

4-2020

Euthanasia of the Coronavirus - COVID-19

Sheila P. Davis

Follow this and additional works at: <https://aquila.usm.edu/ojhe>



Part of the [Bioethics and Medical Ethics Commons](#), [Business Law, Public Responsibility, and Ethics Commons](#), [Civil Law Commons](#), [Health Law and Policy Commons](#), [Humane Education Commons](#), and the [Medical Jurisprudence Commons](#)

Recommended Citation

(2020). Euthanasia of the Coronavirus - COVID-19. *Online Journal of Health Ethics*, 16(1).
<http://dx.doi.org/10.18785/ojhe.1601.02>

This Editorial is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in Online Journal of Health Ethics by an authorized editor of The Aquila Digital Community. For more information, please contact Joshua.Cromwell@usm.edu.

Euthanasia of the Coronavirus - COVID-19

Cover Page Footnote

This editorial is done by Dr. Sheila Davis, Editor of the Online Journal of Health Ethics.

Euthanasia of The Novel Coronavirus – COVID- 19

Sheila P. Davis, PhD, FNP-c, FAAN, LSM-BC, Editor

At the time of this editorial, COVID- 19, aka as the Novel Coronavirus, has wrecked havoc and left in its path of destruction, death, unemployment, the instability of nation's economies, misery, uncertainly, despair, and a fear regarding what the *new* tomorrow will look like. And, perhaps more importantly, the question of who will be here tomorrow lingers. Now classified as a pandemic, this virus has resulted in over 1,381,014 cases worldwide with 78,269 deaths to date. Presently, Louisiana and Detroit are emerging as the next hot spot behind New York as the fastest rate of increase for COVID 19 cases in the world. Were the virus or threat thereof not enough, there are well-documented shortages of personal protective equipment (PPE) such as gowns and masks used by healthcare workers. As such, there are growing reports of healthcare workers in some areas wearing as protective gear, trash bags and disposable masks normally worn for one day, being worn for 5 -6 days. Unfortunately, there was a report of the suicide of an Italian nurse who felt that she had infected a number of patients with COVID 19.

How long will this last is the question that all are asking. Economists worry that the nation cannot tolerate a shut down as is currently being experienced. Money is not being exchanged. Shops are closed, recreation parks are closed as well as schools and churches. Countries have closed their borders, and cities and states have ordered citizens to engage in social distancing and not gather in groups of more than 10 people. Wall Street is nervously responding to the stressor related to the virus by record lows. People are losing lots of money!

Early demographic reports of casualties of the virus lulled some young adults into thinking that it was a death sentence of the elderly but not of the young. As such, many flocked to the beaches, parks, and other popular areas for fun and entertainment during their spring break. Immediately afterward, states where the young adults hung out began to experience escalated Covid 19 outbreaks. *New York Times* reported that as of March 18, 2020, nearly 40% of those sick enough to be hospitalized were ages 20 to 54. However, the risk of dying remains significantly higher in older persons.

These data leads one to consider the question of who should be invested in to live and who should be left to die? If both a 20 year old and a 70 year old need a respirator and the resources are limited, this can possibly presents an ethical conundrum. The question begs, who should receive the unit? There are reports that healthcare providers in other countries ravaged by this horrific malady have decided that age 60 is the cut off age for life or for use of resources that can benefit younger patients. According to the National Council on Aging, in America, about 80 percent of older adults have at least one chronic disease and 68 percent have at least two. Well, does that justify the decision to sacrifice the old for the young?

Recently, as the leadership of the United States pushed to reopen the U.S. economy in weeks rather than months, this mantra was taken up by others in the political party aligned with this administration to push for an early reopening of businesses despite the lingering virus. The 69 year/old Lt. Governor of Texas said in his nationally broadcast interview that “ Lots of grandparents” across the country would agree with him regarding an early opening of business. He further reiterated, “ Don’t sacrifice the country.” The implication of his statement was it was better to sacrifice the elderly than the economy of the nation. Not only that, he stated that the elderly would *prefer it that way*. Is that true? While Mr. Patrick can speak for himself, I doubt very seriously if he can make a blanket statement that those at greatest risk of death from the coronavirus are ready to suffer this fate for the sake of the economy.

What is the implication of a statesman positing the above idea? Has a new term been introduced to define the general population that is used in industry and business? Are some of us *nonessential citizens* and others *essential*? As a nation, are we *really* ready to put at risk the 73 million baby boomers? During the 1918 influenza pandemic, upwards to 100 million people died worldwide and they were not the eldest. That pandemic swept away young adults in their prime. However, I don’t recall any record that appears to *select* or ask citizens to select who would live or who would die. Yet, with very limited resources, we recovered as a nation and as a world.

Perhaps like no other time I can remember, there appears to be more division in our nation than has ever been. There are those who refuse to wear simple protective gear such as gloves because they think that the virus was made up to defeat their political candidate. Then, there are those who feel as if this virus will preserve only the fittest. This brings us back to the arguments of social Darwinism and master races. Now, it can be done under the philosophy tenant of the greater good for society. Healthcare providers and workers would then be tasked with pulling the plug on those not deemed *essential*. As a healthcare worker of many years, I can tell you that we did not sign up to be executioners.

Euthanasia is defined as the painless killing of a patient suffering from an incurable and painful disease or an irreversible coma. In my opinion, to decide to put at risk the baby boomers by deliberately excluding them from treatment for the corona virus is neither ethical or merciful. And to imply that they would *want* to ‘die’ for the good of the economy is a tremendous overstretch and untruth. We have enough polarity in the country as it is. This rhetoric about sacrifice of the old for the young and the economy will only further drive the wedge in an already deeply divided nation. We experienced resilience and bounced back from the 1918 pandemic, world wars, and various other calamities by land and sea. My belief is that united, we can once more wear the title nobly, **The United States of America**, if we do not pressure or force one class to be the sacrifice for the nation. Take a lesson from American slavery. We have yet to fully recovered from this travesty.