

Euthanasia

The New Oxford Dictionary of English defines ‘euthanasia’ as ‘the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma’. ‘Euthanasia’ comes from two Greek words, ‘*eu-*’, a prefix meaning ‘good’ or ‘well’, and ‘*thanatos*’, meaning ‘death’. Literally speaking, when someone undergoes euthanasia, their death is good. Normally, for death to be good, living would need to be worse than death. Incurable, painful disease and irreversible coma are two ways in which living can be worse than dying. In these cases, we might say life is not worth living.

We can distinguish six types of euthanasia.

Involuntary euthanasia is euthanasia when the patient does not want to die. *Nonvoluntary* euthanasia is euthanasia when the patient has not expressed their choice, for example if they are too young to express choices, or they can’t express choices now – e.g. because mentally impaired through senile dementia – and did not express their choices earlier. *Voluntary* euthanasia is euthanasia when the patient wants to die and has expressed this choice.

Each of these three types can be either *active* or *passive*. Active euthanasia is when the patient is killed, for instance by a lethal injection. Passive euthanasia is when the patient is allowed to die, for instance by withholding treatment for the disease that then kills them.

Passive euthanasia does not fit the dictionary definition above, because it involves letting the patient die rather than killing them. It also doesn’t fit because it can sometimes be very painful and prolonged. Active euthanasia, by contrast, is almost always painless, since very high (fatal) doses of painkillers can be given with the injection.

MORALITY, LEGALITY, AND UTILITARIANISM

One of the most common arguments against euthanasia is the possibility of abuse. Patients might feel pressured into agreeing to euthanasia by families that don’t want to look after them or by doctors who wanted to use the hospital resources for other patients. Alternatively, patients who feel depressed may choose euthanasia, when with help they could have become less depressed.

These are important points. But we should distinguish the question whether voluntary euthanasia can be morally permissible from the question whether it should be legalized. The question of whether euthanasia should be legal is not our question here. However, the argument is relevant if we adopt a rule utilitarian approach, as rule utilitarians seek those rules that will create the greatest happiness. If making a rule that allows voluntary euthanasia could make people unhappy, this is relevant.

However, the case from abuses describes what may happen when people don't follow the rule on voluntary euthanasia, i.e. when they act immorally. So it turns out not to be an argument against the morality of voluntary euthanasia after all.

An act utilitarian considers euthanasia on a case-by-case basis. They argue that the differences between types of euthanasia are not morally important unless they involve different consequences. The only important question is whether euthanasia creates more happiness (or less suffering) than preventing it. Involuntary euthanasia is clearly different from voluntary euthanasia, since the person does not want to die – so is 'made unhappy' by their death (or at least by the prospect of their death). It might still be right, if the person's life really will contain more unhappiness than happiness. But if a person wants to stay alive, it is very difficult to make this claim. People commonly agree that, because it is important for us to be able to make choices about things that are important to us, involuntary euthanasia will almost always turn out to be wrong. Voluntary euthanasia, however, will be right in those cases in which it maximizes happiness. The only question is whose happiness should be considered.

DEONTOLOGY

Kant argued that people who commit suicide destroy their rationality in service to something else – pain. So suicide and asking for euthanasia do not show respect for our own rationality; they do not treat it as an end in itself. But this doesn't deal with cases in which the reason why someone requests euthanasia is because they are about to lose their rational faculties (as in advanced Alzheimer's disease) or cases in which someone doesn't have any rational faculties (where children are born without a complete brain).

We may agree that rationality is what bestows dignity on human beings, and we must respect people's dignity. Therefore, a human being who may lose their dignity and their rationality through illness and pain may legitimately request euthanasia. We respect and protect their dignity by helping them die in circumstances of their own choosing. This is one of the most powerful arguments for voluntary euthanasia.

But deontologists don't argue that we should always respect someone's choice when what they want is morally wrong; sometimes it is morally right to prevent them from doing what they want. So voluntary euthanasia could still be wrong if wanting to die is morally wrong.

ACTIVE V. PASSIVE EUTHANASIA USING DEONTOLOGY AND PRACTICAL WISDOM

If voluntary euthanasia is ever morally permissible, is there a moral difference between active and passive euthanasia? An act utilitarian may argue not. In both cases, the person dies. All that matters is that they don't suffer. However, other theories argue there is.

Not killing someone is related to the virtue and duties of justice. Justice requires that we respect people, their choices and rights. Not letting someone die is related to the virtue and duties of charity. Charity requires that we help other people's lives go well. For example, people all over the world are dying from hunger and disease. It is difficult to argue that because you did not give more to charity you have done something as bad as if you had actually killed them yourself.

However, there are some cases in which letting someone die is equivalent to killing them, e.g. when you have a duty to provide food or medicine to someone and you do not. A parent who didn't give their child food would be guilty of murder. In such a case, both justice and charity require the same thing, and so there is no practical difference between killing and letting someone die.

Is there a practical difference in the case of euthanasia? Normally, killing is forbidden by justice as it violates the person's choice; but in voluntary euthanasia, respecting the person's choice means killing them. But some deontologists argue that we have a duty not to kill human beings, even if the person who dies requests it. This is one interpretation of the idea of the sanctity of life, that we must respect someone's right to life even when they want to die. These deontologists may allow passive euthanasia, but not active euthanasia.

Many doctors think that the idea of administering lethal injections goes against the idea and duties of practicing medicine. However, in addition to the duty to protect the lives of their patients, doctors also have the duty to do what is best for their patients, including relieving pain. One way of trying to respect both duties at once is to allow the patient to die while doing everything possible to ensure their death is painless. In cases in which passive euthanasia is painful, giving large doses of painkillers is permissible, even if this actually causes them to die sooner. (So to intend to kill someone is always wrong; but the intention here is to relieve pain.)

This argument appeals to a famous deontological principle, 'the doctrine of double effect'. There is an important moral distinction between a harmful effect occurring as a side effect of pursuing a good end and causing the harm as a means to the good end. Sometimes this is expressed as the view that it is permitted to cause a harmful effect we do not intend, but is an inevitable result of doing something good (if the good thing sufficiently outweighs the bad), but it is wrong to intend the harmful effect, even if we intend it only in order to achieve the good result. So it is alright for a doctor to inject a large dose of morphine into a patient to relieve their pain, knowing that it will make them die sooner, but it is wrong to give that injection, intending to kill them.

But does the duty to protect life involve the duty to prolong life for as long as possible, even if the quality of life is very poor? If so, then active euthanasia is permitted if doctors must always do what is best for their patient, and death can be what is best. At this point, virtue theory may appeal to virtues such as mercy and compassion to permit euthanasia.