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Is Euthanasia Morally Permissible? Why or why not?

By Rae Nathan

I. INTRODUCTION

Decisions regarding euthanasia are especially difficult in bioethics because it is interacting with a hard fact that all humans will eventually face, and sometimes not willingly: death. However, for the purpose of this argument I will be addressing situations in which patients are terminally ill and these are plainly where patients have consented to ending their lives. A patient's decision to end their life is primarily controversial because death is seen, generally, as a bad thing. It is also complicated when a hospital is involved because one of the many goals of a hospital is to actually prevent death. This discrepancy is another reason why euthanasia, both active and passive¹, is controversial.

When understanding a specific case in bioethics, it is important to acknowledge four basic bioethical principles: autonomy, beneficence, non-maleficence, and justice². These four principles are crucial to understanding, and devising a solution, for a case but certain principles are given more weight than others on a case-by-case determination. The principles guide particular cases, but are open to adjustment. In the biomedical issue of euthanasia pertaining to terminally ill consenting individuals, the most relevant bioethical principles are autonomy and beneficence. My argument is twofold: (1) Both active and passive euthanasia are morally permissible because the ability for patients to have this choice allows them to act upon their autonomy, and (2) the distinction between active and passive euthanasia, in itself, actually

¹ Vaughn, Lewis. *Bioethics: Principles, Issues, and Cases*. 2nd ed. New York: Oxford University Press, 2013. 596. Print. Vaughn distinguished between active and passive euthanasia as the two forms that are "the main focus in bioethics". Active euthanasia is presently unlawful and described as "directly causing death". Passive euthanasia is legal under certain conditions and described as "withholding or withdrawing life-sustaining measures".

² We learned in class that this is Beauchamp and Childress' formulation of bioethical principles.

diminishes the autonomy of the patient because this deems the agent as external in contrast to the patient acting as the agent.

II. ETHICAL FRAMEWORK

Any ethical framework for arguing for or against euthanasia is complicated simply due to the fact that death is typically seen as ‘bad’ in society. Although emotions of all involved parties may cause complications for individual cases, when looking at euthanasia as an option for death it is important to remove associated emotions. Therefore, I have decided to use a deontological framework to argue for its moral permissibility. Vaughn stated that: “Deontological theories say that the rightness of actions is determined not solely by their consequences but partly or entirely by their intrinsic nature”³. In order to act morally, deontology says, one must follow ones moral duties; I’m going to more specifically employ a patient-centered deontological ethical framework⁴ for these specific cases of euthanasia because the nature of these cases is dependent upon the patient’s consent.

Patient-center deontology is a theory that is rights-based rather than duty-based, yet it still is deontological in that one must analyze the act itself, not its consequences, to determine its rightness. Humans have an inherent right to not be used by another for the user’s benefit, and this sect of deontology can call upon Immanuel Kant’s principle of autonomy to justify the claim that a human must never be used a mere means to another’s end. Kant’s principle of autonomy is particularly useful and pertinent to all bioethical issues, especially euthanasia. Vaughn summarized Kant’s principle of respect for persons to include never treating a person a mere means; acknowledging that people have inherent value, not that value is bestowed upon them;

³ Vaughn, Lewis. *Bioethics: Principles, Issues, and Cases*. 2nd ed. New York: Oxford University Press, 2013. 35.

⁴ Alexander, Larry. "Deontological Ethics." Stanford University. November 19, 2007. Accessed November 21, 2014. <http://plato.stanford.edu/entries/ethics-deontological/#PatCenDeoThe>.

the inherent value of persons “derives from their nature as free, rational beings capable of directing their own lives, determining their own ends, and decreeing their own rules by which to live”⁵. Although Kant would believe that euthanasia is morally impermissible, his principle of autonomy is pertinent to arguing that euthanasia is morally permissible when the patient has consented. In addition, the distinction between passive and active euthanasia actually diminishes patient autonomy.

III. ARGUMENT

I am not determining whether or not death, as a noun, is moral or immoral because in cases of euthanasia I do not believe that this is what determines its moral permissibility. In cases of euthanasia that I am investigating the morality attached to these acts are derived from the agent that is bringing about this action.

In his essay “Active and Passive Euthanasia”⁶, James Rachels argued that the distinction between the moral permissibility of active and passive euthanasia is ineffective because there is no tenable difference in those acts, and therefore the decisions made concerning life and death under that traditional view are made on “irrelevant grounds”⁷. He argued in cases where euthanasia, active or passive, is preferred that killing is in itself not worse than letting die. Rather, people think there is a moral difference between these two forms of euthanasia because people think that killing is morally worse than letting someone die. He exemplified this with a situation in which one man drowns a child, while the other watches a child drown, and die. Rachels argued that there is no difference between acting and not-acting because the result is still a dead child.

⁵ Vaughn, Lewis. *Bioethics: Principles, Issues, and Cases*. 2nd ed. New York: Oxford University Press, 2013. 38. Print.

⁶ James Rachels “Active and Passive Euthanasia” in Vaughn, Lewis *Bioethics: Principles, Issues, and Cases, 2nd Edition*. New York: Oxford University Press, 2010. 649-652. Print.

⁷ *Ibid.*, 650.

He also argued that in cases where the decision has been made to eliminate prolonged suffering, active euthanasia can be preferable as it eliminates the horrible and tortuous suffering that will occur if someone is being allowed to let die. Although this isn't strictly related to my argument pertaining to autonomy being the reason to allow euthanasia, it is important to point out that passive euthanasia can be more tortuous than active; A view upheld in the law reflects that passive euthanasia is more morally permissible than active euthanasia. I am using Rachels' argument to show that there is no tenable difference between active and passive euthanasia. If both active and passive euthanasia require an action, as Rachel argued, and when a patient-deontological ethical framework is being used, then the agent is what should be analyzed to determine euthanasia's moral permissibility.

The action that is required for euthanasia can be variable, a doctor can remove further treatment or a physician can inject a cocktail of drugs as a means for death. The agent of euthanasia, it can be argued, is the physician who does either of these things. However, labeling the agent as the physician diminishes the value of the patient's choice to use euthanasia. The source of the agent is the patient's decision, without this there would be no action of euthanasia at all. For this reason, the physical agent may be the physician injecting the drug, but the truer agent which holds the moral responsibility is the patient and their decision on how to die. What matters to the moral permissibility is the decision itself and the agent that makes that decision, not the physical momentum of performing the action.

This view of patient-as-agent is supported by Kant's principle of autonomy because Kant values a person as their own end and in the case of euthanasia, a person is exercising their right to utilize euthanasia which ultimately makes them their own end while using the physician as partly a means to this end. The ability to make the patient their own end is, according to Kant,

part of what allows the patient to possess inherent worth because they are acting as a free, rational being, capable of directing their own life. If a physician, or someone other than the patient, argues to restrict euthanasia, they are disregarding the patient's autonomy and acting paternalistically by restricting the freedom to choose, which diminishes the inherent value that a person possesses. Therefore, euthanasia is a morally permissible choice to make for a patient deciding to die because they are acting autonomously.

My argument is twofold in that the principle of autonomy not only supports the moral permissibility of euthanasia, but also that the distinction typically made in the bioethical communities is actually untenable for that same reason. When one argues that there is a difference between active and passive euthanasia they are diminishing the patient's autonomy; this distinction yields an external agent causing euthanasia, when in reality it is the patient who is autonomously choosing to utilize euthanasia. Diminishing a patient's autonomy inhibits them from acting as an end in themselves, devalues them as a person, and prevents them from acting as a free and rational human being. In addition, looking at the words 'active' and 'passive' imply certain expectations for the act itself as an option for death: 'active' implies action whereas 'passive' implies inaction. This is not true, as Rachels has argued. Despite both forms being actions themselves, these distinctive words are flawed in that inherent values are attached to them because it is like saying one can act to cause death or not act which arguably results in a god-like-controller-of-death power position of the physician. The distinction, therefore, creates a morally bad stigma attached to euthanasia. Another implication of that distinction is that people will typically view euthanasia as something aggressive or peaceful, when cases are typically not that simple.

The implication of diminishing a patient's autonomy is one of a slippery slope: if a patient's autonomy is diminished in scenarios that are as serious as end-of-life care then what is to say that their autonomy can be disregarded in other controversial biomedical decisions, as well. I believe eliminating this distinction is also important if practices of euthanasia are to be codified into law in the future. If a law is written in which passive euthanasia is allowable, but active is not, then the law is codifying the autonomy principle in bioethics to be negligible. Before any law regarding euthanasia is enacted, it is pertinent to weigh which principles in bioethics take the most weight; I firmly believe that in cases where the patient is consenting, it will be more harmful than helpful to society to support this marked difference between active and passive euthanasia.

IV. BALANCING AUTONOMY AND BENEFICENCE: OBJECTION

Although there are common objections to my argument that rest on religious or teleological grounds, I think the most important to my essay would be to address the issue of balancing the autonomy of the patient and beneficence of the physician. The dilemma is this: if patient autonomy takes precedence over physician's choice in cases of euthanasia, then how does one reconcile if the physician does not want to be the one to allow a patient to utilize euthanasia? Is it morally permissible to give a physician a specific duty that he must follow through with simply because the patient's autonomy is preferential?

V. RESPONSE

I believe the way to address this issue is to first say that a physician should never be legally required to condone euthanasia in a hospital. I don't believe that if a doctor vehemently disagrees with either active or passive euthanasia, that they should be forced to offer it as an option to their patients. Rather, the point of my argument is that if a patient chooses this route to

end their life, the physician should be there to aid in the process, not inhibit, for autonomous reasons. Thus, the physician can maintain the principle of beneficence in their practice, whichever way they interpret beneficence. If they are respecting patient autonomy when offering euthanasia as a viable option, they are upholding the principle of beneficence by truly meeting the needs of their patient.

If the physician has provided the patient with all of the information, part of the role of the physician, and the options for the medical plan have been discussed, it is not the physician's job to decide what a patient should do. A physician imposing their own beliefs about what is best for the patient (in this case, telling them not to end their life) is paternalistic and according to Kant, disrespects the patient and impedes their freedom; the physician's freedom is not impeded as it is arguably his duty to uphold patient autonomy. A recommendation can be made, but ultimately the physician should preserve the patient's autonomy. In addition, a physician has no method for quantifying suffering and has no justification for evaluating a patient's reasons for wanting to utilize euthanasia; therefore, the physician can never truly know what is best for the patient when they are consenting individuals and it is very unreasonable to justify imposing their judgments onto the patient.

CONCLUSION

Euthanasia is a very controversial and difficult issue to come to consensus when there are a variety of factors interacting in each individual case. As an option for a patient, however, who has decided to end their lives, euthanasia seems to be the most logical for truly allowing them to do what they believe is most reasonable. If the patient is terminally ill and consenting to use euthanasia, the principle of autonomy is the most important principle. This is because the nature of these cases prohibits any external person from knowing what is best for the patient and

therefore has no right to impose their values onto a patient; conversely, these cases exhibit only autonomous internal motives for knowing what is best for themselves, and exercising that freedom. The deontological, specifically patient-center deontology, is the best ethical framework for evaluating the moral permissibility of euthanasia because it relies on patient autonomy and making judgments based on the act and agent themselves rather than the consequences. I used James Rachels' as a premise to explain that there is no difference in active and passive euthanasia because they both require an action which allowed me to argue that the agent of the action is what should be analyzed to aid in determining the moral permissibility of euthanasia. I determined the true agent to be autonomy which I argued is responsible for concluding that both active and passive euthanasia are morally permissible, and that the distinction between active and passive euthanasia, in itself, actually diminishes the autonomy of the patient because this deems the agent as external in contrast to the patient acting as the agent.

Works cited

Alexander, Larry. "Deontological Ethics." Stanford University. November 19, 2007.
Accessed November 21, 2014.

<http://plato.stanford.edu/entries/ethics-deontological/#PatCenDeoThe>.

Vaughn, Lewis. *Bioethics: Principles, Issues, and Cases*. 2nd ed. New York: Oxford University Press, 2013.

Vaughn, Lewis. "Active and Passive Euthanasia." *Bioethics: Principles, Issues, and Cases*, 2nd Edition. New York: Oxford University Press, 2010. 649-652. Print.