

Deceptive Arguments about the Quality of Life

Australian people should deeply respect the name of Chester W. Nimitz. In June 1942 Admiral Nimitz commanded the U.S. forces assigned to block a Japanese invasion of Midway. The naval victory saved Australia from Japanese invasion. His son, Chester W. Nimitz Jr., also became an admiral, and as a submarine commander sank a Japanese destroyer bearing down on his boat. It is especially sad when respected names such as his end their lives deliberately. Chester W. Nimitz Jr had lost weight, was suffering from congestive heart failure, and had constant back pain. At the age of 86 years he made a suicide pact with his 89-year-old wife, who had gone blind and was suffering from severe osteoporosis, and both overdosed with sleeping pills.

The couple left a note to say that their decision was not an act of despair or the result of mental illness. The reason that they gave was that their sicknesses limited their “quality of life.” It is also significant that the couple did not believe in God or in any life to come.

Unfortunately, the admiral’s suicide is a victory for people who support euthanasia. Many people who read about this will conclude that brave people should die with dignity, like this.

The arguments against euthanasia have to take two tracks. The first is decisive for Christian people. God, the Author of life, has the sole right to end it. His commandment, “You shall not kill”, has denied human beings the right to take their own lives, and He Word has warned, “No murderer has eternal life remaining in him.” Dying with what people believe is dignity is not the end of the story. There is eternal punishment to come, where there is no dignity. Those who live and die outside of God’s grace will awake “to shame and everlasting disgrace.” When such people face God as Judge, what answer can they give to His Word: “I shall certainly demand an accounting for your lifeblood. I shall demand it from every animal and from a human being. I shall demand an accounting for the life of a human being from his fellowman. If anyone sheds the blood of a human being, his blood should be shed by a human being, because God has made human beings in His own image” (Genesis 9:5-6)? “Mercy-killing” has nothing to do with God’s mercy. Euthanasia or mercy killing promotes the notion that death is good. Scripture calls it “the last enemy.” The commandment not to kill includes helping and befriending a neighbour in every bodily need. It includes not only palliative care, but also assuring him that he is valued and loved.

The other track that the argument against euthanasia and suicide must take is a rational one, which ought to make sense to all thinking people. Suicide should not be praised as an act of courage. It is finally an act of despair and denial of the world and one’s friends and relatives. The truth is that suicide regularly leaves friends and relatives hurt and perplexed. For example, one of Mr Nimitz’s surviving sisters, a Catholic nun, said that, although she felt sympathetic, because they could not see any value in suffering for themselves or for others, she could not agree with her brother’s decision to end his life.

Christianity is declining in the West, and the average age of our population is increasing. The question of the termination of elderly lives is broader than the individual. Other people are often said to have a right to say whether the life of another person deserves to continue. We must therefore also debate both whether such a step is logical and humane, and whether doctors who are rational and intelligent should be allowed to put down the lives of people who cannot decide for themselves.

Very ill people have often proved doctors wrong, and people who have been taken off all medication have sometimes survived. Predictions that a child will be deformed have often proved ill founded. No elderly persons can be sure that medical science will not afford a cure or an improvement in their health.

Individual rights have to be balanced others’ rights and against community pressure. The best societies practise care for their members, including the less privileged. No one need argue about extraordinary attempts to prolong life by artificial, mechanical means. The quality of life and people’s freedom to choose ought to include their knowledge that they belong to a loving, concerned community. People with disabilities should be encouraged to bear them because they know that others love them and care for them. It is a noble thing for a community to show its concern by using means to relieve pain, means that are available these days as never before. It is a blot on a community if it legislates to provide an easy escape from their duty to provide for those who are suffering by allowing termination of lives or legislating for it. It is not extreme to suggest that many modern societies are not far from a common practice where many people who are not considered to have “quality of life” will be put down even without being consulted.

The inevitable effect of any society’s legislation to provide for euthanasia is a more general cheapening of human life. Now at least if a teenager becomes a behaviour problem, even the most hard-hearted parent would surely not dream of suggesting that the solution would be to put him down. Killing becomes an acceptable way

to avoid stressful problems. Human life becomes as cheap as the lives of old household pets. It is a very short step from deciding that an unwanted unborn baby would be better off dead to killing a baby or allowing it to die from neglect after it is born.

Once the right to take life is granted, there is no place where limits can be marked down. If society views some of its members as very inferior, in the end such individuals do not have much room to choose at all. For example, the dignity of elderly people is infringed if they are constantly made to feel that they are a burden to their families and nursing staffs. This is made worse when greedy family members want to get their hands on an elderly person's estate. The cost of medical care and pressure on nursing beds become factors that restrict the feeling of being valued and ultimately life itself. When such attitudes are regarded as legitimate, the quality of life of the whole community has declined. Comfort, expense, and property have displaced the value of the individual. The community becomes increasingly brutal. We must therefore resist the culture of death that is abroad in our world. It is a culture in which human beings are encouraged to regard themselves as expendable for all kinds of reasons. We must strongly promote the principle that people should be buttressed in their many problems by the knowledge that their neighbours love them and care about them.

Pain relief ought to be administered in the context of treatment, never as a means of taking life. There is a big difference in principle. The long-respected oath of Hippocrates bound doctors never to harm their patients or to help a woman procure an abortion. In this respect, doctors who practise abortion and euthanasia have taken a radical turn, which is bound to affect patients' confidence in them. Sometimes doctors may deliberately give more morphine than necessary, in order to hasten death, without expecting prosecution. In 1995 seven doctors wrote to the Premier in Victoria and made the bold public admission that they had been practising euthanasia for up to forty years.

Another point is the relative nature of the terms "quality of life" and "the right to choose." A woman thinks her quality of life is impaired if she continues with a pregnancy. What about the baby's quality of life? Such a woman is selfishly thinking only about herself. The baby has had no chance to choose. The relatives and friends of Admiral Nimitz had no opportunity to choose.

The best communities prohibit suicide. Many younger people also have disabilities and limitations, and we are horrified if any exercise a right to choose and take their lives. We call it "suicide." Many people begin to suffer disabilities, but any cut-off line for euthanasia is arbitrary. Is it right for a person who is partially blind, only one who is completely blind, and is a blind person's life worth continuing? Euthanasia is suicide for all ages. The debate about the right to choose is really a debate about suicide.

Besides, legislation about such areas usually extends the limits of what a community permits. In the Netherlands euthanasia has far exceeded the narrow limits of legislation, in the direction of involuntary euthanasia. No one is able to say how far the principle, once granted, can extend.