Chapter-2

Ethical Perspectives of Mercy Killing

This chapter is designed to raise moral questions such as: is it ever right for another person to end the life of a terminally ill patient who is in severe pain or enduring other suffering? Under what circumstances euthanasia is right? Or wrong? This chapter is divided in to two sections. In the first section, the historical background of the moral questions of Euthanasia are narrated. Here the question of autonomy has been brought into limelight. Kant's moral theory is one of the main topics that have been brought into attention. In the second section, the nature of the moral debate and the adverse cases of euthanasia have been highlighted.

Section-I

1.1 Historical background of the moral questions of Mercy Killing.

For thousands of years, Philosophers and religious thinkers have addressed the ethics of mercy killing. These debates have rested on broad principles about duties to self and to society as well as fundamental questions of the value of human life. Many great thinkers have contributed to this debate, ranging from Plato and Aristotle in ancient Greece to Augustine and Thomas Aquinas in the middle Ages, and Locke, Hume and Kant in modern times.

Aristotle believed that suicide was unjust under all circumstances because it deprived the community of a citizen.[1] The moral issue of killing oneself is examined by Aristotle when he discusses the problem of suicide, although we must state that he did not pay so much attention to it as his teacher Plato did. He contributes to this problem through some passages in the

1. Aristotle, The Nichomachean Ethics, Trans, Haris Rackham, Wordswarth Classics, 1996, book5-1138a, p-135.

Nicomachean *Ethics*. Here he opposes to suicide and says that men, who have committed a number of crimes and are hated for their wickedness, actually flee from life and kill themselves. In his discussion of justice in the fifth book, he regards suicide as an act of injustice, since it is the voluntary infliction of bodily harm not in retaliation and therefore contrary to the law.[2] He considers it as an act of injustice against the state rather than against himself, for he suffers voluntarily and nobody suffers injustice voluntarily. So, it is blameworthy for someone to cause unnecessary harm to himself and contrary to the right rule of life.

However, it is questionable what Aristotle has in mind in either of the above books. In his Ethics he refers to virtuous people who are habituated to wrong actions and having developed a distorted moral vision could end up harming themselves as well as other people. He does not explicitly mention the case of diseased people who suffer from incurable diseases and may undergo painful treatments. Would Aristotle morally justify the act of a moral agent-citizen who suffering from a terminal, degenerate disease begs for a mercy death (an assisted suicide, or physician assisted suicide), or even commits suicide on his own? The answer would be negative and unequivocal. In his discussion of courage in the third book he says: "But to seek death in order to escape from poverty, or the pangs of love, or from pain or sorrow, is not the act of a courageous man, but rather of a coward; for it is weakness to fly from troubles, and the suicide does not endure death because it is noble to do so, but to escape evil".[3]

In other words, a voluntary death is morally unjustifiable under any circumstances even if those include the case of a miserable or not easily to endure life. But why would Aristotle exclude those cases of terminally diseased people that suffer so much pain? This is because such a person would be a coward, who is not habituated to good actions and his decision is not a

2. ibid., .
3. Aristotle, *Nicomachean Ethics*, book-3,

proper moral choice, the result of reasoning and a rational desire. "the more a man possesses all virtue, and the more happy he is, the more pain will death cause him; for to such a man life is worth most, and he stands to lose the greatest goods, and knows that this is so, and this must be painful".

An interesting question that would arise, however, is to what extent such an approach to the issue of euthanasia violates the principle of moral autonomy. What about the right to a more dignified death, if life is not endurable? Isn't this a moral agent's right? On the basis of what we said earlier, Aristotle would not recognize such a right, for a moral agent is, on the one hand, a free person to plan his/her own life and make his/her own moral choices on hard life cases, and on the other, she/he is a citizen, hence an organic part of whole **a**nd it is pure injustice, if not to say selfishness, to view civil life in such a way.[4] As far as the moral autonomy of a person is concerned, there seems to be an apparent violation but not a real one. In fact, the Eudemonia definition of free will (or voluntariness) allows an agent to do things in his power, but it makes a distinction between a moral mistakes. In the latter case no blame is attached to the agent, but in the former it is, if this could have been foreseen and avoided. [5] Not all error is blameworthy, but only ignorance of what one should and could easily have known, or error that is due to negligence. It is also important to consider the effect of one's action on both his/her life and the lives of other people (the distinction about what one is doing and the mistakes about the effect of what one is doing is discussed in his *Nicomachean Ethics*,. So, a moral agent is free to choose his/her own course of action but s/he is also a rational agent whose choices must be in accordance with the mean, with virtue. And such a moral agent would never harm others or cause harm to oneself.

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4. Miller, Fred. D, Nature, *Justice and Rights in Aristotle's Politics*, Oxford: Clarendon Press, 1995, pp- 47-56 .
5. Kenny, Anthony *Aristotle's theory of the will*, New Haven: Yale University Press, 1979, p.59

What we have noticed throughout our examination so far, is that the Aristotelian approach to the above moral issues becomes clearer once we direct our attention to his ethical doctrine of the development of ethical understanding and his theory of action. The Aristotelian *arete* (virtue, excellence) denotes not only the notion of a habituated good ethos but also an advanced stage of ethical understanding that relates to good ethical judgment. Or, as Aristotle himself says: "*For virtue makes us aim at the right mark and practical wisdom makes take the right mean*." To be wise is an excellence; it is the disposition to judge rightly about human goods. According to this, for Aristotle, an ethical manager is a good planner who aims towards a good end. In fact, wise planning and deliberation have to satisfy two criteria: they must conduce to the desired end and the end must be good, that is, it must lead towards eudemonia (ultimate happiness), and since we referred to the domain of business, that would be ultimate success from which supreme happiness derives. And even more important, such an advanced ethical understanding enables a manager to resolve conflicts of interests without violating a party's rights. On innumerable occasions, people in business face ethical questions in which a balance has to be found between the different and often conflicting rights and interest of the parties involved. So, the ethical manager is the person who will be able to weigh up rights and interests in the most successful and proper way. Such a capacity is very important for in the domain of business ethics there is not always a well-defined code of conduct that guides one's course of action.[6] As a result a misapprehension of the ends, that is maximization of a company's profit at the expense of both employees and consumers, or a very calculative utilitarian approach to business, would cause enormous problems to a company in the long run. It would not survive.

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6. Solomon, Robert C , "Corporate Roles, Personal Virtues: An Aristotelian Approach to Business Ethics", in Donaldson, Thomas & Werhane, Patricia H (ed.), *Ethical issues in Business: a philosophical approach*, New Jersey: Prentice Hall Series, 1996, pp.45-59

Thus, the capacity of a "good judgment" is what would be the Aristotelian response to an ethical manager who wishes to maintain a good personal profile and promote the image of his company. And this capacity comes with experience and proper education and upbringing. It is also what is going to help somebody achieve the proper choice in determinate circumstances as in the cases of euthanasia. It is what will help an agent balance and weigh conflicting concerns and come to a "fair" conclusion. At the same time, the Aristotelian ethical manager must be a man of integrity and an advocate of truth-telling to the extent that this does not violate the objectives of the corporation he serves. Moreover, she/he should be virtuous in the sense that she/he has acquired certain excellences that enable him/her to manifest his/her thoughts and actions in a way that suits the particular endeavors. There must be an honest dealing, fair play, good knowledge, wit and an experienced moral vision. For Aristotle, a moral agent should be endowed with the necessary capacities, the prerequisites for a good life. She/he should be able to reach the right decision on a hard life case that relates to any moral issue. And above all, when such a hard reasoning takes place, the Aristotelian moral agent must consider oneself as an integral part of a whole, a part of a community that develops every day and needs all of its members to be active and co-operative, for it is through such a conception of a commitment that a moral agent can fulfill his/her desirable ends. In other words, she/he must consider the choice and the effect that such a choice would have on both his/her life and the lives of everybody involved.

There are at least three kinds of questions relevant to suicide or euthanasia.

Ethical questions about terminating life.

Ethical questions about terminating one’s own life.

Ethical questions about terminating someone else’s life.

These questions are clearly interrelated. From the perspective of virtue ethics that Plato and Aristotle hold, the kinds of the act relevant to each of these questions may fall under different virtues. Aristotle argues that the kind of act described in (2) raises questions about courage and on some occasions about justice, but the same need not be the case with the kind of act described in (3). According to Philippa Foot euthanasia is not merely the termination of one person's life by another person. If it were, then all homicides would be cases of euthanasia. Further, contrary to typical dictionary definitions those are often based on etymology, euthanasia is not a quiet and pleasant death. Again, if these were the case, all homicides carried out in a quiet and pleasant way, for example, by first administering anesthesia or some kind of tranquilizer to the victim would be cases of euthanasia.[7]

What seems essential to euthanasia is that the termination of the life of an individual is for the good of that individual. Understanding euthanasia in the way introduces several other types of question and problem.

(a) Under what circumstances is the death of a person a greater good for that person than any other alternative?

(b) Who is to make the determination as to whether the termination of life is the greater good for a particular person?

(c) How is the determination to terminate a life to be made?

(d) Who is to terminate a human life?

These questions are neither merely neither theoretical nor trivial; on the contrary, they are practical and of great importance they are, literally, questions of life and death. Most of all, none of them is easy, despite some recent claims to the contrary. Here the question of autonomy arises about the termination of life and suggest that much remains to be determined about the

7. Georgios Anagnostopoulos: 'Euthanasia and the Physician's Role: Reflections on Some Views in the Ancient Greek Tradition'. *Bioethics -Ancient Themes in contemporary Issues,* edited by Mark G. Kuczewski and Ronald Polansky. London, England, 2002, pp- 251-252.

rightness or wrongness of decisions about terminating life even if autonomy is given its appropriate place.

Many contemporary philosophers argue in favor of the primacy of individual autonomy, insisting that a necessary and sufficient condition for a justified act of terminating a human life is the exercise of autonomy in the decision process by the person whose life is to be terminated. They argue that decisions regarding termination of life must be made by the one whose life is to be ended and that every individual has a right to terminate his/her life. They thus speak in support of voluntary euthanasia and find nothing wrong with such a practice. Autonomy has an important role to play in any ethical system. Clearly, however, it is central to the conception we have of a person as an agent who deliberates and chooses without external coercion or interference. In the legal sphere, autonomy is most important in creating and protecting a "space" within which an agent can make the choices he/she wishes to make.

Yet not all of the questions mentioned above are easily disposed of by merely assuming autonomy. This is the question, whether or how the exercise of autonomy affects the moral character of a choice or act and whether all likely cases of euthanasia are cases in which autonomy has any meaningful role to play.

Many, if not most, cases of euthanasia are cases in which the subject whose life is to be terminated is not in a position to determine anything at all. Insisting that one should have made a determination with regard to the termination of one's own life prior to becoming incapacitated, and thus prior to becoming unable to make any decisions regarding one's own life, is not a strong argument because in some cases, humans are born without the relevant capacities for making such decisions, or they lose these capacities before they are developed to the degree required for making the kind of judgments pertaining to matters of life and death.[8]

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8. ibid, p- 253.

2.1 The Moral Status of Euthanasia:

Human happiness and welfare is the main subject matter of utilitarianism. Respecting people's own choices about how they will die surely would have some beneficial consequences. For example, when people know that they will be allowed to make decisions about their own lives and not be forced into things against their will, they may gain a certain peace of mind. Moreover, knowing themselves better than others, they also may be the ones best able to make good decisions in situations that primarily affect them. These are good consequentialist reasons to respect a person's wishes in euthanasia cases. But it is not just the person who is dying who will be affected by the decision. Thus it also can be argued that the effects on others, on their feelings, for example, are also relevant to the moral decision-making. However, individual decisions are not always wise and do not always work for the greatest benefit of the person making them or others. For example, critics of euthanasia worry that people who are ill or disabled would refuse certain life-saving treatment because they lack or do not know about services, support, and money that are available to them. There are cases where it has been said that people must receive information about care alternatives before they may refuse life-saving treatment.[9] On consequentialist grounds we should do that which, in fact, is most likely to bring about the greatest happiness, not only to ourselves but also to all those affected by our actions. It does not in itself matter who makes the judgment. But it does matter in so far as one person rather than another is more likely to make a better judgment, one that would have better consequences overall.

Moreover, from the perspective of rule utilitarian thinking, we ought to consider which policy would maximize happiness. Would a policy that universally follows individual requests regarding dying be most likely to maximize happiness? Or would a policy that gives no

9. Reported in *Medical Ethics Advisor*, vol, 7 no. 4 April 1991, pp-50-54.

specially weight to individual desires, but directs us to do whatever some panel decides, be more likely to have the best outcome? Or would some moderate policy be best, such as one that gives special weight to what a person wants but does not give absolute weight to those desires? An example of such a policy might be one in which the burden of proof not to do what a person wishes is placed on those who would refuse. In other words, they must show some serious reason not to go along with what the person wanted.[10]

The question of personal autonomy in euthanasia decisions is important in nonconsequentialist reason or moral norm. The idea is that autonomy is a good in itself and therefore carries heavy moral weight. We like to think of ourselves, at least ideally, as masters of our own fate. A world peopled by robots would probably be a lesser world than one peopled by persons who make their own decisions even when those decisions are unwise. In fact, according to Kant, only in such a world is morality itself possible. His famous phrase "an ought to implies a can," indicates that if and only if we can or are free to act in certain ways can we be commanded to do so. According to a Kantian deontological position, persons are unique in being able to choose freely, and this ought to be respected. However, in many euthanasia cases a person's mental competence and thus autonomy is compromised by fear and lack of understanding. Illness also makes a person more subject to undue influence or coercion. How, in such instances, do we know what the person really wants? These are practical problems that arise when attempting to respect autonomy. In addition, there are theoretical problems that this issue raises. Autonomy literally means self-rule. But how often are we fully clear about who we are and what we want to be? Is the self whose decisions are to be respected the present self or one's ideal or authentic self? These issues of selfhood and personal identity are important but the present chapter is not highlighting the above.

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10. Wolff Susan, "The Ethics and Economics of Death," (Conference at San Francisco Medical Center) Nov. 1989.

In case of consequentialist or act utilitarian, we should only be concerned about our actions in terms of their consequences. The means by which the results come about do not matter in themselves. They matter only if they make a difference in the result. Generally, then, if a person's death is the best outcome in a difficult situation, it would not matter whether it came about through the administration of a lethal drug dose or whether it resulted from the discontinuance of some life-saving treatment. Now, if one or the other means did make a difference in a person's experience (as when a person is relived or pained more by one method than another), then this would count in favor of or against the method. If we take the perspective of a rule utilitarian, we would be concerned about the consequences of this or that practice or policy. We would want to know which of the various alternative practices or policies would have the best result overall. Which would be the best policy: one that allowed those involved choosing active euthanasia one that required active euthanasia in certain cases, one that permitted it only in rare cases or one that prohibited it and attached legal penalties to it? Which policy would make more people happy and fewer people unhappy? One that prohibited active euthanasia would frustrate those who wished to use it, but would prevent some abuses that might follow if it were permitted. Essential to this perspective are predictions about how a policy would work.

The argument that there would be abuse has been given various names depending on the particular metaphor of choice: the "domino effect," "slippery slop," "wedge," or "camel's nose" argument. The idea is that if we permit active euthanasia in a few reasonable cases, we would slide and approve it in more and more cases until we were approving it in cases that were clearly unreasonable. In other words, if we permit euthanasia when a person is dying shortly, is in unbelievable path, and has requested that his life be ended, we will then permit it when a

person is not dying or has not requested to be killed. The questions to ask are: Would we slide down the slope? Is there something about us that would cause us to slide? Would we be so weak of mind that we could not see the difference between these cases? Would we be weak of will, not wanting to care for people whose care is costly and burdensome? This is an empirical and predictive matter. To know the force of the argument, we would need to show evidence for one or the other position about the likelihood of sliding. 11

Many arguments and concerns about active and passive euthanasia are not based on appeals to good or bad results or consequences. Arguments about the right to die or to make one's own decisions about dying are nonconsequentialist arguments On the one hand, some argue that respecting personal autonomy is so important that it should override any concerns about bad results. Thus we might conclude that people ought to be allowed to end their lives when they choose as an expression of their autonomy, and that this choice should be respected regardless of the consequences to others or even mistakes about their own situations.

On the other hand, some believe that there is a significant moral difference between killing a person and letting a person die. Killing people except in self-defense is morally wrong, according to this view. Just why it is thought wrong is another matter. Some rely on reasons like those purported by natural law, citing the innate drive toward living as a good in itself, however compromised, a good that should not be suppressed. Kant used reasoning similar to this. He argued that using the concern for life that usually promotes it to make a case for ending life was inherently contradictory and a violation of the categorical imperative.12

As a deontological theory, Kant's moral position is not interested in consequences, but only in the actions themselves and their motives or maxims. Accordingly, we shall apply the categorical imperative to the problem of whether to perform euthanasia and see what his theory

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11. Presentation at The University of California at San Francisco Medical Center, Conference on "The Ethics and Economics of Death," Nov. 1989.
12. Kant Immanuel: Groundwork of the Metaphysics of Morals, Trans. & ed Mary Gregor, Cambridge Unive University University Press, Cambridge, 1998.

advises. Taking active voluntary euthanasia first, given what he says about suicide (the voluntary taking of one's own life to avoid pain) as a serious breach of the categorical imperative, it seems clear that Kant would condemn this out of hand as even worse than suicide, because *another* person, the doctor, is taking a life, and in Kant's book this makes it murder. The formula of universal law bids us universalize our maxim, which would be something like, "when my life is nothing but pain and is running out, I'll ask someone else to kill me painlessly.' Kant would argue that this is not consistently will able as a universal law because you would have to will that reason universally kills off reason, which is a contradiction in conception. It therefore breaks the moral law and *must not be done ever by anyone.* The formula of ends, which bids us treat persons as ends in themselves and never only as a means, agrees with this outcome because it would condemn the patient's abuse of his autonomy in breaching the formula of universal law, and would forbid others from aiding and abetting this immoral decision. The patient is using his very own rational nature, the source of the moral law, as a mere means to avoid pain, and is therefore not treating himself as an end in himself, thereby breaching the formula of ends.

Non-voluntary active euthanasia is also banned under both formulations of the categorical imperative because, again, it's the killing of a rational moral person by another rational moral person, and reason is not logically or morally allowed to kill anyone. Also, this would not be treating the patient as an end in themselves but purely *as a means* to reduce pain. Such an action looks to the consequences, whereas according to Kant morality is not founded on this. It's more difficult to see what Kant would say regarding passive euthanasia, whether voluntary or non-voluntary, because the categorical imperative deals only with positive actions, not passive inactions or omissions. On the one hand' from what Kant says about the notorious

axe murderer incident, you must do your duty to tell the truth, even though it means passively letting the murderer kill his victim who is hiding in your house. So, in some circumstances, Kant does not have a problem with letting other people die, as long as you yourself don't actively kill them. But, on the other hand, there are aspects of passive euthanasia that aren't particularly inactive. Pulling the plug on a life-support machine is, after all, an action, and the withdrawal of food to a patient is a particular decision with its own maxim, so the categorical imperative should cover both of these cases, and it would seem to say that each decision, whether to stop food or to switch off life-support, was done with the deliberate intention and maxim of shortening a life that would otherwise have continued for longer. This, again, would be a case of reason terminating reason and therefore wrong; but perhaps not. Take the following example.

Surely someone who is in an irreversible coma, or suffering from advanced Alzheimer's and doesn't know what day it is or who they are, let alone have the capability of rational moral thought, is no longer, or ever will be again, a rational source of the moral law; in other words, they're not a person or end in themselves in the Kantian sense- not even *potentially* so. If this is the case, then we don't have a duty to treat them as such, so it should be okay with the categorical imperative to perform passive euthanasia on them; this is not a case of reason killing reason, or of treating an end in itself as a mere means. In fact, why not resurrect the possibility of active non-voluntary euthanasia on the Kantian grounds that we are killing a non-rational human? The categorical imperative says nothing about how we should treat this type of being. They are therefore beyond the moral sphere, being even lower functioning than many animals.

Kant is strong on human dignity and the respect owed to persons, but worrying unconcerned about human suffering and the consequences for the patient. Suppose, Kant would

have no objection to a patient being given pain relief on request, but it would seem that he can't consistently advocate pain relief that induces a coma-like state or even mental confusion or befuddlement, because this interferes with a person's reason and autonomy. Would Kant then have the patient keep his conscious reason while screaming in pain? It would appear so. Even stranger results occur if we try to defend Kant's position by attempting to bring euthanasia into line with the categorical imperative under the description of 'helping others when they are in need', instead of Kant's notorious suicide example. Kant thinks it an imperfect duty to help others in need, because not to do so is to will a universal law where no one helps anyone else, which means willing that you yourself would not be helped when you want and need it. This is a contradiction in will since, although we can conceive such a possible world, we can't will such a world because, as rational but vulnerable beings, we will at times need help to continue living, and willing such a world would deny us this help. So, if it is an imperfect duty to help others in need, shouldn't be an imperfect duty to help others in need of an easy and painless death? 13

There are two problems, one is that, in any clash between imperfect and perfect duty, perfect duty always wins. This means that, if it's a perfect duty not to kill or let die a rational being in pain in order to ease their pain (euthanasia, in other words), then trying to defend euthanasia on the grounds that it's an imperfect duty to help others will always lose out to the absolute prohibition against euthanasia, based on our perfect duty not to kill. The second is that, even if it is an imperfect duty to perform euthanasia, with no opposing perfect duty not to do so, this still results in the absurdity that you only have to perform euthanasia some of the time, and you get to pick who gets help and who doesn't because imperfect duties don't require universal obedience at all times. A weakness in Kant's theory is that it doesn't always give us clear or

13. Stewart. N., *Ethics-An Introduction to Moral Philosophy*, Policy Press,U.S.A, 2009, pp.-88-91.

consistent moral advice regarding euthanasia. A further weakness is that it's contrary to our strong intuitions concerning the desirability and rationality of reducing pain and ending life when the alternative is a living hell.

Section-II

3.1 Morality and the Law:

Considering the moral arguments regarding euthanasia, we should first distinguish moral judgments about euthanasia from assertions about what the law should or should not be on this matter. Although we may sometimes have moral reasons for what we say the law should or should not do, the two areas are distinct. There are many things that are moral matters that ought not to be legislated or made subject to law and legal punishment. Not everything that is immoral ought to be illegal. For example, lying, while arguably a moral issue is only sometimes subject to the law. In our thinking about euthanasia, it would be well to keep this distinction in mind. On the one hand, in some case we might say that a person acted badly, though understandably, in giving up too easily on life. Yet we also may believe that the law should not force some action here if the person knows what he or she is doing, and the person's action does not seriously harm others. On the other hand, a person's request to end his or her life might be reasonable given their circumstances, but there might also be social reasons why the law should not permit it. These reasons might be related to the possible harmful effects of some practice on other persons or on the practice of medicine. Just be because euthanasia might be morally permissible, does not necessarily mean that it ought to be legally permissible. There have been number of cases over the past three decades in which people have sought to change the laws regarding euthanasia. In general, we recognize a basis in the law that allows people to refuse treatment, even life-saving treatment for themselves, if they are judge to be mentally and legally

competent to do so. Otherwise, to treat them without their consent could be judged a form of unpermitted touching or battery. Other issues about the law and euthanasia have been crystallized by certain well-publicized cases. The noted cases of Karen Quinlan in 1975 and Nancy Cruzan in 1990 are two examples of such high-profile cases.[14]

Despite such cases there is no state in this country that permits active euthanasia or mercy killing. Active euthanasia is practiced some what openly in The Netherlands, even thought it is officially against the law. It is estimated that about five thousand or more incidences occur there each year. Legislation to officially legalize it has been proposed but not passed. There has been a long standing debate on whether euthanasia should be legalized. On one side it has been argued that for people on life support systems and people with long standing diseases causing much pain and distress, euthanasia is a better choice. It helps in relieving them from pain and misery. In cases like terminal cancers when the patient is in much pain and when people associated with them also are put through a lot of pain and misery, it is much more practical and humane to grant the person his/her wish to end his/her own life in a relatively painless and merciful way. On the other hand there are ethical issues and political issues concerning the same subject. Oregon, Belgium and The Netherlands are the only places in the world that have laws specifically permitting assisted suicide. In 1997, Oregon was the first to enact the physician-assisted suicide law in the United States. This law, known as the Death with Dignity Act, requires the Oregon Department of Human Services to collect and analyze data on the people involved in the act and to publish annual reports. In this way statistics are maintained. This law allows only physician-assisted suicide. Euthanasia is still illegal.

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14. Karen Quinlan, 70 N.J. 10, 335 A. 2d 647 (1976), & *Nancy Cruzan v. Director, Missouri Department of Health, United States Supreme Court,* 110 S.Ct. 2841

4.1 The Nature of the debate:

This debate is largely a debate about what is ethical. A question that arises include: Is it right to commit suicide? Is it ethical for someone else to help? Is it right to put others to death at their own request or at the request of family members? These questions are important because they help to define our society and our culture. The way people deal with and respond to issues of life, ritual, and death serves to shape the nature of our society. This is why society must attempt to decide what is right; what is ethical conduct for the various actors in our communities when we face death. There are several reasons why this debate has surfaced in the 1980's. Death is nothing new; it has existed for thousands of years. Each culture has developed its own rituals and mechanisms for dealing with death. These mechanisms serve to provide solace, a sense of continuity, and allow the culture to continue even as the members of the community cannot. However, our own culture has experienced many shattering changes that have altered the nature of dying. Suddenly we are forced to rethink the issue of death and we must decide what types of behavior are ethical when someone is dying. Before we can examine the debate about the ethics of dying, we must examine why the debate exists.

Perhaps the main reason that death has changed in western culture has to do with advances in medicine and technology. Many of the diseases that have historically killed people are now no longer a threat to most individuals. Medicine has made a variety of advances in the treatment of diseases such as smallpox, tuberculosis, malaria, pneumonia, polio, influenza, and measles. People now rarely die of such traditional causes. Life expectancy has risen to almost 75 years in the developed countries. The quality of life has also changed fundamentally during the past 100 years. Not only does almost everyone in the developed countries have enough to eat, but people eat higher on the food chain. There is a great deal more meat and animal fat in

modern diets. Just these differences alone have changed death significantly. People now develop heart disease, adult onset diabetes, cancers, and AIDS. These types of diseases are more the result of lifestyle than bacteria. With these new diseases, suffering is often more prolonged and treatment is frequently quite painful. Also, as people are living longer, the diseases of the aged have become increasingly prevalent. Many more people now suffer from problems like senile dementia and Alzheimer's disease. These diseases ruin the mind while preserving the body, allowing life to continue long after any quality that the life might have is gone. Throughout history, death has been a family affair. People usually died in the home after a short period with an illness or as the result of an accident. Today, increasingly, death occurs in an institutional setting such as a convalescent home or hospitals, after a variety of technologies are applied in an attempt to prolong the life of the sick person. Often these technologies can be quite effective. People can now live for months and even years attached to a variety of tubes and technologies. "About 75% of all deaths in 1987 occurred in hospitals and long term care facilities, up from 50% in 1950 . . . The Office of Technology Assessment Task Force estimated in 1988 that 3775 to 6575 persons were dependent on mechanical ventilation and 1,404,500 persons were receiving artificial nutritional support. This growing capability to forestall death has contributed to the increased attention to medical decisions near the end of life." [15]

People realize that the chances of facing the institutionalization of death increase daily, and they feel a profound lack of control. Surveys have consistently indicated that a large majority of people in the Developed Countries would like to be allowed to end their lives before incurable and painful diseases finally kill them. Because of the changes that have impacted death, with regard to both how and where we die, the debate about how we should be allowed to die has been renewed. It will define the terms that are relevant to the debate, examine the legal

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15. Internet Sources.

state of euthanasia today, discuss the ethics of euthanasia by examining arguments made by proponents and opponents of euthanasia, and by applying several Normative Ethical Theories to the issue. Finally, it will explore the power implications that infuse the debate on euthanasia and present arguments in favor of moving toward a care based ethic of dying and away from the current rights based ethic.

Actually this issue or the right to choose death has become an important task for the ethics, and doctors. What is human? When does it become human? When does it cease to be human? Are the questions which occupy our concern in the present day? To cite the case of Karen Quinlen case in April, 1975. For reasons still unclear, Karen Ann Quinlen ceased breathing for at least 15 minutes period. Failing to respond to mouth-to mouth resuscitation by friends she was taken by ambulance to Newton Memorial Hospital in New Jercy. She had a temperature of 100 degrees, her pupils were unreactive, and she did not respond even to deep pain. Physicians who examined her, characterized Karen as being in a “chronic persistent, vegetative state”, and later it was judged that no form of treatment could restore her to cognitive life. Her father, Joseph Quinlan asked to be appointed her legal guardian with the expressed purpose of discontinuing the use of the respirator by which Karen was being sustained. Eventually the Supreme Court of New Jersey granted the request. The respirator was turned off. However, Karen Ann Quinlen remained alive but comatose until June 11, 1985, when she died at the age of thirty one. Although widely publicized the Quinlan case is by no means the only one that has raised questions concerning euthanasia.

We know that active euthanasia is not generally accepted by most people in various countries, where as passive euthanasia, though not legal everywhere, is practiced in many countries by the physicians, since passive euthanasia saves them from any legal prosecution.

The traditional view that there is an important moral difference between active passive euthanasia is one that was endorsed by J. Gay-Williams. Active euthanasia involves killing and passive euthanasia letting die, and this fact has led many physicians and philosophers to reject active euthanasia as morally wrong, even while approving of passive euthanasia.16

James Rachels challenges both the use and moral significance of this distinction for several reasons. First, active euthanasia is in many cases more humane than passive. Second, the conventional doctrine leads to decisions concerning life and death on irrelevant grounds. Third, the doctrine rests on a distinction between killing and letting die that itself has no moral significance. Forth, the most common arguments in favor of the doctrine are invalid. Therefore, in Rachel's view the American Medical Association's policy statement endorsing the active-passive distinction is unwise. According to James Rachels the distinction between active and passive euthanasia is thought to be crucial for medical ethics. The idea is that it is permissible, at least in some cases, to withhold treatment and allow a patient to die, but it is never permissible to take any direct action designed to kill the patient. This doctrine seems to be accepted by most doctors, and it is endorsed in a statement adopted by the House of Delegates of the American Medical Association.

> The intentional termination of the life of one human being by another -mercy killing - is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association. The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family. 17

However, a strong case can be made against this doctrine. In what follows, he will set out some of the relevant arguments, and urge doctors to reconsider their views on this matter. To begin with a familiar type of situation, a patient who is dying of incurable cancer of

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16. J. Gay-Williams, "The Wrongfulness of Euthanasia", in Ronald Munson, (ed.*) Intervention and Reflection, Basic Issues in Medical Ethics*, 2nd ed. 1983, pp-156-59

17. James Rachels : "Active and Passive Euthanasia, *New England Journal of Medicine*, vol. 292, no.2 (January 9, 1975), pp- 78-80.

the throat is in terrible pain, which can no longer be satisfactorily alleviated. The patient is certain to die within a few days, even if present treatment is continued, but the patient does not want to go on living for those days since the pain is unbearable. So he asks the doctor for an end to it, and his family joins in the request.

Suppose the doctor agrees to withhold treatment, as the conventional doctrine says he may. The justification for his doing so is that the patient is in terrible agony, and since he is going to die anyway, it would he wrong to prolong his suffering needlessly. If one imply withholds treatment, it may take the patient longer to die, and so he may suffer more than he would if no indirect action were taken and a lethal injection given. This fact provides strong reason for thinking that, once the initial decision not to prolong his agony has been made active euthanasia is actually preferable to passive euthanasia, rather than the reverse. To say otherwise is to endorse the option that leads to more suffering rather than less, and is contrary to the humanitarian impulse that prompts the decision not to prolong his life in the first place.

According to James Rachels the process of being "allowed to die" can be relatively slow and painful, whereas being given a lethal injection is relatively quick and painless. He gives different sort of example- In the United States about one in 600 babies are born with Down's syndrome. Most of these babies are otherwise healthy -that is, with only the usual pediatric care, they will' proceed to an otherwise normal infancy. Some, however, are born with congenital defects such as intestinal obstructions that require operations if they are to live. Sometimes, the parents and the doctor will decide not to operate, and let the infant die. Anthony Shaw describes what happens then:

> ...When surgery is denied (the doctor I must try to keep the infant from suffering while natural forces sap the baby's life away. As a surgeon whose natural inclination is to use the scalpel to fight off death, standing by and watching a salvageable baby die is the most emotionally exhausting experience I know. It is easy at a conference, in a theoretical discussion, to decide that such infants should be allowed to die. It is altogether different to stand by in the nursery and watch as dehydration and infection wither a tiny being over hours and days. This is a terrible ordeal for me and the hospital staff - much more so than for the parents who never set foot in the nursery.18

James Rachels also said that why some people are opposed to all euthanasia, and insist that such infants must be allowed to live, and why other people favor destroying these babies quickly and painlessly. But why should anyone favor letting 'dehydration and infection wither a tine being over hours and days'? The doctrine that says that a baby may be allowed to dehydrate and wither, but may not for given art injection that would end its life without suffering, seems so patently cruel as to require no further refutation. The strong language is not intended to offend, but only to put the point in the clearest possible way. His second argument is that the conventional doctrine leads to decisions concerning life and death made on irrelevant grounds. Consider again the case of the infants with Down's syndrome who need operations for congenital defects unrelated to the syndrome to live. Sometimes, there is no operation, and the baby dies, but when there is no such defect, the baby lives on. Now, an operation such as that to remove an intestinal obstruction is not prohibitively difficult. The reason why such operations are not performed in these cases is, clearly, that the child has Down's syndrome and the parents and doctor judge that because of that fact it is better for the child to die.

But notice that this situation is absurd, no matter what view one takes of the lives and potentials of such babies. If the life of such an infant is worth preserving, what does it matter if it needs a simple operation? Or, if one thinks it letter that such a baby should not live on, what

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18. Shaw A, "*Doctor, Do We Have a Choice*?" The New York Times Magazine, January 30, 1972, p-54

difference does it make that it happens to have an unobstructed intestinal tract? In either case, the matter of life and death is being decided on irrelevant grounds. It is the Down's syndrome, and not the intestines, that is the issue. The matter should be decided, if at all, on that basis, and not be allowed to depend on the essentially irrelevant question of whether the intestinal tract is blocked.

What makes this situation possible, of course, is the idea that when there is an intestinal blockage, one can "let the baby die," but when there is no such defect there is nothing that can be done, for one must not "kill" it. The fact that this idea leads to such results as deciding life or death on irrelevant grounds is another good reason why the doctrine should be rejected.

One reason why so many people think that there is an important moral difference between active and passive euthanasia is that they think killing someone is morally worse than letting someone die. But is it? Is killing, in itself, worse than letting die? To investigate this issue, two cases may be considered that are exactly alike except that one involves killing whereas the other involves letting someone die. Then, it can be asked whether this difference makes any difference to the moral assessments. It is important that the cases be exactly alike, except for this one difference, since otherwise one cannot be confident that it is this difference and not some other that accounts for any variation in the assessments of the two cases. So, let us consider this pair of cases:

In the first, Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident.

In the second, Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith. Jones sneaks in planning to drown the child in his bath. However, just as he enters

the bathroom Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted; he stands by, ready to push the child's head back under if it is necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, "accidentally," as Jones watches and does nothing. Now Smith killed the child, whereas Jones "merely" let the child die. That is the only difference between them. Did either man behave better, from a moral point of view? If the difference between killing and letting die were in itself a morally important matter, one should say that Jones's behavior was less reprehensible than Smith's. But does one really want to say that? He thinks not. In the first place, both men acted from the same motive, personal gain, and both had exactly the same end in view when they acted. It may be inferred from Smith's conduct that he is a bad man, although that judgment may be withdrawn or modified if certain further facts are learned about him - for example, that he is mentally deranged. But would not the very same thing be inferred about Jones from his conduct? And would not the same further considerations also be relevant to any modification of this judgment? Moreover, suppose Jones pleaded, in his own defense, "After all, Rachel's said that he didn't do anything except just stand there and watch the child drown. Its means he didn't kill him; he only let him die." Again, if letting die were in itself less bad than killing, this defense should have at least some weight. But it does not. Such a "defense" can only be regarded as a grotesque perversion of moral reasoning. Morally speaking, it is no defense at all.

Now, it may be pointed out, quite properly, that the cases of euthanasia with which doctors are concerned are not like this at all. They do not involve personal gain or the destruction of normal healthy children. Doctors are concerned only with cases in which the patient's life is of no further use to him, or in which the patient's life has become or will soon become a terrible burden. However, the point is the same in these cases: the bare difference

between killing and letting die does not, in itself, make a moral difference. If a doctor lets a patient die, for humane reasons, he is in the same moral position as if he had given the patient a lethal injection for humane reasons. If his decision was wrong if, for example, the patient's illness was in fact curable the decision would be equally regrettable no matter which method was used to carry it out. And if the doctor's decision was the right one, the method used is not in itself important.

The AMA policy statement isolates the crucial issue very well; the crucial issue is "the intentional termination of the life of one human being by another." But after identifying this issue, and forbidding "mercy killing," the statement goes on to deny that the cessation of treatment is the intentional termination of a life. This is where the mistake comes in, for what is the cessation of treatment, in these circumstances, if it is not "the intentional termination of the life of one human being by another?" Of course it is exactly that, and if it were not, there would be no point to it.

Many people will find this judgment hard to accept. One reason, he thinks, is that it is very easy to conflate the question of whether killing is, in it, worse than letting die, with the very different question of whether most actual cases of killing are more reprehensible than most actual cases of letting die. Most actual cases of killing are clearly terrible (think, for example, of all the murders reported in the newspapers), and one hears of such cases every day. On the other hand, one hardly ever hears of a race of letting die, except for the actions of doctors who are motivated by humanitarian reasons. So one learns to think of killing in a much worse light than of letting die. But this does not mean that there is something about killing that makes it in itself worse than letting die. For it is not the bare difference between killing and letting die that makes the difference in these cases. Rather,

the other factors the murderer's motive of personal gain, for example, contrasted with the doctor's humanitarian motivation account for different reactions to the different cases.[19]

He has argued that killing is not in itself any worse than letting die; if his contention is right, it follows that active euthanasia is not any worse than passive euthanasia. What arguments can be given on the other side? The most common, he believe, is the following:

The important difference between active and passive euthanasia is that, in passive euthanasia, the doctor does not do anything to bring about the patient's death. The doctor does nothing, and the patient dies of whatever ills already afflict him. In active euthanasia, however, the doctor does something to bring about the patient's death: he kills him. The doctor who gives the patient with cancer a lethal injection has himself caused his patient's death; whereas if he merely ceases treatment, the cancer is the cause of the death.

A number of points need to be made here. The first is that it is not exactly correct to say that in passive euthanasia the doctor does nothing, for he does do one thing that is very important: he lets the patient die. "Letting someone die" is certainly different, in some respects, from other types of action - mainly in that it is a kind of action that one may perform by way of not performing certain other actions. For example, one may let a patient die by way of not giving medication, just as one may insult someone by way of not shaking his hand. But for any purpose of moral assessment, it is a type of action nonetheless. The decision to let a patient die is subject to moral appraisal in the same way that a decision to kill him would be subject to moral appraisal: it may be assessed as wise or unwise, compassionate or sadistic, right of wrong. If a doctor deliberately let a patient die who was suffering from a routinely curable illness, the doctor would certainly be to blame for what he had done, just as he would be to blame if he had needlessly killed the patient. Charges

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19. James Rachels : *The Right Thing To Do: Basic Reading in Moral Philosophy*, 1989.

against him would then be appropriate. If so, it would be no defense at all for him to insist that he didn't "do anything." He would have done something very serious indeed, for he let his patient die. Fixing the cause of death may be very important from a legal point of view, for it may determine whether criminal charges are brought against the doctor. But Rachels does not think that this notion can be used to show a moral difference between active and passive euthanasia. The reason why it is considered bad to be the cause of someone's death is that death is regarded as a great evil and so it is. However, if it has been decided that euthanasia even passive euthanasia is desirable in a given case, it has also been decided that in this instance death is no greater an evil than the patient's continued existence. And if this is true, the usual reason for not wanting to be the cause of someone's death simply does not apply.

Finally, doctors may think that all of this is only of academic interest the sort of thing that philosophers may worry about but that has no practical bearing on their own work. After all, doctors must be concerned about the legal consequences of what they do, and active euthanasia is clearly forbidden by the law. But even so, doctors should also be concerned with the fact that the law is forcing upon them a moral doctrine that may well be indefensible, and has a considerable effect on their practices. Of course, most doctors are not now in the position of being coerced in this matter, for they do not regard themselves as merely going along with what the law requires. Rather, in statements such as the AMA policy statement that James Rachels have quoted, they are endorsing this doctrine as a central point of medical ethics. In that statement, active euthanasia is condemned not merely as illegal but as "contrary to that for which the medical profession stands," whereas passive euthanasia is approved. However, the preceding considerations suggest that there is really

no moral difference between the two, considered in themselves (there may be important moral differences in some cases in their *consequences*, but, as Rachels pointed out, these differences may make active euthanasia, and not passive euthanasia, the morally preferable option). So, whereas doctors may have to discriminate between active and passive euthanasia to satisfy the law, they should not do any more than that. In particular, they should not give the distinction any added authority and weight by writing it into official statements of medical ethics.

Philippa Foot expressed her view in the following way:

> Where then do the boundaries of the 'active' and the 'passive' lie? In some ways the words are themselves misleading, because they suggest the difference between act and omission which is not quite what we want. Certainly the act of shooting someone is the kind of thing we were talking about under the heading of 'interference, and omitting to give him a drug a case of refusing care. But the act of turning off a respirator should surely be thought of as no different from the decision not to start it; if doctors had decided that a patient should be allowed to die, either course of action might follow, and both should be counted as passive rather than active euthanasia if euthanasia were in question. The point seems to be that interference in a course of treatment is not the same as other interference in a man's life, and particularly if the same body of people are responsible for the treatment and its discontinuance. In such a case we could speak of the disconnecting of the apparatus as killing the man, or of the hospital as allowing him to die. By and large, it is the act of killing that is ruled out under the heading of noninterference, but not in every case.[20]

Philippa Foot discusses the above point by citing the distinction that James Rachels draws between active and passive euthanasia. James Rachels believes that this distinction should be relevant everywhere and he has pointed to an example in which it seems to make no difference which is done. If someone saw a child drowning in a bath it would seem just as bad

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20. Appling Ethics, p-252.

to let it drown as to push its head under water. If 'it makes no difference' means that one act would be as iniquitous as the other, this is true. It is not that killing is worse than allowing to die, but that the two are contrary to distinct virtues, which gives the possibility that in some circumstances one is impermissible and the other permissible. To Rachels, both the cases are not good. Is it justice to push the child's head under the water? Something one has no right to do. To leave it to drown is not contrary to justice, but it is a particularly glaring example of a lack of charity. Here it makes no practical difference because the requirements of justice and charity coincide; but in the case of the retreating army they did not: charity would have required that the wounded soldier be killed had not justice required that he be left alive. In such a case it makes all the difference whether a man opts for the death of another in a positive action, or whether he allows him to die. An analogy with the right to property will make the point clear. If a man owns something, he has the right to it even when its possession does him harm. But if one day it should blow away, maybe nothing requires us to get it back for him; we could not deprive him of it, but we may allow it to go. This is not to deny that it may be an unfriendly act or one based on an arrogant judgment when we refuse to do what he wants. Nevertheless, we would be within our rights, and it might be that no moral objection of any kind would lie against our refusal.[21]

Philippa Foot's arguments may be analysed in the following way

Foot agrees with Rachels' judgment in the case of Smith versus Jones, as she says that in this case the requirements of justice and charity coincide, and that the one action "would be as iniquitous as the other". But if she does agree with Rachel that Jones's action is as wrong as Smith's, on the grounds that considerations of charity are *precisely* as weighty as considerations of justice in this case, she needs to explain why the situation is any different in other cases. In

21. Jeffrey Olen & Vincent Barry: *Applying Ethics- A Text with Reading*, Wadsworth Publishing Company, Belmont, California, A division of Wadsworth INC. 1999, pp -244-258.

particular, how can she maintain that it is morally worse to kill an innocent person than merely to allow an innocent person to starve to death?

Foot describes a crucial case of a retreating army as follows:

> Suppose, for example, that a retreating arm has to leave behind wounded or exhausted soldiers in the wastes of an arid or snowbound land where the only prospect is death by starvation or at the hands of an enemy enormously cruel. It has often been the practice to accord a merciful bullet to men in such desperate straits. But suppose that one of them demands that he be kept alive? It seems clear that his comrades have no right to kill him, though it is quite a different question whether they should give him a life-prolonging drug. The right to life can sometimes give a duty of positive service, but does not do so here. What it does give is the right to be left alone. 22

Foot's view here is that one has an obligation to refrain from shooting the soldier if he wants not to be shot, but no obligation to enable him to live longer if he wants to live longer. Thus she says that the right to life can sometimes give a duty of positive service, but does not do so here. What it does give is the right to be left alone. And Foot contends that in accepting this conclusion, we have arrived at the distinction involved in the active versus passive euthanasia distinction.

Foot is right about the retreating army case. But once one is clear about that case, it is also clear that it does not support any conclusion to the effect that the active versus passive euthanasia distinction is significant in itself. To see this, consider a person who has been reflecting for some time on the question of whether to go on living, who is not in an emotionally disturbed state, and who decides to commit suicide, even though such an action is contrary to his or her own interests. A person may very well have the right to commit suicide in cases where it is contrary to his or her own interest. But on the other hand, it may very well be argued that it is not morally right to assist such a person to commit suicide - so that allowing the person's death, at his or her own hands, is permissible, but not bringing that person's death

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22. Ibid, *Applying Ethics*, pp – 252.

about, even when that is what the person wants. Why so? The reason is, first of all, that each person has a prima facie right that others not interfere with his or her actions, but does not have a prima facie right that others act in some particular way; and secondly, that while acting contrary to one's own interest is not prima facie wrong, acting contrary to someone else's interests is. So while it may not be wrong to allow someone else to act contrary to his or her own interests, it would be wrong to assist him or her to do this.

The soldier who will be captured by the enemy and tortured and killed, and who nevertheless asks not to be shot, has a right to demand that he or she be allowed to act contrary to his or her own self-interest. But the same soldier does not have a right to demand that others assist him in acting contrary to his or her own self-interest.

J. Gay- Williams argues that euthanasia—that idea, if not the practice –is slowly gaining acceptance within our society. Cynics might attribute this to an increasing tendency to devalue human life, but he does not believe this is the major factor. The acceptance is much more likely to be the result of unthinking sympathy and benevolence. Well-publicized, tragic stories like that of Karen Quinlan elict from us deep feeling of compassion. We think to ourselves, "she and her family would be better off if she were dead." It is an easy step from this very human response to the view that if someone (and others) would be better off dead, then it must all right to kill that person.[23]

Although he respects the compassion that leads to this conclusion, and he believes the conclusion is wrong. And he tries to show that euthanasia is wrong. It is inherently wrong, but it is also wrong judged from the stand-point of self-interest and of practical effects.

It is important to be clear about the deliberate and intentional aspect of the killing. If a hopeless person is given an injection of the wrong drug by mistake and this causes his death,

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23. Foot Philippa , "*Euthanasia*" Philosophy and public Affairs, vol. 6 , 1977, pp. 85-112.

this is wrongful killing but not euthanasia. The killing cannot be the result of accident. Furthermore, if the person is given an injection of a drug that is believed to be necessary to treat his disease or better his condition and the person dies as a result, then this is neither wrongful killing nor euthanasia. The intention was to make the patient well, not kill him. Similarly, when a patient's condition is such that it is not reasonable to hope that any medical procedures or treatments will save his life, a failure to implement the procedures or treatments is not euthanasia. If the person dies, this will be as a result of his injuries or disease and not because of his failure to receive treatment. The failure to continue treatment after it has been realized that the patient has little chance of benefiting from it has been characterized by some as "passive euthanasia." This phrase is misleading and mistaken.[24]

In such cases, the person involved is not killed (the first essential aspect of euthanasia), nor is the death of the person in tended by the withholding of additional treatment (the third essential aspect of euthanasia). The aim may be to spare the person additional and unjustifiable pain, to save him from the indignities of hopeless manipulations, and to avoid increasing the financial and emotional burden on his family. When I buy a pencil it is so that I can use it to write, not to contribute to an increase in the gross national product. This may be the unintended consequence of my action, but it is not the aim of my action. So it is with failing to continue the treatment of dying person. I intend his death no more than I intend to reduce the GNP by not using medical supplies. His is an unintended dying, and so-called "passive euthanasia" is not euthanasia at all.

Every human being has a natural inclination to continue living. Our reflexes and responses fit us to fight attackers, flee wild animals, and dodge out of the way of trucks. In our daily lives we exercise the caution and care necessary to protect ourselves. Our bodies are

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24. Rachels James **"**Active and passive Euthanasia," *New England Journal Medicine***,** vol. 292, pp. 78-80. and , Foot, Philippa. 'Killing and Letting Die' Jay L. Garfield Patricia Hennessey(eds.) University of Massachusetts Press, pp-100-103.

similarly structured for survival right down to the molecular level. When we are cut, our capillaries seal shut, our blood clots, and fibroses is produced to start the process of healing the wound. When we are invaded by bacteria, antibodies are produce to fight against the alien organisms, and their remains are swept out of the body by special cells designed for clean-up work. Euthanasia does violence to this natural goal of survival. It is literally acting against nature because all the processes of nature are bent towards the end of bodily survival. Euthanasia defeats these subtle mechanisms in a way that, in a particular case, disease and injury might not. It is possible, but not necessary, to make an appeal to revealed religion in this connection.[25] Man as trustee of his body acts against God, its rightful possessor, when he takes his own life. He also violates the commandment to hold life sacred and never to take it without just and compelling cause. But since this appeal will persuade only those who are prepared to accept that religion has access to revealed truth. He believes to recognize that the organization of the human body and our patterns of behavioral responses make the continuation of life a natural goal. By reason alone, then, we can recognize that euthanasia sets us against our own nature.[26]

Furthermore, in doing so, euthanasia does violence to our dignity. Our dignity comes from seeking our ends. When one of our goals is survival, and actions are taken that eliminate that goal, and then our natural dignity suffers. Unlike animals, we are conscious though reason of our nature and our ends. Euthanasia involves acting as if this dual nature –inclination towards survival and awareness of this as an end- did not exist. Thus, euthanasia denies our basic human character and requires that we regard ourselves or other as something less than fully human.

The above arguments are, He believes, sufficient to show that euthanasia is inherently wrong. But there are reasons for considering it wrong when judged by standards other than

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25. Ibid., p-299.
26. McIntyre.Ray.V in "*Voluntary Euthanasia: The Ultimate Perversion*," Medical Counterpoint, vol. 2, pp-26-29.

reason. Because death is final and irreversible, euthanasia contains within it the possibility that we will work against our own interest if we practice it or allow it to be practiced on us. Contemporary medicine has high standards of excellence and a proven record of accomplishment, but it does not possess perfect and complete knowledge. A mistaken diagnosis is possible, and so is a mistaken prognosis. Consequently, we may believe that we are dying of a disease when, as a matter of fact, we may not be. We may think that we have no hope of recovery when, as a matter of fact, our chances are quite good. In such circumstances, if euthanasia were permitted, we would die needlessly. Death is final and the chance of error too great to approve the practice of euthanasia. Also, there is always the possibility that an experimental procedure or a hitherto untried technique will pull us through. We should at least keep this option open, but euthanasia closes it off. Furthermore, spontaneous remission does occur in many cases. For no apparent reason, a patient simply recovers when those all around him, including his physicians, expected him to die. Euthanasia would just guarantee their expectations and leave no room for the “miraculous” recoveries that frequently occur.

Finally, 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. The will to live is strong in all of us, but it can be weakened by pain and suffering and feelings of hopelessness. If during a bad time we allow ourselves to be killed, we never have a chance to reconsider. Recovery from a serious illness requires that we fight for it, and anything that weakens our determination by suggesting that there is an easy way out is ultimately against our own interest. Also, we may be inclined towards euthanasia because of our concern for others. If we see our sickness and suffering as an emotional and financial burden on our family, we may feel that to leave our life is to make their

lives easier.[27] The very presence of the possibility of euthanasia may keep us from surviving when we might.

Doctors and nurses are, for the most part, totally committed to saving lives. A life lost is, for them, almost a personal failure, an insult to their skills and knowledge. Euthanasia as a practice might well alter this. It could have a corrupting influence so that in any case that is severe doctors and nurses might not try hard enough to save the patient. They might decide that the patient would simply be "better off dead" and take the steps necessary to make that come about. This attitude could then carry over to their dealings with patients less seriously ill. The result would be an overall decline in the quality of medical care. Finally, euthanasia as a policy is a slippery slope. A person apparently hopelessly ill may be allowed to take his own life. Then he may be permitted to deputize others to do it for him should he no longer be able to act. The judgment of others then becomes the ruling factor. Already at this point euthanasia is not personal and voluntary, for others are acting "on behalf of" the patient as they see fit. This may well incline them to act on behalf of other patients who have not authorized them to exercise their judgment. It is only a sort step, then, from voluntary euthanasia (self-inflicted or authorized), to directed euthanasia administered to a patient who has given no authorization, to involuntary euthanasia conducted as part of a social policy. Recently many psychiatrists and sociologists have argued that we define as "mental illness" those forms of behavior that we disapprove of. This gives us license then to lock up those who display the behavior. The category of the "hopelessly ill" provides the possibility of even worse abuse. Embedded in a social policy, it would give society or its representatives the authority to eliminate all those who might be considered too "ill" to function normally any longer. The dangers of euthanasia are too great to all to run the risk of approving it in any form. The first slippery step may well lead to a

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27. Ibid.,pp -300-301.

serious and harmful fall. J. Gay Williams hopes that he has succeeded in showing why the benevolence that inclines us to give approval of euthanasia is misplaced. Euthanasia is inherently wrong because it violates the nature and dignity of human beings. But even those who are not convinced by this must be persuaded that the potential personal and social dangers inherent in euthanasia are sufficient to forbid our approving it either as a personal practice or as a public policy. Suffering is surely a terrible thing, and we have a clear duty to comfort those in need and to ease their suffering when we can. But suffering is also a natural part of life with values for the individual and for others that we should not overlook. We may legitimately seek for others and for ourselves an easeful death, as Arthur Dyck has pointed out. Euthanasia, however, is not just an easeful death. It is a wrongful death. J. Gay believes that euthanasia is not just dying, it is killing.[28]

Psychiatrist Dr. Daniel Gorman discussed passive and active euthanasia. The CMA supports the commonly held view that passive euthanasia is morally permissible in certain circumstances while active euthanasia is always wrong. In its policy summary on physician-assisted death, the CMA stated that both euthanasia and assisted suicide fall under this heading and said CMA members "should specifically exclude participation in" either practice. But the definition of physician-assisted death is qualified: "Physician-assisted death, as understood here, does not include the withholding or withdrawal of inappropriate, futile or unwanted medical treatment or the provision of compassionate palliative care, even when these practices shorten life." Two recent cases involving physician-assisted death not only illustrate the difference between passive and active euthanasia but also raise the question of whether active euthanasia should sometimes be allowed.

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28. Dyck Arthur, "*Beneficent Euthanasia and Benemortasia*," in Kohl, pp- 117-129

In October 1991, Ms. X, who had lung cancer and had been placed on a respirator at the former St. Mary's Hospital in Timmins, Ont., informed family members that she wanted a breathing tube removed so that her suffering would end. They supported her decision and conveyed it to de la Rocha. In accordance with standard practice, he removed the tube and administered 40 mg of morphine in 3 doses to ensure that she did not experience a suffocating feeling. He broke with standard practice, however, by then administering potassium chloride, causing her heart to stop.

In April 1993 he was convicted in criminal court of administering a noxious substance. His sentence was suspended, however, and he was given 3 years' probation. In an April 1995 hearing before the Discipline Committee of the College of Physicians and Surgeons of Ontario he was charged with professional misconduct because of the conviction in court, as well as failure to maintain the standard of practice. He pleaded guilty to the first charge and the college did not proceed with the second. His penalty was a 90-day license suspension that would be lifted if he wrote a guideline on withdrawing life support from terminally ill patients.[29]

Mr. Y, had undergone 6 operations for esophageal cancer, and in November 1996 was being treated for severe infections at the Queen Elizabeth II Health Sciences Centre (QE II) in Halifax. When his family requested that life supports be withdrawn, he was extubated and given large doses of morphine and hydromorphone. About 2 hours later he remained in extreme distress, and Morrison is alleged to have administered nitroglycerin even though his blood pressure was already very low. After about 10 more minutes she is alleged to have administered potassium chloride, causing him to die within seconds. In February 1997 Morrison received a 3-month suspension from the QE II. During an interview with Halifax police, a colleague of hers said that the patient's death was "basically active euthanasia," and he accused the hospital

29. College of Physicians and Surgeons of Ontario. Dr. Claudio Alberto Gonzales de la Rocha, Timmins [case summary]. *Members' Dialogue* 1995.

of covering up the incident. Morrison was arrested in May 1997 and appeared in court on a charge of first-degree murder. She pleaded innocent and was freed on $10 000 bail; in November, the Crown announced that it would seek a finding of manslaughter. A preliminary hearing was held in February 1998, and Judge Hughes Randall ruled that he would not commit her for trial because there was insufficient evidence for a jury to convict her of any offence. At the time of writing, the College of Physicians and Surgeons of Nova Scotia had not yet reviewed the case. In these cases, the main ethical issue does not involve a simple decision about whether euthanasia is right or wrong, but whether the distinction between passive and active euthanasia is morally relevant. Virtually everyone agrees that in the circumstances described it was morally permissible for the doctors to allow their patients to die by extubating them and administering narcotics. Many believe, however, that in the same circumstances it was wrong for them to cause the death of their patients by administering potassium chloride. It has been already discussed in this chapter that James Rachels challenges the doctrine that passive euthanasia can be morally permissible but active euthanasia cannot. He argues that killing someone is not, in itself, worse than letting someone die, and so active euthanasia is not worse than passive euthanasia. In his view, we should decide whether euthanasia is permissible in a particular case, irrespective of the means by which death would be brought about. Then, if we think that euthanasia is indeed permissible, we should favor the means that is most humane. Consequently, in cases where a dying patients suffering cannot be adequately relieved by palliative care, active euthanasia should actually be favored over passive euthanasia because it ends the suffering more quickly. Rachels key premise is that killing is not, in itself, worse than letting die. He defends this view by proposing two hypothetical cases.

• Mr. Smith stands to gain a large inheritance if his young cousin were to die. Motivated by greed, Smith sneaks into the bathroom while the cousin is taking a bath and drowns her.

• Mr. Jones also stands to gain a large inheritance if his young cousin was to die, and he too sneaks into the bathroom, planning to drown her. Just as Jones enters the bathroom, the girl slips, hits her head, and falls face down, unconscious, in the water. Jones is poised to force her head back down should it be necessary, but it is not. The girl drowns while Jones does nothing. Rachels reasons that if killing is, in itself, worse than letting die, then it must always be worse than letting die. He then asks whether Smith's actions were more reprehensible than Jones'. Surely they were not, he argues, for it is ludicrous to suggest that Jones behaved better because he did not actually kill his cousin but "merely" let her die. Thus, Rachels concludes, there is no inherent moral distinction between killing and letting die. If this conclusion is correct, why do many people think that killing is worse than letting die? The reason, Rachels argues, is that they "conflate the question of whether killing is, in itself, worse than letting die, with the very different question of whether most actual cases of killing are more reprehensible than most actual cases of letting die." Most cases of killing involve murderers with evil motives, whereas most cases of letting die involve physicians acting out of compassion. Consequently, we come to think of killing as worse than letting die even though our moral reactions to these cases are really based on the different motives for ending life. Rachels maintains that when the motives and other circumstances are the same, as in the Smith and Jones cases, it becomes clear that whether a person is killed or allowed to die is morally irrelevant. Therefore, he believes that the means of bringing about death should play no part in decisions about euthanasia.[30]

In "Killing and letting die," Philippa Foot claims that Rachels' view is "extremely implausible" and offers examples in which the distinction between killing and letting die clearly

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30. Applying Ethics, pp -41-43.

seems to be morally relevant. Here are two of them, slightly embellished. First consider the dilemma of Dr. Brown, who has a limited supply of a drug and six patients who will die without it. The dilemma arises because one patient needs the entire supply of the drug to survive, while the other five need only one-fifth of the amount. Should he let one die to save five? Then consider the dilemma of Dr. Green. She has five patients who will die unless they undergo organ transplantation, but the organs they require are unavailable. It occurs to her, however, that there is a healthy clinical clerk on the ward with all the organs necessary to supply the five patients. Should she kill one to save five? Both dilemmas involve choosing between life for one person and life for five. The only difference is that Brown would have to let one die to save five, whereas Green would have to kill one to save five. But this difference is morally critical, for it is obvious that Brown should choose life for five, whereas Green should choose life for one. We must now ask why the distinction between killing and letting die seems morally relevant in the Brown and Green cases, but not in the Smith and Jones cases. Foot argues that the answer lies in the kinds of rights and duties associated with killing and letting die. Rights can be divided into two types, negative and positive.

Negative rights are our rights not to be interfered with — not to be harmed, for instance, or not to have our property taken away. Positive rights are our rights to goods and services, such as our right to food and medical care. Corresponding to a person's negative and positive rights are other people's negative and positive duties: we have a negative duty not to harm others and a positive duty to feed the hungry. Foot argues that the difference between the Smith and Jones cases is that Smith fails in his negative duty not to kill, whereas Jones fails in his positive duty to lend assistance. The moral significance of this difference is only academic, however, because in the circumstances described it is equally wrong to fail in either duty. The cases of Brown and

Green are more complicated. If Brown lets one person die to save five, he fails in his positive duty to provide the one person with medical care. If Green kills one person to save five, she fails in her negative duty not to kill the one person. Here, though, the difference is morally important. In the Brown case, the positive right of one person to medical care obviously does not outweigh the positive right of five others to medical care. In the Green case, however, the negative right of the clinical clerk not to be killed does outweigh the positive right of the five to receive medical care. This is because "it takes more to justify interference than to justify the withholding of goods or services." Consequently, it is morally permissible — indeed, required— for Brown to fail to provide one person with medical care, but it is wrong for Green to kill the clinical clerk. Foot's response to Rachels reveals that the distinction between killing and letting die can be morally relevant in some cases but not others. Therefore, Rachels' argument is invalid: although he is right that the distinction is morally irrelevant in the context of the cases involving Smith and Jones, it does not follow that the distinction is never morally relevant.

Objections to euthanasia from a nonreligious perspective have also been submitted. Perhaps the most popular of these is the so-called wedge argument.[31] The wedge argument submits that since killing is wrong, it should be restricted to as narrow a range of exceptions as possible, for if the number becomes large, wide latitude is given to legitimizing the taking of life and it becomes an easy policy for society to approve of. Thus, accepting passive euthanasia or worse yet, accepting voluntary active euthanasia will lead to involuntary active euthanasia. Those holding this opinion frequently support their views by citing the Nazi experience. Joseph Sullivan, for example, states that the Nazi government abused their euthanasia laws and put millions of innocent people to death. The murders were justified by reason of the compulsory

31. Alexander Leo , "*Medical Science Under Dictatorship*," The New England Journal of Medicine 241(1949): p- 39.

euthanasia legislation which at the time of its enactment was thought to include only "incurable mental cases, monstrosities, and the incurables that were a burden to the state…. However, once the state held this power of life and death over innocent members of society, the lives of all citizens were in danger."[32]

While the wedge argument regarding the relationship between voluntary and involuntary euthanasia may be true, the use of the Nazi experience to validate it is incorrect, as Joseph Fletcher points out. In those instances where people thought it right to kill others judged to be inferior, their actions stemmed from almost unlimited political power, not from the seductiveness of killing. If their beliefs included cruelty, their actions also reflected this.

Let us now return to the cases of Drs. de la Rocha and Morrison. Both involved terminally ill patients in extreme distress. Given Foot's conclusion that killing may be worse than letting die in some cases but not others, we must ask whether killing is worse in these two cases. The answer should be No, provided that appropriate consent was obtained. In both cases the patient or patient's family waived the positive right to medical care in order to relieve suffering. When removing life supports did not bring about death as quickly as hoped, however, they might also have been willing to waive the negative right not to be killed. If they were to waive this negative right by consenting to a lethal injection, why would it be considered immoral to administer it? Of course, administering a lethal injection is currently illegal, and so the doctors could not have asked for consent to do this. Instead, they had to make a difficult choice: either allow their patients suffering to continue, or relieve it by performing an illegal act for which they had not obtained consent. Although Foot, in an earlier article, acknowledges that active euthanasia can be morally acceptable, she opposes legalization of the practice because she believes that it would have adverse social consequences. Her main concerns are the

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32. Sullivan Joseph V , "*The immorality of euthanasia*," in Beneficent Euthanasia, Marvin Kohl (ed.), (Buffalo: Prometheus, 1975, pp. 12-33.

potential for abuse and the possibility that severely ill patients would feel pressured to request a lethal injection. Notice, however, that in the two cases under consideration Foot's concerns apply as much to passive euthanasia as to active euthanasia. Both practices would be equally liable to abuse, for withdrawing life support is as easy as providing a lethal injection. And just as patients could feel pressured to request a lethal injection, they could also feel pressured to request that life supports be withdrawn. Therefore, if we allow passive euthanasia in these cases, as virtually everyone agrees we should, we should also allow active euthanasia. Finally, there is another common position against legalizing active euthanasia — the "slippery-slope" argument. This is advanced in the CMA Policy Summary "Physician-Assisted Death": "Consideration should be given to whether any proposed legislation can restrict (active) euthanasia and assisted suicide to the indications intended. If active euthanasia or assisted suicide or both are permitted for competent, suffering, terminally ill patients, there may be legal challenges, based on the Canadian Charter of Rights and Freedoms, to extend these practices to others who are not competent, suffering or terminally ill. Such extension is the 'slippery slope' that many fear." It is true that it will not speculate on whether such legal challenges are likely to be successful, for this is obviously a question for legal experts. However, if the answer is yes, then perhaps active euthanasia should remain illegal in all circumstances. Let us not forget, though, that regardless of how hard we strive to deliver the best possible palliative care, there will always be times when our efforts fail. Consequently, the cost of prohibiting active euthanasia is that some terminally ill patients who want to die are allowed to suffer longer than necessary. Legalization of euthanasia is a very complex question where a definite yes or no cannot be said. . But if even those people don't want to live, that is their birthright. Anybody

can ask and request, but if they say. “No, we are not interested anymore, and then certainly they have every right to die.” He/she simply wants to die in peace.

In conclusion, though it is not ethical to assist or be involved in a human beings death, in some cases, taking into consideration the involved person’s quality of life, euthanasia should be legalized. It will lead to a person having an option to consult his/her medical practitioner and choosing the right time and right way to end his/her life. But at the same time laws should be in place to make sure that there are proper standards in place to avoid unnecessary deaths in our present day stress filled lives. If euthanasia is to be legalized it should be done after taking all necessary measures and safeguards to prevent its misuses.