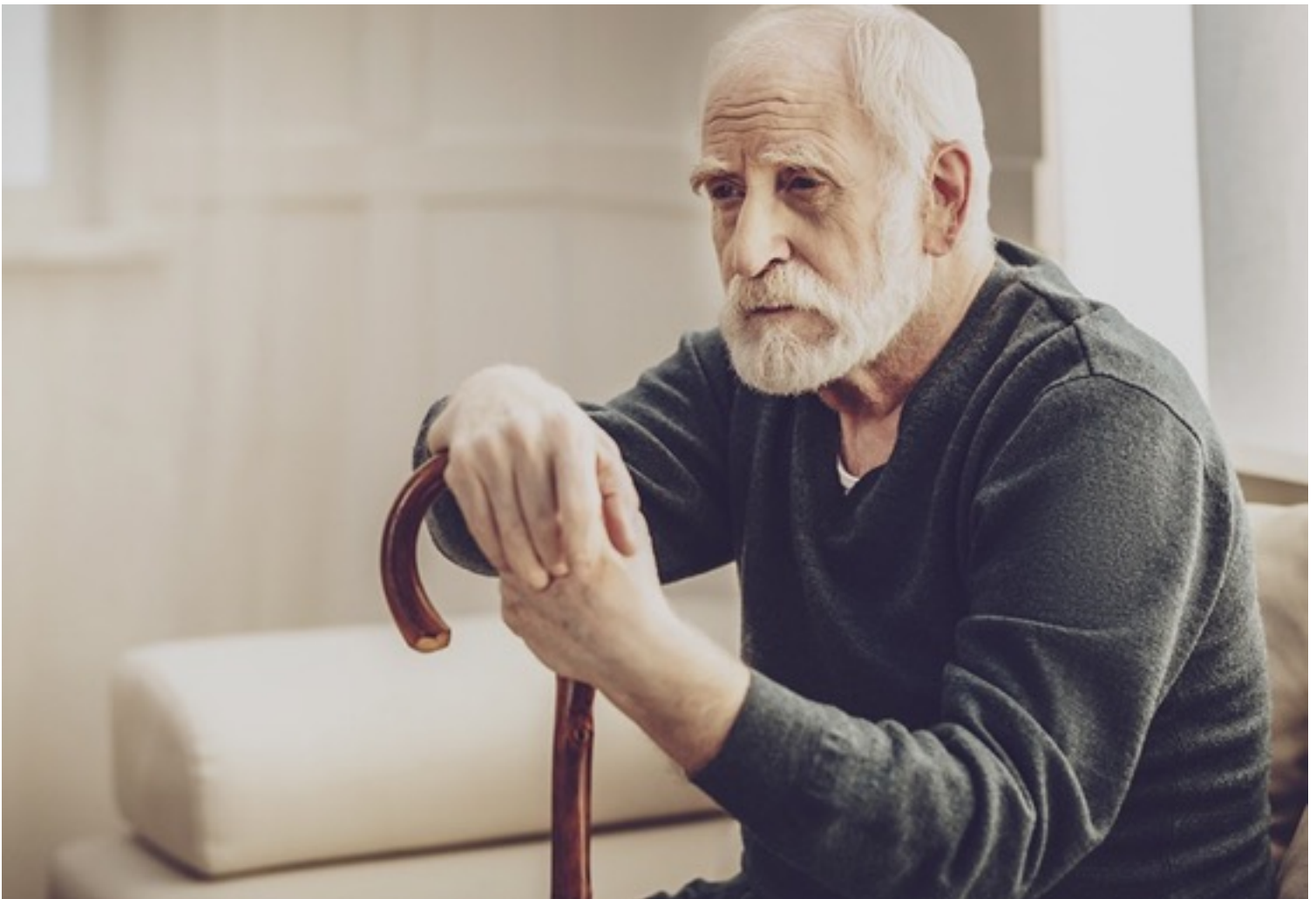


A DUTY TO DIE?

In September 2014, Dr. Ezekiel Emanuel, ubiquitous TV guru on all things bioethical, published an article in The Atlantic titled “Why I Hope to Die at 75: An argument that society and families —and you — will be better off if nature takes its course swiftly and promptly.” (1) This elicited an editorial response from neurosurgeon Miguel A. Faria, Jr: “Bioethics and why I hope to live beyond age 75 attaining wisdom: A rebuttal to Dr. Ezekiel Emanuel’s 75 age limit.” (2)

*What follows here provides some historical perspective to this timeless debate.
Michael Nevins, MD*



In 1976, the New Jersey Supreme Court's ruling in the case of Karen Ann Quinlan addressed the legal concept of a so-called "right-to-die", but in 1984, Governor Richard Lamm of Colorado introduced a challenging variation when he declared that we all have "a *duty* to die and get out of the way." This provoked a firestorm of criticism — heartless and outrageous were some of the milder expletives used. Although the Governor was talking about inappropriate use of life-extending medical technology, many perceived that he was encouraging a form of involuntary euthanasia. Most people dismissed Lamm's comment as exaggerated rhetoric, but a few acknowledged that in unusual circumstances his concept might be valid. Among them was bioethicist Peter Singer who asserted that elderly patients who had lived a full life had a duty to die for the good of society and the proper utilization of health resources. Daniel Callahan, then Director of the Hastings Center think-tank, suggested "Denial of nutrition may, in the long run, become the only effective way to make certain that a large number of biologically tenacious patients actually die." Think about that!

The notion was not really such a radical departure from the past. Literally translated from the Greek, "euthanasia" means an easy death. Early usage implied a tranquil state of mind at death and was understood as essentially a passive process compatible with the contemporary practice of palliative care. A more active form of euthanasia was contemplated by Sir Thomas More in his book *Utopia* that was published in 1516. This satire described a perfect society existing on the imaginary island of Utopia which was located somewhere in the recently discovered New World. [3] Concerning the end of life, Thomas More had this to say:

When people are permanent invalids, the nurses try to make them feel better by sitting and talking to them, and do all they can to relieve their symptoms. But if besides being incurable, the disease also causes constant excruciating pain, some priests and government officials visit the person concerned and say something like this:

"Let's face it, you'll never be able to live a normal life. You're just a nuisance to other people and a burden to yourself. In fact, you're really leading a sort of posthumous existence. So why go on feeding germs? Since your life's a misery to you, why don't you break out and escape to a better world? Or say the word and we'll arrange for your release. It's only common sense to cut your losses. It's also an act of piety to take the advice of a priest because he speaks to God.

If the patient finds these arguments convincing, he either starves himself to death, or is given a soporific, and put painlessly out of his misery. But this is strictly voluntary, and if he prefers to stay alive, everyone will go on treating him as kindly as ever. Officially sanctioned euthanasia is regarded as an honourable death – but if you commit suicide for reasons which the priests and the Bencheaters do not consider adequate, you forfeit all rights to burial or cremation and your body is thrown unceremoniously into a pond.

Whatever you may think about Thomas More's comments, it's remarkable that although he was writing nearly five centuries ago; some of his ideas retain currency. However, nearly a century later in 1605, Francis Bacon had a different opinion:

I esteem it likewise to be clearly the office of a physician, not only to restore health, but also to mitigate the pains and torments of diseases; and not only when such mitigation of pain, as of a dangerous symptom, helps and conduces to recovery; but also when all hope of recovery being gone, it serves only to make a fair and easy passage from life. It is no small felicity which Augustus Caesar was wont so earnestly to pray for, that same Euthanasia; which likewise was observed in the death of Antoninus Pius, which was not so much like death as like falling into a deep and pleasant sleep.

Two centuries after Bacon's remark, Dr. William Heberden of England declared:

Lord Verulam [Bacon] blames physicians for not making euthanasia a part of their studies; and surely though the recovery of the patient be the grand aim of their profession, yet where that cannot be attained, they should try to disarm death of some of its terrors, and if they cannot make him quit his prey, and the life must be lost, they may still prevail to have it taken away in the most merciful manner.

In 1870, the English essayist Samuel Williams published a paper in which he advocated euthanasia for all willing patients with incurable and painful diseases stating that it is the doctor's *duty* to provide active euthanasia:

In all cases of hopeless and painful illness it should be the recognized duty of the medical attendant, whenever so desired by the patient to administer chloroform, or such other anesthetics as may by and by supersede chloroform, so as to destroy consciousness at once, and put the sufferer at once to a quick

and painless death; all needful precautions being adopted to prevent any possible abuse of such duty; and means being taken to establish beyond any possibility of doubt or question, that the remedy was applied at the express wish of the patient.

To be sure, the circumstance in which euthanasia was being considered in each of these novels and essays was that of a patient who was overwhelmed by disease, but later writers placed it in a more general social context. For example, in 1838 William Lamb, anticipating a slippery slope effect, cautioned: "If they get the habit of doing such a thing when a person is in a hopeless state, why they may do it when a person is *not* in a hopeless state." Influenced by the work of Charles Darwin, still another Englishman, Lionel Tollemache in 1873, wrote this:

Modern science informs us that in an overcrowded population, there is a sharp struggle for existence so that an unhealthy, unhappy and useless man is, in a manner, hustled out of being, or out of the means of enjoyment, [by] someone who would probably be happier, healthier and more useful....

A new dimension was introduced in 1880 by the prolific Victorian novelist Anthony Trollope who contemplated euthanasia for *everyone* upon reaching the age of sixty seven and a half, whether or not they were willing or unwell. One of his last works *The Fixed Period* related the history of the island Republic of Britannula whose subjects fled New Zealand thirty years earlier and then severed political relations with Great Britain. At the time, all of the original settlers were relatively young and when they got around to establishing a legal system, insisted upon compulsory euthanasia to abolish the "miseries and imbecility" of old age, no less the expense of caring for the nonproductive elderly. This was seen as an obligatory act of altruism made for the sake of others.

Told in the first person by the President of the Republic, a Mr. Neverbend, the time of action was projected a century into the future to the year 1980. Trollope foresaw that by then people would be transported by wonderful steam tricycles, would converse over great distances using wireless devices and would attend international cricket matches that would be contested by teams of professional athletes. After much debate, the Britannulists agreed that upon attaining the age of sixty-seven all citizens would be "deposited" in a college campus where they would spend a year of contemplation and dignified retirement.

But when they reached the age of sixty-seven and a half, “a euthanasia was to be prepared for them” and they would “depart.” The victim’s “veins would be opened” while they were immersed in a warm bath and given morphine. This remarkable social legislation was intended to assure “a decent and comfortable departure” and justified not only on the basis of economics, but because it would spare the elders from “a useless and painful life.”

At first the law was enthusiastically supported by the still youthful Britanulists, but by the time of the narrative, that was set thirty years after the law was enacted, the citizens began to have misgivings. Just when the first unlucky senior was being led away to college, an English warship with a marvelous new technology – a 250 ton cannon, appeared in the harbor. Mr. Neverbend was taken prisoner, the island reverted to English rule and the odious law was rescinded. One can imagine Gilbert and Sullivan putting the fabulous story to music. Two years after *The Fixed Period* was published, Trollope died after a stroke; ironically, he was sixty-seven, an age when he would be approaching his own “fixed period” were he living on the fictional island of Britannula.

Although Trollope’s novel is little remembered today, a quarter century later it caused an unexpected sensation. On February 22, 1905, Dr. William Osler spoke at the Johns Hopkins commencement and used the occasion to give a farewell speech before he departed for England where he would become the Regius professor of medicine at Oxford. Dr. Osler called his address “The Fixed Period” after Trollope’s popular novel. At the time he was fifty-six years old and was regarded as the most respected physician in the world. But on that day, the good doctor brought an even greater hornet’s nest down on himself than Governor Lamm would some eight decades later.

What William Osler had in mind was not a fixed period of biologic life, but of academic life. He cited two of his own long held “fixed ideas.,” the first being the comparative [creative] uselessness of men above forty years of age.” He noted that the most “vitalizing” work in most fields is done between the ages of twenty-five and forty years – “the anabolic or constructive period, in which there is always a balance in the mental bank and the credit is good.” Osler’s second “fixed idea” was the intellectual uselessness of most men above sixty years of age and the incalculable benefit it would be in commercial, political and professional life if, as a matter of course, men stopped work at this age.

The teacher's life should have three periods – study until twenty-five, investigation until forty, profession until sixty, at which age I would have him retired on a double allowance. Whether Trollope's suggestion of a college and chloroform should be carried out or not, I have become a little dubious, as my own time is getting so short.

Dubious or not, William Osler's words, that were intended to be humorous, were distorted by journalists reporting the event. As Harvey Cushing wrote in his biography of Osler, "The storm did not break until the next day when it was headlined throughout the country, "Osler recommends Chloroform at Sixty." Dr. Osler protested that he had been misunderstood but held his ground saying, "I meant just what I said, but it's disgraceful, this fuss that the newspapers are making about it. I know that there are exceptions, but they only serve to illustrate the rule...as to chloroforming men at sixty, that was only a pleasantry."

A dispatch published in *The Lancet* reported that the great stir among American journalists in response to Osler's address reflected that "the Americans are somewhat deficient in a sense of humor when they themselves are directly concerned." Dr. Osler's speech provoked an enormous response both from supporters and critics. Some people began to speak of "oslerizing" the elderly. One observer noted similarities between Osler's and Charles Darwin's opinions. Darwin once had written, "What a good thing it would be, if every scientific man was to die when sixty years old, as afterwards he would be sure to oppose all new doctrines." Eleven years after his commencement speech, Osler ruefully recalled the incident:

I had been reading Anthony Trollope's "Fixed Period" and had been thinking of some professors who had remained at their posts after their period of usefulness was over. It was for them that I with humorous intent advocated chloroform as a peaceful means of retirement. The newspapers made much of it and misquoted it. Boys do not read Trollope. He is dangerous.

Today we can appreciate how William Osler's remarks were taken out of context and twisted, although one contemporary biographer Michael Bliss was not entirely sympathetic. He suggested that at age fifty-six Osler had become a prisoner of his own preconceptions that creativity in medical science was a young man's talent. Bliss noted that William Osler was remarkably short-sighted about the possibility that medical progress, which he invariably celebrated, might have an impact in delaying the ravages of the years and he was not in touch with some of the work that was laying the

foundation for the development of gerontology. Perhaps Michael Bliss was overly harsh in this judgment, for although it is true that during the 19th century a few books were written about diseases of old age, it wasn't until 1909, when Osler already was on the down-side of his career, that Dr. Ignatz Nascher of New York City first coined the term "geriatrics." Nascher himself was far ahead of his time and the public and medical establishment were virtually unresponsive until interest in this field finally had a resurgence in the 1960s.

More sinister than William Osler's ambivalence about aging was the fact that during the same time that Trollope's book was being serialized, British biologist Francis Galton began writing about the "comparative worth" of different races. He used the term "eugenics" to describe the process of strengthening the human race through selective breeding. Like Trollope, Galton was influenced by his cousin Darwin. The term "social Darwinism" began to be used in the late 19th century to explain human society in terms of natural selection and both Darwinists and eugenicists believed that medical science could engineer social progress.

Among the most outspoken spokesmen for aggressive eugenics policy during the 1920s and 1930s was Nobel Prize winning surgeon Alexis Carrel of the Rockefeller Institute. In an interview with the *New York Times* he declared, "There is no escaping the fact that men are not created equal...the fallacy of equality...was invented in the eighteenth century when there was no science to correct it." Dr. Carrel held that society must identify and encourage those with greatest ability while the dregs should be "disposed of in small euthanistic institutions supplied with the proper gases [!]....Why preserve useless and harmful beings?" The work of creating useful and beneficial beings should be directed by a "high council of experts" (a proto-"death panel") living in seclusion like monks – "audacious men of science, unafraid of resorting to extreme, even ruthless measures." Dr. Carrel added that "man cannot remake himself without suffering for he is both marble and sculptor. In order to recover his true visage, man must shatter his own substance with heavy blows of the hammer." Alexis Carrel's social prescriptions were elaborated in his book *Man, the Unknown* which in 1936 was the year's top-selling non-fiction book, second overall only to the novel *Gone with the Wind*.

When these seductive ideas were introduced as social policy into Germany at the onset of the 20th century, they were appropriated and perverted by the National Socialist government during the 1930s. The notion that the health of the state overrides the needs of devalued individual lives began with involuntary euthanasia of psychotics, epileptics and other presumed useless people, including those with senile dementia.

However, this was only the beginning. Nazi “mercy killing” during the 1930s was transformed into the vilest governmental misbehavior in human history — the Holocaust.

So is there ever a *duty* to die? The answer depends upon the moral or religious framework. Many people probably would agree that there may be certain circumstances when it might be said that there is a duty to die. For example, ethicist John Hardwig noted that there have been extraordinary “lifeboat cases” where in order to save the lives of others an individual sacrificed his own life. Much more commonly, older or seriously ill people declare that their one remaining goal in life is to avoid emotionally or financially burdening their family or others dear to them. Hardwig asserted that we fear death too much and this fear has led to a massive assault on it: “A death motivated by the desire to spare the futures of my loved ones might well be a better death for me than the one I would get as a result of opting to continue my life as long as there is any pleasure in it for me. Pleasure is nice, but it is meaning that matters.”

During Trollope’s and Osler’s era, fewer people lived to sixty-five years or older, but in our own time the demographics have changed and the aging of our society has serious implications that must be confronted — what some have called a “geriatric imperative.” In 1969, Dr. Robert Butler coined the term “ageism” to characterize bias against older adults, deploring the fact that our society has deep-seated fears of aging and death which, in turn, fuel negative stereotypes of the elderly as being inadequate and impaired. Ageism, euthanasia and suicide are issues which rightfully stimulate sober debate.

When we consider these vexing subjects, we can benefit by recalling the satires of Thomas More, Anthony Trollope and, yes, William Osler’s faux pas, because they teach us to maintain our sense of proportion, even our sense of humor. Moreover, we should keep in mind that there is a fundamental difference between voluntarily withholding or withdrawing treatment for a terminally ill person as opposed to legislating broad social policy that is applicable even to the unwilling on the basis of age or some other arbitrary standard. These lessons from the past inform us not to rely exclusively on rational thought because unless human logic has a firm moral grounding, it may lead to human folly.

So what does Ezekiel Emanuel offer? Here’s how he began his article in *The Atlantic*:

SEVENTY-FIVE. That’s how long I want to live: 75 years. This preference drives my daughters crazy. It drives my brothers crazy. My loving friends think I am

crazy. They think that I can't mean what I say; that I haven't thought clearly about this, because there is so much in the world to see and do. To convince me of my errors, they enumerate the myriad people I know who are over 75 and doing quite well. They are certain that as I get closer to 75, I will push the desired age back to 80, then 85, maybe even 90.

Crazy or not, Ezekiel Emanuel has advocated a utilitarian approach to allocation of scarce resources during the current pandemic and was named a member of the Biden administration's COVID-19 Advisory Board. When he wrote his essay in 2014, Dr. Emanuel, then 57 years old, speculated that after age 75, life is a downhill spiral and not worth living, that aging transforms how others see us — “no longer as vibrant...feeble, ineffectual, even pathetic.” He suggested that our society has lost respect for an elder's life experience and that the productivity of creative people reaches a peak at age 40 and plateaus by age 60. After that, increases in longevity have been achieved mainly by extending the lives of older people; in effect, “rather than saving more young people, we are stretching out old age.”

According to Miguel Faria, although Dr. Emanuel “claims he is not advocating compulsory end-of-life at age 75 in order to save resources, ration health care or address public policy issues, that is exactly what he is inferring.” Dr. Faria strongly differed:

I'm not arguing here against individuals exercising their right to medical-autonomy, especially those suffering from chronic disease and terminal illness. End-of-life decisions should be left to individual patients, their families and their physicians. What I'm saying is that lives can be productive and fulfilling, worthy of living past age 75. I'm also cautioning bioethicists from propounding the utilitarian concept of “a duty to die” because a certain lethal age has been reached or chronic illness has become manifest.

Dr. Faria especially fears death prescribed by government planners or doctors and bioethicists employed by the State, whether one reaches a certain age or is afflicted by illness. He wrote that “as we age and mellow and reach retirement, we also achieve satisfaction from a productive life well spent and begin the contemplation and enjoyment life that is only possible with the leisure that comes with retirement.” During the 1950s, a popular television series titled *Life Begins At 80* featured a panel of four octogenarians. Perhaps it's time for a rerun.

Sources:

1. Ezekiel Emanuel. *The Atlantic*, October, 2014.
2. Miguel Faria. *Surg. Neurol Int.* 2015; 6:35.
3. Michael Nevins. *More Meanderings in Medical History.* 2014.

Michael Nevins, MD (age 84)

