# Morals of euthanasia

Health & Medicine, Euthanasia

Dena FureyEuthanasiaMarch 8, 2013 Euthanasia Euthanasia is the act of purposely making or helping someone die, instead of allowing nature to take its course. Basically, euthanasia means killing in the name of compassion. Often surrounded by heated arguments from both those in favor of and those against the practice, human euthanasia spurs the most conflict within political circles, differing cultural and religious attitudes, and thehealthcare system. I will be defending Tom L. Beauchamp's theory that euthanasia is ethically moral and sometimes permissible.

Beauchamp's theory states that if voluntary passive euthanasia is sometimes permissible, then voluntary active euthanasia is sometimes permissible. Voluntary passive euthanasia is when a patient refuses treatment, such as a do not resuscitate (DNR) order. Voluntary active euthanasia is when a patient requests treatment, such a lethal dose. Beauchamp has a negative and positive thesis to his theory. They are: * Negative thesis-you cannot condemn physician assistedsuicideby merely invoking the position of letting die and killing. Positive thesis-physician assisted suicide is permissible when you're not only not doing any harm but also have a valid authorization from the patient. The first part of Beauchamp's thesis deals with the distinction between letting die and killing. Opposers of Beauchamp's thesis state that voluntary passive euthanasia (DNR) is permissible because you are letting the patient die, whereas voluntary active euthanasia (lethal dose) is killing the patient. Beauchamp thinks there is a problem with the definition of letting die and killing and that we need to make a clear distinction between them.

Beauchamp presents a few ways we might be able to make that distinction. They are as follows: * Intentions-an act is a killing if and only if it is an intended death, you can foresee the consequences of your actions. Beauchamp presents a challenge to this. A DNR can be seen as an intended killing because the health care practitioner can foresee the consequences, and it could be interpreted as killing the patient if they do not revive him. Another example could be a drunken driving case. When a person drives drunk they do not intend to kill someone, is that now not considered a killing.

So, Beauchamp thinks this definition of killing is wrong. * Wrongfulness-an act is a killing if and only if it is a wrongful death. Beauchamp presents a challenge to this. A DNR is considered not wrongful, but a lethal dose is wrongful, but going against a patient's wishes could be considered wrongful in the lethal dose case. What is considered wrongful, that is what we are trying to answer. So, our conclusion is in our question, it makes a circular argument. Beauchamp thinks this definition of killing is wrong. Causation-an act is a killing if and only if an agent as opposed to an underlying condition causes death. Beauchamp offers an example to show the problem with the causal theory. A policeman is hurt in the line of duty and placed on life support. A mafia guy who wants the policemen dead comes in and pulls the plug, which in turn causes the policeman to die. In this case, what the mafia guy did was not wrong because the policeman died of natural causes. It was the underlying condition that caused the policeman's death, not the mafia guy.

Is this acceptable? One opponent to Beauchamp, Bernard Gert, says he wants to hold onto the causal theory. He thinks the mafia guy did wrong

because he did not have a valid refusal of treatment from the policeman, such as a DNR. Beauchamp offers an answer to Gert showing how the causal theory is still a wrong definition of killing and letting die. It was not really the letting die of the policeman that was important to Gert; it was the refusal of valid authorization to pull the plug which made it a killing.

So, if what Gert thinks is pivotal is what the patient wants, then why is a lethal dose request by the patient considered a killing and not a letting die. Beauchamp thinks the causal theory does not work. The conclusion to all these theories is that even if you can make a distinction between letting die and killing it still will not make a difference morally. The positive part of Beauchamp's thesis states that physician assisted suicide is permissible when you're not only not doing any harm but also have a valid authorization from the patient.

Let's establish what a valid authorization is. Beauchamp says a valid authorization is a request from someone with the authority to make a decision and it needs to be done freely and autonomous. I feel as though in the case of a lethal dose a little more needs to be added to the valid authorization. I think it should also include that the diagnosis given be terminal, the decision should not be made at the time of the diagnosis but after thinking everything over and it should be an enduring, voluntary, and competent informed decision, not co-erced in any way.

The patient's suffering should be unbearable, that there is no way of making that suffering bearable that is acceptable to the patient, and the physician's judgments as to the diagnosis and prognosis were confirmed after consultation with another physician. Beauchamp's position on the moral

ethics of a lethal dose say that 1) we should abandon the letting die and killing distinction, 2) when it is wrong to cause death, what makes it wrong?. 3) The answer to that question is unjustified harm. For instance in the mafia example, the mafia guy did wrong because he did unjustified harm and did not act in the will of the patient.

In conclusion, when voluntary active euthanasia would do no harm and there is a valid authorization, it is not wrong. There are, however, some well-known objections to human euthanasia. The oath a health care practitioner takes in one objection. I feel as though the oath needs to be changed to reflect modern society and medical practice. The world has changed since the oath was first written, as have ethical codes of conduct. Another objection is the slippery slope argument. People think that once the government steps in and starts killing its citizens, a dangerous precedent has been set.

The concern is that a society that allows voluntary euthanasia will gradually change its attitudes to include non-voluntary euthanasia and involuntary euthanasia. Although this does present the need for more regulation and control of euthanasia, history has clearly demonstrated that any law or system can be abused. Also, what reason is there to believe that someone's support for voluntary euthanasia be psychologically driven to practice non-voluntary euthanasia. Palliative care has been a favored alternative to euthanasia but thus still presents the issue of quality of life.

When choosing palliative care over physician assisted suicide I think it would be important to ask whether life will be enjoyed and not simply tolerable. To get the best palliative care requires trial and error with some suffering in the process. Even high quality palliative care comes with side effects such as

nausea, loss of awareness because of drowsiness, and so on. Where voluntary euthanasia is not tolerated, giving large doses of opioids to relieve pain in the knowledge that this will also end life is tolerable.

In situations where palliative care can only guarantee a life that is tolerable, I think euthanasia is a legitimate option. Opponents to euthanasia state that everyone has the right to life, liberty, and security of person. Every person has these rights; however, if a person has the right to life, then they should have the right to die. Everyone should have the same control in choosing the way they die as they do in which they live. It is unfair to decide whether one should live with pain and agony, knowing full well that they have a terminal illness from which there is no known recovery.

In the past, thedoctorwas a person who was a friend. Now a doctor is a stranger who combats diseases, but she is not always your friend. What will never change is their struggle against death. However, they're job is not only to prevent death but to improve they're patient's quality of life. Many times there is nothing a doctor can do to prevent a patient from dying if the patient has a terminal disease; all she can do is wait for death to arrive. I think and believe that it is everyone's right to determine the amount of suffering they can endure in their lifetime.

It should not be up to fellow society members to decide what they must endure because of differing viewpoints on who is responsible for their life. I do not tell anyone how to live, so do not tell me how to die. Death could be a choice that you might not make, but a choice that someone else can have. Dena Furey Euthanasia March 8, 2013 Bibliography Page Beauchamp, Tom L.

“ Justifying Physician-Assisted Suicide”, Ethics in Practice. 3rd ed. Ed. Hugh LaFollette. Blackwell Publishing Ltd. , 2007. 72-79. Print.