

euthanasia

The term 'euthanasia' is derived from the Greek *eu*, "good," and *thanatos*, "death"—literally an easy or good death. Despite attempts to develop a reasonably adequate definition, the term remains ambiguous and tends to be used persuasively in the literature. It is often lexically defined as "the act or practice of putting to death another person or animal suffering from incurable conditions or diseases, typically in a painless manner." But even this characterization has its share of difficulties. Arguably, its major advantage is that it is morally neutral in that it allows us to distinguish between moral (or permissible) and immoral (or impermissible) acts of euthanasia, and to place impermissible acts (like opportunistic or Nazi-like acts) in the latter category. An act of euthanasia differs from an act of SUICIDE ("an uncoerced act of intentionally and consciously taking one's own life") and from physician-assisted suicide ("an act of suicide whereby a patient ends his or her own life with a dose of medication or other lethal means requested of and provided by a physician for that purpose"). The difference is that in the case of euthanasia death is induced by another person, while in the case of suicide, death is self-inflicted. Another important difference is that arguments which purport to establish the dangers of physician-assisted suicide do not, in themselves, establish the hazards of euthanasia as do, for example, the implications of the practice of assisted suicide for the medical profession. Yet it is also true that most of the ethical arguments supporting suicide and physician-assisted suicide have been used in making the case for voluntary euthanasia.

The concern here will be primarily with voluntary and nonvoluntary active euthanasia. Active euthanasia occurs when one does something directly to end life of another being. An act of euthanasia is held to be voluntary only if there is full disclosure

of relevant information to, and CONSENT freely given by, the intended competent recipient of the act. An act of euthanasia is involuntary if the intended recipient refuses or opposes the proposed killing. A nonvoluntary act occurs when the intended recipient is not mentally or physically free to choose (as in the case of infants or the permanently comatose), and a proper legal guardian acting on the individual's best interests gives consent, or, when this is inappropriate (as in emergency situations), a representative acting on behalf of the individual gives consent. The lines between voluntary, involuntary, and nonvoluntary euthanasia are crucial in a society that values both self-determination and compassion.

A Liberal Point of View

Under the influence of what may broadly be called a liberal or quality-life point of view, advocates of voluntary euthanasia have urged that morality and WISDOM consist not in the pursuit of life but in the pursuit of a quality life and, conversely, that it may be desirable to end a life which is irreparably blasted by the most loathsome conditions or diseases. Advocates of voluntary euthanasia believe that a credible moral theory has no genuine need to claim that life is always a good, death always an EVIL and, therefore, that the deliberate killing of an innocent human being is always wrong and impermissible. Despite the great variety in the kinds of justifications offered, liberals do agree that voluntary euthanasia is sometimes excusable, permissible, virtuous, or obligatory. Indeed, this group might well be called *Promethean*, since they are hostile to the idea of just letting nature take its course; and they insist that we should consciously and intelligently control our own destiny. This Promethean perspective is grounded in MORAL RULES like those of autonomy, freedom, or DIGNITY—rules which typically prohibit the deprivation of freedom, thereby encouraging individual control of one's own LIFE AND DEATH plans.

The question of the extent to which this Promethean or a similar stance must generate an ethics of autonomy, or vice versa, cannot be addressed here. Suffice it to say that if there is any single area of solid agreement in the liberal argument, it is that the core of the ethical case remains the autonomy of the individual and the right of each person to decide when and how to die. For there is increasing agreement

that the function of the principle of autonomy is to affirm self-determination as a, or the, moral value and to shift the burden of justifying infringement of individual LIBERTY to established social and governmental powers. This, in part, means that if one has a right to life, (a) she need not exercise it, and (b) she may waive it. This also means, writes John Lachs, "that in the end, our lives belong to no one but ourselves." Similarly, DWORKIN, Nagel, NOZICK, RAWLS, Scanlon, and THOMSON suggest that each individual has a right (presumably a moral and constitutional right) to make the most intimate and personal choices central to personal dignity and autonomy, a right that "encompasses the right to exercise some control over the time and manner of one's death."

Two forms of the slippery slope argument will be more extensively discussed under the rubric of the conservative position. However, we should not forget that for the liberal, the slippery slope argument is not an argument against the moral permissibility of euthanasia, but against implementing the practice before appropriate safeguards can be provided. Moreover, liberals insist that it is absolutely vital to distinguish between whether abuse is actually occurring and whether there are adequate legal safeguards against abuse. These seem to be the major reasons that they are not overly concerned by the experience in the Netherlands, where euthanasia under specified circumstances is permitted by the courts, though not authorized by statute, and where reports of alleged abuse are often cited as illustrations of the slippery slope effect.

One of the most striking features of the liberal approach is the belief that dignity is a necessary condition of the good life. Individuals are said to have this kind of dignity to the extent that they have reasonable POWER to control important aspects of their own lives. This is *dignity as self-possessed control*. It consists not in having unlimited power but in having reasonable control over the significant aspects of one's life, as well as in satisfying the oft-times necessary condition of not being treated indecently or disrespectfully.

At the heart of the liberal position is a negative moral intuition and two positive theses. The intuition is that existence is not always preferable to non-existence. The first thesis is that life is a primary but not an absolute good and, therefore, death may sometimes be a good. This, in part, means that the

badness of death resides in the goodness of what it ends. Similarly, the goodness of death resides in the badness of what it ends. Since the term 'death' is here used only to signify the end of life and not a set of attributed properties, the charge made by conservatives—that liberals are attempting to describe the utter void of nonexistence—is largely misguided. For example, saying that "Nancy Cruzan's death ended her suffering" does not generate the same difficulties as saying that "the present King of France is bald."

As their second thesis, liberals hold that judgments about the quality of life often can be correctly made and that these judgments provide part of the basis for rationally deciding whether or not to end a life. According to these advocates, there is convincing evidence that what human beings generally regard as a life of minimal quality is bound up with an individual's ability to satisfy certain kinds of reasonable desires or goals and that there is a difference—a vital logical, if not moral difference—between a life devoid of any quality, one almost devoid of quality, and one that just lies on the negative side of the scale. In this context the terms "meaningful life" and "meaningless life" often are used by individuals who wish to explain why cessation is the best possible solution to their problem. In its subjective sense, having a meaningful life signifies having a minimally adequate sense of purpose or worth—largely because an individual is attached to dominant goals and believes that these goals are, or may be, attainable. Having a meaningless life in this subjective sense signifies the lack of both HOPE and a sense of worth—largely because the individual in question believes he or she does not have, or can no longer achieve, any important goal. However, there is another side to this coin. Here a distinction is made between having a subjectively meaningless life and having an objectively meaningless one. This distinction is especially important, since opponents of euthanasia typically maintain that judgments of meaninglessness or worthlessness must be subjective.

Consider the case of Matthew Donnelly. As James Rachels describes it,

Skin cancer has riddled the tortured body of Matthew Donnelly. A physicist, he had done research for the past thirty years on the use of X-rays. He had lost part of his jaw, his upper lip, his nose, and his left hand.

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Growths had been removed from his right arm and two fingers from his right hand. He was left blind, slowly deteriorating, and in agony of body and soul. The pain was constant; at its worst, he could be seen lying in bed with teeth clenched and beads of perspiration standing out on his forehead. Nothing could be done except continued surgery and analgesia. The physicians estimated that he had about a year to live.

Suppose Donnelly repeatedly reports that he believes that his life is meaningless and, therefore, worthless. In what sense and circumstances, if any, can this be true? First, it is quite clear that if he is sincere, then his judgment—"I believe my life (but not my earlier life) is meaningless"—is true. Suppose he then adds: "My life is objectively meaningless" in the sense that there is little possibility of important strivings, aversions, projects, goals, or plans—the necessary components of a human life, as opposed to being a mere biological organism. The challenge to the conservative is this: If reliable evidence supports the claim, then many would want to say that Donnelly's second, and more serious claim, is true. One implication of this is that beliefs about the meaninglessness of a life are often true when they correspond with reality. Judged by the ordinary canons of scientific evidence, there comes a point in some lives where that life becomes objectively meaningless.

What may not be fully understood is that having a meaningless life neither entails the worthlessness of an entire life nor that death is the preferable solution unless other "normative propositions" are added to the decision-making process. Yet the evidence indicates that these propositions are sometimes added. In exigent and tragic circumstances, individuals do view their situation as being deeply problematic because it involves a threshold or judgment as to when, and under what conditions, death is better than living as well as the judgment that when it is, death is the best solution.

A Conservative Point of View

A contrary point of view is put forward with considerable vigor by conservatives who argue that talk about worthwhile or worthless, meaningful or meaningless, quality or nonquality life generates formi-

dable problems. Here too we find a diversity of philosophical and moral positions—ranging from the view that euthanasia is immoral and unlawful because it is intrinsically evil and entails a direct violation of the right to life and of God's supreme domination over His creature, to the view that euthanasia is almost always wrongful because sentience, even painful experience, is almost always preferable to a permanent state of nonsentience. The primary moral intuition here is that sentient existence is almost always preferable to nonexistence.

There is a plethora of other objections. The less serious ones include J. Gay-Williams's argument that "euthanasia is inherently wrong" because it violates the nature and dignity of human beings in that it does violence to, and interferes with, our natural inclination for survival. In addition, he advances a complex argument against it from self-interest. This argument includes the claim that death is final and the chance of error too great to approve the practice of euthanasia; that its practice neither allows for the possibility of finding a new procedure that will pull the patient through nor for the occurrence of spontaneous remission; and finally that "knowing that we can take our life at any time (or ask another to take it) might well incline us to give up too easily" and that "the very presence of the possibility of euthanasia may keep us from surviving when we might." Liberals are inclined to say that, although these worries should not be lightly dismissed, there is little persuasive evidence that the "violation of the nature" and "self-interest" arguments are sound and that the extent, if any, to which these bad effects would in fact occur is only speculative. "Against these possible bad effects," writes Dan Brock, "are the very real gains in self-determination and control over the process of dying that such an authorization [of voluntary active euthanasia] would yield."

There is a stronger case to be made for the conservative position. It includes two essential arguments. The first is that the practice of euthanasia or assisted suicide violates the principles concerning the sanctity of life and the inherent wrongness of killing innocent human beings; the second, that these practices involve an empirical slipperiness and a slipperiness of moral principles.

The sanctity of life principle is central to the discussion of euthanasia. According to Ronald Dworkin, "the instinct that deliberate death is a savage insult to the intrinsic value of life, even when it is in

the patient's interest, is the deepest, most important part of the conservative revulsion against euthanasia" and that, for the conservative, "choosing premature death is therefore the greatest possible insult to life's sacred value." Now if we view the sanctity of life principle as central to this discussion, we need not be prepared to believe that the idea of sacredness is generated by the primordial experience of being alive and the elemental fear of its extinction and, therefore, that it is self-evident. Dworkin, for example, concludes that we cannot sensibly argue that a human being must sacrifice his own INTERESTS out of respect for the inviolability of human life because that begs the question. It begs the question because the patient "thinks dying is the best way to respect that value." Conservatives disagree. First, they would say that the question posed by euthanasia is not how life's sanctity should be understood and respected, but whether the sanctity of life should yield to some other value, like individual self-determination and the belief that we alone are ethically responsible for making something worthwhile of our lives. Second, that when it comes to matters of life and death, especially, the killing of innocent human beings, the burden of proof must always be on the advocates of premature death. Third, that there is a logical slipperiness in that "the two principles [right of self-determination and mercy] commonly used to justify euthanasia and assisted suicide seem to admit of no logical limits and thus, in different contexts, could perfectly well be used to radically extend the practice." Finally, the absolute prohibitions against killing the innocent is more effective, possibly the only effective means of protecting life. For there is a constitutive psychological strength to absolute prohibitions which weaker ones do not have, and the availability of boundaries which cannot be moved just a little bit is necessary to our long-term rational interests, whether those interests be moral or not.

The second central conservative objection is that if euthanasia were permitted it would, in fact, lead to a general decline in respect for human life. In its most exaggerated form the claim is that permitting a single instance of euthanasia would very probably lead to a slide, to dangerous misuse. This objection is an application of what is variously called the slippery slope or "wedge" argument.

Used in this context, the argument raises the question of whether the idea or practice of killing is contagious—that is, whether or not a person, group,

or society exposed to actual killing, or the idea of sanctioned killing, universalizes and thereby extends this domain. It is tempting initially to reply by saying that there is overwhelming evidence indicating that human beings compartmentalize their experience and ideas; and that it is only when the normal process of compartmentalization breaks down that one encounters difficulties. In other words, in the normal process of generalization there are constraints, and one of the more important constraints is that the process is limited by the concept of 'same kind or same class of objects.' For example, if we crush an insect and believe this to be a permissible act, we do not conclude that it is permissible to kill all living things. We conclude only that it is permissible to kill that kind of insect, or at most, all kinds of insects. Similarly, if we are taught to kill Nazis and the criteria for a Nazi and the circumstances of permissible killing are clearly spelled out, we do not kill all German nationals. We do not mistakenly generalize even further and kill all Europeans. Nor do we proceed either in fact or in mind to kill all human beings. Again, there is convincing evidence that the killing of human beings in "X" situations does not necessarily lead to the killing of human being in non-"X" situations. Or, to be more concrete, the merciful killing of patients who want to die does not necessarily lead to the killing of the unwanted or the extermination of the human species.

FAIRNESS requires that we grant there are rational grounds for distinguishing between permissible and impermissible killing and that the practice of euthanasia does not necessarily lead to undesirable difficulties. Escalation of killing is not foreordained and it is not impossible to develop an institutional system that strictly enforces reasonably clear criteria for what constitutes permissible acts of euthanasia. Nonetheless, there are significant difficulties. For one thing, the principle that "the direct and deliberate killing of innocent persons is never morally permissible" is thereby abrogated. Strictly speaking, this is an "open slope" and not a slippery slope argument. Yet it is not at all clear what sort of evidence is available for believing that utilitarian alternatives or other deontological rules would be as effective as the simple and absolute prohibition of the killing of the innocent. A second objection is that if the practice of voluntary euthanasia depends on holding all sorts of lines, if human beings are naturally disposed to bring about death by violating rules that are not

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self-regarding, and if there are tremendous forces in our society for scaling back costs or a shift to a right-wing ideology similar to the Nazis', then the probability of abuse is real and much greater than liberals suspect.

In this regard, reading Henry Friedlander's *The Origins of Nazi Genocide: From Euthanasia to the Final Solution* is an enlightening, if not a chilling, experience. For Friedlander describes the slow but insidious political development in Germany in which the term "euthanasia" was used as an euphemism to camouflage the murder of human beings the Nazis had designated as "life unworthy of life." Similar worries seem to lie behind Daniel Callahan's emphatic rejection of euthanasia and physician-assisted suicide. According to Callahan, the euthanasia debate is not just another moral debate. Rather it is "profoundly emblematic of three important turning points in Western thought": the first is that of the legitimate conditions under which one person can kill another; the second involves the problem of determining the meaning and limits of self-determination; and the third, changing the essential nature of medicine and redirecting it "to the relief of that suffering which stems from life itself, not merely from a sick body." The idea that what is at issue here is not merely a normative issue but a metaethical one which involves the very way we conceive of the good life and understand ourselves—is also discussed by Gula and Sandel.

An Altruistic Point of View

The great trinity of ALTRUISM—BENEVOLENCE, BENEFICENCE, and caring love—permits, and sometimes requires, the taking of an innocent life when reliable evidence indicates that, for the recipient, it is the best of all beneficent alternatives and when the resulting death is a greater good or lesser evil than the failure to intervene. An altruistic theory does not preclude liberal values. However, it does insist that loving-kindness precedes autonomy in two ways. Although both loving-kindness and autonomy are necessary, the former is more fundamental since it will generally lead intelligent people to protect the autonomy of other persons, but not vice versa. Loving-kindness also precedes autonomy in the sense that, when the only (or best) way to protect important goods or prevent serious harms is by rendering aid, then acts of loving-kindness overrule

considerations of autonomy. The intuition, albeit not a simple one, is that in certain circumstances it is a kindness and morally preferable to end a life and that in these circumstances beneficent euthanasia is morally permissible.

By beneficent euthanasia is meant "an act of inducing as painless a death as possible, where the organism is acutely suffering or in an undesirable state, where the relief of the latter condition is the only or primary motive and where there is convincing evidence that the resulting death is the preferable kindness and a greater good or lesser evil for the recipient than the failure to actively intervene." Since euthanasia is advocated by many of its champions chiefly as a means of reducing human misery, and more particularly as a way of maximizing kind or merciful treatment, there may be a growing tendency to focus the moral debate on the desirability of active voluntary and nonvoluntary beneficent euthanasia; its necessary conditions are inducing as painless a death as is possible, the primacy of merciful INTENTION, and convincing evidence of beneficent results.

Following Fletcher, Feinberg, and Lachs, one should neither overlook the merits of the individual case nor choose to err on the side of possible harm when there is known and clear evidence of benefit to the individual. In other words, when there is a choice between known preferable beneficence for an individual and possible social harm, then if we are to err, it should be on the side of beneficence. For goodness does not derive from fear or flawed abstract moral principles but, rather, from the capacity to feel love and to practice it by acting beneficently. It may not always be obvious or straightforward just how to do this. But except for the terminally naive egoist, most would agree that we have the duty to relieve the fortuitous distress of others when we can do so without great inconvenience to ourselves.

The argument against unnecessary CRUELTY and humiliation is perhaps more convincing. For goodness in conduct seems to require an abhorrence of cruelty as well as an effective mastery of the conditions that nurture intelligence and helpfulness. To require that human beings be kept alive against their will, denying their pleas for merciful release after dignity, beauty, promise, and meaningful life have vanished (and they can only linger in agony, weakness, or decay) is cruel and humiliating treatment. And it seems especially inhumane not to put an end

to irremediable suffering when a competent person requests it and will die anyway. If anything approximates a self-evident moral truth, it is that cruelty and inhumanity are evils that ought to be avoided. "There is," writes Nietzsche, "a certain right by which we may deprive a man of life, but none by which we may deprive him of death; this is mere cruelty."

See also: ALTRUISM; AUTONOMY OF MORAL AGENTS; BENEFICENCE; BENEVOLENCE; CARE; COERCION; CONSENT; CONSERVATISM; DEATH; DIGNITY; EUDAIMONIA, -ISM; FREE WILL; KILLING/LETTING DIE; LIBERALISM; LIBERTY; LIFE AND DEATH; LIFE, MEANING OF; LIFE, RIGHT TO; MEDICAL ETHICS; MERCY; PAIN AND SUFFERING; RIGHTS; SELF-OWNERSHIP; SELF-RESPECT; SLIPPERY SLOPE ARGUMENTS; SUBJECTIVISM; SUICIDE; VOLUNTARY ACTS.

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Marvin Kohl