

SUICIDE WATCH

Rabbi Avi Shafran

The recent U.S. Supreme Court decision concerning Oregon's physician-assisted suicide law was really about whether a federal drug-control law provided a U.S. Attorney General the authority to punish a state's doctors for acting in accordance with a state statute. But by contending that physician-assisted suicide is a "legitimate medical purpose" for the prescription of a drug, there can be little doubt that the ruling helped bring the idea of abetting suicide a bit closer to mainstream thinking. That's a deeply unfortunate thing.

As it happened, the decision came exactly seven days after a New Jersey nurse who has confessed to killing 29 people decided to stop cooperating with investigators. Charles Cullen maintains that he has killed up to 40 people, many of them old and ailing hospital patients whom he injected with lethal doses of drugs – like those that Oregon doctors have used to end the lives of more than 200 people.

And that was less than two weeks after CNN reported that several medical professionals are under scrutiny in an investigation by Louisiana's attorney general into allegations that hospital workers resorted to unauthorized euthanasia in the aftermath of Hurricane Katrina. One doctor was reported to have gone from patient to patient with a handful of syringes, telling them that "I'm going to give you something to make you feel better."

Last year, in *The New England Journal of Medicine*, two Dutch physicians published a set of guidelines for infant euthanasia; one of the doctors has admitted to presiding over the killing of at least four babies, by means of a lethal intravenous drip of morphine and midazolam (a sleeping agent). Although 12-year-olds in Holland already can, with their parents' approval, legally enlist doctors to kill them, the dispatching of sick babies remains illegal under Dutch law; the doctors hope that their proposed guidelines will provide a legal basis for such endeavors.

In the meanwhile, Belgium has enacted a euthanasia law similar to that of the Netherlands.

To some, this all is just the march of progress. In the eyes of the Torah, though, it is a descent into a deep moral morass.

Suicide is regarded by *halacha* as a sin, and helping a patient – even one who two doctors agree is likely to die within six months, whom Oregon's law permits abetting – to kill

himself is acting as an accessory to the taking of a life. All the Torah's laws, in fact, with the exception only of *avodah zara*, *gilui arroyos* and *sh'fichas domim*, are put aside when life – even for a limited period – is in the balance.

Contemporary society, unfortunately, has a very different take.

From the nearly non-stop portrayals of death and violence in what passes for contemporary “entertainment” to the all-too-real carnage on our cities' streets, the idea of human life as sacred has become increasingly unfashionable. In a world where youngsters regularly murder for a car, a pair of shoes or even just “for fun,” or where women routinely decide to stop an unborn baby's heart to accommodate their own personal or professional goals, an elderly or infirm person's life just doesn't command the *consequence* it once did.

Nor have elements of the “intelligentsia” been hesitant to assist in human life's devaluation.

Peter Singer, for example, the famed Professor of Bioethics at Princeton University's Center for Human Values, has proposed the termination (even without niceties like consent) of what he calls “miserable beings” – people whose lives he deems devoid of pleasure.

Asked by *The New York Times* recently what idea, value or institution the world takes for granted today he thinks may disappear in the next 35 years, Professor Singer responded: “the traditional view of the sanctity of human life,” which, he maintained, “will collapse under pressure from scientific, technological and demographic developments.”

On another occasion, he went further still, predicting that once society jettisons “doctrines about the sanctity of human life,” it will be “the *refusal* to accept killing that, in some cases, [will be seen as] horrific.”

We're not there, yet. But even in the United States, where there remains considerable public aversion for assisted suicide and euthanasia, doctors report that both occur in hospitals much more frequently than most of us realize.

The elderly and diseased are rapidly increasing in number. Modern medicine has increased longevity and provided cures for many once-fatal illnesses. Add skyrocketing insurance costs and the resultant fiscal crisis in health care, and life runs the risk of becoming less a holy, divine gift than... a commodity.

And every businessman knows how important it is to turn over one's stock, to clear out the old and make way for the new.

Whatever the legal future of assisted suicide – the Supreme Court’s recent decision may well move it into the chambers of Congress – one thing is certain: the issue belongs firmly, and loudly, in the sphere of public discourse.

And American Jews, in consonance with our *mesorah*, should be at the forefront of “choosing life.”

In ancient cultures that celebrated paganism and immorality, our ancestors stood up and apart.

In the midst of a culture that devalues human life, we should be doing no less.

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