
Altruistic Humanism and Voluntary Beneficent Euthanasia

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I wish to begin with a passage from the writings of Mahatma Gandhi:

I see there is an instinctive horror of killing living beings under any circumstances whatever. For instance, an alternative has been suggested in the shape of confining even rabid dogs in a certain place and allowing them to die a slow death. Now my idea of compassion makes this thing impossible for me. I cannot for a moment bear to see a dog, or for that matter any other living being, helplessly suffering the torture of a slow death. I do not kill a human being thus circumstanced because I have more hopeful remedies. I should kill a dog similarly situated because in its case I am without a remedy. Should my child be attacked with rabies and there was no helpful remedy to relieve his agony, I should consider it my duty to take his life.¹

Gandhi understood that, in at least one situation, the great trinity—benevolence, beneficence, and caring love—requires that we take a life.

It is clear that he is speaking about a definite duty, an obligation that is strict and exact, enjoining itself upon the agent in an absolute manner. What is not clear is whether such a special duty is limited to parents or emergency situations. I believe Gandhi would follow me in saying that it is not. The intuition, albeit not a simple one, is that in certain circumstances it is a kindness to end a life and that, from the perspective of what I call altruistic humanism, it is morally permissible, if not obligatory, to do so. I will attempt to explain why this is so.

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¹Mahatma Gandhi, quoted in *THE ESSENTIAL GANDHI* 215 (Louis Fisher ed., 1962).

A Theory of Humanism

Humanism is a system of thought and action that makes human welfare the measure and end of all moral and political endeavors. While welfare is the measure and end, knowledge and the supportive dispositions (strong benevolence and caring love) are the major means. I have discussed the importance of having an adequate theory of belief elsewhere.² Here I shall confine my attention to the non-epistemic foundations of humanism, especially the roles of kindness and caring love.

It is difficult, if not impossible, to define *welfare* successfully. We can in a preliminary way say, when speaking of individuals, that the welfare of X somehow involves the well-being and happiness of X. Perhaps a better way of characterizing what is meant by *welfare* is to say that it is the more-than-minimal satisfaction and protection of the means of satisfying basic individual needs and correlate interests, as well as the other fundamental interests a society would want to protect if it were fully rational and inspired by love.

By love I mean the kind of relationship between persons or thing in which the object of this emotion is a delight to contemplate and in which, if the object is a living being, there is a strong disposition to protect or promote the welfare of that individual. In other words, I wish to distinguish between *benevolent love* and what I have called *caring love*. Both kinds of affection involve a direct concern for the good—that is, the happiness and well-being of a person or the welfare of a beloved object. The essential difference between benevolent love and caring love is that the former is often limited to inert concern, while the latter involves, by its very nature, active concern.

Formally, the difference is as follows: If X benevolently loves Y, X must cherish the well-being and happiness of Y, but X need do no more than wish Y well. However, if X caringly loves Y, X is deeply concerned about the welfare of Y (that is, more actively disposed, or more committed, to help Y); largely—but not only—because of this X will intervene in Y's life if that action, in the context of Y's life, is necessary to protect an important good or prevent a serious harm.

Here, however, it seems as though we have a contradictory message concerning the relationship of caring love and the threatened or proposed death of a loved one. On the one hand, if Barbara loves George and if, unknown to George, his life is threatened immediately by death

²See Marvin Kohl, *Skepticism and Happiness*, 10 FREE INQUIRY 40-42 (1990); Marvin Kohl, *Humanism and the Justification of Belief: A Reply to Benjamin, Swanson, and Zamulinski*, 12 FREE INQUIRY 56-57 (1992).

³Marvin Kohl, *Caring Love and Liberty*, 12 FREE INQUIRY 49-51, 54 (1992).

force, then Barbara, given the usual caveats about the limits of reasonable action, is required to help George, especially if she is the only one in a position to do so. The rough but fundamental intuition is that death is a great—probably often the greatest—loss, that the greater the threat, the greater the need to protect a beloved against it.

On the other hand, suppose George has lymphoma and is dying. He has consulted several physicians and exhausted various forms of therapy. He has worked during the course of the illness and enjoyed the company of his family. But when he can no longer feed himself, control his excretory functions, or even enjoy looking upon the face of his beloved Barbara, he asks her to help him die. Barbara consents. She does so as a caring wife or lover. Her dominant motivation is helpfulness, that of preventing needless suffering and providing George with a "good death," or at least a better death than it would otherwise be. Here the fundamental intuition is that death is a friend, that its goodness resides in its helpfulness (especially in the badness of what it prevents as well as the badness of what it ends), and that helping George die is an act of caring love. Notice that, although the situations differ significantly, the proposition concerning the moral validity of Barbara's helping George to die and that of Gandhi in respect to his son are essentially the same.

Strong benevolence and disinterested beneficence work, but love is better. For love adds emotional bonding and commitment to strong benevolence. Moreover, love at its fullest demonstrates a higher level of commitment, a supreme manifestation of that part of the spirit of love we call devotion. Devotion is something we praise, even if we do so in a qualified manner. Devotion can be superior to benevolence because it requires a greater degree of responsibility. It often requires—and may be described as having—unconditional or nearly unconditional commitment.

Most men and women cannot love their neighbors—to say nothing about feeling devoted love. Aside from saints or those who have embraced saintly virtues, it is probably unrealistic to expect health professionals to feel lovingly toward all who come into their purview. It is one thing to expect feelings of love, another to expect humane treatment. However, the latter should not be unrealistic. I believe that we can, as a society or as individuals, make life less inhumane and better for those in great need or want; we can make our society a more kindly place to live. True, kindness is difficult for the egoist—even for the nonegoist living in a society dominated by narcissism. Helpfulness toward others is especially difficult for those who, deep in their heart of hearts, feel that it is wrong to care for others. Such a person cannot become a caregiver easily. But just as some of us can learn to be indifferent, others of us can learn to be caring.

I shall not present here a full treatment of the nature of kindness

and the obligation we have to help others but note only that kindness or beneficence is "helpfulness toward someone in need or want, not in return for remuneration, nor primarily for the helper himself."⁴ It is the architectonic positive moral duty.

I believe, further, that it is the duty of the community to protect its members against the basic vicissitudes of life. To the extent that the community is rational, it should recognize that unless help and care are institutionalized effectively, the hopes of the poor and the needy will not be met. In other words, the duty of beneficence holds in part that we are entitled to the actual assistance of others and that, where it is necessary (as in vital or basic problematic life situations) to help someone in distress, it is society's obligation to do so.

When I say that there is a duty of beneficence, someone may answer that most societies are not especially kindly places in which to live and that men generally do not think they have a primary moral obligation to help the poor or needy. The point is well taken. As a humanist, I am not saying that the world is a kindly place. I am saying that it can and ought to be a better place, that a future can be invented in which we treat others, especially the needy, with more concern and with active care.

Altruistic humanism maintains that inert concern, merely *feeling* love and benevolence, is not enough. What counts is whether there is active concern, whether a feeling of love and benevolence is implemented. The heart of the matter lies not in the degree to which we feel supportive affection but in the degree to which we can connect it with other lives and act beneficently. As important as the *dispositions* of love and benevolence are, the *practice* of beneficence is more important.

In such a circumstance as that proposed by Gandhi and in the lymphoma example, it seems inhumane not to end intense suffering where the person will die anyway. This is not to say that death is the only kindness that can be extended in these situations. Nor is it to suggest that it is easy to end the life of a loved one. Quite the contrary. The aim of this discussion is not to belittle the importance of that judgment. But it is a great error to suppose that all kindly acts are so motivated. Perhaps we should add that great kindnesses often occur when we act to remedy situations and when our inactivity would have been correctly judged lacking in humanity.

⁴Cf. Aristotle, *RHETORICA* 1385a, 16-20. For a fuller analysis of the nature of beneficence and how it may relate to the practice of euthanasia, see MARVIN KOHL, *THE MORALITY OF KILLING* 71-110 (1974); Marvin Kohl, *Voluntary Beneficent Euthanasia*, in *BENEFICENT EUTHANASIA* 130-41 (Marvin Kohl ed., 1975); Marvin Kohl, *Kindliness: Some Classic Views* *J. MED. ETHICS* 35-37 (1979).

Let me add a word about Christianity. Altruistic humanism differs significantly from a—if not the—central Christian view. In Christianity, extreme forms of egoism are rejected as false or at least as incomplete. On the other hand, while both disinterested love and benevolence, as well as the outward expression of this love, beneficence, are desirable, to argue that there is a *duty* of beneficence is to confuse the perfection of moral goodness with moral obligation. Moral perfection may counsel one to love others more than oneself. But what Christianity requires of the saintly is not that which is required for general morality. Strictly speaking, therefore, there is no duty called beneficence. At best, we can say that beneficence, or the sacrifice of self for the good of others, may sometimes be a duty and sometimes an act of virtue.

Whether a particular act is a duty, or is supererogatory, is determined by the relative needs of self and others. The circumstances under which a Christian is duty-bound to help another person are far from clear. But if there is a consensus among Christians—or at least a dictum from Thomas Aquinas—it is that one is morally required to help when a neighbor is in imminent peril of deadly evil to soul or body and is unable to help himself, that is, when the helping act is neither a venial sin nor an exposure to the proximate occasion of sin, and when by helping one would not be similarly imperiled.⁵

According to the ethics of altruistic humanism, there is an obligation to act kindly. Of course, we cannot legislate that individuals must *always* be helpful to other individuals. Still, we can shift the emphasis and, as we have in welfare rights theory, we can begin to talk about those circumstances in which a society, its designates, and other individuals have an actual duty to aid others. Among other things, this means that there is an obligation to at least protect members of society against the basic vicissitudes of life. Admittedly, we are not required to help if by helping we would be similarly imperiled. As such, we are required neither to sacrifice to the point of (or even close to the point of) death nor to enrich our fellowman. We are only required to maintain life and protect it against undesirable death, to live more simply in order that others may live where living is a good, and to die mercifully where the former is no longer true.

The humanist believes that there is an obligation and a corresponding right for people (1) to have protection against unjust assault or interference with vital interests; (2) to have, given the proper caveats, the bare minimum needs for continued life; and (3) to seek redress if that

⁵THOMAS AQUINAS, *SUMMA THEOLOGICA* Query XXXI, *Of Beneficence*; see also *EXPOSITION OF CHRISTIAN DOCTRINE* 145-51 (1921) and JOSEPH RICKABY, *MORAL PHILOSOPHY* 243-44 (1929).

proves necessary. The humanist also maintains that this duty involves—albeit in a complex way—that there be relief from pain, relief from suffering, respect for the patient's right to refuse treatment, and the provision of adequate health care, including hospice care, if that is the patient's preference. We also maintain that in certain circumstances it is kind to kill and, therefore, morally permissible, if not obligatory, to do so.

A Plea for Decriminalization

Humanists declare their support for active, voluntary, beneficent euthanasia. They reject the ideological cant which holds that life is always a good and death always an evil. We believe that not all death need be violent or undesired and that for those who are terminally ill, suffering from intractable pain, or in a persistent vegetative state it may be a blessing. We reject theories which imply that human suffering is desirable and that pain is somehow the result of supernaturally determined and just punishment. We hold that both the enjoyment of seeing pain in others and the acceptance of unnecessary suffering are immoral and inhumane. We are cognizant of the dangers of abuse and aware of opportunists who may exploit the plight of the helpless. Yet we reject the claim that palliative care or passive euthanasia or the practice of active euthanasia limited only to the terminally ill is sufficient and the best that can be done for those in dire need. The threat of abuse demands adequate safeguards and vigilance, not paralysis.

Definitions

Euthanasia, whose literal meaning is "good death," may be defined as an "act or method of causing death painlessly and quickly, so as to end suffering or an undesirable existence."⁶ An act is an act of beneficent euthanasia if, and only if, it results in a painless and quick death and if the act as a whole is beneficial to the recipient. An act is voluntary only (1) if it is the result of the fully informed consent of the intended recipient, or (2) when the recipient is not mentally or physically free to choose (as in the case of a permanent coma) and the closest relatives and/or medical and legal representatives, acting on the individual's behalf, give consent. We favor the lawful practice of voluntary beneficent euthanasia.

⁶For a discussion of how to define the term best, see Tom L. Beauchamp & Arnold Davidson, *The Definition of Euthanasia*, 4 J. MED. & PHILOSOPHY 294 (1979); Marvin Koh, *Euthanasia*, in 1 ENCYCLOPEDIA OF ETHICS 335-39 (Lawrence C. Becker ed., 1992).

Some Relevant Issues

Quality Versus Quantity of Life

Humanists understand that life is precious and that, except in certain special circumstances, it is a benefit to its possessor. It is precious because it is at least a necessary condition for any other experienced good. Correspondingly, death is usually an evil, and it may be rational to fear and to act intelligently to prevent accidental and other forms of unnecessary death. Thus we, as advocates of lives of quality, understand that human life is worth protecting, worth preserving, and generally worth living to its natural end.

Because we have a commitment to truth, we also distinguish among the following: a life devoid of any quality, one almost devoid of quality, one tipped on the negative side of the scale, and a full life. We understand that a life that is not totally full is not necessarily empty, and further that one can be happy with a life that is far from ideal, and that being abnormal, disadvantaged, or disabled does not necessarily mean that one cannot lead a relatively rich, busy, and contented life. Similarly, we understand that a life that is, on balance, unhappy is not necessarily an empty one. It still may possess opportunity for great moments of satisfaction. Exiting from an unhappy life is, therefore, one thing; exiting from an irreversibly meaningless or agonizing existence is another.

We are now in better position to understand why a beneficent society would not generally want its members to stop living only because they are not leading the good, the happy, or the blessed life. A beneficent society distinguishes between expedient and preferable means of problem-solving. Suicide and euthanasia are expedient ways of coping with failure to live the blessed life, but no rational person is likely to hold that it is always, if ever, the preferable solution. Similarly, few would doubt that death ends worldly unhappiness, but most, I suggest, would consider it the least preferable of workable means. This point is of more than theoretical interest, for the failure to make this distinction is a contributing factor in the rise of nonrational suicide and euthanasia. Stoic rhetoric aside, the dirtiest death is not always preferable to the daintiest slavery.

A beneficent society will allow its members to stop living, but only for good reasons and only in cases when death is the preferable solution. When death is the preferable moral solution, there is an obligation to allow for a good death. A beneficent society, on the other hand, is not intoxicated with the idea of death, for it realizes that a good death is but a small part of a good life. Contrary to Aristotle's thinking, a bad ending does not make for a bad life. But a bad ending should be shunned. There is much truth in Augustine's statement: "To allow admittance to some-

thing you can avoid is foolish."⁷ And while a good ending is not a substitute for a good life, the glories of beneficence require that those who have led lives of little enjoyment and much adversity at least should have the opportunity of leaving this world in the contrary manner.

Intelligence Versus the Argument from Nature

We deny the argument from nature, which holds that every human has a natural inclination to continue living, no matter what the conditions of that life may be. We believe that humans are not motivated only by instincts and uncontrollable drives but by reason and the light of truth, in short, by a critical intelligence that enables us to make judgments about what is a good, a better, or the best way to live or to die. Sometimes, in the exercise of this faculty given to us by nature, we conclude that ending life voluntarily and affirmatively is preferable.

There is, of course, a natural psychological abhorrence to ending the life of a loved one. In fact, the inability to fathom the thought of our own death and the death of others we love is one of the major roots of the resistance to beneficent euthanasia. But there are also tragically sad circumstances where, in order to help those we love or value, we must induce death.

Pessimism Versus Meliorism

Humanists are neither metaphysical optimists nor pessimists. We do not believe that the lawful use of beneficent euthanasia must work because man, by nature, is essentially good. Nor do we believe that lawful euthanasia must fail because man is essentially or ultimately bad. We, in contrast, are meliorists. Meliorists believe the world can be made a better place by the use of critical intelligence, courage, and careful safeguards. These safeguards include: (1) limiting the practice of legitimate voluntary death to those who are terminally ill, who are devoid of cognitive function, or who suffer from acute pain that cannot be ameliorated; (2) discouraging suicide for any primarily emotional, traumatic, or opportunistic reasons in the absence of any of the aforementioned conditions; (3) providing for medically assisted termination of life, which would require cautionary and checking procedures that could not be disregarded without risking criminal sanctions of the most severe sort; (4) giving high priority to the development and support of hospicelike facilities for those who do not suffer from the above conditions or who may decide that it is better always to be than not to be; and (5) providing federal and state funding for research in two

⁷ AUGUSTINE, *THE HAPPY LIFE* 73 (Ludwig Scopp trans., 1948).

vitaly important areas: first, a fuller study of the nature of quality life in order to obtain a better understanding of its objective, subjective, and cultural components; and second, a study to obtain and boldly face the facts as to where and how most Americans will be dying in order to guide the development of a public policy that does not focus on only active intervention to end life.

The Slippery Slope Argument

The most plausible objection to euthanasia is that if it were permitted it would, in fact, lead to a general decline in respect for human life. In the most exaggerated form, it is claimed that permitting a single instance of euthanasia would probably lead to a slide, that is, to dangerous misuse. This objection is one version of what is variously called the "slippery slope" or "wedge" argument.

This argument raises the question of whether the idea or practice of killing is contagious—that is, whether a person, group, or society exposed to actual killing, or the idea of sanctioned killing, universalizes and thereby extends this domain. It is tempting to reply initially 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; one of the more important constraints is that the process is limited by the concept of "same kind or same class of object."

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 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 beings 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 unwanted people or the extermination of the human species.

Fairness requires, therefore, 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 human 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 principles would be as effective as the simple principle of prohibiting the killing of the innocent. A second objection is that if the practice of voluntary euthanasia depends upon holding all sorts of lines, if human beings are naturally disposed to bring about death by violating rules that are not self-regarding, and if there are tremendous forces in our society for scaling back costs, then the probability of abuse is real and much greater than quality of life advocates suspect.

Unfortunately, the "scaling back costs" problem is just the tip of the larger problem of opportunism. Unless checked by the rigorous indoctrination of sufficiently powerful contrary motives and principles there is a tendency among vigorous and ambitious human beings to compartmentalize or otherwise change moral rules in order to obtain a winning advantage. What this means is that, aside from saints and others who are intractably moral, there are certain conditions where the perception of gain or the fear of loss can erode a person's moral principles. Such individuals tend to shift out of a moral mode or simply establish a distinct, separate, and self-serving "moral" domain.

Moral erosion—the probability of otherwise moral individuals shifting or making exceptions in order to promote their own good—is dangerous enough. But when this tendency is combined with what is mistakenly called ethical egoism, the danger of abuse is even greater. It is one thing to be concerned about having a person's moral principles erode under pressure, but it is another to be concerned about those in our society who believe that they ought to aim at their own well-being and success even if that pursuit diminishes the happiness or the lives of others. In our present society the power of the notion and practice of egoism should not be underestimated.

I hope it is obvious that these are not telling objections. Certainly there will be some moral erosion and abuse. No doubt some have thought that this abuse is too high a price to pay, but the answer lies neither in retreating to hard determinism nor in becoming a naive optimist concerning free will. Realism about *present* human nature must be combined with audacious benevolence. What is required is not "watery kindness" but a kindness that is tough-minded and cognizant of the dangers of abuse. One of the best counterpoises is t

develop strong feelings of benevolence, to extend the practice of beneficence, and to remember that benevolence and beneficence are fragile goods that require constant vigilance and careful protection.

Conclusion

Our goodness derives not merely from the capacity to feel love but also from the capacity to practice it by acting beneficently. The genuine heart of goodness in conduct lies in an abhorrence of cruelty and 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 treatment. To require that a man or woman be kept alive in a permanent coma or in a noncognitive state, when he or she has not expressly indicated a desire to exist in such a state, is an inhumane violation of his or her rational interests. If anything approximates a self-evident moral truth, it is that cruelty and inhumanity are evils that ought to be avoided.

Humanists believe that the penal code should take account of a person's wish to die with dignity or to die a faster and gentler death. We believe that the practice of voluntary beneficent euthanasia will enhance the general welfare of human beings and that, once stringent legal safeguards are established, such actions will encourage human beings to act courageously, out of kindness and justice. We believe that society has no genuine need to preserve against their will the lives of people who are terminally ill or permanently noncognitive, or those who suffer intractable pain. We also believe that the right to beneficent euthanasia, with proper procedural safeguards, can be protected against abuse.