

EUTHANASIA

I. Definitions:

- A. *Euthanasia*: intentionally causing, or (through inaction) allowing, the death of a *person for the benefit of that person*.
- B. Crucial Distinctions:
 1. *Active vs. Passive*: Euthanasia is active when it involves an action to bring about the death of the person in question. When euthanasia involves merely inaction (an omission of action), it is called passive euthanasia.
 2. *Voluntary, Nonvoluntary and Involuntary*: Voluntary euthanasia is euthanasia performed with the informed and voluntary consent of the patient. 'Nonvoluntary' does *not* mean 'contrary to the patient's wishes'. It means 'without the patient's consent'. Sometimes nonvoluntary euthanasia is defended in cases where the patient is incapable of giving consent (perhaps because the patient is comatose or is an infant). Euthanasia *contrary* to the patient's wishes is called 'involuntary euthanasia'.

II. Hippocrates and the Hippocratic Oath

- A. Some argue that euthanasia is immoral because it is a violation of the physician's Hippocratic Oath.
 1. The Hippocratic Oath, named after Hippocrates (c.460-380 BCE), states: "I will neither give a deadly drug to anybody if asked for it nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy."
 2. The Hippocratic Oath (H.O.) Argument:

1. It is immoral to break an oath.
2. Physicians swear to uphold the Hippocratic Oath.
3. The Hippocratic Oath forbids euthanasia.

Therefore, 4. It is immoral for physicians to perform acts of euthanasia.

B. Criticism of the H.O. Argument

1. *Applied inconsistently*: No one believes all of its implications.
 - a) The Hippocratic Oath includes prohibitions on using surgery even to prevent the suffering of gall and bladder stones. It also requires physicians to educate the children of their teachers in the art of medicine *for free*.
2. This argument doesn't speak to the impermissibility of a non-physician (or a physician who has not taken the Hippocratic Oath) engaging in euthanasia. (Taken literally, it doesn't preclude euthanasia by means other than "deadly drugs".)
3. Even if sound, this argument does not address the issue of whether physician assisted euthanasia should be legally prohibited.

III. The 1973 AMA Policy Statement:

A. *Statement:*

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.

B. *Ambiguity in the 1973 AMA Policy Statement:* It is unclear whether the crucial distinction the AMA Policy statement seeks to make is between those acts and omissions that are undertaken *with the intention* to end the patient's life and those which are not, or between *actions* which end the patient's life and *omissions* which result in the patient's death.

1. *Intention v. Foreknowledge:* An action may bring about a person's death either as an *intended* consequence or as a *merely foreseen* consequence. Some argue that whether an effect is brought about intentionally or merely with foresight is relevant to determining whether the action is morally permissible.

a) *Example:* Killing the innocent in wartime.

2. *Action v. Omission:* A consequence can be brought about either by action or by inaction. Some believe that the moral permissibility of one's conduct begin a causal factor in some consequence turns on whether the conduct in question *caused* or *merely allowed* the consequence to occur.

a) *Example:* Killing vs. failing to rescue.

3. Independence of the Two Distinctions:

	Intentional Death	Merely Foreseen Death
Action	Active, Intended Euthanasia	Active, Unintended Euthanasia
Omission	Passive, Intended Euthanasia	Passive, Unintended Euthanasia

IV. Dyck's Defense of the AMA Policy:

- A. Dyck interprets the AMA policy as ruling out acts or omissions performed with the *intention* of ending the patient's life.

- B. *Euthanasia vs. Benemortasia:* All euthanasia involves the intentional termination of human life. Therefore, if it is voluntary, it involves suicide and, typically, assistance in suicide. Dyck believes that suicide is always wrong, so euthanasia is always wrong. This doesn't mean that it is never right to withhold medical treatment knowing that such withholding will hasten death, or even that it is always wrong to refrain from giving drugs that are known to shorten life. But, these things can never be done with the intention of causing death.

1. Because benemortasia does allow certain actions and omissions that are known to hasten death, it will justify some actions (and omissions) that, as a matter of fact, cause or hasten death but never on the grounds that they cause or hasten death.

- C. Criticism of Dyck's Position:

1. Dyck's position assumes that it is the purpose of the doctor (or anyone else, for that matter) that determines the permissibility of the acts in question (removing life-prolonging equipment, for example). He doesn't say anything to defend the claim that our *purposes* are relevant to determining the moral permissibility of our acts. While this is a popular and initially plausible view, there are serious difficulties.
 - a) Example: The Case of the Overzealous Heart Researcher.
2. Understanding the "Intent Criterion": A plausible form of the "Intent Criterion" holds that it is impermissible ever to intend or aim at harm or, more generally, an evil.
 - a) Distinguish:
 - (1) Aiming at an Evil as an End
 - (2) Aiming at an Evil as a Means
 - b) The most plausible interpretation of the Intent Criterion would prohibit *only* aiming at an evil as an End.
 - (1) Example: A doctor restoring feeling by causing pain.
 - c) But, those who perform passive *or* active euthanasia do *not* aim at the patient's death as an end. They intend it *only* as a means to avoiding what they take to be a greater evil. Therefore, it appears that the most plausible form of the Intent Criterion doesn't rule out euthanasia.

V. Rachels' Attack on the AMA Position:

- A. Interpretation of the statement: Rachels argues that the AMA statement assumes "there is an important moral difference between active and passive euthanasia . . . because *killing someone is morally worse than letting someone die*" (p. 173).
- B. Rachels' Argument: The central argument in Rachel's paper depends crucially on the pair of examples presented on p. 173.

- i. If killing someone is intrinsically worse than letting someone die, then it should not be possible to find two cases, exactly alike except that one is a killing and the other a "letting die", that we judge to be morally equal. [The idea here is that, with everything else held constant, the difference between killing and letting die should show up.]
- ii. The cases of Jones and Smith are exactly alike except that one is a killing and the other a "letting die" and they are morally equal.

Therefore, iii. Killing someone is not intrinsically worse than letting someone die.

- iv. If killing someone is not intrinsically worse than letting someone die, then the killing/letting die distinction is of no moral significance.

Therefore, v. The killing/letting die distinction is of no moral significance.

- a) Rachels concludes from this argument that the killing/letting die distinction is not of any intrinsic moral significance. (It may, of course, frequently be conjoined with any number of factors that *are* of intrinsic moral significance.)

C. Evaluation of Rachels' Argument:

1. Criticism of Premise ii: Some have suggested that it is not at all obvious that these cases are morally equal. It may be that they are *both* so morally heinous that the difference between them is "swamped" by the monstrosity present in each case.
2. Criticism of Premise iv: The killing/letting die distinction may be of moral significance even if it is not intrinsically morally worse to kill than to let die.
 - a) It may be that *in conjunction with other factors*, killing is always worse than letting die. That is to say, it may be that Rachels has given us a special case and then generalized too quickly. While *in this case* letting die is no different from killing, it does not follow that when surrounding circumstances are different, the killing/letting die distinction isn't precisely what determines the moral permissibility of the case.
 - b) The importance of the killing/letting die distinction may, for all Rachels shows, be precisely this: It is always wrong to kill but only sometimes wrong (though it can be equally wrong) to allow to die.