Death with Dignity

Euthanasia refers to the practice of intentionally ending a life in order to relieve pain and suffering. Euthanasia is categorized in three different ways: voluntary, non-voluntary, or involuntary; and it then can all be further divided into passive or active variants. (“Should Euthanasia or Physician-Assisted Suicide Be Legal?” 1). Passive euthanasia entails the withholding of common treatments, or extraordinary means, necessary for the continuance of life. Active euthanasia involves a physician going out of their way, whether it be by means of lethal injection or other methods, to terminate the life of a patient, at their request, to end suffering or pain. The American Medical Association (AMA) holds a position such that any steps by a physician to actively terminate a patient’s life, at their request, is medically and morally unacceptable. However, they hold beliefs that practicing passive euthanasia and withholding treatment, at the patient’s request, to end suffering or pain is perfectly ethical. Strong cases can be made against this doctrine, and in opposition of the American Medical Association’s views, the author, James Rachels, of the passage, *Active and Passive Euthanasia*, argues that, “no moral difference between active and passive euthanasia is defensible.”(Rachels 226).

This statement, endorsed by the House of Delegates of the American Medical Association, is an adoption of the doctrine that is accepted by most doctors; it is permissible to
withhold treatment and allow a patient to die, but unacceptable to take any direct action of termination of a patient. “The intentional termination of the life of one human being by another—mercy killing—is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association. The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family.’(qtd. In Rachels 226). Essentially, most doctors support passive euthanasia, but are against active euthanasia. Rachels’ main claim at the center of this piece is really that, despite the beliefs of some that killing someone is morally worse than letting someone die, active and passive euthanasia are so morally alike that doctors should not even go as far as to give discrimination between them. There is probable cause for a strong argument against this doctrine, and Rachels’ purpose is to reveal some of the relevant arguments that support his view, and try to urge doctors to reconsider how they feel about it as well. (Rachels 227).

One of the relevant arguments that Rachels brings into this piece is demonstrated with a familiar type of situation, a patient who is dying of incurable cancer of the throat is in terrible pain, which can no longer be alleviated enough to help. This patient only has a few days or weeks to live. In the patient’s mind, a few days is just way too long to suffer unhealable pain. All the patient wants is an end to the pain, as fast as possible. So he/she asks for the doctor to just put an end to it all, and the family gets involved. In this situation, the doctor says yes and agrees to withhold treatment of the patient. But if the withholding of the treatment turns out to be slower and more agonizing than a more direct action like lethal injection, there is an increase in his/her
suffering. Active euthanasia, in the case of wanting to not prolong agony, is then by its very nature more humane than passive. This is where there is probable cause for a strong argument against the doctrine adopted by the American Medical Association. It is the same impulse, which is the one that caused the patient to request an end to the agony, as the one that is also the cause of the labeling of active euthanasia as the more moral choice. Nobody wants to endorse the opinion that the solution with more suffering is more moral. Rachels’ attempts, in this argument, to make it well known that there are perfectly substantial cases in which “killing someone” is more moral than “letting someone die”. (Rachels 227) Perhaps, exclusively, a potentially harmful illness unassociated with a human’s severe disabilities can reveal that active euthanasia could relieve this human from a life of suffering in regards to not just the harmful illness.

This ethical topic of a “mercy killing” of a patient with a miserable, suffering life ahead is one of much controversy; this generally because some people, including the author, view this excuse for the practice of euthanasia as irrelevant grounds. As Rachels says in “Active and Passive Euthanasia”, “The conventional doctrine leads to decisions concerning life and death made on irrelevant grounds.” (Rachels 228) James Rachels uses an example that entails infants with Down’s syndrome who require operations for defects, which are unrelated to syndrome, to survive. Performing such surgeries are beyond difficult, and questionably not the best thing for a child with Down’s syndrome. Therefore, cases in which doctors and patients’ families refuse surgery are not uncommon. It’s rather absurd, that the view of sanctity of human life is left in the dust simply because one was born with a defect. However, with a child with no issues, the view is the opposite. In either case, the decision of a human life is still being made on irrelevant grounds, because the considered issue is Down’s syndrome and not the unrelated defect.
(Rachels 228) Rachels claims that this provides perfectly valid grounds of argument against the doctrine, because issues unrelated are now starting to dictate the decisions. With this example, Rachels explored whether “killing” is more or less humane “letting die”, and discovered that it can vary, especially when considering some very important side details such as additional illnesses. However, Rachels also digs further when it comes to killing or letting die, within themselves, and determining which is more humane.

Rachels expresses his insight on whether killing, in itself, is worse than letting die. He presents two cases, one involving killing and one involving letting die. In the first case, Smith is a man who stands to enter great fortune and inheritance if his six-year old cousin is to die. Smith goes into his cousin’s bathroom and drowns him; he then proceeds to make it look like an accident. In the second case, Jones also stands to gain fortune if his cousin dies. Jones sneaks into the bathroom to drown him, however he witnesses his cousin slip, hit his head, and then go under the water knocked out. Jones, delighted, stands by to assist death occurring before him. The kid drowns without the hand of Jones, and all Jones did was stand by and let it happen. Smith hand his hand dirty and was directly the cause of his cousin’s death, whereas Jones “merely” let the child die. (Rachels 229). Rachels presents the question that, “if the difference between killing and letting die were in itself a morally important matter, one should say that Jones’s behavior was less reprehensible than Smiths.” (Rachels 229) Rachels presents the argument with merit that both men had the same motive, and had the same resulting outcome; therefore, one is not less reprehensible than the other. The only defense to the fact that letting die is less bad than killing can only be recognized as a corrupt view of moral reasoning. Although
Rachels’ views in this case seem morally valid, they could be viewed entirely different depending on the cause of death.

Rachels’ arguments support his thesis that letting die is not less reprehensible than killing. Like all good arguments, there can be perfectly substantial counterarguments with supportable claims and evidence. Rachels identifies one of the most common and with the most merit. Passive euthanasia results in the doctor doing nothing to bring about the patient’s death. The doctor, in fact, just does absolutely nothing; he/she allows nature and the illness to just run its course. However, active euthanasia entails the doctor causing the “unscheduled” death. He/she certainly does do something to bring about the patient’s death. The important difference being said here is that a lethal injection does cause the death in active euthanasia, and that the illness naturally runs its course and kills the patient. This upholds the doctrine adapted by the American Medical Association. However, Rachels’ counters the counterargument. “The decision to let a patient die is subject to moral appraisal in the same way that a decision to kill him would be subject to more appraisal: it may be assessed as wise or unwise, compassionate or sadistic, right or wrong.” (Rachels 231) He uses a specific example to assess this further. He says that if a doctor ignores a perfectly curable illness, the doctor is certainly the one to blame for the short-followed death. He claims that the amount of blame placed on the doctor for that is equal to that of a doctor who “killed” his/her patient. The charges against both would also be similar. With this final argument, Rachels once again presents logical and veritable points against the AMA’s adopted doctrine.

Essentially, Rachels established genuine arguments against the doctrine recognized by the AMA. In some cases, he even showed how active euthanasia should be the preferred method.
Rachels’ examples, as well as the counterargument to Rachels, were both extremely convincing. In contemporary society, perhaps one final solution cannot be achieved because of the widely recognized moral and legal logistics. However, James Rachels supports the notion that any belief that passive euthanasia is less reprehensible than active euthanasia can be debunked with the help of each cases’ complicity.