Euthanasia and the Culture of Life

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In the struggle over the past forty years on behalf of a culture of life and against a culture of death, abortion has been the central and dominant moral issue, for those on both sides of the great divide. This is true both in the academic world, where philosophers, theologians, political theorists and others all continue to write and argue vigorously about abortion, and in politics, where abortion casts a shadow over elections, court vacancies, and party identities.

By contrast, the other pillar of the culture of life/culture of death conflict, euthanasia, has played a more muted role. Euthanasia, and physician assisted suicide, have certainly made headlines, as during Jack Kevorkian's campaign, or when Attorney General Ashcroft attempted to prevent the state of Oregon from enabling doctors to prescribe lethal drugs to patients who wished to die. More recently, the case of Terri Schiavo has certainly returned the topic to prominence. But euthanasia does not appear to agitate us as a nation the way abortion does.

In part, this is because pro-lifers themselves do not get worked up over euthanasia in the way they do over abortion. Those who have adamantly embraced the cause of the unborn have less adamantly, less clearly, and less forcefully argued the case against euthanasia. Why this difference?

In this paper, I wish to do three things. First, I want to look at some of the reasons that euthanasia <u>is</u>, in some ways, a different, and more difficult, sort of moral problem than is abortion; these reasons, I suggest, account for its lesser role in pro-life

consciousness. But of course, and no pro-lifer denies this, abortion and euthanasia are linked in principle; both are deeply morally wrong. My second goal in this paper is to articulate why the same principles that are used to defend the unborn should also be used in defense of all other human life. My third goal will be modest: to make one practical point about a necessary social safeguard against the temptations of euthanasia.

I. Abortion and Euthanasia: The Differences

At least three considerations make euthanasia a more difficult issue than abortion.[1] They are, first, a difference in the emotional appeal of each; second, an occasional difference in the fairness of each; and third, a great difference in the number cases in which what is under dispute, or is misunderstood is precisely whether an agent is engaged in the morally impermissible act. I consider each in turn.

It is difficult to deny that the contexts in which abortions are chosen are emotionally fraught. Pro-choice apologists frequently make reference to the ways in which an unwanted child will harm or damage the mother's life choices, to the prospect of growing up unloved, and so on. But the pro-life side is not without emotional appeal: an unwanted child is still a child; and ultrasounds increasingly are used to help expectant mothers identify what is within their womb as a baby. Those who believe, rightly, that abortion is wrongful killing, may need to resist the appeal of wayward emotions in

[1] There is a fourth difference which does not make euthanasia more difficult but does, I think, partially account for its relative lack of standing among pro-lifers, namely the fact that even if the most liberal possible euthanasia laws were to be enacted, there would not be nearly as many deaths by euthanasia in the US as there are deaths by abortion.

difficult cases, but the emotional appeal of the baby is almost always there for us, giving us important psychological support to our moral convictions.

With euthanasia, however, the case is slightly different; the appeal of emotions is more heavily weighted, in many cases, against the pro-life view. For euthanasia is typically an option when those considering it believe that the patient in question would be better off dead. And this thought usually only arises in cases in which the patient really is quite poorly off. Whether infants with truly horrible diseases, children and adults badly disfigured and damaged in accidents, or the elderly, coming to the end of their lives in great suffering, our natural reaction, emotionally, is very frequently that we simply want the pain and suffering to go away. In the face of tremendous suffering who is not tempted, emotionally, to eliminate it? Of course, we should attempt to assuage suffering; but not by killing. But getting our emotions to line up adequately with our moral views is here quite difficult.

The second difference concerns fairness. It is always unfair to directly kill an unborn child; the unborn have no say in what happens to them, and whatever interests are placed above theirs are done so in a biased and self-serving way. But this is not true in some cases of physician assisted suicide and voluntary euthanasia: in some cases death really is what the patients desire, and what they ask for. This does not mean that they are right in desiring and asking, nor that it would be right to comply; but it does indicate that the wrongness of euthanasia cannot exclusively be the wrong of unfairness to the person killed.[2]

[2] It might, however, and might always, be unfair to others.

The third difference is, I think, the most philosophically challenging. There are very few cases of surgical procedures concerning which there is room for questioning over whether they are abortions or not. Surgery to remove a cancerous uterus, for example, is pretty obviously not an abortion, but a surgery which has as an unintended side effect the death of the child; dilatation and curettage in order to remove a child whose existence is a threat to the mother's "health and well-being" is pretty obviously an abortion; the intention is to kill the child. There are not a lot of gray cases.

With euthanasia, the case is very different, and the state of much thinking on the matter, even by those of sound pro-life sensibilities, and certainly by those who wish to justify killing, is often very confused and very confusing. For there are many ways of physically acting that bring about the death of a patient – administering pain killing drugs, not administering antibiotics, refusing to place on a respirator, removing from a respirator, and even refusing to administer food and water artificially – that are under some circumstances acts of euthanasia, and are under other circumstances entirely legitimate acts of refusal or forgoing of care.

Attempts to sort out what distinguishes between a morally legitimate and a morally illegitimate way of treating a patient who will die as a consequence of what one does has led, unfortunately, to specious distinctions. Consider, as Exhibit A, the distinction between acting and omitting. This might seem to help us draw a distinction between Jones, who administers a lethal drug to Smith, thus killing him, and Brown, who does not attempt to resuscitate Smith, thus "allowing" Smith to die. But it is clear that Jones can give Smith strong painkillers, such as morphine, in order to alleviate his pain, knowing that this will hasten his death, without, thereby, murdering him. And it is clear

that Brown can refuse to resuscitate Smith precisely in order that Smith will die, thereby murdering him.[3]

Unfortunately, the action-omission distinction has been of most use to the defenders of euthanasia, who, arguing effectively that there is no difference between the two, and holding up as an example the occasional pro-lifer who thinks that omissions are morally legitimate as such, concludes that therefore death dealing acts are also legitimate, and that there is no moral problem with euthanasia, at least when it is voluntary.[4] These confusions can be clearly seen in the British case of Tony Bland, who was in a persistent vegetative state following a riot at a soccer match. Despite holding that it was always wrong intentionally to cause someone's death, and that the purpose of removing treatment and feeding of Tony Bland was to kill him, the House of Lords ruled that because removal of feeding was an omission, it was therefore morally permissible. For the proponent of euthanasia, it is a simple step to ask why intentional killing by action is impermissible, if intentional killing by omission is not.

II Intending the Death of A Human Being is Always Wrong

The very perplexities of the previous few paragraphs, however, contain the key to a sound understanding of the morality of euthanasia. For what distinguishes the agent who

[3] This is not to say that the concept of omission is without any use; all agents have a variety of responsibilities. The responsibilities, moral, political official, help determine what they must do, and which "omissions" are failures relative to those responsibilities. But "omission" is not a univocal category to be contrasted with "action" in a morally helpful way.

[4] James Rachels famously made this move, in "Active and Passive Euthanasia," *New England Journal of Medicine* 292 (January 9, 1975) 78-80.

administers pain killers in order to alleviate pain from the agent who administers pain killers in order to kill, and what distinguishes the agent who omits to resuscitate in order to comply with a patient's wishes that expensive care be foregone from an agent who omits to resuscitate in order that the patient die is in each case the intention of the agent. The agent who acts or omits in order that the patient's life end, kills; the agent who acts or omits in order to achieve some other state of affairs does not.

This has to be understood properly. Advocates of euthanasia will sometimes say, "But we <u>are</u> trying to achieve some other state of affairs – the elimination of suffering, for example." But the euthanizing intention is one that includes the bringing about of death as either a means or (more rarely) an end. How is suffering to be alleviated? For the agent who administers morphine with a right intention, it is to be alleviated by the morphine. For the agent who euthanizes, it is to be alleviated by the ending of the patient's life.

So the moral principle on which a proscription against euthanasia is based is as follows: it is always wrong to intend the death of an innocent human being, whether as a means, or as an end.

It is necessary, in order to understand this principle, to set it in context of both an adequate ethics, and an adequate understanding of the nature of the human person. What, to begin with, is the significance of a wrong intention?

To begin to answer this, we should note a correct, but ultimately incomplete, way of responding. Wrongful intentions, it could be said, are such because they put the agent in an inappropriate relationship to other human persons[5], an attitude, as Kant would put it,

[5] Or to oneself.

of disrespect. This is fundamentally correct, but inadequate in its vagueness: what sorts of intentions are respectful of oneself and others, and what are disrespectful?

A more helpful approach would begin by noting that human beings are at any given time in important ways incomplete; we are, as it were, bundles of potentialities waiting to be actualized, whether potentialities to know more, to love more, or to live more. From the standpoint of the acting person – the standpoint from which each of us asks "What shall I do?" and "How shall I live?" -- the various ways in which we can complete ourselves and actualize our potentialities are represented to us as goods to be pursued and achieved in action. I am poor, but I could become rich; I am ill, but I could become healthy. But of the various goods that appeal to us, some appeal not just as tools by which we could achieve something else, as does money, but as basic, as intrinsic constituents of our well being as human beings. Goods such as knowledge, health, friendship, experience of the beautiful, integrity, to name a few – such goods do not appeal merely as making something else possible, but in themselves. The futures available to us in which we achieve aspects of these goods are simply better than those in which we fail at their achievement. They offer us, in another kind of vocabulary, basic reasons for acting, reasons that correspond to basic, fundamental aspects of what it means to be a human being.

If so, then respect for human persons is a notion that can only be adequately cashed out by the more fine grained notion of respecting basic human goods. The human person is respected inasmuch as the basic goods are respected in her person, and disrespected inasmuch as the opposite is the case – the goods in her person are not respected, but are damaged or destroyed, or inadequately fostered and pursued.

The importance of intention returns here, for clearly it is impossible to act in a way that never has as its consequence some damage to some human good. Virtually everything we do has such consequences, if only because doing one thing makes it impossible for us to do something else which would also achieve some good. But when we intend to do damage to a basic good, we thereby act directly against our reasons for action – hence, unreasonably, immorally – and do something that it is always in our power to avoid.

From the general moral norm: never act so as to intentionally damage or destroy some basic human good, we could, in the absence of any other disagreement, move directly to the norm: never intentionally act so as to destroy or damage (a) human life, a norm which would encompass "never intentionally kill a human being." This would suffice to show that euthanasia is always morally wrong. Unfortunately, there is some further disagreement.

Central to the debate over euthanasia is disagreement over whether human life is, like friendship, integrity, and so on, a basic good, or whether it is like money and medicine, an instrumental good, helpful to the achievement of other goods, but not in itself of intrinsic worth. For if human life is only a good of the latter, instrumental sort, then, insofar as it no longer serves the purpose of making possible the pursuit of other goods, then it no longer is worth protecting. There would be no wrong, therefore, in taking the life of a severely debilitated patient; his life in a biographical sense – the life that he could have led – would have no more value in it, and his biological life would simply be an irrelevant, sometimes costly, sometimes painful, remainder.

The great difficulty to this argument, as many philosophers have argued, is in its implicit dualism, its separation out from the persons that you and I are of the biological existence that you and I merely, on this view, possess. Helpful, if difficult, refutations of dualism may be found in the work of Professor George, John Finnis, and Germain Grisez. Rather than recapitulate those arguments, I want to simply point out some of the consequences such dualism would have for our self-conception if we were really to embrace it, rather than embrace it in the perhaps somewhat self-serving way of the euthanasia enthusiast. In particular, I want to point out how such a dualism would be alienating from ourselves, from others, and from the world.

Consider first crimes such as rape or assault, and contrast them with crimes such as theft and destruction of personal property. When one's property is taken or destroyed, one will be upset, but a reasonable person will not be crushed, for he will recognize the essential replaceability of property. If something else of equal worth is substituted, he will be as well off again as in the past, and will write off his former goods. Moreover, he will maintain the further detachment that comes from knowing that in an important way the damage or destruction did not extend to himself – he is ultimately left untouched by damage to his property. Rationally, he should cultivate this detachment, deliberately keeping his property's importance and value at arm's distance.

But if dualism is true, we should have similar attitudes towards our bodies when they are subjected to rape or assault, or even accidental damage. Although it is practically impossible to replace my body, it is still possible for me to take a very distanced view of it, in order to see the damage done to it as damage not done directly to me. This would be, it seems, the reasonable response if dualism is true. Indeed, what is now seen as a

pathological response to rape – detachment from one's body, viewing it as alien, hating it – would be precisely what was appropriate.

At the same time, dualism would radically distance me from my neighbors, including those most dear to me. To take the most striking example, my relationship to my spouse would have to be radically reinterpreted. As I understand it now, that relationship is bodily in a vast number of ways, from kisses, to admiring how she looks, to sexual intercourse, to seeing her resemblance in the face of our children, to feeding her at dinner time and hoping she likes my cooking. In all these respects, I now take myself to be communicating and acting directly with her. But dualism threatens to put me at a permanent distance from her – two distances really, for my bodily organism and hers would now serve as intermediaries between her and me, and our relationship would become akin to those of the many sad internet junkies who create personas and relationships on-line.

Finally, consider how my relationship to the world around me is a function of my physical relationship to it: I see, taste, touch, and hear the world; I move through it, act upon it, run up against it, and in all these ways come to directly know it. But dualism, again, puts up a barrier to such knowledge – the body is a screen through which the world is represented to me, the person behind the body. But why trust this intermediary? Why think that the world is as <u>it</u>, this body, relays to me? The distance dualism puts between me and the world threatens ordinary knowledge, as it threatens ordinary relationships and ordinary self-understanding.

If dualism is false, however, then the path is open for us to see that human life, as a constituent of the very reality of each of us, is a genuine human good, a basic reason for

action. As such, human life is intrinsically a benefit, even when the person whose life it is, is in various other ways damaged, debilitated and poorly off. It is false to say, of such persons, that they are "no longer there," that they cannot be benefited in any way, that all is futile. Indeed, misuse of the word "futile" deserves a special mention here. An intervention can only be futile relative to some end sought. So chemotherapy is futile for an agent if it promises no benefits at all vis-à-vis the cancer from which the agent suffers; and resuscitation technologies are futile if they offer no hope of resuscitating the patient – of keeping them from death. Nutrition and hydration, by the same token, would be futile if, for some reason, they no longer served to keep the patient alive. But nutrition and hydration are never futile if they keep a patient alive even though they do not make possible some <u>other</u> good or activity, such as consciousness or physical activity.

This brings us back to euthanasia and assisted suicide, on the one hand, and legitimate ways of foregoing medical treatment on the other. Life is a basic good, and it is always wrong intentionally to take it. But many medical procedures are burdensome, whether in terms of the monetary cost, or their side effects, or their intrusiveness. To some patients, procedures can be burdensome as well by being emotionally unappealing – some people deeply fear the possibility of having tubes going in and out of them. Moreover, patients can be aware of the burdens that medical treatment can create for others. In consequence, various circumstances exist in which treatment may be refused by a patient, or denied by a caregiver, which do not amount to euthanasia. If a patient asks not to be kept on a respirator, for example, because she does not believe the benefits are proportionate to the burdens, such as the economic cost, then that wish may be complied with. Indeed, it <u>must</u> be complied with, for it is, ultimately, the patient who is

in the best position to decide what the relationship is between the anticipated burdens and benefits. And if a family could not continue to pay for the respirator of a permanently unconscious child, they could ask that it be removed in order to avoid that burden. In neither case, it seems, would there be an intention to end the life of the patient.

Could a patient refuse nutrition and hydration? It seems so; agents might, faced with impending death, dislike the prospect of tube feeding so much that they could willingly refuse it; Germain Grisez envisages the possibility of a patient refusing all care, including nutrition and hydration, out of charity for her caregivers who would be burdened. But for such wishes to be reasonably complied with after the patient was no longer competent, they would have had to have been very clearly and explicitly made; there could be no room for ambiguity in regards to the patient's wishes. And it must be stressed, as Grisez does, that the motive of charity is one that is reasonably available only to the patient – parents or spouses cannot be charitable on behalf of an incompetent patient.

Could a family refuse to provide nutrition and hydration for an incapacitated member, not because of a previously expressed wish, but for some other reason? By the earlier discussion, it is clear that the reason cannot be: because the patient's life is not worth living; life is always a good for human beings. Could it be removed because of its costs? Here, I am convinced by an argument of Grisez's for a negative conclusion. The cost of providing nutrition and hydration itself, apart from the costs of hospital and other care, is very small. These costs are unlikely to be a genuine burden; rather, if costs are indeed a burden, it is the costs of the broader care being provided that are the burden. How are these costs eliminated by ceasing to provide nutrition and hydration? Only by

the demise of the patient, which seems thus intended as a means to the overall end of eliminating the costs. If so, cessation of nutrition and hydration when not explicitly and clearly requested by the patient is typically homicidal in character.

III: One Step Towards a Culture of Life

My final goal here is to indicate one important facet of the culture of life that must be nourished and protected much more than it has been. My starting point is the following anecdote. A few years ago, the very eminent philosopher Alasdair MacIntyre came to my university to give a talk, and met with several of our graduate students to discuss moral philosophy. One of them asked what he thought of abortion, and he offended several people by giving as his answer only the remark that "abortion fails to understand the importance of aunts."

I take it that what MacIntyre was saying is something like this: first, aunts are not any sister of a parent, but specifically an unmarried sister. Today, such a person is likely to be living in New York making lots of money and living the high life, but in an earlier day, families of spouses and children also included the unmarried aunt, who benefited from her integration into a family, and who also thereby undertook various responsibilities to aid the family. Presumably, if a younger and unmarried child became pregnant, or if a parent or parents died, the aunt was available in a special way to help care for the child.

What the remark points to is the fact that a stronger, more stable, and somewhat more extended family than we are accustomed to today can provide the context within

which unexpected, or orphaned children could be given love and care, rather than being seen as a burden that required elimination. In a culture in which families are smaller, and in many cases only temporary and shifting, such dependence upon others for aid is increasingly impossible.

The situation is much the same at the end of life. What, for example, would Terri Schiavo's fate have been if her parents were divorced, her family scattered to the four corners of the earth? What are the prospects of those whose families are broken, who are the children of divorce, and have themselves been through multiple spouses, and whose children are alienated and disaffected? Who will be willing to care for such people? By contrast, for those unfortunately, even tragically disabled but in a stable and loving family, the sacrifice necessary to maintain solidarity and care will be a natural, though surely difficult, extension of the permanent bonds of commitment and affection that are increasingly rare in our world.

We are unlikely (though it is not impossible) to see widespread active euthanasia in our lifetimes. Rather, as Anthony Fisher has written, "Medical abandonment and killing by deliberate neglect, sanctioned by the gradual erosion of the common law and gradual change in medical practice, is the most likely way for euthanasia to become widespread."[6] The family is the only social bulwark capable of withstanding the abandonment by law, medicine and the culture generally of the weakest and most vulnerable members of the human community.

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[6] Anthony Fisher, "Theological Aspects of Euthanasia," in Euthanasia Examined, ed. John Keown (Cambridge: Cambridge University Press, 1995) pg. 322.

Appendix: Some Comments on the Terri Schiavo Situation

I write these comments on March 31, the day of Terri Schiavo's death. I wish to make three brief points. First, the evidence used to support the claim that her intention was to have all life-sustaining technologies removed was scandalously weak, and given by a husband who could no longer reasonably be thought to represent her best interests, some seven years after she had gone into her state of wakeful unconsciousness. That this evidence legally should have sufficed to justify the removal of nutrition and hydration is appalling.

Second, given the weakness of this evidence, it is unconvincing on the face of it to suggest that the primary reasons for removing her feeding tube, or for supporting that removal, were a desire to honor her wishes. Rather, it seems to be the case that a straightforward judgment concerning the quality of her life in a coma was made, and the conclusion drawn that her life was no longer worth living. If so, the removal of her tube is a clear case of euthanasia, i.e., of intentional killing.

Third, I do not think it was known what Terri Shiavo would have wanted. But we do know this: by contrast with the ambivalent feelings that Michael Schiavo must have felt towards a spouse whom he had effectively abandoned for another woman, Terri's family, as her brother stressed repeatedly at Princeton, wanted only one thing: to care for her until her natural death. Would Terri have rejected that love and solidarity, that willingness on the part of her parents to put her needs first, to sacrifice time, money, and labor on her behalf? There seems little reason to think so. A life with Terri's disabilities

was certainly one short of full flourishing; but a life with that kind of familial love is far from a life “not worth living.”