When considering the legalization of euthanasia it is helpful to ask two questions. First, “Is it ethical?” and second, “Why does the person want to die?” In answering these questions it is possible to form a strong, compelling argument to reject the legalization of euthanasia and physician assisted suicide.

The main ethical problem encountered when considering euthanasia is the devaluation of human life. In accepting that certain lives might not be “worth living” we begin to actively acknowledge that some people’s lives (the elderly, the disabled, the poor, the sick) are worth less than others. It is imperative that we as humans place a high value on the innate dignity and worth of human life regardless of how much that person can contribute in order to maintain a foundation upon which to build our social framework. It is the fundamental task of civil authority to protect the innocent and therefore it is important not to legalize the killing of the innocent (Gormally, 1997).

A second ethical problem is that euthanasia affects other people’s rights, not just the rights of the patient. No one exists in a vacuum. If euthanasia were to be legalized the repercussions would echo through out our families, our healthcare system and our society. As long as a person is alive, they have the moral right to expect support and care from their family and/or extended community. In the words of President Bush (2005), “The essence of civilization is that the strong have a duty to protect the weak. In cases where there are serious doubts and questions, the presumption should be in the favor of life.” If we as a society actively endorse euthanasia the burden of care shifts from the family and society to the one needing the care. It becomes their obligation to justify their choice to continue living as a physical, emotional, and financial burden. This choice

would disproportionately and adversely affect the poor, the frail, and those without healthcare or available social support.

Euthanasia also conflicts with the stated ethics of the medical community. The fundamental goal of the doctor/patient relationship is to comfort and to cure (American Geriatrics Society [AGS], 2002). Nursing is governed by an ethic of care and the guiding principle of respect for persons. Nurses have a contract with society that is based on the covenant of respect and protection of human life. (Ethics, 2005). Both are built on the Hippocratic tradition "do no harm". Legalizing euthanasia would undermine that ethical tradition and have a potentially negative impact on the medical community as individuals. Society would be forced to view the healthcare profession in a new light. Currently, patients trust that their doctors' actions are in their best interest with the goal of protecting life (Earll, 2003). If euthanasia is legalized, power would shift to the doctors, who would hold the decision of life or death in their hands.

The second question that needs to be considered is: why is the patient asking to die? What would make someone want to actively end his or her life? Our society puts high value on being productive, beautiful, youthful, and in control. We spend most of our lives and billions of dollars staving off the effects of aging and illness. The typical American is removed from dying, death, and disabilities. They fear pain, suffering, and loss of dignity. They also fear loss of control, isolation, and becoming a burden (Ethics, 2005). Most people who ask to die are severely depressed (with good reason). But does killing the person solve these problems? Is it truly a compassionate response to a cry for help?

The answer is a resounding "No." The proper response to a request for assistance in dying should include aggressive comfort care and creative enhancement of opportunities for a meaningful life. It should focus on the fears of the individual patient and look for ways to alleviate them. When a patient's needs are met, the desire to die fades. Patients who are not depressed do not want to die (Earll, 2003). True compassionate care never includes killing. Euthanasia is not the answer—improving our practice of compassionate caring is.

Our healthcare system and our society must demand and provide better "comfort care". There is no reason for patients to be in pain (Magnus, 2004). Hospice care should be available to all who need it. Effective, adequate counseling must be provided for depression. Education and training of families and healthcare providers in the dying process is essential. Above all, equitable access to healthcare services must be implemented. We are a long way away from providing quality care to our suffering and dying people, but legalizing euthanasia is not the answer. That would only undermine the impetus to develop a truly compassionate approach to the care of the suffering and dying.

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