



Euthanasia and normality in Romania or Being reluctant to a good death

Alina Petra Marinescu-Nenciu¹

Abstract

The present paper explores the perspectives of introducing human euthanasia on the Romanian public agenda by using the realm of normality as framework for argumentation. When choosing the topic I was inspired by the growing debate regarding physician-assisted suicide in the context of the global population aging on the one hand and by a recent Romanian public opinion's strong opposition to the organization of a national referendum regarding stray dogs' euthanasia. The premises of the paper are based on the findings of various studies underlining 1) the traditional feature of the Romanians and 2) their poor health condition prone to make them anxious and also more preoccupied with their well-being. The argumentation points to the fact that in a modern society as the Romanian one, the concepts of euthanasia and normality are prone to enter a complex relationship with various displays and implications that are discussed further on in the paper.

Keywords

Good death, normality, norm, health condition

Thinking about death usually brings by feelings of fear and restlessness. Notwithstanding age, gender or profession, the end of life is rather connected to anxiety than to peacefulness. Still, as they get old, people tend to preoccupy more about when and how their life journey would end up. "Aging causes varying levels of fear, anxiety, and apprehension in each person. Biosocial, cognitive, and psychosocial changes as one ages cause people to realize their own mortality. Attitudes of aging and death go together,

¹ Faculty of Sociology and Social Work, University of Bucharest, Romania, alina.marinescu@sas.unibuc.ro

because as people get older they are concerned with their own mortality” (Benton, 2007 in Suslick, 2013).

Due to the continuous development of technology and life maintaining capabilities within health care systems and also due to improving overall living conditions, life expectancy has increased worldwide. Still, sooner or later death does occur and postponing the inevitable cannot help individuals from facing the above mentioned feelings of anxiety while being terminally ill or suffering from incurable diseases. Even if you push death a little further away you still get to it one way or another.

The dilemmas regarding the end of life are neither of recent date nor are they soon to be vanished away. However, the entire progress aimed at bettering humans’ life quality determined the re-emergence of an otherwise ancient paradigm regarding death. The consequence is that the end of life is more often considered a matter of *how* than a matter of *when*. Once they succeeded to be more and more in control of their own lives, people’s concern regarding the final act of their living gained importance also. Still, this approach is by no means recent as people are said to have been interested in the topic for thousands of years. As a proof for the ancientness of the preoccupation regarding ones’ death stands *euthanasia*, a word considered to be coming from the ancient Greece where the procedure itself was widely practiced in cases of incurable diseases (Otlowski, 2000, p.1).

For the ancient Greek, euthanasia was similar to a “good/ easy death” and the values imbued within the construction pointed to the person’s dying in a dignified manner by dealing away with pain and feelings of helplessness.

According to the online edition of the English Oxford Dictionary, the term “euthanasia” was introduced in the basic vocabulary around the 17th century as referring to the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma. Even if at a first sight the dignifying feature of a non-painful death seems to have been left out of the recent definitions of euthanasia, it has been largely invoked by the public opinion especially given the prolongation of life on the one hand and the fact that various illnesses as Alzheimer or AIDS remained incurable on the other hand.

Voluntary euthanasia was not immediately embraced by society as a whole. In fact, death was considered a taboo subject for a long time. The Catholic Church has been strongly opposing the concept (Otlowski, 2000, p.2) especially by frequently invoking the Fifth Commandment underling the sacredness of life. Still, secularization has diminished the influence of the Church. Moreover, the media made common knowledge out of the topic by introducing the issue of “death” on the public agenda. As a matter of consequence, “in May 1995, ground breaking legislation was enacted in the Northern Territory of Australia with the passage of the rights of the Terminally Ill Act 1995 which legalizes medical assistance in dying in certain circumstances” (*idem*).

At the moment this paper was written, human euthanasia and/or physician-assisted suicide had been legalized in a few European countries as Belgium, Netherlands, Switzerland, Estonia or Albania and also in some parts of the United States of America as Washington or Oregon (<http://euthanasia.procon.org>). As expected, the procedure is

facing greater opposition from people and authorities in more traditional countries where individualism and self-determination are not of primary importance. In Romania, for example, it wasn't until the summer of 2013 that euthanasia was invoked for terminating the lives of *stray dogs* that are not adopted from shelters after a certain time. Due to massive public opposition even the intended national referendum on the topic was cancelled.

Notwithstanding public opposition towards euthanasia, not only animals but also people in traditional communities still die and suffer from the anxiousness connected with the process. Moreover, studies have shown that negative attitudes produce fear of aging and death, and poor health relates to people's negativity (Ron, 2007).

Recent research results provided by the Statistical Office of the European Communities (Eurostat) in 2010 and the European Values Survey/ World Values Survey between 1993 and 2008 (EVS/ WVS) have pointed to the fact that Romanian people were highly traditional, continuing to feel attached to family related values. Over 85% of the subjects included in the Eurostat research said that their family was either "important" or "very important" to them. Work, religion and friends came next, being mentioned by over 70% of the respondents. Moreover, according to the results provided by EVS/ WVS, the importance of religion grew more important from one wave to another of the study while the European tendency was an opposite one, mainly one of diminishing the symbolic importance of religion and Church (Gavreliuc in Rotariu, 2012, p.295).

The analyses assessed by a series of different Romanian researchers have also underlined the prominent traditionalist feature of the Romanian people (Gavreliuc, 2012; Sandu, 1999; Vlăsceanu, 2007; Voicu, 2010). "In a space that had been under totalitarianism for half a century, society assumed modernity only in a few domains of the everyday life, from top to bottom, in a cohabitation relation with various traditionalist values (authoritarianism, expressive duplicity, obedience) remanent in spite of the appearance of numerous symbols of the western modernity" (Gavreliuc in Rotariu, 2012, p.298).

At the same time, the health conditions of the Romanians were not looking very well according to the Enquires Regarding the Population's Health conducted by the National Statistics Institute in 2000 and 2008. The people in the selected representative sample answered questions inspired by the European Health Interview Survey (EHIS).

Self-perceived health condition had not changed very much from one study to another but the number of people saying to suffer of a chronicle disease had increased with 2% in 2008 by comparison to 2000. Moreover, almost 50% of the respondents aged 25-64 said to suffer from high pressure problems, while 42% talked about also having suffered a heart attack. No less than 62% of the respondents said to have some kind of malignant tumour, including leukaemia.

The share of the population that said to had taken some kind of doctor prescribed medicine during the two weeks preceding the interview were also illustrative. In 2008, 26,5% of the respondents mentioned some kind of treatment by comparison to 2000 when only 18% of the interviewees did so (Alexandrescu, Istrate in Rotariu 2012, pp.104-

106). This increase might be explained by the increase in people's standard of living and the growth of the pharmaceutical system.

The results above are prone to show deterioration in Romanians' health condition on the one hand but also an increased preoccupation regarding health related issues on the other hand. All in all, the results of the studies point to the fact that Romanians were dealing more and more with the medical system in spite of the fact that their self-perceived condition hadn't changed. People tend to be more aware of their health condition and more in control of their lives. Thus, sooner or later it is probable that they would also care more about how their life journey would end.

At the same time, according to Ron (2007) poor health condition represents a trigger for people's negativity, thus for growing feelings of anxiety towards aging and dying. Meaning Romanians might get increasingly preoccupied and anxious regarding their death altogether. Their religious values might be of some help and offer them a little moral comfort but studies have shown that as concern regarding health has increased, importance given to religion was not diminished. At the same time, the Romanian people care much about their families. Seeing the loved ones in pain might not be easy for them. Turning to euthanasia might offer people the chance to a peaceful end. In fact, being able to have a good death might be considered naturally acceptable for some. However, during the stray dogs' situation that took place after one animal was said to have attacked and killed a little boy, the media discourse was constructed especially around religious values and matters of *normality*.

Thus, given the complexity of the contemporaneous Romanian socio-cultural context, *euthanasia* might not be considered only a matter of religiousness and of traditional values, but also a question of what it is to be considered *normal* and what it is not to be considered as such within the society.

Thus, euthanasia and normality are prone to enter a complex relationship. Taking normality as a baseline for argumentation, various societal responses might be expected when introducing euthanasia on the public agenda of a rather traditional, religious, family caring, death-fearing people.

As well as euthanasia, *normality* is a socio-cultural concept created by individuals and permanently manipulated by them under various contexts. The term "normal" comes from the Latin "norm" referring to "an angle", or "what's in the middle". The individual is a conscious entity and not a graph with variations that can be mathematically calculated. Thus, Sigmund Freud's (1974) definition of normality comes as natural: normality is an ideal fiction. Due to the human kind's versatile nature, the individual cannot be guided by right angles.

Thus, why would people want to deal with a concept incompatible with their own nature? A quasi-mathematical concept that does nothing else but deepening the cognitive dissonances that people have to deal with daily. Normality seems to be just a vocabulary gimmick that has nothing to do neither with materiality nor with spirituality as the word "normal" does not appear in the Bible as such. Still, the Church and religious people take the Fifth Commandment as the rule, the right pass to take, the road towards *the accepted normality*.

The above observations take the discussion to the realm of social norms. Here, “the normal behaviour appears as a result of comparing a deviant behaviour to a conformist one” (Dobrică, 2011, p.354): people who plead for euthanasia face the public opprobrious coming from the ones who resent it. This antithesis is needed to generate value judgements, to create and re-create categories. “Reporting to the norm qualifies the individual and his/her attitudes: the conformist is a *normal* human being because s/he respects social norms while the deviant is *abnormal* for violating them” (*idem*). Thus, until the new norm would get legally embraced, society would qualify the ones sustaining assisted suicide as deviant and look for means to make their actions look illegitimate by fighting their arguments with opinions sustained by the old norm.

By obeying the norms, individuals accept to make part of systems and sub-systems where they play numerous functional roles. Not being compliant would automatically conduct to their exclusion. When society as a whole grasps any kind of deviation, the individual receives a “label”, gets categorized as “different” and introduced in other attentively normed groups. The label is a double folded symbol: on the one hand it represents the punishment the individual receives and on the other it offers a negative example to the others. Eliminating the abnormal and labelling it as such makes society aware of the fact that the system is working, its functionality being guaranteed by the norms existing in the collective mind. Moreover, the exceptional character of deviance is thus proven.

However, as we saw before, euthanasia was legalized in a series of countries. And this was a consequence of the pressure put by public opinion on the state’s institutions in spite of the initial reluctance on the part of both fellow people and state. H.S. Becker (1963) explained how the groups of deviants create a new *normality framework*: “Justification systems of deviant groups have a tendency to globally rejecting the conventional moral norms, of official institutions and, generally, of the whole universe of regular conventions” (Becker, 1963, p.62).

In the case of human euthanasia, people in traditional societies might fight the new framework more intensively and for a longer time than the ones belonging to societies centred on self-determination. Such a display could be observed in Romania on the occasion of the stray dogs’ scandal.

However, the norms set by formal institutions are sometimes more difficult to reject or change than are the ones established informally. State institutions and organizations are entities entitled to legislate, to regulate the normality in a society. Individuals may be asked to come and share their opinions regarding the institutionalized form of norming but the institution must be convinced to accept the alleged need for the respective norm beforehand. Institutions monopolise normality due to the symbolic power they have over the people. The Church exercises a special type of control as being one of the first and most influent normaliser ever known. Even if the Bible does not mention normality as such, the legend of Adam and Eve has been an instrument used during the ages to underline and impose the importance of respecting the rules. Practically, expulsion from Paradise was the direct consequence of a rule violation. Infringement of the single rule man and woman had to obey brought by an infinite

number of different norms. Thus, “the normative perspective has a dogmatic character given by its intrinsic postulate: the simple existence of norms conducts to their compliance”, moreover “this manner of seeing society excludes at a large extent the individuals because it ignores their diversity (...)” (*ibidem*).

Most of the written and of the unwritten regulations are based on a range of symbolic settlements introduced by the exponent of this specific institution. The large, relatively homogenous, traditional and uneducated public grasped the messages and in numerous parts of the World keeps delivering a strong and lasting response of compliance.

The functional part played by the individual within the society is rooted within theology. The Christian message is that the man is created for God and for deification. Thus, the human being’s destiny, its predestination, is his/ her normality (Suciu, 1999).

Thus, in a highly religious society as the Romanian one, the Fifth Commandment might picture what’s *normal* to do and turn into the most important arguments for opposing human euthanasia. The Church sets the framework for normality, mainly stating that life is a gift from God and ending a person’s journey is equal to killing the respective individual notwithstanding feelings of attachment or solidarity.

Conclusions

Normality fluctuates permanently, both at an individual level and at a societal level, with greater speed when talking about the first one. The process of absorbing normality at a mass level takes longer given the fact that norms have to face rejection before being accepted. Society’s riot against change appears as a reaction to the action taken by the deviants, but also as a type of resistance against modifying the already sometimes difficultly set normality. According to Cosman (2010) working as a subsystem within the social, cultural or historical system, individuals have to map their development with the coordinates of the respective system in order for their evolution to be considered normal.

Durkheim (1933) stated that once societies cease to be homogenous masses made up of individuals guided by mechanical solidarity and turn into “organic” individualities, it gets more and more difficult to adapt to the norm as collective identities vanish and the individual becomes more of a person, an autonomous source of action.

Moreover, modern society is characterized by the people’s unlimited desires and the constraints individuals face every-day stand up as consequences of the norms imposed either by institutions or by society. As a result, according to R.K. Merton (1938), people give up normality and choose deviance in a less final method: innovation that would represent the individuals’ manner of accepting society’s purposes by using illegal means. Individuals negotiate the norms and might “solve” the dissonance created by anomy. Thus, even if it isn’t legal yet, human euthanasia might be practised in secret by relatives and physicians to end up people’s sufferings.

This situation is prone to happen as individuals live a paradox. The discrepancy comes from the antithesis between the rigidity of the norm and the dynamics of normality, as it is understood and applied by each and every person. People adapt

normality to their own needs without crossing the boundaries that would get them excluded from society as a whole. By answering their need for order, individuals control their lives by transforming the norms in dynamic values.

Another aspect individuals have to deal with is the carousel of informal normalities that spins very fast around quasi-modern societies, as the Romanian one that, as the results of the studies shown, appears rather reluctant to change. In the era of technology and marketing, individuals face an excessive normalization of the exterior by comparison to their interiors. The consumerist philosophy introduces a normality sometimes considered artificial and far from the reflexive human nature. People see that trying to adapt to new normalities in order to be either accepted or at least tolerated by different others gives birth to a series of pathological deviances as depression or anorexia. In a World that is more and more inclined to embrace individualism, traditional people's need for belonging determines them to accept normalities that they intrinsically resent. As a consequence, they might start by putting euthanasia in connection with other deviances coming to hitch their normality but end up by tolerating it.

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Alina Petra Marinescu-Nenciu is a Ph.D. candidate in Sociology at the University of Bucharest, Faculty of Sociology and Social Work. Formerly, she received her master's degree from the same institution after graduating "Research in Sociology". Alina is mainly interested in studying decisional processes, the relationships between organizational and personal identities, the dynamics of values in relation to the corporate environment, but also the process of narratively constructing various experiences in conversation. In 2007, she graduated Journalism with a thesis on informing and manipulating through the written press, a topic that represents another research focus of hers. Shortly after, she developed a career in corporate communication.