

# Euthanasia



Euthanasia, as defined by many philosophers, should only be morally permissible in certain circumstances where it benefits the one who dies. It is a widely held belief that an act of euthanasia aims at benefiting the one who dies. Using Kantian ethics as a model, one can determine that: It is morally permissible to engage in voluntary acts of euthanasia; it is morally permissible to engage in acts of nonvoluntary euthanasia, and; it is never morally permissible to engage in acts of involuntary euthanasia.

It is necessary to explore the different types of euthanasia first in order to fully understand what is involved in determining the moral worth of such acts. The two forms of euthanasia, active and passive, involve the actions of either ‘killing’ or ‘letting die’. An active form of euthanasia refers to the act of purposely taking positive measures, such as lethal injection, to bring about a person’s death. Thus, it is referred to as ‘killing’ many standards.

On the other hand, a ‘passive’ form of euthanasia involves the action of either discontinuing medical treatment, or not giving treatment at all. James Rachels and Philippa Foot, both philosophers, have explored the realm of euthanasia from different moral points of view. In James Rachels’ essay, “Euthanasia and Suicide: Active and Passive Euthanasia”, he states that neither active nor passive euthanasia are morally different from each other because the intent is the same for both types: to benefit the one who is to die by bringing about the patient’s death.

Rachels claims the doctrine held by the American Medical Association, which states that ‘it is permissible in some cases to withhold treatment and allow the patient to die, but is never permissible to take any positive action to end life’, is not morally justified because passive euthanasia prolongs the

suffering of persons needlessly, whereas active euthanasia will bring about a quick and painless death.

Rachels also believes that since both passive and active euthanasia have the same end, both are either morally permissible, or none at all, and, if given an option between passive and active euthanasia, active euthanasia would be more morally justified in the sense that it would be more ‘ kind’ to the patient . Rachels also objects to the American Medical Association’s statement that ‘ the cessation of medical treatment is not the intentional termination of a life’.

Rachels believes that the cessation of medical treatment is the intentional termination of life; it is aimed at procuring the patient’s death for his own sake—an act of euthanasia. There are three distinct types of euthanasia, all of which are independent of either passive or active euthanasia: voluntary, involuntary, and nonvoluntary. James Rachels’ essay fails to address these three distinctions, whereas Philippa Foot’s essay, “ Euthanasia”, does. These three aspects will be discussed later in the paper.

The amount of goods in a person’s life can affect his or her desire to live. Philippa Foot claims that the ordinary human life contains basic human goods; having support from family and friends; being able to satisfy human desires such as hunger, sex, and love; and having hopes for the future that can be reasonably obtained are all considered human goods. In Foot’s essay, she has mentioned that a person may have a great deal of evil in his life; this does not conclude that death will benefit him.

Evil alone does not decide if a person’s life is a good or not, because a life with evil can still contain goods, and thus make that person’s life a good.

There is a connection between life and good. We are under the assumption that life itself is not automatically a good, but that it is good because it contains various human goods; internal as well as external evils may either take these goods away, or make the goods unobtainable to a person.

For example, the pain and nature of a serious and terminal illness can be an evil to a man if it prevents him from satisfying the human goods that make life itself a good. Moreover, if the illness is terminal and there is no chance to regain these goods or experience them ever again, then a person may lose hope and thus lose the will to survive. Pain itself is not an evil unless it interferes with a person's human goods and little hope that life will once again be a good. Life can still be a good even though it contains more evil than goods.

One can wonder why the men and woman sent to the concentration camps under Hitler's reign of terror did not make many attempts to kill themselves. Surely, their lives had were filled with great amounts of evils, and one may speculate that any sane man would be better off dead for his own sake if he was in this situation. However, I might suggest there still may have been some goods in these individual's lives, such as the support of a community (others in the same condition) that gave hope to each other, however little it may have been.

Now the issue of the 'right to life' must be examined. If a rational being has a 'right to life' in terms of noninterference from others and positive service by others, should this also mean that he has the right to retract his rights and to die? A person may have the right to something even though it may harm him or be of no benefit so long as no one else's life is in jeopardy. The '

duty of service' by which doctors are under contract to abide by may in fact be dominating the issue of 'right to life'. Doctors and physicians have two duties: prolonging life and reducing suffering.

Often times these two duties can conflict with each other. Life can be prolonged at the expense of creating suffering, while suffering might only be reduced at the expense of taking someone's life. When extraordinary measures cannot alleviate pain in any way, and a person's life is so wretched that he or she feels his or her life is not worth living, what is the purpose of prolonging life under these circumstances? If a person has no more goods in his or her life, I do not see any practical purpose at prolonging it, especially when the person would prefer death for their own sake.

The issues of voluntary, nonvoluntary, and involuntary euthanasia are important and must be considered. When a person consents to be euthanized, he is 'volunteering' in the sense that it is his choice; nobody is forcing a decision upon him. It is voluntary. However, if a person is euthanized against his will, this is considered involuntary in the sense that he has not consented to be killed. In addition, if a patient is not able to give informed consent because he not mentally competent to make a rational decision, or because he is not conscious, euthanizing him would be nonvoluntary.

The terms 'justice' and 'charity' need acknowledgement in circumstances such as euthanasia. Justice, in the sense of rights and duties 'corresponding to rights' relates to what a person is owed in terms of noninterference (a liberty) and positive service (a claim-right). A patient in a hospital has a claim-right. That is, doctors have a duty of 'positive service'. A doctor has no

right to refuse the patient's right to medical services guaranteed to the patient, unless the patient forfeits his rights. In this case, doctors can practice passive euthanasia on the patient if he gives up his right to life. Charity, a virtue, attaches us to the good of others and their needs. A charitable action is one that justice does not demand, but may be beneficial to a person. Giving food and clothing to help the homeless is a charitable action. The act of euthanasia may also be considered charitable if and only if it is beneficial to the one who is to die. The issue of rights in the sense of 'liberty' is equally important. A man's 'right to life' gives others the duty of noninterference.

Killing a man against his wishes would be unjust because it would then deny his right to life, thus 'interfering' with a man's liberty. One man's right to life gives me no right to end it, and in fact, gives me a 'duty of noninterference'. Interfering with a man's life, against his wishes, is an act of injustice. Rights have different purposes than duties in that they describe ways in which the person possessing the right is at liberty to act as he sees fit and to act in his own interests, as he understands it, as opposed to describing specific constraints to which he must conform, as in a duty.

Using Kantian ethics as a model, one can determine whether an act of euthanasia is morally permissible or not. First, I would like to discuss voluntary acts of euthanasia. Kantian ethics respects a human being's ability to govern his or her own life and to make rational decisions. The content of the Categorical Imperative obligates one to 'act so as to treat human beings as ends, and never merely as means'; treating a rational being as an end would be to acknowledge the fact that he or she has both desires and choices.

Respecting another person's choices and or desires, as long as they are rational, would be respecting that person as an end. The Kantian would respect the wishes of a fully informed, mentally competent patient who wanted to be euthanized as long as it was for the good of the patient. The principle of ends may justify both active and passive forms of euthanasia. Depending on how the patient wanted to die, either passive or active euthanasia can be justified. Kantianism does not give any clear method to determine whether active euthanasia would be more justifiable than passive euthanasia.

Most likely, any rational person who is in unbearable pain would want to die a quick and painless death, so it can only be reasonable to assume that one would opt for active euthanasia as a more beneficial solution than passive euthanasia. An Intuitionist would agree that active euthanasia would be more beneficial to the patient because it is less painful and quicker than passive euthanasia, since both active and passive euthanasia aim at the same end. They are morally the same.

To the Intuitionist, moral duty obligates the prevention of pain and promotion of happiness of others, thus a form of the greatest happiness principle, as in Utilitarianism. While the Kantianist has no such duties, he may use reason or imaginative sympathy to realize his obligation to others to prevent suffering and promoting happiness, thus concluding that active euthanasia would be more benevolent than passive euthanasia in cases where the patient's desires were not known. In such a case, if the patient wants to be euthanized, his own choice should override anyone's objections to his death.

In this instance, the patient would have been treated as an end; the act of euthanizing him would be just and charitable at the same time. The form of the Categorical Imperative obligates us to ‘act as if you were legislating for everyone’. This can also be interpreted as ‘act as though you were laying down a universal law of nature’. Could we ever will that active euthanasia could be a universal law in these circumstances? I believe it could be a universal law, so long as the choice is left to the patient and he wishes to die for his own sake.

After all, desires and choices are held with high regard in Kantian ethics. If we were to will that a man may die peacefully in cases of severe untreatable pain and anguish, with a certain death in the near future, then we can will that active euthanasia will be a morally permissible choice if we would have that same action done to us. Although I feel passive euthanasia would be permissible, perhaps the principle of ends would prove active euthanasia more beneficial to the patient, because most rational beings would prefer a quick painless death rather than a slow, painful death.

In cases of nonvoluntary euthanasia where a patient is unable to consent, it may be morally permissible to end the patient’s life for his or her own sake. This is because imaginative sympathy plays an important role in deciding one’s actions. One could assume, through reason that he himself would not like to be in such a desperate situation; he can sympathize with the sufferer and imagine what the patient would want. What this means is that a doctor may put himself in place of his patient and sympathize with the patient.

The doctor could treat the patient as an end, realizing that the patient has choices and desires similar to the doctor’s; any rational person would not



want to live under such terrible circumstances. In cases where the pain and terminal illness was equal in both voluntary and nonvoluntary patients, aside from the ability to consent, we can assume the desire (or lack thereof) to live would be the same; therefore, the principle of ends would apply to both cases. I do not see how willing this situation to be a universal law would be problematic.

If all non-consensual persons have the same criteria as consensual persons in terms of needless suffering and identical illnesses, then why would we assume the nonvoluntary patient would want to live if the voluntary patient did not want to live? In other words, what would make a rational being want to die and a non-rational person want to live given the same circumstances? In the case of the nonvoluntary situation, a rational person would act out of imaginative sympathy and put himself in the place of both patients, and assume that a nonvoluntary patient would feel the same way as a voluntary patient would.

Lastly, the issue of involuntary euthanasia is of equal importance. If a person has not consented to be euthanized and has objected to it, under no circumstances would it be morally permissible to euthanize him. This is because Kantian ethics places a strong emphasis on a person's autonomy, desires, and choices. It would not make a difference if the patient would be 'better off' if he was euthanized because to end his life would be a violation of his desire to live, his right to life.

If the patient was euthanized against his will, because he was a 'burden on society', this act would be morally impermissible and unjust; his right to life would be violated and he would have been used merely as a means. I also

think this could not be universalized. Given the strong emphasis Kantian ethics places on autonomy, a person's own desires rule out anyone else's desires. From a Kantian viewpoint, forcefully euthanizing a human being, either passively or actively, would be no different from murder.

It must be stressed that this viewpoint applies to only involuntary euthanasia, because, in a situation such as nonvoluntary euthanasia, the person's choices are not known, so we could not assume he would not want to live. Thus, euthanasia, as the term is used in this paper, should only be morally permissible in certain circumstances where it benefits the one who dies. Kantian ethics, as a model, can determine that: it is morally permissible to engage in voluntary acts of euthanasia; it is morally permissible to engage in acts of nonvoluntary euthanasia, and; it is never morally permissible to engage in acts of involuntary euthanasia.