

Physicians Involved Assisted Suicide

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Abstract

Irrespective of the UK parliamentary verdict against the Marris Bill in 2015, the debate on assisted dying will inevitably continue for an unforeseeable time. This is quite evident in the recent editorial of BMJ on 10th February, 2018 suggesting that it is time to poll doctors for a healthy debate on assisted suicide. The different views intrinsic to the deliberations will persist as a concern throughout the world – though very often discreetly embellished with euphemistic terms – because the human life span is inexorably increasing. California has recently passed the assisted suicide bill. The other four US states are Oregon, Montana, Vermont and Washington and around half of all US states are looking at passing a similar legislation. Also, assisted suicide is already being practiced in certain other parts of the world and such a situation justifies a medical discussion on the subject. After-death existence is not an apparent factor in the public discussion of this issue even though it is one of its most significant philosophical aspects. Just as Newtonian and Darwinian world views emanating in previous centuries influenced cultural beliefs and attitudes, neuro science has contributed to the spiritual shallowness of the twentieth and twenty-first centuries. The existential despair of the second half of the twentieth century has been particularly instrumental in promulgating a voluntary death imperative. The moral and ethical dilemmas associated with assisted suicide are interwoven with spiritual concepts because human beings are spiritual personalities and survive after physical extinction.

Keywords: Assisted suicide, discarnate existence, ethics, thanatology

Introduction

Medical scientists who espouse a strict biological model of the mind tend to care less about the prolongation of life than do those who have faith in higher authority.¹ The prevailing reductionist model of mind has recently been challenged effectively.^{2,3,4,5} That has led to a position in which there is some justification for claiming that there is scientific evidence to enable a suspension of disbelief in life after death.⁶ Medical profession should respect the theology veiled in thanatology and should be careful not to become instrumental in creating a culture of death; alleviating suffering is not by eliminating the patient.

In the absence of spiritual conviction, human suffering lacks deep meaning and death is regarded as the ultimate tranquilliser. Prolonging life at any cost may be perceived as a worthless endeavour. To counter that, without suffering evolution would not take place and human consciousness would fail to expand. Without stress and struggle the spirit buds to which we may be likened would not mature and grow leaves and fruit, and our characters would not develop; we would lead the lives of lotus-eating sybarites.⁷

Evidence for discarnate survival

According to those who are sceptical about after-death survival, there is only as much evidence to justify belief in life after death as there is for the historical existence of dinosaurs. Some scientific researchers however argue that there are compelling reasons to support those who are proponents of belief in life

after death. Dr Vernon Neppe, a neuropsychiatrist turned parapsychologist, has declared that the combined body of evidence for discarnate survival is overwhelming – so great that it may be regarded as scientifically cogent.⁸ This emerging scientific view, coupled with the wisdom of the faith traditions, challenges the rationality of supporting assisted suicide. The following are examples of evidence for discarnate existence that are commonly cited:

- clinical death experiences
- pre-death visions
- shared death experiences
- collective apparitions
- some forms of mediumistic incidents, particularly ones that involve cross-correspondence, drop-in communications and physical phenomena
- children's memories of previous lives
- electronic voice phenomena
- instrumental trans-communications
- transplant cases
- Scientifically studied Marian apparitions

The list is becoming longer as survival research progresses. Encouraged by the success of afterlife experiments with mediums,⁹ the multi-specialist professor Gary Schwartz of Arizona University claims to have invented a device to communicate with discarnate spirits; the holy grail of survival research that could possibly offer a fool proof scientific evidence of afterlife existence,¹⁰ but also takes account of all the potential negative consequences. He claims to have worked with black boxes in his laboratory, using a software programme that has

generated proof that there is a spirit world by measuring light.¹¹ It appears that he has developed a technique whereby faint light can be detected in a totally dark box. Measurements are taken at the beginning of an experimental session, and then a specific “hypothesized spirit collaborator” is asked to show a “spirit light” in the box and a second reading is taken. The finding is that instruction for specific spirits to enter a light sensing system was associated with reliable increase in the apparent measurement of photons. Such a curious result means that these communicating spirits are able to hear, respond and produce light in an otherwise dark enclosure.^{12,13} The conclusion is that survival research opens up new vistas which seem much more important than cosmology or quantum electrodynamics.

Scientifically examined Marian apparitions are a recent addition to the evidences for discarnate existence.¹⁴ Mainstream scientists seem never to have attempted to develop the conceptual tools and vocabulary needed to investigate the possibility of post-mortem existence. It may be that science will not accept the possibility of discarnate survival without a new theory of physical reality. In the early part of the twentieth century the prevailing view of scientists was that there was no possibility whatsoever of proving the existence of life after death. Over the years that have passed since then attitudes have evolved, and in the world, we are now in it is asserted by some researchers that there is scientific evidence for the existence of life after death. Some of the evidence relating to discarnate existence may not however satisfy the criteria of the physical sciences since the latter are based on speculative science and court room logic.

Paradigmatic shift

Demonstrating post-mortem existence as an irrefutable phenomenon is a route to establishing empirically that humans have a higher consciousness. Unfortunately, in survival research there are many phenomena that have multiple possible explanations, and these augments add to the complexity of this immensely significant area of scientific enquiry. All the types of evidence postulated as supporting discarnate survival are simultaneously a form of evidence of a non-biological component that operates in association with the brain. The existence of a non-biological component indirectly proves the possibility of survival after physical extinction. A huge paradigmatic shift towards non-reductionism is now taking place in the cognitive sciences – consciousness is no longer considered an epiphenomenon of brain activity, but as the designer and prime mover of the material body. Nowadays, some mainstream scientists are themselves paradoxically trying to debunk mainstream science.

Suicide victims

Through suicide, a person is simply changing the location of their suffering. While wrapped in the physical planet by space and time, we are in an advantageous position for inducing personality changes swiftly, whereas in the timeless state of discarnate existence changes are sluggish and personality

development is much slower. Contemporary data for survival research may be congruent with the wisdom of the faith tradition.¹⁵ To use a simple analogy for this, carrying out assisted suicide is like destroying the shell of a pupa and forcefully freeing it in a premature state. Such a pupa will not be able to fly about like a butterfly. It is arguable that a person subjected to violent death – as in the case of suicide – may not be able to enjoy the beauty of God’s grand other-worldly dimensions until they have become spiritually compatible with them. They have to navigate through the physical plane like wingless birds.¹⁰ To look at this way, if fruit that is unripe drops from a tree, it will be sour. Suicide breaks a solemn law because it deprives the conscious self of the natural growth that life in a physical body can best provide.⁷ The Chinese saying “One day of earthly existence is not equivalent to a thousand days of ghostly existence” is a statement of the sanctity of terrestrial life.

Lord Alton has campaigned against the Assisted Suicide Bill of 2014 since its inception. Referring to his dying father’s account of how he had seen his own brother, a member of the Royal Air Force who had died in the Second World War, Lord Alton argued that a forced death, as opposed to a natural one, may deprive a person of their “healing moment.”¹⁶ A graceful and natural death may be supposed to be accompanied by benign caretaker spirits with exuberant love who assist those who are dying by making them comfortable for the big transition.^{17,18} A person who terminates their own life prematurely may not be so fortunate as to get such benevolent assistance from the spiritual realm. Most hospice workers are very familiar with departing and death-bed visions such as that described by Lord Alton. Furthermore, it has been suggested that beings from the imperceptible spiritual sphere who assist in delivery from the terrestrial plane have a role in such matters as the timing of death, and it is arguable that their part in what happens should not be impeded by intervention.

It appears that human brain is designed to have some doubts about discarnate survival for some reason and a fool proof evidence of post-mortem existence may have its down side in that somebody who is fed up of life might use it to justify ending his earthly life voluntarily.¹⁹ An ultra-optimistic view of discarnate life is spiritually counterproductive and such an over optimism could be seen as a justification by the patient and carers in the decision making of assisted suicide. In a weak moment of extreme psychological or physical sufferings, such a belief can also become the final rationalization for ending one’s own life voluntarily. In my own clinical practice, I have come across suicidal patients telling me, “It will be always better on the other suicide.” A belief in discarnate existence based on parapsychological proof alone did not deter one such patient making a serious suicidal attempt

End-of-life concerns

The evening of life was considered as a great opportunity for spiritual, emotional and psychological growth and a celebration

of one's life journey. These are also times to harvest the wisdom of yesteryears and share them with the succeeding generation. Spiritually enlightened people consider this to be the time to conquer the fear of death. Fear of death is not the fear of the physical pain of death, but the fear of truthful self-judgement after death. Recent observations in thanatology favour a belief in post-mortem self-assessment and appraisal. For some, it would be voluntary or assisted, whereas for others it could turn out to be forced upon them. The final phase of life is the time to settle the errors committed against fellow beings that have not been remedied in life. Fortunately, modern medicine has prolonged this period, which grants an opportunity for most people to experience conscious ageing. Sadly, traditional attitudes towards the evening of life have changed in today's youth-obsessed culture. For some, medical procedures have extended life and made dying a lingering process rather than a sudden event, and have contributed their own problems. For several reasons, terminally ill people who are in crisis may wish to die rather than being kept alive longer (Table 1).

From an evolutionary point of view, there can be only a survival instinct – no Freudian death instinct. Avoiding death rather than seeking it is a natural human urge and the fear of death may affect every individual action. The very concept of euthanasia is totally against the human make-up and is entirely artificial. Assisted dying and assisted suicide are the same thing when a member of the medical professional gives a lethal drug to a person so that they can take their own life. Euthanasia is different; it happens when, for example, someone injects a lethal substance into a patient. Involuntary euthanasia refers to a situation in which the patient has the capacity to give consent, but has not done so; and in non-involuntary euthanasia a person is unable to give consent, for example because of dementia or being in a coma. Mercy killing is claimed to be a compassionate act to end the life of a patient.

Table 1: End of Life Concerns

- Losing autonomy
- Less able to engage in activities making life enjoyable
- Loss of dignity
- Burden on family, friends/caregivers
- Losing control of bodily functions
- Inadequate pain control or concern about it
- Financial implications of treatment

Moral and ethical issues

It has been observed that the risk of suicide is higher among people with a family history of suicide. Family culture and genetics may account for the increased incidence of suicide in such situations. Assisted suicide would create a trail in the culture of more families and more succeeding generations would perhaps be at increased risk of considering suicide as a serious option at a time of crisis. Kevill Yull (2013) comments that changes in the law of assisted suicide would have an additional impact on those left behind, because of their effect on the moral connections, assumptions and accepted responses

to situations on which we base our relationships with fellow human beings and establish ourselves in the world.²⁰ He argues that the legalisation of assisted suicide would undermine freedom instead of promoting freedom of choice, and also that the proposed safeguards and regulations would breach the privacy of the death-bed.

Assisting someone to kill themselves is assisting them in murder. According to all the major faith traditions, life is a gift from God and ending it is like throwing a precious object back to the giver. All spiritual traditions teach and believe that bringing the human heart to a standstill is God's business (Table 2). There are patients who assert that even if all their limbs were amputated, they would still want to hold on to the treasured gift of life. It is very difficult to define what unbearable suffering is; extreme suffering is a subjective matter that it is not possible to separate from an individual's outlook on life. A fundamental question is that of who would be the one to pronounce a verdict on when suffering is intolerable – the patient or medical personnel?

Laws are not precision-guided arrows and they may become perverted. In a world full of violence and crime, assisted suicide is unsafe and could be exploited. There would be many unintended consequences. For reasons of public safety alone, some people oppose assisted dying. Financial abuse by relatives of the elderly seems to be becoming more common; those with a vested interest could be tempted to put an inheritance before life.

The regulation of assisted dying has been modified in recent times in some countries, an example being the Netherlands in 2014. There it is now lawful to kill a patient without their consent, and euthanasia and assisted suicide may be offered to people with mental health problems (consensus with the family is required in all these situations). In both Belgium and the Netherlands the euthanasia of children is legal with family consent (in Belgium there is no age limit; in the Netherlands the child must be 12 or above and must give consent). In Belgium blind adults who were developing further problems were granted euthanasia at their own instigation a few years ago. There is public concern about collaboration between euthanasia teams and transplant surgeons in Belgium.

Table 2: Medical dilemmas

- Assisted suicide promotes a human right to commit suicide and gives wrong messages to suicidal patients in psychiatry.
- It undermines the Universal Declaration of Human rights and strikes at the foundations of all spiritual values.
- It is hard to define unbearable sufferings.
- Assisted suicide has many unintended consequences.
- Death with dignity could deteriorate as death with indignity.
- It might permit the unlawful killing of innocent people in certain circumstances.

- It is founded on unethical principles-survival of the fittest.

In 2013, 1.7% of all deaths in Belgium were hastened without the explicit request of the patients.²¹ Professor Cohen Almagor, the author of 2015 report on euthanasia in Belgium stated that the decision as to which is no longer worth-living is not in the hands of the patient but in the hands of the medical personal.²² More than 500 people in the Netherlands are subjected to euthanasia without their consent.²³ Data from Oregon where assisted suicide was legalised in 1977 shows that the top five reasons people choose assisted suicide are not because they are suffering from a terminal illness and 49% stated that feeling like a burden and a fear of loss of control are among the main reasons for choosing assisted suicide Oregon.²⁴ In Washington state in 2013, 61% of people who were killed in assisted dying said that being a burden was a key factor for their choice of death.²⁵

Medical Dilemmas

Majority of British medical practitioners are against assisted suicide.²⁶ A 2013 survey showed that 77% hold the view that they would oppose a change in the current law to allow assisted dying, 18% favoured the RCGP moving to a neutral position, and only 5% favoured a change in the current law. They opined that a change in the law would make patients afraid of their doctor and would alter doctor –patient relationship, and would make vulnerable patients most at risk from assisted dying. According to Marris bill, some people should be given help to die meaning that some lives are worth less than others. Vulnerable people would feel pressurised to choose death and could be killed without their explicit consent. GPs feel that it is their privilege to protect the disadvantaged and vulnerable people of the society.

Assisted dying would lead to less focus on investment in palliative care. The RCGPs also cautioned in the survey that a change in the position of the law makers would become like abortion legislation, which started as something for extreme circumstances and is now effectively on demand. They are also anxious for the fact that legalisation of assisted dying would make it impossible to tell the real reason why patients decided to die, because illness can cause people to become depressed and frightened. As debate on assisted suicide has become hotter, in clinical practice suicidal patients have already started enquiring about the prospects of assisted death.

Thanatology

Medical sciences have not advanced enough in matters of death to offer details to make informed choice for those who want to die voluntarily and thanatology is only a fledgling science. Thanatology is the scientific study of death and investigates the mechanisms and forensic aspects of death, such as bodily changes that accompany death and the post-mortem period, as well as wider psychological, parapsychological and social aspects related to death. They are not particularly interested in the meaning of life and related philosophical issues, but this is an

area where science and philosophy not be separate. In recent years, studies of parting visions by Elizabeth Kubler Ross and Raymond Moody's NDE studies.^{27,28,29,30,31,32} have given a spiritual dimension to thanatology. Theology and Thanatology are two major corpuses of human wisdom that cannot but overlap. Assisted dying would probably become also an issue of forensic sciences.

It is the job of the doctor to keep the patient alive whereas it is the job of the psychotherapist to have a sense of a bigger picture.³³ People wanting to hasten death should also have the choice of receiving pastoral and psychotherapeutic assistances to distract themselves from their preoccupations of death and allow nature take its own natural course. New generation psychotherapists will have to be well versed in all aspects of death related sciences. Thanatology has a rightful place in medical studies, but I content that medical professionals need not to be unduly concerned about the different forms of afterlife existences, the borderland between religion and thanatology. Medical professionals are expected to be above religion and politics. Thanatologists now fear that if assisted suicide is legalised, they might be pressurised to slip from the original goal of acquiring more knowledge of human dying to serve the dying into the pursuit of death.

Concluding Remarks

Assisted suicide or euthanasia is incongruous with the theological view that it is the weakest and the vulnerable who can teach us the values of life and the concepts of euthanasia or assisted suicide have an indirect message of discarding them. The right to die would soon deteriorate as duty to die to prepare room for fittest ones. Instead of looking for reasons to live, people will be looking for reasons to die. What is need is better understanding of death process and advancements in the palliative care of the terminally ill, rather than doing away with them. Until we know more about the death process, assisted dying debate should be kept on hold. More research in palliative care and allowing people to die naturally with dignity should be the concern of medical profession.

Evolution may be taking place in biological and spiritual streams and they are interconnected: biological sufferings maybe aiding spiritual evolution.³⁴ From a philosophical perspective, the rationale of terminal sufferings is to help the individual to disengage from the "pleasant illusions" of earthly life. The debate of assisted suicide raises the question whether human beings are mere electrical animals, quantum beings or fundamentally spiritual personalities-humans maybe all the three. The sanctity of human sufferings need to be brought into the equation of assisted suicide discussion. Assisted suicide would only add to the growing violence in the present world that could do with reintroduction of principles of non-violence.

USA may have better legal infrastructure to negate the unwanted and unintended errors of assisted suicide, but in many third world countries, where there is no such legal infrastructure, the procedure would easily get dishonoured.

Oriental religions as well as Abrahamic faith traditions are opposed to ending life voluntarily. In general, all faith traditions believe that life that is nearing the biological end need not be preserved at all costs and that one does not have to go to extraordinary lengths to preserve a terminally ill person's life. This means, for instance, that while a terminally ill person should not be denied basic care, he or she could refuse treatment that might prove to be futile or unduly burdensome for the dying person - passive voluntary euthanasia.

A scientific belief in after death existence is not without its pitfalls unless it is accompanied by the spiritual corollary of sanctity of earthly life. Science alone cannot highlight the sanctity of life; Divine standards are helpful in comprehending the sacredness of life. In fact, science has taken us to a cross road with Professor Schwartz's new instrumental communication and it is time mark the boundaries of healthy survival research and the unhealthy ones.

Competing Interests

None declared

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References

1. Cole Andrew. Doctor's religious beliefs affect their views on end life care. *BMJ* 341; C4732 (2010).
2. Kelly Edward; Kelly Emily Williams; Crabtree Adam; Gauld Alan; Grosso Michael; Greyson Bruce. *The Irreducible Mind*. Lanham: Rowman & Littlefield Inc (2006).
3. Tart T. Charles. *The End of Materialism*. Oakland: New Harbinger Publications (2009).
4. Beichler E. James. *To Die For*. London: Trafford Publications (2008).
5. Fontana David. *Life beyond Death*. London: Watkins Publishing (2009).
6. Braude Stephen. *Immortal Remains*. New York: Bowman & Littlefield Publishers (2003).
7. Betty Stafford. *Heaven and Hell unveiled*. Guildford: White crow books (2014).
8. Tynn Michael. An Interview with Dr Vernon Neppe. *The Search Light*. Vol 21, No 4. (2002).
9. Schwartz E. Gary. *The Afterlife Experiments*. New York: Atria Books (2002).
10. Schwartz E. Gary. *After life communications*. Florida: ASCS Publications (2014).
11. Herrick E Karen. President's message: Looking ahead. *The Search Light*, Vol 23, No4(2014).
12. Schwartz E. Gary. *The Sacred Promise: How science is Discovering Spirit's Collaboration with Us in Our Daily Lives*. New York: Atria Books (2011a)
13. Schwartz E. Gary. Photonic measurement of Apparent Presence of Spirit Using a Computer Automated System. drgaryschwartz.com (2011b).
14. Laurentin Rene and Joyeux Prof. Henv. *Scientific and Medical Studies on the Apparitions at Medjugorje*, Dublin, Mount Salus Press (1987).
15. Heath Rae Pamela, Klimo John. *Suicide, what really happens in the Afterlife?* California: North Atlantic Books (2006).
16. Bennet Claire. Senior doctor backs assisted dying in UK. *Catholic Universe* 14th November. New York: Palgrave Macmillan (2014).
17. Osis Karles & Haraldsson Erlendur. *At the hour of death*, New York: Avon books (1977).
18. Barrett, W. *Death Bed Visions*. London: Methuen (1926).
19. Fontana David. Evidences for survival. *Christian Parapsychologist*. March Volume 14, No2 (2001)
20. Yull Kevin. *Assisted Suicide, The Liberal, Humanist Case Against Legislation* (2013).
21. Chambaere Kenneth, Vander Stichele, Mortier Robert, Cohen Joachim, Luc Deliens Freddy. Recent Trends in Euthanasia and Other End-of-life(2015) Practices in Belgium New England Journal of Medicine. March, 372(12). p.1179-1181
22. Cohen- Almagour Raphael. First do no harm: internationally shortening lives of patients without their explicit request in Belgium. *J Med Ethics* doi:10.1136/medethics-2014-102387(2014)
23. Pereira J. Legalising euthanasia or assisted suicide: the illusion of safeguards and controls. *Current Oncology*. Volume 18, No2 (2011).
24. Oregon Public Health Division, Death and Dignity Act Report. <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year2015>
25. Washington State Department of Health (2014) Death and Dignity Act Report, <http://www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx>
26. Royal College of General Practitioners Assisted Dying Consultation Analysis, January. (2014).
27. Kubler-Ross Elizabeth. *The Tunnel and the Light*. New York: Avalon (1999).
28. Kubler-Ross Elizabeth. *Encountering Death and Dying*. New York: Facts On File, Inc (2004).
29. Kubler-Ross Elizabeth. *On Death and Dying*, revised. New York: Scribner publishing (2014).
30. Moody Raymond. *The Last Laugh: A new philosophy of near death experiences, apparitions and the paranormal*. Charlottesville, VA: Hampton Roads (1999).
31. Moody Raymond. *Life after death*. New York: Bantam (1975).
32. Moody Raymond. *Light Beyond*. New York: Bantam (1988).
33. Hillman James. *Suicide and the Soul*. New York: Spring Publications (1997).
34. Stevenson Ian. *Reincarnation and biology*. Westport, USA: Praeger Publishers (1997).



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