



Euthanasia—Lesson Plan

Student Objectives

- Define *euthanasia* and explain its different forms.
- Connect the concept of euthanasia to democratic principles.
- Analyze the reasons for supporting and opposing euthanasia.
- Identify areas of agreement and disagreement with other students.
- Decide, individually and as a group, whether physician-assisted suicide should be legal; support decisions based on evidence and sound reasoning.
- Reflect on the value of deliberation when deciding issues in a democracy.

Question for Deliberation

Should our democracy permit physicians to assist in a patient's suicide?

Materials

- Lesson Procedures
- Handout 1—Deliberation Guide
- Handout 2—Deliberation Worksheet
- Handout 3—Student Reflection on Deliberation
- Reading
- Selected Resources
- Deliberation Question with Arguments
(*optional—use if students have difficulty extracting the arguments or time is limited*)



Euthanasia—Reading

1 A democratic government is responsible for protecting the lives of all its citizens. A central
2 democratic principle, however, is that each person is autonomous (self-governing): people have
3 control over their own lives. Finding the balance between these two principles often creates
4 conflict.

5 While most citizens in a democracy want to protect life, they also believe and expect that
6 they make their own personal decisions, particularly about their own bodies—to travel where
7 they wish, eat and wear what they want, even decorate their bodies as they desire. People also
8 assume that this right of control over their bodies extends to matters of life and death. For
9 example, all democratic societies outlaw the cruel or unusual punishment of humans.

10 Many people believe that the right to live autonomously includes the right to decide when
11 and how they end their own lives, particularly when “life” means facing a terminal illness,
12 depression, or terrible pain. Yet many people around the world, because of their religious
13 teachings, see end-of-life decisions not as personal choices but social responsibility; they oppose
14 permitting suicide or enabling someone else to die. These divergent beliefs about protecting life
15 and preserving autonomy come into conflict when people discuss whether the government
16 should permit physicians to assist patients with suicide.

17 **Euthanasia**

18 Euthanasia, or “easy death,” means allowing or enabling people to die in a relatively painless
19 way. The debate over euthanasia goes back at least to the time of Hippocrates, the ancient Greek

20 physician known as the Father of Medicine. The Hippocratic Oath says in part, "I will neither
21 give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect." Many
22 medical schools still follow Hippocrates' original promise, but others have adopted different
23 oaths of conduct that permit physicians to participate in euthanasia.

24 When people talk about euthanasia, they refer to one or more of these practices:

- 25 • **Right to Refuse Treatment.** A competent adult has the legal right to refuse treatment even if
26 this refusal will result in death.
- 27 • **Passive Euthanasia.** Under certain circumstances, family members may request that life-
28 sustaining machines or treatment be stopped for patients with little or no hope of regaining
29 consciousness.
- 30 • **Double Effect.** A patient may request his or her physician to administer powerful drugs such
31 as morphine to ease unbearable pain and suffering. The patient knows that these drugs are
32 also likely to bring death more quickly.
- 33 • **Physician-Assisted Suicide.** A physician assists in the suicide of a dying patient, usually by
34 supplying him or her with a lethal drug and the means to take it.
- 35 • **Active Euthanasia.** A physician performs the death-causing act after determining the wishes
36 of the patient or the patient's family. This form of euthanasia is illegal in the United States,
37 although a few physicians—such as Dr. Jack Kevorkian—have performed it and have been
38 convicted of breaking the law.

39 **Euthanasia and the State**

40 During World War II, Adolf Hitler ordered the government of Nazi Germany to conduct a
41 euthanasia program to eliminate “life unworthy of life.” At first, this policy was limited to
42 newborn and very small children. Children were assessed by doctors and medical nurses, and a
43 decision was made by a medical review board. If the panel decided that a person was “unworthy
44 of life,” the patient was either killed or starved to death.

45 Very quickly, however, Hitler and the Nazis expanded their program, called “Aktion T 4,” to
46 include persons who had incurable diseases, chronic conditions, or a physical or mental
47 disability. Ultimately, the Nazi death program was extended to homosexuals and to persons of
48 “inferior races,” particularly Roma (Gypsies) and Jews. By war’s end, the Nazis had murdered
49 millions of people.

50 Since World War II, only the Netherlands and Belgium have permitted euthanasia on a large
51 scale. Both active euthanasia and assisted suicide remain crimes in the Netherlands, but a doctor
52 may grant a patient’s request for euthanasia if the doctor follows certain procedures. According
53 to the “Termination of Life on Request and Assisted Suicide (Review Procedures) Act,” a doctor
54 must:

- 55 a. be satisfied that the patient’s request is voluntary and well-considered;
- 56 b. be satisfied that the patient’s suffering is unbearable, with no chance of improvement;
- 57 c. tell the patient of his or her situation and further prognosis;
- 58 d. discuss the situation with the patient and come to agreement that there is no other reasonable
59 solution;

- 60 e. consult at least one other doctor not connected to the case, who must see the patient and
61 agree in writing that the attending doctor has done the four points above; and finally
62 f. exercise due medical care and attention during the euthanasia.

63 In 1996, the Dutch Supreme Court released a study on euthanasia. The study found that
64 nearly 10,000 requests for euthanasia are received each year; about one third are granted. For
65 most of these deaths, a doctor conducts active euthanasia by injecting a patient with a lethal drug.
66 The study also found that the guidelines had been stretched to include patients with long-term,
67 but not fatal, diseases. It identified cases of non-voluntary euthanasia that involved incompetent
68 elderly persons, newborns with severe birth defects, and even a 6-year-old with diabetes who
69 died because his parents refused to authorize regular injections of insulin. Similar violations of
70 the law have been reported in Belgium. These and other developments illustrate what critics of
71 euthanasia call the “slippery slope” that gradually leads to cases of individuals who seemingly
72 have a “duty to die.”

73 **Who Decides When to Die?**

74 In 1975, Karen Ann Quinlan, a New Jersey (U.S.) 21-year-old, was in a “persistent
75 vegetative state” caused by her taking a mixture of drugs and alcohol. Doctors told her parents
76 that there was little hope she would ever regain consciousness. Karen’s parents asked a court for
77 permission to remove her from a respirator (breathing machine). The New Jersey Supreme Court
78 eventually agreed with their request, ruling that a person had the right to refuse medical
79 treatment. In the 1990 decision *Cruzan v. Missouri*, the U.S. Supreme Court affirmed the right of
80 patients to refuse or discontinue life-sustaining medical treatment.

81 In 1991, voters in the State of Washington (U.S.) turned down a ballot initiative that would
82 have permitted “physician aid in dying.” Shortly afterward, the Washington state legislature
83 passed a law forbidding physician-assisted suicide. Opponents challenged the law in the courts,
84 arguing that competent terminally ill adults had a “fundamental liberty right” to have physician
85 assistance in committing suicide. In the 1997 decision *Washington v. Glucksberg*, the U.S.
86 Supreme Court disagreed; instead, the Court left the decision to each state.

87 **Death with Dignity?**

88 Today, Oregon is the only U.S. state that permits doctors to assist the suicide of terminally ill
89 persons. Oregon voters in 1994 approved a ballot initiative called the “Death with Dignity Act.”
90 This law allows Oregon physicians to prescribe, but not administer, drugs to assist the suicide of
91 terminally ill patients who expect to die within six months. Such persons may or may not be
92 experiencing pain. The law, however, prohibits physician-assisted suicide for persons who suffer
93 from psychological disorders such as depression. As it turns out, depression (which can be
94 treated) is a greater factor in requests for physician-assisted suicide than unrelieved pain. Oregon
95 has followed this law since 1998. Fewer than 50 people per year have been prescribed these
96 medications.

97 Opponents of euthanasia point out that the Oregon law fails to require doctors to try
98 “palliative care,” an approach that focuses on the prevention and relief of patient suffering, to
99 ease the death of their patients. They note that depression, the most common reason given by
100 people who want to commit suicide, is treatable. With medication for pain and depression, caring
101 hospice facilities, and the love of family and friends, patients can die in peace and with dignity
102 without having to resort to suicide. Medical schools in the United States are beginning to train
103 doctors in palliative-care strategies. Critics also worry that events in the United States will follow

104 the Dutch experience, with physician-assisted suicide leading to active euthanasia and then
105 involuntary euthanasia on people with mental illness, devastating diseases, or who simply are no
106 longer “wanted.”

107 The debate about physician-assisted suicide will continue, and Hippocrates’ description of
108 medicine remains as true today as it was 2,000 years ago: “Life is short and the art long, the
109 occasion instant, experiment perilous, decision difficult.”



Euthanasia—Selected Resources

For Further Information

- BBC News, “Belgium Legalises Euthanasia” (May 16, 2002), <http://news.bbc.co.uk/2/hi/world/europe/1992018.stm>.
- Cruzan v. Missouri Department of Health*, 497 U.S. 261 (1990), <http://laws.findlaw.com/us/497/261.html>.
- “Nazi Euthanasia,” *World War II in Europe* (Boston: The History Place, 1996), <http://www.historyplace.com/worldwar2/timeline/euthanasia.htm>.
- “Oath of Hippocrates” (for physicians), <http://www.medword.com/hippocrates.html>.
- “The Oregon Death With Dignity Act,” Oregon Revised Statutes, Chapter 127 — Powers of Attorney; Advance Directives for Health Care; Declarations for Mental Health Treatment; Death with Dignity (1994), <http://egov.oregon.gov/DHS/ph/pas/docs/statute.pdf>.
- “Physician-Assisted Suicide” (Eugene: Oregon Department of Human Services), <http://egov.oregon.gov/DHS/ph/pas/index.shtml>.
- “Q & A Euthanasia: A Guide to the Dutch Termination of Life on Request and Assisted Suicide (Review Procedures) Act” (The Hague: Netherlands Ministry of Foreign Affairs International Information and Communication Department, 2001), http://www.minbuza.nl/default.asp?CMS_ITEM=MBZ418607&CMS_NOCOOKIES=YES.
- “Social Issues: Euthanasia and Assisted Suicide” (Portland, OR: Multnomah County Library, 2005), <http://www.multcolib.org/homework/sohc.html#euth>.
- Vracking AM, et al., “Medical End-of-Life Decisions Made for Neonates and Infants in the Netherlands, 1995–2001,” *The Lancet* (April 9, 2005), Vol. 365: 9467, pp. 1329-1331, <http://www.thelancet.com/journals/lancet/article/PIIS0140673605610306/abstract>.
- Washington v. Glucksberg*, 000 U.S. 96-110 (1997), <http://laws.findlaw.com/us/000/96-110.html>.

Anti-Euthanasia

- “Euthanasia” (Washington, DC: National Right to Life Committee, n.d.), <http://www.nrlc.org/euthanasia/index.html>.
- “The Euthanasia Corner” (Kelowna, British Columbia: InterLife, 2004), <http://www.interlife.org/euthan.html>.
- “International Anti-Euthanasia Task Force” (Steubenville, OH: IAETF, n.d.), <http://www.iaetf.org/>.
- “Not Dead Yet: The Resistance” (Forest Park, IL: Not Dead Yet, n.d.), <http://www.notdeadyet.org/>.

Pro-Euthanasia

- “Compassion and Choices: Compassion in Dying, End-of-Life Choices” (Denver, CO: Compassion and Choices, 2005), <http://www.compassionandchoices.org/>.
- Death with Dignity National Center (Portland, OR: Death with Dignity, 2001-2005), <http://www.deathwithdignity.org/>.



Euthanasia—Deliberation Question with Arguments

Deliberation Question

Should our democracy permit physicians to assist in a patient's suicide?

YES—Arguments to Support the Deliberation Question

1. The Netherlands, Belgium, and one state in the United States (Oregon) have legalized physician-assisted suicide. The systems they have established are working well.
2. A person who is in unbearable pain and is terminally ill should be allowed to choose whether he or she lives or dies. U.S. citizens already have the right to refuse or discontinue treatment.
3. A law establishes rules that must be followed to ensure that the patient really wants the physician to help him or her die. These procedures would protect people from the possibility of involuntary euthanasia.
4. Citizens in a democracy have the right of personal autonomy. The right of control over one's body should apply to matters of life and death as much as it applies to the freedom to decorate one's body or travel freely.



Euthanasia—Deliberation Question with Arguments

Deliberation Question

Should our democracy permit physicians to assist in a patient's suicide?

NO—Arguments to Oppose the Deliberation Question

1. Most of the world has not legalized physician-assisted suicide. This practice is also against the teachings of most of the world's religions.
2. People who are in unbearable pain and terminally ill should be given medicine to control pain, a place where they are cared for, and love from their family and friends. People who are depressed often request assistance committing suicide, but depression is treatable.
3. The laws in existence now are not always followed and are often abused. Physician-assisted suicide will lead to physicians committing euthanasia on patients who do not want it.
4. Physician-assisted suicide is against the original Hippocratic Oath taken by doctors, which states: "I will neither give a deadly drug to anyone if asked for it, nor will I make a suggestion to this effect."



Lesson Procedures

Step One: Introduction

Introduce the lesson and the Student Objectives on the **Lesson Plan**. Distribute and discuss **Handout 1—Deliberation Guide**. Review the Rules of Deliberation and post them in a prominent position in the classroom. Emphasize that the class will deliberate and then debrief the experience.

Step Two: Reading

Distribute a copy of the **Reading** to each student. Have students read the article carefully and underline facts and ideas they think are important and/or interesting (**ideally for homework**).

Step Three: Grouping and Reading Discussion

Divide the class into groups of four or five students. Group members should share important facts and interesting ideas with each other to develop a common understanding of the article. They can record these facts and ideas on **Handout 2—Deliberation Activities** (Review the Reading).

Step Four: Introducing the Deliberation Question

Each **Reading** addresses a Deliberation Question. Read aloud and/or post the Deliberation Question and ask students to write the Deliberation Question in the space provided on **Handout 2**. Remind students of the Rules for Deliberation on **Handout 1**.

Step Five: Learning the Reasons

Divide each group into two teams, Team A and Team B. Explain that each team is responsible for selecting the most compelling reasons for its position, which you will assign. Both teams should reread the **Reading**. Team A will find the most compelling reasons to **support** the Deliberation Question. Team B will find the most compelling reasons to **oppose** the Deliberation Question. To ensure maximum participation, ask everyone on the team to prepare to present at least one reason.

Note: Team A and Team B do not communicate while learning the reasons. If students need help identifying the arguments or time is limited, use the **Deliberation Question with Arguments** handouts. Ask students to identify the most compelling arguments and add any additional ones they may remember from the reading.

Step Six: Presenting the Most Compelling Reasons

Tell students that each team will present the most compelling reasons to **support** or **oppose** the Deliberation Question. In preparation for the next step, Reversing Positions, have each team listen carefully for the most compelling reasons.

- Team A will explain their reasons for **supporting** the Deliberation Question. If Team B does not understand something, they should ask questions but NOT argue.
- Team B will explain their reasons for **opposing** the Deliberation Question. If Team A does not understand something, they should ask questions, but NOT argue.

Note: The teams may not believe in or agree with their reasons but should be as convincing as possible when presenting them to others.

Step Seven: Reversing Positions

Explain that, to demonstrate that each side understands the opposing arguments, each team will select the other team's most compelling reasons.

- Team B will explain to Team A what Team A's **most compelling** reasons were for **supporting** the Deliberation Question.
- Team A will explain to Team B what Team B's **most compelling** reasons were for **opposing** the Deliberation Question.

Step Eight: Deliberating the Question

Explain that students will now drop their roles and deliberate the question as a group. Remind the class of the question. In deliberating, students can (1) use what they have learned about the issue and (2) offer their personal experiences as they formulate opinions regarding the issue.

After deliberating, have students find areas of agreement in their group. Then ask students, as individuals, to express to the group their personal position on the issue and write it down (see My Personal Position on **Handout 2**).

Note: Individual students do **NOT** have to agree with the group.

Step Nine: Debriefing the Deliberation

Reconvene the entire class. Distribute **Handout 3—Student Reflection on Deliberation** as a guide. Ask students to discuss the following questions:

- What were the most compelling reasons for each side?
- What were the areas of agreement?
- What questions do you still have? Where can you get more information?
- What are some reasons why deliberating this issue is important in a democracy?
- What might you or your class do to address this problem? Options include teaching others about what they have learned; writing to elected officials, NGOs, or businesses; and conducting additional research.

Consider having students prepare personal reflections on the Deliberation Question through written, visual, or audio essays. Personal opinions can be posted on the web.

Step Ten: Student Poll/Student Reflection

Ask students: “Do you agree, disagree, or are you still undecided about the Deliberation Question?” Record the responses and have a student post the results on www.deliberating.org under the partnerships and/or the polls. Have students complete **Handout 3**.



Handout 1—Deliberation Guide

What Is Deliberation?

Deliberation (meaningful discussion) is the focused exchange of ideas and the analysis of arguments with the aim of making a decision.

Why Are We Deliberating?

Citizens must be able and willing to express and exchange ideas among themselves, with community leaders, and with their representatives in government. Citizens and public officials in a democracy need skills and opportunities to engage in civil public discussion of controversial issues in order to make informed policy decisions. Deliberation requires keeping an open mind, as this skill enables citizens to reconsider a decision based on new information or changing circumstances.

What Are the Rules for Deliberation?

- Read the material carefully.
- Focus on the deliberation question.
- Listen carefully to what others are saying.
- Check for understanding.
- Analyze what others say.
- Speak and encourage others to speak.
- Refer to the reading to support your ideas.
- Use relevant background knowledge, including life experiences, in a logical way.
- Use your heart and mind to express ideas and opinions.
- Remain engaged and respectful when controversy arises.
- Focus on ideas, not personalities.



Handout 2—Deliberation Activities

Review the Reading

Determine the most important facts and/or interesting ideas and write them below.

- 1) _____
- 2) _____
- 3) _____

Deliberation Question

Learning the Reasons

Reasons to Support the Deliberation Question (Team A)	Reasons to Oppose the Deliberation Question (Team B)

My Personal Position

On a separate sheet of paper, write down reasons to support your opinion. You may suggest another course of action than the policy proposed in the question or add your own ideas to address the underlying problem.



Name: _____

Date: _____

Teacher: _____

Handout 3—Student Reflection on Deliberation

Large Group Discussion: What We Learned

What were the most compelling reasons for each side?

Side A:

Side B:

What were the areas of agreement?

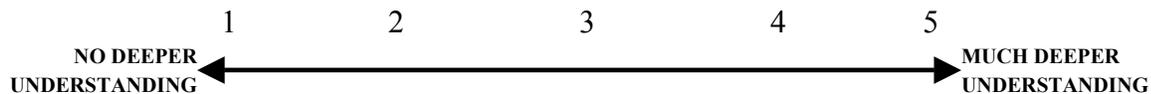
What questions do you still have? Where can you get more information?

What are some reasons why deliberating this issue is important in a democracy?

What might you and/or your class do to address this problem?

Individual Reflection: What I Learned

Which number best describes your understanding of the focus issue? [circle one]



What new insights did you gain?

What did you do well in the deliberation? What do you need to work on to improve your personal deliberation skills?

What did someone else in your group do or say that was particularly helpful? Is there anything the group should work on to improve the group deliberation?