

Opposition to the Oregon Expanded Provider-Caused Death Law

Introduction

Healthcare professionals are by definition healers whose calling it is to protect and steward the quantity, quality and sanctity of human life. There is already no law against suicide, and most people could name several different ways to accomplish it. Laws permitting, encouraging or even requiring health care professionals to take an active role in their patients' deaths is not just about patients ending their lives, it is about licensing health care professionals to kill. Once the sanctity of human life is made negotiable, it violates the nature of the medical profession and puts all of our lives in jeopardy, as all of us will face death at some point.

What if Death is NOT the End of Suffering?

Before we glibly talk about relieving suffering by helping or causing people to die, we must understand the nature of death. Today's DEI culture essentially demands that we examine different cultures' and worldviews' understandings of death. Worldviews can be roughly grouped into three main categories: atheism, pantheism and theism.

Atheism asserts that human persons are only the molecules and organs that compose their bodies. Thus, when human persons die, their bodies cease to function, and the person is out of suffering, because he/she truly is no more.

Pantheism (mainly Hinduism and Buddhism) maintains that when people die, their personality, which is illusory anyway, ceases to exist, but that some sort of impersonal essence or life force goes on to be reincarnated in another life form or social caste. Since the sentient human being no longer exists, he/she is out of suffering as well – until the next life.

Theism, namely Judaism, Christianity and Islam teach that, at death, the human person's body dies, but that the soul maintains the person's unique identity and that the person can go either to a place of eternal happiness or eternal suffering and torment. This raises the question of whether death could be not the end of suffering but rather the beginning of eternal misery, far worse than anything we know on earth, and from which there is no escape – ever. This prospect should

cause us urgently to reexamine our naïve notion that death is always the end of suffering.

The Value of Human Life

Human life either has infinite value or it does not. If it does not, then it has finite value. That is, there is an amount of goods or services that can be fairly exchanged for the life. The life thus becomes a chattel commodity. But isn't this the horror of prostitution and slavery – putting a price on something priceless.

Human life also has intrinsic worth or it does not. If it does not, then the value of human lives is determined by external factors, such as productivity, or their desirability or burden to someone else. Thus, when any of us become inconvenient or unproductive, we can be eliminated. But this is essentially the notion of “useless eaters” popularized by the Nazi regime.

The Difficulty with Regulating Physician-Caused Death

Once human life is made negotiable, we are on a slippery slope, the end of which will be essentially without restrictions. Oregon is on the verge of going through what Holland has already experienced. Decades ago, Holland decided to stop prosecuting physician-caused death even though it was still classified as criminal. Holland then decreased documentation requirements for physician-caused death, then finally decriminalized it, to the point where physicians have been known to kill their patients without their or their family's consent, and many Dutch citizens now actually carry anti-euthanasia cards to hopefully prevent the same being done to them. Why does Oregon want to repeat this bleak history?

Relaxing the restrictions on health care providers participating in their patients' deaths is thus problematic, as is shortening the required waiting period. It has been shown that many terminally ill people do not actually want to die sooner. They just do not want to be lonely, in pain, incontinent or a burden to others. Relieving those conditions by visiting these patients, listening to their stories, resolving personal issues, treating their pain and reassuring them that they are loved and valuable can drastically reduce their desire to end their lives prematurely. Also, if people still want to commit provider-assisted suicide with 48 hours of their predicted demise, it appears that the motivation is more a matter of radical personal

autonomy and control over one's life than actually wanting to relieve suffering.

The Nature of Morality

Referring back to the different worldviews mentioned above, atheism states that space, time, matter and energy somehow appeared out of nothing. Life arose by random chemical and physical processes. There is no ultimate purpose or eternal destiny - only bodily decay and heat death. Likewise, one cannot construct a system of morality from the laws of physics and chemistry. There is not one equation that contains any dimension of meaning, purpose or morality. Likewise, no evolutionary or social argument can produce true morality. This amoral, purposeless, meaningless environment is the only worldview where health care professional-caused death is not out of place. The irony is, if life is only matter, there is no possibility of free choice, because matter only reacts. It cannot voluntarily choose to act. So the notion that people can freely choose to end their lives or abort their babies is incoherent and absurd in this system.

Since pantheism means essentially "everything is God and God is everything", then things we would normally call "good" or "bad" are all part of God, so neither "good" nor "bad" is inherently superior to its opposite. Thus, there is no moral compass. However, the law of karma somehow rewards "good" deeds and punishes "bad" deeds. This is incoherent and philosophically absurd. There is also some reverence for the "life force" (*atman* in Hinduism), so provider-caused death would be discouraged. Further, By relieving suffering, a provider might actually be reducing a patient's deserved karmic suffering, so he/she might have to pay back more karmic debt in a subsequent life.

Judaism and Christianity have clear prohibitions on causing death. Their morality is anchored in the character of a transcendent, eternal, unchanging being. Thus, there is a clear standard of true morality: you shall not kill.

Islam also forbids killing, except non-Muslims. However, true morality appears to be rooted in the will of Allah, rather than his character.

In summary, the only system in which provider-caused death is coherent is atheism, where there is no ultimate morality, meaning or, ironically, freedom of choice.

Legal Concerns

The First Amendment to the United States Constitution states that "Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof ...". Requiring health care professionals to violate their deeply-held religious beliefs, moral codes or consciences by practice or mandating professionals to post information contrary to their beliefs is a violation of the First Amendment. It is forcing them to choose between obeying their religious/worldview convictions or the state. This effectively establishes amoral secularism or obedience to the state as a religion, which also violates the First Amendment.

Conclusion

Opening the doors wider to allow more health care professionals to participate in provider-caused death and shortening the waiting period cheapens the value of human life, violates the very purpose of health care providers as healers, and puts us all on an uneasy footing. None of us knows when we will have a terminal illness or injury. Our lives should be determined by our intrinsic value, being purposefully created in the image of our Maker, rather than by circumstance or convenience. Rather than "dying with dignity", we should give dignity to the dying by loving them and caring for them, by being with them, relieving their pain and letting them know they are loved and not alone. And those who care for them will also benefit by becoming kinder, more patient and loving persons and professionals.