

From the Editors

The following is a Dutch widow's account written the day her husband of 54 years died as a result of euthanasia.

It was a very heavy day for all of us—letting go of someone we loved, seeing him suffer so much and being powerless to help. At 2 o'clock in the afternoon, the doctor agreed to my husband's request to end his life because he did not want to live any longer. It was decided that at 8:00 P.M., the doctor would come back and ease his passing. That afternoon our family came to say good-bye; the children and I had supported him lovingly. At 5:00 P.M., the minister came and we prayed together. Even though the minister was opposed to euthanasia he was persuaded by my husband's condition and supported his decision. This gave my husband peace and comfort. He trusted in God and said to me, "You will come after me." Time passed very slowly and we were full of pain and grief. Our eyes watched the hands of the clock until the exact time. The doctor came and asked my husband, "Do you know what I came for and do you want me to help you?" My husband answered, "Yes, and as soon as possible, doctor." We all said our good-byes. The children stood around him, but I could not do that. I walked into the kitchen; I could not absorb or cope with it. I only heard him say "ouch" and then it was over and he did not have pain anymore. I was startled at how quickly my husband died after the medication was administered. I did not expect it to happen that quickly. I am still distressed that I left

him alone instead of being with him and holding him. I feel like I betrayed him, although I know our sons and their wives were with him at the time.

The above description is unique because it goes beyond academic debate and allows us to look through one family's experience to the existential reality of euthanasia. The bioethics literature is replete with philosophical, religious, and legal arguments for and against euthanasia and assisted suicide. What is often lacking is awareness of what it means in real human lives to face the dilemma of active intervention. We begin this CQ Special Section with the powerful voices of physicians who have "been there," and it is to those physicians, their patients, and families that we dedicate with gratitude "Euthanasia and Physician-Assisted Suicide: Murder or Mercy?" Much of the material in this section came from the efforts of Gerrit K. Kimsma, Evert van Leeuwen, and Chris Ciesielski-Carlucci. We want to thank them here. Without their work, this special section could not have been possible.

The euthanasia issue in its many facets is probably the most prominent topic in bioethics at this time. Unfortunately, much of the public debate and media commentary regarding euthanasia is characterized by emotional reactions in the guise of ethical pronouncements. In the contributions we have selected for publication here, readers will find fac-

tual perspectives related by those who have faced the issue in the flesh, who have examined their roles in the dying and death of others and taken whatever lessons they can from the experience. One such important lesson is that people who have truly looked euthanasia in the face may become more sympathetic toward a seemingly opposing position, whatever their own convictions might be. Their openness may be altered, even though their moral convictions remain the same or are even strengthened. This is the irony of experience. Experience is often confirmed as the best teacher, especially with regards to tolerance and compassion. For these reasons, experience should not be disregarded in the public debate, even though it will not lead us necessarily in one direction or another.

As professional and social opinions on euthanasia evolve, the importance of an informed, reasoned, and confidential forum for facilitating difficult individual decisions increases. It should come as no surprise to *CQ* readers that we are convinced the most ideal such forum is the healthcare ethics committee—at least in theory, and we hope as the broader debate matures, in practice. Legal and other constraints on even discussing such issues must be acknowledged and confronted, we hope in a way that allows for meaningful assistance to those faced with euthanasia decisions.

Another crucial lesson to be learned from those experienced in this area is that nobody should be forced to face these choices alone. Face them we must, for they will not go away.