

ISSUE



Is Euthanasia Immoral?

YES: J. Gay-Williams, from “The Wrongfulness of Euthanasia,” in Ronald Munson, ed., *Intervention and Reflection: Basic Issues in Medical Ethics*, 6th ed. (Wadsworth, 2000)

NO: Richard Brandt, from “A Moral Principle About Killing,” in Marvin Kohl, ed., *Beneficent Euthanasia* (Prometheus Books, 1975)

ISSUE SUMMARY

YES: J. Gay-Williams contends that euthanasia is immoral because it violates one’s natural personal will to survive. He argues that a public policy allowing euthanasia would have severe negative practical effects.

NO: Moral philosopher Richard Brandt argues that killing human beings ordinarily injures them and violates their preferences. But in cases of euthanasia, when both of these conditions are lacking, he asserts that the killing could be allowable.

The word *euthanasia* comes from two Greek elements: the prefix *eu* (meaning good, easy, or fortunate) and the word *thanatos* (meaning death). The root idea is that in euthanasia one undergoes a good death, or an easy or fortunate one.

Euthanasia means more than this, however. We do not use the term unless we are referring to a case in which someone kills another person in order to give that person an easy death. Suppose your grandmother lives to a great age and, having put all her personal affairs in order, dies a painless death while asleep. However good or easy a death this might have been—and however much we might hope that when we or our loved ones die this will be the way—such a case is *not* one of euthanasia. The key element of a person killing a person is absent. It is precisely this element that makes euthanasia morally controversial.

Now the fact that any one person kills another does not automatically make euthanasia wrong. There are killings in a “just” war, in self-defense, and in state executions. Although some might well claim that any one of these three is wrong, it would be difficult indeed to maintain that all three of these are always wrong.

One difference between euthanasia and the three cases mentioned above is that in those cases the person who is killed is regarded by the killer as an

enemy, an attacker, or a criminally guilty person. But the person who dies in euthanasia is not regarded as such. Often the person killed is a relative, a friend, or a medical patient of the killer. A common phrase used for euthanasia that recognizes this feature is “mercy killing.”

Proponents of euthanasia generally do perceive euthanasia as a merciful practice, one that offers a way out—perhaps the only way out—of a painful existence. For example, consider the following true story. A physicist who had worked with X rays for many years developed skin cancer. As a result of this disease, he lost part of his jaw, his upper lip, his nose, his left hand, two fingers from his right hand, and his sight. Blind and in great pain, he was given about a year to live by his doctors, who could neither cure the cancer nor eliminate the pain. He begged for death. He wanted one of his three brothers to kill him. Two refused, but the third, to whom he had always felt the closest, reluctantly shot him to death.

Opponents of euthanasia, on the other hand, point out that euthanasia—far from resembling justified killing—fits the standard definition of murder: the killing of an innocent person. Moreover, if this killing is tolerated, where will it stop? The possibilities are many. Suppose the physicist in the previous case had become mentally incapacitated before expressing a wish to die. Would his brothers or his doctors then make a judgment about euthanasia? Suppose the patient has no relatives and no money and lives on public funds. Would taxpayers then decide? Perhaps various groups—the old, the infirm, those with incurable diseases, the insane, or even those with undesirable character traits—would be killed in this way. Opponents of euthanasia ask, Where will the line be drawn once the killing of the innocent is condoned? They rule out *all* euthanasia, thus eliminating the need to draw such a line.

In the following selections, J. Gay-Williams argues that euthanasia is intrinsically wrong and also likely to lead to disagreeable consequences. Support for euthanasia, he suspects, is the result of an unthinking sentimentalism. Richard Brandt presents what he maintains is a rational analysis of what is wrong with killing human beings. He argues that euthanasia, which is free of these elements, is not wrong.



J. Gay-Williams



The Wrongfulness of Euthanasia

My impression is that euthanasia—the idea, if not the practice—is slowly gaining acceptance within our society. Cynics might attribute this to an increasing tendency to devalue human life, but I do not believe this is the major factor. Well-publicized, tragic stories like that of Karen Quinlan elicit from us deep feelings of compassion. We think to ourselves, “She and her family would be better off if she were dead.” It is an easy step from this very human response to the view that if someone (and others) would be better off dead, then it must be all right to kill that person.¹ Although I respect the compassion that leads to this conclusion, I believe the conclusion is wrong. I want to show that euthanasia is wrong. It is inherently wrong, but it is also wrong judged from the standpoints of self-interest and of practical effects.

Before presenting my arguments to support this claim, it would be well to define “euthanasia.” An essential aspect of euthanasia is that it involves taking a human life, either one’s own or that of another. Also, the person whose life is taken must be someone who is believed to be suffering from some disease or injury from which recovery cannot reasonably be expected. Finally, the action must be deliberate and intentional. Thus, euthanasia is intentionally taking the life of a presumably hopeless person. Whether the life is one’s own or that of another, the taking of it is still euthanasia.

It is important to be clear about the deliberate and intentional aspect of the killing. If a hopeless person is given an injection of the wrong drug by mistake and this causes his death, this is wrongful killing but not euthanasia. The killing cannot be the result of accident. Furthermore, if the person is given an injection of a drug that is believed to be necessary to treat his disease or better his condition and the person dies as a result, then this is neither wrongful killing nor euthanasia. The intention was to make the patient well, not kill him. Similarly, when a patient’s condition is such that it is not reasonable to hope that any medical procedures or treatments will save his life, a failure to implement the procedures or treatments is not euthanasia. If the person dies, this will be as a result of his injuries or disease and not because of his failure to receive treatment.

The failure to continue treatment after it has been realized that the patient has little chance of benefitting from it has been characterized by some as

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“passive euthanasia.” This phrase is misleading and mistaken.² In such cases, the person involved is not killed (the first essential aspect of euthanasia), nor is the death of the person intended by the withholding of additional treatment (the third essential aspect of euthanasia). The aim may be to spare the person additional and unjustifiable pain, to save him from the indignities of hopeless manipulations, and to avoid increasing the financial and emotional burden of the family. When I buy a pencil it is so that I can use it to write, not to contribute to an increase in the gross national product. This may be the unintended consequence of my action, but it is not the aim of my action. So it is with failing to continue the treatment of a dying person. I intend his death no more than I intend to reduce the GNP by not using medical supplies. His is an unintended dying, and so-called “passive euthanasia” is not euthanasia at all.

1. The Argument From Nature

Every human being has a natural inclination to continue living. Our reflexes and responses fit us to fight attackers, flee wild animals, and dodge out of the way of trucks. In our daily lives we exercise the caution and care necessary to protect ourselves. Our bodies are similarly structured for survival right down to the molecular level. When we are cut, our capillaries seal shut, our blood clots, and fibrogen is produced to start the process of healing the wound. When we are invaded by bacteria, antibodies are produced to fight against the alien organisms, and their remains are swept out of the body by special cells designed for clean-up work.

Euthanasia does violence to this natural goal of survival. It is literally acting against nature because all the processes of nature are bent towards the end of bodily survival. Euthanasia defeats these subtle mechanisms in a way that, in a particular case, disease and injury might not.

It is possible, but not necessary, to make an appeal to revealed religion in this connection.³ Man as trustee of his body acts against God, its rightful possessor, when he takes his own life. He also violates the commandment to hold life sacred and never to take it without just and compelling cause. But since this appeal will persuade only those who are prepared to accept that religion has access to revealed truths, I shall not employ this line of argument.

It is enough, I believe, to recognize that the organization of the human body and our patterns of behavioral responses make the continuation of life a natural goal. By reason alone, then, we can recognize that euthanasia sets us against our own nature.⁴ Furthermore, in doing so, euthanasia does violence to our dignity. Our dignity comes from seeking our ends. When one of our goals is survival, and actions are taken that eliminate the goal, then our natural dignity suffers. Unlike animals, we are conscious through reason of our nature and our ends. Euthanasia involves acting as if this dual nature—inclination towards survival and awareness of this as an end—did not exist. Thus, euthanasia denies our basic human character and requires that we regard ourselves or others as something less than fully human.

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2. The Argument From Self-Interest

The above arguments are, I believe, sufficient to show that euthanasia is inherently wrong. But there are reasons for considering it wrong when judged by standards other than reason. Because death is final and irreversible, euthanasia contains within it the possibility that we will work against our own interest if we practice it or allow it to be practiced on us.

Contemporary medicine has high standards of excellence and a proven record of accomplishment, but it does not possess perfect and complete knowledge. A mistaken diagnosis is possible, and so is a mistaken prognosis. Consequently, we may believe that we are dying of a disease when, as a matter of fact, we may not be. We may think that we have no hope of recovery when, as a matter of fact, our chances are quite good. In such circumstances, if euthanasia were permitted, we would die needlessly. Death is final and the chance of error too great to approve the practice of euthanasia.

Also, there is always the possibility that an experimental procedure or a hitherto untried technique will pull us through. We should at least keep this option open, but euthanasia closes it off. Furthermore, spontaneous remission does occur in many cases. For no apparent reason, a patient simply recovers when those all around him, including his physicians, expected him to die. Euthanasia would just guarantee their expectations and leave no room for the “miraculous” recoveries that frequently occur.

Finally, knowing that we can take our life at any time (or ask another to take it) might well incline us to give up too easily. The will to live is strong in all of us, but it can be weakened by pain and suffering and feelings of hopelessness. If during a bad time we allow ourselves to be killed, we never have a chance to reconsider. Recovery from a serious illness requires that we fight for it, and anything that weakens our determination by suggesting that there is an easy way out is ultimately against our own interest. Also, we may be inclined towards euthanasia because of our concern for others. If we see our sickness and suffering as an emotional and financial burden on our family, we may feel that to leave our life is to make their lives easier.⁵ The very presence of the possibility of euthanasia may keep us from surviving when we might.

3. The Argument From Practical Effects

Doctors and nurses are, for the most part, totally committed to saving lives. A life lost is, for them, almost a personal failure, an insult to their skills and knowledge. Euthanasia as a practice might well alter this. It could have a corrupting influence so that in any case that is severe doctors and nurses might not try hard enough to save the patient. They might decide that the patient would simply be “better off dead” and take the steps necessary to make that come about. This attitude could then carry over to their dealings with patients less seriously ill. The result would be an overall decline in the quality of medical care.

Finally, euthanasia as a policy is a slippery slope. A person apparently hopelessly ill may be allowed to take his own life. Then he may be permitted

to deputize others to do it for him should he no longer be able to act. The judgment of others then becomes the ruling factor. Already at this point euthanasia is not personal and voluntary, for others are acting “on behalf of” the patient as they see fit. This may well incline them to act on behalf of other patients who have not authorized them to exercise their judgment. It is only a short step, then, from voluntary euthanasia (self-inflicted or authorized), to directed euthanasia administered to a patient who has given no authorization, to involuntary euthanasia conducted as part of a social policy.⁶ Recently many psychiatrists and sociologists have argued that we define as “mental illness” those forms of behavior that we disapprove of.⁷ This gives us license then to lock up those who display the behavior. The category of the “hopelessly ill” provides the possibility of even worse abuse. Embedded in a social policy, it would give society or its representatives the authority to eliminate all those who might be considered too “ill” to function normally any longer. The dangers of euthanasia are too great to all to run the risk of approving it in any form. The first slippery step may well lead to a serious and harmful fall.

I hope that I have succeeded in showing why the benevolence that inclines us to give approval of euthanasia is misplaced. Euthanasia is inherently wrong because it violates the nature and dignity of human beings. But even those who are not convinced by this must be persuaded that the potential personal and social dangers inherent in euthanasia are sufficient to forbid our approving it either as a personal practice or as a public policy.

Suffering is surely a terrible thing, and we have a clear duty to comfort those in need and to ease their suffering when we can. But suffering is also a natural part of life with values for the individual and for others that we should not overlook. We may legitimately seek for others and for ourselves an easeful death, as Arthur Dyck has pointed out.⁸ Euthanasia, however, is not just an easeful death. It is a wrongful death. Euthanasia is not just dying. It is killing.

Notes

1. For a sophisticated defense of this position see Philippa Foot, “Euthanasia,” *Philosophy and Public Affairs*, vol. 6 (1977), pp. 85–112. Foot does not endorse the radical conclusion that euthanasia, voluntary and involuntary, is always right.
2. James Rachels rejects the distinction between active and passive euthanasia as morally irrelevant in his “Active and Passive Euthanasia,” *New England Journal of Medicine*, vol. 292, pp. 78–80. But see the criticism by Foot, pp. 100–103.
3. For a defense of this view see J.V. Sullivan, “The Immorality of Euthanasia,” in Marvin Kohl, ed., *Beneficent Euthanasia* (Buffalo, New York: Prometheus Books, 1975), pp. 34–44.
4. This point is made by Ray V. McIntyre in “Voluntary Euthanasia: The Ultimate Perversion,” *Medical Counterpoint*, vol. 2, pp. 26–29.
5. See McIntyre, p. 28.
6. See Sullivan, “The Immorality of Euthanasia,” pp. 34–44, for a fuller argument in support of this view.
7. See, for example, Thomas S. Szasz, *The Myth of Mental Illness*, rev. ed. (New York: Harper & Row, 1974).

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8. Arthur Dyck, "Beneficent Euthanasia and Benemortasia," Kohl; *op. cit.*, pp. 117–129.



NO 

Richard Brandt

A Moral Principle About Killing

One of the Ten Commandments states: “Thou shalt not kill.” The commandment does not supply an object for the verb, but the traditional Catholic view has been that the proper object of the verb is “innocent human beings” (except in cases of extreme necessity), where “innocent” is taken to exclude persons convicted of a capital crime or engaged in an unjust assault aimed at killing, such as members of the armed forces of a country prosecuting an unjust war. Thus construed, the prohibition is taken to extend to suicide and abortion. (There is a qualification: that we are not to count cases in which the death is not wanted for itself or intended as a *means* to a goal that is wanted for itself, provided that in either case the aim of the act is the avoidance of some evil greater than the death of the person.) Can this view that all killing of innocent human beings is morally wrong be defended, and if not, what alternative principle can be?

This question is one the ground rules for answering which are far from a matter of agreement. I should myself be content if a principle were identified that could be shown to be one that would be included in any moral system that rational and benevolent persons would support for a society in which they expected to live. Apparently others would not be so content; so in what follows I shall simply aim to make some observations that I hope will identify a principle with which the consciences of intelligent people will be comfortable. I believe the rough principle I will suggest is also one that would belong to the moral system rational and benevolent people would want for their society.

Let us begin by reflecting on what it is to kill. The first thing to notice is that *kill* is a biological term. For example, a weed may be killed by being sprayed with a chemical. The verb *kill* involves essentially the broad notion of death—the change from the state of being biologically alive to the state of being dead. It is beyond my powers to give any general characterization of this transition, and it may be impossible to give one. If there is one, it is one that human beings, flies, and ferns all share; and to kill is in some sense to bring that transition about. The next thing to notice is that at least human beings do not live forever, and hence killing a human being at a given time must be construed as *advancing the date* of its death, or as *shortening its life*. Thus it may be brought about that the termination of the life of a person occurs at the time

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t instead of at the time $t + k$. Killing is thus shortening the span of organic life of something.

There is a third thing to notice about *kill*. It is a term of causal agency and has roots in the legal tradition. As such, it involves complications. For instance, suppose I push a boulder down a mountainside, aiming it at a person X and it indeed strikes X, and he is dead after impact and not before (and not from a coincidental heart attack); in that case we would say that I killed X. On the other hand, suppose I tell Y that X is in bed with Y's wife, and Y hurries to the scene, discovers them, and shoots X to death; in that case, although the unfolding of events from my action may be as much a matter of causal law as the path of the boulder, we should *not* say that I killed X. Fortunately, for the purpose of principles of the morally right, we can sidestep such complications. For suppose I am choosing whether to do A or B (where one or the other of these "acts" may be construed as essentially *inaction*—for example, *not* doing what I know is the one thing that will *prevent* someone's death); then it is enough if I know, or have reason to think it highly probable, that were I to do A, a state of the world including the death of some person or persons would ensue, whereas were I to do B, a state of the world of some specified different sort would ensue. If a moral principle will tell me in this case whether I am to do A or B, that is all I need. It could be that a moral principle would tell me that I am absolutely never to perform any action A, such that were I to do it the death of some innocent human being would ensue, provided there is some alternative action I might perform, such that were I to do it no such death would ensue.

It is helpful, I think, to reformulate the traditional Catholic view in a way that preserves the spirit and intent of that view (although some philosophers would disagree with this assessment) and at the same time avoids some conceptions that are both vague and more appropriate to a principle about when a person is morally blameworthy for doing something than to a principle about what a person ought morally to do. The terminology I use goes back, in philosophical literature, to a phrase introduced by W. D. Ross, but the conception is quite familiar. The alternative proposal is that there is a *strong prima facie obligation* not to kill any human being except in justifiable self-defense; in the sense (of *prima facie*) that it is morally *wrong* to kill any human being except in justifiable self-defense *unless* there is an even stronger *prima facie* moral obligation to do something that cannot be done without killing. (The term *innocent* can now be omitted, since if a person is not innocent, there may be a stronger moral obligation that can only be discharged by killing him; and this change is to the good since it is not obvious that we have no *prima facie* obligation to avoid killing people even if they are not innocent.) This formulation has the result that sometimes, to decide what is morally right, we have to compare the stringencies of conflicting moral obligations—and that is an elusive business; but the other formulation either conceals the same problem by putting it in another place, or else leads to objectionable implications. (Consider one implication of the traditional formulation, for a party of spelunkers in a cave by the oceanside. It is found that a rising tide is bringing water into the cave and all will be drowned unless they escape at once. Unfortunately, the first man to try to squeeze through the exit is fat and gets wedged inextricably in the opening,

with his head inside the cave. Somebody in the party has a stick of dynamite. Either they blast the fat man out, killing him, or all of them, including him, will drown. The traditional formulation leads to the conclusion that all must drown.)

Let us then consider the principle: "There is a strong prima facie moral obligation not to kill any human being except in justifiable self-defense." I do not believe we want to accept this principle without further qualification; indeed, its status seems not to be that of a basic principle at all, but derivative from some more-basic principles. W. D. Ross listed what he thought were the main basic prima facie moral obligations; it is noteworthy that he listed a prima facie duty not to *cause injury*, but he did not include an obligation not to kill. Presumably this was no oversight. He might have thought that killing a human being is always an injury, so that the additional listing of an obligation not to kill would be redundant; but he might also have thought that killing is sometimes *not* an injury and that it is prima facie obligatory not to kill only when, and because, so doing would injure a sentient being.

What might be a noninjurious killing? If I come upon a cat that has been mangled but not quite killed by several dogs and is writhing in pain, and I pull myself together and put it out of its misery, I have killed the cat but surely not *injured* it. I do not injure something by relieving its pain. If someone is being tortured and roasted to death and I know he wishes nothing more than a merciful termination of life, I have not injured him if I shoot him; I have done him a favor. In general, it seems I have not injured a person if I treat him in a way in which he would want me to treat him if he were fully rational, or in a way to which he would be indifferent if he were fully rational. (I do not think that terminating the life of a human fetus in the third month is an injury; I admit this view requires discussion.¹)

Consider another type of killing that is not an injury. Consider the case of a human being who has become unconscious and will not, it is known, regain consciousness. He is in a hospital and is being kept alive only through expensive supportive measures. Is there a strong prima facie moral obligation not to withdraw these measures and not to take positive steps to terminate his life? It seems obvious that if he is on the only kidney machine and its use could *save* the life of another person, who would lead a normal life after temporary use, it would be wrong not to take him off. Is there an obligation to continue, or not to terminate, if there is no countering obligation? I would think not, with an exception to be mentioned; and this coincides with the fact that he is *beyond* injury. There is also not an obligation *not* to preserve his life, say, in order to have his organs available for use when they are needed.

There seems, however, to be another morally relevant consideration in such a case—knowledge of the patient's own wishes when he was conscious and in possession of his faculties. Suppose he had feared such an eventuality and prepared a sworn statement requesting his doctor to terminate his life at once in such circumstances. Now, if it is morally obligatory to some degree to carry out a person's wishes for disposal of his body and possessions after his death, it would seem to be equally morally obligatory to respect his wishes in case he becomes a "vegetable." In the event of the existence of such a document, I

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would think that if he can no longer be injured we are free to withdraw life-sustaining measures and also to take positive steps to terminate life—and are even morally bound, *prima facie*, to do so. (If, however, the patient had prepared a document directing that his body be preserved alive as long as possible in such circumstances, then there would be a *prima facie* obligation *not* to cease life-sustaining measures and not to terminate. It would seem obvious, however, that such an obligation would fall far short of giving the patient the right to continued use of a kidney machine when its use by another could save that person's life.) Some persons would not hesitate to discontinue life-sustaining procedures in such a situation, but would balk at more positive measures. But the hesitation to use more positive procedures, which veterinarians employ frequently with animals, is surely nothing but squeamishness; if a person is in the state described, there can be no injury to him in positive termination more than or less than that in allowing him to wither by withdrawing life-supportive procedures.

If I am right in my analysis of this case, we must phrase our basic principle about killing in such a way as to take into account (1) whether the killing would be an injury and (2) the person's own wishes and directives. And perhaps, more important, any moral principle about killing must be viewed simply as an implicate of more basic principles about these matters.

Let us look for corroboration of this proposal to how we feel about another type of case, one in which termination would be of positive benefit to the agent. Let us suppose that a patient has a terminal illness and is in severe pain, subject only to brief remissions, with no prospect of any event that could make his life good, either in the short or long term. It might seem that here, with the patient in severe pain, at least life-supportive measures should be discontinued, or positive termination adopted. But I do not think we would accept this inference, for in this situation the patient, let us suppose, has his preferences and is able to express them. The patient may have strong religious convictions and prefer to go on living despite the pain; if so, surely there is a *prima facie* moral obligation not positively to terminate his life. Even if, as seemingly in this case, the situation is one in which it would be *rational* for the agent, from the point of view of his own welfare, to direct termination of his life,² it seems that if he (irrationally) does the opposite, there is a *prima facie* moral obligation not to terminate and some *prima facie* obligation to sustain it. Evidently a person's own expressed wishes have moral force. (I believe, however, that we think a person's expressed wishes have *less* moral force when we think the wishes are irrational.)

What is the effect, in this case, if the patient himself expresses a preference for termination and would, if he were given the means, terminate his own existence? Is there a *prima facie* obligation to sustain his life—and pain—against his will? Surely not. Or is there an obligation *not* to take positive measures to terminate his life immediately, thereby saving the patient much discomfort? Again, surely not. What possible reason could be offered to justify the claim that the answer is affirmative, beyond theological ones about God's will and our being bound to stay alive at His pleasure? The only argument I can think of is that there is some consideration of public policy, to the effect that a recogni-

tion of such moral permission might lead to abuses or to some other detriment to society in the long run. Such an argument does seem weak.

It might be questioned whether a patient's request should be honored, if made at a time when he is in pain, on the grounds that it is not rational. (The physician may be in a position to see, however, that the patient is quite right about his prospects and that his personal welfare would be maximized by termination.) It might also be questioned whether a patient's formal declaration, written earlier, requesting termination if he were ever in his present circumstances, should be honored, on the grounds that at the earlier time he did not know what it would be like to be in his present situation. It would seem odd, however, if *no* circumstances are identifiable in which a patient's request for termination is deemed to have moral force, when his request *not* to terminate is thought morally weighty in the same circumstances, even when this request is clearly irrational. I think we may ignore such arguments and hold that, in a situation in which it is rational for a person to choose termination of his life, his expressed wish is morally definitive and removes both the obligation to sustain life and the obligation not to terminate.

Indeed, there is a question whether or not in these circumstances a physician has not a moral obligation at least to withdraw life-supporting measures, and perhaps positively to terminate life. At least there seems to be a general moral obligation to render assistance when a person is in need, when it can be given at small cost to oneself, and when it is requested. The obligation is the stronger when one happens to be the only person in a position to receive such a request or to know about the situation. Furthermore, the physician has acquired a special obligation if there has been a long-standing personal relationship with the patient—just as a friend or relative has special obligations. But since we are discussing not the possible obligation to terminate but the obligation *not* to terminate, I shall not pursue this issue.

The patient's own expression of preference or consent, then, seems to be weighty. But suppose he is unable to express his preference; suppose that his terminal disease not only causes him great pain but has attacked his brain in such a way that he is incapable of thought and of rational speech. May the physician, then, after consultation, take matters into his own hands? We often think we know what is best for another, but we think one person should not make decisions for another. Just as we must respect the decision of a person who has decided after careful reflection that he wants to commit suicide, so we must not take the liberty of deciding to bring another's life to a close contrary to his wishes. So what may be done? Must a person suffer simply because he cannot express consent? There is evidence that can be gathered about what conclusions a person would draw if he were in a state to draw and express them. The patient's friends will have some recollection of things he has said in the past, of his values and general ethical views. Just as we can have good reason to think, for example, that he would vote Democratic if voting for president in a certain year, so we can have good reason to think he would take a certain stand about the termination of his own life in various circumstances. We can know of some persons who because of their religious views would want to keep on living until natural processes bring their lives to a close. About others we can know that

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they decidedly would not take this view. We can also know what would be the *rational* choice for them to make, and our knowledge of this can be *evidence* about what they would request if they were able. There are, of course, practical complications in the mechanics of a review board of some kind making a determination of this sort, but they are hardly insurmountable.

I wish to consider one other type of case, that of a person who, say, has had a stroke and is leading, and for some time can continue to lead, a life that is comfortable but one on a very low level, *and* who has antecedently requested that his life be terminated if he comes, incurably, into such a situation. May he then be terminated? In this case unlike the others, there are probably ongoing pleasant experiences, perhaps on the level of some animals, that seem to be a good thing. One can hardly say that *injury* is being done such a person by keeping him alive; and one might say that some slight injury is being done him by terminating his existence. There is a real problem here. Can the (slight) goodness of these experiences stand against the weight of an earlier firm declaration requesting that life be terminated in a situation of hopeless senility? There is no *injury* in keeping the person alive despite his request, but there seems something *indecent* about keeping a mind alive after a severe stroke, when we know quite well that, could he have anticipated it, his own action would have been to terminate his life. I think that the person's own request should be honored; it should be if a person's expressed preferences have as much moral weight as I think they should have.

What general conclusions are warranted by the preceding discussion? I shall emphasize two. First, there is a *prima facie* obligation *not* to terminate a person's existence when this would injure him (except in cases of self-defense or of senility of a person whose known wish is to be terminated in such a condition) *or* if he wishes not to be terminated. Second, there is *not* a *prima facie* obligation not to terminate when there would be *no* injury, or when there would be a positive benefit (release from pain) in so doing, provided the patient has not declared himself otherwise or there is evidence that his wishes are to that effect. Obviously there are two things that are decisive for the morality of terminating a person's life: whether so doing would be *injury* and whether it conforms to what is known of his *preferences*.

I remarked at the outset that I would be content with some moral principles if it could be made out that rational persons would want those principles incorporated in the consciences of a group among whom they were to live. It is obvious why rational persons would want these principles. They would want injury avoided both because they would not wish others to injure them and because, if they are benevolent, they would not wish others injured. Moreover, they would want weight given to a person's own known preferences. Rational people do want the decision about the termination of their lives, where that is possible; for they would be uncomfortable if they thought it possible that others would be free to terminate their lives without consent. The threat of serious illness is bad enough without that prospect. On the other hand, this discomfort would be removed if they know that termination would not be undertaken on their behalf without their explicit consent, except after a careful inquiry had been made, both into whether termination would constitute an injury and

whether they would request termination under the circumstances if they were in a position to do so.

If I am right in all this, then it appears that killing a person is not something that is just *prima facie* wrong *in itself*; it is wrong roughly only if and because it is an *injury* of someone, or if and because it is contrary to the *known preferences* of someone. It would seem that a principle about the *prima facie* wrongness of killing is *derivative* from principles about when we are *prima facie* obligated not to injure and when we are *prima facie* obligated to respect a person's wishes, at least about what happens to his own body. I do not, however, have any suggestions for a general statement of principles of this latter sort.

Notes

1. See my "The Morality of Abortion" in *The Monist*, 56 (1972), pp. 503–26; and, in revised form, in a forthcoming volume edited by R. L. Perkins.
2. See my "The Morality and Rationality of Suicide," in James Rachels, ed., *Moral Problems* (in press); and, in revised form, in E. S. Shneidman, ed., *Suicidology: Current Developments* (forthcoming).





POSTSCRIPT

Is Euthanasia Immoral?

One of the puzzles in the euthanasia debate is whether or not there is a morally significant difference between active euthanasia and passive euthanasia. The difference between these two is that in the first case one takes active measures in order to bring about death, while in the latter case one passively allows death to happen (although it is possible that one could prevent the death). An example of the first case would be the shooting of the physicist that was mentioned in the introduction to this issue. An example of the latter case would be the failure to operate on a patient when the operation could be lifesaving. Take the example of a baby born with several physical and mental problems who is allowed to die because a relatively routine operation that would make food digestion possible is not performed. Parents may withhold permission for surgery in such cases because, although alive after the surgery, the baby would remain disabled.

Dr. Jack Kevorkian—both in word and in deed—has been notorious in bringing questions about physician-assisted suicide into wide social prominence. See his book *Prescription Medicide: The Goodness of Planned Death* (Prometheus Books, 1991).

The following bibliography includes discussions of moral, legal, and social questions concerning both euthanasia and physician-assisted suicide. Jonathan D. Moreno, ed., *Arguing Euthanasia: The Controversy Over Mercy Killing, Assisted Suicide, and the "Right to Die"* (Simon & Schuster Trade, 1995); Melvin I. Urofsky and Philip E. Urofsky, eds., *The Right to Die: A Two-Volume Anthology of Scholarly Articles*, 2 vols. (Garland Publishing, 1995); John Keown, ed., *Euthanasia Examined: Ethical, Clinical, and Legal Perspectives* (Cambridge University Press, 1995); Tom L. Beauchamp and Robert M. Veatch, eds., *Ethical Issues in Death and Dying*, 2d ed. (Prentice Hall, 1996); Tom L. Beauchamp, ed., *Intending Death: The Ethics of Assisted Suicide and Euthanasia* (Prentice Hall, 1996); Steve Hallock, "Physician-Assisted Suicide: 'Slippery Slope' or Civil Right?" *The Humanist* (July/August 1996); Leon R. Kass and Nelson Lund, "Courting Death: Assisted Suicide, Doctors, and the Law," *Commentary* (December 1996); John Donnelly, ed., *Suicide: Right or Wrong?* 2d ed. (Prometheus Books, 1998); Susan M. Wolf, Margaret Battin, and David Mayo, eds., *Physician-Assisted Suicide: Pro and Con* (Rowman & Littlefield, 1998); Margaret P. Battin, Rosamond Rhodes, and Anita Silvers, eds., *Physician-Assisted Suicide: Expanding the Debate* (Routledge & Kegan Paul, 1998); and Gerald Dworkin, R. G. Frey, and Sissela Bok, *Euthanasia and Physician-Assisted Suicide* (Cambridge University Press, 1998).

