's attitudes and in ethnically and religiously diverse societies moral common ground is found in the law.¹⁵

III. Historical trends, changing mores, and the case for a right to be euthanized

Since the adoption of Christianity as the Roman Empire's state religion and its subsequent spread throughout Europe and then, via colonialism, the Americas and elsewhere, many people, Christian or not, living in or under the influence of Western culture have traditionally viewed suicide as a grave moral wrong, a sin against God, and a cowardly escape.¹⁶ This was not always the case, even in the West, and cultures today without a strong Christian influence have largely retained the markedly different views on the taking of one's own life that they historically held. During its feudal era Japan's military aristocracy class had a centuries long obsession with death, especially via *seppuku* suicide (stomach cutting), that entailed the development of a highly ritualized ceremony that included refreshments for witnesses, assistants to the suicide, varying techniques for the location and angles of cuts made to one's stomach, and death poems composed and recited prior to the act itself.¹⁷ This form of suicide became so popular among the elite and had such far-reaching consequences (particularly in cases where a lord's retinue would kill themselves en masse following his death to display their devotion to him) that the Tokugawa shogunate had to take drastic steps to stop it, eventually declaring that the sons of those who killed themselves would also be forced to kill themselves and that the family of the suicide would be stripped of its land and status.¹⁸ Nevertheless, suicide itself is still widely accepted in Japan today and annual deaths from it remain high.¹⁹ Suicide as a form of protest has also famously been employed by Buddhist monks in Asia, not only against the Second Indochina War (or the Vietnam War) but also more recently in objection to China's ongoing repression of independent Tibetan rule and culture.²⁰ The pre-Christian West too accepted taking one's own life as a dignified and honorable way to die, and death by this method was even favored and promoted by some religio-philosophical groups such as the Stoics.²¹ Given the widespread and long history that we have with this practice, not only in the Eastern world but also the Western, suicide does appear to be a part of the human condition, even if it is often an extreme one and the practice of it potentially prone to abuse and/or complicating factors.

The Christianized West, however, radically departed from its prior stance on suicide, and by extent voluntary euthanasia — in keeping with the above argument that both can be broadly linked as the taking of one's own life — yet in our times there are many indications that these later socio-religiously bound views are now undergoing gradual change.²² As far back as 1973 a Gallup-NORC poll conducted in the US found that over a thirty year period there had been a growing acceptance for voluntary euthanasia among all groups, but especially among Catholic and younger respondents.²³ Another survey from 1993 comparing the demographics of a California pro-euthanasia group (the Hemlock Society) and a pro-life group (the California Pro-Life Council) yielded the interesting result that 12% of the pro-life group approved of voluntary euthanasia and almost half of that subgroup were also opposed to machines

keeping people alive.²⁴ This is a result that one certainly wouldn't expect from members of a group that campaigns to end abortion rights and keep all forms of euthanasia illegal. Broader public support for voluntary euthanasia does not appear to be mirrored in doctors' attitudes, however, as research into the views of oncologists on euthanasia and physician-assisted suicide shows. When presented with the case of a terminally ill patient (prostate cancer) in constant pain, just 22.5% of doctors supported physician-assisted suicide and only 6.5% euthanasia.²⁵ These results were significantly lower than a previous study (from 1994, the more recent data were collected in 1998) in which 45.5% supported physician-assisted suicide and 22.7% supported euthanasia; end-of-life and palliative care were seen as being far preferred ways of handling terminal cases.²⁶ The doctors' views notwithstanding, 62.9% had received requests for euthanasia or physician-assisted suicide from their patients,²⁷ and additionally creative ways of shifting the law to allow euthanasia/assisted suicide continue to be pursued in the courts.²⁸

Given this preference for end-of-life and palliative care that doctors seem to have in conjunction with a reluctance to perform euthanasia — and surely the act's current illegality in most countries and most US states plays a large role in this — that stands in contrast to the widespread and growing public acceptance of voluntary euthanasia demonstrated above, a legal right to insist on being euthanized seems appropriate. Were such a right enacted pure suicide (as opposed to assisted) would still remain preferable, however, as asking another to help would of course place a burden on them and there can be no guarantee that a willing party would always be available, yet it would also ensure that cases such as Marie Fleming's (suffering from multiple sclerosis and whose partner is willing to give her the assistance she needs to end her life but who would face time in prison for doing so under current laws)²⁹ would not need to occur. Such a right would additionally yield equal access to euthanasia even in the absence of a willing assistant, and although it is conceivable that some doctors or officials could be forced into performing euthanasia against their will if a right to it were granted, this must be weighed against the desires of patients that are seeking death but are unable to achieve it on their own. The right to die has been compared to having the right to duel, that 'to offer the option of dying may be to give people new reasons for dying',³⁰ yet such worries seem rather flippant when a person has seriously considered their situation and decided that they want to end their own life. In societies where individual rights are a foundational basis of the law not allowing someone to die when they desire it but are unable to bring it about must be seen as discriminatory, particularly given the current legality of suicide. Moreover, by focusing only on the deleterious side of choosing to take one's own life we are denying it as an option to those who would embrace its more positive and empowering aspects. This especially holds for the terminally ill who may wish to die with grace and not from a protracted deterioration, sparing not only themselves but also their family members and friends much suffering. Yet it also applies to those who would maintain their autonomy and make their final farewell at the time and place of their own choosing; we may not agree with their reasons and may wish to counsel them against it, but respect for individual self-determination holds that in cases where the decision has been taken rationally we allow them to do so.³¹ If the choice is one that has been well considered and discussed with others, remains stable over time, and if the person has set their affairs in order, we seem reasonably bound to respect their determination however we may personally feel about it.

IV. Some further objections in brief

There have been other objections to allowing people the option of voluntary euthanasia, and given the implications of the broader tolerance argued for here there will no doubt be those who find the above errant as well. Let us therefore conclude our considerations with a brief look at some of the counterarguments that have not been covered already. Wolf argues from a legal standpoint that the current laws prohibiting euthanasia have been of great benefit in four primary ways: 1) in shaping the end-of-life treatment that is given to patients by keeping the law uninvolved (through the nonregulation of euthanasia) and hence also tolerating informal processes that demonstrate trust in

physicians, 2) by allowing courts a right to refuse life-sustaining treatment, 3) by forcing the attentive care of patients till the very end, and 4) by making the bedside a safer place in which to discuss options.³² Were voluntary euthanasia allowed and even regulated physicians might feel that the oversight they are under had increased, yet just how burdensome this would be to physicians given all of the other procedures they are already required to follow is unclear, as is whether or not they would feel less trusted. Moreover, an ability to perform voluntary euthanasia is primarily aimed at the patients' welfare, not the doctor's, and as Emanuel et al. note a vast number of patients are making requests for it.³³ Regarding her second advantage of euthanasia's illegality, Wolf writes that allowing courts a right to refuse treatment actually broadens the category of those who may benefit beyond what some advocates of voluntary euthanasia promote (by including the nonterminal, incompetent, and unconscious); were voluntary euthanasia legalized this right could certainly still, and definitely should, be granted to the courts; this objection is really more of an aside. Judging from her third and fourth points, Wolf seems to consider that if euthanasia were an option doctors and nurses might use it as an easy fix, a way to clear up beds and process dying patients out the door more efficiently. While the possibility always remains that some may think this way, if we really believed that our hospitals were staffed by people like that then we would certainly frequent them much less often (and with much more trepidation) than we currently do. Moreover, it's hard to see how either of these would apply to voluntary euthanasia, where the patient herself always has the ultimate say if and when she dies. Similarly, Glover and Velleman note that family or friends who have come to see someone as a burden may pressure them to decide to end their lives,³⁴ and while this cannot be entirely ruled out either family and friends may pressure us to do all sorts of things that don't necessarily have our best interests in mind yet the final choice always remains ours. Velleman disagrees on just this point though, arguing that doctors should have the option to perform euthanasia if requested but that it should be the physician and not the patient to make the final call lest some be accused of surviving 'by default' — by not choosing to die when they could have.³⁵ This objection appears to be grounded in a highly (overly?) sensitive concern with what others may think of one should one find oneself in a position where voluntary euthanasia would be considered beneficial and it ignores what has been called the central argument in favor of euthanasia, that 'respect for persons demands respect for their autonomous choices', given that those choices don't harm others.³⁶ Feinberg raises an important caveat here that in some cases self-killing may in fact be harmful to others — to those who rely on the person taking their own life³⁷ — but as mentioned above a more tolerant attitude towards suicide generally that recognized it as a rational possibility given that, among other considerations, one put one's house in order first would encourage people who were considering it to take stock of the further implications while they were making their decision. Finally, much has been made of the so-called slippery slope that allowing euthanasia would allegedly take us down; Campbell and Collinson consider it clear that an acceptance of assisted suicide and voluntary euthanasia, although done in a spirit of personal autonomy and self determination, might also 'allow a government to advocate, facilitate and impose' involuntary euthanasia, that such 'could become the norm'.³⁸ However, a legalized and regulated system of voluntary euthanasia, such as one along the lines that the Dutch have created,³⁹ would be unlikely to lead to unchecked killing, as Singer has pointed out,⁴⁰ and at any rate were a government intent on killing some persons or a section of its populace it certainly wouldn't need to legalize euthanasia first in order to do so.⁴¹

V. A better way to live with death

We have a tendency to deceive ourselves when it comes to the matter of death, we prefer not to think about it at all and when forced to still cannot bring ourselves to accept that it will happen to us, and all too soon for most. For others, though, life's final term will be a series of torments or a single, continuing, intolerable condition from which the desire for cessation will be all-consuming. Alternatively, this situation could be foreseen and preemptive action sought. Despite the mental and physical strains such circumstances would bring to a person a rational decision to end one's life could still be made even in the midst of them. Citing a number of studies by suicidologists, Luper notes

that a far stronger link has been shown to exist between suicide and feelings of hopelessness and/or desperation⁴² than between suicide and mental impairment. He concludes that ‘the data do not support the idea that suicide cannot be chosen rationally or that it is never chosen rationally, or even that it is rarely chosen rationally.’⁴³ Moreover, in a discussion of citizenship theory, Kymlicka and Norman write that ‘the promotion of responsible citizenship is an urgent aim of public policy’, that public-spiritedness and a concern for others are traits that are now required.⁴⁴ A society that established a right to voluntary euthanasia, that did not shun from recognizing suicide for the prudent choice that it can be, would produce citizens that are more responsible and attuned with others’ needs through being accustomed to the varying ways people approach their own end, thinking about and discussing what they would like done in certain eventualities should they face them, and by occasionally being there with someone when they are euthanized or even assisting in the process. Being physically present and relating with a person at their time of death can provide great comfort and a sense of solid ground to them: they are going away but we are right there with them; the comforter in these circumstances benefits too by learning about dying and death,⁴⁵ the only significant commonality aside from birth that is guaranteed to each of us. We have seen that voluntary euthanasia is really suicide by other means, that taking one’s own life is increasingly being accepted even where it was long denied, making the right to such all the more sensible, and that the objections to euthanasia are not of sufficient weight to justify our present policies. Instead of pretending that the inevitable will never happen we would do better to recognize our limits, live with a knowledge of our own finitude, and extend whatever aid we are able and willing to give to those who have made the difficult choice to end their lives early.

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- 1 Examples of some related historical trends are discussed in Section III, below.
 - 2 For definitions and extended discussions of each of the different types of euthanasia, see Peter Singer, *Practical Ethics*, 3rd edn (New York: Cambridge University Press, 2011).
 - 3 Jonathan Glover, *Causing Death and Saving Lives* (London: Penguin Books, 1990).
 - 4 *ibid.* Glover lists three conditions that should be met: the decision is properly thought out and reasonable, is stable, and the circumstances that require assistance to be given are not temporary (i.e. she will not recover to the point where she is able to adjust the morphine drip entirely on her own).
 - 5 Kathleen M. Ridolfi, 'Law, Ethics, and the Good Samaritan: Should There Be a Duty to Rescue?', *Santa Clara Law Review*, 40:4 (2000), 957-970.
 - 6 That is, including all three types: voluntary, involuntary, and nonvoluntary.
 - 7 Singer, *op. cit.*
 - 8 'The Universal Declaration of Human Rights', *United Nations: We the peoples... A stronger UN for a better world.* <<http://www.un.org/en/documents/udhr/index.shtml>>.
 - 9 Robert Campbell and Diane Collinson, *Ending Lives* (Oxford: Blackwell Publishers Ltd, 1995). Campbell and Collinson further assert that doctors and nurses cannot offer assistance in bringing about death nor cooperate with a request for it unless that assistance can be justified in other ways than to cause the sought after death.
 - 10 Joel Feinberg, 'Voluntary Euthanasia and the Inalienable Right to Life', *Philosophy & Public Affairs*, 7:2 (1978), 93-123.
 - 11 Singer, *op. cit.*, p. 170.
 - 12 Campbell and Collinson, *op. cit.* Arguments on the acts-omissions distinction and double effects are both applicable here but would take us too far afield from our primary concern.
 - 13 Norman J. Finkel, Marie L. Hurabiell, and Kevin C. Hughes, 'Right to Die, Euthanasia, and Community Sentiment: Crossing the Public/Private Boundary', *Law and Human Behavior*, 17:5 (1993), 487-506. For the lesser offenses category, verdicts of second-degree murder, voluntary manslaughter, and involuntary manslaughter were combined together into a single group. The four cases varied as to patient competency, patient intent (expressed via a living will, verbally, or unable to be expressed), and whether or not the defendant sought court approval before acting.
 - 14 *ibid.*
 - 15 Ridolfi, *op. cit.*
 - 16 Some examples of these views include Wittgenstein, who considered suicide 'the elementary sin', a purely wrong act, the Catholic Church condemning it as a mortal sin, denying Church rites, public services, and burial in consecrated ground to those

who take their own lives, and the attitude of one New Yorker, no doubt representative of others, who in a travel documentary on Hemmingway's Cuba aired on Japanese TV was asked what he thought of Hemmingway and responded, roughly, 'I don't like him. He was supposed to be this big, tough guy but then he killed himself.' In the preceding order, see: Glover, *op. cit.*, p. 171; 'What is the Catholic Church's teaching on suicide and when was this developed?', *Answers*, <http://wiki.answers.com/Q/What_is_the_Catholic_Church%27s_teaching_on_suicide_and_when_was_this_developed>; and 'Anne's History Journey: The Cuba Hemmingway Loved' [title translated by the author], *BS日テレ [nittere]*, <http://www.bs4.jp/guide/document/anne_cuba/index.html>. The program was broadcast 09 March 2013 and followed a fashion model (and daughter of actor Ken Watanabe) as she traced Hemmingway's footsteps across the island. A summary of the show can be found on the website, but no English version appears to be available.

- 17 These martial suicides began as acts of defiance towards one's enemies having lost a battle, but also came to be ways for a warrior to keep his pride and honor intact, to demonstrate loyalty to his recently deceased lord, to accept responsibility for, or to protest against, actual or perceived wrong-doing, or even as a form of rebuke meant to jar another into mending their ways. The most elaborate ceremonies occurred in cases where suicide was a form of execution that still allowed the condemned to keep their honor and the condemned's family to retain its title and hereditary rights. The following contains an analysis of the culture surrounding the trend and many fascinating accounts: Andrew Rankin, *Seppuku: A History of Samurai Suicide* (Tokyo: Kodansha International, 2011).
- 18 *ibid.* The domain of Saga on the southern island of Kyushu also required the brothers and nephews of those who took their own lives to commit *seppuku* as well.
- 19 The above is in no way meant to downplay the very tragic nature of many of these deaths; national figures topped 30,000 for many years but 2012 and 2013 have both seen the number fall below that threshold. 'Suicide in Japan exceeds 30,000 for 14th year', *The Tokyo Times*, 11 January 2012. <<http://www.tokyotimes.com/2012/suicide-in-japan-exceeds-30000-for-14th-year/>>; 'No. of suicides in 2013 falls below 30,000 for second straight year', *Japan Today: National*, 17 January 2014. <<http://www.japantoday.com/category/national/view/no-of-suicides-in-2013-falls-below-30000-for-second-straight-year>>.
- 20 Edward Wong and Jim Yardley, '100th Self-Immolation Inside Tibet is Reported', *The New York Times*, 14 February 2013. <http://www.nytimes.com/2013/02/15/world/asia/100th-self-immolation-inside-tibet-is-reported.html?_r=1&>.
- 21 For an account of the Emperor's inner struggles to improve himself by applying these teachings, and on Stoic thought generally, see Marcus Aurelius, *Meditations*, trans. and intro. by Maxwell Staniforth (London: Penguin Books, 1964).
- 22 This same change appears to be not limited to individuals but also happening institutionally. A *Telegraph* article on the position of the Catholic Church in England and Wales from 2009 is a perhaps surprising example of a potentially deeper trend in the faith: 'Catholic Church softens stance on suicide', *The Telegraph*, 10 July 2009. <<http://www.telegraph.co.uk/news/religion/5789592/Catholic-Church-softens-stance-on-suicide.html>>.
- 23 John M. Ostheimer, 'The Polls: Changing Attitudes Toward Euthanasia', *The Public Opinion Quarterly*, 44:1 (1980), 123-128. Taken together the data discussed reveals far stronger support for passive euthanasia than for active.
- 24 J. Holden, 'Demographics, Attitudes, and Afterlife Beliefs of Right-to-Life and Right-to-Die Organization Members', *The Journal of Social Psychology*, 133:4 (1993), 521-527. The study also noted that the average age of the pro-euthanasia group's members was 64.9 years old versus 41.0 for the pro-life group and proposed that death proximate experiences accounted for the former group's beliefs more than religious training did. Pro-euthanasia respondents also supported capital punishment at 73.0% and abortion in cases of rape or incest at 98.6%, while pro-life respondents supported capital punishment at 71.4% (a counterintuitive result and perhaps a uniquely American one) and abortion in cases of rape or incest at only 10.2%.
- 25 The research was conducted only in the US but was quite thorough there, getting responses from 3,299 doctors, all of whom were members of the American Society of Clinical Oncology. See Ezekiel J. Emanuel, Diane Fairclough, Brian C. Clarridge, Diane Blum, Eduardo Bruera, W. Charles Penley, Lowell E. Schnipper, and Robert J. Mayer, 'Attitudes and Practices of US Oncologists regarding Euthanasia and Physician-Assisted Suicide', *Annals of Internal Medicine*, 133:7 (2000), 527-532.
- 26 *ibid.* This is purely conjecture on my part, but it may be that medical training in life preservation and the Hippocratic Oath's prohibition of giving a deadly drug to a patient even if one is requested are at work here. However, the swearing of this oath (in a modernized version) or a similar one does also appear to be much more common among US medical graduates than among their British counterparts. See 'Hippocratic Oath', *Wikipedia: The free encyclopedia*. <http://en.wikipedia.org/wiki/Hippocratic_Oath>.
- 27 Emanuel et al., *op. cit.*
- 28 For a description of one such effort see 'Marie Fleming's lawyers claim legislation can be put in place', *BBC News: Europe*, 27 February 2013. <<http://www.bbc.co.uk/news/world-europe-21601910>>. Ms Fleming's case challenged the Irish constitution's

Criminal Law Suicide Act of 1993 on the grounds that it discriminates between disabled and able-bodied people. In a previous hearing of December 2012 the High Court ruled against allowing a third party to intervene and cause her death but added that if a solution that would only affect Ms Fleming could be found 'there might be a good deal to be said for her case.' Ms Fleming's appeal, however, was ultimately dismissed by the Supreme Court; 'Supreme Court dismisses Marie Fleming's "right to die" appeal', *The Journal*, 29 April 2013. <<http://www.thejournal.ie/marie-fleming-right-to-die-supreme-court-888094-Apr2013/>>.

29 'Marie Fleming's lawyers claim legislation can be put in place', *ibid*.

30 J. David Velleman, 'Against the Right to Die', *The Journal of Medicine and Philosophy*, 17 (1992), 665-681 (p. 676).

31 Steven Luper, *The Philosophy of Death* (Cambridge: Cambridge University Press, 2009).

32 Susan M. Wolf, 'Holding the Line on Euthanasia', *The Hastings Center Report*, 19:1 (1989), 13-15.

33 Emanuel et al., *op. cit*.

34 Glover, *op. cit.*; Velleman, *op. cit*.

35 Velleman, *ibid*.

36 Robert Young, 'Voluntary Euthanasia', *The Stanford Encyclopedia of Philosophy (Fall 2010 Edition)*, ed. by Edward N. Zalta. <<http://plato.stanford.edu/archives/fall2010/entries/euthanasia-voluntary/>>.

37 Feinberg, *op. cit*.

38 Campbell and Collinson, *op. cit.*, pp. 117-118.

39 For a general description, see 'Euthanasia in the Netherlands', *Wikipedia: The free encyclopedia*. <http://en.wikipedia.org/wiki/Euthanasia_in_the_Netherlands>.

40 Singer, *op. cit*.

41 The Nazi experience has often been invoked in this regard, but the claim that euthanasia led inexorably to the Holocaust has been rebuked in so many places that it need not be repeated in full here; it is perhaps enough to note that the Nazi's 'euthanasia' program was not a voluntary one and was not even euthanasia properly considered as its goal was to assist in their desired reforming of the contents of the general populace and not to aid those who were suffering and in need. On this as well see Singer, *op. cit*. and Glover, *op. cit*.

42 Desperation is here defined as hopelessness regarding a change in one's circumstances and the sense that without that change life is impossible; see Luper, *op. cit*.

43 *ibid.*, p. 181.

44 Will Kymlicka and Wayne Norman, 'Return of the Citizen: A Survey of Recent Work on Citizenship Theory', *Ethics*, 104:2 (1994), 352-381.

45 *The Tibetan Book of the Dead: The Great Liberation through Hearing in the Bardo*, trans. with comm. by Francesca Fremantle and Chögyam Trungpa (Boston: Shambhala Publications Inc., 1975).