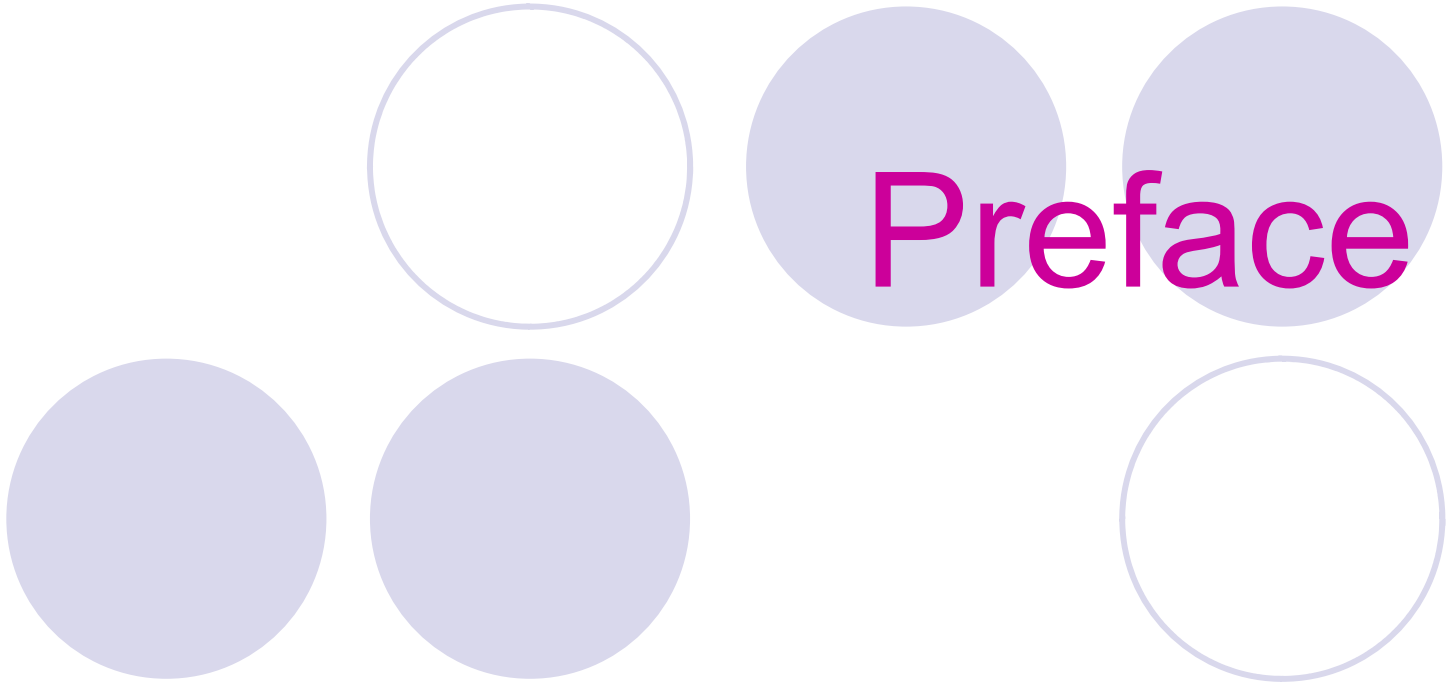


# Euthanasia: A Philosophical History

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# Preface



# The Rise of Progressivism

- From the late 19<sup>th</sup> to early 20<sup>th</sup> century
- Science and technocratic social engineering gained credibility
- Introduction of Darwinism and naturalism
- It implied naturalization of mind
- Relativization of ethics
- The euthanasia bill in Ohio was rejected in 1906



# Robert G. Ingersoll, 1833-99

- Growing up in a religious environment, developed sympathy for Darwinism and positivism
- Critiqued Christianity. Attempted to liberate the human being from ignorance, bias and religious cruelty
- Science represents truth and serves as a useful tool
- Suicide: claimed that it is possible as a rational choice of terminal patients. Created controversy at that time

# The Eugenic Society, America

- USA became a major eugenic society by the 1920's. A number of states had an Eugenical Sterilization Act
- 1923, the American Eugenics Society
- Albert Wiggam, 1923, Eugenics is to critique the view of revolutionary science and requires new values
- Generally, eugenicists expressed skepticism or distrust of traditional religious beliefs
- “Creating” ourselves

# William J. Robinson



- *Eugenics, Marriage and Birth Control*, 1917
- Socialist, sex liberation, good at disclosing scandals
- Epitomized the link between eugenics and euthanasia
- Argued that newborns with serious genetic disabilities have no individual freedom
- 1922: They don't have the right to be born. If they are already born, they shouldn't reproduce

# Gradually Came to be Known during the First World War

- Background: Darwinism, eugenics, scientific naturalism
- Your last “autonomous choice” in life
- In 1920's, euthanasia was already a common topic in the society
- Majority of Americans disapproved of euthanasia as public policy. But it gradually gained acceptance



# Charles F. Potter, 1885-1962

- The representative figure of the American euthanasia movement in the early 20<sup>th</sup> century
- Raised in a fundamentalist environment (in the sense of 1919), but gradually divorced himself from its beliefs
- Became an Unitarian minister in 1913
- Became known for his opinions: advocated women, supported the Eugenic Sterilization Act, birth control, Opposed to capital punishment
- *Humanizing Religion*, 1933



# Potter and The American Eugenics Society

- Gap between Patter's scientism and religious fundamentalists grows
- Discussion at the Carnegie Hall in 1923-24
- Argued against John Roach Straton
- Towards naturalization of religion
- Founded **The Euthanasia Society of America in New York in 1938**
- cf. 1935, The Voluntary Euthanasia Legislation Society at London

# Supporters for The Euthanasia Society of America

- Many important figures joined the Euthanasia Society; Robert Frost (poet), Somerset Maugham, Sherwood Anderson, Fannie Hurst (novelist), Walter Alvarez, Walter Cannon etc.
- But it was a small grass-root elitist organization with about 200 members by the end of the 1930's.

# Confusion with Nazism



- When the euthanasia bill was in the process of preparation during WW II , information about the Nazi's terrible experiments on people with psychological disorders was leaked
- They were liberal philanthropist and progressivist, but some of them ended up merging into Nazism
- Nazi eliminated 200,000 people with disabilities Aktion T-4
- American euthanasia supporters tried to differentiated themselves from Nazism, but the message wasn't clearly delivered to the public

# Nazi-related Matters



- 1946-47, Nuremberg, Doctors' Trial
- Left a negative influence to the later euthanasia movement
- *Argumentum ad Hitlerum*



# The Case of Carol Plight

- On September 30, 1949, Carol, a 22 year-old university student, shot her 52 year-old father while he was lying on the bed for his surgery.
- She stated that she didn't want to inform him that he could only live for a matter of weeks
- TV repeatedly aired the image of Carol, sobbing for her father
- The court found her innocent on February 8, 1950



# Doctor Hermann Sander

- Was a doctor in New Hampshire. On December 4, 1949, he performed euthanasia on his female patient with terminal cancer, Abbie Borroto, by injecting 40cc of air into her vein four times.
- He was a selfless, good, compassionate doctor. He didn't deny his act of euthanasia. Abbie, 59 year-old, had a terminal cancer and her weight had dropped from 140 to 80 pounds. No painkilling drugs were effective for her.



# Doctor Hermann Sander

- The trial began on February 20, 1950 and drew a huge attention from the media
- The Roman Catholic church criticized him. Supporters for birth control supported him
- The court found him innocent on March 10, 1950. People in his neighborhood celebrated the victory by ringing church bells and blowing their car horns

# The Case of Mercy Killing in 1950

- Eugene Braunsdorf, a 52 year-old musician, killed his 29 year-old daughter who was suffering from a serious illness
- The daughter was only four feet tall, and only her father was able to understand her speech
- He was sick and worried about her future after his death. After shooting his daughter, he shot himself many times.
- He was found innocent based on his temporary insanity





# Beginning of Change

- In spite of these court cases, the American euthanasia movement lost its energy in the early 1950's due to the negative impact from Nazism
- The 1960's and 1970's witnessed the dramatic change in the environment surrounding euthanasia
- Fear of nuclear war, Thalidomide incidents, the Vietnam war, aging population, change in terminal treatment
- Increased interests in issues related to death

# Change of the Public Image of Doctors



- Traditionally, medicine was a highly-respected profession
- However...
- 1965-1973 1965:72% 1973:57%
- Greedy, distant, resistance to reform, over-trust of technology
- Decrease in impact of epidemic, increase in terminal, chronic illness and life-sustaining treatment
- Artificial respiration device, artificial nutrition, kidney dialysis, organ transplants



# Towards “The Right to Die”

- Euthanasia issues became seen as “freedom from the intervention into individual life”
- Euthanasia → The Right to Die
- (cf. The Euthanasia Society changed its name to The Society for the Right to Die in 1974)



# The Right to Die

# General Background of “the Right to Die”

- Dehumanization of medicine, too much importance placed on mechanical biology, mechanical medical education
- Fatalism fails to respect patient's will
- “Spaghetti syndrome”
- From death at home, taken care of by family, to lonely death in ICU



# Joseph Fletcher, 1905-91

- *Morals and Medicine*, 1954.
- Situation ethics
- Made a significant contribution to the argument of “the Right to Die” in the 20<sup>th</sup> century
- Euthanasia = control of death
- Refused to employ naturalist as the basis of medical ethics. Distanced himself from Darwinism
- Victory of culture over biology

# Towards Self-Control of the Body

- 1973 Roe v Wade Abortion as the right of privacy
- 1973, *Our Bodies, Ourselves* became a best-selling book
- It taught self-help techniques for women for their own health



# Living Will

- Living Will, the advance statement for one's own life, was proposed in 1967. (widely popularized later)
- The Euthanasia Educational Fund was founded as an auxiliary organization of The Euthanasia Society





# Narrative of Bioethics and Death

- The Institute of Society, Ethics and Life Sciences in 1969 (Daniel Callahan & Willard Gaylin)
- Later, the Hastings Center (base of bioethics research)
- Elisabeth Kübler-Ross, *On death and dying*, 1969. best-selling book
- The number of publications on death dramatically increased after the 1970's



# Olive Ruth Russell, 1897-1979

- Psychologist, taught at university until 62, contributed to the law on euthanasia until her death
- *Freedom to Die*, 1975
- Two incidents
- Shocked and inspired by children with hydrocephalus. Newborn babies with disabilities enjoy the low quality of life
- Death of the mother: after suffering from rheumatoid arthritis for 35 years, she died at the age of 87 in 1955. Having spent her last 12 years in bed, she was hardly able to drink before death and starved to death

# Russell's Activities



- Opposed to eugenics and the intervention by the state. Supported spontaneous, active euthanasia as an individual's choice
- With the exception of newborn babies with serious disabilities --- she proposed mercy killing without consensus
- Asked the doctor to terminate her life when it reaches a painful stage. The doctor respected her will



# The Case of Karen Quinlan

# How Karen's Condition Came About

- Karen Ann Quinlan, born on March 29, 1954
- Adopted by Joseph (foster father) and Julia (foster mother) three weeks after her birth
- Tomboyish and short, worked many jobs after high school
- In the evening of April 14, 1975, she drank two or three gin tonics. She hadn't eaten for days before and had taken Valium
- She collapsed and was carried to her home. Her breathing ceased for 15-30 minutes



# At Hospital

- She was hospitalized in the ICU of the Newton Memorial Hospital in the early hours of April 15
- The surgeon opened her windpipe and attached an MA-1 respirator
- Nine days after the accident, she was moved to the St. Clare Hospital (Denville), where a better respirator was available
- Beginning: testimony of her friend “I didn't know if she was in pain, but it seemed as though she was.”
- PVS (Persistent Vegetative State)



# Resignation

- Gradually curled up like a fetus
- Her mother gave up first
- The mother thought that they should stop the respirator and went to her Catholic church for advice in early June
- The pastor replied that life is not an absolute duty in Catholicism

# Cf. The Pronouncement Pope Pius XII

- Pope Pius XII (allocutio) delivered a speech before anesthetists in 1957
- Doctors are only obliged to use ordinary means
- Life-sustaining devices, such as respirator, is an extraordinary means that intervene the natural process



# Bringing the Case to Court for Permission to perform Euthanasia

- Parents requested the hospital to stop all treatment that are beyond “ordinary means” on July 31
- Dr. Morse, 36 year-old neurologist, thought that the treatment could violate his compliance with the Hippocratic Oath and legally charge him with murder
- Dr. Morse declined the parents' request over the phone on August 2
- Parents employed a lawyer, 30 year-old Paul Armstrong

# Lawsuit



- On September 12, 1975, Paul Armstrong (Joseph Quinlan's lawyer) brought the case to the Morris Probate Court in New Jersey

# How They Formed Their Argument

- Armstrong first tried to justify euthanasia for Karen, stating that she was legally and medically dead. → unsuccessful
- He claimed that Karen was dead on October 2, which he took back on October 20
- Necessity for substituted judgment
- It is in Karen's best interest to stop the treatment



# Privacy, Freedom of Religion

- The right of privacy, from the Roe vs Wade (1973) was given consideration
- But this case concerns the right to familial privacy
- Therefore they avoided explicit reference to it. Based on the First Amendment to the Constitution, Armstrong claimed that the state should not interfere the freedom of practicing religion

# Dispute at the New Jersey Probate Court

The case drew the people's attention and symbolized the discussion between “the Right to Live” and “the Right to Die with Dignity”

Armstrong portrayed Karen as a victim of unmerciful medical technology, unable to exercise her rights to die naturally

- Cobain, guardian of the lawsuit: Karen is alive, this is not the case of brain death. If the termination of her treatment is approved, it's euthanasia

# Korein's Testimony

- Dr. Julius Korein gave testimony on behalf of Karen's parents
- He affirms that the doctor's judgment is not free from value judgment
- Description: posture of fetus, eyes don't move together, lips make sound, chewing movement, making face, grinding teeth, open mouth upon simulation, open eyes, yawning, slobbering, sticking tongue forward
- His descriptions were good enough to give a horrible impression
- Cf The judge did not attempt to see Karen's condition



“I wouldn't want to live in such a state”

- Mother: As her mother, I know that Karen wouldn't want to live if she could make a decision
- Karen said that she wouldn't wish for prolonging life upon her relative's death before the accident

# First Instance



- On November 10, 1975: The court dismissed the appeal
- France–Soir: Karen condamnée à vivre
- Cf. Ordinary Expression: condamnée à mort





# The First Legal Decision

- Judge Muir recognized the importance of emotions in this case. However, because of this, it requires a decision based on legal conscience and objectivity
- The most important quality of Karen is her life. The court cannot approve to deprive her of her life
- The parents' testimony of her vague statement does not offer a solid ground to terminate her life, given its irreversible effect on her.



# The First Legal Decision

- The right of privacy is inapplicable. The court never found the right of privacy of incapable adults
- The Constitution does not allow parents of incapable adult to exercise the right to die on behalf of their children
- On November 17 in 1975, Armstrong appealed to the Supreme Court of the state of New Jersey

# Karen as “Cultural Phenomenon”

- Karen remained invisible, silent girl figure. Despite extensive exposure in the media, only four pictures of her were available. The picture most frequently used was from high school days. Her face appeared tense, without a smile. She looked nervous about her future.
- Twisted contemporary version of “Sleeping Beauty” without an “happily ever after” ending



# To the State Supreme Court

- Armstrong had taken lectures with bioethicists before the trial started
- He changed his strategy: only seeking for the court approval to move the patient to the hospital of her parents' choice
- The council approved the case in one day (January 26, 1976)

# The Decision of the New Jersey Supreme Court

- March 31, 1976
- Parents won reversal of case
- Approve the right of privacy against doctor's medical intervention
- Appointed Joseph Quinlan as Karen's guardian instead of lawyer Curtin

# The Decision of the New Jersey Supreme Court

- While disapproving of the termination of the treatment, by appointing Joseph as guardian, it enabled the family to end life-sustaining treatment

# Grey Zone



- In the case of Judge Muir, it was a matter of life or death
- The Decision of the State Supreme Court was different
- It dealt with the gray zone between life and death, dying as a process, the dying person's experience

# One Supposition



- There is no doubt, under such an unfortunate circumstances, that Karen would be able to make an effective decision to stop the life-sustaining devices had she come back to consciousness for seconds by a miracle and recognized her irreversible state, even though the natural death was to come.





# Proposal for Institutional Basis

- When the doctor stops treatment, in the reality, s/he cannot help being subjective in secret
- However, it is inappropriate to continue treatment only out of fear of being accused
- Proposal for institutional bases in order to avoid such a situation: establishing the ethics committee, consisted of doctors, social workers, lawyers and theologians
- Valued cognitive and sapient life

# Artificial Respirator



- Karen, who was supposed to die after the decision in March, 1976
- Doctors began giving her training
- During some days, the doctor stood by her and took off the respirator's pipe. When she seems to be suffering, the doctor put it back. Karen became able to breathe by herself for one hour and longer. Karen left the ICU for a private room. There, she had a feeding tube in her nose, a urethral catheter and the monitoring devices for heartbeat and respiration
- Doctor Morse lost at the court, but won in the ICU



# Confusion of Parents

- Parents were confused and desperate at God's will
- They tried to move Karen to a nursing home but faced challenges in finding one that accreted patients with PVS. Having experienced 22 refusals, they finally found the Morris View Nursing Home. To avoid the media attention, they secretly carried her out on one June night



# Moving into a Nursing Home

- Parents moved to a small house, located 40 miles from the nursing home
- Her father visited her twice a day in the morning and in the evening
- Her mother visited once a day
- They left a small radio on. They combed her hair, touched her forehead, kissed her cheek, and played her favorite music, such as Simon and Garfunkel
- Not much progress after June 1976



# The Second Death of Karen

- Karen, 31 year-old, was about to die of pneumonia on June 11, 1985
- Parents attended her all the time
- When she passed away, parents and Armstrong cried hard
- Her death was widely reported. Some media called her death “the second death” (la deuxième mort)

# Significance of the Case of Karen

- Karen's case was important in the course of developing discussion on “the Right of Death”. The conflicting ideas discussed in the court trials present most of critical points.

# The California Natural Death Act, 1976

- Senator Barry Keene contributed to the passage of the bill, in spite of the opposition it faced, so that everyone will have the right to die without medical life-sustaining treatment.
- The Act assures people over 80 of making their advance decision on terminal care
- Cf. Difference among States: New Jersey passed the bill on Living Will in 1991
- the California Natural Death Act



# The Patient Self-Determination Act

- Responding to the case of Nancy Cruzan
- The Patient Self-Determination Act, 1991
- Clearly confirms that patients have the right to receive and refuse medical treatment
- Enables patients to arrange the Living Will and durable power of attorney



# Terri Schiavo

(December 1963-March 2005)

- PVS after heart attack for 15 years since 1990
- Dispute between her husband, who requested the withdrawal of feeding tube, and her parents, who requested life-sustaining treatment
- Became a symbolic figure of discussion on death with dignity
- Due to the gap between the judiciary and the State Council in Florida, Terri had already experienced cancellation of life-sustaining treatment twice by then

# Terri Schiavo (December 1963-March 2005)

- In March, 2005
- On March 18, withdrawal of feeding tube by the order of the State Court
- On March 21, the US Congress submitted a special bill which requests reexamine the court decision. The media reported that President Bush also signed it
- Negative reaction from citizens to the president's intervention and from the judiciary to the government intervention...it only reinforced the court decision
- Schiavo passed away on March 31, 2005 at the age of 41

# Active Euthanasia & Physician-Assisted Suicide





# Euthanasia

- Active euthanasia: killing
- Passive euthanasia: letting die
- Voluntary euthanasia: voluntary
- Non-voluntary euthanasia: non-voluntary(including PVS)
- Involuntary euthanasia: involuntary(forced euthanasia)

# Are You For or Against Euthanasia?

- One should refrain from answering such a question easily
- Which kind of euthanasia?
- Differentiation is necessary
- The case of Quinlan applies to passive euthanasia because she was expected to die



# Derek Humphry

- 1980, **The Hemlock Society**
- After the death of his first wife (cf. *Jean's way*, 1978), he founded The Hemlock Society with his second wife, Ann Wickett
- Increased membership in the 80's. By his retirement in 1992, they had 57,000 members
- Publicly supports active euthanasia and physician-assisted suicide
- Shifted its focus from PVS issues in the 1970's to active euthanasia in the 1980's

# Humphry: Teaching How to Commit Suicide

- *Let me Die Before I Wake*, 1981 One form of suicide manual, teaching how to commit a painless suicide. Best-selling book
- *Final Exit*, 1991 (it's not worth reading)
- Since Humphry is not a doctor, he has nothing to do with physician-assisted suicide

# Doctor Jack Kevorkian



- Representative figure to support physician-assisted suicide
- First assisted the suicide of Janet Adkins with Alzheimer's in Michigan in June, 1990, using Mercitron
- Assisted in the deaths of about 100 people between 1990 and 1999
- Assisted the suicide of Rebecca Badger, 39 year-old woman with ALS. But she had Munchausen's syndrome, suffering from depression and drug-addiction. Kevorkian had to face criticism





# Doctor Jack Kevorkian, Guilty

- On September 17, Kevorkian injected muscle relaxant and potassium chloride to Thomas Youk, a patient with ALS. He filmed the procedure
- The videotape was aired in CBS (60 Minutes)
- In April, 1999, the Michigan jury found him guilty of second-degree homicide for his lethal injection to Thomas Youk.
- Release from prison in 2007

# The Oregon Death with Dignity Act



# The Oregon Death with Dignity Act

- The Oregon Death With Dignity Act
- Legally enabled terminally-ill, capable patients to request the prescription of the medicine that allows them to die with dignity in a humanitarian manner
- The Act first passed in November 1994 with 51% votes in favor. Implementation was delayed due to anti-Death with Dignity Act movement

# The Oregon Death with Dignity Act

- Second general election in November 1997. 60% of voters voted in favor of legalizing physician-assisted suicide
- The Act was implemented

# The Oregon Death with Dignity Act

- Restriction: Only Oregon residents are eligible. Patients with psychological disorders and depression are ineligible
- Patients must provide two oral requests separated by at least 15 days
- Patients must provide a written request, signed by two witnesses
- Doctor can only process prescription and patients decide if they take it or not. It prohibits the lethal injection and mercy killing.

# The Oregon Death with Dignity Act

- Counter movement in parallel
- The Federal Assisted Suicide Funding Restriction Act passed in April 1997, disallowing the federal budget for studies related to euthanasia

# The Oregon Death with Dignity Act

- The central government attempted to ban the prescription of fatal medicine, intending to invalidate the Oregon Death with Dignity Act
- The Pain Relief Promotion Act in 1999 is an example of counter action against the Oregon Death with Dignity Act. It implies the pharmaceutical control over medicine and the Federal government's control over State

# The Oregon Death with Dignity Act

- Study in 1999 showed 23 received the medical superscription in a year, 15 of them died. Six died without medication. The rest are alive
- The age average of 15 people was 69. They were all white, 13 of them had cancer
- Study in 2000 showed that 33 received prescriptions, 27 died after ingesting the medication and five died from their illnesses



# Situation in USA: Shifts of Argument

- Refusal of painful life-sustaining treatment by “the Right to Die”
- Problems on whether they continue treatment for incapable patients, such as PVS
- After late 1980's, the argument shifted its focus from passive and involuntary euthanasia to active euthanasia and physician-assisted suicide
- No definite consensus has been reached so far

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In the Netherlands

# The Case of Postma 1

- Gertrude Postma
- In 1971, Dr Postma injected her mother with lethal dose of morphine. Her mother had been suffering from partial paralysis, linguistic disorder and hearing problems after having a brain hemorrhage. She had repeatedly committed suicide and expressed her wish for death.
- Dr Postma was charged under Article 293 of the Dutch Penal Code. In 1973, the Leeuwarden criminal court found her guilty and ordered a one-week suspended sentence and one year's probation

# The Case of Postma 2

- The court indicated the following conditions to justify euthanasia on patients
- 1) terminally-ill
- 2) with intolerable pain
- 3) having a wish to end their life
- 4) The doctor in charge or another doctor consulted by the doctor in charge must undertake the operation



# The Case in Alkmaar

- After this case, the Dutch government proposes law, approving euthanasia
- Euthanasia is permissible as the last means when patients have intolerable suffering and repeatedly request euthanasia

# Cultural Background of the Netherlands



- Well developed family doctor system
- Relatively high possibility to practice terminal care at home
- Religious tolerance
- Appreciation of diversity in values
- Respect for voluntary will and self-determination rights

# The R Emmelink Commission (1990)

- The Commission conducted a large-scale study of the practice of euthanasia in the Netherlands
- The R Emmelink Report, published in September 1991, approved euthanasia with certain conditions

# Definition of Euthanasia by the Dutch Ministry of Justice (1991)

- Df: Euthanasia is the intentional taking of human life by a doctor based on the patient's will and sincere and persistent request
- There are five procedural requirements



# Five Requirements



- 1) The patient's situation entails unbearable suffering
- 2) There is unbearable suffering with no prospect of improvement
- 3) The request is well-considered and voluntary. The patient has adequate information and has considered alternative solutions
- 4) The decision is made after consulting with at least one doctor
- 5) The doctor must keep a full written record of the case

# The Revision of the Burial Act (1993)

- The revision amendment made it possible to issue the burial permission in case of active euthanasia or physician-assisted suicide, if the conditions are met

# The Case of Boudewijn Chabot 1

- The leading judgment of the Dutch Supreme Court on physician-assisted suicide in June 1994
- Mrs. Boswell, social worker had an abusive, alcoholic husband and two sons
- Her first son committed suicide from broken heart during his service
- Four years after divorce, the second son died of cancer She attempted suicide
- Met Dr. Chabot through The Dutch Voluntary Euthanasia Society

# The Case of Boudewijn Chabot 2

- Decided to assist her suicide after four meetings (24 hours in total) in the summer of 1991
- On September 28, Chabot visited her with HD. He tried to persuade the patient but her decision was firm. The patient ingested medication in the presence of her female friends and died
- Accused of assisting suicide
- The Lower Court found him innocent in April 1993
- The High Court found him innocent in September 1993, stating that he acted in an emergency



# The Euthanasia Act (2001)

- The Dutch Upper House passed the Euthanasia bill on April 10, 2001 with 46 votes in favor and 28 opposed. The bill stood as the first law to legalize euthanasia in the world as the Lower House had already passed it in November 2000
- In effect in April 2002
- Belgium also passed the Euthanasia Act in May 2002



# Japan's Cases

# Early Movement in Japan



- The Japan Euthanasia Society was founded in 1976. The Director, Tenrei Ota (1900-85)
- The Tokyo Declaration at the International Euthanasia Conference in 1976
- Cf. The Association to stop the legislation of euthanasia (the statement was released by Mitsuo Taketani, Souichi Nasu, Hiroshi Noma, Michio Matsuda, Tsutomu Minakami in November 1978 )
- Later, The Japan Society for Dying with Dignity(1983)
- Over 72,000 members in 1995

# The Case of Euthanasia at Tokai University

- A doctor injected potassium chloride into a terminal patient in a coma in April 1991
- The Yokohama District Court found the doctor guilty in March 1995
- The court decision took patient's self-determination into account. It also recognized the limitation of doctor's duties in medical treatment. It is not passive euthanasia to stop medical treatment beyond their duties



# Euthanasia after the Cast at Tokai University in Japan

- The case of Kansai Electronic Power Hospital in February 1995: injection of potassium chloride into a patient with terminal cancer. Charged with murder, but the doctor was not indicted
- The Case of Kokubo Keihoku Hospital in April 1996: injection of muscle relaxants into a patient with terminal cancer. Charged with murder, but not indicted

# Euthanasia after the Case at Tokai University in Japan

- The case of Kawasaki Kyodo Hospital in November 1998: Withdrawal of respiratory tube, injection of muscle relaxants. A three year prison sentence with five years' probation for murder. The Supreme Court found the doctor guilty with a shorter sentence with probation in 2007
- The Judge: The patient's family requested the withdrawal of the tube. It would be cruel to criticize the decision based on the result

# Euthanasia after the Case of Tokai University in Japan

- The case of Prefectural Haboro Hospital in February 2004: withdrawal of the patient's artificial respirator. Charge of murder
- The case of Toyama Izumi Shimin Hospital in March 2006: Ending the life-sustaining treatment of seven patients by stopping their respirators. Investigation was conducted to determine whether there was the family's consensus and cooperation with other hospital staff. The papers were sent to the prosecutor's office in 2008. Discussion of death with dignity again.

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# Tentative Summary

# Passive Euthanasia and Active Euthanasia




- It is important to discuss these two separately
- Argument in the USA presupposes passive euthanasia and center around passive euthanasia after the 1990's
- It is not a matter of following the American model
- However, at this moment, it is hard to disapprove of all passive euthanasia



# Refusal of Active Euthanasia

- Meanwhile, active euthanasia entails many controversial points and it would be difficult to approve it
- If it becomes legislated, the external factors, such as inheritance, conflict within family, economic burden, could trigger a murder in the disguise of active euthanasia

# Refusal of Physician-Assisted Suicide



- Doctors should be trained to save patients, not to kill them
- If the patient does not securely store the prescribed medicine, children could take them by accident



# Legislation?

- Japan does not allow Living Will to have legal binding (except for a will mediated by notary public)
- Self-determination should be respected. In this regard, legislation of living will is necessary to create a legal basis for self-determination.