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**Euthanasia and Physician Assisted Suicide:**

**Historical Perspective of Unconscionable Acts**

Euthanasia was practiced by the ancients, the term means “good death.” For the physician, it would mean caring for the patient with compassion and alleviating pain and suffering. However, the physician of ancient times could also cause the death of his patient. One physician would heal, another would provide the poison draught to cause the death of the patient. The School of Hippocrates (ca. 400 BC), made the first attempt to establish a set of ethical principles that would guide the practice of medicine. The Hippocratic Oath defined the physician as healer. Hippocratic medicine eventually became the standard; the practice of medicine a transcendent, moral activity. The Hippocratic principles remained unquestioned for close to 2000 years.

The Eugenics Movement, offspring of Darwinism, developed in Europe by the late 1800s. Eugenicists encouraged the fit upper classes to have large families; the unfit poor, minorities and immigrants were to breed less.

By the late 19th century, the concept of a “right to death” was being discussed in intellectual circles in Europe. In 1920, in Germany, home of the most scientifically advanced medical community in Europe, a booklet titled *Permitting the Destruction of Unworthy Life* was published. With the intent to benefit society, the authors proposed that the killing of human beings declared unworthy of life should be legalized. Euthanasia was supported by the concepts of unworthy life and burden to society. The killing of the unfit was spoken in terms of “compassion” and “release from suffering.” The systematic, organized killing by physicians and nurses began in the 1930s. It is important to note that this program was not instituted by the Nazi government, but by the medical community. Nazi ideology simply embraced the eugenics concepts. The eugenics sterilization and execution programs served to inspire the Nazi extermination plan.

The Eugenics Movement reached theUnited States in the early 20th century and was embraced by the scientific community. Compulsory sterilization of “defectives” was carried out in the US in the 1920s and 30s. Funding for eugenics research was provided by the Rockefeller, Carnegie, and Ford Foundations. Margaret Sanger, founder of Planned Parenthood, was a leader of the Eugenics Movement in the United States.

As the world learned of the atrocities performed by physicians during WW2 there was a dramatic swing in favor of patient autonomy and the informed consent of patients. Patient autonomy became the driving force in human subject research. The “four principle approach” to guide medical decision making was developed; a method based on the principles of beneficence, non-maleficence, justice, and respect for autonomy. Respect for the individual autonomy of the patient became the principal moral obligation of the physician.

In this country, physician assisted suicide (PAS) is legal in six states and the District of Columbia. Euthanasia, the active killing of patients, continues to be against the law. In 1997, the state of Oregon legalized physician assisted suicide. Twenty years later, there are attempts to expand the law. A bill was introduced to make it possible for someone to administer the deadly drug to the patient when the patient is no longer physically or mentally able to do so. The involuntary killing of patients appears to be the motive.

Euthanasia and PAS have been practiced in Western Europe for decades. Holland has the longest experience. At present, involuntary euthanasia is practiced widely in the Netherlands, the decision to kill the patient made by the family. Frequently it is the Dutch physician who decides who lives and who dies. Children with congenital defects are euthanized upon request of the parents.

The justification for euthanasia and physician assisted suicide is based on the principle of personal autonomy and compassion for the individual person’s pain and suffering. The person’s right of self-determination, is the imperative obligation. Many an ailing person will choose suicide in order to relieve an assumed burden to the family. Some will be coerced by family members to end their lives. The decision to end the patient’s life may be influenced by others as it happens in the Netherlands. Research shows that those who request to die are not primarily concerned about pain but more about dignity and control.

Pain and suffering are permanent features of life, especially at the end of life. Everyone wants a “good” death, peaceful and free of pain and suffering. Modern medicine can provide the care and resources to reach this goal. Many of the patients who commit suicide are suffering from depression. Must we kill the patient instead of treating the patient’s condition? Taking the suffering person’s life is not the solution.

The current situation is not unlike that of Hippocrates in 400 BC. The physician of the 21st century is being asked to provide the poison draught to cause the death of his patient. It is absurd that this act of killing is considered by many to be patient care. Professional physician organizations cannot be permissive nor even neutral on the ethics of physicians killing their ailing patients.

To coerce the physician to become complicit in the taking of innocent life is unconscionable. The physician healer must not become the physician killer; as it was during the time of Hippocrates when the patient did not know the physician would heal or kill. Legalization of PAS damages the doctor-patient relationship and impairs the physician’s autonomy and professional independence.

The medical professional ought to use his skills to care for his patient, treating physical and emotional pain with respect. With effective comfort and dignity care, the ailing person is allowed to make peace with family and the community. The individual physician as well as the medical community must refuse to be intimidated into complying with the ideology that death is the solution.

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