

Active and Passive Euthanasia

1. Active vs. Passive Euthanasia: Imagine two cases:

Withdrawn Treatment Jack is suffering from a terminal disease. He has two weeks to live, and is in extreme, incurable pain. He spends his days in agony, unable to sleep, and asking for death. Seeing that death could be hastened if Jack's I.V. is removed, with Jack's consent the doctor does so. Jack dies a week sooner than expected.

Lethal Injection Jill is suffering from a terminal disease. She has two weeks to live, and is in extreme, incurable pain. She spends her days in agony, unable to sleep, and asking for death. One week before her death, the doctor gives Jill a lethal injection with her consent, and her suffering ends.

Both of these stories are instances of euthanasia.

Euthanasia: Literally, in ancient Greek, "good death". The act of bringing about someone's death (directly or indirectly) for their own good.

The first is a case of PASSIVE euthanasia, and the second a case of ACTIVE euthanasia.

Passive Euthanasia: Indirectly bringing about someone's death (e.g., by withholding or withdrawing treatment) for their own good.

Active Euthanasia: Directly bringing about someone's death for their own good.

Most people think it would be PERMISSIBLE to withdraw treatment in the first case, but WRONG to administer lethal injection in the second case. Our laws reflect this. At least some form of passive euthanasia is currently legal everywhere in the world, while active euthanasia is illegal in all but five countries (as of 2018, they are: Netherlands, Belgium, Luxembourg, Canada, Columbia. Source [here](#)).¹ Both ordinary ethical intuition as well as the law sees a difference between active and passive euthanasia. But, is there really a moral difference between them?

2. Doing vs. Allowing Harm; or, Killing vs. Letting Die: Most people think it is much worse, morally, to DO harm (or KILL) than to merely ALLOW harm (or LET DIE). When the physician administers a lethal injection, she is KILLING the patient. On the other hand, when the physician withdraws treatment, she is merely LETTING the patient die (and the former is MUCH worse, morally, than the latter). Why would we think this?

¹ Also, in the U.S. (2019), physician-assisted *suicide* is legal in 8 states: CA, OR, WA, CO, MT, VT, NJ, and HI.

- In passive euthanasia, the disease is the cause of the death of the patient (it's merely "letting nature run its course"). But, in active euthanasia, the physician causes the death; s/he is directly responsible for the death of a human being.
- Furthermore, there are cases which seem to clearly demonstrate that doing harm is much worse morally than allowing harm; for instance:

Crowded Cliff: You are standing at the edge of a cliff with a crowd of people. The crowd surges, and someone next to you begins to slip over the edge. At the last second, you shove someone else off the edge in order to make room for the slipping person, thus saving their life.

Is shoving someone off of the cliff to make room for someone else who is about to fall morally permissible? Most of us would agree, that, CLEARLY it is wrong to kill the one stranger, even if it saves the other's life. This may be an indication that our duty to not DO harm to others is much stronger than our duty to not ALLOW harm to others.

3. Rachels' Objection: James Rachels disagrees. He believes that there is no morally relevant difference between doing harm and allowing it. In order to defend this stance, he asks us to consider the following two cases:

Bathtub (Smith) Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking a bath, Smith sneaks into the bathroom and drowns the child.

Bathtub (Jones) Jones also stands to gain if anything should happen to his six-year-old cousin. One evening while the child is taking a bath, Jones sneaks into the bathroom to drown the child. However, just as he enters, the child slips and hits his head, falling face down in the water. Jones is delighted. He stands by, ready to push the child's head back under if necessary, but it is not necessary. The child drowns.

Smith is doing harm, or killing the child. Meanwhile, Jones is merely allowing harm, or letting the child die. If there *were* a morally relevant distinction here, we ought to think that what Smith does is far worse, morally, than what Jones does. But, we do not. What Smith and Jones do seem to be equally morally wrong. (*Do you agree?*) Therefore, Rachels argues, the do-allow distinction is not a morally relevant one. In argument form:

Argument for the Permissibility of Active Euthanasia

1. If killing were morally much worse than letting die, then what Smith does to the child would be morally much worse than what Jones does to the child.
2. What Smith does is NOT morally much worse than what Jones does.
3. Therefore, killing is not morally much worse than letting die.

Conclusion: Since the killing/letting die distinction was the entire basis for the euthanasia distinction, Rachels concludes that active euthanasia is NOT much worse, morally, than passive euthanasia.

4. On Harming: But note: The killing/letting die distinction is really grounded in the distinction between doing and allowing HARM. But, 'harm' is typically defined as follows:

Harm: Making someone worse off than they otherwise would have been.

Killing USUALLY harms the victim (it makes the victim worse off by taking all of the positive value of their future away from them). But, euthanasia is a special case of killing. Arguably, relieving a terminally ill patient of intense suffering does NOT make her "worse off than she otherwise would have been". We might even think that it makes her BETTER off (in which case, active euthanasia is really a BENEFIT rather than a harm).

This is why we think it is permissible—or even obligatory—to "put down" an animal that is suffering, to "put it out of its misery" (e.g., putting your dog to sleep at the vet). We do it to relieve suffering. It is a good deed. Only a monster would allow a dying dog who is in extreme pain, and no longer able to move or eat or drink, to lie there for days, suffering and dying of hunger, dehydration, and illness. Similarly, if all a human patient has to look forward to is suffering, it would actually be beneficial to them to end their life sooner. In short, the moral distinction between doing harm and allowing harm does not even APPLY to euthanasia (for the simple reason that euthanasia is not a harm)!

5. Objection to Rachels: Judith Thomson thinks Rachels' Smith/Jones argument is a bad one. She says it is no better than the following one that "proves" that cutting off someone's head is no worse than punching someone. Consider two cases:

Decapitation Alfrieda knows that if she cuts off Alfred's head he will die, and, wanting him to die, cuts it off.

Nose Punch Bertha knows that if she punches Bert in the nose he will die—Bert has a peculiar physical condition—and, wanting him to die, punches him in the nose.

What Alfrieda does is just as wrong as what Bertha does. So, have we proved that there is no moral difference between cutting off someone's head and punching someone in the nose? Not at all, Thomson says. At best, all we have shown is that decapitating someone CAN BE as bad as punching someone in the nose. Obviously, in many (nearly all?) cases, the former is still worse than the latter. Similarly, though Rachels' Smith & Jones cases show that allowing harm is SOMETIMES just as wrong as doing harm, this does not entail that they are ALWAYS equivalent. Perhaps doing harm is still USUALLY much worse, morally, than allowing harm. (*Recall Crowded Cliff!*)

6. Against The Legalization of Active Euthanasia: Regardless of how the debate above turns out, let us pretend for a moment that Rachels is correct, and that active euthanasia IS morally permissible. Some argue that, even if that were true, it doesn't matter—for, ultimately, active euthanasia should remain illegal because its legalization would lead to BAD CONSEQUENCES. For instance:

- (1) Erosion of Doctor-Patient Trust: Patients need to be able to visit their doctors knowing that the doctor will not kill them. If patients know that euthanasia is legal, they may fear being “put down” against their will. This erosion of trust would be disastrous. (Think of those who opposed putting “organ donor” on your driver’s license, for fear that doctors would intentionally allow patients with donor cards to die in order to obtain their organs.)
- (2) Demand to “Justify” Continuation of Life: Right now, continuing to live is the “default” position. If someone wants to seek treatment for their condition, or does not want to be removed from life support, no one questions this choice. Death is not a legally sanctioned option. But, if death is an option, patients may feel some pressure to have to “justify” their continued existence. This pressure may lead to many patients feeling guilty or incapable of explaining their continued will to live, and therefore be indirectly coerced into euthanasia.
- (3) The Slippery Slope: Even if we restrict euthanasia to “clear-cut” cases, such as the patient with the terminal disease who is suffering from agonizing, unrelievable pain, there is a slippery slope. What begins as voluntary active euthanasia in extreme cases may slide easily into voluntary active euthanasia in less extreme cases, and then into non-voluntary (patient in a coma and cannot consent) active euthanasia, and ultimately into INvoluntarily (patient is conscious but has not consented) active euthanasia.

Involuntary euthanasia may BEGIN with the APPEARANCE of consent—grandparents in a nursing home, or a currently healthy patient diagnosed with cancer subtly pressured into euthanasia because their continued care or treatment is too expensive, etc. (We can imagine, “Grandma, at this rate, in a couple of months you’ll have no inheritance to leave for your children. Then we’ll be footing the bill. I guess they said euthanasia was an option, but don’t worry. We’ll figure out how to pay for all of this. Euthanasia is not an option as far as we’re concerned.” But, grandma may feel pressured into concluding that it IS an option—maybe THE only option.) But, even worse, we may even someday euthanize the elderly or the sick completely against their will (as in the movie [Logan’s Run](#). Check it out if you like old, cheesy sci-fi.)

Are these legitimate worries? Why or why not?

Finally, here are two more worries about the permissibility of active euthanasia:

- (4) Valid Consent: Presumably, even if killing a patient is morally permissible, it is only permissible if the patient gives their informed CONSENT. But: Is it even POSSIBLE for someone who is suffering with a terminal illness to give valid consent to being killed? Such a patient may not be able to think clearly, or fully realize the repercussions of what they are asking for. Furthermore, when the alternative to dying is excruciating pain, there do not seem to be any reasonable alternatives to death—as such, their request for death may in some sense be COERCED or FORCED upon them by their desire to make the pain stop.

- (5) Inalienable Rights: Many think that we have a right to life, and that this life is INALIENABLE. That is, even if we WANT to forfeit that right, ANY attempt to do so is automatically invalid. Consider the right to liberty, for instance. If someone wants to forfeit this right by selling herself into slavery, may she do so? Some say no, claiming that the right to liberty is simply not one that any individual is capable of forfeiting. Is the right to life also like that?