

Artificial Life or Death

Euthanasia has been a hotly debated about topic for the past couple of decades, but has recently been thrust into the limelight by many controversial court and hospital decisions.

Euthanasia is defined as the "mercy killing" of a person who is brain dead, terminally ill or otherwise at death's door. This usually, but not necessarily, affects people who are separated from death only by machines. Whether you personally believe "mercy killing" is a viable solution in a hopeless situation or not the proponents for both sides provide arguments that can be quite convincing. Supporters of euthanasia say that it is such an improbability for a miraculous recovery and a return to a normal life that it is not worth putting the patient through all the suffering and agony that prolonging their life would cause or the fortune of hospital bills that you would pay. The opposition feels that it is not right for people to abandon other members of the human race because there is always a chance, even though it is a small one, that they will regain all functions and return to a normal life.

There are many cases in which euthanasia is acceptable. Brain death is one situation which merits euthanasia. It is also one of the more common cases where euthanasia is requested. Brain death is when all brain activities cease.

The lines are fairly well drawn in the law about patients who are suffering but are still competent, but when the law is asked to determine the fate of a lingering, comatose, incompetent patient the lines begin to blur. In many cases the courts turned to the patient's family, but what if there are not any or they disagree? In such cases who decides? In a controversial decision a Massachusetts court allowed that it would invoke its own "substitute judgement" on behalf of a mentally ill woman. In a second case mentioned in the January 7 issue of Newsweek, a Minnesota Supreme court turned to three hospital ethics committees to review a dying loner's case, followed their collected wisdom and ordered him off the respirator so that he could have a dignified death. "It is the first time ethics committees played a significant role in the court" says Dr. Ronald E. Cranford. Still the easiest way to know and respect the patient's wishes is through a simple piece of paper called a living will. (18)

It was stated, in the Bible, by the same preacher in Ecclesiastes who said there is a time to be born and a time to die also said there is "A time to search and a time to give up" (Ecclesiastes 3:6)

We need the honesty to admit death and the courage to discontinue life extending measures, because of the extreme amount of funds that go into supporting a brain dead, comatose, or terminally ill patient for any amount of time. Although brain dead and comatose patients do not feel pain terminally ill patients do, so is it not better to stop the pain that prolonging life would cause?

It also seems to me that the brain dead patient lying in the hospital bed coupled to machines is unlike the person that you knew and loved. In U.S.A. Today a situation was written about that promotes this way of thinking, it says "Typical is the inert body of an eighty two year old woman, victim of a massive coronary, lying day after day hooked up to tubes and wires with no prospect of returning to consciousness, much less to last week's vitality which her daughter remembers as she says, 'That is not my mother lying there'." (34)

Many think that "We should be very careful in terms of our technological miracles that we do not impose life on people who, in fact, are suffering beyond our ability to help."

In Christianity Today January, 1990 there is a statement that I think is the epitome of all that advocates of euthanasia say and believe, "In today's society, where technological advances have given us the power to prolong the quantity of life long beyond what many believe is life with any dignity or degree of quality, pulling the plug or removing the tube should not be considered a sin of commission, murder, or suicide ; but a humble acknowledgement of our finitude." (6)

Should we ever give up on our friends and family, isn't there always a chance of normal life? "After an accident that seems to wipe out all or most of its victim's vital functions, it is often impossible to read the future. The person might someday surprise us, wake up, and walk." (Christianity Today Jan 1990 p.6)

Is it not better to attempt to keep them alive and they still die a natural death than to not try and give up all hope on our loved ones? The Cruzan case is one example where a comatose girl named Nancy needed a loving, praying, and caring family. She did not need a family that would just give up on her and let her slip into the eternal sleep of death.

Is it fair that people that barely knew the patient are the ones to choose the patient's fate. Like the time a Minnesota Supreme Court turned to ethic committees, followed what they said and killed a dying man.

(Newsweek Jan. 7, 1985 p.18) I do not see how people who never even met the patient before he was condemned to die are knowledgeable of the patient's wishes or really even what the family desires. (18)

The Holbrook case is one example where a man was miraculously revived after being in a coma for eight years after he was hit on the head with a piece of firewood. Effie Holbrook said that she never gave up hope on her son. Her prayers were answered February 25, 1991 When Conly Holbrook, called her name. Holbrook then told his mother the names of the two people he said hit him. After the assault, he was in a coma for three months before they had to remove part of his skull to relieve pressure on his brain. He had been in a comatose state ever since.

Living Wills are growing in popularity since the numbers of "mercy killings" have grown. A living will is a declaration of the desire for a natural death. It is a means of retaining control over what happens at the end of your life, even when you are no longer able to express your wishes.

To many people, the fear of a lingering death is worse than the fear of dying, and a Living Will permits you to make certain choices when there is not doubt that you are competent. North Carolina and many other states have adopted Living Will laws. North Carolina has recognized them since 1977. G.S. 90-321 provides that if an individual has declared in the proper manner a desire that his or her life not be prolonged by extraordinary means, and if attending physician determines the individual's condition is terminal and incurable and is confirmed by another physician, then extraordinary means may legally be withheld or discontinued.

When you sign a Living Will the decision does not have to be a permanent one. You may revoke a Living Will at any time by destruction of original and all copies or by communication of your intention to revoke the will.

The line between whether euthanasia is acceptable or not is quite fine and we all need to be careful when it comes to the point of euthanasia. You must have your priorities straight before you make a final decision on your, or someone else's, fate. Would you want to be killed? Would you want your wife killed after a car wreck or would you rather allow her or you to go on living by life support? Euthanasia is so touchy that most people would never, and should never want, to have to make this decision between life and death.

