

Euthanasia

Gay-Williams: “The Wrongfulness of Euthanasia”

Definition of Euthanasia:

The

1. intentional
2. taking of a life
3. of a presumably hopeless person.

1 – you can’t “accidentally” euthanize someone

2 – (obvious)

3 – the motive for the killing is to end suffering

Gay-Williams denies that there *is* passive euthanasia because the cases usually classified as such involve the intentional cessation of treatment, and:

“in such cases, the person is not killed (1), nor is the death of the person intended (3)” [855] – that is, the intention is to *end suffering*, rather than *cause death*. Analogy:

“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” [855]

Is this a plausible argument? Can we really say that a person ceasing treatment *knowing that the person will die*, and perhaps *seeing* the death as the *means* to end suffering, does not *intend* the death, and so it can’t count as euthanasia? What would Gay-Williams say about Rachels’s example of the intestinal blockage in the Downs babies?

1. The Argument from Nature [855]

“Every human being has a natural inclination to continue living” [855]

“the organization of the human body and our patterns of behavioral responses make the continuation of life a natural goal” [856]

Conclusion:

Euthanasia “sets us against our own nature”

Is that what euthanasia does? And if so, does that make it automatically wrong?

Furthermore, according to Gay-Williams:

“euthanasia does violence to our dignity” because:

- our dignity comes from seeking our ends
- one of our ends is survival
- euthanasia goes against that end
- going against one of one’s ends undermines one’s dignity

Conclusion: “euthanasia denies our basic human character and requires that we regard ourselves or others as something less than fully human” [856]

2. The Argument from Self-Interest [856]

What if one is euthanized, BUT:

- the fatal diagnosis was incorrect

- the prognosis of death was incorrect/we had many years left to live
- had we hung on, we would have lived to see an experimental breakthrough that would have saved us
- had euthanasia not been an option, we would have struggled harder and maybe overcome the difficulty (example: working with Cerebral Palsy)

That is: having euthanasia as an option could lead to many cases of unnecessary deaths.

3. The Argument from Practical Effects [857]

Legalizing euthanasia could have bad effects on medical care, because

- physicians would be less inclined to go “all out” to save people, because killing them would be an option
- legalizing *voluntary* euthanasia is the first step on a slippery slope to *nonvoluntary* (unplugging people in comas) and finally *involuntary* euthanasia (killing people against their will) – slipping fatal doses to those that their physicians deem “hopeless”

Rachels: “Active and Passive Euthanasia”

The AMA policy (of 1973, and probably still to this day):

- forbids “the intentional termination of the life of one human being by another”
- allows “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” – decision to be made by patient *or* immediate family

Rachels calls the first ACTIVE euthanasia, and the second PASSIVE euthanasia (Gay-Williams would disagree).

Problem with this policy: it can cause prolonged suffering.

Example 1: incurable cancer of the throat [860]

Example 2: Downs baby with intestinal blockage [861]

“why should anyone favor letting ‘dehydration and infection wither a tiny being over hours and days” [861]?

Rachel’s first claim: this is needlessly cruel. In these cases, active is *less cruel* than passive euthanasia.

Second point [861]: “the conventional doctrine leads to decisions concerning life and death made on irrelevant grounds” [862]

For example, in the Downs’ case, the reason the parents are allowing the babies to die is *because they have Downs’* – there is no way the intestinal blockage would be a reason to let non-Downs’ babies die.

Main argument: there is no moral difference between active and passive euthanasia, so you should have the same policy for both.

Examples:

- 1. Smith drowns his cousin to get the inheritance [862]**
- 2. Jones allows his cousin to drown, also to get the inheritance [863]**

Rachels argues that both Smith and Jones are equally bad, and the fact that Smith *actively* killed his cousin, while Jones *passively* allowed his cousin to die, makes no moral difference.

Counterargument, defending the distinction:

In active euthanasia, the doctor *does something*, and in fact *kills* her patient. In passive euthanasia, it is the patient's *condition* that kills him.

Rachels's response:

- 1. It is wrong to say that in passive euthanasia the doctor does nothing. In fact, she does do something: she lets the patient die. An omission in this case is a decision. (Compare with the "runaway train" example used to illustrate utilitarianism.)**
- 2. The cause of death may be important from a *legal* point of view, but not from a moral.**