PART 5

SUFFERING AND DEATH

HENK A.M.J. TEN HAVE

SUFFERING AND DEATH

Introductory Comments

Francisco de Quevedo published his famous *Sueños* in 1627. As a contemporary of Cervantes and Calderón, he is one of the giants of Spanish literature. The fifth dream of this fictional story is the Dream of Death. The author reports how he is taken by Death herself to her court-room. Here, deceased persons are judged before (more often than not) going to hell. The first group he encounters in this dream are the physicians. They are blamed because their ultimate goal is to make healthy persons ill and to take care that the ill will never recover. Death herself explains to the narrator that all people eventually die from the effects of medical treatment. The correct answer to the question why someone has expired, is that he died of doctor X or Y who treated him, rather than from typhoid or fever. In short, physicians are simply 'graduated poison'.

Quevedo's stories point to an important fact. For a long time during its history, medicine was not only powerless in the face of death, but also it could make the patient's situation worse. Patients did not trust their doctors, not only because of lack of knowledge and incompetence, but also because the drugs that they control could as easily be beneficial as toxic and killing. Hence for a long time it was conventional wisdom: when you are ill, never call a physician because then you will get another illness.

This ancient situation dramatically changed since the second part of the nineteenth century. Based on the models and methods of the natural sciences, medicine transformed into a powerful, scientific discipline. The promise of Francis Bacon and René Descartes, contemporaries of Quevedo, that medical science in future can cure diseases and prolongate human life, was gradually materialized.

However, the success of modern medicine is double-edged. Since medicine can cure disease and prevent illness, it has grown into one of the major determinants of improved health, longer life and better quality of existence. But at the same time, medicine can sustain human life when there

H.A.M.J. ten Have and B. Gordijn (eds.), Bioethics in a European Perspective, 407-409.

is no longer any chance of recovery. It can postpone death beyond the point where existence is worthwhile for the patient.

Issues of death and dying have been on the agenda of bioethics from its earliest days. The most significant moral aspects will be addressed in this part of the book.

In the first chapter Wim Dekkers focuses on images of death and dying. In historical perspective, current medical approaches and attitudes towards death are new. Uncovering philosophical and theological thinking about death does not provide an archaeology of ideas, but may help us to better understand our present situation. Dekkers analyses various attitudes towards death in Western culture. He questions whether today we have really learnt to deal with the perennial fears and perplexities of death. We are in need of a new *ars moriendi*. But we also need more abilities to care for the dying in a humane way.

Zbigniew Szawarski from Poland, specifies in the second chapter the fundamental ethical issues in terminal care. He differentiates between several kinds of death, and shows how each kind has its specific implications for terminal care and moral evaluation. Although death has always been the most basic and natural event in human life, we have competing views on what is the good for dying persons. Szawarski distinguishes two medical strategies in the face of death. On the one hand, we want to affirm life and do everything to preserve it; on the other hand, we want to affirm death.

Medicine usually chooses the first strategy, trying to preserve human life as long and vigorously as possible. But, one of the major issues in bioethics concerns situations where the focus on prolongation of life is morally problematic. Medical interventions may create problems because continuation of treatment is no longer desirable or has become futile. Franz Josef Illhardt from Germany addresses in the third chapter the question of limits to medical treatment, even when withholding or withdrawing treatment implies that the patient dies. He analyzes the moral criteria and arguments as well as the decision-making process; terminating treatment is in fact an essential component of moral medical practice.

The strategy of affirming death is one of the most poignant controversies in today's bioethics. Is it ethically justifiable that physicians actively bring about the death of a patient in particular circumstances? In the final chapter of this part of the book, ten Have discusses the topic of euthanasia. He specifically focuses on the Netherlands, until now the only country where euthanasia is not only widely practised, but also to a certain extent legally regulated. In the debate on euthanasia in general, two moral arguments play a major role: the voluntary request of the patient, and the suffering of the patient. The interplay of these arguments is cause for moral concern since it leads to a gradual expansion of the practice of medically assisted death to various categories of incompetent patients.

The case analyses in this part illustrate the various moral problems discussed in the chapters. Marcel Verweij from the Netherlands comments upon a case of a do-not-resuscitate order, analyzing various criteria of foregoing life-sustaining treatment. Rien Janssens from the Netherlands concentrates on the issue of pain management. Improved palliative care is usually regarded as a way to prevent requests for euthanasia. Whether or not this will be successful, depends very much on the quality of the support and care for our dying fellow human beings. The case of a patient in persistent vegetative state is finally presented and discussed by Roberto Mordacci from Italy. It is a final occasion to review the basic notions of this area of bioethics: the wishes of the patient, sanctity of life, quality of life, and proportionate treatment.