A student essay

Essay question: Is there a difference between active and passive euthanasia? Discuss.

It is often argued that doctors are justified in allowing their patients to die by withdrawing or withholding treatment, but are not justified in killing them. This difference in attitudes toward active and passive euthanasia seems generally accepted by the medical profession. Opponents of active euthanasia rely on the intuitive difference that killing someone is morally worse than letting them die. It is argued that a doctor who kills a patient directly causes the death, but a doctor who withdraws or withholds treatment merely allows that death. In contrast to this view, however, many argue that there is not any real significant moral difference between the two actions. Choosing not to act is itself an action, and we are equally responsible for this. Indeed, as there is no significant moral difference, active euthanasia may sometimes be preferable.

Practical considerations of limited resources, if nothing else, warrant a distinction between active and passive euthanasia. There will always be people who die because the available resources are inadequate to save them. There would seem to be little point in spending heroic amounts of time and effort trying to prolong the life of someone whose injuries or illnesses are so severe they will be dead after merely an hour, or day, or week. Given this reality, it would seem logical to divert resources from people who have no hope of surviving to those who might. Passive euthanasia prevents futilely wasting resources, and frees them to be reallocated where they can do more good.

There is an “intuitive” difference between killing and allowing to die. The former involves actually initiating the sequence of events that leads to someone’s death. The latter, however, only involves refraining to intervene in an already established course of events leading to death (Kuhse: p.297). Death is not necessarily guaranteed: the patient might still recover if they were given an incorrect prognosis. When a patient is allowed to die in this manner, it seems as though nature has merely been allowed to take its course. Some commentators (Gay-
Williams, 1991) suggest that this should not be classified as euthanasia at all. The patient is not killed, but dies of whatever disease s/he is suffering from.

In reality, there does not seem to be any morally significant difference between passive and active euthanasia. Deciding to refrain from treating a patient is morally equivalent to administering a lethal injection since the doctor ceases treatment knowing that the patient will die. The motivations and end result are the same: the only difference between the two cases is the means used to achieve death. In the case of passive euthanasia the doctor has made an informed decision that non-treatment is the better course of action. Choosing not to act is itself an action, and we are equally responsible for this. Therefore, there is no justification for viewing these actions differently.

Active euthanasia may sometimes be preferable to passive euthanasia. Being allowed to die can be an incredibly painful process. A lethal injection, however, is less painful. Assuming a terminally ill patient decides he or she does not want to continue to suffer, and a doctor agrees to assist the patient terminate his or her life, surely consistency demands that the least painful form of euthanasia, intended to reduce suffering, is used (Rachels, 1991: 104).

Accepting that there is a distinction between active and passive euthanasia will result in decisions about life and death being made on irrelevant grounds. Rachels (1991: 104) offers the example of two Down Syndrome babies, one born with an obstructed intestine, and one born perfectly healthy in all other respects. In many cases, babies born with this condition are refused the simple operation that could cure it and so die. It does not seem right that an easily curable digestive ailment should determine whether the baby lives or dies. If Down Syndrome babies lives are judged to be not worth living, then both babies should die. If not, they should both be given medical treatment sufficient to ensure their survival. Accepting a distinction between active and passive euthanasia results in unacceptable inconsistencies in our treatment of such babies, and should therefore be abolished.

Some philosophers (Beauchamp, 1982) who accept the arguments outlined above nevertheless believe that this distinction, however fallacious, should be maintained in public policy and law. They believe that consequentialist arguments justify this. If we permitted active euthanasia, it is argued that this would undermine our
belief in the sanctity of human life. This would begin our slide down a “slippery slope” (Burgess, 1993) that would end with us ‘euthanasing’ anyone seen as a threat or burden to society, as happened in Nazi Germany.

Analysing this argument logically, it seems difficult to see how permitting voluntary active euthanasia, for compassionate reasons, and respect for individual autonomy, could change attitudes to killings that do not demonstrate these qualities. As Beauchamp argues, if the principles we use to justify active euthanasia are just, then any further action inspired by these principles must also be just (1982: 251). If we examine what really happened in Nazi Germany, the facts do not seem to support this sensational claim. A totalitarian system and racial prejudice were more responsible for those tragic events than was any acceptance of euthanasia.

It is often argued that withdrawing or withholding treatment from a terminally ill patient can be justified, while actively killing such a patient to relieve their suffering cannot. The alleged distinction between the two is supported by intuitions that suggest killing is morally worse than allowing to die; however, examples used to demonstrate this often contain other morally relevant differences that make it appear this way. In reality, there does not seem to be any morally significant difference since the motivations and end results of active and passive euthanasia are the same, the only difference between the two is the means used to achieve death, which does not justify viewing them differently. It can be argued that we should nevertheless accept this distinction because it has beneficial consequences; however, these consequences are uncertain, and surely we should instead try to clarify our views of killing and find a less vulnerable position that better reflects our true feelings. We already permit passive euthanasia in some circumstances. Since active euthanasia seems morally equivalent to passive euthanasia, I believe that they can both be justified in some circumstances.

Reference List

Kuhse, H. ‘Euthanasia’, *A Companion to Ethics*.