

Margaret Sommerville

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Excerpts from an interview with Margaret Sommerville by Zenit

Q: Why is there such pressure to redefine euthanasia, and what would such a new definition entail?

Somerville: Redefinition is a particular strategy to promote euthanasia. It confuses euthanasia with other medical interventions that are acceptable, such as consenting to withdrawal of life-support treatment.

The pro-euthanasia advocates are using the term "physician-assisted death" — we can all agree we want physicians to care for us when we're dying — and saying that physician-assisted suicide and euthanasia are just different modes of all such treatment. The common "neutral" phrase is euthanasia's just a "last act of good palliative care" which sounds fine, and many people are buying it as a viable option.

In fact, those who argue for euthanasia are proposing to make a continuum of all end-of-life interventions, and arguing they are all of the same kind, just different in degree. Thus to be consistent we must either accept all of them or reject all of them. No one wants to do the latter — it could mean not having access to necessary pain relief — so the only option is to choose to accept everything.

The people who take the other side of the debate state that euthanasia and physician-assisted suicide are different in kind, not degree, from other end-of-life measures.

As to why there are these pressures, at one level it is personal belief in rights to self-determination, a need for control, a reaction after having seen a terrible death, fear of many things, terror management and so on.

Q: How is confusion used as a means of making a case for euthanasia?

Somerville: If the word "euthanasia" is redefined to contain everything within a continuum of options for dying people, then many will think that everything, including real euthanasia, should be accepted and legal.

People are asked questions in euthanasia surveys that make a clear answer impossible — for example, Are you for or against euthanasia for dying people who are in terrible pain? The answer "I'm for all necessary pain relief treatment and against euthanasia" is impossible. Most people will answer "for" — thereby supporting euthanasia — because they do not want to be left without pain-relief treatment.

Q: Would you say then that it is a fear of suffering that motivates support for euthanasia?

Somerville: Yes, but to seek control over suffering is also a natural response to it.

We know that suffering is reduced when we feel we have control over it. We look for suffering reduction mechanisms or terror management devices; I think euthanasia is seen as both.

We have intense free-floating anxiety in our societies. We focus on death as the source of our fears. We seek control over those fears by seeking control over death, and that feeling of control reduces our experience of suffering.

What we really need is to search for other ways to reduce fear of dying and death and give a sense of control to people.

What motivates people to consider assisted suicide? Fear of pain, abandonment and being a burden. Sometimes people see physician-assisted suicide as a rational response to those fears.

Sometimes it is depression. But some well-conducted research published in the New England Journal of Medicine found it was a condition the research psychiatrists called hopelessness — nothing to look forward to — a condition they differentiated from depression.

Dying people need hope, a sense of connection to the future. They can have this sense even with a very short future to connect to — for example, looking forward to seeing the sun come up or hearing the birds sing the dawn chorus tomorrow.

As I wrote in "The Ethical Canary": "Hope is the oxygen of the human spirit; without it our spirit (which encompasses the will to live) dies."