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Assisted suicide is immoral

A CARTOON IN the Seattle Post-Intelligencer bleakly summed up the choice Washington voters faced in deciding whether to make it legal for physicians to help their patients commit suicide: It came down to letting doctors kill their patients or making people die in agony.

Opinion polls showed Initiative 119, as the euthanasia measure was called, favored by a 2-to-1 margin barely more than a month ago. Yet the proposal was soundly defeated in Tuesday's election.

The ultimate verdict of the voters was the wisest choice. If voters had approved the measure, Washington would have been the only place in the world to give the law's blessing to the act of one person helping another to kill himself — a deed that should be deemed immoral even in the era of modern medicine.

The issue was not, as advocates tried to portray, whether a person has the right to take his or her own life — although theologians might argue that such an action is an affront to the supreme being.

Instead, the question really was whether Washington's law should endorse letting doctors actively take steps to end a human life, by such means as lethal injections. In such a case, the doctor would have been transformed from healer into executioner.

Assisted suicide devalues human life. Unlike simply unplugging from extraordinary medical treatment, euthanasia deliberately interferes in the natural process of dying. It is ripe for abuse, potentially tempting impatient children to cajole their elderly parents into prematurely ending their lives to speed up delivery of sizable inheritances; it also could give cover to public hospitals that want to do away with the poor, the powerless, the troublesome or just plain unwanted.

The voices of thoughtful opponents were sobering: "Will we not sweep up, in the process, some who are not really tired of life, but think others are tired of them?" asked Dr. Leon R. Kass, a University of Chicago medical ethicist.

Still, in the cacophony of competing choruses during this debate, one voice seemed to carry the tune of compassion and common sense more than any other: that of an outspoken cadre of hospice nurses who work with the terminally ill every day.

Among other things, these nurses argued that instead of pushing suicide as a solution to the agony of prolonged but hopeless illnesses, the public ought to search for ways to make the final days of the dying more comfortable through more numerous and better-supported hospice facilities and more compassionate use of appropriate medication.

If advocates of euthanasia truly are concerned about the welfare of the terminally ill and are not driven by some other macabre agenda, they will focus on the questions raised by the hospice nurses, and find ways to make the final days of the dying more dignified instead of searching for public support for measures making it legal to prematurely push human beings into the ever-awaiting arms of death.

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