

# Argumentative essay on protecting the right to act autonomously: a philosophical ...

[Health & Medicine](#), [Euthanasia](#)



for Euthanasia

## **Protecting the Right to Act Autonomously: A Philosophical Argument for Euthanasia**

There is a long tradition of support for voluntary euthanasia in Western civilization. The ancient Greeks and Romans “ did not believe that life needed to be preserved at any cost and were, in consequence, tolerant of suicide in cases where no relief could be offered to the dying” The ancient schools of philosophy, the Stoics and Epicureans, believed that an individual who no longer wanted to live and chose to commit suicide should be supported in their decision. Thomas More, writing in the 16th century, foresaw a utopian community in which individuals suffering from intolerable pain and burdened by great physical and emotional torment should be permitted to end their lives. However, over the past two centuries, changing social mores, the influence of organized religion and the rapid technological development of medical science have combined to make voluntary suicide both a criminal offense and a moral/religious transgression. Yet the concept of personal autonomy, the philosophy to which the ancients subscribed, still remains. Just as a competent human being has the right to make basic decisions about his or her own life, such as where to live, how to make a living and whom to marry, so also is that individual entitled to determine whether to commit suicide, as long as it does not harm another.

At the core of the argument against voluntary euthanasia lies the contradiction of medicine extending life longer and longer regardless of the patient’s quality of life. The condition in which a desperately ill person lives has to a great extent been rendered

inconsequential by the ability to keep them alive. In other words, the law has interpreted the situation in such a way that, so long as doctors can prevent someone from dying, the legal right to commit suicide does not exist.

Attempts to counter the legal tradition of criminalizing euthanasia have drawn on strong arguments that make a great deal of sense from several standpoints.

Supporters of voluntary euthanasia have long argued that the philosophical/ethical and practical reasons for suicide should supersede what amounts to little more than an immoral imposition of temporal authority.

There have traditionally been two primary arguments used to counter opposition to assisted suicide, including:

- Ethics - This argument holds that the right to opt for assisted suicide proceeds from freedom of choice, a natural condition endowed to all individuals and which other human beings are ethically constrained from taking away. Based on this perspective, “ the state should not create laws that prevent people being able to choose when and how they die.”

- Practical - A logical approach to the question argues that euthanasia has not only been widely used in the past, but is actually present today, if only passively. As such, it only makes pragmatic sense to formalize euthanasia as a fully enfranchised medical option. In this scenario, euthanasia would simply be regulated and carefully monitored, ensuring that it would be carried out carefully and without harming others.

Furthermore, it should be noted that medical science actually utilizes protocols that virtually amount to a form of euthanasia. For example, the end-of-life practice known as “ do not attempt cardiopulmonary

resuscitation” (or DNACR) prohibits medical personnel from reviving patients who have officially requested not to be given treatment in the event their heart ceases to beat. This is what has become known as “ passive euthanasia,” particularly among proponents of assisted suicide. Palliative sedation has also been labeled a form of passive euthanasia, though it is not designed to be so. Palliative sedation “ is where a person who is experiencing extreme suffering, for which there is no effective treatment, is put to sleep using sedative medication.” This is not used specifically to bring about an end to a patient’s suffering by allowing them to die. It can, however, bring about a state in which the individual’s basic bodily functions shut down, thus amounting to euthanasia.

Given the prevalence of these protocols in medical practice today, it can effectively be argued that euthanasia, legitimized by medical practice, does already exist and provides sufficient precedence to legalize assisted suicide. However, many of those who argue against euthanasia are concerned with religious propriety and with concerns that such a practice could easily lead to abuses. Others, including many in the medical community, insist that “ asking doctors, nurses or any other healthcare professional to carry out euthanasia or assist in a suicide would be a violation of fundamental medical ethics.” This is an aspect of the debate that is often overlooked, asking medical professionals to perform a service that may constitute a violation of someone’s personal moral code.

The practical/pragmatic argument, the assertion that forms of euthanasia are already being practiced by the medical establishment, though possibly accurate, offers inadequate grounds upon which to compel the legalization of

formalized suicide. Modern medicine considers measures such as DNACR to be fully acceptable and an essential part of end-of-life care. To date, the courts have not indicated a willingness to overturn major decisions about euthanasia based on the widespread use of a protocol, the redefinition of which would require a fundamental change in the way the medical establishment views its role in society. Many, including medical professionals, have interpreted the pragmatic argument for euthanasia as meaning that doctors would be given the right to commit murder. As with many facets of the euthanasia debate, it is a matter of perspective and interpretation and, ultimately, unsuited for forcing such fundamental change.

In *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation*, John Keown makes a compelling case against legalizing euthanasia based on the “pragmatic” argument. Keown does not insist, as many have, on the presence of sinister intentions or the possibility that individuals bent on doing evil would pervert the benevolent intentions behind legalized patient suicide. Instead, he warns that unintended tragic consequences would likely result from the well-meaning actions of politicians operating within democratic governments. In other words, protocols such as DNACR should be left in the hands of professionals who are trained to administer them judiciously and responsibly. Politicizing such decisions would have the unwanted consequence of placing too much leeway in the hands of people ill-equipped to make such critical decisions.

Keown quotes an advocate of assisted suicide as saying, “Making someone die in a way that others approve, but (which) he believes a horrifying

contradiction of his life, is a devastating, odious form of tyranny.” This is a clear and direct summation of the position held by the pro-euthanasia camp. Nevertheless, Keown notes that it represents what proponents of assisted suicide consider an incontrovertible moral stance founded in the right of personal autonomy. However, his response also proceeds from a moral/ethical foundation. Keown counters that “ an exercise of autonomy merits respect only when it is exercised in accordance with a framework of sound moral values.” Autonomy, Keown asserts, does not certify actions that are intrinsically immoral. “ For example, A’s decision to murder B is an exercise of autonomy, but it hardly merits respect since it breaches a grave moral normShould we respect decisions to buy and smoke ‘ crack’ cocaine?” In other words, the result of some autonomous decisions can be inherently harmful to others, just as other decisions may be beneficial.

Observers and theorists, like Keown, predicate their arguments based on the fact that personal autonomy can be presented as a highly subjective concept, particularly within the confines of legal definition. The foundation of this line of reasoning asserts that, because personal autonomy can be interpreted both positively and negatively in terms of its consequences, the argument for permitting an individual to commit suicide is nullified on purely moral grounds. In other words, Keown reasons that facilitating the voluntary death of a human being is immoral *prima facie*. Therefore, citing the concept of self-autonomy as justification for euthanasia means that the concept of personal autonomy itself should not be used to promote legalizing euthanasia.

Dr. Robert Kevorkian took the opposite view of autonomy. The famous

proponent of assisted suicide argued that “ the law generally protects the right of individuals to make life’s most private and personal decisions on their own, apart from interference by government.” This is the opposite side of the legal argument concerning personal autonomy, in which the Constitution guarantees the inalienable right to exercise one’s personal liberty. “ This is what the Constitution means when it says that people cannot be denied liberty without due process of law.” Here, the term “ inalienable” is key. If one accepts that personal liberty is an inalienable right, and that personal liberty protects the right to live autonomously (i. e. the right to make important decisions about one’s own life), then the right of assisted suicide should be protected. As such, the nature of autonomy within the philosophical structure of liberty must presume the ability to decide whether or not to end one’s life.

There is also precedent for a philosophical counter argument to the religious position against euthanasia. The ancient Greek philosopher Plato wrote that Asclepius, the god of healing and medicine, “ believed that in cases where there was not feasible effective treatment and when life expectancy was short, the physician could refuse to administer any kind of treatment, since In conclusion, it must be noted that the moral and temporal precepts upon which modern Western civilization has been constructed are rooted in the belief that the guarantee of personal liberty presupposes the right to self-determination. The most important decisions an individual makes in life cannot be taken away because of the inalienable right to personal autonomy. Therefore, a person who decides to commit voluntary suicide based on his or her personal criteria should be allowed to do so given that individual

autonomy protects the right to make key decisions about one's own life. Since there can be no more important decision than whether or not to terminate one's life, the right to opt for voluntary suicide should be made available to everyone.

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