CATHOLICS, KOHLBERGIAN AND MEDICAL PERSPECTIVES

NEXT TO JACK KEVORKIAN

AND

ASSISTED SUICIDE

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THE CHURCH

Brevard S. Childs makes the following statement, "In Exodus, chapter 20, the ten commandments are interpreted as the very words spoken by God. The Israelites fled in terror but Moses remained steadfast as mediator between God and Israel." 1

From this quotation I reflect on the possibility that even in the time of the exodus from Egypt, it seems that people ran away from God and struggled with sin and doing the opposite of what God's law required. Childs notes this struggle in his research of biblical theology. Childs states, "... within the present structure of Exodus, the Decalogue functions as a comprehensive summary of the truth ... the office of Moses as mediator establishes a literary strategy ... to order God's laws." 2

Childs holds that the Israelites avoidance of God's moral laws within the Decalogue is recognizable because their lack of faith and their immoral behavior continued after the death of Moses. Specifically, Childs states, "In the period following the death of Moses ... there is little sign that Israel was conscious of its relation to Yahweh being grounded on ... the Pentateuch." 3

Childs uses the prophet Isaiah to illustrate God's plan to order the path to salvation, beginning with the coming of the Savior. Childs continues, "The prophet Isaiah made relevant the need for repentance and turning to the law of God when he said, "A remnant will survive the judgement of God ... this guarantee has already appeared in the sign of the child, Immanuel. (Is. 7.14)."" 4

John P. Meter in his work A Marginal Jew: Rethinking The Historical Jesus, believes that Jesus found the need for the Jews to repent and follow God's commandments imperative.
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Meiers states, "The quotation, 'the kingdom of God is in your midst', may have been stated by Jesus to emphasize to the Jews the imperative need to surrender the belief that the 'Messiah' would come on Passover night and begin believing now if they wanted to be saved and go to heaven." 5

Brevard S. Childs also commented on the Acts Of The Apostles and the continuing need for the apostles to instruct the people in the way of the Lord so that they would no longer sin and follow God's commandments. Childs states, "Luke is much concerned to demonstrate Paul as a faithful Jew who prays at the temple in Jerusalem . . . Paul is also, though, portrayed as a defender of the faith . . . Paul can argue that he is preaching nothing that is not found in Moses and the prophets . . . (Acts 22.17)." 6

So, God's commandments were introduced in the time of the exodus from Egypt. The prophet Isaiah made more adamant the need to repent and follow God's law by proclaiming that the Savior would come and His name is Immanuel. Jesus did come and he emphatically attempted to move the people to repentance. Paul, Silas, Peter, John and many others, in the days of the apostles, continued to preach repentance.

I observe that the struggle to be moral, do good and not evil, continues today. The daily struggle to keep God's commandments will always exist. As humanity wants to express itself in countless ways, it is inevitable that some of those ways will not be the way of God.

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KOHLBERG

It is important to note that Lawrence Kohlberg set out to expand and study the development of adolescents within the framework of Piaget's research on autonomy stages. It will be helpful throughout this use of Kohlberg's theory if the origin of his research is recalled. It is particularly helpful because we then see the reality that this is a brand new use of Kohlberg's method. This study is new because we are attempting to use Kohlberg's method as a tool to partially clarify one of the biggest moral dilemmas of our day, assisted suicide and the phenomenon of Jack Kevorkian. This is the purpose of this study.

Kohlberg had actual, physical subjects in his study. This study will not include physical subjects. Kohlberg's method was capable of creating actual findings. In this study the best result will be new ideas, perspectives and understanding.

KEVORKIAN

Dr. Jack Kevorkian did his first assisted suicide on June 4, 1990. What led to this momentous action will be a primary focus discussed in this study. Janet Adkins, Kevorkian's first assisted suicide customer, could not have realized that she would be the person to spark a worldwide reaction.
One of the details this study cannot include is, how did Janet Adkins feel as the poison filled her body? Did Janet Adkins feel "assisted" or did she feel manipulated or used? Did Janet feel pressured in any way? Was Janet ready to die?

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If Janet Adkins were still living she could add insight into the important decision facing this country. Janet Adkins could give first hand testimony whether assisted suicide should be legal.

Those in the court systems, media, hospitals and public, have never experienced assisted suicide. We are standing on the outside of the experience of assisted suicide trying to decide whether it is legal or moral. Yet, I observe that if any of the court systems, media, hospitals or public have had a loved one commit suicide, their perspective may be informed by experience. This perspective may be more understanding and empathetic to Kevorkian and his patients.

I conclude that the topic of assisted suicide and Jack Kevorkian is very contemporary. It is found in the electronic media. It is found, not in volumes of books in libraries, but in contemporary journals. To put this important, contemporary topic against a background of moral theology and development is extremely interesting.
ACKNOWLEDGEMENTS

This thesis has been one of the biggest challenges in my life. Perhaps the reason is the topic. From the beginning of this study, almost three years ago, I have believed that Kohlberg holds one of the keys to partially understanding the struggle to decide the legality of assisted suicide. It is rooted in how we are formed morally. Ultimately, the decision to legalize assisted suicide will be based on the perceptions of those in the court systems about what is moral. These perceptions of each individual in the court systems were developed as they grew and matured.

I still firmly believe that our surroundings and our relationships have an immediate impact on us from our birth. I believe that it is this impact that forms our moral decision making. The reason the investigation of the phenomenon of Jack Kevorkian is extensive in this study allows for an adequate examination of Kevorkian's surroundings and relationships that had impact on him during his life. This brings us to the present and I ask the question, "If Jack Kevorkian knows the difference between good and bad; if he knows what God would have him do, why does he choose to something anti-establishment?". It will become clearer why this is the case before the conclusion of this study.

With that being said I would like to thank all of the people who have walked with me during the research and development of this thesis. I would like to thank God. I would like to thank my wife Shellie and my son Anthony for their unending patience. I would like to thank our extended families, our church family and pastor for their encouragement. Lastly, I would like to thank the teachers and professors in my life who constantly encouraged me to do my best and to settle for nothing less.
INTRODUCTION

I will introduce three primary perspectives. These perspectives are Catholic, Kohlbergian and medical. First, I will provide some background on Jack Kevorkian. Then, the medical perspective will be presented.

Following the medical perspective section, I will present two smaller, separate sections that will strengthen this study. The first concerns the constitutionality of assisted suicide. This section will briefly consider perspectives from the constitution, the higher courts and individual states. The second smaller section provides a close review of Jack Kevorkian's involvement in assisted suicide in 1997.

Then, I will present the actual topical discussion for this study. This discussion will specifically take Lawrence Kohlberg's six stages of moral development and consider them individually within the framework of the topic of Jack Kevorkian and assisted suicide. The Catholic and medical perspectives are reviewed throughout to create a four-way consideration within the study.
I will conclude this study by considering the future possibility of assisted suicide being legalized. The current reactions of the Michigan court systems and the public are considered.

I will introduce the Catholic moral perspective in a threefold fashion. Saint Thomas Aquinas and the very important idea of natural law will be presented. Flowing from this will be a snapshot of the issue of conscience and its role in natural law. Second, the vital information from the Catechism Of The Catholic Church on the issues of moral conscience, the influence of nature and human image will be considered. Lastly, I will consider some moral perspectives of some of the most well known contemporary Catholic authors.

I will present a short, separate section on whether assisted suicide is right or wrong from a theological perspective. This will be done using commentary from Bruno Schuller, SJ and Richard C. Sparks. This section will focus on the sanctity of life.

Within the Kohlbergian perspective I will give an explanation of his method's original thesis. Also, included will be an outline of his methodology. The three levels of moral development and the six stages within those levels are defined. I will consider the foundation that Kohlberg may have used for his research. Finally, the primary criticisms of Kohlberg's research are mentioned so that this study's presentation is adequately balanced.
Jack Kevorkian and his ideology surrounding his practice of assisted suicide has evolved over a period of nearly thirty-five years. I will begin this study with material on Kevorkian's medical training and background. I will outline the process Kevorkian uses during the act of assisted suicide. The reasons, results and reactions will be vital parts within the consideration of the period following his first assisted suicide in 1990. I will include material on Kevorkian's acquittals and give portraits of his supporters and his critics.

The reaction from the medical profession was widespread. The leaders in this reaction were the American Medical Association. It is their concrete reaction that will be considered. I will follow up with responses in the specific areas of medical ethics. Leading from this discussion will be a brief, but not overshadowing, consideration of the ongoing research to improve the care given at the end of a person's life. The last part of the medical perspective section of this study will simply present some opinions of individual doctors and ethicists or moralists concerning Jack Kevorkian and his practices.
The constitution must be considered when a person's right to express themselves is questioned. I will consider the "zones of privacy" as understood within the constitution. Consequently, this consideration involves, not only Kevorkian's rights, but also, the rights of his patients. The involvement of the Supreme Court and several circuit courts will be mentioned. I will also bring into the discussion, the specific involvement of citizens in the states of Michigan, Washington, Oregon and New York.

Jack Kevorkian is still out there and practices. To conclude the perspective portion of this study I will offer a partial update of Kevorkian's involvements in 1997.

The conclusion, will present the occurrences in the Michigan court systems and possible opinions of the general public. This will be the foundation for a brief consideration of the possible, future legalization of assisted suicide.
I. CATHOLIC MORAL PERSPECTIVE

In the thirteenth century Saint Thomas Aquinas was a Dominican friar and sought answers to life's most pressing questions. He was particularly concerned with why people sinned and what motivated them to do wrong. He studied the great philosophers and thinkers of his day. He studied the well-known moralists of his day. More simply, he probably noticed the common habits and actions of everyday people. I believe he may have wondered what motivated them toward pleasure, even at the expense of morality. He seemed to ponder how a person is made by God in body, mind and soul. He especially centered on the capacity of the soul and what may dwell there.

This led Saint Thomas Aquinas into an in-depth consideration of natural law within each person as given by God at creation. Perhaps he asked, "What "naturally" caused a person to do what they do?".

Saint Thomas Aquinas answered many theological authorities of his day through his "Summa Theologica." The "Summa" is a lengthy document written at the point within his personal questioning in which he literally researched the thinking of the greatest minds of his time. Aquinas then responded in a basic format as though he were in a discussion with each individual on each specific topic. This format included numbered questions with numbered articles, usually from one of the theological authorities being researched by Aquinas. Then, several objections from this question would be named and summarized. Thirdly, Aquinas would give replies to the objections.
conclude with contrary statements and his answers to the question.\textsuperscript{15}

Aquinas held that natural law is something appointed by reason and reason originated in the soul. Reason, developed by the soul, then traveled to the mind. The mind would then use reason to make a decision and then move the person into action toward a behavior.\textsuperscript{16} He maintained that the capacity of the soul was very large and crowded. For Aquinas, passion, power, habit, wills, knowledge, desires, could all subsist in the soul together.\textsuperscript{17}

Aquinas sorted out how natural law functioned. He discovered that it was a very singular power. This power was divine. This power was God-given. There were principles that typically undergirded this power. The first principle is that the same thing cannot be affirmed and denied simultaneously. This principle further denies the stance from Augustine that reason is a habit. More clearly, this first principle claims that one cannot go through life "mindless" of what they are doing and the effect it is having on others.\textsuperscript{19} At the very core of a person's reasoning ability is the function of knowing right from wrong, to affirm or deny the "goodness" of an action. Another foundational principle of natural law is that good is that which all persons seek after. The precept of, good is to be done and pursued and evil is to be avoided, follows from this principle.\textsuperscript{20}
One of Aquinas' contrary statements gives a very well written summary of the importance of "good" and its extremely important role within reason and natural law:

"There is an inclination in man to do good
According to the nature which he has in
common with all substances. There is an
inclination in man to things he has in common
with all animals such as sexuality, education
of offspring, etc. There is an inclination in
man to good according to his reason. So, there
is a natural inclination to know God, to live in
society, to show ignorance, to avoid offending
others."(Book 2, Section 2, Question 94, articles 1-6)

In another statement Aquinas followed with:

"There is in every man an inclination to act
according to reason; and this is to act according
to virtue. Thus, all acts of virtue are prescribed by
the natural law."(2, 2, Question 94, articles 1-6)
The ongoing struggle between man's immorality and natural law was also within Aquinas' responses. A primary perspective in this area was, "nature did not bring in evil. These were brought in by humankind for their pleasure, well being and desires." I observe that Aquinas held that nature, as created by God, was pure, beautiful, unstained. It was humanity and it's sin that opened the door for the stain of evil to penetrate nature. Humanity decides to blot out the "good" which emanates from natural law. Aquinas states, "the general principles of natural law cannot be blotted out from men's hearts. It is blotted out in the case of a particular action . . ." 

The "inclination" referred to above is the conscience that we all have within our reason. If the inclination is to always do good and avoid evil, our deepest conscience tells us that every day. We are all created by God with a clear and clean conscience. Conscience within our reasoning ability is the epicenter of natural law. It is "mission control" when we are in the midst of making a moral decision. At the deepest core, we want to do what is "good" and moral. It is the evil that humanity has allowed to penetrate and stain natural law, though, that can lead us to do what is immoral.

The Catechism Of The Catholic Church begins very plainly and directly when addressing conscience. The writers of the Catechism put it this way, "Passions are morally qualified only to the extent that they effectively engage reason and will."(p. 436, #1767).
The Catechism continues by saying, "As a result of original sin, human nature is weakened . . . subject to ignorance, suffering and the domination of death; and inclined to sin." (p. 105, #418). I believe that this is the Catholic hierarchy's way of agreeing with Aquinas from the standpoint that natural law was created by God stainless. It was humanity that penetrated it with evil. I conclude that through human nature it is "natural" to have a propensity to sin. God continues to give us free will. When God created natural law within humanity it began stainlessly because He gave us the opportunity, through free will, to remain stainless.

There is much hope, though, expressed within the Catechism Of The Catholic Church. Specifically, the writers use the book of Genesis in the bible to express this hope:

"Then the Lord God formed man of dust from the ground and breathed into his nostrils the breath of life; and man became a living being." (Gen.2:7).

I conclude that two vital points are expressed in the Catechism through this scripture quote. First, the human person, created in the image of God, is a being at once corporeal and spiritual. Second, man, whole and entire, was 'willed' by God. The hope is that there is a spiritual side to humanity. The hope is that the "good" does and will always exist. The hope is that we are capable of making "good" and moral decisions.
I continue the section on Catholic moral perspective with a review of statements and opinions from some of the foremost contemporary theologians.

Josef Fuchs is a Jesuit and is highly regarded as a moral theologian. I conclude that Fuchs uses as a beginning premise, his habit of simply watching the behavior of people and observing the contradictions of humanity within its actions. He states, "basic freedom presses us to place ourselves as persons unreservedly at the disposal of God." \(^{29}\) I conclude that Fuchs, like many moral theologians, believes it is a mystery about why humanity could have eternal happiness with God by making the simple decision to do His will and yet do not. At the depth of this mystery is the lack of the expression of love that exists within the basic freedom of each human being. Our human tendency is to lash out in defense rather than approach with love. Fuchs uses our current legislative system as an example of what goes wrong when love is left out of the basic freedom to express ourselves. He communicates this frustration with the comment, "Natural law is the superior court and is independent of changing legislation." \(^{29}\) Remembering that the first principle of natural law is to do good and avoid evil, Fuchs views much of the legislation being handed down by the courts as including very little that is good toward humanity. The "respect for life" issues are particularly frustrating for Fuchs. The issues of capital punishment, abortion and relief for the poor are the most obvious examples of this lack of love and "good" that Fuchs observes today. \(^{30}\)

Bernard Haring feels compelled to write about "conscience" and its role within reason and natural law. Haring defines conscience in this way, "Conscience is the most secret core and sanctuary of a person. There, she is alone with God whose voice re-echoes in her depths." \(^{31}\) That
constant echoing is the roadmap to moral decisions and "goodness" and love. The early moral theologians of the Catholic faith developed a moral code using the book of Wisdom in the bible as a centerpiece. The Greek word "syneidesis" is from Wisdom 17:10 and is understood to be synonymous with our English word "conscience", but at its deepest meaning. Haring attempts to communicate that unless a person understands the power of conscience at its deepest meaning, that person truly does not understand it at all. Haring states strongly, "There cannot be full human health and wholeness if conscience is corrupted."
Charles E. Curran believes that society has evolved morally; especially in the past forty years. According to Curran it is, "An evolution from optimism and naivete to self criticism and doubt. It has, though, raised public consciousness in ethics and morality behind the decision making that affects our futures." I observe from Curran that we as humanity, by our own sinfulness distrust other people. We fear that others will attempt to do the same immoral, evil behavior to us that we've done or want to do to others. One could interpret this as, at least, partially good news for the social infrastructure of which we are all a part. This may mean that we are learning from our own mistakes. A second mainstay in Curran's views concerning natural law is that "...the natural law theory rightly recognized that the Christian finds ethical wisdom and knowledge not only in scripture and in Jesus but also in human nature and reason." Curran has recently, in the past ten years, been extremely critical of the "radical traditionalism" that pervades the Catholic Church and believes that it blinds the Catholic hierarchy to some more pressing problems facing Catholics in today's society, particularly moral issues. Curran's premise is that this traditionalism offers black and white, simplistic answers to very complex, everyday moral issues. To assume that the same traditional answers will fit everyone in a similar situation is not practical, according to Curran.
Hans Kung expounds upon the lack of motivation in people to do what is right. Kung states, "Moral behavior requires a new motivation to gratitude, love, a long life, the gift of freedom." I conclude that Kung is frustrated because of the moral condition of society. Perhaps he observes that society is now so large, so vast, so pluralistic that to educate society in conveying "good" will be an astronomical task. I also observe that Kung believes that this is the only way to turn around the lack of "good" behavior in today's society. I noticed that Kung urges parents, teachers, coaches, youth workers, pastors and, literally, anyone whose lives touch youth at any level, to always example what is "good" and moral.

Richard McCormick is more blunt concerning the limiting scope of traditionalism in moral decision making, than is, even, Charles E. Curran. McCormick states, "The Councils Of Trent, Vatican I and Vatican II have a sprawling usage of "faith and morals" because it fails to distinguish the deposit of faith from matters outside of it or not essential to it." I conclude that according to McCormick, the scope of the moral teaching of the Catholic church needs to go beyond what happens within the various walls of the Catholic communities around the world.

McCormick urges the Catholic hierarchy to truly begin to respond and work within the real moral issues that all Catholics and every person deal with every day in the 1990's. It is not enough to tell people what they cannot do. We must tell them why. We must tell them how to find "good". We must give them "good" places to go. We must educate them to "goodness." We must help them feel better about themselves so that they are motivated to do "good." We must love them and give an example of doing "good." The principle of natural law always includes the choice of doing "good" or "evil."
James Gustafson suggests six things to always keep in mind when within a moral decision making experience:

"...this moral scheme includes six things: the consequences, the motives, acceptable moral maxims, the empirical data, the care of God, and the moral order of the universe as understood by reason." 39

Gustafson's scheme requires lot of forethought. I conclude that Gustafson feels the longer a person takes to ponder these six things, the better possibility that the person will choose the "good", moral behavior. This six-point process is an excellent reminder. I believe if we would all take more time to think before we spoke or moved toward action, there would less evil and immorality.

Avery Dulles, SJ, disagrees with the rationalists of the present and the past regarding the use of reason in moral decision making. Dulles states, "Immanuel Kant and rationalism states that, reason is the best tool we have for getting at the truth and that reason operates more effectively when unchecked by authority. Authority, Kant holds, is for the sake of the immature." 40 Dulles counters with, "If we refuse to take anything on authority, we cut ourselves off from the benefits of historical revelation." Dulles continues, "The acceptance of authority does not mean the abandonment of reason." 41 Dulles, being a moderate theologian within the Catholic church, holds to the praxis that a balance must be maintained in the use of independent thought and thought that has preceded us or has been set above us. This idea is particularly applicable in making moral decisions. Those who are older, wiser, more experienced and more
educated, should be heeded in matters of moral decision making.

Josef Ratzinger, a conservative, contemporary theologian, views today's society as "sick". He also urges the Catholic church to get involved in society as a "moral power". More specifically Ratzinger says, "It is becoming more evident that the peculiar sickness of the modern world is it's failings in morality." Ratzinger continues, "The external dangers that hypnotize humankind are only a byproduct of it's own inner moral disease." I conclude that Ratzinger is saying we have no one to blame but ourselves. I observe that the strength of Ratzinger's point of view is that it carries a load of care and sincerity and he really believes what he says. The disadvantage to his point of view is that it smacks of the traditionalism that Curran and McCormick fear so much. Ratzinger states, "The church must see itself as a 'moral power' that sets the standards with bishops and theologians in cooperation." I believe this can be interpreted in a couple different ways. First, is Ratzinger saying that the theologians have useful, adequate input into how the Catholic hierarchy will respond in moral issues? Or, is Ratzinger saying that the Catholic hierarchy will consider some theologians' points of view, go and meet together and then emerge with their own traditional, black and white approach to a very complex moral issue?
In fairness to Ratzinger, he also represents some very balanced perspectives within moral decision making and the use of reason. Ratzinger states, "The Latin word "mores" connotes a community way of life within which morality is clarified and can be observed." Ratzinger continues, "A crisis in morality occurs when in a community new areas of knowledge emerge which the current life patterns cannot cope with . . . what until then appeared as supportive and proven, appears now as insufficient . . . or as contradictory . . . " Perhaps Ratzinger is more hopeful than radically traditional. In either case, I believe what he says makes sense and communicates a desire that we all should have; that is, a community that works together toward a "good" and moral society. We are frightened by what abortion, fetal experimentation, euthanasia, cloning, germ warfare and assisted suicide may mean tomorrow. What better way to lessen the fear then to ban together as a community?

Daniel Maguire is the most definitive of the contemporary Catholic theologians in his perspectives concerning moral decision making. Maguire is a proponent of morality as a reality. Maguire states, "An action considered with its circumstances has moral dimension and is a moral object." Maguire goes on, "Morality is a dimension of reality. If you have not done your homework you are settling for fragments of the real." I conclude that Maguire believes we need to put blood, sweat and tears into our moral growth and responsibilities. Maguire states, "To follow one's conscience . . . is not enough because conscience can be wrong." On this point Maguire is supported by Aquinas, Basil and other moral theologians of some six hundred and fifty years ago. Aquinas cautioned against moving too quickly out of our conscience and into action because
he feared that individuals did not use reason adequately. If one moves into action without allowing reason to marinate conscience there is a likelihood that, either, the person will intend to do the "good" action, but won't, or, will go and do the "immoral" action. Remember, reason arises from our natural selves (body, mind and soul), as created by God and then enters our conscience. From this point, we move into action, moral or immoral. Reason is within our conscience but, we are free to use it or just let it sit idly.

Maguire requires work in the process of morality as reality. He adds, "To make good moral decisions we must be faithful to our total experience of life . . . a neglect of our basic perceptions will leave us open to an abstract and cold ethics . . . we will become cruel." Maguire offers a six-step process to "avoid becoming cruel". This process is how to "judge the morality of an act":

"...know WHAT is affected by an act. Motive gives essential and constitutive meaning to human action, and answers WHY it is being done. HOW something is done will dictate it's morality...if you do not know the WHO, with all their hopes, needs, and personal possibilities, you do not know what you are judging. WHERE an action occurs can make it immoral when it puts persons under harm's way. WHEN, is a question necessary in time sensitive instances such as, abortion, mercy killings and assisted suicides. Fetus development, physical condition, the possibility of survival, and other life sustaining matters must be examined." 

Finally, Maguire maintains that being moral is a matter of the heart. Maguire states, "'Gemut' refers to what the heart knows . . . the heart has reasons of which the mind knows nothing. It is usually translated as "sentiment" or "feeling."" I conclude that Maguire views our responsibility to morality as real, one that takes extreme effort, thought and feeling.
Last year M. Scott Peck, the famous physician who's also a respected author, wrote the book *Denial Of The Soul*. Within this book Peck presents eight vital categories of information that he reviews with any patient who approaches him with a request for assisted suicide. I observe that as we read these, we can see enough moral relevance to use these categories in the moral decision making process concerning other issues:

"I would use the following psychospiritual questions, as a physician, to a patient requesting assisted suicide:

* What is their history, thoughts and feelings about their illness...death and dying?
* What are their reasons for requesting assisted suicide?
* What are their family situations, including, conflicts, needed resolutions, desired goodbyes?
* What are their religious beliefs and experiences and how does assisted suicide line up with them?
* What would be their regrets and what else do they have to learn from life?
* Have they considered Hospice care?
* Do they have ANY questions?
* Would they like to see me again?"

Peck also clarifies, "I would not vote to legalize assisted suicide because it would send yet another message to society that we need not wrestle with God...that this is solely our life to do with as we please." Similar to Maguire, Peck views a painstaking effort toward being moral, including really being required to consider how our behavior would affect others, as important to making decisions toward action. Again, one could apply Peck's above statement to any one of the many moral issues confronting our society today. Individuals need to be reminded that their
creation was not an accident. Each person should feel indebted to God for their creation and should have each moral decision divinely considered.

John Mahoney focuses on Saint Thomas Aquinas and his emphasis on the use of reason and conscience within natural law. Mostly, Mahoney simply uses different terms than does Aquinas. Mahoney states, "All creatures have 'impressed' in their very being inherent tendencies that reflect the ordering and orientation that God their Creator wishes for them." Mahoney continues, "This knowing and free acceptance of his nature as created and destined by God is man's observance of the law of his nature, or of the "natural law." Mahoney's use of the word "tendencies" rings parallel to Aquinas' use of the word "inclinations". I believe that regardless of what word is used, we are speaking of our "conscience". Over and over again within natural law the first and foundational principle will always be, to choose "good" and avoid "evil". There are many steps or categories that we can follow in the process of making a moral decision; such as Maguire's or Peck's listed above. I believe the best place to go, though, is our heart and soul. I believe Mahoney and countless other moral theologians of our day are stating again and again what our parents would tell us when we were in the midst of one of our first moral decisions as an adolescent, "just listen to your heart and then you'll know what to do." This sounds beautiful except this approach could be the reality of what Aquinas feared; moving into action through conscience prior to it being marinated with reason through adequate consideration and thought.
We discover through Richard C. Sparks and his book *Contemporary Christian Morality: Real Questions, Candid Responses* that a slightly different approach to Aquinas' concern about not using reason within conscience is possible. We also discover that Aquinas had his own series of steps for making moral decisions that Spark, Maguire and others have used within their moral perspectives. Sparks states, "'conscience' is a verb and refers to the active process of deciding right from wrong." Sparks is indirectly speaking to Aquinas' concern that reason always be used within conscience in making a moral decision. I believe what Sparks is warning against is passively making a moral decision. This being said, could we call reason the "sandpaper" of the conscience which forces us to "rough up" the moral question a bit and stop and consider and think about the moral action? I conclude that we must be active within this moral decision making process to the very point of slowing down and not being "hasty" about what action we choose. So, somewhat ironically, we must be 'slowly active' in the moral decision making process.

Sparks also outlines Saint Thomas Aquinas' "Triple Font" theory of moral decision making within the realm of natural law. Sparks presents an illustration combining Maguire's six steps of "judging an action moral", including Maguire's point that final consequences and possible
alternatives to the possible action be considered, and Aquinas' "Triple Font" theory. Sparks presents that if this combined theory were a triangle, here is how it would look:

![Diagram of a triangle with labeled parts]

Once again Sparks seems to be a proponent, from Aquinas and Maguire, of the need that moral decision making be active, and purposefully difficult, so that a person is forced to use reason, stop and consider and think over the decision before they move to an action. This will, as Ratzinger may hope, force the person to change their direction toward a "good" and moral behavior. Also, as Peck would prefer, the person would have to wrestle with God and strongly consider how their action would affect those around them.
I conclude that Catholic moral perspective is both varied and clear. It is varied because one set of moral theologians would prefer that the Catholic hierarchy be less black and white and more 'real' in their stances on moral issues. The other set of moral theologians stick to a more balanced use of authority and the hierarchy of the church. It is clear because nearly all of the moral theologians seem to agree that something needs to be done about the lack of the use of reason and conscience within natural law when members of society make moral decisions.
II. THEOLOGICALLY SPEAKING: ASSISTED SUICIDE RIGHT OR WRONG?

Charles Curran and Richard McCormick wrote a series of books entitled *Readings In Moral Theology*. Within this series is an article by Bruno Schuller, SJ entitled "Direct Killing/Indirect Killing". The article takes a rigid stance in regard to the importance of preserving the sanctity of life. Schuller states, "Anyone who can decide whether a man lives or perishes seems in fact to be able to act as lord of life and death."

Richard C. Sparks, in his book *Contemporary Christian Morality: Real Questions, Candid Responses*, states, "Our basic and abiding respect for the dignity of every human person leads us to put a moral fence around human life...". Sparks continues, "Christians have interpreted a patient's desire for death...to be more a cry for help, care and comfort...The Hospice movement, pastoral ministry to patients and families and...pain management therapies are all designed to accompany someone...through the dying process...".

Schuller makes a rigid statement in support of the sanctity of life. Sparks takes it one step farther and comments on our responses in support of the sanctity of life.

Redemptive suffering is the idea that all pain is not useless because God can use it to refine us spiritually. This is relevant to the sanctity of life and deserves a brief mention here. Christ dying on the cross is a very common example of true redemptive suffering. I believe it is important to remember that suffering should always have a purpose that makes sense. Christ dying on the cross had a clear purpose that made sense. The deaths of the martyrs had a purpose and made sense. The very struggle to make a decision on the legalization of assisted suicide is whether or not it has a functional purpose and makes sense morally.
III. KOHLBERGIAN PERSPECTIVE

"Lawrence Kohlberg studied the reasons why people perform certain actions and then call them "moral". These reasons are the indicators of a person's stage of moral maturity. When one looks at the reasons people give for their moral judgements or moral actions, significant differences in their moral outlook become apparent. These differences are captured in Kohlberg's "Stages Of Moral Development". In this July, 1996 article in Christian Century magazine Alan Verhey describes what Lawrence Kohlberg's research means. I believe can use Kohlberg's research as a roadmap for people's reasons for making moral decisions. Is it definitive? No, it's research; the result of which was the "Stages Of Moral Development". With Kohlberg's stages we can find new ideas, insights and understanding.

Kohlberg's original thesis concerning the moral development of young people was to study and expand upon Piaget's work. The result was a three level, six stage, model of moral development. In the field, Kohlberg's theory became known as "Kohlberg's Theory Of Cognitive Moral Development".

Kohlberg's testing process and scoring methodology were developed around structural issues in order to measure an individual's level of moral development. Kohlberg used an interviewing process with individuals, after each had been exposed to specific stories with moral dilemmas. It was from scoring within a specific process that Kohlberg eventually derived the three levels and six stages of moral development.
The three levels of moral development create a natural division among the six stages. "Pre-conventional" level, rules and expectations are external to people. Simply stated, at the "Pre-conventional" level one has not developed an independent way of thinking. At the "Conventional" level, the self has identified with or internalized the rules and expectations of others, especially those with authority. So, at this level a person has begun to adopt a way of thinking mostly borrowed from others. The "Post-conventional" level is the level in which people differentiate their self esteem from the rules and expectations of others and define personal attributes of their value system. In other words, a person is now capable of independent thinking.

The six stages of moral development in Kohlberg’s theory are:

**Stage One: Obedience Or Punishment**

At this stage of reasoning we label what we do as "good" or "bad" according to how it is judged by others. The others being those with power and those who can reward us or withhold a reward from us. This stage is primarily observed in children.

**Stage Two: The Morality Of The Marketplace**

"Right" means looking after one's own interests. At this stage "self" comes first but there's the beginning of the notion of sharing. It's okay to break a rule if there's personal gain in it for you.

**Stage Three: Conformity**

People are concerned with their own groups. They want group approval. Living up to group standards and stereotypical behavior is usual. Group solidarity is primary.
Stage Four: Law And Order

We see our values in terms of how important they function within society. Relationships and the social structure have much more emphasis. Personal obligation is defined by the system.

Stage Five: The Social Contract

Independent principles for moral judgements have now been chosen. The rights of everyone become a concern.

Stage Six: Universal Human Rights

Every person has the same rights, freedom and human dignity. This stage characterizes moral heroes and is extremely idealistic.67

Stages five and six are typically understood to be Post-conventional based on the level of independent thought. Stage one is Pre-conventional because of the lack of independent thought. Stage two could be either Pre-conventional or Conventional. Stages three and four are Conventional.68

I conclude Kohlberg was mostly concerned about why certain actions are perceived as moral. As stated earlier, these reasons are the indicators of a person's stage of moral maturity. Kohlberg estimated that the majority of adults reason at stage three or stage four. Stage five may be achieved by a minority of individuals. Concern for other's physical and social needs are primary to this stage. There may be a very specific group of individuals who arrive at this stage. Stage six is very ideal. It is very difficult to enter this stage of moral development because one would have to nearly be free of judgements and prejudices.69
Kohlberg held to the foundational concept that if a person continued to reason morally, that, eventually, their reason would evolve into moral judgement and, thus, moral action. Also, foundational to Kohlberg's findings is that each person will typically function at one primary stage.

There are critics of Kohlberg's theory. Criticisms concerning stage sequencing, subjective scoring methods, gender, cultural bias, and other areas have surfaced.

Stage sequencing reveals a weakness within Kohlberg's theory which is the risk that as society evolves the stages would have to change. Kohlberg, though, does include the idea in his study that a perfect ordering of the stages is not guaranteed.

The criticism of subjective scoring methods is not unusual in most research that includes the use of testing individual subjects. There is a fine line between having a scoring methodology that will easily facilitate the process of the research, and having a scoring methodology that will prejudice the outcome of the testing and, thus, the research. Most researchers, such as Kohlberg, have to use students, graduate assistants or volunteers to facilitate testing, tabulate the results and assist in the application of the results. This is another viable reason to keep the scoring methodology easy and relevant to the process of the research. Kohlberg could not spend valuable research time on training students or volunteers in scoring, tabulating and the system of application.
Gender bias as a criticism of Kohlberg's research is obvious because he used an all male subject party. Perhaps Kohlberg thought that male adolescents would provide a more emphatic example of the stages of moral development.\textsuperscript{74}

Cultural bias could be applied as a criticism because, obviously, when research is done in a particular country, or any other specific location and the subjects are chosen from that location, an automatic cultural bias is applicable.\textsuperscript{75}

It has been said that Kohlberg's research had a flavor of Immanuel Kant's theory of anti-authoritarianism. I believe that absent of a conversation with Kohlberg on this matter, it is probably difficult to know for sure whether this can be fully supported. It seems that it would be difficult to do research on moral development without considering one's relationship to authority. Otherwise, how would it be illustrated when an individual achieves any measure of personal independence in making moral decisions? There are only three types of individuals that influence our moral decision making; those in a submissive relationship with us, those in an equal relationship with us, and those in a relationship of authority with us. In the first category of relationship, we are the authority. To continue a discussion as to how much influence Kant had on Kohlberg's research, misses the point of Kohlberg's research.

Another criticism of Kohlberg's research is that it is useful only in discussing cognitive moral development. Another way of stating this is that this is a misuse of Kohlberg's research because this is a study of moral development and how it affects our relationships. I believe this is interesting because it is a mystery how one can separate how one thinks from how one feels. It is our feelings that resonate throughout our relationships. It is our relationships that affect and are affected by our moral decisions.
So, it is all intertwined; our thoughts, our feelings, our relationships, our moral decision making process. If this is true, then, Kohlberg's theory can be used to study any or all of these individual parts.

I believe Lawrence Kohlberg's contribution to the study of the moral decision making process is invaluable. His theory is a window into the reason and conscience of each person. His "Six Stages Of Moral Development" put some flesh on the skeleton of natural law and human moral behavior over the centuries. His contribution is invaluable because it expounds upon and contributes to the past research of Pavlov, Piaget and Maslow. It is invaluable because we have a compass to lead us through some of the mystery of human moral development. His theory is a window into a person's reason and conscience because it reveals how each develops as a person grows, changes and matures. His "Six Stages Of Moral Development" are the flesh on the skeleton of natural law and human moral behavior over the centuries because they give some explanation of why certain individuals, depending on age and experience, do what they do and why they consider it moral and preferred. It puts flesh on natural law and human moral behavior because each one us can see Kohlberg's stages in our own moral development. It puts flesh on natural law and human moral behavior because all of us can look at our own children, family and friends and recognize Kohlberg's stages. For all of these reasons Kohlberg's theory is valuable in the investigation of moral development.
IV. KEVORKIAN AND ASSISTED SUICIDE

"You've got to be very careful that you don't go around helping people commit suicide who are depressed". I use this quote from C. Everett Koop, former Surgeon General to begin the section of this thesis devoted to Jack Kevorkian and his practices. This statement is the foundational argument of the medical community against Kevorkian and his practices.

I will begin the content of this section by unraveling the origin of Jack Kevorkian's process of assisted suicide and the development of reason within the conscience of the man known as "Dr. Death". Tina Stevens and Edd Doerr, in The Humanist of March-April, 1997, point out some of the origins of the assisted suicide issue. Stevens and Doerr state:

"From at least the 1950's, members of the public and the medical profession expressed anxieties over the need to curtail modern medicine's prolongation of suffering. In January, 1957, one woman anonymously shared her distress with readers of the Atlantic Monthly. She wrote poignantly of her husband's death at the hand's of institutional medical care...nurses continued to come into the room just as her husband was nearing death and giving him hypos. This simply prolonged her husband's death. The Atlantic Monthly's editor ...indicted "big metropolitan hospitals" for creating "an ordeal" which had "somehow deprived death of it's dignity". Stevens and Doerr continued, "The anonymous account, although targeted at the general public, resonated with some physicians who had themselves grown critical of what medicine had wrought. Dr John Farrell, chair of surgery at the University Of Miami, read the widow's anguished memoir and was moved by it. In 1958 at a banquet address to a chapter of the American College Of Surgeons, Farrell...echoed the widow's distress and spoke of the patient's unnecessary suffering as doctors relentlessly and futilely fought death:
...the death bed scenes I witness are not particularly dignified. The family is shoved out into the corridor by the physical presence of intravenous stands, suction machines, oxygen tanks, and tubes emanating from a natural and surgically induced orifice. The last words... are lost behind an oxygen mask." 79

Stevens and Doerr conclude:

"...in 1957 the International Congress of Anesthesiology...sought guidance from Pope Pius XII. They asked for moral instruction...as to when they had the right...to begin artificial resuscitative measures...and...when they were obligated to cease such measures. The Pope responded in November, 1957. He replied that a physician must not act without authorization from the patient's family and that the family was bound to use ordinary, not "extraordinary" measures to prolong life...In March, 1966...physicians gathered in Chicago for the First National Congress on Medical Ethics and Professionalism. Dr William P. Williamson of the University Of Kansas Medical Center addressed the congress admonishing physicians that...the doctor's skills...often determine the life or death of his/her patient. Williamson provided a partial list of contemporary measures contributing to the dilemma: potent drugs, mechanical respirators, pacemakers, artificial organs...and nursing care. For him, the problems were not medical but theological, social, and legal...Williamson noted:

...consideration of the moral and spiritual aspects as well as guidance of the family's thoughts and emotions, are proper functions of the clergy... Thus, the team...of physicians and clergy work together." 80

The purpose of using this bit of medical historical background on the quality of end of life care is to show an example of what literature, at the time of Kevorkian's medical training and beginning medical profession, could have eventually influenced Kevorkian toward the assisted suicide process.

Michael Betzold, a newspaper reporter from the Detroit, Michigan area and an author, wrote an article in the May 26, 1997 copy of The New Republic called, "The Selling Of Doctor Death:
how Jack Kevorkian became a national hero". I believe this article contains some valuable historical information on Jack Kevorkian and the beginning of his medical profession which reveals some early tendencies in Kevorkian that could have led him to the reasoning behind his eventual practice of assisted suicide. Betzhold begins:

"Kevorkian began experimenting in the utilization of death early in his career. Working at several Michigan hospitals, he earned the nickname "Doctor Death" for his practice of photographing the eyes of dying patients. He said he did because it was "interesting"; and because he thought he could thus pinpoint the moment of death. In his first post-residency job as a pathologist at a Pontiac, Michigan hospital, Kevorkian transfused blood from corpses into live volunteers...Kevorkian began a campaign to legalize medical experiments as part of criminal executions. Even when this crusade forced him to resign his residency in 1958, he never abandoned it." 81

Betzold goes on:

"In the 1970's, Kevorkian added organ harvesting to his grand plan; enthused about how a single healthy convict might save ten lives, he pitched his plan in letters to inmates and authorities, to no avail. In the 1980's after reading about Dutch doctors who aided suicides, Kevorkian expanded his vision beyond death row to the suicidal. Using $30 worth of spare parts and junk, Kevorkian constructed his first suicide machine in the summer of 1989." 82

Betzold concludes:

"He placed newspaper ads: "Oppressed by a fatal disease, a severe handicap, a crippling deformity?...Show proper, compelling medical evidence that you should die, and Dr. Jack Kevorkian will help you kill yourself, free of charge". Janet Adkins of Portland, Oregon, who had early stage Alzheimer's disease...and her husband, Ron,...made an appointment for Janet to die...Adkins died in June, 1990, she was Kevorkian's first customer. Kevorkian was hauled into court after Adkin's death on a request for a restraining order. He testified that his goal was to implement "a rational policy of planned death for the entire civilized world that included experiments on the dying." He said, "he refused requests from physically healthy people because 'I only can work with physical disease at this stage'. The rest of it comes when society matures a bit." He asked the judge to let him continue, pleading: "It's a little experiment...Try it. If it doesn't work, we quit. Where's the damage?"." 83
I believe Betzold has no love for Kevorkian. Being a Detroit native, Betzold has seen first
hand Kevorkian's deception and manipulation of the legal system. On four different occasions
Kevorkian has been found innocent of wrong doing in front of the Michigan court systems.
Betzold notes:

"The most recent court hearing on June 10, 1997, netted only a slap on
Kevorkian's wrist, reminding him that his Michigan state medical license has been
revoked since 1991 and, that per a legal bond issued by the same court two years
earlier, Kevorkian was not to be present at any assisted suicide within the
Michigan boundaries. Kevorkian emerged from this court session and reminded
the public that, "...it is time to leave me alone and accept the reality that this will be
an accepted medical procedure."" 84

I believe it is important to remember that within the Michigan court system judges and county
prosecutors are elected positions. Public polls have shown that a great portion of local, Oakland
county residents in Detroit, are sympathetic to Kevorkian's cause. In the elections of 1996, it was
estimated that two local prosecutors lost their seats because of stances against Kevorkian. I
believe Kevorkian knows this. Public prosecutors will cease to prosecute Kevorkian for fear of
losing local elections.

Kevorkian also has his supporters in Michigan and around the country. His biggest supporter
is also his lawyer. Betzold has this to say about him:

"Geoffrey Fieger was hired in August, 1990 after Kevorkian nearly turned
into a public relations disaster within his first court appearance by
submitting a twenty-page statement of testimony that included quotes
from Aristotle, Thomas Jefferson and Albert Einstein. Kevorkian needed a
good lawyer and a public relations manager. He has both in Geoffrey
Fieger. Prior to going to law school, Fieger was in drama school and it
shows. He is relentless in court and is feared, respected and despised
within the Michigan court systems. Fieger has turned Kevorkian into a
heroic figure. He has made the Kevorkian story an irresistible, media
circus." 85
Human rights organizations and right to die organizations from around the country rally around Kevorkian's cause at varying levels. Organizations in Michigan, New York, Oregon and Washington state, where initial legislation for legalized assisted suicide have already traveled through the ballot process and been voted upon, are currently the most vocal advocates of Kevorkian. I will discuss the happenings in these states in a little more detail in the section on "Constitutionality".

Derek Humphrey, author of Final Exit and other right to die material, and founder of the "Hemlock" Society, has distanced himself from Kevorkian in the past five years. Humphrey has remained supportive of individual's right to die decisions but feels that cooperation with local authorities, experts and legal systems will get the job done of legalizing the process much quicker. Humphrey, recently, has emerged as a proponent of improving the quality of end of life care and has gotten behind new research efforts in that area. I conclude that Humphrey believes what Kevorkian believes. But Humphrey is extremely uncomfortable with the methods and practices that Kevorkian uses.

Betzold, is one of the most vocal critics of Kevorkian in the public media. Betzold states:

"Jack Kevorkian doesn't equivocate about his mission in life. It is to pioneer radical change in the way human beings die...He envisions a global system of death on demand run by doctors who operate without oversight from government or ethicists. What sort of experiments would Kevorkian like to perform? "No aim could be too remote, too silly, too simple, too absurd; and no experiment too outlandish", Kevorkian recently said."

Betzold does not stop there:

"Kevorkian's practice has been amateurish, his safeguards shoddy. But facts about his clients and his methods are consistently sanitized for public consumption...Rarely is it pointed out that Americans already enjoy a "right not to suffer"(one can refuse medical
treatment) and a "right to die" (one can commit suicide). And even more rarely do reporters examine Kevorkian's cases to determine who controls these experiments in death--the doomed human being or the experimenter." 88

Betzold concludes:

"Journalists legitimize Kevorkian's activities as medical practice by calling him a doctor, without mentioning that his Michigan state medical license was revoked in 1991 and that the only "remedies" he "prescribes" are poisons. They call his customers "patients" though people come to him to be put away, not cured. They call the deaths he engineers "assisted suicides", though no one really knows how his customers die." 89

Betzold completes his views of Kevorkian with a summary of unexplored areas within a person's decision about whether they will have adequate control when doctors have the power to recommend and carry out death as treatment. What follows is a brief examination of some of these largely unexplored areas:

*Disability: Kevorkian's clear view is that life with even moderate physical limitations is intolerable. He has testified that the "voluntary self-elimination of individual and mortally diseased or crippled lives taken collectively can only enhance the preservation of public health and welfare."

*Depression: Can depressed people make rational decisions to end their lives? Is it the duty of doctors to treat their depression rather than affirm their suicidal impulses?

*Ambivalence: Kevorkian makes much of his "screening" process, by which he says only those who clearly state their wish to die are given the final treatment. But in the videotapes of Pre-death "consultations" that Kevorkian makes of his clients, the outcome sees a fait accompli.

*Family dynamics: Many Kevorkian customers wanted to die to spare their families further grief.
*Money: ...was an issue for many families. It is unknown how many...family members or friends have benefited from Kevorkian-aided deaths by collecting on insurance policies or inheritances.

*Honesty: Duplicity figures prominently in the Kevorkian campaign. Since November, 1996, when Kevorkian promised not to be present at suicides as a condition of the state bond agreement, Fieger has denied knowing anything about his client's role in six deaths that appear to possess Kevorkian trademarks. Kevorkian no longer reports the deaths of Michigan clients. At all three of his trials Kevorkian has relied on the patently disingenuous defense that he never meant to help anyone die, exploiting a legal loophole that exempts doctors who prescribe lethal doses of pain medication with the intent of relieving suffering, or "double effect". "My intent was to relieve pain and suffering, not help them die", Kevorkian said of clients to whom he had provided lethal amounts of carbon monoxide.

*Accountability: Kevorkian recognizes no bright line between assisted suicide and euthanasia..."We need euthanasia, for certain cases where people are in comas or too immobile to press a button", said Kevorkian. ...Has Kevorkian "finished off" patients when his homemade delivery systems failed? We don't know. Has he claimed the privilege of conducting experiments on his doomed clients? We don't know." 90

Paul McHugh is also highly critical of Kevorkian. In a Winter, 1997 article in American Scholar, McHugh refers to Kevorkian as an "epidemic". McHugh states:

"The patients are mad by definition in that they are suicidally depressed and demoralized; Dr Kevorkian is "certifiable" in that his passions render him..."dangerous" to others; and the usually reliable people of Michigan
are confused and anxious to the point of incoherence by terrors of choice that are everyday issues for doctors."  

From here, McHugh relies on the field of psychiatry to criticize Kevorkian and the practice of assisted suicide. McHugh continues:

"A search for death does not accompany most terminal or progressive diseases. Pain-ridden patients customarily call doctors for remedies, not for termination of life...Most doctors learn these facts as they help patients and their families burdened by these conditions...Recently, cancer patients in New England were asked about their attitudes toward death. The investigators--apparently surprised to discover a will to live when they expected to find an urge to die--reported in the Lancet (vol. 347, pp. 1805-1810, 1996) two striking findings. First, that cancer patients enduring pain were not inclined to want...physician assisted suicide. In fact, "patients actually experiencing pain were more likely to find...physician assisted suicide unacceptable." Second, those patients inclined toward suicide--whether in pain or not--were suffering from depression....There is some concern that with legislation of...physician assisted suicide, non-psychiatric physicians, who generally have a poor ability to detect and treat depression, may allow life-ending interventions, when treatment of depression may be more appropriate."  

Now, McHugh becomes more specific in discussing the significance of depression in analyzing each patient's case:

"Depression, the driving force in most cases, comes in two varieties: symptomatic depression found as a feature of particular diseases--that is, as one of the several symptoms of that disease; and demoralization, the common state of mind of people in need of guidance but facing discouraging circumstances alone...By the term symptomatic, psychiatrists mean that with some physical diseases suicidal depression is one of the condition's characteristic features...(Kevorkian's) actions to hasten death are the ultimate neglect of patients with symptomatic depression; they are, really, a form of collusion with insanity...demoralization...has a number of attributes. It waxes and wanes with experiences and events, comes in waves, and is worse at certain times--such as during the night, when contemplating future discomforts and burdens, and then the patient is alone or uninstructed about the benefits that modern treatments can bring him/her...demoralization is sensitive to circumstances and especially to the conduct of doctors toward the patient....If faced by inattentive physicians--absentee physicians most commonly--patients can become more discouraged and utterly demoralized by what they assume is their physician's resignation from a hopeless battle..."
To conclude this section on Kevorkian and assisted suicide, two final quotes from McHugh and Betzold. McHugh concludes, "Psychiatry has...shown that suicide is an act provoked, indeed compelled, by mental disorder--such as disorienting depression or a set of misdirected, even delusionary, ideas." Betzold states:

"The irony of Kevorkian is that Americans frightened of dying and mistrustful of doctors have been sold on a plan to give doctors much greater power to decide who lives and who dies. A medical maverick has paved the way for total physician control over life and death. A man who calls doctors untrustworthy demands that we place absolute trust and power in the hands of...doctors...".
V. MEDICAL PERSPECTIVE

Diane Gianelli in a September 9, 1996 article in the American Medical News states:

The "Coalition For Quality End Of Life Care" is parented by the American Medical Association. The issues that led to the actual organization of the coalition began with a division within the AMA. Those who were opposed to assisted suicide kept pressuring the national level of the association to issue an official statement. Those physicians who remained in the middle of the road led the battle cry to NOT make such a statement because, these physicians, felt it was not the AMA's responsibility. The national office ultimately did not make an official statement on assisted suicide. the reason the AMA did not make an official statement is because it did not want to alienate those member physicians who are advocates of assisted suicide. Even those who are advocates, however, were uncomfortable with giving the states legislative control of the issue because it's the perception of the physicians that the state supreme courts were not aware of all of the adverse consequences surrounding the issue. The one thing most members of the AMA agreed upon, though, was that there was a need to study the issue and a primary approach to it. This was the premise of the founding of the "Coalition For Quality End Of Life Care".

The coalition includes the, American Medical Association, American Academy of Hospice and Palliative Medicine, American Academy of Pain Medicine, American Geriatrics Society, American Nurses Association, American Psychiatric Association, New York State Task Force On Life And The Law, and other organizations.

The coalition's work focuses on four areas. The coalition trains health care professionals in quality end of life care. The coalition will articulate ethical considerations that apply to quality end of life care. The coalition will support an ordered resistance to assisted suicide. The coalition will be an information resource for pain control advancement and management and improvement in end of life care.

There are those within the AMA who claim that any physician who approves of assisted suicide is on the outside of what is medically ethical. Nancy W. Dickey, MD, chair of the AMA's Board Of Trustees states, "To in any way condone physician assisted suicide would so dramatically and fundamentally change the entire patient-physician relationship that it would undermine the very principles that, we, as a society, hold most dear. Patients must be able to trust their doctor." Thomas R. Reardon, MD, Dickey's vice chair, states, "It's unethical and against the fundamental principles of practicing medicine for a physician to participate in a killing....".

Surveys, however, show a growing acceptance of physician assisted suicide by the medical community. A report in February, 1996 New England Journal Of
Medicine, revealed that 56 percent of Michigan doctors favored legalizing physician-assisted suicide for some patients. Another study showed that 60 percent of Oregon doctors did as well."

Well known ethicist Daniel Callahan states, "In our society, we have never maintained that suicide is good—we have only viewed it as sad, but forgivable. With physician-assisted suicide, we have a sea change: We are saying it is good, humane, and dignified, and that it can be handled in some systematic way, free from abuse. But under this guise of a newfound empathy, it will be no more than an exercise in self-deception, a societal deceit, with a medical cover up." 97

"Two thirds of physicians are incompetent at managing pain," says Pasadena, California, oncologist H. Rex Greene:

"The war on drugs has produced an irrational fear among both doctors and the public that giving a dose of morphine might addict a patient and result in a whole cascade of disastrous events, even though science shows that doesn't happen." 99

Greene goes on:

"I've worked in hospice for 20 years and I've had 13 patients ask me for help in dying. One, who was demented from a brain tumor, overdosed on medicine I prescribed, though I didn't intend him to kill himself. The others' requests were the result of brief depressions, which they got over. When terminally ill patients ask to die, it's not because they're in intractable, it's because they're depressed or fear that someday they'll suffer unmanageable pain or helplessness. We should be talking not about how to kill them, but rather how to better treat them." 100

In the December 14, 1996 issue of America, Gary Brown, MD, reviewed the specific issue of patients in pain and alternatives they have. Brown states:

"...a minuscule percentage of those who receive optimal medical care continue to suffer, and wish to die. But...legal alternatives to physician assisted suicide are currently available. Since 1990, it is undisputed that patients may lawfully refuse all forms of medical treatment, including food and water...practical experience has taught us that with good medical care, a peaceful and comfortable death may be obtained with this method. For those patients with intractable pain, another solution is available. It is endorsed by
the American Medical Association, and no physician has ever been prosecuted for using it. Known as "double effect" narcotic therapy, it may be used where a patient's pain cannot be relieved while he or she is conscious. A narcotic is injected in a dose sufficient to induce unconsciousness, even as the doctor and patient are aware that the injection might inadvertently cause death by overdose. With the universal availability of this lawful technique, intractable pain of the terminally ill can always be relieved."

Gary Brown continues:

"...the prolegalization movement seems to be driven by the perception that medical technology is out of control...this mistrust of medical technology is extended to physicians, who are thought to control the technology....We should also take into account how...the nation's medical schools approached...death and dying. The physician's task was to simply cure the patient's illness. If the illness persisted and the patient died, this was seen as a total failure-a battle between medicine and illness irrevocably lost...Most medical students now receive training in pain management; I was given none at all in the late 1970's. Still, woeful ignorance in this area remains...".

Thomas A. Shannon, MD, wrote an article for the June 1, 1996 issue of Commonwealth.

Shannon asks this very vital question:

"...why are we focusing on physician assisted suicide instead of first reviewing how the care of the dying is being managed currently?...is there something going on with the care of the dying that is prompting this debate?...Unfortunately, even though we have had an extensive debate over extraordinary means and the forgoing of nonbeneficial interventions as long and widely as possible. A recent study revealed that do-not-resuscitate orders are written only many weeks after patients request them, and that individuals are kept in intensive-care units longer than their conditions warrant...My general sense is that interventions are being continued much longer than is medically or ethically warranted...the physician assisted suicide movement may be...patients literally taking matters into their own hands...".

Diane M Gianelli in a July 29, 1996 issue of American Medical News summarizes recent research at the Dana-Farber Cancer Institute on cancer patients and their attitudes toward death
and physician assisted suicide. Gianelli point out:

"Contrary to popular belief, patients in severe pain are less likely...to approve of assisted suicide...The research's conclusions suggest a major divergence between the public view of assisted suicide...and how cancer patients actually act when faced with severe pain and terminal illness", said lead author Ezekiel J. Emanuel, MD, PhD. Dr. Emanuel states, "Our data indicate that what cancer patients with pain are really interested in is getting rid of the their pain, not in dying." 104

William F. Buckley Jr. in the February 10, 1997 issue of National Review offers a slightly different perspective and an appropriate way to conclude this section. Buckley states:

"The states decide what qualifications a doctor has to have in order to be entitle to practice medicine. One of those qualifications is a reflection of the doctor's oath to do everything that can be done to preserve life and reduce pain...providing the option of assisted suicide as a way to maximize freedom, we are choosing not just a discrete piece of social policy but a pattern for our life together which asks the weak and the sick to justify their existence." 105
VI. CONSTITUTIONALITY

"Written law is to keep men from perverting to evil what is meant for good in natural law." 106

Saint Thomas Aquinas views written law as simply 'the wooden paddle hanging on the kitchen wall'. I believe Aquinas was saying that, if the form of punishment is obvious there's less inclination toward immoral behavior.

I conclude that the United States Constitution clearly alludes to our personal freedom. A tension tends to exist when political leaders infer any substantive control over the private, day to day matters of our life. G. Steven Neeley states:

"Certain "zones of privacy" exist under the Constitution...that a "private sphere of individual liberty will be kept largely beyond the reach of government", is fundamental to our personal freedom. The concept embodies the moral fact that a person belongs to himself and not others nor to society...Indeed, the decision to exit life by one's own decree is more fundamental to the concepts of autonomy, freedom and liberty than any other...". 107

Neeley continues:

"Thus, recognition of the constitutional right to suicide must be seen as the ultimate forum for the preservation of the quality and value of human life as well as respect for the sanctity of personal choice." 108

The Constitution has an "equal-protection" clause in which rights such as personal privacy and liberty will be identically protected. Some argue that since the Supreme Court protected a person's right to terminate life support, this demands a similar decision concerning a person's right to assisted suicide. 109
I believe it is interesting that while the Supreme Court is moving toward a direction of protecting a person's right to make decisions in private areas of their life, in 1997 the Senate Judiciary Committee voted to make assisted suicide a crime. There is, however, strong opposition within the House Of Representatives for such a bill.

In February of 1997, the Supreme Court upheld a ruling which would keep the power of voting on assisted suicide legislation in the hands of the states. The justices felt that the individual state legislatures were better placed to make such specific rulings and to change or pass legislation.  

Currently, twenty six states have statutes that outlaw assisted suicide. Only nine states have no prohibitions regarding suicide. In 1991, forty seven percent of voters in the state of Washington voted for "Initiative 119" which featured the "Death With Dignity" act. In New York on April 2, 1996, the Federal Court Of Appeals for the second circuit, struck down two state laws that previously prohibited assisted suicide. From 1990 to 1994, the citizens of the state of Oregon had attempted to get a bill legalizing assisted suicide passed on the ballot. They did pass the legislation but it was appealed to the state supreme court and is hung up there while justices attempt to clarify guidelines for procedures.  

The 1994 passage of a "Death With Dignity" act in the state of Oregon has had the result of actually bringing the opposing sides together with one purpose. Opponents of "Measure 16", as it came known, believe that the public would not want aid in dying if they could be assured of compassionate care at the end of life. Proponents of the measure believe that the public wants control as well as compassion.
Dr. Susan Tolle, a physician at Oregon Health Sciences University, makes two observations, "First, Oregon physicians have taken much greater interest in the care of the dying. Also, what I would say to another state in the midst of the same or similar controversy is, 'can you accomplish improvement in the quality of end of life care without a legislation being passed. We should all want improvement in quality of end of life care any way."  

Flora Skelly and Diane Gianelli, in the August 5, 1996 issue of American Medical News writes, "Whether "Measure 16" is a good law or a bad law is a matter of hotly contested opinion. But observers in Oregon say that thanks to strong leadership from the medical community, "Measure 16" has already had at least one positive effect: It is helping to improve how medicine treats patients at the end of life...says Paul Bascom, MD, assistant professor of internal medicine at OHSU, "The vote was a catalyst...".  

While citizens in New York, Washington state and Oregon are experiencing victories and defeats because of grassroots efforts, the state of Michigan and the legislative climate concerning assisted suicide is dictated from a much different perspective. Dr. Jack Kevorkian has his assisted suicide operation in the Detroit, Michigan area. The state is in a period of legislative and political confusion regarding assisted suicide because of the obvious presence of Kevorkian and his practice.
Four times Kevorkian has been acquitted. Each time Kevorkian claimed, legally, that he was not trying to kill the patients; he was trying to relieve their pain. As we mentioned, this falls under the category of "double effect" and is legal. 116

I believe that this courtroom stance frustrated prosecutors and presiding judges, who must tread lightly around the issue of assisted suicide because they are voted into their jobs by the Michigan voters. Increasing taxes, growing medical expenses, advancing, more intimidating medical technology and larger, less personal hospital facilities, as well as the inclination to bring lawsuits against medical doctors, has indirectly strengthened citizens' position of support for Kevorkian.

One cannot discount, as mentioned earlier, the power of the media in Michigan. The Michigan publications that run stories on Kevorkian, use Kevorkian's own account when they write that his patients are suffering terrible pain and begging for death. The newspapers then print Kevorkian's own account of his meeting the patient at a local motel and bringing their pain to an end. 117 What Michigan citizen, or any one of us, reading this in a local newspaper, would not feel at least some gratitude to Kevorkian. I believe that all of us, as family members and citizens in our own cities, have witnessed family and friends suffering physically and have felt helpless in our desire to help them; to make them feel comfortable; to take away their pain.

I observe that the political climate around the country surrounding the assisted suicide issue is a strong, grassroots atmosphere of privacy, freedom and keeping the right to assisted suicide at home. The Supreme Court of the United States will eventually, officially accommodate this desire over the shouts and cries of opponents. The justices of the Supreme Court may be correct that
the local legislatures are already home, in their own states, and already have, at least somewhat of
a feel for how the majority of citizens feel concerning one's right to assisted suicide.

I believe the Constitution was written to protect our freedom and our privacy as citizens of the
United States. It was written to protect us from political control and dictation of our lives. It
was not written to constrict us or restrict our freedom. The Constitution will never tell us that we
cannot participate in our private lives and make our own decisions. It is a roadmap in maintaining
our personal freedom in our lives; in our country. We are free to build our own decisions around
our own lives in our country; including decisions about assisted suicide.
VII. 1997 AND KEVORKIAN

Jack Kevorkian, today, continues his practice. It is very difficult to know for sure how many assisted suicides he has participated in because he does not claim responsibility for some of them that hold his trademarks. It is estimated that through 1997, he has participated in over 100 of them.\(^\text{118}\)

As noted in the March 1, 1998 and March 8, 1998 issues of the *Toledo Blade* newspaper, Kevorkian has just completed three more assisted suicides. The first, at the end of February, 1998, was his youngest person to date. A male college student with permanent paralysis was put to death in a Detroit motel.\(^\text{119}\) During the first week of March, 1998 a woman from Virginia and a man from Massachusetts, were put to death by Kevorkian and then their bodies were dropped off at two different hospitals.\(^\text{120}\)

I believe Kevorkian may be losing his grip a little. He recently called the Clinton Township police department near Detroit, Michigan, after an assisted suicide, to tell them the location of the body. At the time it was believed that Kevorkian did this in retaliation for the Oakland County prosecutor's office denying Kevorkian's request that families be allowed to transport their loved one's body to a local hospital after the assisted suicide without legal action being taken.\(^\text{121}\)

In doing this, it is widely believed that Kevorkian has put himself in the first tangible legal danger of his assisted suicide career. In calling the police department, Kevorkian immediately associated himself directly with that particular assisted suicide. Up to that point, authorities could
never directly associate Kevorkian with an assisted suicide. Through his own vindictiveness and boldness, Kevorkian may have dealt himself a final blow.
VIII. THE DISCUSSION: AQUINAS, KEVORKIAN AND KOHLBERG ONE STAGE AT A TIME

This final section will take each stage of Lawrence Kohlberg's "Six Stages Of Moral Development" and, one at a time, set Jack Kevorkian, his patients and his practice, next to the stages. This is strictly a theoretical use of Kohlberg's research. It should be remembered that a result of Kohlberg's research was that different individuals will primarily function at different stages. This use of Kohlberg's research will not be concerning any patients specifically, but will discuss the general, possible moral development of Jack Kevorkian and the patient who has come to a point in their life to make a decision for assisted suicide. Specifically commentary will be provided on Kevorkian's own moral development and some of the possible reasoning behind his decision to perform assisted suicides. I will include very brief reminders of how each stage of Kohlberg's theory may relate within natural law. The purpose of this use of Kohlberg's research, is to create new ideas, moral insight and understanding into the who, what, when, where, who and how, of Jack Kevorkian, his patients and the practice of assisted suicide. It is very important to remember throughout this section that these are my theories using Kohlberg's research findings.

Stage one of Kohlberg's theory is "Obedience Or Punishment". To review, at this stage of reasoning we label what we do as good or bad according to how it is judged by others. The others being those with power and those who can reward us or withhold a reward from us. This stage is primarily observed in children.

I believe Kevorkian no longer functions at this stage. He is not concerned with how his actions are judged by others. He is sure that he holds the majority of the power.
I conclude that a very small portion of a patient's motivation for asking for an assisted suicide may be linked to this stage. A concern for the patient with constant pain and a worsening terminal illness is, whether the decision to go on living would be a "good" or a "bad" thing for them to do, based on how it would be judged by those around them. Along with this notion, a patient could be concerned that as they digress physically, mentally, and emotionally and become more and more sick, they will lose most or all of the power over themselves. This could result in an unwanted transition of their power to a family member, friend or doctor. Then, whether details of their end of life were handled the way they want them handled would entirely depend upon the power of someone else.

Within natural law the reasoning toward "good" or "evil", as a part of Kolberg's stage one, is handled outside of ourselves; by someone else. Literally, someone else is our conscience at this stage. 124

Stage two in Kohlberg's theory is "The Marketplace Mentality". Within this stage, "right" means looking after one's own interests. At this stage "self" comes first but there's the beginning of the notion of sharing. It's okay to break a rule if there's personal gain in it for you. 125

I believe Kevorkian would fit into the first and final portions of this stage. He does not function primarily at this stage, but a digressive influence can be seen in him related to this stage. Kevorkian, at some point in his career of assisted suicides, began to break rules, not for the purpose of furthering the acceptance of assisted suicide but for self-centered motivations of retaliation, revengefulness, vindictiveness and invention.
The personal gain from this behavior, for Kevorkian, would be more media coverage and thus a furthering of his notoriety in the medical profession.

I conclude that a patient may partially function at this stage by considering what personal gain control over their own death would have for them. The patient may feel that the personal gain of assisted suicide for them would be no more pain, suffering and worry.

The majority of this stage seems to function within reason but avoids the use of good conscience. Natural law dictates that reason must function actively within one's conscience in order for a "good" decision toward moral behavior to be made. Although a "notion of sharing" is beginning, it is not mature.

Stage three is "Conformity". People are concerned with their own groups, at this stage. They want group approval. Living up to group standards and stereotypical behavior is usual. Group solidarity is primary.

I believe that Kevorkian does not function at this stage because he has ventured outside of his primary peer group, medical doctors, with his practice of assisted suicide. He is willing to even risk his medical profession to continue his practice. He is not concerned about the standards or solidarity of the medical profession.

The typical patient that would ask for assisted suicide is probably functioning far and away from group approval. I believe it must be a very lonely feeling to have a terminal illness and be in so much pain that death is preferred. Rather than feeling a part of a group, the patient may feel separated from those they love the most. The patient may have been told that they're going to die. This reality alone can make a person feel separated because the inner knowledge is present
that death is approaching while others around the patient will go on living. So, the patient could feel separated from the group because of the knowledge of their own pending death.

This stage represents the pressure we feel from an outside group of peers. Which can out weigh what our own conscience is saying. So, within our ability to reason, we are liable to observe, listen and act out with our group rather than follow our conscience. At this stage it may seem more natural to go along with our group than follow our conscience. 128

Stage four is "Law And Order". Here, we see our values in terms of how important they function within society. Relationships and the social structure have much more emphasis. Personal obligation is defined by the system. 129

In spite of the name of this stage, I believe that this is the stage at which Kevorkian primarily functions. He sees his own values as "good" and very important. Although many of his relationships, especially within the medical profession, are very strained and negative, Kevorkian probably views his contribution to the profession and to the social structure as extremely vital. The only portion of this stage in which Kevorkian does not function strongly would be that in which his personal obligation is defined by the system. Then again, he may say that it depends upon what system we're talking about. If it's the legal system he has very little personal obligation. If it is the system of experimentation and advancement in medicine, his personal obligation is very strong.
I believe that a patient asking for assisted suicide is under so much physical pain they are probably pondering their value to society? Perhaps they view themselves as a burden to those with whom they're in relationship. As they deteriorate physically they no longer see their role in the social structure. In fact, they may see themselves as a very weak part of the social structure; a useless part of the social structure. At this stage it is probably difficult to be obligated to anyone or anything, including a particular value system. The primary obligation in the mind of the patient may be getting rid of their pain and not being a burden to anyone.

"Written law is to keep men from perverting to evil what was meant for good in natural law." This does the job when attempting to assimilate the function of natural law within Kohlberg's stage four. I conclude that a person may have complete intentions to do what the written law says, but usually reason toward immoral behavior. How many times have we heard, "I knew better than that. I never should have done it."? When one sees their values in terms of their importance within society, that does not mean that a person will always choose good morals and values. Sometimes the importance of our values has a negative affect on society. Sometimes our values have a positive affect on society. We want to function morally within our relationships and within the social structure. We want to, "do good and avoid evil." So, written law is to encourage us toward that end. Written law creates a system of values in our society. If we work to follow written law, we will be obligated to the value system of our society.
Stage five is "The Social Contract". Within this stage independent principles for moral judgements have now been chosen. The rights of everyone become a concern.\(^{131}\)

I believe that Jack Kevorkian could have progressed to this stage. He definitely chose independent principles for his own moral judgements. The reason Kevorkian does not function primarily at this stage is because he is not concerned, primarily, about the rights of others. In his own mind he may believe that he is concerned about the rights of others. As we discussed earlier though, from the beginning of Kevorkian's medical training, he was more concerned about advancing his own medical ideas and experiments. To take a patient's picture while their dying because he was enthralled with the possibility that a dying patient's eyes could be a corridor into the time of death, is not showing concern for those patient's rights of privacy. To have other medical residents use their own bodies for the transfusion of the blood of deceased patients is not showing concern for the residents nor the deceased patients or their families. To even consider the harvesting of organs of patients of assisted suicide is complete disrespect of that person's rights. Maybe when Kevorkian began his quest toward worldwide accepted assisted suicide in the 1970's, he was concerned for the rights of his patients. Now, it appears Kevorkian is traveling farther and farther away from concern for anyone's rights.

I conclude that, to varying degrees, a patient requesting assisted suicide may function at stage five. To even request assisted suicide a patient's independent moral principles have to be developed. The level to which the patient is concerned about everyone's rights will depend on several things.
The patient may be concerned about the rights of their family because their goal is to not be a burden on them now and after they are deceased. The patient may be concerned about the rights of friends and significant others for the same reason. The patient may not want the civil rights of their loved ones put in danger because of their assisted suicide. The patient may even have empathy for the rights of other terminally ill patients who are in great pain and considering a similar solution.

Within natural law, Kohlberg's stage five is the desired result when mature reasoning fully marinates one's conscience toward consistent moral behavior. A person can now naturally function within the process of making good, moral decisions, independently. A positive result of this maturity is that a genuine concern for others begins to grow.\(^\text{132}\)

Stage six is "Universal Human Rights". At this stage, every person has the same rights, freedom and human dignity. This stage characterizes moral heroes and is extremely idealistic.\(^\text{133}\)

I believe it is not an unrealistic assumption that Jack Kevorkian believes that he functions at this stage of moral development. I also conclude that he does not function at this stage. Kevorkian's supporters do consider him a pioneer; even a hero. However, Kevorkian, as has been mentioned, seemingly continues in a downward spiral that is taking him farther and farther away from being at all concerned, genuinely, about the rights of others. The journey from stage five to stage six is a continued maturing in the concern for the rights of others to the point where their dignity and freedom are now all important. This simply is not observed in Kevorkian's behavior.
I conclude that a patient requesting assisted suicide may approach this stage if their motivation for seeking this solution for their constant pain is so others may have the right to assisted suicide now and in the future.

I believe it should also be noted that the patient may travel the world, prior to their planned death, and proclaim the validity of assisted suicide for others in terminal pain. To the extent that the patient would even give up everything to further the cause of the right to assisted suicide, they may be considered a moral hero.

Within natural law a person would need to continue to mature to a point where, the consistency of making good, moral decisions as a result of using reason in good conscience, continued to increase and their ultimate concern for the rights, dignity and freedom of others was the primary reason for their decisions.¹³⁴
VIII. THE CONCLUSION: ASSISTED SUICIDE, LEGAL OR NOT?

The judges and prosecutors in the four trials involving Jack Kevorkian may have thought that convicting Jack Kevorkian would finally clarify whether assisted suicide should be legalized; for better or worse. Kevorkian walked away acquitted four times. He walked away acquitted four times because they could not prove that Kevorkian was present for any of the assisted suicides, beyond a reasonable doubt. Kevorkian was acquitted four times because he used the legal procedure of "double effect" to his advantage.¹³⁵

Now, few judges and no county prosecutors want to prosecute Kevorkian because, through the media frenzy that surrounded his four acquittals, a sizable representation of the public has embraced Kevorkian's cause.¹³⁶ The judges and prosecutors consider keeping their jobs more important.

The public, in Michigan and nationwide, also have a desire to have a clear decision as to the legalization of assisted suicide. Many of them have owned the media's accounts of Kevorkian saving the suffering patients from a life of terrible pain, anxiety and anguish.¹³⁷

I believe that the reason legalization of assisted suicide will be a long process is five fold. We as a society, in general, still get uneasy feelings about the general topic of suicide.

If it was one of our loved ones asking for the assisted suicide, we'd feel differently because we know we would not be ready to say goodbye. Could we put our feelings of love for our significant other on hold so that their choice of assisted suicide could be respected and carried forward?
We still want to do so many things for our loved ones. We know they still have things they want to do with their lives; would we consider it all wasted?

Deep down we desire to punish someone for death because it is so final and we are so helpless in the face of it; who should we punish? Should we punish the doctors, nurses, Dr. Kevorkian?

Each one of us have read a news story or experienced in our own lives someone taking their own life. We are all familiar with the confusing, contradictory feelings we have at those times. We are sorry and sympathetic but at the same time we are angry. We are not sure at who we are angry; the victim, their loved ones or society. We think about all of it in the context of our own life and the lives of our loved ones. Would I ever consider suicide? Would one of my loved ones ever consider suicide? Secretly, we hope not.

I believe a relevant example of this would be the following: Life is humming along and all of a sudden we find out our spouse has advanced lymphoma. Our spouse has announced that he/she desires assisted suicide as an alternative to the pain and anguish of their terminal condition. Now, all of a sudden, how we feel about assisted suicide is not so clear. We are not prepared to say goodbye because it is too soon.

We still love our spouse. Eventually, confusing feelings of deep love and guilt for loving our spouse so much begin to collide in our heart. We wonder if we're being selfish because our spouse is suffering and should be permitted to die.

There is still so much we want to do together. Our spouse wants to do so many things in his
life, but his life is being cut short. We don't want to present this to our spouse because it may cause additional depression and anxiety and hasten the worsening of their condition.

Finally, all of the guilt, anxiety and anguish is complete because our spouse is gone. Their desire for assisted suicide has been carried forward. We are angry.

With whom are we angry? Are we angry with our deceased spouse for their decision? Are we angry at the cancer, the reason our spouse made their decision? Are we angry at the doctors who could not save our spouse? Are we angry at the societal influences who may have indirectly or directly led our spouse to make this decision for assisted suicide? Or, are we angry with ourselves that we could have done more for our spouse? In our anger, we feel the need to retaliate.

We feel that someone should have to pay for this untimely death of the one we loved the most. Someone should be punished for taking our spouse so soon; so suddenly. Someone should be punished for not finding a cure for cancer. Someone should be punished for the idea of assisted suicide. Someone should be punished for death; but who would we punish? Even if we found someone to punish, what would it solve? Even if we found them guilty and sent them off to jail, what would that accomplish? Even if we stopped assisted suicide in its tracks, someone else would find another method and practice of private, personally chosen behavior.

I believe that citizens are free to make their own decisions. God gave them a free will to do so. God created natural law and within it gave everyone the capacity to reason and a conscience. Everyone uses this capacity to a different level, a different stage. Isn't this the way it should be?
I conclude from this study that American citizens have the right to live. We have the right not to suffer in prolonged pain. We do have the right to die. These are the basic rights of humanity and the reason that Jack Kevorkian is still doing assisted suicides.

I believe that If Jack Kevorkian was pioneering a morally noble cause, he could be functioning at Kohlberg's stage five or even stage six. As it is, he functions at stage four because he lacks genuine concern for others. Kevorkian also lacks regard for law and order. He is involved in a movement for a right that is anti-establishment. Kevorkian attacks the conventional and lauds the unconventional.

I believe that the best solution toward a decision on the legalization of assisted suicide is to have the primary bodies of leadership, the theologians, the church, the courts and the medical profession, organize a study group. This study group would come to a consensus on how to maintain our basic rights while still respecting the sanctity of life. It will take a high level of cooperation.
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Began studies at University Of Dayton

1992-1995
Executive Director, Ministry To Catholic Charismatic Renewal

1995-1996
Development Director, 89.3 FM, Christian Radio Network

1996-1997
Sales Associate, American General Corporation Inc.

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FIELDS OF STUDY

Community Services, Counseling, Catechesis, Theological Studies