Beyond talking at cross purposes.
From legitimating euthanasia to its legitimacy?\(^1\)

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Introduction. The ambiguous meaning of the word “euthanasia”, reason for talking at cross purposes?

What is euthanasia? The literal meaning of the word “euthanasia” is “good death” (etymologically, “euthanasia” comes from the Greek \(eu\) = good, well and \(thanatos\) = death, from Thanatos, the Greek god of death). Today, this literal meaning has given rise to a certain ambiguity.

It seems that it was Suetonius, who used the word for the first time. In his book *The Twelve Caesars* it meant an “easy death”. The historians of euthanasia attribute the word’s modern meaning to Francis Bacon, who claimed that a doctor should not only heal the sick, but also stay with them till the end and take care that they have an easy and painless death. Despite the fact that Bacon’s conception has been exploited by the supporters of euthanasia (“euthanasia” in the sense that we will mainly give it throughout this article, i.e. someone inducing death to someone else, with or without the latter’s agreement), for Bacon, euthanasia only meant giving attention and support to the person at the point of death, an “easy, painless death”, a common and timeless desire. Bacon’s conception corresponds to what we today call “the treatment of pain” or “palliative medicine”. It is connected to Bacon’s idea of “the other euthanasia”, “the good death”, i.e. the soul’s preparation for the long journey, an idea far beyond the modern civilisation of vitality’s understanding of the concept. The expression “good death” was traditionally associated with the idea of a well-prepared death, especially from a spiritual point of view: the human being accepted its mortal nature and its lack of control on life and death; the

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“good death” occurred among the close relatives who gave the person at the point of death their material and spiritual support. Only since the end of the 19th century the word has been used for the act that provides an easy death to someone else. This new meaning has since dominated public awareness. However, the traditional meaning has not been entirely forgotten. Therefore today, “euthanasia” refers as much to “the act of inducing death to end someone’s pain” as to “the easy and quiet death of a person fading away”. Although from a Christian point of view, the latter is the good and dignified death, to the supporters of the practice and the legalisation of euthanasia, a death is good and dignified when we are our own masters, which includes the possibility of shortening our pain.  

In this context, while studying the arguments of the supporters and opponents of euthanasia, the researcher who wants to remain objective feels inevitably that, if a dialogue is possible, something is missing. I felt this way while reading about euthanasia and therefore I would like this article to be at least one step beyond what we could call “talking at cross purposes”. Because of the progress of medicine and of the medical techniques that offer an almost unlimited life expectancy, today more than ever, doctors and theologians, biologists and journalists, philosophers and jurists as well as laypeople discuss the rational or irrational character, the moral or immoral nature, the legitimacy or illegitimacy of euthanasia. I am convinced that the representatives of those and other domains all have something to tell us about issues that concern all of us. Therefore, I want to offer a new perspective that could enrich the rigorous medical and bioethical approaches. I will assess several arguments in favour of euthanasia and of its legalisation, rereading and evaluating them through the lens of different human and religious values, which I adhere to. However, I hope that this choice will not affect the scientific character of this essay. In my opinion, euthanasia is objectively immoral because of the affirmation that life is the supreme value, because life is a mystery that has preceded us and is beyond us (from the Christian perspective, because God is the origin and the aim of life). However, I cannot ignore the rational or at least understandable nature of several motivations of those who request euthanasia for themselves or for their relatives. Nevertheless, I wonder first, if these legitimations of euthanasia suffice to induce the legitimacy of euthanasia and second, if the arguments in favour of its practice and especially

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of its legalisation all have the same rational weight and moral value. These are the assessments that I will make. While analysing the arguments of the opponents of euthanasia, I will also accentuate which components could give their claims a higher legitimacy and value. Indeed, I am convinced that, beyond the objective truth of the rejection of euthanasia, this rejection has to be achieved through a concrete support to the people in need. Without this support, teachings risk to remain fruitless.

From legitimating euthanasia to its legitimacy? For new horizons of dialogue.

Attempts to legitimize euthanasia: from the fear of suffering and the compassion for the person in pain to economical reasons

The supporters of the practice of euthanasia and its legalisation justify their position with different arguments: some are more subjective and others more rational, some easy to understand and to accept and some not, some more human and some influenced by the dominant consumerist-utilitarian mentality. In my opinion, a succinct approach of the issue has to cover at least three levels: first, personal choices, second, public opinion and, finally, the legislative area (or the pressure upon the latter). However, as we will see, these levels in large measure overlap.

**Personal motivations in favour of the practice of euthanasia**

The most current personal motivations in favour of euthanasia and of requiring it for oneself are: (1) the inability to accept the lack of biological autonomy, respectively the fear of the mechanisms that maintain life beyond its rational nature; (2) the incapacity to bear the symptoms of the final stage of a terminal disease, e.g. pain, apnoea, anorexia, constipation; (3) the desire to handle the own death, to keep control of the own being, respectively the wish to take on one’s own the decisions regarding oneself, until the end; (4) the fear of being a burden to someone else; (5) the absence of a meaning of life, of an expectation, of hope, the feeling that life is vain.

This list of arguments certainly contains subjective components that a third person might more or less control. It are the incurable or terminally ill, the elderly in pain that are confronted with physical suffering and with the whole set of uncomfortable symptoms, with the scare of lacking

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4 I analysed euthanasia as an expression of a deviant value system in my contribution *Moartea întru demnitate, o sintagmă ambivalentă? (Death with Dignity, an ambivalent paradigm?),* which will appear in the volume of the 10th Seminar of medicine and theology (Bistrița 13-15 May 2011)

autonomy, with the fear due to their hospitalisation or to the fact that they are tied to machines, with the feeling that life is meaningless or that they are a burden to those around them, the latter pains being at least as difficult to bear as the physical suffering. Therefore, at this level, judging someone’s receptiveness or request for euthanasia is unjustifiable and even unjust. According to our own values, be they human or religious, we can firmly affirm our principle that euthanasia is immoral and illegitimate, but we have nor the right, nor the authority to judge those who choose it: on one hand, we cannot bypass the individual freedom to make such a choice, because the physical and psychical pain act as serious extenuating circumstances in the responsibility regarding the idea or the implementation of euthanasia. On the other hand, only God can judge. However, what lies in our power is to help the ill or the elderly, who suffer atrociously and therefore could request euthanasia. Help could be the simple presence, calming gestures, providing analgesics for the pain, but also explaining that the disease does not make them less precious. Such an attitude is the only possible way to share someone’s pain.

**Reasons for the receptiveness of euthanasia in public opinion**

The most current reasons that make public opinion receptive for euthanasia are: (1) the fear that oneself or a relative might contract an incurable disease; (2) the fear that in this case someone would be unable to bear the physical pain; (3) the fear of an irreversible weakening and of losing control over the organism; (4) the scare of becoming a burden to the family in case of a serious or incurable illness or during an outlasting old age without autonomy; (5) the fear of surviving without being able to lead a true life.⁶

There is a clear parallel between individual and common argumentation in favour of euthanasia. However, the latter lacks an essential component, indicated above, i.e. the true confrontation with the pain and the disease. This nullifies the possible extenuating circumstances for the receptiveness of euthanasia, mentioned before. As we will see, the parallelism also applies to the arguments of the supporters of euthanasia at the legislative level. These arguments stir up public opinion, which then produces legislative initiatives. It is a vicious circle that is dominated by the modern utilitarian culture.

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⁶ Silviya Aleksandrova, Îngrijirile palliative.
Argumentation in favour of the decriminalisation and the legalisation of euthanasia

Motivations for the legalisation of euthanasia are: (1) the compassion for the dependence of the incurable or terminally ill who depend on medical equipment that keeps them artificially alive; (2) the compassion for the individual’s pain; (3) the idea that we have to recognise the patients’ self-determination or their liberty to choose according to their own convictions and values, i.e. how they judge their ability to sustain the pain and how they feel about the quality and the dignity of their last moments; (4) the desire to avoid excessive expenses for relatives, for friends and for society; (5) the recognition of beauty of life and of human dignity, which often evolves from the idea that it is “immoral to tolerate, to accept or to impose suffering”.

Again, there is a parallelism between the argumentation of those who support the legalisation of euthanasia and the argumentation of individual people and of public opinion. In my opinion, the continuous return of the arguments in favour of accepting euthanasia may be largely explained by the attempts (if not the pressures) of the supporters of euthanasia to impress (and to convince, often relying on emotionalising cases) public opinion that their legislative initiatives are just. In contrast, I believe that the opponents of euthanasia do not “exploit” enough the examples of those who accept their pain and their natural death with dignity. Their testimony could be a much stronger argument than any theoretical motivation. Returning to the subject, the central argument in favour of legalising euthanasia is that no one has the right to force somebody who suffers and who expresses repeatedly and consciously the desire to die, to live on and to continue suffering, because people have the right to self-determination regarding their life and death and their choices solely rely on their convictions and values. The principle of sacrality of life is abandoned in favour of a so-called “sacrality of the decisional autonomy”. This is the sign of an

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7 Cristina Deaconescu, Eutanasia; Constantin Bogdan, Eutanasia şi suicidul asistat medical, din nou în actualitatea dezbaterii internaţionale, http://www.bioetica.ro/bioetica/ie2/info.jsp?item=9487&node=1355
9 Such a testimony, due to a young priest and monk who attended during her last months his mother who was dying of cancer, is quoted in my essay Moartea întru demnitate, o sintagmă ambivalentă?
inversion of values in our society, on which I commented on other occasions. Something else that is relevant is the recurrence of the notion of compassion in the battle for the legalisation of euthanasia. Without analysing in detail the value system of the supporters of euthanasia, I want to state that, in my opinion, compassion means in the first place suffering together with the person in pain. From this perspective, to what extent is the suppression of individuals through euthanasia a proof that their relatives and friends or society in general were ready to understand and to share their pain?

At the level of legislative arguments, point (4) also shows a change of point of view. While the two first levels, i.e. personal choices and public opinion, could be interpreted as common-sense approaches, the third level can hardly be related to common sense: it very likely shows the imprint of the materialistic-utilitarian society in which we live (or which we create through this kind of attitudes). Eventually, point (5) also reveals a change of perspective, which visibly favours the supporters of the legalisation of euthanasia: while the first two levels of arguments testify that it has become impossible to recognise the beauty and the value of life, the third level proclaims it. Be it on request or even worse, in cases where the desire of the unconscious patient may just be inferred or where the patient is not asked at all, inducing death is not and cannot be a recognition of the beauty and the value of life, because death cannot be under any circumstance a higher value as life. Values include the fulfilment of life, happiness, peace and even the peaceful acceptance of death, but death itself is evil.

We might add an argument (6), taken from the famous Report on euthanasia (doc. 9898), which is also known as “Marty’s Report”. The Swiss politician Dick Marty presented this report to the Parliamentary Assembly of the Council of Europe in 2003. As a result, the associations that fight for the value of life took a firm stand and proposed the alternative of palliative medicine. Argument (6) insists on the discordance between the legislative framework and practice: euthanasia, though illegal in many European countries, is performed and rarely punished. The Report argues that, without a clear legislative framework for euthanasia, there could be abuses. In contrast, the legalisation of euthanasia could restrain these abuses or even stop them completely. It is interesting that Marty’s Report proclaims the primacy of law over life. The request of incurable patients to die or the fact that a third person induces death on their request are not

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11 Constantin Bogdan, Eutanasia.
12 Marty’s Report (see abstract and art. II.1.2; II.VIII.61).
13 See Marty’s Report (abstract and art. 1.3; II.IX.61).
considered as the refusal to recognise the dignity of life: the Report considers that the right to life, guaranteed by the *Universal Declaration of Human Rights*, should not be absolutised, but that it should be correlated with the right to self-determination and with the right to freedom from torture or *inhuman* or degrading *treatment*, respectively with the right to freedom of thought, conscience and religion. Therefore, the personal choice concerning the own life or death should not be judged, but respected, even if they differ from person to person in similar circumstances. The Report’s plea for the respect of individual freedom again reveals how the principle of sacrality of life is relativised and substituted with the principle of decisional autonomy. In order to sustain the right to self-determination in the context of euthanasia, the Report asserts that it is not relevant that society penalises attitudes that are in favour of euthanasia, because society also has changed with time its perspective on suicide: if once, suicide was entirely penalised, today the personal choice is not judged, but respected. According to the Report, this attitude should also be cultivated in the domain of euthanasia, because the personal choice has to be respected. These approaches clearly reveal an evolution of mentality. However, in my opinion, we are still confronted with issues that are objectively immoral, although it is true that each individual is free to opt for them according to his freedom of choice, as it always has been. Further in its argumentation in favour of the decriminalisation of euthanasia, while attempting to counter the objection that the practice of euthanasia is contrary to the medical deontology, Marty’s Report states that the latter has already been violated by the practice of abortion, which has been legal in many countries for a long time. Although it is true that the legitimacy of abortion is a reality, it is questionable that evil should be justified by evil. Furthermore, do those who use such arguments take also in account the comparison between the psychological consequences of an abortion for the mother (and the father) and the psychological consequences of euthanasia for the relatives and the medical staff who requested and implemented it? These arguments make me think of an assertion of abbé Pierre: “Seeing anything, we get used with anything. Getting used with anything, we end up accepting anything. Ending up accepting anything, we start believing anything is good and believing anything is good, eventually, we legalise everything.” After indicating other possible

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14 See Marty’s Report (abstract and art. I.7; II.I.6; II.III.17-18; II.IV.44; II.VIII.50).
15 See Marty’s Report (abstract and art. I.8).
16 See Marty’s Report.
17 See Marty’s Report.
18 Contrary to the Report’s assertion (in the section where it summaries with only little commitment the arguments against euthanasia), the simple legalisation of euthanasia does
arguments in favour of euthanasia, the Report ends with opinion survey data for several UE countries. They show that apparently majority is in favour of the legalisation of euthanasia. Although this is a reality,\(^{19}\) it does not legitimate the practice and the legalisation of euthanasia, because majority is not necessarily a guarantee for truth and justice.

**Questioning the legitimacy of euthanasia on the grounds of human and religious principles**

**A short attempt to assess the argumentation in favour of the legalisation of euthanasia**

Having pointed out several aspects of the individual, common and legislative arguments in favour of euthanasia, I now will present a comprehensive assessment of these arguments, putting them side-by-side. Although several arguments return on different levels, in my opinion, they have different values and their repetition does not constitute a sufficient ethical reason to approve them. In my opinion:

- if we may somehow understand that people in terrible pain wish to die, there is no way to justify that someone else should wish their death, be it a relative, a doctor or a juridical or social authority, nor is there a legitimate reason to make somebody obligatorily believe that such people wish to die, even if they requested it while they were still conscious and even less if they were conditioned by their suffering or if they did not request it and were later unable to express their desires;

- if we may somehow understand that individual people request euthanasia in exceptional situations (e.g. intolerable pain, the feeling that life has become meaningless) and that doctors implement euthanasia in these situations, under no condition it may be accepted that a third person takes the arbitrary decision to induce death or that such a decision is taken on the grounds of economical, social or racial reasons. With the expression “we may somehow understand”, I do not express that I agree not represent a guarantee against abuses: the line between voluntary and involuntary euthanasia is very thin and as soon as euthanasia were legalised, doctors could be convinced or even forced to induce euthanasia on patients who do not “need” it because of political, social or economical reasons. See Marty’s Report.

with euthanasia, which I consider as objectively immoral because of my religious beliefs. I just want to take into consideration the extenuating circumstances that, in certain cases, reduce the personal responsibility in requesting or implementing euthanasia;

- if the request for euthanasia is due to the fear of becoming a material, physical or spiritual burden to the family, we cannot but condemn the family or the group that implements the suppression of such a person because they judge that the person has become a burden to them, which they are unable to sustain and that he or she has become worthless;

- if people may be afraid of lacking autonomy and of becoming dependent on medical machines, the family, the medical staff and the legislator have only the right to fight for that person’s life until the end (as long as the fight is reasonable, i.e. respecting both the right to life and the right to death by resisting as much euthanasia as therapeutic insistence), by investing generously resources and energy in order to defend the supreme value, which is life;

- eventually, if people in terrible pain think that their death may save their dignity, no third person has the right to think the same and to act in consequence. Because of the incurable people’s complex conditions of pain it is hard to tell if their desire of euthanasia is rational. In my opinion, the difference is due to the experience of pain. It may be an extenuating circumstance for suffering people’s receptiveness to euthanasia. However, it does not justify that a third person performs euthanasia, especially today, with the socio-cultural progress and the development of palliative medicine as a viable alternative for incurable and terminally ill, respectively with the existence of sufficient human and material resources to attend the terminally ill or, more generally, the elderly, people at the point of death, people with disabilities, providing that there is mutual respect and love, justice and solidarity.

**Human and religious principles which relativise the legitimacy of euthanasia**

Having presented and assessed the personal, common and legislative attempts to legitimate euthanasia, I will start a more throughout analysis of the legitimacy of the receptiveness of euthanasia, of its implementation and its legalisation, relying on purely human principles and on religious values. I am aware that the latter are not equally important to all those who are interested in the issue, be they researchers or common readers. However, because of my religious convictions, I cannot ignore the religious values in this essay and, because of my formation, I hope that this could give other people a small opportunity to complete their own perspective on euthanasia.
First of all, concerning the individual choice in favour of euthanasia, I wonder if this option is legitimate because it does not give a person the possibility to live the final stage of his or her development, because, if we like it or not, the time preceding death is a time of personal reflection and growth, which people at the point of death traditionally used to mend and consolidate certain relationships (as they held a unique place and responsibility in their family and society until the very end) and to prepare spiritually for death, relying or not relying on certain religious convictions. Well prepared and “lived” among caring relatives and friends, this is the death that the opponents of euthanasia consider a “good and dignified death”. Euthanasia artificially breaks this progression off and those who die by euthanasia lose a part of what they were and what they should have become. Indeed, if the mystery of human condition reaches its climax in front of death, as stated in an inspired text of Vatican II, something inside us gives us the possibility to glimpse, beyond the event of death, entirely new horizons compared to our earthly existence. From this perspective, forthcoming death offers the chance for many people and even for those who were non-religious during their lifetime, to get a foretaste of another, truly fulfilling dimension. In human words, euthanasia of the elderly and the incurable ill causes a loss not only to the one who dies (the preparation for death is a stage in the life of each of us), but also to those around him (because the progression towards death has its importance both for accepting the separation from the dying person and for remembering him or her later). Out of another perspective, we may wonder to what extent the practice of euthanasia is legitimate in the context of medical deontology that prohibits causing harm and of God’s commandment not to kill. From a religious, Christian perspective, the mystery of death and of the resurrection of Christ, the certitude that soul is immortal and that the dead resurrect should shed a new light on the mystery of suffering and of death and give the Christians strength to accept their mortal condition and to have faith in God’s plan in death as in life. However, I will not develop further, as this idea would require an essay apart.

A motive that is frequently evoked to make society receptive to euthanasia is the commiseration of the sick. However, from a human perspective, euthanasia seems to rely on a false compassion or a perversion of compassion, which shows that the attending people are unable to stand

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21 I discussed the Christian value of life and death in detail in my essay Moartea întru demnitate, o sintagmă ambivalentă?
the sick person’s pain. True compassion cannot lead to the suppression of somebody else. True compassion creates solidarity and encourages the desire of sharing the pain. In contrast, the pretended compassion of euthanasia is doubtful or even reprehensible when it comes from the relatives who should caringly and patiently attend the person in pain or when it comes from the doctors whose profession it is to take care of the sick throughout their diseases and also in the final stage, irrespective of the condition of the patients, be they incurable sick or suffering from severe disabilities. From a religious perspective, God alone is the Master of an innocent person’s life. Therefore, no one and nothing (no individual, no legally empowered authority) may authorise a doctor to suppress or to destroy somebody’s life. The doctor’s charge is to save the patient’s life. In 1948, holding a speech during a surgery conference, Pope Pius XII developed the following idea that non-religious people may also recognise as valid: “As a private person, a doctor cannot take any measure or attempt any intervention without the patient’s agreement. A doctor has only the power and the rights that the patient entrusted him with, either explicitly or implicitly and tacitly”. Up to this point, the supporters of euthanasia could easily exploit the pope’s words as an argument in favour of their position, because the pope referred to the sovereign nature of the patient’s agreement. But the Pope continued: “As for the patient, he cannot entrust a doctor with more rights than he has got himself, because the patient, too, is not his absolute master, the absolute master of his body or his spirit. As a consequence, he cannot use them without any constraint, as he would like”. At this point could appear the first discrepancies between the supporters of euthanasia and its opponents, as the former rely on the right to self-determination. It is true that freedom is a characterising component of the human being who is free to choose to do anything. However, it is also true that not every choice a person makes is for his or her own good. For their death as for anything else, people are able to choose between good and evil. Therefore, it is not freedom that is the ultimate reference for the assessment of human actions: the value or the non-value of the latter is revealed through the objective good or evil that they involve, i.e. the intention of each action, its circumstances, its conditioning, the degree of personal responsibility, the result of the action and its short- or long-term effects. It is true that the human being is master of his own life, i.e. that he has the power of committing suicide or of requesting death. However, from a mere common sense (not necessarily a religious) perspective, it is also true that in principle he is not master of his life, because, objectively speaking, our life comes from somewhere else (or from Someone Else, from a religious point of view) and is an inscrutable mystery. In this sense we are not our own masters. Pope Pius XII’s text shows that the limitation of rights mentioned before in connection with doctors also ap-
plies to the ill’s legal representatives. It states that the choice of euthanasia is extremely grave if made by a third person, by a doctor or by a legal authority for those who did not even request it and who did not give their agreement to die by euthanasia. On the same issue, another Pope, Paul VI, stated in a speech held in 1975 at the International College of Psychosomatic Medicine that: “Considering the value of each person, we want to remind that it is a doctor’s duty always to serve life and to assist each person until the end, without ever accepting euthanasia or renouncing the duty that is specifically human, i.e. to help each person to fulfil with dignity the human journey”. Hereby another ecclesiastical authority again expressed a general human value that is already attested in antiquity by Hypocrite’s oath, which every doctor separately takes. Instead of moralising, Vatican II based the refusal of euthanasia on the mere respect for the human being. Along with other attitudes that deny life (homicide, genocide, abortion, suicide, torture, inhuman conditions of life and work, abusive detention, deportation, slavery, prostitution, the traffic in women and children), Vatican II defined euthanasia as a “shame”, a “poisoning of human civilisation” and “a grave insult to the Creator’s honour”. However, non-Christians (and non-Catholics), too, may recognise the value of life: as we will see later on, the representatives of many other denominations and of the secular world militate against euthanasia. Usurping God’s right, like a renewal of the original sin, people deny the right to life, the fundamental value of society, and refrain from defending the dignity of life and death, contrary to what the sympathisers and the supporters of euthanasia pretend: they become inevitably the enforcers of injustice and death that cannot be recognised as values. “In this way a weak person’s life lies in the hands of the stronger. Society loses the sense of justice and reciprocal trust, i.e. the foundation of any authentic interpersonal relationship is destroyed in the bud.” Moreover, if history is our teacher, we cannot fail to notice the connection between euthanasia and the Nazi regime, even if some people like to distinguish between voluntary and involuntary euthanasia. All the same, we cannot fail to acknowledge the risk that the legalisation of euthanasia may result in eugenic practices and abuses. Some people do not take account of these risks and proclaim the right of the medical staff to induce death in the name of human freedom and dignity. However, this perspective gives rise to a very individualistic idea of freedom and to a restrictive or even distorted conception of dignity. What will the patients of a hospital think if they come to know that the doctor, who attends them, gave euthanasia to another patient, be it in special conditions or on his request? And what if, in a context where euthanasia is legal and practised, people with disabilities, who think they are a burden for the others, or people with minor diseases, but with suicidal tendencies, felt tempted to “take advantage” of this “chance”.

“The commandment
‘thou shalt not kill’ is the foundation of a society that tries to respect and to assist the lives of its ill, elderly, people with disabilities and of those who go through a transient or prolonged attraction to death”. The terminally ill and people with disabilities need love and compassion, which have to be expressed truthfully, something that euthanasia does not. All these people need understanding and support from others, who have to offer sympathy and reasons for hope, and not to suppress them as if their lives had become worthless. Contrary to common believes, although the Church rejects euthanasia, it does not support the so-called therapeutic insistence, i.e. the effort to reanimate the patient and to prolong life with different treatments and interventions while it is clear that the patient’s life has come to an end. Instead, proportionate therapeutic means have to be used judiciously according to an ethical judgment and with professionalism. Assistance includes medical, human or spiritual support until the very end and the acceptance of the component of human nature, which is death.\textsuperscript{22}

The legitimacy of euthanasia also becomes very doubtful when we consider that it are not only the Christians who fight for a legislation that protects the lives of the ill and of people at the point of death: “life belongs to the secular values. All those who follow the path of right judgment and objective truth may recognise this.”\textsuperscript{23} Civil society also considers euthanasia incompatible with human rights. Therefore article 3 of the Universal Declaration of Human Rights states that: “Everyone has the right to life, liberty and security of person.”\textsuperscript{24} The recognition of the fundamental right to life, the assertion of human dignity and the affirmation of the equality of all human beings induce that any attempt to suppress another person’s life is a crime that threatens the foundation of social coexistence.\textsuperscript{25} There are several secular forums that take a stand against eutana-
sia. For instance, the World Medical Association’s Declaration on Euthanasia states that “Euthanasia ... even at the patient’s own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.”

Furthermore, the Council of Europe’s Convention on Human Rights and Biomedicine, adopted in 1997 at Oviedo, shows that human rights and interests prevail over the social and the scientific ones. According to the convention, the practice of euthanasia is incompatible with the medical profession, because the doctor’s vocation is to serve life and because euthanasia infringes the principles of medical deontology, i.e. the duty to preserve life, to reduce the pain, to work for the patient’s benefit and not to harm. Conforming to the convention, this remains true despite some people’s conviction that implementing euthanasia is in favour of the patients or respects their desire: killing somebody never means acting for that person’s benefit and sacrality of life is a universal principle, the foundation of all occidental ethics. Furthermore, as explained before, history shows that euthanasia may be a component of socio-anthropological discrimination (e.g. killing people with disabilities, chronic ill people, people suffering from serious dementia or infants with malformations).

Out of mere moralistic attitudes, starting to truly serve life

In my opinion, it is not sufficient to affirm the illegitimacy of euthanasia on the grounds of human or religious values. On the contrary, even more than civil forums, ecclesiastical forums should underpin their teachings by giving a practical support to the terminally ill, to the elderly, to those who would request euthanasia without such a support and to their relatives and friends who often surrender to suffering because they have to fight it alone.

First of all, Christian communities should get down to prepare people for the acceptance of the mystery of death. Proclaiming the redeeming value of suffering and the mystery of the resurrection of Christ, the Christian belief may give an adequate answer to the questions about the meaning of suffering or death and may help accepting the illness or old age and the natural moment of death. A catechesis that prepares at the right time for death should reveal the true meaning of death and show that life is a foretaste of and a preparation for eternity. Life after death is different from life on earth, but God’s grace connects them. Therefore, living on

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27 George Cristian Curca, Eutanasia; Silviya Aleksandrova, Îngrijirile paliative; Adriano Pessina, Eutanasia, passim; GS 18.
earth, we can get a taste of life after death, by continually choosing good versus evil: “every moment in life, which we live in God’s grace and which we offer as a gift, already has the dimension of resurrection, is already a victory over death”. If our Christian belief was strong enough, we would not fear suffering and death that is a beginning not an end. We would not want to force them back at any cost or to anticipate death in order to avoid suffering. Our testimony would encourage other people who are confronted with pain and death. However, almost all of us, religious or non-religious, are horrified by suffering and afraid of death and forget the redeeming value of the latter. Anyhow, people in pain feel the weight of loneliness: it is true that no one can take over somebody else’s suffering and that everyone dies alone. However, feeling our own desire to have somebody next to us in the moments of suffering and death, we can understand the silent cry and the explicit call of the ill and the elderly for a human presence on their path of pain and death.28

The Christian community may and should concretely contribute to the attending of the terminally ill, of the elderly and also of their families. People at the point of death may stay at home or in hospital, be tied to medical machines and surrounded by a team of technicians, they still need an adequate moral and spiritual support from their relatives and from their brothers and sisters in faith. Medical assistance is important, but not only. Moreover, when the medical techniques’ power comes to an end, the presence of relatives and friends is a kind of therapy, which may go from shaking hands to saying a prayer. It is not sufficient for the community to administer the last rites and for the priest to say prayers for the deceased. For an efficient assistance of the people at the point of death, the relatives or those who want to do this duty (e.g. volunteers who can partially replace or reinforce the presence of the family and who may prepare the priest’s work, or real teams including psychologists and priests, especially in a hospital or in a centre for palliative care) have to be taught the characteristics and the phases of the psychological experiences that precede death: rejection, revolt, need for the Holy Communion, depression, acceptance. With a minimal training and a lot of goodwill, members of the Christian community would be able to appease considerably the suffering of the ill and of their relatives. On the other hand, those who attend people at the point of death may also learn a lot from the latter, because the experience of suffering is always a lesson for life.29

29 Elio Sgreccia, Dignitá della morte, p. 155-156.
The Church may also participate in the training of members of the medical staff, who have certain religious values or accept them, and thereby could counter the receptiveness for euthanasia. The aim should of course not be to impose religious values on the medical staff, but to propagate a correct understanding of death and of the associated principles, i.e. how to treat pain correctly, how to use proportionate therapeutic means or how to provide first aid. Doctors have to understand the necessity of keeping their professional identity, because medical deontology demands that they act responsibly and follow their conscience in any circumstance in order to assure the patients’ true benefit, without becoming the prey of a more or less subtle manipulating system or of the feeling that they are almighty in front of disease and death. Doctors always should respect the human dignity and encourage a dialogue with the patient, which is based on reciprocal trust. Furthermore, doctors have the duty to give support to the patient in all domains, i.e. an assistance that is not only therapeutic but also human and spiritual-religious. Therefore, doctors also need an ethical and a complete human formation that includes a vision of life and death. This formation could be partly provided by the Church and other educational institutions.\textsuperscript{30}

\textbf{As a conclusion}

What would be an objective definition of “good death” and “dignified death”?

- a death, which we completely control, whose pain we can remove, the dependence on medical machines, the prolongation of life beyond rational limits or the death given to people in pain because they requested it or just because someone presumed that they agreed with it and sometimes even without an agreement, but out of arbitrary economical or social reasons?

- a death that people naturally accept as the end of their earthly life and as the necessary step to enter another life, relying on the idea that we only partly control our life that is a mystery beyond our comprehension or the gift of God, a death with its whole prelude of physical and spiritual pain, prepared among caring relatives and friends?

In my opinion, despite all the attempts to legitimate the practice of euthanasia, euthanasia remains objectively immoral. Maybe we are able to understand that, under certain conditions of atrocious pain, people desire their death, even if there are enough examples (some of which even famous) of people who accepted their suffering until the last moment with-

\textsuperscript{30} Elio Sgreccia, Dignità dela morte, p. 156-158; Patrick Verspieren, \textit{Face à celui qui meurt}, p. 117-118.
out wishing to anticipate their end. However, it is difficult to understand
that a family might want a suffering relative’s death, instead of attending
him throughout his pain and sharing his suffering, i.e. respecting the true
meaning of the compassion. It is also difficult to accept that a doctor can
infringe the ethical principles of his profession and induce death to pa-
tients instead of giving them the necessary support until their end. Eventu-
ally, with the unprecedented economical, social and cultural progress, it is
difficult to understand how the current society could encourage the prac-
tice of euthanasia instead of giving support to the ill and elderly with all
the human and financial resources needed.

Today, we are tempted to believe that we may use life and death as
we like. Therefore, we have to remember that none of the ill, their rela-
tives, the doctors, the legislators, the members of society, is the master of
life, because existence is not due to them, because life is an inscrutable
mystery (a gift from God for the Christians) and because in principle no
one can use his life as he likes: in principle because, in practice, we have
the freedom to commit suicide and to request euthanasia (in the case of
euthanasia, the responsibility may be diminished by different circum-
stances, but this gives no legitimacy to the choice and to the practice of
euthanasia). Therefore, a doctor, a third person or an authority have still
less the right to suppress another person’s life: “he who cannot give a
right to someone, cannot take it from him. Therefore, he who cannot give
life to someone, cannot take it from him”. Beyond these principles, every
reflection or dialogue about the legitimacy of the practice of euthanasia
should take account of the history of euthanasia and its risks: on one hand
we cannot fail to notice that this practice is connected with Nazism and,
on the other hand, we have to consider that euthanasia may become again
the practice of a movement of social and anthropological discrimination.
Life is and remains a gift and a supreme value, recognised by Christians
and non-Christians. Inducing death on request cannot be a higher value
than life. Such values only are the fulfilment of life on earth, happiness,
peace and the acceptance of death. If the relatives and the friends of an
incurable or an elderly person who could request euthanasia, if the medi-
cal staff or if other members of society really want to help easing the pa-
tient’s suffering, they can do it in a legitimate way by giving a real, con-
tinuous and caring medical or spiritual support. Experience shows that a
patient, who is attentively attended, becomes less receptive to euthanasia
or rejects it. An existing solution are the centres for palliative care. How-
ever, diseases, disabilities, loss of autonomy and physical decay are part of
human existence and have to be accepted individually and jointly, beyond
any influence of the socio-cultural or legislative context. They are no val-
ues themselves and it is legitimate to fight against them like those who
suffer and together with them. However, the practice of euthanasia is not
a victory over pain and death and the latter are not meaningless and worthless. Even in pain and death, human life keeps its dignity.31

References


31 Adriano Pessina, *Eutanasia*, p. 11-13; 12-28; 105-115; Avortul, eutanasia.
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Universal Declaration of Human Rights, art.3