

Katie Dammer

Marieke Vervoort: A Lens for an Ethical Discourse on Euthanasia

Marieke Vervoort, a Belgian Paralympian, was at the peak of her athletic career not too long ago, winning gold at the London Games in 2012 and silver in Rio de Janeiro in 2016 in wheelchair racing. She competed with paralyzed legs. After her competition in Rio, Vervoort announced her plans for eventual euthanization because she was living with pain from an incurable, but non-terminal, spinal condition called reflex sympathetic dystrophy. On October 22, 2019, she followed through on her voluntary death in her home country. She was forty years old.¹ Vervoort's announcement and her death stir up ethical debates because it concerns the issue of whether euthanasia for individuals with non-terminal illnesses should be legal. Euthanization occurs when a doctor intentionally administers a lethal drug to end someone's life, and laws are different across the globe on its legal use.²

In my opinion, euthanasia should not be legal for individuals with non-terminal diseases like Vervoort's. She explained that she chose to use euthanasia because of a constant feeling of pain, but this is actually not the most common reason for voluntary euthanization of non-terminally ill patients. Rather, the most common reasons are a loss of autonomy and a feeling of burdening others.³ Other justifications include reduced enjoyment of life, hopelessness, and a loss of dignity.⁴ The government should not be obligated to legalize ending someone's life for these reasons if they do not have a terminal illness because of the core bioethical and medical principle of nonmaleficence, or doing no harm. Euthanizing someone without a terminal condition brings about harm that would not otherwise have occurred in the near, predictable future.

There are certainly arguments in favor of legalization. For example, one could assert that only the individual in question knows if his or her life is worth living. According to the bioethical principle of respect for autonomy, no one else can make this important decision because that would violate the individual's extent of self-determination. If a patient is competent and sound of mind, the government should support the decision, and respect for autonomy should override nonmaleficence. Furthermore, if we are going to consider legalizing euthanasia for terminally ill patients, we should do the same for non-terminal patients because the emotions of the loss of hope and dignity can accompany any illness. Also, for terminally ill patients, there is a foreseeable end to their suffering, but non-terminally ill patients do not have this same knowledge. This would suggest legalizing euthanasia for non-terminal patients because their suffering can become unbearable from its duration uncertainty. If the state is not losing resources from allowing euthanization of non-terminal patients, there should be no legal or governmental barriers to legalization, and patients and decisions can then make their own moral decisions on an individual basis.

However, the justification based on respect for autonomy loses weight from the disability argument, which is of concern to bioethicists and disability activists. Many disabled people do not have full scope of autonomy and independence, but that certainly does not mean they should end their lives. Unlike the non-disabled, disabled people are not told that they have everything to live for.⁵ Therefore, legalizing euthanasia could be dangerous for disabled population because it would increase the acceptability of disabled people ending their lives. This same argument extends to all other vulnerable groups, like those in poverty or with serious mental health complications. If voluntary euthanasia became legal, then caretakers and physicians would be

able to suggest it to vulnerable individuals as a viable option to end their suffering instead of intervening with social and clinical help. As a result, people might consider and follow through with euthanization even if they would not have otherwise made that decision on their own. This trend would feed into the slippery slope effect, in which legalization of voluntary euthanasia could lead to nonvoluntary or even involuntary euthanasia, and the most vulnerable groups are the most susceptible to this danger of legalization.

Some people argue that the sound of mind should have the ability to make the decision to end their lives with euthanasia; however, this standard is difficult to define and implement. Therefore, it would be better to have no legal euthanization of non-terminal patients because it would prevent moral and legal issues from arising. Just like in any area of policy, it is easier to regulate and enforce zero-tolerance policies than other limits because they do not allow people to push the limits. In addition to this blurred lines of competency, there are issues in countries where euthanization is legal because of subjective terminology in laws and definitions. For example, in Marieke Vervoort's home country of Belgium, voluntary euthanization is legal without a terminal diagnosis for patients of any age as long as the symptoms include a "medically futile condition with unbearable mental or physical suffering." ⁶ The terms "futile" and "unbearable" are ambiguous. Therefore, legalization would add too much subjectivity, and this leaves room for mistakes, confusion, and exploitation. I think a zero-tolerance policy for non-terminal patients would be the most effective way to reduce legal and—more importantly in this context—moral conflicts.

There is some information that would be helpful in establishing moral and legal opinions and guidelines on the topic of euthanization of non-terminally ill patients. For example, in the

legalized countries, has the desire to voluntarily end life increased or decreased? Vervoort thinks that legalized euthanasia would decrease suicide, but this does not have an empirical basis.⁷ Also, how does effect on loved ones vary for people who use suicide versus euthanasia to end their lives? Despite my opinion against legalization for non-terminally ill patients, I would be inclined to think that planned euthanasia might be easier for loved ones to handle. For instance, Vervoort shared time and wine with friends on her last night, and this would have probably helped with closure and acceptance.⁸ It would be very interesting to me to see data on this phenomenon to assess the issue further. Also, in this particular case study, I think it would be very interesting to investigate Vervoort's identity as a (disabled) athlete and how this affects her sense of self, her autonomy, and her decision to end her life. To extend on that idea, I would look into other cases of people who lose their identity as athletes, or retain and reshape it, as they become disabled or as they age. As someone with a strong identity as an athlete, this topic would be relevant and fascinating, but it would require an entire paper to itself.

Physician assisted suicide is a parallel issue to euthanasia, but it has a completely separate moral discourse because the patient, not the doctor, performs the final act. Similarly, legalization of euthanasia for terminally ill patients is a separate issue. In my opinion, it is more acceptable to legalize euthanasia for terminal than non-terminal patients because it is not adding a consequence that would have happened anyway; this moral discussion also could have a complete discussion to itself. Ultimately, in the scope of this paper, I assert that euthanizing non-terminally ill patients should not be legal. Among other reasons, it can lead to violation of nonmaleficence, harm to vulnerable patients, and blurred lines, all of which can bring about moral and legal problems for individuals and society.

Endnotes

1. Wade, Stephen. 2019. "Paralympian Marieke Vervoort Fulfills Wish to Take Own Life." AP NEWS. October 23, 2019. <https://apnews.com/88e8624e18df4da288827ed1b8b7cf0c>.
2. Davis, Nicola. 2019. "Euthanasia and Assisted Dying Rates Are Soaring. But Where Are They Legal?" *The Guardian*, July 15, 2019, sec. News. <https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal>.
3. Li, Madeline, Sarah Watt, Marnie Escaf, Michael Gardam, Ann Heesters, Gerald O'Leary, and Gary Rodin. 2017. "Medical Assistance in Dying — Implementing a Hospital-Based Program in Canada." Edited by Debra Malina. *New England Journal of Medicine* 376 (21): 2082–88. <https://doi.org/10.1056/NEJMms1700606>.
4. Dees, Marianne K., Myrra J. Vernooij-Dassen, Wim J. Dekkers, Kris C. Vissers, and Chris van Weel. 2011. "Unbearable Suffering": A Qualitative Study on the Perspectives of Patients Who Request Assistance in Dying." *Journal of Medical Ethics* 37 (12): 727–34. <https://doi.org/10.1136/jme.2011.045492>.
5. Carr, Liz. 2016. "Legalising Assisted Dying Is Dangerous for Disabled People. Not Compassionate | Liz Carr." *The Guardian*, September 9, 2016, sec. Opinion. <https://www.theguardian.com/commentisfree/2016/sep/09/legalising-assisted-dying-dangerous-for-disabled-not-compassionate>.
6. Davis, Nicola. 2019. "Euthanasia and Assisted Dying Rates Are Soaring. But Where Are They Legal?" *The Guardian*, July 15, 2019, sec. News. <https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal>.
7. Wade, Stephen. 2019. "Paralympian Marieke Vervoort Fulfills Wish to Take Own Life." AP NEWS. October 23, 2019. <https://apnews.com/88e8624e18df4da288827ed1b8b7cf0c>.
8. Wade, Stephen. 2019. "Paralympian Marieke Vervoort Fulfills Wish to Take Own Life." AP NEWS. October 23, 2019. <https://apnews.com/88e8624e18df4da288827ed1b8b7cf0c>.

References

- Carr, Liz. 2016. "Legalising Assisted Dying Is Dangerous for Disabled People. Not Compassionate | Liz Carr." *The Guardian*, September 9, 2016, sec. Opinion. <https://www.theguardian.com/commentisfree/2016/sep/09/legalising-assisted-dying-dangerous-for-disabled-not-compassionate>.
- Davis, Nicola. 2019. "Euthanasia and Assisted Dying Rates Are Soaring. But Where Are They Legal?" *The Guardian*, July 15, 2019, sec. News. <https://www.theguardian.com/news/2019/jul/15/euthanasia-and-assisted-dying-rates-are-soaring-but-where-are-they-legal>.
- Dees, Marianne K., Myrra J. Vernooij-Dassen, Wim J. Dekkers, Kris C. Vissers, and Chris van Weel. 2011. "'Unbearable Suffering': A Qualitative Study on the Perspectives of Patients Who Request Assistance in Dying." *Journal of Medical Ethics* 37 (12): 727–34. <https://doi.org/10.1136/jme.2011.045492>.
- Li, Madeline, Sarah Watt, Marnie Escaf, Michael Gardam, Ann Heesters, Gerald O'Leary, and Gary Rodin. 2017. "Medical Assistance in Dying — Implementing a Hospital-Based Program in Canada." Edited by Debra Malina. *New England Journal of Medicine* 376 (21): 2082–88. <https://doi.org/10.1056/NEJMms1700606>.
- Wade, Stephen. 2019. "Paralympian Marieke Vervoort Fulfills Wish to Take Own Life." AP NEWS. October 23, 2019. <https://apnews.com/88e8624e18df4da288827ed1b8b7cf0c>.