Euthanasia: Let Nursing’s Voice Be Heard

Nursing is closer to illness, dying, and death experiences than most other professions. This proximity provides nurses with a unique perspective on the issue of euthanasia that is being addressed today.

There is a growing movement to legalize euthanasia, to take the issue out of the courts and place it into the world of physician-patient relations. Proponents of euthanasia say the right to die is an issue of personal freedom and human dignity, and purport that no one should have to endure relentless pain. It has been suggested that in addition to those who face “terminal” illness, people who are “senile,” unconscious, and severely functionally disabled should also be considered candidates for euthanasia. This reflects an assumption that the quality of a life should be based on the person’s productivity and cognitive ability.

Opponents of euthanasia argue that people do not have an inherent right to choose the time and nature of their death, that there are effective and not fully used ways to control pain, and that doctors’ roles as healers would be compromised if they were placed in a position of terminating lives.

Lost in these pros and cons positions is the appreciation that expert nurses gain of the value of the journey through illness and suffering. I do not wish to minimize the suffering and pain that is an important component of the euthanasia issue, but having many times assisted patients as they traveled this existential path, I have been impressed by the nature of this meaningful journey. People change as they are confronted by illness and suffering; they seek answers to important questions and set aside the trivial. Relationships with friends, families, enemies, and God are often altered.

But what about the person with Alzheimer’s disease or the unconscious person who, based on our knowledge of cortical functions, lacks the ability to take this journey? Euthanasia proponents say that we should put such persons out of their misery. But people with Alzheimer’s disease are no more miserable than the general population. They have good days and bad days and specific likes and dislikes. They experience the pleasures of hot coffee, soft music, sweet pastries, and kind, gentle words and touches.

Those who suffer most when Alzheimer’s disease or a “vegetative state” strikes is the family. They see the person with whom they once had a relationship change; the person who remains is someone different. Families experience anguish and often tremendous financial and caregiving burdens. So, if we legislate euthanasia and begin the “mercy” killing of people with Alzheimer’s disease or coma, let us be clear that the altruism is directed toward the family—and not the person whose life is being terminated.

Nurses can add to the dialogue volumes of experiences gained from working with very ill and disabled people who cling to life and endure grueling treatments to prolong life. Nearly all people are able to make cognitive adjustments to illness that allow them to maintain feelings of hope and quality of life. Forsyth et al (1984) calls this cognitive process “vying for a winning position,” and describes it as the cognitive work that patients perform to maintain hope and control, find meaning in their illness, and mentally hold a position against their encroaching illness. If a person feels hopeless and afraid after being given a diagnosis that predicts death, 2 months later they may feel differently. If they have terminated their life, however, they will have been deprived of what might have been a meaningful journey for them.

Our current philosophy of care is based on a belief in the dignity and worth of each person. A utilitarian view claims cost-benefit ratios need to be analyzed. A hedonistic view purports that life is not supposed to be difficult and that meaning in life is derived from that which is pleasurable. But when cost, inconvenience, and discomfort rather than the worth of human life guide our actions, all sorts of indignities and inhumanities can result.

Nurses have traditionally protected the poor, weak, old, young, and ill. Whatever your stance on the issues involved, allow your voice to be heard.

REFERENCES

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