

## PERSONAL OPINION

### THE RIGHT TO DIE

A L Gwee

'*The Right to Die*' is a catchy term which has gained medical currency in the last few years. Its usage has, however, been confused, and implies at least one or more of the following:-

1. Right of a person to commit suicide.
2. Right of a person to commit suicide by proxy ie. to ask a third party to carry out his intention.
3. Right to terminate the life of a person whose life is regarded as being below accepted quality (*By whom?*).
4. Right not to attempt to postpone death thus terminating life by an act of omission.

Active interest of the medical profession in the last three has been manifest right from the beginning, and judging from the expressed opinions in medical publications, the majority of published opinions seems to favour the termination of life either by commission or omission under certain circumstances.

For a long time, the medical profession has thought that it helps to postpone death and prolong life. Recent knowledge of demography, human longevity and mortality has shown that this is a delusion. There is as yet no conclusion evidence that the human life has been prolonged. What has been done by medical science is to ward off untimely death through curable illnesses, such as infections, and to relieve suffering. As to death itself, the profession has still to accept it as the final and inevitable defeat. Incurable illnesses are therefore medical failures, obliterated only by death. It is a humiliating and painful experience to be confronted by one's failures constantly, and no doctor is free from pain and embarrassment of this kind. Termination of life would be a blessed release for a member of the harassed profession when faced with an incurable illness, and hence easy to gain support. Enthused doctors not only eagerly embrace a doctrine like '*the right to die*', but readily accept the role of '*administrator*' of this '*right*' on behalf of patients often incapable of giving a valid consent for themselves, and therefore not instances of suicide by proxy.

Indeed, the arguments in favour at first sight seems overwhelming. The society cannot be expected to be burdened with the expensive care of the unfit, the healthy relatives are unable to face the economics of looking after the incapable, the suffering of a dying patient should not be prolonged on moral and humanistic grounds, and the miseries of an unwanted child maybe too horrendous compared to abortion and infanticide. The ills of

536, Tanglin Shopping Centre  
Singapore 1024

A L Gwee, MD, FRCP  
Physician

survival seem so massive that death appears to be a blissful alternative by comparison. Interested parties are many, such as the doctor harassed by incurables, the relatives weighed down by the demands of the seriously handicapped, and the community seeing its valuable resources expended on the care of a group which will never yield a return! It is no wonder that euthanasia of sorts should find supporters so readily at all times.

However, on calmer reflection, it seems pertinent to ask what is being implied in the cry of 'the right to die'. Death is an antithesis of living. The right to live is easily understood, and appreciated, and with it, we demand for the right to work, to education, to equal opportunities and equality before the law and so on. The converse of this right to live – and to live a proper life, is to have a series of deprivations in the form of punishments. The loss of liberty, of personal possessions, of right to work, to be educated and so on are all parts of a penalty scheme of the society. It must appear that deprivations that threaten the right to live of anyone is a punishment. The acme of all penalties in all societies is death – the capital punishment. Because of its irreversibility, and the acute awareness of the possibility of human errors, many societies have ceased to impose this last and supreme punishment of all, and remain content with the next most severe – a life imprisonment. Death is therefore not so much a right to be demanded for, but a total negation of a real and much desired right – the right to live.

In fact, death being the negative aspect of living, it makes mockery of human intellect to hint that anyone should want to demand as a right the deprivation of his recognised privileges. (*Would it make sense to demand the right to be imprisoned, to be flogged or to be dismissed from employment?*) The first point that has to be made seems to me to be that death is not a right, but a personal loss. Of course, it has been stated often that there are 'fates worse than death', and that in times of necessity, a person may prefer to seek death eg. sacrifice by Christ and Buddha, suicidal charge of the Light Brigade, and the contempt of dishonourable life by the Japanese bushido. It is relevant, however, to recognise that these are not instances where death is being sought as a right, but rather the precious life is being surrendered for the sake of a principle.

Next is to scrutinise the practical aspects of this catchy doctrine. *Is it an advocacy of suicide as a right?* Suicide has been generally regarded as a felony. In recent years, many nations have given up this concept in practice if not in legislation, for obvious reasons. The dignity of law is respected because a penalty is exacted from the transgressors, and the greatest and ultimate penalty is death. It makes no sense to threaten a man seeking death with death or less. Where there is no prohibitive penalty, there is no necessity to insist on a 'felony' or a 'right'.

*Is it then an advocacy of suicide by proxy?* Few would care to be the third party in a case of this nature, and the medical profession vowing to cure and to prevent untimely death should surely be the most reluctant party to seek such a dubious role. Further, suicide must be a conscious and rational demand to be a 'valid' request. In the discussion of the so-called 'the

right to die', it is the exception rather than the rule for the person involved to be rational and fully able to decide for himself without organic defect or threats of dire suffering. Hence, the status of consent is dubious.

*What about the question of the termination of a sub-standard life? When is a life sub-standard? Is it to be expressed as having intellectual quotient below a certain figure, physical strength or capacity below a certain level, suffering or pain above a certain threshold or longevity not exceeding a certain length of time?* In the recent controversy of brain death, advocates in Britain have stressed so much on brainstem death and dysfunction, that cortical integrity has been glossed over by some. Pertinent to remember would be that the late U.S. President Roosevelt had bulbar poliomyelitis, and was in the iron lung for a long time. *Has it been a mistake of the medical profession then to keep such a case of 'brainstem death' alive?* Equally pertinent would it be to point out that few professionals, if indeed there be some, can claim any degree of accuracy in forecasting outcome of exact longevity, mental capacity and physical disability. Even if these were possible, would the profession be willing truly to distinguish between Down syndrome and schizophrenia, the former with IQ often in the 70s, and able to do simple chores but usually not regarded as having adequate qualities of life, and therefore to be terminated before birth or not assisted with modern therapeutics if stricken with infective illnesses, whereas the latter lost entirely in the unrealities of his hallucinations is often completely asocial and dependent, but so far without anyone questioning his right to live on the basis of his quality of life being sub-standard.

The last category of therapeutic omission is a more problematic one. *Where death is certain and the rest of survival days an intense suffering, should the profession not hasten the end either by withholding treatment (act of omission), or by actual killing (act of commission)?* To begin with, taking an extreme argument, we are all scheduled for ultimate death without exception, and human life on all accounts so far has been more suffering than beds of roses. Yet, none of us would urge that the art of medicine should be banned in the true spirit of acts of omission or commission. In case I am accused of indulging in argument ad absurdum or facetiousness, I may add that such absurdity should remind us to be more circumspect and moderate in our recommendations. How short should the expectation be before a person can qualify as being faced with 'imminent' death? The celebrated case of the American girl Karen von Quinlan pronounced to be such a case is still alive today – over 6 years after the pronouncement. How exact is our science today that we can forecast this expectation of survival – to a day, a week, a month or a year? Many daring medical forecasters have been thrown into confusion when patients told to expect death in a few days survived for a few years. Brain death when first evolved by members of the medical profession has been said to precede actual death by a few days at most, and yet, examining some so-called brain deaths, it is not an exception to find survival extending to weeks or

months until intensive assistance was discontinued.

*How much suffering or disability must be there to earn the 'right' to be killed? Have we a reliable measurement of human suffering?* Two real life accounts maybe cited for illustrations. One was from a doctor who was attending to the late Einstein in his last years, and the other concerned a well-known foreign neurosurgeon personally known to me. It would appear that a few months before the death of Einstein, the doctor found that he had an abdominal aneurysm on the point of rupture. The aortic graft replacement had just become possible. The doctor told Einstein about his outlook of certain death, and the prospect of a cure by the new operation. To his surprise, Einstein refused consent for operation, thereby '*choosing to die*' as the doctor put it. In the other case, I had a patient who had a meningioma, but refused operation as he was well apart from some headache, and clinically had bilateral papilloedema. He was shown to the neurosurgeon and to my surprise, he was operated upon two days later. The tumour was removed successfully, but he had a permanent inability to speak after the operation. I asked the neurosurgeon how he managed to persuade the patient when I had failed. He said: 'I just operated on him without consent, because he would be facing definite severe disability and death soon if he is not operated. Should he protest after the operation, then, the validity of his ability to protest would be in doubt in view of the presence of the tumour! In a sense, one may say that in the one case, the patient exercised the '*right*' to die, and the doctor did nothing to prevent it – an act of omission, whereas in the other, the doctor prevented the same exercise by an act of commission

or even aggression. The moral implications in both cases are worth considering seriously.

In summary, the right to die is a misnomer, for there is no such right. It is suicide, suicide by proxy, or a proposal to kill someone else regarded as being too miserable to carry on living by an act of omission or commission. In all these instances, it would appear to me that the medical profession by its avowed intention of prolonging life would be inconsistent if it participates actively. For the patient, it is not a right to be asked for, as death is a negative entity. Besides, a patient in possession of his full physical and mental capabilities cannot be stopped from suicide, if he chooses to commit it. He has no need to ask anyone for permission, nor can anyone or institution forbid him as they will be unable to penalise him with anything more fearsome than death. For those who are incapable, it is doubtful anyone can morally ask for the proxy right to execute a suicide or homicidal wish. Unless the society is prepared to consider a separate capital sentence meant for reward instead of punishment, it would be difficult to reconcile killing with mercy, just as it is difficult to have the same execution meant both for reward and punishment.

#### REFERENCES

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