

Applied Ethics: Euthanasia



Key words:

Active euthanasia: a deliberate action performed by a third party to kill a person, for example by lethal injection. Active euthanasia is illegal in the UK.

Assisted Suicide: a person who wishes to die is helped to die by another person. They may or may not have a serious or terminal illness.

Autonomy and the right to die: the idea that human freedom should extend to decide the time and manner of death.

Dignity: the worth or quality of life, which can be linked to sanctity of freedom.

Euthanasia: literally 'a good death'.

Involuntary euthanasia: where a person is killed against their wishes, for example when disabled people were killed by Nazi doctors.

Non Treatment Decision: the decision medical professionals make to withhold or withdraw medical treatment or life support that is keeping a person alive because they are not going to get better, or because the person asks them to. Controversially it is also sometimes called passive euthanasia.

Non-voluntary euthanasia: this applies when a person is unable to express their wish to die but there are reasonable grounds for ending their life painlessly, for example if a person cannot communicate but is in extreme pain.

Palliative care: end of life care to make the person's remaining moments of life as comfortable as possible.

Personhood: the quality of human life that makes it worthy – usually linked to certain higher capacities.

Quality of life: a way of weighing the extrinsic experience of life, that affects or justifies whether or not it is worth continuing life.

Sanctity of life: the idea that life is intrinsically sacred or has such worth that it is not considered within the power of a human being.

Suicide: A person makes a voluntary choice to end their own life

Voluntary euthanasia: this applies when a person's life is ended painlessly by a third party at their own request.

Introduction

The topic of euthanasia raises a number of key issues: it appears to put the concepts of sanctity of life and quality of life into direct opposition; it raises issues around autonomy, specifically whether there is such a thing as the 'right to die'; and it requires careful distinction between various actions or omissions which may (or may not) be regarded as euthanasia.

Ethical theories such as Natural Law and situation ethics will be applied to this topic.

Sanctity of Life and Quality of Life

At a simple level, euthanasia, although legal in some countries such as Holland and Switzerland, is illegal in the UK.

Suicide has been decriminalized, but it is still an offence to assist someone in committing suicide.

It is legally wrong to administer **active euthanasia** – to do something that directly causes the death.

The **Tony Bland** case provided a precedent whereby, in certain extreme circumstances, **non-voluntary euthanasia** is in effect permitted. This is also an example of passive euthanasia, which involves the **withdrawal** of treatment that is keeping a patient alive.

Tony Bland Case: *In February 1993, almost four years after being fatally injured in the 1989 Hillsborough disaster, Tony Bland died. In the intervening four years, he had been kept alive by machines in a state where, according to Lord Justice Hoffmann, 'his body is alive, but he has no life in the sense that even the most handicapped but conscious human being has a life.'* In a landmark ruling, it was agreed that the feeding tubes keeping Tony Bland alive could be withdrawn.

The Sanctity of life

The sanctity of life is a key part of religious ethics. In Christian ethics, it refers to the idea that life is special and valuable because it is God-given.

Despite the belief that humans are fallen and damaged by sin, each person is still created in the **'image of God'**. This means that it is morally wrong to take life. Each life has intrinsic value regardless of its quality or usefulness to us. The following references from the Bible are often used to support the idea of the sanctity of life:

"So God created humankind in his own image, in the image of God he created them." (Genesis 1:27) This image of God is understood in various ways such as the capacity for rationality, the divine spark within humans, or the ability to make moral decisions.

"You shall not murder." (Exodus 20:13) The command against taking a life is one of the Ten Commandments. Although it is possible to debate whether the commandment is about murder specifically or killing more generally, the principle of the importance of respecting life is upheld.

"The Lord gave, and the Lord has taken away; blessed be the name of the Lord." (Job: 21) It is for God to decide the moment of birth and the moment of death; it cannot be a human decision as our lives are not our own but God's.

Additional quotes to support the sanctity of life argument

We should also **"choose life"** (Deuteronomy 30).

Christian love (agape) is crucial (1 Corinthians 12: **"the greatest value of all is love"**).

We should protect human life (**the parable of the Good Samaritan**) particularly as God gave his only son to redeem us (bring us back from sin and death) and give the gift of **"life in all its fullness."**

The quality of life

The **quality of life principles** takes the view that **whether life is valuable depends on whether it is worth living**. Some thinkers base the decision on whether quality of life exists from around **possession of life's goods such as happiness and freedom from pain**. Others argue that quality of life can be found in the **possession of autonomy**.

The utilitarian philosopher **Peter Singer** takes such a view and argues for replacing the traditional sanctity of life ethics with **five quality of life commandments**:

1. Recognise that the worth of human life varies
2. Take responsibility for the consequences of your decisions (to save or end life)
3. Respect a person's desire to live or die
4. Bring children into the world only if they are wanted
5. Do not discriminate on the basis of species

Sanctity of life Vs Quality of life Overview

Sanctity of Life	Quality of Life
Religious view	Secular view
Intrinsic value of life	Instrumental value of life
Supported by Natural Law	Supported by Situation Ethics
Absolute	Conditional

Autonomy

Linked to quality of life, and in **direct opposition** to the sanctity of life, is the principle of autonomy.

This principle states that humans should be free to make decisions about their own future.

It is a key feature of utilitarian thinking and can be traced back to **J. S. Mill's non-harm principle**: whilst the government or other authority may restrict our freedom if we are about to harm someone else, **they have no right to restrict our freedom** with regard to ourselves. If we wish to harm ourselves we should be permitted to do so.

Likewise, Singer's **preference utilitarians** argues that humans should be free to pursue their own desires and interests where possible. **This autonomy includes the right to make our own decisions about our deaths.**



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Autonomy and euthanasia

Supporters of euthanasia appeal to the idea of autonomy.

It seems to be a key aspect in determining our own lives that we have the ability to determine the time and manner of our own death.

In the case of voluntary euthanasia, this may appear fairly straightforward; however, the leading British philosopher **Jonathon Glover** has suggested **several checks** on whether someone should be assisted to die.

This implies some external judgement as to the patient's quality of life as well as their **mental state**. If they are making the decision in a diminished mental state then they are not truly autonomous.

The issue of autonomy is more complicated in cases of non-voluntary euthanasia, particularly where a patient, perhaps **Tony Bland**, is in a **persistent vegetative state (PVS)**.

"I must be convinced that your decision is a serious one; it must be properly thought out, not merely the result of a temporary state. I must also think your decision is a reasonable one." **Glover, Causing Death and Saving Lives.**

If the patient has given instructions about what their wishes would be if they were in such a case, then arguably their autonomy is being respected.

It is clear autonomy is important in the debate surrounding euthanasia. **Diane Pretty** argued that Article 1 of the Human Rights Convention (right to life) included the **right to die**.

However, where there is no explicit instruction e.g. if a person is in a persistent vegetative state (PVS) and there is no **living will** to advise others of their wishes, **opponents of euthanasia worry** that ending life may not only disregard the principle of the sanctity of life, but also may lead to a **slippery slope** where euthanasia is practised more widely.

Personhood

Linked to the idea of autonomy is the concept of personhood (what we mean by the idea of a 'person'.) For **Peter Singer** to say that the word person is the same as 'human being' is incorrect and is speciesist. Many animals have many of the criteria we would associate with 'persons' and some human beings do not have the criteria:

- 1) Self-awareness
- 2) Moral awareness
- 3) Autonomy
- 4) Creativity
- 5) Rationality
- 6) Language use/ Communication



Acts and omissions

Is there a distinction between medical intervention to end life and medical non-intervention to end life?

The Hippocratic Oath

The Greek physician Hippocrates (460BE – 370BE) states that it would be **wrong for a doctor to do something that would cause the death of a person**.

However, in other writings, he suggests that it is pointless to continue to treat those who are overcome by a disease and for whom medicine is powerless. **It is this distinction that provides the background for the modern discussion of acts and omissions.**

Roughly speaking, an 'act' which causes death is morally (and legally) wrong, but an omission (stopping a treatment where the treatment is prolonging the inevitable death and increasing the suffering of the patient) **may not be morally wrong**.

"I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect." **Part of the Hippocratic Oath, taken by doctors**

Rachels challenging acts and omissions

The American philosopher **James Rachels** (1941 – 2003) has offered a thought experiment to suggest that the distinction **between actively killing and passively letting someone die may not be helpful**.

- Suppose Smith will inherit a fortune if his young nephew dies. One evening he drowns his nephew in the bath and arranges the scene to look like an accident. The nephew's death is an 'act' of Smith.
- Suppose Jones will also inherit a fortune if his young nephew died. As he enters the bathroom, he sees his nephew slip and hit his head and slowly drown. He watches and does nothing to save the nephew. The nephew's death is an 'omission'; Jones could have saved him.

The traditional idea of acts and omissions says that Smith is guiltier than Jones.

He certainly would be legally, but is **he actually worse morally?**

Rachels argues that both cases are equally bad and when we consider the issue of euthanasia, **passive euthanasia by omission may even be crueller as death may take longer**.

Glover on ordinary and extraordinary means

Jonathan Glover suggests that the distinction between acts and omissions may not be so clear cut.

This is because our actions and our omissions may involve ordinary and extraordinary means, depending on whether the proposed treatment is something ordinary such as food and water, or whether it involves highly expensive medical technology which would be an extraordinary means.

Glover suggests that there are at least five options with regard to euthanasia:

1. Take all possible steps to preserve life
2. Take all ordinary steps to preserve life but not use extraordinary means
3. Not killing but taking no steps to preserve life
4. An act which, while not intending to kill, has death as a possible foreseen consequence
5. The deliberate act of killing

However, we may debate what is or is not 'extraordinary means'. **Peter Singer** also questions the distinction between acts and omissions. Using the **Tony Bland** case, he asks us to consider whether the removal of the feeding tube was an 'act' that led to his death, or an 'omission', i.e. **they were not omitting to feed him**.

Natural Law

Key points about Natural Law

1. Absolutist, Christian theory
2. Based on Aristotle's "eudaimonia" and telos of humans – purpose and design; we have a human nature
3. Aquinas: Four tiers of law: Eternal, divine, natural and human; Natural Law is the moral thinking we are able to do (using reason)
4. Humans should act in accordance with their nature and "do good and avoid evil" (synderesis)
5. Primary precepts (from telos and synderesis) include: preservation of life, reproduction, education, ordered society, worship of God; secondary precepts can be deduced from the primary precepts

Natural Law and euthanasia:

Natural Law opposes euthanasia for a number of reasons. However, in doing so it is important to distinguish between allowing someone to die naturally, **which the theory may support**, and cutting life short, **which is always morally wrong**.

Applying Natural Law

The **key precept** of Natural Law argues for the **preservation of life**. Life is intrinsically valuable and should not be shortened. Natural Law is dependent on the Divine Law revealed by God. Key texts such as the Ten Commandments and Job 1:21 '**God gives and God takes away**' seem to count against euthanasia. Following on from this, it would be difficult for someone to claim they were worshiping God, **one of the five primary precepts**, if they were shortening someone's life.

It could also be argued that the practice of euthanasia would undermine the stability of society; a society where life was not valued could not be an ordered society. To end life by euthanasia instead of preserving life is an apparent good as opposed to a real good.

However, the principle of **double effect** may allow pain relief, such as **morphine**, even though administering such a drug may shorten life. This is acceptable provided the intention is to relieve pain and the shortening of life in an unintended secondary effect. Natural Law also draws a distinction between ordinary (natural) and extraordinary means. Thus, a sick person is obliged to take treatment by ordinary means, such as food and water, but an **extraordinary treatment which is risky and may not work could be refused**.

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Assessing Natural Law

It can be argued that Natural Law gives a good answer on euthanasia because...	It can be argued that Natural Law does not give a good answer on euthanasia because...
It upholds the intrinsic value of life	Its religious foundations make it seem outdated
The principle of double effect gives a sensible flexibility to relieve pain when there is no prospect of saving life	It is legalistic and shows no compassion to the pain and suffering experienced by many terminally ill people
It prevents humans from abusing power over others and putting themselves in the place of God	The focus on sanctity of life means that the concepts of quality of life and individual autonomy are not seen as important
The focus on preserving life is a good thing and prevents us from assuming a casual view of euthanasia	Natural Law makes an assumption about the purpose of humans. How capable is a persona able to fulfil their telos if they are in so much pain that they cannot live?
Natural Law is linked to belief in God and is based on human reasoning. However, it is possible to debate the benefit of these links	The idea of doing what is natural can be used to support euthanasia – we put animals down as it is ‘natural’ to not want them to suffer. Why is it so different for humans?
Hugo Grotius said that NL would still apply even if there was no God – doing what is ‘natural’ applies to all humans	Natural Law is legalistic in its approach and has not kept pace with modern technological developments, for example, humane methods of euthanasia
	John Finnis argues that life, knowledge, play, work, aesthetic experience, friendship, reasonableness, etc, enable us to access the requirements that humans need. If a person is no longer able to access these things then it is cruel to insist they endure to protect a life that is no longer lived
	With regards to the doctrine of double effect, can you really know what your intentions are?
	Are ethical decision reached rationally? We often act spontaneously and out of a sense of duty or love and if you really loved someone you would help them die as if you didn’t you may feel guilty.



Situation ethics



Key points about Situation ethics:

- Relative, Christian theory
- **Fletcher:** Agape is the guiding principle; Jesus taught to act with agape in the New Testament
- **Four working principles:** Pragmatism, relativism, positivism, personalism
- **Six propositions:** Only love is intrinsically good; Ruling norm of Christian decision is love; Love and justice are the same; Love wills the neighbour good; Only the end justifies the means; Love’s decisions are made situationally.

Situation ethics and euthanasia

Joseph Fletcher (1905 – 1991), the founder of situation ethics, served as president of ‘**Euthanasia Society of America**’ and used his own example of a patient declining life-sustaining treatment seems to support euthanasia.

A terminally ill man is offered expensive medical treatment that will prolong his life for a few extra months. It will probably keep him alive long enough for his medical insurance to run out, so his family would not benefit when he dies. If he refuses the medication and dies before the insurance runs out, his family will receive a generous sum of money.

For a situation ethicist, **it would not necessarily be wrong for the ill man to speed up his own death through the act of euthanasia.** Although Fletcher does not explicitly suggest he should refuse treatment, the implication given is that this could be the **most loving outcome.**

Applying Situation Ethics

Situation ethics has ‘personalism’ as one of its key principles. It is people and their welfare rather than the keeping of laws that is at the heart of ethics.

Situation ethics considers the **quality of life as more significant** than the sanctity of life.

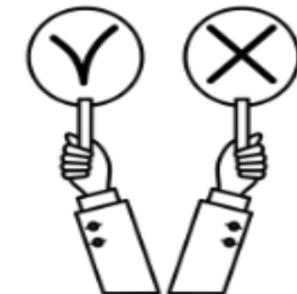
Situation ethics **rejects legalism** in favour of asking, ‘**what is the most loving thing to do?**’ Rules such as ‘do not kill’ are **Sophia** (general rules of wisdom) according to **Fletcher**, but can be **broken when love demands it.**

The theory is **relativist** in its approach. **Fletcher** states that ‘love’s decisions are made situationally, not prescriptively’. In his 1954 book, *Morals and Medicine*, he argues that the patient’s medical condition has to be the starting point for any decisions in medical ethics. **This is not a total endorsement of euthanasia**, but a **recognition** that there are cases where this is the right option.

“It is whether we can justify taking it into our own hands, as human beings, to hasten death for ourselves (suicide) or for others (mercy killing) out of compassion. The answer in my view is clearly yes.” **Fletcher, Essays in Biomedical Ethics**

Assessing Situation ethics

It can be argued that situation ethics is a good approach to euthanasia because...	It can be argued that situation ethics is not a good approach to euthanasia because...
It is flexible to individual situations, it recognises that no two situations regarding euthanasia are the same	Potentially ‘do the most loving thing’ is vague; what the most loving this is may be subjective – a matter of opinion or perspective
Agape love, if correctly understood, is about ensuring the best possible outcome for the persons involved	Situation ethics has a number of the weaknesses of utilitarianism in that it requires a prediction of the future: what the most loving outcome is may not be absolutely certain
Allows us to decide between two conflicting duties	Problem of experience/intention: You cannot prove someone’s intention. E.g. if the patient wants euthanasia, you could say you were acting out of agape, however really you are acting out of greed because you want the inheritance money
Person-centred; giving humans the responsibility for the decisions they make, which fits with our legal system – we are convicted or liberated depending on the consequences of our actions	McQuarrie says that because SE is so personalised, it is difficult to see how it will be applied across all societies
Agape love is a good principle – it is demanding and prevents us from personal bias; is it the most loving thing to allow euthanasia or is it the most loving thing to prevent it?	Many Christians (e.g. C.S. Lewis) would argue that it is not within humanity’s natural abilities to act with agape – only God can do this. However, some would also say that with God’s help, agape is possible



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Assessing the relevance of the sanctity of life

The case for sanctity of life

There are concerns that if we do not uphold the supreme value of life, this may lead to poorer treatment of patients or people feeling they are a burden on resources.

The idea that life is special in all forms is not a bad idea - modern ideas of rights have their origins in this idea and attempt to express a similar sentiment.

Natural Law also upholds the intrinsic value of life. **Preservation of innocent life is one of its five primary precepts.**

In the Bible, it states that, **“The Lord gave and the Lord has taken away” (Job 1:21)**. In making decisions about life-ending treatments, we may be guilty of **presuming to know more than God**.

The case against the sanctity of life

The sanctity of life assumes a religious worldview which many people in the 21st Century no longer share.

Sanctity of life says that life must be saved at all costs whether there is a good chance of treatment working or whether it is almost impossible. Yet technology and medical knowledge has advanced greatly and we are now able to know which lives can and cannot be saved; we no longer need to value life at all costs.

Situation ethics rejects very legalistic interpretations of the sanctity of life. It is far more important to work on a case-by-case basis, attempting to do the most loving thing for the people involved.

The suffering of patients may be unnecessarily increased if we preserve life at all costs.

Peter Singer argues that sanctity of life is part of an old-fashioned traditional ethics that needs to be replaced. It directly goes against autonomy and control. **Singer** argues that people ought to have the freedom to make decisions about their lives for themselves.



Developing arguments on the sanctity of life

The slippery slope argument

Opponents of euthanasia worry that changes to the law on euthanasia may be the beginning of a slippery slope where respect for life is reduced and pressure may be exerted on those who are vulnerable, such as the elderly or disabled.

They may agree to euthanasia because they wrongly feel they are a burden on society.

Opponents to euthanasia see a precedent for their slippery slope argument in the issue of abortion.

When abortion was legalised, it was envisaged that it may be a few thousand cases per year for medical reasons. Currently, there are over 180,000 abortions in the UK each year.

Peter Singer has responded to the slippery slope argument for euthanasia. He cites a review conducted in Netherlands where euthanasia is legal. There were around 48,000 end-of-life decisions in the time period studied; there were only two cases where it was possible that patients' lives had been ended against their will, although equally the two cases could also be explained by poor documentation.

Case Studies

Dr Nigel Cox

Dr Nigel Cox remains the only doctor ever to be convicted in the UK of attempting to perform a mercy killing. A consultant rheumatologist from Hampshire, he was found guilty of attempted murder after injecting 70-year-old Lillian Boyes with a lethal drug. Dr Cox's act was discovered by a nurse who read Miss Boyes medical notes. She realised that the potassium chloride he had used would not alleviate pain, but instead stop Miss Boyes' heart. The charge of attempted murder was brought because it could not be proved conclusively that the injection had killed her. Despite the verdict, Winchester Crown Court imposed a suspended sentence, while the General Medical Council let him off with a reprimand. He is still practicing medicine in Hampshire. During Dr Cox's court case and subsequent appearance before the General Medical Council, Miss Boyes' family never wavered in their support for the doctor's actions.

Tony Nicklinson

Tony Nicklinson, a man with locked-in syndrome who fought for the right to legally end his life, has died. The 58-year-old was paralysed from the neck down after suffering a stroke in 2005 and described his life as a "living nightmare". Last week Mr. Nicklinson, from Melksham, Wiltshire, lost his High Court case to allow doctors to end his life. He was heartbroken by the High Court decision that he could not end his life at a time of his choosing with the help of a new doctor. Mr. Nicklinson said, "It cannot be acceptable in 21st Century Britain that I am denied the right to take my own life just because I am physically handicapped." In response to the high court hearing Mr. Nicklinson refused food and died after having contracted pneumonia – thought to be the result of his refusal of food. People question whether the right decision was made. If Tony Nicklinson felt that he was forced to stop eating to protest against the court's decision, this caused more accumulative pain and suffering, which the law is supposed to protect against.

Tony Bland

Tony Bland was a victim of the 1989 Hillsborough disaster when football fans were crushed and people died. Tony survived but he was in a coma and the doctors believed he would never come out of it. He was described as being in a 'persistent vegetative state' (PVS).

Tony could open his eyes but he did not seem to focus on anything and he couldn't communicate or respond to the people around him.

The doctors did not know if Tony was aware of the people around him and the things they were saying and doing to him. Tony was able to digest food normally but he could not feed himself.

The doctors thought it was dangerous to let him swallow his food so he was given food and water through a tube. When doctors at Airedale Hospital in Yorkshire asked the High Court for permission to withdraw artificial nutrition and hydration from Hillsborough victim Tony Bland, his family supported the application.

After the Hillsborough stadium tragedy, Tony was left in a persistent vegetative state - and hence was not legally dead.

His parents believed their son would not want to be kept alive in such a condition.

They petitioned the court to sanction the withdrawal of hydration and artificial nutrition, which it did.

Betty Coumbias

Inseparable throughout their 50 years of marriage, George and Betty Coumbias of Canada wanted to die together. They sought to become the first husband and wife to complete simultaneous suicides with legal authorisation.

They were featured in John Zaritsky's 2007 documentary, *The Suicide Tourist*. Although assisted suicide is illegal in Canada, they hoped to end their lives with the approval of the government of Switzerland.

The couple's request was unusual in that, while George Coumbias suffers from heart disease, Betty Coumbias was reported to be in excellent health. Ludwig Minelli, director of the Swiss assisted-suicide group Dignitas, petitioned the Canton of Zurich to grant doctors the authority to issue lethal drugs to healthy people after they have been counselled by his organization.

The Coumbiases ultimately had their request turned down.

However, in 2009, in a weird turn of events, Betty Coumbias developed cancer and died, while George continues to live with his heart condition.

