

## Relativism, Absolutism, and Euthanasia

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### **Normative and metaethical moral theories**

The idea of relativism and absolutism can be used in two different ways, depending on whether we are talking about *normative moral theories* or *metaethical* theories. Normative moral theories are theories about what is right and what is good which we can use in practical cases, e.g. utilitarianism, situation ethics, Kant's theory. Metaethical moral theories are theories about the *very ideas*, the concepts, of right and wrong, good and bad, e.g. whether moral judgements are objectively true or false.

### **Two senses of 'relativism'**

Some types of normative moral theory, e.g. act utilitarianism and situation ethics, claim that types of action, e.g. abortion and euthanasia, are not always right or wrong. It depends on the particular, individual situation. Whether an action is right or wrong for these theories is *relative to the situation*. But notice that both act utilitarianism and situation ethics hold on to one *absolute standard*, that an act is right if it causes the greatest happiness or is a loving act.

In metaethics, relativism is a different claim. It claims that moral judgements, e.g. 'euthanasia is wrong', are true or false relative to a particular culture or to a particular individual (this is known as subjectivism). There is no absolute truth about morality, and no absolute moral standards that are correct or incorrect, only what different cultures or what different individuals think.

There is a big difference between these types of relativism. Focusing just on subjectivism, we can distinguish subjectivism from relativism in normative ethics by noticing the following points. According to subjectivism, I cannot be wrong about whether euthanasia is right or wrong, because there is no truth of the matter. According to situation ethics, say, I can be wrong, because I might think that a particular act of euthanasia is loving when it is not. That means that I can be corrected, because there is still an absolute standard which determines what is right or wrong.

It is worth noting that the OCR A level syllabus is more interested in relativism in the normative sense.

### **Absolutism**

Because there are two senses of relativism, there are two senses of absolutism.

Absolutism in *metaethics* is the view that moral judgements can be objectively correct or incorrect, not dependent on what anything believes. Situation ethics and act utilitarianism are (usually) absolutist in this sense, because they understand their standard (greatest happiness or love) as telling us what is objectively the right way to act.

Absolutism in *normative ethics* is the claim that certain *types* of action are absolutely, always wrong, i.e. it does not depend on the situation. This may be because that wrong type of action does not respect the nature of human beings or their dignity or their freedom. On

some interpretations, Kant, natural law theory, and some aspects of Christian ethics, e.g. the Ten Commandments, are absolutist. Each one prohibits certain types of action.

### **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. This may happen if they are too young to express choices – it has been usual practice to allow some infants with terrible congenital diseases such as Tay-Sachs to die. Or the patient might not be able to express choices now – because of being in a coma or 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.

Let's focus just on voluntary euthanasia. Is active euthanasia, actually killing the patient who wants to die, ever morally permissible? Many doctors feel that killing their patients is never permitted, but some believe that allowing a patient to die, e.g. if they refuse treatment, is permitted. Some also believe that in cases in which the patient refuses treatment, or there is no treatment available, it is permissible to use strong painkillers in order to help them feel less pain, even though the painkillers will speed up their death. Some doctors, though, argue that killing their patients, if the patients want to die, is permitted, because they should do what is best for their patients and death can be what is best.

This last view is relativist in the normative sense – whether an act of euthanasia is permitted depends on whether it is best for the patient, and that can vary from case to case. The view that active euthanasia is always wrong is absolutist.

Absolutists are more likely to be concerned about the distinction between killing a patient and letting them die. Because these are different types of action, passive euthanasia could be permissible even if active euthanasia is not. But is there a real distinction between killing and letting die? Some relativists, e.g. act utilitarians, say that there is not, because the outcome is the same. But in many cases there does seem to be a difference. For example, we could probably all do more to help people dying of poverty, but that doesn't mean we are doing something as wrong as actually killing them.

An absolutist also has to tell us why active euthanasia is always wrong. Normally, killing someone violates their choice, but not in voluntary euthanasia. If we are permitted to let them die, because this is what they want and it would be better for them to die, e.g. it avoids suffering, then what is wrong with actually killing them?