

Euthanasia

For mercy killings not performed on humans, see [animal euthanasia](#).

For the program to kill people with disabilities in Nazi Germany, see [Action T4](#).

Euthanasia (from [Greek](#): ευθανασ•α -ευ, eu, "[good](#)", θ•νατος, thanatos, **death**) is the practice of terminating the [life](#) of a [person](#) or an [animal](#) because they are perceived as living an intolerable life, in a [painless](#) or minimally painful way either by [lethal injection](#), [drug overdose](#), or by the withdrawal of [life support](#). Euthanasia is a controversial issue because of conflicting [religious](#) and [humanist](#) views.

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Terminology

Euthanasia of humans as a topic is often highly-charged—[emotionally](#), [politically](#), and [morally](#). Terminology and laws shift over time, geographically and globally, causing a great deal of confusion.

Following the broad definition of euthanasia as outlined by [James Rachels](#), euthanasia may employ methods such as taking a patient off life support. Both active and passive euthanasia can be voluntary, nonvoluntary or involuntary. (See [Karl Binding](#) and [Alfred Hoche](#) for one of the first uses of the three types of euthanasia.)

Physician assisted dying is where doctors provide a prescription for a terminally ill patient to hasten their death. This is seen as morally distinct from euthanasia because the physician does not cause the patient's death but gives the patient choice of the time and circumstances of his or her own death. **Physician assisted dying** is the terminology used by the state of [Oregon](#) to describe the action of its [Death With Dignity](#) law.

Responding to requests from Oregon patients and their families, the [Oregon Health Division](#) changed their usage in October 2006 from "physician-assisted suicide" to "physician-assisted death." The [American Public Health Association](#) made the same change in November 2006.

Voluntary euthanasia occurs *with* the fully informed request of a decisionally-competent adult patient or that of their surrogate (proxy). (Example: Thomas Youk with [ALS](#) was assisted by [Jack Kevorkian](#).) This should not be confused with death after treatment is stopped on the instructions of the patient himself, either directly or through a [do not resuscitate](#) (DNR) order. Enforcing a DNR order has never been considered assisted suicide or suicide of any kind, at least in the eyes of the law. Patients with healthy minds

have always had the right to refuse treatment; this could be defined as a happy death.

Nonvoluntary euthanasia occurs *without* the fully informed consent and fully informed request of a decisionally-competent adult patient or that of their surrogate (proxy). An example of this might be if a "patient" has decisional capacity but is not told they will be euthanized; or, if a patient is not conscious or lacks decisional-capacity and their surrogate is not told the patient will be euthanized.

Involuntary euthanasia occurs *over the objection* of a patient or their surrogate (proxy). An example of this might be if a patient with decisional capacity (or their surrogate) is told what will happen. The patient (or surrogate) refuses yet the patient is euthanized anyway. This is generally considered murder. If a patient slated for euthanasia changes his or her mind at the last minute, the doctor is categorically required by law to honor that wish. In most countries removing or denying treatment without the clear instructions of the patient is usually seen as murder.

Terminal sedation is a combination of medically inducing a deep sleep and stopping other treatment, with the exception of medication for symptom control (such as analgesia). It is considered to be euthanasia by some, but under current law and medical practice it is considered a form of palliative care.

Animal euthanasia is commonly referred to by the euphemism "put down" or "put to sleep".

Mercy Killing is a term used for some cases of euthanasia. Typically it refers to euthanasia by a someone other than a doctor, such as a parent, who perceives the individual to be suffering. In some cases, the individual cannot consent. In other cases, the individual can consent, but is not asked or refuses. Lastly, in some cases the individual consents, and it may even be them who initiates the discussion.

Eugenics described as euthanasia

In Nazi Germany the term euthanasia was misused for the T-4 Euthanasia Program, which

was actually a [eugenics](#) project. The objectives were to save expense and to preserve the genetic quality of the German population by killing those considered unworthy of life and sterilizing those considered unfit to breed. Since it was not for the benefit of the victims, it does not fit the definition of euthanasia as merciful. It has nevertheless tainted the word, especially in [German-speaking](#) countries, as one of the main advocates of euthanasia in Germany after World War II was [Werner Catel](#), a leading Nazi doctor directly involved in T-4. The currently accepted German term is the older "[Sterbehilfe](#)" (literally "helping to die"), which is used in contemporary German discussions.

Legislation and national political movements

The United Kingdom

On November 5, 2006, Britain's [Royal College of Obstetricians and Gynaecology](#) submitted a proposal to the [Nuffield Council on Bioethics](#) calling for consideration of permitting the euthanasia of [disabled newborns](#).^[1] The report does not address the current illegality of euthanasia in the [United Kingdom](#), but rather calls for reconsideration of its viability as a legitimate medical practice: "We would like the working party to think more radically about non-resuscitation, withdrawal of treatment decisions, the best interests test and active euthanasia as they are ways of widening the management options available to the sickest of newborns."

Australia

Euthanasia was legalized in [Australia's Northern Territory](#), by the [Rights of the Terminally Ill Act 1995](#). Soon after, the law was voided by an amendment by the Commonwealth to the Northern Territory (Self-Government) Act 1978. The powers of the Northern Territory legislature, unlike those of the State legislatures, are not guaranteed by the Australian Constitution. However, before the Commonwealth government made this amendment, three people had already been legally euthanised. The first person was a taxi driver, [Bob](#)

Dent, who died on 22 September 1996.

Although it is a crime in most Australian states to assist in euthanasia, prosecutions have been rare. In 2002, relatives and friends who provided moral support to an elderly woman who committed suicide were extensively investigated by police, but no charges were laid. The Commonwealth government subsequently tried to hinder euthanasia with the passage of the Criminal Code Amendment (Suicide Related Materials Offences) Bill 2004. In Tasmania in 2005 a nurse was convicted of assisting in the death of her elderly mother and father who were both suffering from illnesses. She was sentenced two and a half year jail but the judge later suspended the conviction because he believed the community did not want the woman put behind bars. This sparked debate about decriminalising euthanasia.

Belgium

The Belgian parliament legalized euthanasia in late September 2002. Proponents of euthanasia state that prior to the law, several thousand illegal acts of euthanasia were carried out in Belgium each year. According to proponents, the legislation incorporated a complicated process, which has been criticized as an attempt to establish a "bureaucracy of death".

The Netherlands

Since 2002 euthanasia has been legalized in the Netherlands. The law codified a twenty year old convention of not persecuting doctors who have committed euthanasia in very specific cases, under very specific circumstances.

Switzerland

In Switzerland, deadly drugs may be prescribed to a Swiss person or to a foreigner, where the recipient takes an active role in the drug administration. More generally, article 115 of the Swiss penal code, dating from the 1940s, considers assisting suicide a crime if and

only if the motive is selfish. The code does not give physicians a special status in assisting suicide; however, they are most likely to have access to suitable drugs and the medical establishment have prohibited highly liberal physicians from prescribing deadly drugs further. When an assisted suicide is declared, a police inquiry may be started. Since no crime has been committed in the absence of a selfish motive, these are mostly open and shut cases. Prosecution happens if doubts are raised on the patient's competence to make an autonomous choice. This is rare.

United States

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Early History

The first major effort to legalize euthanasia in the United States arose alongside the eugenics movement in the early years of the twentieth century. In a 2004 article in the [Bulletin of the History of Medicine](#), Brown University historian [Jacob M. Appel](#) documented extensive political debate over legislation to legalize physician-assisted suicide in both Iowa and Ohio in 1906. The driving force behind the movement was social activist [Anna S. Hall](#).

[2]

Oregon

[Oregon Ballot Measure 16 in 1994](#) established Oregon's Death with Dignity Act, which legalizes physician-assisted dying with certain restrictions, making Oregon the first U.S. state and one of the first jurisdictions in the world to officially do so. The measure was approved in the 8 November 1994 general election in a tight race. The final tally showed 627,980 votes (51.3%) in favor, and 596,018 votes (48.7%) against. In 2005, after several attempts by lawmakers at both the state and federal level to overturn the Oregon law, the [United States Supreme Court](#) ruled 6-3 to uphold the law after hearing arguments in the

case of [*Gonzales v. Oregon*](#).

Texas

In 1999, the state of Texas passed the Texas Futile Care Law. Under the law, in some situations, Texas hospitals and physicians have the right to withdraw life support on a patient whom they declare terminally ill.^[3]

On March 15, 2005, six month old [*infant Sun Hudson*](#) was the first patient in which the "United States a court has allowed life-sustaining treatment to be withdrawn from a pediatric patient over the objections of the child's parent."^[4]

In December 2005, doctors removed [*Tirhas Habtegiris*](#), a young woman and legal immigrant from [*Africa*](#), from life support against her family's wishes.

Euthanasia protocol

See [*Lethal Injection*](#) for more information.



A machine that can facilitate Euthanasia through heavy doses of drugs. It is possible in this image to see the laptop screen that leads the user through a series of steps and questions, to the final injection, which is done by motors controlled by the computer. This series of questions is supposedly to prevent unprepared users from undergoing Euthanasia.^[5]

Euthanasia can be accomplished either through an oral, intravenous, or intramuscular

administration of drugs. In individuals who are incapable of swallowing lethal doses of medication, an intravenous route is preferred. The following is a Dutch protocol for parenteral (intravenous) administration to obtain euthanasia:

“ Intravenous administration is the most reliable and rapid way to accomplish euthanasia and therefore can be safely recommended. A coma is first induced by intravenous administration of 20 mg/kg thiopental sodium (Nesdonal) in a small volume (10 ml physiological saline). Then a triple intravenous dose of a non-depolarizing neuromuscular muscle relaxant is given, such as 20 mg pancuronium dibromide (Pavulon) or 20 mg vecuronium bromide (Norcuron). The muscle relaxant should preferably be given intravenously, in order to ensure optimal availability. Only for pancuronium dibromide (Pavulon) are there substantial indications that the agent may also be given intramuscularly in a dosage of 40 mg.^[6] ”

Some people approve of some forms of euthanasia in principle, but fear that if some forms of euthanasia are legalized other forms of euthanasia that they do not support will come into practice.

With regards to nonvoluntary euthanasia, the cases where the person could consent but was not asked are often viewed differently from those where the person could not consent. Some people raise issues regarding stereotypes of disability that can lead to non-disabled or less disabled people overestimating the person's suffering, or assuming it to be unchangeable when it could be changed. For example, many disabled people responded to [Tracy Latimer's](#) death by pointing out that her parents had refused a hip surgery that could have greatly reduced or eliminated the physical pain Tracy experienced. Also, they point out that a severely disabled person need not be in emotional pain at their situation, and claim that the emotional pain, if present, is due to societal prejudice rather than the disability, analogous to a black person wanting to die because they have internalized negative stereotypes about being black.

With regards to voluntary euthanasia, many people argue that 'equal access' should apply to access to suicide as well, so therefore disabled people who cannot kill themselves should have access to voluntary euthanasia.

Others respond to this argument by pointing out that if a nondisabled person attempts suicide, all measures possible are taken to save their lives. Suicidal people are often given involuntary medical treatment so that they will not die. This argument states that it is due to societal prejudice, namely that disabled people are of lower worth and that any unhappiness must be due to the disability, which results in greater support of voluntary euthanasia by disabled people than suicide by nondisabled people.

Perceptions in the United States



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In the last 20 years, some states in the United States of America have faced voter ballot initiatives and "legislation bills" attempting to legalize euthanasia and assisted suicide. Some examples include: Washington voters saw Ballot Initiative 119 in 1991, California placed Proposition 161 on the ballot in 1992, and Michigan included Proposal B in their ballot in 1998. Public opinion concerning this issue has become increasingly important because widespread support could very well facilitate the legalization of these policies in other states, such as in Oregon.

While many people are aware of the ongoing debates concerning the issue of euthanasia and assisted suicide, it has been unclear where the majority of public opinion stands in the United States. A recent Gallup Poll survey did show that 75% of Americans supported euthanasia. Further research, however, has shown that there are significant differences in levels of support for euthanasia across distinct social groups. Recently, these attitudes have been receiving more attention since they not only could influence the legislation on this topic, but how patients are cared for in the future.

Religion

Some of the differences in public attitudes towards the right to die debate stem from the

diversity of religion in the United States. The United States contains a wide array of religious views, and these views seem to correlate with whether euthanasia was supported. Using the results from past General Social Surveys performed, some patterns can be found. Respondents that did not affiliate with a religion were found to support euthanasia more than those who did.

Of the religious groups that were studied, which were mostly Christian in this particular study, conservative [Protestants](#) (including [Southern Baptists](#), [Pentecostals](#), and [Evangelicals](#)) were more opposed to euthanasia than non-affiliates and the other religious groups.

Moderate Protestants (including [Lutherans](#) and [Methodists](#)) and Catholics showed mixed views concerning end of life decisions in general. Both of these groups showed less support than non-affiliates, but were less opposed to it than conservative Protestants. Moderate Protestants are less likely to take a literal interpretation to Bible than their conservative counterparts, and some leaderships tend to take a less oppositional view on the issue. Despite the fact that the Catholic Church has come out in firm opposition to physician-assisted suicide, they share the nearly same level of support as moderate Protestants.

The liberal Protestants (including some [Presbyterians](#) and [Episcopalians](#)) were the most supportive of the groups. In general, they had looser affiliations with religious institutions and their views were similar to those of non-affiliates. Within all these groups, religiosity (identified as being frequency of church attendance and self-evaluation) also affected their level of opposition towards euthanasia. Individuals who attended church regularly and more frequently and considered themselves more religious were found to be more opposed than to those who had a lower level of religiosity ^[7].

In [Theravada Buddhism](#), a monk can be expelled for praising the advantages of death, even if they simply describe the miseries of life or the bliss of the after-life in a way that might inspire a person to commit suicide or pine away to death. In caring for the terminally

ill, one is forbidden to treat a patient so as to bring on death faster than would occur if the disease were allowed to run its natural course.^[8]

In [Hinduism](#), death has been referred to both as the ultimate truth and as one of the stages in human life. In the [Bhagavad Gita](#), Lord [Krishna](#) urges Arjuna to fulfill his destiny or [Dharma](#), and not to worry about consequences as death levels all: whatever you give and take, you do it on this earth. In Hindu mythology, some humans were given the right to choose the time of their deaths. This was awarded to only the most pure in heart, suggesting that Hinduism does not disapprove of euthanasia.

Ethnicity

On many social and religious issues, [African-Americans](#) are more conservative than [European-Americans](#).^[9] In the specific case of euthanasia, recent studies have shown European-Americans to be more accepting than African-Americans. They are also more likely to have advance directives and to use other end of life measures.^[10] African-Americans are almost 3 times more likely to oppose euthanasia than European-Americans. The main reason for this discrepancy is attributed to the lower levels of trust in the medical establishment.^[11] Researchers believe that past history of abuses towards minority in medicine (such as the [Tuskegee Syphilis Study](#)) have made minority groups less trustful of the level of care they receive. Studies have also found that there are significant disparities in the medical treatment and pain management that European-Americans and other Americans receive.^[12]

Among African-Americans, education correlates to support for euthanasia. African-Americans without a four-year degree are twice as likely to oppose euthanasia than those with at least that much education. Level of education, however, does not significantly influence other racial groups in the US. Some researchers suggest that African-Americans tend to be more religious, a claim that is difficult to substantiate and define.^[13] Only African and European Americans have been studied in extensive detail. Although it has been found that non European-American groups are less supportive of euthanasia than European-

Americans, there is still some ambiguity as to what degree this is true.

Gender

The research has not found gender to be a significant factor in predicting opinion about euthanasia. However, some studies have shown that there are differences in views between males and females. A recent Gallup Poll found that 84% of males supported euthanasia compared to 64% of females.^[14] Some cite the prior studies showing that women have a higher level of religiosity and moral conservatism as an explanation. Within both genders, there are differences in attitudes towards euthanasia due to other influences. For example, one study found that African-American women are 2.37 times more likely to oppose euthanasia than European-American women. African-American men are 3.61 times more likely to oppose euthanasia than European-American men.^[15]

Films containing euthanasia

- *Mar adentro* (in English, *The Sea Inside*)
- *Simon*
- *They Shoot Horses, Don't They?*
- *Ik omhels je met 1000 armen* (in English, *A Thousand Kisses*)
- *Soylent Green*
- *Of Mice And Men*
- *Whose Life is it Anyway?*
- *Million Dollar Baby*
- *The English Patient*
- *The Life of David Gale*
- *Lawrence of Arabia*

See also

- *Suicide Act 1961*
- *Karl Binding*
- *Alfred Hoche*

- [Werner Catel](#)
- [Derek Humphry](#)
- [Jack Kevorkian](#)
- [Killick Millard](#)
- [Diane Pretty](#)
- [Texas Futile Care Law](#)
- [Terri Schiavo](#)
- [Oregon "Death With Dignity" Act/Law](#)
- [Kaishakunin](#)
- [Karen Ann Quinlan](#)
- [Terry Wallis](#)
- [Soylent Green](#)
- [Principle of double effect](#)
- [Million Dollar Baby](#)
- [Trauma Center: Under the Knife](#)

References

1. [^] [\[1\]](#)
2. [^] Appel, Jacob M. "A Duty to Kill? A Duty to Die? Rethinking the Euthanasia Controversy of 1906" *Bulletin of the History of Medicine - Volume 78, Number 3*, Fall 2004, pp. 610-634
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4. [^] [\[3\]](#)
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6. [^] [\[5\]](#)
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8. [^] [Thanissaro Bhikkhu](#), "[Buddhist Monastic Code I: Chapter 4](#)"
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10. [^] Werth Jr., James L.; Blevins, Dean; Toussaint, Karine L.; Durham, Martha R. The influence of cultural diversity on end-of-life care and decisions. *The American Behavioral Scientist*; Oct 2002; 46, 2; pg 204-219.
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12. [^] [Werth Jr., James L.](#); [Blevins, Dean](#); [Toussaint, Karine L.](#); [Durham, Martha R.](#) The influence of cultural diversity on end-of-life care and decisions. *The American Behavioral Scientist*; Oct 2002; 46, 2; pg 204-219
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14. [^] [Moore, D.](#) (2005 May 17). "Three in Four Americans Support Euthanasia." The Gallup Organization.
15. [^] [Jennings, Patricia K.](#),[Talley, Clarence R.](#). A Good Death?: White Privilege and Public Opinion. *Race, Gender, & Class*. New Orleans: Jul 31, 2003. Vol. 10, Iss. 3; pg. 42.

External links

Neutral

- [Euthanasia: Is killing kind?](#)
- [Euthanasia and Religion](#) - various religious views of euthanasia
- [Religion and Ethics - Euthanasia](#) - many views of euthanasia, for, against, and religious
- [Issue Guide on the Right to Die](#) - Analysis of public opinion and policy alternatives from Public Agenda Online
- [Nazi Euthanasia](#)

For euthanasia

- - [Euthanasia World Directory](#) international information on voluntary euthanasia, assisted suicide, and self-deliverance
- [\[7\]](#) provides guides to self-deliverance for the terminally and hopelessly ill to end their suffering
- [Compassion & Choices](#) - provides education, support and advocacy for the choice-in-dying movement
- [Dignity in Dying](#) - leading campaigning organisation promoting patient choice at the end of life
- [World Federation of Right To Die Societies](#)
- [Assisted Suicide](#)
- [Suicide & Euthanasia](#)- Presents pro-choice arguments from a Biblical perspective.
- [Voluntary Euthanasia](#)- Atheist Foundation of Australia Inc

- [Stanford Encyclopedia of Philosophy entry](#)
- [A defense of euthanasia](#)
- [Pro Euthanasia](#) Dr Philip Nitschke - (Australian) Euthanasia law reform advocacy website, currently based in New Zealand.
- [Euthanasia and the Right to Life](#)

Against euthanasia

- [Is Killing Kind?](#)
- [Christian Study on euthanasia](#)
- www.carenokilling.org.uk - Care, NOT Killing: a UK alliance promoting palliative care, opposing euthanasia and assisted suicide
- euthanasia.com
- [National Right to Life articles on euthanasia](#)
- [International Task Force against Euthanasia](#)- many resources
- [Non-religious arguments against euthanasia](#)
- [A Papal encyclical dealing with a number of issues of life and death including euthanasia](#)
- [A brief presentation of the issue and the Christian Catholic viewpoint on it](#)
- [an essay on cyberessays.com](#)
- [The Rosicrucian Fellowship's viewpoint: Suicide and Euthanasia](#)

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