THE RIGHT
TO DIE

NATIONAL SECULAR SOCIETY

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A National Secular Society working party issued this statement as a contribution to Hunan Rights Year (1968).

IN its concern over the great problems Of famine thirst, disease and war. the National Secular Society has always called on the resources of science and commonsense to support the right to live; it is essential to clarify what we mean by that 'life' on which we lavish infinite affection. If it is no more than certain biochemical processes then plants and disease-producing organisms are as sacred as human beings. In adopting this view the Jains arc least logical, though we see in India the deplorable human suffering to which their genial theism has contributed, Many in the West who would describe this outlook as superstitious have an attitude to life which is just as mystical and more muddled.

Christian civilisation. based on the stories rather than the Sixth Commandment Of the Judaeo-Christian Scriptures, has never outlawed kilting. Apart from brutal hunting Of animals for sport, it has found many occasions suitable for human slaughter; 'just' wars, crusades, witch-burnings, the eradication of heretics. It is only where science and the human conscience are involved that the Church has 'humanely" intervened; to outlaw family planning or abortion, to declare suicide a *felo de se*. Up till 1823 the unfortunate person was obscenely buried if successful and savagely punished by state and society if unsuccessful. Indeed it was as recently as 1961 that suicide and attempted suicide ceased to be criminal offences.

Naturally we regret the circumstances which lead someone to suicide. Sometimes it may be loneliness or financial desperation. things far which the community must take its share of blame. At other times it may overpowering suffering, physical and mental, accompanying accident or disease. Quite properly. what had once been liberal minority advocation of humanity in recognising the ultimate right of the oppressed individual to take his own life is now established in the law of the land.

Yet suicide remains an unpleasant business. Many of the afflicted who would take this way out are deterred by other than religious reasons. They may fear bringing ‘disgrace’ on their families or jeopardising life assurance policies. They may find it difficult to get reliable means of killing themselves or lack courage to use them. Sometimes they are utterly paralysed and helpless. This is the time when they may well say to their doctor, ‘Please help me to escape’. In these circumstances it certain that some doctors out of deep compassion already assist them. Many will not. and understandably so, for they may be charged with murder, or under Section 2 of the Suicide Act with aiding and abetting in self-destruction. Society cannot expect each doctor to be his own lawgiver while it turns aside pretending the problem does not exist.

There are, we recognise, rational arguments against voluntary euthanasia which must be considered. Numerous analgesics are now available for those in pain, This is true; but tolerance rapidly develops and the patient may well find drug addiction added to his other troubles. Nor are drugs able to alleviate the worst pain short of unconsciousness. And in the terminal stages of many illnesses there are signs and symptoms which may be as distressing as pain and not subject to alleviation: incontinence. inability to swallow, suffocation. constant cough, bed sores itching, suppuration, vomiting, mental change. But, it is protested, medical knowledge is constantly changing and what is incurable today may he curable tomorrow. The sad truth is that medicine does not advance as rapidly as popular newspaper accounts of the claims of ambitious laboratories might suggest. Organ transplants ate effective only when the basic metabolism of the body is satisfactory, and there are many tissues where there is no encouraging prospect of replacement. In the terminal stages of most organic diseases it is wellnigh certain that no medical marvel will be conceived and brought into standard practice within the prognostic period. But if there is an element of doubt it is surely for the patient himself to make the choice.

It is said that the introduction of bureaucratic formulae into the sickroom, with the implication that the patient must face up to the fact that he is doomed. can be very distressing,

and it may be very difficult to decide whether a heavily sedated patient is able to make a fully rational decision. We see a large measure of truth in this, and welcome the new legislative proposals of the Euthanasia Society. whereby a healthy person would be able to lay down the broad conditions under which he would wish his life to be terminated, leaving it—as it must inevitably be left—to two doctors, one of them a consultant, to decide whether the conditions are satisfied in the circumstances of each individual case. But there would also be provision for those who have not made prior arrangements to decide when a fatal disease was actually upon them. Some critics insist that this might lead to untoward pressure being brought to bear on an unwanted relative to 'sign up'. If however the unfortunate patient should be so much under the influence of unscrupulous beneficiaries that the supervising doctors are unable to discover his real wishes. it is likely they would under existing conditions be able to persuade him to take an overdose of sleeping tablets. At present there are many sufferers who have as an additional motive for ending their lives a wish to release loved ones from an intolerable and fruitless burden. and their desire merits consideration.

Same fear that the scheme would be unworkable because of doctors' religious beliefs or Obligations under the Hippocratic Oath. We are most anxious that nurses' and doctors' conscientious objections be respected, We merely point out that many, perhaps most, doctors would not feel themselves so inhibited. Though religious and moralistic minorities have entrenched themselves in certain medical bureaucracies, religious belief does not seem to be conspicuous throughout the profession. The Hippocratic Oath is passing out of fashion. or its clause dealing with the giving of poison modified. Where it is subscribed to, the dedication to 'Apollo the Healer' does not seem to cause conscientious qualms or the rest of oath to prevent research in bacteriological warfare.

In our opinion the majority who oppose voluntary euthanasia are not motivated so much by rational as irrational objections. Sometimes these are cloaked by a simple religious motto, 'Thou shall not kill', even though the Book of Common Prayer and the Revised Version of the Bible translate this as 'Thou shalt do no murder'. Happily today there are increasing

numbers of Christians who place more reliance on the text: ‘Blessed are the merciful for they shall obtain mercy’.

There are those whose primrose path has never been sullied by the need for an aspirin, who talk of the sanctifying power of pain. This is simple nonsense. While a certain amount of struggle in life can be beneficial to the individual, a ceaseless battle against nagging pain is life-diminishing, embittering and ultimately degrading, But if there are any who imagine they will benefit in this way, there will be no obligation on them to avail themselves of the provisions of Euthanasia Act. But they are not concerned with real situations. Their view of the world is both arbitrary and illogical. regard euthanasia as an impiety, an intrusion of mankind into the divine world of natural processes. Somehow it escapes them that the whole art of medicine is such an intervention. Then they protest that life itself is ‘sacred’, whatever its nature, so that it is all right to prolong it but not contract it. Whether they take the same view in Vietnam is open to question.

What makes life valuable is its quality, not its quantity, the immensely rich and varied sensations appreciations. sympathies and conceptualising. It is surely more than so many centimetres of blood pressure and litres of vital capacity. To say that the burdensome life of a terminal cancer victim is valuable in the sight of God, while the active life of a soldier in Vietnam in his prime with dependants is not, is an untenable position. The uniqueness of a human is, theologically, to be his soul, and the fate of this cannot depend on a slight shortening of the body's span. In the great secularised world the value of life is moral, aesthetic and intellectual, and person himself is more likely to overrate than understate it. If he wishes to end it, who else should presume to intervene? It is true that many of us get fits of depression from time to time, as in influenza, but under the Bill proposed by the Euthanasia Society and endorsed by us, two doctors will investigate this possibility and there is a of a month before the decision becomes operative. The decision can of course be reversed at any time. We stress that voluntary euthanasia must not be regarded as an excuse to limit medical research and that what is now wasted on other items must be diverted to preventive medicine.

There is another matter which may be outside the scope of the Bill. It is an increasingly common phenomenon in hospitals for patients to temporarily, i.e. for their hearts to stop beating but to be capable of reactivation. Should resuscitation be attempted on every occasion? The issue achieved some notoriety last September, when it was revealed that in Neasden Hospital physician superintendent Dr W. F. Twining McMath had posted up a memorandum, dated 16 May, 1966, listing four categories of patients who were ‘not to be resuscitated’: over 65, suffering from malignant diseases or chronic chest or renal diseases.

We agree with the general view that the arbitrary statement of an age and the display of such a notice where it could be seen by patients and related to 'NTBR on their charts were most unfortunate. But the basic issue is whether or not patients with a hopeless prognosis who have actually ‘died’, should be brought back to a burdensome existence. We believe that doctors should not ‘strive officiously to keep alive’. Very often their motives are of the most selfless and charitable, whether misguided or not, but the suspicion remains that an element of self-indulgence is often present: the nurse or the doctor's religious belief is being arbitrarily transferred to the patient, or he represents a medical 'challenge' to see how long he can be kept metabolising. or his case is interesting to show students or write research papers on. Whatever view is taken of such motives they are certainly not in the interests of the patient, which must the only consideration of all medical procedures. Similarly. nurses and doctors should not strive officiously to breathe life into grossly deformed newborn babies, which would without such intervention be still-born.

Evidence

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