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Euthanasia and Anesthesiologists

To the Editor:—The article by Truog and Berde[1] on euthanasia and the accompanying editorial[2] were particularly pertinent in view of a survey indicating that a majority of anesthesiologists in this country would be willing to participate in physician-assisted death.[3]

Truog and Berde state that "the modern euthanasia movement is sufficiently distinct from the Nazi experience to warrant unbiased appraisal." But is this statement true? In *The Nazi Doctors,* Lifton quotes Adolf Jost and others who argued that "the death of the individual must ultimately belong to the social organism, the state."[4] Lifton, like Truog and Berde, makes a distinction between the Nazi experience, which emphasized state control of euthanasia, and the "Anglo-American tradition of euthanasia, which emphasizes the individual's right to die. . . ."[4] This "right to die" is, of course, strongly linked with the concept of individual autonomy as opposed to state authority.[2]

We believe there is tremendous danger in viewing these movements as dissimilar. The defining issue is not the distinction between state and individual autonomy but the devaluation of human life and the inevitable progression of thought and act that results from acceptance of that concept.

Following Roe *v.* Wade, concern was expressed regarding the inevitable progression from the legalization of abortion to euthanasia.[5] This concern arose because some perceived that the courts, having arbitrarily separated aliveness from personhood as regarded fetal life, could do the same for the elderly.[5] At the time, it was widely believed that such a progression of thought could not occur in America. Yet, a scant 20 yr later, we are discussing the likelihood of legalized euthanasia in America. Clearly, such a progression of thought did occur.

Before our profession embraces the idea of individual autonomy and an individual's right to die, we need to think ahead to where such a concept will lead. Why would the individual's right to die be any different than obtaining permission for a blood transfusion for a patient who is a Jehovah's Witness or obtaining a do-not-resuscitate status for a critically ill patient? If, when dealing with these issues, the patient is unable to give permission him- or herself (individual authority/autonomy), we enter into discussion with family (designated authority). If relatives are unavailable or are unwilling to give what is considered an appropriate response, the next step is the court (state-assumed authority). Do we as professionals wish to participate if a progression similar to that outlined above occurs in physician-assisted death?

Such a progression is possible, perhaps even probable, within the euthanasia movement. We believe the only way to avoid progression down that slope is to never begin the journey. Once the concept of the sanctity of human life is discarded within a society, a progression is begun that is difficult to halt. The Hippocratic oath states, "I shall not prescribe a deadly drug (or dose) to anyone even if I am asked to do so, and I shall not suggest or advise the taking of such a drug (or dose)."[6] This oath and other statements and vows of ethical medical practice firmly avow the sanctity of human life and forswear any practice that devalues it. We believe there are good, historic, and still pertinent reasons for this principle.

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