Christiaan Barnard's views on euthanasia

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In 2017, we celebrated the 50th anniversary of the world's first human heart transplant, carried out by South African surgeon Christiaan Barnard (*Figure 1*) in Cape Town on December 3, 1967. Although remembered as a pioneering surgeon, Barnard wrote or co-wrote a surprisingly large number of books, covering different topics.

One such book was *Good Life, Good Death*, published in 1980. In it, Chris discussed the topic of the book's subtitle—*A Doctor's Case for Euthanasia and Suicide*. This was a topic about which Chris clearly felt strongly and not infrequently commented on.

He defined *dying* as “the irreversible deterioration of the quality of life that precedes the death of a particular individual.” His main message was that when death cannot be prevented, the doctor's responsibility is to do his or her best to maintain the quality of life rather than attempt to prolong a life of miserable quality.

He emphasized that doctors, nurses, and paramedics should attempt to “cure sometime, to relieve often, to comfort always.” He quoted others to support his concept that “in terminal illness, the primary aim is no longer to preserve life, but to make the life that remains as comfortable and as meaningful as possible. Thus, what may be appropriate treatment in an acutely ill patient may be inappropriate in the dying patient.”

Although he recognized that the concept of medical euthanasia—that is, the termination of a life as an extension of the medical treatment of a dying patient—had never had much public support, he put forward his reasons for believing that there is a place for it in medical practice. He differentiated *active euthanasia*, “in which life is ended by direct intervention, such as giving a patient a lethal dose of a drug,” from *passive euthanasia*, in which death results “from withdrawal of life-support systems or life-sustaining medications.” But he suggested that there was little “moral” distinction between a deliberate act of omission, when death is the goal or purpose, and a deliberate act of commission.

Figure 1. Christiaan Barnard at the time of the first heart transplant in 1967.

One example close to his own experience was when, at the conclusion of an open heart operation when the heart fails to recover, the surgeon decides to turn off the heart-lung machine that is sustaining life. Although it could be claimed that the surgeon had killed the patient, it could equally be claimed that the surgeon had given “the patient, who could no longer have a good life, a good death.”

Chris made no excuses and asked no forgiveness for admitting that he had practiced *passive* euthanasia for many years. He once wrote,

In fact, I gave instructions to the doctor attending my own mother in her last illness that she should receive no antibiotics

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nor be tube fed. At that stage, she was in her ninety-eighth year, suffering from her third stroke and unconscious with pneumonia. I am convinced that is what she wanted. During the eleven years after her first stroke, as she lay bedridden with repeated bladder and lung infections, she told me on occasion, "I wish God would come and take me away."

He also recounted an incident when he and his brother, Marius, had attended the dying moments of a patient whose death was miserable.

When Marius and I walked away from his bed, shaken by our inability to comfort our patient, we turned to each other and vowed that each of us would help the other if we found ourselves in similar circumstances. We agreed that this could be done either with the administration of a fatal overdose (if the sufferer was incapable of helping himself) or by leaving within reach enough tablets so that the sufferer could take his own life.

I cannot speak for anyone else, but in my case it is not pain I fear. As a chronic arthritic, one learns to live with pain. What I fear most is becoming depersonalized—the ending of life that may come before death, the phase in which I would no longer be in control of my environment.

Fortunately, Chris was not faced with this in the event of his own death, which was unexpected and mercifully sudden and rapid.

Although Chris never practiced *active* euthanasia (though as a young doctor he had clearly considered it), he had "often stood at the bedside of a dying patient and realized the need for this service." His opinion was that anyone who claims that "one can always alleviate the suffering of the dying has either not had enough exposure to the problem or is lacking in a simple quality—compassion."

He compared the attitude of the human race to war—often enthusiastic—with that of providing assistance to a person to end unbearable suffering.

For as long as man has inhabited the earth, he has accepted . . . the right to kill and be killed on the battlefield. . . . The trained killer who kills more than others is often decorated for his courage and skill. . . . This illogicality is compounded by the fact that it is not the aged, the crippled, and the socially defective who are selected to kill and be killed, but the very flower of the country's youth—the young and the healthy.

He compared this readiness to kill healthy young people with the "outcry of horror [that is] heard when a doctor asks for the right to actively end the suffering of a terminally ill patient."

He also highlighted the public's attitude (at least in some countries) to capital punishment. "Great care is taken that such a death is quick and clean. Yet what a furor when someone suggests giving the dying patient a similar right to a quick, clean death." Another example he put forward was the community's acceptance of abortion: "But consider what happens when there is a request for the right to terminate a life that has lost all quality." Finally, he commented on the great difference in society's attitudes to humans and animals. "I have always wondered at the kind of person who would mercifully end the life of a suffering animal yet would hesitate to extend the same privilege to a fellow being."

In his book *Heart Attack—You Don't Have to Die* (published in 1971), he again expressed that life should not be measured merely by quantity but also by quality. Chris suggested that society should expect doctors to be "humanitarians and not merely scientists, that life-support mechanisms . . . not be used where there is no hope; and that when the patient is suffering from severe pain it be relieved by medicines even if this means shortening the life of the patient." He repeated a favorite phrase of his. "Death is not the enemy. Inhumanity is."

One may not agree with all of his arguments, but one has to admit that he put his case clearly and logically.