

Beneficent Euthanasia
edited by Marvin Kohl
Buffalo, NY: Prometheus
Books, 1975, 130-141.

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Voluntary Beneficent Euthanasia

As long as we respect human dignity and regard kindly acts as being at least virtuous, beneficent euthanasia, or mercy killing, will be practiced and remain a moral activity. For, as Cicero correctly observed, other things being equal, our first duty is to help most where help is most needed.

I shall present my case in three parts. Although I shall say a few words about the morality of passive euthanasia, the major focus in part one is upon questions about the intrinsic goodness of life and the role of intrinsic dignity. A characterization and brief defense of active voluntary beneficent euthanasia will be presented in part two. In part three I will evaluate three of the most formidable objections to beneficent euthanasia.

Euthanasia is usually defined in one of several ways. Defined narrowly it refers to the *inducement* of as quick and painless a death as is possible (hereafter referred to simply as a "painless quick death"). In one of its broader senses, however, the term refers to the *allowance* or *inducement* of a painless quick death. I shall follow here the broader usage and roughly distinguish between active and passive euthanasia. The former designates acts in which one does something directly to end life when it would otherwise go on; the latter designates acts in which one refrains from doing something so that death will come more quickly.

Aside from the problem of undesirable consequences, the question of whether or not an act of passive euthanasia is sinful or immoral is not likely to arise unless it is already believed that the continuance of mere physical life is an absolute and/or intrinsic good. I suggest that this position, a position held by most vitalists and some inalienable-right theorists, is open to formidable objections.

It should be noticed, first, that saying life is intrinsically good means that the existence of life would be a good even if it existed quite alone, without any accompaniments, goals, or meaning—that is, that the mere physical process, in and of itself, is always a good. I am inclined to believe that those who take this position are motivated by good intentions, for it often does seem that the best way to protect something is to make protection exceptionless. But surely we do not want a principle that seeks to preserve life at the price of protecting suffering when that suffering can be shown to be needless.

To say that all human life is intrinsically good is to say that each and every life, whether or not the individual is suffering acutely from an incurable condition or disease, is intrinsically good. It is to say that the life of a child like David Patrick Houle—a child who was born with, among other things, improperly formed vertebrae, a malformed left side and hand, no left eye or ear, and who, if he had survived, would have been partly deaf, palsied, blind, and mentally retarded—is intrinsically good. It is to say that when a life has been irretrievably blasted by an accident or blighted by some ghastly illness, or that even when all dignity, beauty, and meaning have vanished, life is intrinsically good. The flaw in this position lies not in its intention but in its results. For unless it is abridged or more carefully qualified, it entails the acceptance of pointless suffering.

Still another difficulty is that the vitalist position runs counter to

common moral intuitions or beliefs about killing. For example, it is widely held that killing in self-defense and in defense of others, especially when necessary to save life, is morally justifiable. In addition, the vitalist's high regard for life qua life runs counter to the moral approval of the hero or the martyr who lays down his life for the sake of other values, such as honor or conscience. John Huss, the Bohemian religious reformer, was burned at the stake and his ashes were thrown into the Rhine River because he refused to stop attacking the worldliness of the clergy and the interference of the Catholic Church in political matters. I do not think we would be prepared to say that Huss' belief that honor and conscience come before one's own personal safety was mistaken, though we might in practice often lack the courage of that conviction.

The main point is this: There is a difference between saying "X is good" or "X is an almost intrinsic good" and saying "X is an intrinsic and/or absolute good." Almost all men hold life to be a good (perhaps an almost intrinsic good), but few would perceive or hold it to be either a good in itself or the highest good. To make a case for those claims, it must be shown (a) that mere physical life is always a good thing and/or (b) that it is the highest good. This has not been done, and I do not believe it can be done.

My only excuse for insisting on the inadequacy of the vitalist position is that it is not consistently recognized by opponents of euthanasia. There is a sort of odd bifurcation, for many seem to maintain that what I have said is right when applied to problems of passive euthanasia but wrong when applied to problems of active euthanasia. Plainly, they cannot have it both ways. If these beliefs are inadequate grounds for opposing passive euthanasia, then they are inadequate for opposing active euthanasia.

Besides the objection from the intrinsic goodness of life there is a related argument, namely, that proponents of euthanasia deny that all human beings have intrinsic dignity or that they advocate policies that would violate that dignity. In fact, the word *dignity* is so closely identified in popular thought with the heart of the euthanasia issue and so many varied and ambiguous ethical doctrines have recently been erected on a foundation of this vague word that a closer examination becomes an intellectual necessity. I can give only a succinct summary and refer the reader to some of the more interesting contemporary papers for supporting evidence.¹

The word *dignity* has at least two related but distinct senses. As an intrinsic characteristic of humans, it connotes the things of excellence that

set human beings apart from other species. In this sense (*dignity*₁) it is "the intrinsic worth which attaches to, or is possessed by, a human being just because he is a member of a uniquely rational and capable species." The literature is reasonably clear concerning the indestructibility of this kind of dignity. An individual has *dignity*₁ even though he does not equally share in the excellence of other members of the species and even though he may be distressed, ill, or physically or mentally handicapped. Just how this is possible is seldom explained, but the claim is eminently clear: since the species as a whole has worth, every member possesses some worth. In short, intrinsic dignity can never be destroyed.

Extrinsic human dignity (*dignity*₂) is a still more difficult notion to grasp. But it is probably true to say that, in addition to being a value term, *dignity*₂ connotes having reasonable control over the major and significant aspects of one's life, as well as the oft-times necessary condition of not being treated disrespectfully.

Care should of course be taken not to confuse respect for a person's ability with respect for the person as a human being. I may or may not respect Mary's or John's plumbing ability but nonetheless may respect each as a person. On the other hand, if I fail to respect (that is, value highly and not interfere with) a mature and rational person's ability to freely function in major areas of human endeavor (assuming they have the capacity to so function or are not acting immorally), then to that degree I fail to respect her or him as a person.

Few who are aware of this distinction are inclined to deny that every human being has some worth or *dignity*₁. Obviously, if a patient has *dignity*₁ regardless of his condition or treatment, solely because he is a member of homo sapiens, then all human patients have *dignity*₁. But what is the value of this kind of dignity? Is it not true that telling a patient who is suffering and being mistreated that he nonetheless has *dignity*₁ is like consoling the concentration-camp prisoner who is being forcefully carried into the "shower house" by telling him that he is metaphysically free?

The heart of the matter, I believe, lies elsewhere. It has to do with *dignity*₂, the having of which roughly denotes the actual ability of a human being to rationally determine and control his way of life and death and to have this acknowledged and respected by others. This is what is meant when we say that because all human beings have a basic need for dignity they have a corresponding right to be so treated.

We can now, perhaps, better understand why some opponents of euthanasia use the term *dignity* equivocally. There are two propositions at

issue: (1) All human life has some worth or dignity₁, and (2) all human life has some worth or dignity₂. Proposition 1 is true, almost vacuous and of dubious value. But proposition 2 is false. For there are situations, especially some cases of terminal illness, where an individual's condition is so grave that there is no genuine possibility that he can obtain reasonable control over the major and significant aspects of his life. And this is to say nothing about the complex issues raised by disrespectful treatment. Although opponents of euthanasia may continue to use the term *dignity* obscurely or equivocally in order to give proposition 2 an air of plausibility, it is difficult to understand why this maneuver should be considered an intellectual virtue.

II

Correctly conceived, for an act to be one of active beneficent euthanasia, the dominant motive must be a desire to help the intended recipient, the act must involve the inducement of a relatively painless quick death, and it must result in at least beneficial treatment for the recipient. To state this more accurately, the term *active beneficent euthanasia* is synonymous with the term *mercy killing*—that is, both refer to the inducement of a relatively painless and quick death, the intention and actual consequences of which are the *kindest possible treatment* of an unfortunate individual in the actual circumstances.

In an earlier version of this paper, I used the term *noninvoluntary*. I said that an act is to be considered to be noninvoluntary only if it is either the result of the fully informed consent of the intended recipient or, when the recipient is not mentally or physically free to choose (as in the case of permanent coma), the proper legal guardian (or when this is inappropriate, society or its representative) acting on the individual's behalf gives consent. I then went on to say that I favored only noninvoluntary beneficent euthanasia. I am still inclined to believe that *noninvoluntary* is a less misleading term than *voluntary*. But if great care is taken and if we are willing to stretch *voluntary act* to mean *voluntary acceptance*, then perhaps we can use *voluntary* and thereby avoid the more cumbersome expression. A voluntary act, in this special sense, is one in which the intended recipient gives free, fully informed consent, or when he is not a free agent (because of natural conditions, as in the case of infants or the permanently comatose), consent is obtained from an authorized representative acting on his behalf.²

My claim is that in situations where there are no overriding rights or similar considerations voluntary active beneficent euthanasia (hereafter referred to simply as beneficent euthanasia) is a moral obligation.

I have described the nature of kindly acts and argued for the morality of beneficent euthanasia at length in *The Morality of Killing*.³ Here I shall be content to expand upon some of the basic points.

The argument for beneficent euthanasia is twofold. First, since it is kind treatment, and since society and its members each have a *prima facie* (though not equal) obligation to treat members kindly, it follows that beneficent euthanasia is a *prima facie* obligation. This means that in certain circumstances we have an actual moral obligation to induce death, that it is not only virtuous to help most where help is most needed but it is often a duty to do so.

This argument neither says nor means to suggest (a) that kindness alone will do or (b) that the obligation to be kind is only limited to acts of mercy killing. Let us briefly examine each of these points more closely.

As to (a): Unless the weight of a kindly act is overridden by other rights or similar considerations, a kindly act is a moral one. In other words, while a kindly or beneficent act is not necessarily a moral act, more often than not it is. As to (b): Acting kindly in cases where the patient's death is imminent requires that there be relief of pain, relief of suffering, respect for the patient's right to refuse treatment, as well as the provision of adequate health care. To this extent, I agree with Arthur Dyck.⁴ Where we differ, however, is that for Dyck the right to merciful treatment seems to be overridden by the principle prohibiting the killing of innocent people, while I hold that in cases of mercy (that is, in cases where inducing death is the kindest possible treatment) exception should be made to the principle prohibiting killing.

Second, in addition to the argument from kindness, there is an argument from justice. It has two prongs. The first is that where an individual is not constrained, but physically and mentally free to choose, his consent is necessary. This is an essential safeguard, for one of the best defenses against injustice is that of freely given, fully informed consent. The second is that justice requires that where possible we give to each according to his or her basic needs; and since human beings have a basic need to live and die with dignity₂, it is just that we treat them accordingly. This entails the right to live, the right to die, and the right to death with dignity₂.

To many moralists nothing seems morally so self-evident as having consent as a necessary condition for just or moral acts. Yet there seems

good reason to question the rule that unless we have overt consent a given action is unjust, immoral, or nonmoral. Admittedly, the existence of infants and permanently comatose patients raises a difficult problem. It is not always easy to know when an individual is not free to choose; nor should the transfer of this obligation be taken lightly. However, when the fanatical insistence on consent only brings with it continued or increased misery, and when it is clear that neither justice nor the welfare of the individual is being served, then we must choose to act on behalf of the interests of that individual. For no person should suffer merely because he cannot express consent.

It should be clear that I arrive at this conclusion reluctantly. But what are the alternatives? To say that infants and comatose patients are not subject to moral actions obviously will not do. To say that any help that may be extended toward such individuals must be unjust or immoral is morally implausible and deeply unsatisfying. And so we fall back upon the notion that when we have a problematic situation in which one or more moral principles are not applicable (as in the case of requiring consent from those who cannot possibly give consent) the actual judgment must depend upon the relative weight of moral rules that can be applied,⁵ where those who apply the rules are acting on behalf of those who cannot give consent.

Before turning to the more serious objections, I should like to consider one that is widely held and theologically rooted. It may be called the principle of sufficient reason for suffering and can be formulated as follows: Everything is connected in definite ways with other things, so that a thing's full nature is not revealed except by its position and relationship within a system. If we fully understood the entire system, we would appreciate the role played by suffering, for suffering brings us closer to God. "Suffering is almost the greatest gift of God's love. For if we stop to think, we can never be like Him in power or dignity. We can, however, become like Him in our suffering. In other words, by suffering we become God-like."⁶ To those who hold this view I can only say that there is enough tragedy in life. We all know that an accident, illness, or death may suddenly seize us or our loved ones. Fortunately, most men realize that there is enough suffering in this world without our nurturing or worshipping it.

Contrary to the plea for tolerance of unnecessary suffering, I wish to urge the following doctrine: that given the spirit rather than the letter of the Judaic-Christian tradition (or, better, actually following the spirit of that tradition) we should believe that (a) there is no virtue in unnecessary

pain or suffering; (b) beneficial acts take moral precedence over simplistic rules; (c) indifference to suffering tends to beget indifference or cruelty, while kindness often begets kindness; and (d) according to tradition, God would not have created the world and the world could not endure if justice were to rule untempered by mercy.

III

Many people would say that when an action is a kindly one it is to some extent desirable and that when it is both kindly and just it is a *prima facie* moral, if not obligatory, act. But some would be quick to add that even a kindly and intrinsically just act is not necessarily moral, whatever the consequences. For, like the utilitarians, they hold that the rule not to kill the innocent must be regarded as universally binding for two reasons: first, because the wisdom of past generations has discovered that the consequences of killing the innocent in permissible circumstances is in fact conducive to the killing of the innocent in nonpermissible circumstances; and second, even in the case of an apparent exception where the killing has good consequences (beneficent euthanasia), the rule should still be kept because it is right and one breach of it would weaken the authority of the rule, which we wish to see generally observed.

The first of these two arguments, the so-called wedge or slippery slope argument, may be ruled out. There is simply no evidence that killing *per se* is contagious, but there is overwhelming evidence to show that it is not. It is true that people who believe that it is right to kill Gypsies, Jews, or anyone else, provided their deaths may profit the state, will probably continue to kill if they have the power to do so. But this is not evidence of the seductiveness of killing. Rather it is evidence that when men have almost unlimited power their actions will be consistent with their beliefs, and if their beliefs entail needless cruelty, so will their actions.

No doubt much of the resistance to euthanasia is due to fear, the almost abject fear of the Nazi experience. I think Joseph Fletcher is right in holding that the Nazis never engaged in mercy killing: "What they did was merciless killing, either genocidal or for ruthless experimental purposes."⁷ The motivation behind and the nature and consequences of acts of beneficent euthanasia are radically different. In the Nazi example, the motivation, aside perhaps from sadism, was solely that of maximizing "benefit" for the state. In cases of beneficent euthanasia the motivation is essentially and predominantly that of maximizing benefit for the recip-

lent, of helping most where and when the individual needs it most. The Nazi form was involuntary; the form advocated here is voluntary.

There still remains the difficult task of being able to distinguish free, informed consent from that of subtly, or otherwise, coerced consent. Yet this problem should not be blown out of proportion. The obsessive fear of abuse should not prevent us from acting kindly. Nor should it blind us to the facts that some acts are not only freely chosen but easily recognized to be so and that in cases of beneficent euthanasia the individual has the right and power to reject or terminate that action.

Similarly, there are cases where the proposed act of inducing death constitutes a borderline case of kindness. Here, even if death is freely requested by the patient, one should refrain from acting. *If there is reasonable doubt that the purported act is not kind or not the kindest possible actual alternative, one should refrain from acting.*⁸ This is not to say that one does not have a right to self-determination and thereby to suicide. Nor is it to say that one should refrain from acting in cases that easily and clearly meet the conditions outlined earlier. It is only to suggest that there is an important difference between suicide and proxy suicide and that the consent of a potential recipient does not in itself necessarily incur the obligation upon someone else to assist in the act.

This procedural rule, especially when added to our understanding that an act is only beneficent euthanasia if both the intention and actual consequences of the act are the kindest possible treatment for the recipient, radically separates beneficent from nonbeneficent varieties of euthanasia.

The second major theoretical consequentialist argument is that the so-called inviolate rule prohibiting the killing of the innocent should be kept, and therefore that beneficent euthanasia should be prohibited. In other words, we are told that we ought to weigh the maximizing of benefit against the maximizing of harm and that if we did so we would find that the consequences of breaking the inviolate rule prohibiting the killing of the innocent are in fact conducive to misery rather than to happiness or some other ideal. To some extent this criticism has been dealt with already in part II, but the charge is of such a serious and persistent nature that I wish to pursue it further. For not only do utilitarians maintain that the rightness of a rule or action is to be judged solely by its consequences but mixed-deontologists maintain that a necessary, though not sufficient, condition for a morally right act is that it promotes the greatest balance of good over evil. If, therefore, the consequences of beneficent euthanasia are

in fact more conducive to misery than to happiness or its like, then utilitarians and mixed-deontologists should have to reject the practice.

But why should we advocate a rule when we know that in cases calling for merciful treatment it will not be the most beneficial rule to abide by? As J. J. C. Smart correctly observes, "to refuse to break a generally beneficial rule in those cases in which it is not most beneficial to obey it seems irrational and to be a case of rule worship."⁹ Therefore why dogmatically adhere to a principle that protects innocent life and needless suffering? Why not simply formulate a better rule?

In *The Morality of Killing* I suggested that the principle prohibiting killing be reformulated so that it would not apply to cases of beneficent euthanasia. If this strategy is workable we obtain a new prohibition: "Do not do *K* except in circumstances of the sort *C*," where *K* stands for the killing of innocent people and *C* stands for the voluntary inducement of a painless and quick death, the intention and actual consequences of which are the kindest possible treatment in the actual circumstances for the recipient of that act. The merit of this rule is that it both protects the innocent and allows us to help those in dire need. And this is what morality is largely, if not all, about.

I now turn to the last objection I wish to consider. It was brought to my attention by a clergyman, who after one of my talks on euthanasia came up to me and privately said: "No, no, you must be mistaken. I refuse to believe God would have created a world where it is necessary to kill an innocent human being. He would not create a world where in order to help, where in order to be merciful to another human being, we should have to put him to death."

This objection is somewhat puzzling. Part of it turns upon the failure to face reality—the refusal to accept the fact that death may be a kindness and that we do indeed live in a universe where the act of inducing death is often the kindest thing we can do for a person. But part of it turns upon a brilliant insight: that even predominantly helpful acts of killing are harmful in part, that even in acts such as beneficent euthanasia we violate a certain interest, namely, the wish to live under better conditions. The argument appears to be as follows: To harm another is to violate his interests, and since there is always some interest or wish to exist, even acts of beneficent euthanasia are partially harmful.

This, of course, is not an argument against such acts, for the result of not acting yields greater harm.¹⁰ Besides, the wish to be alive in these special circumstances is the wish to be alive only if one's life could be

radically different. And since in the circumstances we have been discussing that is not a realistic medical alternative, the interest, though it exists, is not a significant one.

Yet the argument does explain why many well-intentioned persons are opposed to the practice of beneficent euthanasia. Apparently they only wish to engage in helpful, nonharmful acts. They refuse to approve of, or perform, acts that are partially harmful though predominantly helpful, especially when such acts involve the killing of innocent people. More important, they seem to be so fearful of the dangers of a world that requires beneficent euthanasia that they refuse to recognize the existence of these acts of mercy because they would be forced, at the same time, to recognize the existence of that kind of universe; this they are unable, or at least strongly prefer, not to do. But this is not a proper moral response, because in their aversion to unpleasant truths, they allow needless harm, and often agony, to occur.

To say that the world is such that there are tragically sad circumstances where, in order to help those we love or value, we have to induce death is not to say that we prefer to live in such a world. But what is the choice?

Before my son left for college he left a quote from Yevtushenko on my desk, and I should like to close with it.

It is
dangerous
to go out
into this
hellish world
but it is
still more
dangerous
to hide
in the bushes.

NOTES

1. See Abraham Edel, "Humanist Ethics and the Meaning of Human Dignity," in Paul Kurtz, ed., *Moral Problems in Contemporary Society* (Buffalo, N.Y.: Prometheus Books, 1973), pp. 227-240; Herbert Spiegelberg, "Human Dignity: A

Challenge to Contemporary Philosophy," *The Philosophy Forum*, 9:1-2 (1971), pp. 39-64; Michael S. Pritchard, "Human Dignity and Justice," *Ethics*, 82:4 (1972), pp. 299-313.

2. It may be suggested, as Kenneth Lucy has been kind enough to do, that *voluntary* is being used here as a synonym for *consensual*. The suggestion has considerable merit, but I am reluctant to follow it because in the historical context of the euthanasia debate *voluntary* has been used for this purpose and *consensual* has certain semantic overtones that I believe are best avoided. In short, *consensual* would have to be stretched as much as I, and others in the euthanasia debate, have probably stretched the most ordinary employment of *voluntary*. For an excellent discussion of this problem, see Gilbert Ryle, "The Distinction between Voluntary and Involuntary," *The Concept of Mind* (New York: Barnes & Noble, 1949), pp. 69-74.

3. Marvin Kohl, *The Morality of Killing: Sanctity of Life, Abortion, and Euthanasia* (New York: Humanities Press, and London: Peter Owen, 1974).

4. See Arthur Dyck, "Beneficent Euthanasia and Benemortasia," herein, pp. 117-129.

5. To give the most relevant example, we can weigh the prohibition forbidding the killing of innocent people against the principle of beneficence. The latter states that in each problematic situation society owes to each man the maximum amount of help that is consistent with the principles of distributive justice and the realities of human existence.

6. Joseph V. Sullivan, *The Morality of Mercy Killing* (Westminister, Md.: The Newman Press, 1950), pp. 75-76.

7. Joseph Fletcher, "Ethics and Euthanasia," in Robert H. Williams, ed., *To Live and To Die* (New York: Springer-Verlag, 1973), p. 114.

8. This rule may be generalized to read: If there is reasonable doubt that a purported act is not X, where X stands for the relevant set of moral qualities and the necessary conditions for acting, then one should refrain from acting. This procedural safety rule has the advantage of preventing moral slides and of allowing us to act in cases that are easily and clearly recognized to have the moral quality in question.

9. J. J. C. Smart, "An Outline of a System of Utilitarian Ethics," in J. J. C. Smart and Bernard Williams, *Utilitarianism: For and Against* (London: Cambridge Univ. Press, 1973), p. 10.

10. Even Gandhi, the father of twentieth-century pacifism and a man who abhorred violence and almost all forms of killing, writes: "I see there is an instinctive horror of killing living beings under any circumstances whatever. . . . [But] 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. . . . [For] one of the remedies and the final one to relieve the agony of a tortured child is to take his life." *Young India*, Nov. 18, 1926. Quoted in *The Essential Gandhi*, Louis Fischer, ed. (New York: Vintage Books, 1962), p. 216.