

Are Withdrawal of Therapeutic Support and Administering Lethal Substances Ethically Equivalent?

By David E. Richmond

Advocates of legalising euthanasia are desperate to argue for the ethical equivalence of two acts:

1. The withdrawal of life sustaining support from a patient at that patient's request; and
2. The administration of a lethal dose of a toxic substance to a patient at that person's request.

The reason for their insistence on the moral equivalence of the two acts is their desire to give ethical legitimacy to active voluntary euthanasia - a 'therapeutic' approach to managing the end of life that is almost everywhere condemned¹ - by its supposed similarity to the withdrawal of life support from a dying patient; an ethically acceptable medical approach under certain circumstances.

All life ends in death, but there are different forms of death. Natural death occurs when the body's physiological mechanisms deteriorate spontaneously, usually under the influence of some disease, to the point where they can no longer support function (life). Such deaths may be sudden and unexpected or drawn out over a period of time. Un-natural death occurs as the result of severe damage to the body's physiological systems as the result of external forces: motor vehicle accidents, consuming poisons, blunt trauma and so on. These deaths may also be sudden or delayed.

¹ Including by the World Health Organisation, the World Medical Association, the American Medical Association, the British Medical Association, the Australian Medical Association and the New Zealand Medical Association.

Some people require life-sustaining assistance with the help of equipment such as the artificial kidney or respirators (**Figures 1a and 1b**). Sometimes this assistance becomes burdensome to the recipient and they come to believe that they are not achieving anything worthwhile by continuing with it. Under such circumstances, they are entitled under New Zealand law to request that the procedure be terminated.

Normally there would be considerable discussion amongst the various parties involved before going ahead with the act, including informing the patient that there is a small possibility that they might not die. When the assistance is removed, the patient's functional status will depend on how low the physiological status has fallen during the period of life support. In some cases it may support life for weeks, months or even years; in others, not at all. Nobody knows at that point in time. When the patient dies, he or she dies a natural death which timing depends on the ability of his or her bodily functions to support life. In removing the support, the doctor's motivation is not to cause the patient's death but to respect the patient's wishes with regard to the nature of the ongoing life support. If death does become imminent, the attendants will do everything in their power short of killing them, to support the patient during their terminal hours or days.

In contrast, when a doctor accedes to a patient's request for euthanasia (**Figure 2**), both the patient and the doctor understand that the request is for an immediate termination of life. In the majority of such cases, the patient's physiological systems are still capable of maintaining life – maybe even for years. The doctor, with the intent of killing the patient, administers a lethal substance in a dose that interferes fatally with the physiology of the body so that it can no longer support function, and the patient dies by means of a precipitate 'un-natural' death. Should the doctor fail to bring about such an abrupt termination, his actions would be judged a failure.

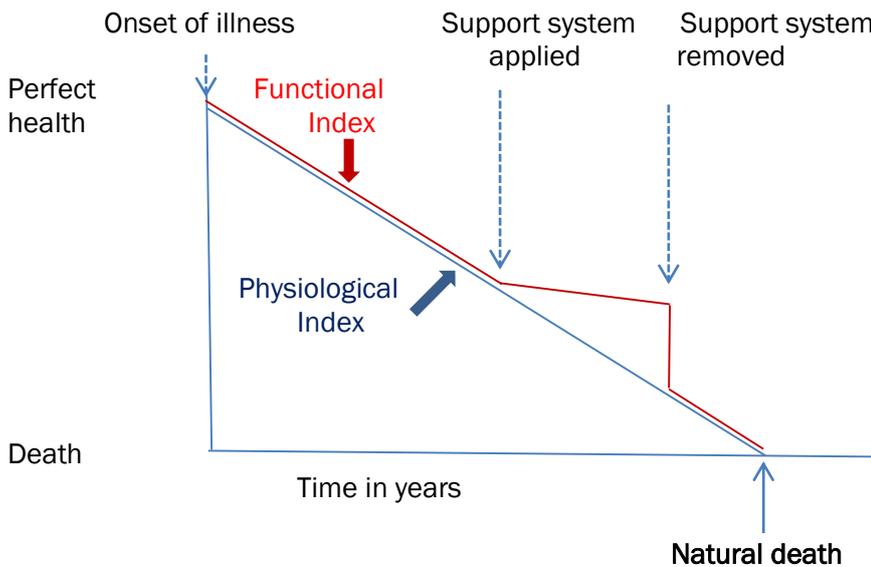
Seen in this light, it is clearly evident that the actions of the medical attendants in the two scenarios are by no means equivalent. They are governed by very different motives and expectations. The motive of the medical staff in the first scenario (withdrawing support) is to unburden the patient of interventions that are causing distress and failing to facilitate his or her long term welfare. The result of actions taken in this scenario is to allow the patient to die a natural death. The motive of the medical staff in the second scenario (administering euthanasia) is to relieve the patient's fears, apprehensions and symptoms by killing him or her. The result of the actions taken in the second scenario is to precipitate an 'unnatural' death.

It is not possible to credibly argue the equivalence of the two acts.

Why Withdrawal of Life Support Is Not Equivalent to Euthanasia

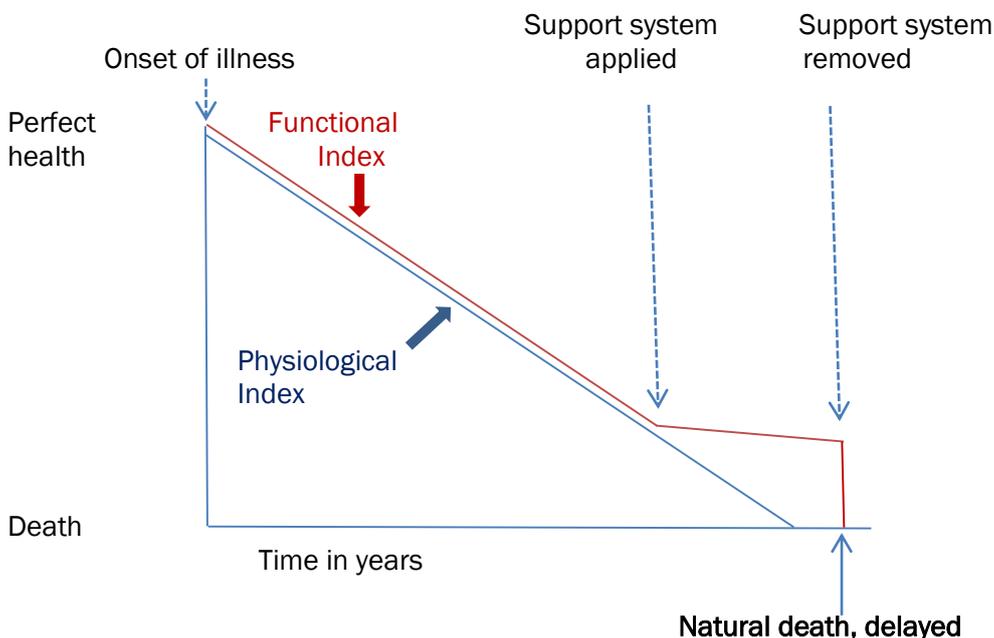
Withdrawal of a support system (Figure 1 a)

Artificial support is removed before the patient's body has shut down completely. The person's functional index returns to the level his or her body can maintain naturally. The person eventually dies a natural death, which may take place hours, weeks, or in some cases, even years later.



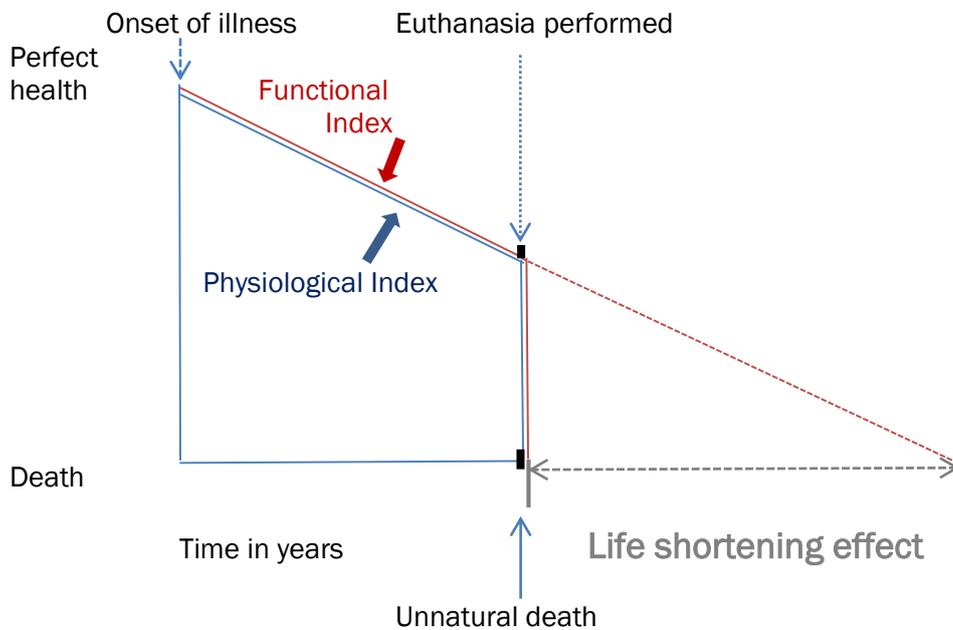
Withdrawal of a support system (Figure 1 b)

The patient's physiology had already shut down completely. In many cases the person is already brain dead and the life support system was used only to allow time for clinical assessment. When artificial support is removed, the patient dies a natural, although delayed, death.



Euthanasia (Figure 2)

The patient's physiology is capable of maintaining life, maybe even for years. The doctor, with the intent of killing the patient, administers a lethal drug. The patient dies as a result of an external force and therefore dies an unnatural death.



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