
A humanist discussion of... EUTHANASIA

What is euthanasia? - Some definitions

- Euthanasia originally meant "a gentle and easy death", and is now used to mean "**the act of inducing an easy death**", usually referring to acts which terminate or shorten life painlessly in order to end suffering where there is no prospect of recovery.
- **Voluntary euthanasia**, sometimes called "**assisted suicide**", is used in cases where the sufferer has made it clear that s/he wishes to die and has requested help to bring this about.
- **Involuntary euthanasia** occurs when no consent or wish to die is expressed by the sufferer. To define this type further -
 - **Non-voluntary euthanasia** – where patients **cannot** express a wish to die (patients in comas, infants, cases of extreme senile dementia, those who cannot communicate for other reasons)
 - **Involuntary euthanasia** - where patients **can** express a wish to die **but don't** (this equates to murder).
- The **way** in which the euthanasia is carried out can also be defined –
 - **Active, or direct, euthanasia** involves specific actions (e.g. lethal drugs or injections) intended to bring about death. This is illegal in Great Britain.
 - **Passive euthanasia** is the practice, widely carried out and generally judged to be legal, where patients are allowed to die, by withdrawing treatment and/or nourishment. A common practice of this is a patient signing a 'Do Not Resuscitate' (DNR) document.
 - **Indirect euthanasia** (sometimes referred to as "the double effect") is the practice of providing treatment, normally pain relief, which has the side-effect of hastening death. This is also widely practised and generally considered legal if killing was not the intention.

The problem

Arguments about euthanasia often hinge on the "**right to life**" and the "**right to die**". The first is a widely accepted basic human right and moral value, based on the fact that people generally want to live. **But what should we do when seriously ill people no longer want to live?** Do they have a right to die? Sufferers sometimes wish to commit suicide but do not have the physical strength or the means to do it painlessly.

Like many problems of medical ethics, this has become more pressing recently. A century ago most people died quite quickly (and probably painfully) if they had serious injuries or illnesses. Nowadays they can be treated, sometimes cured, and often kept alive almost indefinitely. Codes of conduct formulated centuries ago, for example those found in sacred texts, or the Hippocratic oath, cannot necessarily help us with twentieth century problems of medical ethics.

Some views on euthanasia

Humanists think that in a lot of circumstances voluntary euthanasia is the morally right course of action to take. Many religious people, however, think that euthanasia is always **morally wrong, regardless of whether the suffering person really wants to die.**

In order to decide which approach one takes to the issue, it is helpful to consider some of the **common arguments made against voluntary euthanasia** -

The "slippery slope" argument

The "slippery slope" or "thin end of the wedge" argument says that **if you permit voluntary euthanasia, involuntary euthanasia will follow.**

Hitler's programme of euthanasia is often cited, wherein the Nazis used 'humane' excuses to exterminate mentally and physically disabled patients during the Holocaust.

This analogy might be cited to support two types of argument against legalising voluntary euthanasia –

- a **logical argument** – that it is impossible to discriminate between unjustified and justified cases of euthanasia
- a **psychological argument** – that a policy of euthanasia could erode the psychological barriers against killing and lead to unjustified killings.

To the analogy itself, humanists would say that this was clearly *involuntary* euthanasia carried out by a murderous dictator who did not begin by offering voluntary euthanasia to terminally ill hospital patients who had requested it. There was no "slippery slope" involved, so analogy to Hitler's euthanasia is a straw man.

Humanists also reject the logical argument, arguing that the boundary between voluntary and involuntary euthanasia **is** a very distinct one and not difficult to maintain. Typical cases, like that of Dianne Pretty (see below) demonstrate that most of the time it is very clear that it is the patient making the choice for him/herself.

The psychological argument is also viewed by the humanist as implausible since there is no reason to believe that passing a law on voluntary euthanasia would demean other laws concerning death such as murder. Assisting a terminally ill person to die who has expressly asked for it is very different from killing an innocent victim.

"Playing God"

Religious people often argue that **it is not for doctors "to play God"** and that it's for God to decide when people die.

But by this logic it must be said that **all** medical interventions are "playing God"; although most religious people undergo vaccinations which keep them alive longer than "God" planned and do not consider this immoral. The humanist thinks we have to **decide for ourselves how we use medical powers.**

Also, humanists do not believe that the manner and time of death are for a deity to decide and/or that interference in the course of nature is unacceptable. Arguments which invoke God are unconvincing to those who do not believe in gods, and **laws should not be based on claims which rely on religious faith.**

The sanctity of life

Religious people also often use phrases like "the sanctity of life" to justify the view that **life has intrinsic value and must not be destroyed.**

Humanists, too, see a special value in human life, but think that if an individual has decided on rational grounds that his life has lost its meaning and value, that evaluation should be **respected.**

The 'doing' and 'allowing' distinction

Some religious people maintain that there is a **moral distinction between acts which cause death** (active euthanasia) and **omissions which cause death** (passive euthanasia), **only the second being morally permissible.**

Many humanists think they've got it the wrong way round, because the first is **quicker** and thus **kinder** for everyone involved, though both are probably painless for the patient.

Many of the medical profession and politicians have also accepted this traditional distinction. It might be **easier** for doctors to withdraw or withhold treatment than it would be for them to administer a lethal drug - but this does not necessarily make it **right**. It would be wrong to force doctors and nurses to do things that they consider morally wrong, but **patients wishing assistance in dying should be allowed to seek a doctor who will help them.**

The effects on others

Some think that suicide is wrong because of the great pain it often causes to those left behind. **If one believes suicide is wrong, then assisted suicide, seemingly, must be wrong too.**

But the death of a terminally ill and suffering patient would probably be a **merciful release** for everyone involved and so is **very different in its effects from other suicides.**

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The humanist view

Humanists are non-religious people who live by moral principles based on reason and respect for others, not obedience to dogmatic rules. They promote happiness and fulfilment in this life because they believe it is the only one we have. Humanist concern for **quality of life** and **respect for personal autonomy** lead to the view that **in many circumstances voluntary euthanasia is the morally right course.**

People should have the **right to choose a painless and dignified end**, either at the time or beforehand, perhaps in a "living will". The right circumstances might include: extreme pain and suffering; helplessness and loss of personal dignity; permanent loss of those things which have made life worth living for this individual. **To postpone the inevitable with no intervening benefit is not a moral act.**

Individuals should be allowed to **decide on such personal matters for themselves**; if someone in possession of full information and sound judgement decides that her continued life has no value, her **wishes should be respected.**

While humanists generally support voluntary euthanasia, they also uphold the need for certain **safeguards**. These may include counselling, the prevention of pressure on patients, clear witnessed instructions from the patient, the involvement of several doctors, no reasonable hope of recovery-measures which would prevent involuntary euthanasia.

There is no rational moral distinction between **allowing someone to die** and **actively assisting them to die** in these circumstances: the intention and the outcome (the death of the patient) are the same in both cases, but the more active means is probably the more **compassionate** one. The BHA supports attempts to **reform the current law** on voluntary euthanasia.

In the news

There have been several high-profile legal battles over the right to die in the UK. Perhaps most famously is the case of **Dianne Pretty**, a woman in the terminal phase of motor neurone disease who wanted assurance that her husband would not be prosecuted if he helped her commit suicide. Although suicide has been legal since 1961, assisting a suicide remains a crime, punishable by up to fourteen years in prison.



Dianne and her husband fought an unsuccessful legal battle which ended on April 29th 2002 when the European Court of Human Rights dismissed her claim that the British courts were breaching her human rights by refusing to allow her husband to help her commit suicide. Dianne, who was paralysed from the neck down, had to be fed through a tube and used a computer attached to her wheelchair to communicate, died after suffering breathing difficulties three days after the ruling – the frightening death she wanted to avoid.

Questions to think about and discuss

- o Could euthanasia ever be right in cases where the patient cannot give consent? Who should make the decision?
- o What makes a life worth living?
- o Should seriously depressed people be helped to die?
- o Should doctors and nurses impose their moral views on patients? Yes? Sometimes? Never?
- o Should religious people impose their moral views on non-religious people? Yes? Sometimes? Never?
- o How are you deciding the answers to these questions?

Further reading

A more concise version of this perspective, together with many others designed for easy photocopying and much useful information for teachers, can be found in *Humanist Perspectives 2* available to buy at www.humanism.org.uk
Also available from the BHA's website –

- o Other BHA briefings: *Thinking about ethics* ; *Suicide*, etc.
- o Eds Peter Cave and Brendan Larvor *Thinking About Death* (BHA, 2004) Philosophical essays on death and dying.
- o Humanist Philosophers' Group (2002), *What is Humanism?* (BHA)
- o Barbara Smoker (1998), *Humanism* (BHA)

Jonathan Glover, *Causing Death and Saving Lives* (Penguin)
Craig Donnellan, *The Ethics of Euthanasia (Issues)* (Independence)
James Rachels, "Active and Passive Euthanasia", in Michael Palmer, *Moral Problems* (Lutterworth)
Peter Singer, *Practical Ethics* (Cambridge University Press)
Mary Warnock, *An Intelligent Person's Guide to Ethics* (Duckworth)

See also

www.humanism.org.uk
for

- The BHA's submission to the Committee considering the Assisted Dying Bill (2004)

- Vice-President and moral philosopher Professor Richard Norman's submission to the Committee considering the Assisted Dying Bill (2004)

Voluntary Euthanasia Society -
www.dignityindying.org.uk