

Pain Control and Euthanasia

Peter Shiu-Hwa Tsu

Institute of Humanities in Medicine & Philosophical Research Centre, Taipei Medical University, Taiwan

The advancement of the technology of pain control is a blessing to the terminally ill, especially to those who are suffering from excruciating pain. With the betterment of drugs and the increase of knowledge about pain mechanism, physicians today can relatively easily and safely eliminate pain physicians in the last century found most recalcitrant. It has even been argued that with the perfection of pain control, euthanasia should be made history. Indeed, it would seem that to eliminate the excruciating pain often had by the terminally ill, the patients need not go to such extremes of ending one's life well before natural death takes its toll. With the elimination of pain, the quality of the patient's life can be significantly improved. This would certainly undermine, some believe, one of the greatest motivations for euthanasia.

However, while it is true that the elimination of pain might well improve quality of life for the terminally ill, it does not in the meantime eliminate their suffering. Well, at least not always. True, pain is often a source of suffering. By eliminating the pain, we can indeed lessen one's suffering. But it has to be reminded here that pain is not the *only* source of suffering. People can suffer without any bodily pain. To deny this would be to deny the existence of Romeos who suffer from unrequited love [2]. The sort of suffering often had by the terminally ill is not just a result of their bodily pain, but can also be a result of their weakening sense of independence and dignity.

Given that pain is not the only source of suffering, the elimination of pain does not mean automatically the elimination of suffering. It follows from this that the function of euthanasia as a means of ending suffering can never be fully fulfilled by pain control, not even when pain control is perfected. Hence, some argue that euthanasia should still be left open as an end-of-life option for those who want to put a quick end to their suffering resulting from sources other than pain.

Despite its initial plausibility, the above line of reasoning is not without controversy, especially in the presence of continuous deep sedation, a pain control device that puts the patient in a permanent state of coma and thus eliminates the feeling of pain for the patient [1]. In addition to its ability to eliminate pain, continuous deep sedation, some claim, can indeed end the suffering for the terminally ill. How could this be, one may wonder, given that pain is often not

the sole source of suffering? The answer lies in a peculiar feature of continuous deep sedation: continuous deep sedation wipes out the patient's consciousness permanently till death takes its toll. This is how continuous deep sedation eliminates the pain of the patient, as consciousness is a precondition for feeling pain. In a nutshell, 'no consciousness, no pain'. In the meantime, perhaps as an unintended consequence, continuous deep sedation eliminates the suffering for the patient as well. For suffering is a psychological phenomenon that requires the existence of consciousness as a precondition just as much as the feeling of pain. With consciousness completely wiped out, there cannot be any suffering. A rock cannot in any meaningful sense suffer, because it does not have the precondition for suffering, that is, consciousness [2].

Now, there is still controversy about whether continuous deep sedation can be so perfected such that it wipes out the patient's consciousness without killing him due to overdose. If it cannot, then it does not really meaningfully distinguish itself from euthanasia. Admittedly, this remains a practical difficulty to be resolved. But *if* the technique of continuous deep sedation can be so perfected, it can indeed substitute euthanasia as an effective means of ending suffering. But of course, whether continuous deep sedation is overall more desirable as an end-of-life option than euthanasia is still a moot question. Some contend that it is as it does not violate the commonly accepted moral prohibition against killing whereas the latter does. On the other hand, some contend that it isn't because it leads to a waste of medical resources. These contentions require more investigations than can be accommodated in this brief editorial. But, I am glad that *The Journal of Palliative Care & Medicine* presents a public forum for further relevant discussions.

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Corresponding author: Peter Shiu-Hwa Tsu, Institute of Humanities in Medicine & Philosophical Research Centre, Taipei Medical University, Taiwan, E-mail: u4079238@gmail.com

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