

“Accepting Passive Euthanasia and Rejecting Active Euthanasia: A Moral Dilemma?”

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Abstract

Through this paper I have tried to raise some questions on the moral debate of active and passive euthanasia. The important debate in this paper is the difference between active and passive euthanasia. We find that there are two features of euthanasia, Active and Passive. Active euthanasia refers to “an action” one takes to end the life, for example, a lethal injection. Passive euthanasia is “an omission” such as failing to provide a nourishment or medicine. These distinctions relate closely to the legal and moral understanding of act and omission. My inquiry is based on solving the following question that is, is it similar, to kill someone or to let someone die or are these two factors different on moral and rational grounds? And if both have same moral stand then why people accept passive euthanasia and reject active euthanasia? We find disagreements between philosophers and their school of thoughts on this issue as there are a group of philosophers and theologians, who support the view that there is a moral difference between active and passive euthanasia. On the other hand, a number of philosophers have argued that intentionally killing or letting die have precisely the same moral state. They attack that distinction in order to show the lack of moral significance. My inquiry is centered upon the solving of the above questions on moral and rational grounds and the objective behind this debate of active and passive euthanasia would be to exercise and show that how moral, intentional grounds play an important role in the whole debate.

KEYWORDS: Active Euthanasia, Passive Euthanasia, Consequentialist, Absolutist (Deontological)

The demand for euthanasia comes with an individual’s wish to have not only a dignified life but also a dignified death. Because we see that it attempts to combine the two thoughts of “*euthanatos*” (“*eu*”- means easy and good, and “*thanatos*”- means death), signifying “gentle and easy death.” Firstly, it is necessary to know the meaning of active and passive euthanasia and what distinctions they have. Active euthanasia involves intentional killing of the patient for reasons of concern. For example, X performs an action which itself results in Y’s death means X kills Y, administering a lethal injection. Active euthanasia is the performance of an act, which results in the death of a person. These acts include withdrawing life-prolonging treatment and initiating procedures, which result in a person’s death. Passive euthanasia involves nonparticipation from doing something that could prolong or save a human life. For example, X allows Y to die. X withholds or withdraws life-prolonging treatment. Gifford describes the difference between the two types of euthanasia this way “Passive euthanasia involves allowing a patient to die by removing her from artificial life support systems such as respirators and

feeding tubes or simply discontinuing medical treatments necessary to sustain life. Active euthanasia, by contrast, involves positive steps to end the life of a patient, typically by lethal injection.”¹

Moral Debate related to difference between Active and Passive Euthanasia

There is a group of philosophers and theologians, who support the view that there is moral difference between active and passive euthanasia. Passive euthanasia, according to this group, is permissible in any case. Here, an agent does not act for the patient’s death, and hence, is not assumed as morally responsible for the patient’s death. It is morally wrong to indulge in the act of killing. Thus, passive euthanasia, where patient dies his or her natural death, cannot be taken as morally wrong. For them, intention and action, both are important to judge the morality. The Vatican declaration on euthanasia, issued in 1980, states as follows:

Euthanasia’s terms of reference are to be found in the intention of the will. The focus on the actor’s intent also avoids the difficulties that arise when a distinction is made between passive and active euthanasia. Passive euthanasia is simply an omission of treatment with the intent of bringing about death. Deliberate starvation of a patient may be an example of this. Active euthanasia brings about death by direct means, such as injections of a lethal drug.²

A number of philosophers have argued that intentionally killing or letting die have precisely the same moral state. These philosophers are Rachels, Tooley, Reichenbach, Philippa Foot and Abrams. For example, James Rachels defines the difference by considering action versus omission. Michael Tooley and James Rachels are two philosophers who maintain that active and passive euthanasia distinction rests on the killing and letting die distinction. They attack that distinction in order to show that distinction between active and passive euthanasia is without moral significance. James Rachels argues against any moral distinction between killing and letting die by considering these alternative situations:

1. Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath Smith sneaks into the bathroom, drowns the child, and then arranges things so that it will look like an accident.
2. Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in, planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted; he stands by ready to push the child’s head back under if it is necessary, but it is not necessary. The child drowns “accidentally,” as Jones watches and does nothing.³

Rachels exemplifies this distinction between active and passive by these two examples. Smith wishes to collect money on a life insurance policy from his 6-year-old cousin. For this, he goes into the bathroom whereas the child is bathing and drowns him. At the same place, Jones has the same purpose concerning his own cousin and goes into the bathroom while the child is bathing. Nonetheless, he sees the child slip, hurt his head, become unconscious and drop under the water. Smith omits to do anything until the child drowns. Smith acted and Jones omitted to act. In these examples, both men were motivated by personal gain, and both were aiming at the child's death. In both cases, the outcome is the same. It is true that Smith acted while Jones neglected to act, but this entire thing is not linked to the outcome of the cousins. These examples support that Jones is no less culpable than Smith is, and that there is, in these cases, no difference between killing and letting die. The decision to let a patient die is same subject to moral appraisal, as the decision to kill is subject of moral evaluation. The act of letting someone die is intentional just as the act of killing someone. Both are actions for which a doctor or anyone else is morally responsible. Rachels is more concerned with the relation between active and passive euthanasia as he says,

I will argue that there is no moral difference between them. By this I mean that there is no reason to prefer one over the other as a matter of principle— the fact that one case of euthanasia is active, while another is passive, is not *itself* a reason to think one morally better than the other. If you already think that passive euthanasia is all right, and you are convinced by my arguments, then you may conclude that active euthanasia must be all right, too. On the other hand, if you believe that active euthanasia is immoral, you may want to conclude that passive euthanasia must be immoral too.... I will only be argue that two forms of euthanasia are morally equivalent – either both are acceptable or both are unacceptable.⁴

He urges that because certain forms of passive euthanasia are accepted and because there is no ethical difference between the letting die (passive) and the killing (active). Therefore, in this sense active euthanasia can be justified too.

According to Tooley, the belief that there is critically moral difference reflects “confused thinking.”⁵ Tooley elsewhere produces this example: two sons who are looking forward to the death of their wealthy father. They decide independently to poison him. One puts poison in his father's whiskey, and is discovered doing so by the other, who was just about to do the same. The latter then allows his father to drink the poisoned whiskey, and refrains from giving him the antidote, which he happens to possess.⁶ Here the son who kills is morally no worse than the son who lets die. They do for motives of personal gain. This is not surprising, since both are judged blameworthy for accurately the same reason, namely that they were fully prepared to kill for motives of personal gain. An act of killing predictably result in someone's death, and same thing is happened

in an act of failing to save someone else it may come to save. Tooley notes that there are differences in motives. The distinctions between acts of killing and acts of failing to save that may morally make us judge them in a different way. It is typical to save someone that requires more effort than refraining from killing someone.

In order to show that the distinction between killing and letting die is itself without moral importance, both Tooley and Rachels construct parallel cases, which are, supposed to be exactly alike except that one involves killing and the other letting die. Rachels' distinction gives a fundamental basis to others and they use it as a model. Tom Beauchamp comments on Rachels' example, "the point is, that in both of Rachels' cases the respective moral agents – Smith and Jones – are morally responsible for the death of the child, even though Jones is not causally responsible. In the first case, the agent causes death, while in the second it is not."⁷ His point is that an action and omission is cooperating different causal roles in both the case of Smith and Jones. Here actively doing things means causing them, while omitting to do them does not.

Some philosophers think that active euthanasia is preferable to passive euthanasia. They argue that the moral difference between acting and abstaining in positive cases where the outcome is desirable for the victim. As Abrams' argument says that the active euthanasia is quite generally morally preferable to passive euthanasia as

1. In most circumstances in which euthanasia is contemplated no element of courage will enter the issue (since there will be no personal risk to the agent, unless the law creates an artificial one), in which case we may expect no moral distinction between the active and passive varieties; but
2. Although curious circumstances may arise in which an element of courage is involved, there is no reason to suppose that in all such cases active euthanasia will be more courageous than passive euthanasia.⁸

Here, she praises the acts more highly than the omissions because of the element of courage. On the bases of this argument, we can say that where a desirable ending is involved, an act is more worthy than an omission, all other things being equal. Therefore, when the death is desirable, as may be presumed in cases of euthanasia, killing may actually be morally preferable to letting die. She bases this claim on the argument that, where a desirable outcome is involved, an act is more praiseworthy than an omission, all other things being equal. Even Aristotle has considered courage as one among his important virtues.

Consequentialist and Absolutist (Deontological) Debate on Active and Passive Euthanasia

We find that there are two positions regarding the difference between act and omission or active and passive euthanasia debate, which is absolutist (deontological) and

consequentialist. Utilitarian moral theory evaluates the rightness or wrongness of an action entirely in terms of the consequences of action. On the other hand, Kant's view is a "deontological theory," it is duty-based approach to ethics, which, holds that the consequences of an action are morally irrelevant. Kant's ethics maintain that the moral rightness and wrongness of an act depends on its intrinsic qualities. For him the moral status of an action depends in part on the motivation, intention for acting. His ethics holds that some acts are morally wrong in themselves for example, lying, breaking a promise, killing etc. His position of moral status is looks absolutist. And this absolutist view holds that there is absolute and moral difference between active and passive euthanasia.⁹ Absolutist justifies only certain action, to act anything for the sake of moral law which is apprehended by reason.

On the other hand, consequentialists' position holds that only the consequences of an action determine its moral significance, only the consequences are ethically relevant to the rightness and wrongness of an action. They say that there is no significant difference between doctors is turning off the oxygen when a patient is in an oxygen tent and simply letting the bottle run out of oxygen because here his motivation is relief from patient to suffering and both consequences are the death of patient. So according to this view, if letting a terminally ill patient die has a same consequence (death of patient) as killing him or her, then the actions are same it means there is morally no difference between act and omission, active and passive euthanasia. Consequentialists insist that the action and omission are both of moral significance whenever deliberateness is present.¹⁰

The absolutist view only prohibits the intentional termination of innocent human lives, either action or omission, positively or negatively. The intentional and the non-intentional termination of life lies thus not in the consequence but it depends in the agent's intention and agent's will in relation to death. The "notion of agency" is important for the absolutist. As philosopher, R. S. Duff puts it: "The absolutist ...is primarily concerned with the intentional actions of human agent, rather than their consequences. What matters is not simply that an event occurs which I did, or could, foresee and control, but the way in which I am related, as an agent, to that event: what matters is what I do; and 'what I do' is determined not just by what happens, but by the intention revealed in my action... His absolute prohibition is against the intentional action of killing, not against the occurrence of the foreseen and avoidable causation of death: it would indeed be absurd to prohibit that absolutely, since for any prohibited outcome we could imagine a case in which the outcome of any alternative is even worse."¹¹ I think, the doctor is not only causally but also morally responsible for the death of patient's death, when he ceases from preventing a patient's death.

The intention of active and passive euthanasia is to spare the pain of patient. The intention of pain relief, which has become inseparable from patient's life, applies that there is no significant moral distinction between "killing" and "letting die. We cannot absolutely say that death is always and everywhere an evil. It may be good for someone.

In medical science, patients and doctors do not believe that life is always a good, and death is always evil. In many cases of terminal or incurable illness, patient chooses a shorter life over longer lives, which make patient's condition miserable. And doctors allow terminally or incurably ill patients to die for their', good. If death is good then patients can be benefited not only by being "let die" but also benefited by being killed. Definitely, in some cases, active euthanasia will be preferable, from the patient's point of view and his or her condition and in some cases, passive euthanasia. If we take death as an evil then we find killing of person is worse than allowing him or her die. Nevertheless, death is not always an evil to the person who dies especially in the case of incurable illness where the life of patient looks so miserable. Moreover, we find that in the case of incurable illness the prolongation of that person's life would have been an evil, so death for her or him is a good. When death for someone would be a good, then killing him or her cannot count as directly harming her or him. Same thing happened in the case of passive euthanasia where allowing someone to die cannot count as allowing harm to occur her or him. Reasonably, these acts must count, correspondingly, as directly benefiting someone and allowing good to her or him.

The distinction between active and passive euthanasia, acts versus omissions, shows that they cannot give a means of making a morally applicable distinction between killing and allowing to die. There is no morally relevant distinction between these two forms of euthanasia. Because

- For the aim of both cases, is patient's general welfare and fulfillment of patient's need. And it is the ethics of any profession, to have faith in their client's, customer's, patient's, people's best interest. In the Medical ethics, the decisions of doctor must be based on the welfare and moral integrity of the patient.
- Both cases highlight the value of autonomy. Autonomy permits individuals to participate in the moral venture of making choice worthy decisions, decisions that respect objective moral norms and promote the flourishing of the decision-maker. And it is essentially self-justificatory accepting the autonomy in which choices merit respect simply by being choices. In both cases, the doctor acts out of "respect for the autonomy" of the patient. The act and omission or active and passive euthanasia have a moral basis as well as a practical one, for them follow the principle of respect for the moral autonomy of the patients.
- In both cases, the goal is end of suffering for human reasons; acts and motives are same, because we know that acts are different because motives are different. Here in the context of euthanasia we see that doctor's motive is patient's relief from suffering and good death. From the point of view of morality, if a doctor lets a patient die for human reasons and if he gives the patient a lethal injection for the same human reasons, then he is in the same moral position. In both cases, an action is performed by the doctor and this action has led to the death of the patient. And if death is good thing, then any form of euthanasia, active and passive, is justified. Therefore, we see that the two form of euthanasia stands together. There is nothing wrong with being the cause of patient's death if his or her death is a good thing.

- In the case of active and passive euthanasia, the doctor who is the agent and has done the act of euthanasia must take the responsibility for that action. The act of letting die may be intentional, as the act of killing someone. Therefore, he is responsible for his decision to let the patient die, as he would be responsible for giving the patient a lethal injection. When a doctor refrains from preventing a patient's death, it is a cause of patient's death. Here doctor is morally responsible for the patient's death. Both are actions for which a doctor, will be morally responsible. As Helga Kuhse has put it: "Stripped of all other differences, what remains is...a difference that has no moral significance. In active euthanasia, the doctor initiates a course of events that will lead to patient's death. In letting die, the agent stands back and lets nature take her sometimes-cruel course. Is letting die morally better than helping to die, or active euthanasia? I think not. Very often, it is much worse."¹²
- In the case of terminal illness, agent's (doctor) intention is to spare patient from pain, but he finds pain has become inseparable from patient's life and here doctor also wanted to spare him or her pain of living. He takes it as his part of duty. And here intention applies to both effects which are pain relief and death. If this is the result of doctor's intention, then this thing can happen in active and passive euthanasia. Thus, there is no significant moral difference between them.
- In the both cases of active and passive euthanasia, agent acts for the same purpose and both have precisely the same end in view when they act. It is not right to say that in the case of passive euthanasia agent does nothing. On the other hand, he does very important thing that is he letting someone die. It is other type of action; it means that it is a kind of action, which one may perform by way of not performing certain other work. We can say that agent is performing indirectly. For this Rachels gives the example of shaking hand, where one may let a patient die by way of not giving medication, just as one may insult someone by way of not shaking his hand.¹³

If we go in analyses of euthanasia, we can argue that difference between active and passive euthanasia is morally irrelevant because both aim the relief of incurable painful disease and dignified peaceful death of patient. Both are cases of causing the death of patient. Because we know, "Euthanasia" means "a good death," or "bringing about a good death." Letting a patient die of his or her disease or killing him or her painlessly in dignified manner is only a good death. If a person dies after life-sustaining tools has been withdraw, it is neither the case of active euthanasia nor the case of passive euthanasia but it is only a case of euthanasia. All these are self-administered euthanasia. And it is the condition, circumstances in which death is caused, not the manner of causing it. This point of view is very important in the aspect of moral ground. This is the claim defended by many philosophers of medical ethics as Tooley, Kushe, Peter Singer, and James Rachels.

We can say that under some circumstances, it would be better to let a patient die rather than to kill him and on the other hand, under different circumstances it would be better to kill a patient rather than let him die. For example, the case of terminal cancer-

patient, who is in horrible pain and does not want prolong his life for a few days that are more hopeless. In addition, in this condition if we simply withhold treatment (letting him die), it may take him longer to die, and due to this he will suffer more. So here it would be good for him, doctor administers the lethal injection according to patient's desire. Euthanasia is seen to be neither active euthanasia nor passive euthanasia.

Allowing passive euthanasia and permitting active euthanasia is depended "on context." For example, a pregnant woman has a cancerous uterus. If the cancer is not removed, both the women and fetus will die. If the cancer is removed, the women will be saved. The only way to completely remove the cancer is to perform a hysterectomy- resulting in the foetus's certain death.¹⁴ Here the life of the mother is in danger due to her deform and disabled baby. Here if we allow passive euthanasia (not do any treatment or surgery for safety), we are not only allowing the baby to die, but also the mother because here we have a possibility to save mother's life with the help of surgery to kill the foetus. Here we may be entitled to kill one's (fetus) life to save the other (mother). If we cannot kill the baby and save the mother's life, then it is not worth to save any of the two's. So here, the killing of baby can save mother's life. To kill the baby is lesser of the two evils that is killing of mother and baby. Therefore, this thing is embedded in the above thought in the some circumstances killing is good than letting die and letting die is worse than killing. Thus, the meaning and use of these two forms of euthanasia obviously depends on the context.

Our examination of the above stated ways of making this distinction will illustrate that none of them provides a means of making a morally appropriate distinction between killing and allowing to die. In the discussion of active and passive euthanasia debate, I am not arguing, simply, that active euthanasia is all right and passive euthanasia is not or passive euthanasia is good than active euthanasia. I am concerned with the relation between active and passive euthanasia. I am trying to show that neither of any position is perfectible and that we can adopt other position that can be called contextualist where active and passive euthanasia depend upon "patient's condition," "demand" and "context." To determine what is moral or not is a part of applied ethics and medical ethics depends on the context. And if we follow the context of an incurable suffering patient, then we find that under certain circumstances killing (administering a lethal drug or injection) a terminally ill patient can be virtuous and vice-versa. We must always decide the applicability of euthanasia within a particular context.

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