Why We Think the Way We Think about Morality and Ethics

Series II: Bioethics

Discussion Paper II: Euthanasia - We All Die

Collecting Our Thoughts

Last week, we began thinking about Bioethics. We jumped in at the 'deep end' by dealing with the challenge of Genetics and Genetic Engineering. This week, we open a new chapter: the challenge of euthanasia. This issue has been around for a long time in human history, but only relatively recently has it been openly discussed, in part because of the rise of a more secularist perspective, that has asked questions about the traditional Christian approach. We can't talk about everything in this paper, nor in our discussion, so I want to open our thinking through four sections. First, a brief introduction into Christianity's general view about life and death; second, the meaning of euthanasia; third the issue of the value of life, and fourth, the issue of the distinction between killing as opposed to allowing to die. These issues of the value of life and the distinction between killing and allowing to die, constitute the heart of Christian debate, expressed most coherently in Roman Catholic thought. I have intentionally, excluded in this paper, discussion of recent state-based legislation in Australia, permitting euthanasia. This constitutes a topic in its won right.

Christianity and the Defence of Life: Early and Medieval Periods

The idea of the defence of life is second nature to Christian theology and Christian ethics. In the first 300 years of the Christian Church, there was a strong prohibition against taking any human life; even in self-defence. The Church Father, Justin Martyr, would confidently write, "The Christian must not resist attack." Origen from Alexandria stated that the Christian lawmaker should not allow killing at all. Ambrose, Bishop of Milan, argued that the Christian could not take the life of another, even to save his own life. Early on then, there was consensus among the theologians and bishops about the ultimate value of human life. By the time of Augustine in the 4th century, however, things had changed. The prohibition against killing was less absolute. The Fifth Commandment still enjoined the prohibition against private individuals killing others or themselves, but teaching changed with regard to Christian engagement in warfare. Christians could be *bona fide* soldiers, magistrates or even hangmen in carrying out the death penalty. By the Middle Ages, the prohibition against murder (taking the life of an innocent person) and suicide was clear, but the

right of the state to wage war and to impose capital punishment, and of individuals to self-defence was formulated and accepted.

Today all these issues remain on the table for Christian consideration as life becomes more complex, in part shaped and influenced by changing technological capacity and possibilities, leading to more complex, subtle moral options.

Euthanasia: What Does It Mean?
Understood linguistically, the term euthanasia means *good death (eu -good+thanatos – death)*. This seems a little counter-intuitive given the moral ambiguity it has come to assume. Nevertheless, the point registered by the term, is that euthanasia is different to other cases of taking life, such as murder or manslaughter. In modern parlance – and this is the interpretation we will use for our discussion – euthanasia can best be explained as intentionally producing or hastening a patient's death for the benefit of the patient. Death might be a benefit when it is clear that a patient will soon die, having suffered physical pain, mental torment and indignity.

Let's now speak of terms that are necessary for discussion of euthanasia!

The Value of Life
Subjective – Instrumental – Intrinsic: To speak of value, we need to distinguish between particular kinds or constructs. In moral philosophy, there are at least three types of value. *The first are subjective or personal values*. These values exist because of preference: for instance, I like coffee, and because of my preference it has value for me. If everyone stopped liking coffee, it would become valueless. Second, there are *instrumental values*, meaning that something has value not because we necessarily like it, but because it serves our purposes: an example could be health insurance, since it helps to maintain needed levels of health to function. Third, something may be of value because it has *intrinsic worth*, worth in and of itself. Life tends to fit this third description. It may or may not be always something we subjectively enjoy. It may have instrumental value in that life is necessary for ends or purposes to be realized. But, while life may be both of value in terms of preference and purpose – the first two categories – most people argue that it is valuable in itself, it has intrinsic worth.

Sanctity or Quality: Another distinction to be drawn when speaking of life, is about its *sanctity and its quality*. Sanctity, corresponds a bit to the idea of life's intrinsic worth. It includes ideas such as life's inviolability and implies that killing or failing to preserve life is morally wrong. The term itself "sanctity" suggests religious underpinnings. The contrasting view, is that of quality of life, the idea being that life's value is inherently connected to its quality. This can be held to varying degrees. The 'low-level view', agrees that life has intrinsic value, but how valuable it is, varies with its quality. The 'strong view' is that life has to be above a certain quality for it to have any value at all. Something that may have already occurred to you, is that this is the fault-line upon which conservative and liberal Christian views fall. For conservatives, the sanctity of life is the fundamental point of reference. This does not suggest that they oppose euthanasia in a blanket fashion. Indeed, they may even advocate it in some limited circumstances. That said, they tend to the pole of preserving and lengthening life, and away from killing and even allowing to die. The liberal approach, does not place as much weight upon the priority for preserving or lengthening life. In bio-ethics, there have been attempts to reconcile these apparent opposites, without much success.[1]

Killing vs Letting Die
From a Christian point of view, this distinction is crucial. Let's clarify our thinking through explaining a number of key terms that shape the discussion.

Voluntary, Involuntary and Non-Voluntary Euthanasia: Voluntary euthanasia occurs when the patient has consented to their death. Involuntary euthanasia occurs when a patient's death is brought about against their wishes. Non-voluntary euthanasia occurs when a patient is not able to articulate what they wish, because they may be unconscious or in an unrecoverable coma. For most people, secular or religious, there is a usual preference for voluntary euthanasia. So, ideally, consent should always be required for euthanasia to be morally permissible. But this is not as simple as it may appear. One way of managing this

[1] Three approaches include, conflation, compromise and selection. See Stephen Holland, Bioethics: A Philosophical Introduction (Cambridge, Polity, 2003), pp. 60-67

is through so called "Advance Directives", where the patient at some earlier stage, gives documented directions as to their desire. The problem with this, even if such directives have legal weight, is that to imagine oneself in straitened circumstances, is not the same as actually being in them. Can one really know what one would want done in the future and *in extremis?*

Active and Passive Euthanasia: This distinction is crucial in Christian ethical thinking. Active euthanasia (sometimes called "mercy killing"), is performed by someone who actively does something to end a patient's life, such as administer a lethal injection. Passive euthanasia, on the other hand, refers to a practice where someone does not do what they could, to keep a patient alive: for example, they don't treat a patient, knowing that without treatment, death will most certainly result. Conceptually speaking, this distinction is simple: it amounts to the distinction of *withholding* rather than actively *withdrawing* treatment or *intervening* to cause death, but in practice it becomes more difficult. Let's assume that turning-off a life support system, kills the patient. In this sort of situation, something is actively done and in this regard, it appears like active euthanasia. But, the action – turning off the life support system – is not the immediate cause of the patient's death, in the way that administering a lethal injection is, since the immediate cause of death is in fact the patient's condition. In this sense, turning of life support approximates passive euthanasia.

Double Effect: The problem just mentioned of nuance and ambiguity in practice, has led to yet another principle, in the constant struggle to clarify complicated reality: *the double effect.* This idea attempts to distinguish between two kinds of results from particular actions. The first is *intended consequences of actions* and the second, *foreseen consequences but not intended*. An example might help. A physician hastens a patient's death by administering high doses of a pain-killer to a terminally ill patient. The pain killer has two effects: first, it relieves discomfort but secondly, it collapses the patient's respiratory system, promoting death. Assuming that the point of this doctrine of double effect is to distinguish between what is intended and what is foreseen, the doctor does not intend the death of the patient but does expect or foresee it. Is this a case of passive euthanasia, or not euthanasia at all, given our definition of it as *intentionally producing or hastening a patient's death for the benefit of the patient.* Clearly the status of decisions taken and actions that follow have a lot to do with the personal moral integrity of the physician himself.

Conclusion

I want to end with a question that addresses not so much individual cases of euthanasia as such but the most challenging issue of all: namely the viability of euthanasia as a feature of a health care system. This broader question, brings other considerations into play, Firstly, a successful health care system requires a set of values that its users are confident will be upheld, such that doctors never give up hope of successfully treating a patient. The difficulty is that particular forms of euthanasia may undermine such values. Secondly, trust in the integrity of health care professionals is also required for a system to be successful. Again, trust may be eroded, if the practice of accelerating patient's deaths is institutionalized, where euthanasia is just part of a case-management approach. In general, then, the worry, is that the legalization of euthanasia could constitute the top of a 'slippery slope', the erosion of values, integrity, trust and confidence, that are requisites for a successful health care system. At the very least, it seems that if euthanasia were to be instituted, its parameters and limits would need to be clearly understood and enforced. Thirdly, something that does not appear to be frequently mentioned, is the question of how competently bureaucracies may actually put into practice otherwise well-thought through policies and practices that permit euthanasia. Systems on paper seem fine, however the practice is another thing altogether.

Questions

1. **Where would you place yourself on the conservative-liberal spectrum with regard to euthanasia?**
2. **With regard to the issue of the value of life: are you a sanctity or quality type person?**
3. **Do you think the distinction between active and passive euthanasia is an important one or just semantics?**
4. **What do you think of the distinction between *intended consequences* and *foreseen but not intended?***
5. **Do you think there is a difference between euthanasia that is quietly permitted in case of some deaths, and its institutionalization? How does the good of the individual balance up against the common good?**

Further Reading

Stephen Holland: Bioethics: A Philosophical Introduction (Cambridge, Polity, 2003)

Lisa Sowle Cahill: Theological Bioethics: Participation, Justice, Change (Washington DC, Georgetown University Press, 2005)

Margaret A. Farley: *Issues in Contemporary Christian Ethics: The Choice of Death in a Medical Context* (Paul T Jersild, Dale A Johnson, Patricia Beattie Jung and Shannon Jung, Moral Issues: A Christian Response, New York, Harcourt Brace College, 1998)