Human dignity and the future of the voluntary active euthanasia debate in South Africa

To the Editor: I would like to comment on the article by Jordaan. I thank him for setting out some of the details of the recent Stran sham-Ford case. However, in the second half of his article, as he sets out his pro-euthanasia opinion on the definition of ‘human dignity’, he loses sight of the human consequences of what he is advocating.

One of the real problems with legalising euthanasia, should we adopt Jordaan’s definition of human dignity, is that there will be many victims. I was recently confronted with the reality of our society’s indifference to the vulnerable. An elderly patient of mine who had advanced dementia was in need of some medical equipment for the sake of her comfort. Her carer expressed doubt that the family would buy it for her. I was surprised, as I knew that this patient had more than enough money to cover her medical expenses. The carer remarked that she thought that the family would rather try and keep her expenses to a minimum, even though she had more than enough money, as they were hoping that she might die before too long, and they did not want to use up too much of their inheritance before then.

Is this not an obvious pitfall of legalising euthanasia? How can anyone claim that people would not end the lives of family members for the sake of money, or that elderly people would not ask for or acquiesce to euthanasia out of a sense of guilt that they would otherwise be a burden on their families’ emotions and finances?

Jordaan proposes that individual autonomy is central to the definition of human dignity. This is highly debatable. However, pro-euthanasia activists frequently hijack the word ‘dignity’ and use it as a euphemism when they actually mean ‘autonomy’. It would not sound as convincing to call your organisation ‘Autonomas’ or ‘Dying with Autonomy’.

Jordaan failed to mention that individual autonomy can never be absolute, and constantly has to be balanced against the harm that might be caused to others in the surrounding community. We do not have autonomy to speed on public roads, as it puts others in danger.

Furthermore, I would encourage Jordaan to research the concept of autonomy a little more deeply. Even his own choices are not as autonomous as he would like to think. The more one thinks about it, the more the issue of choice becomes a complex one. Particularly of note is Rene Girard’s mimetic theory, which is becoming more prominent in philosophy now that neuroscience is confirming the nature of humans’ developing, learning, behaving, desiring and choosing through mimicry of others.

As Westerners, we might find it surprising to hear that what we desire or choose could be based on mimicry of others rather than our own pure autonomy.

To quote Rene Girard (French historian, literary critic and philosopher of social science, whose work belongs to the tradition of anthropological philosophy): ‘The experience of death is going to get more and more painful, contrary to what many people believe. The forthcoming euthanasia will make it more rather than less painful, because it will put the emphasis on personal decision in a way which was blissfully alien to the whole problem of dying in former times. It will make death even more subjectively intolerable, for people will feel responsible for their own deaths and morally obligated to rid their relatives of their unwanted presence. Euthanasia will further intensify all the problems its advocates think it will solve.’

We in South Africa have a chance to prevent euthanasia and its terrible consequences, though the threat of collapsing into standard Western individualist cultural ideology remains a looming possibility. Preventing euthanasia will require us to be more active than the activists, and we will constantly need to keep the voice of the victims alive.

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