

Topic: Euthanasia and Assisted Suicide: A Philosophical Ethical Analysis

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Abstract

The use of euthanasia to relieve the suffering of terminally ill people is one of the most intriguing ethical, medical, and legal challenges of our time. The debate on legalising euthanasia and assisted suicide has a wide range of partakers including physicians, scholars in ethics and health law, politicians, and the general public. So to say it occupies a significant place in public policy discussions, for one of the most crucial issues in this discussion is the right to life, which is the central concern for all.

Generally, the line of argument that supports the rejection of euthanasia is the belief that intentionally inflicting death on another human being is inherently wrong, and that the risks and harms of legalising euthanasia outweigh any benefits. On this moral dilemma, this paper will explore the Ethical alternatives to euthanasia, or whether there should be any. and examine the compatibility of euthanasia with physicians' primary mandate of healing.

This paper will focus on the implications concerning the human right to live, especially in the field of medicine, and aims at expositing the issues of euthanasia from legal, social, and ethical perspectives.

Keywords: Assisted Suicide, free will, human rights, consent.

1. Introduction

In this paper, I examine the moral concerns raised by the question of whether or not a person has the right to die. Euthanasia, physician-assisted suicide, and suicide are three issues I specifically take into account. I will expound on the issues of why the situation arises to make people Choose Death and Take Life. Further, I will deliberate on the moral issues of killing and letting die- whether there is a moral difference between killing and letting die.

2. Choosing Death and Taking Life

People are more likely to want further control in order to prevent suffering at the end of life, the more freedom they have to make decisions about their own lives. The more that medical experts can extend lives that might otherwise end, the more important it is for societies to put in place safeguards that let patients refuse treatments that just hasten death. And the more people are aware of the frequent failure of such precautions, the more logical it becomes for them to plan ahead and think about how to best protect themselves from what could amount to assault and battery on helpless, occasionally unwilling victims in the name of fighting death. When the desire to exercise autonomy extends to pleading with relatives or physicians to put an end to a life one can no longer endure, such demands conflict with the traditional prohibitions on taking innocent human life. Although many wish to prevent suffering at the end of life,

the prospects of euthanasia and physician-assisted suicide cause others to fear that vulnerable patients might be driven to seek death prematurely or even be killed without having sought to die at all. However, autonomy and compassion are at issue among those who oppose violating such prohibitions as well. Control and the insistence on respecting individual choice at the end of life are issues on this side as well.

The ensuing debates about suicide, euthanasia and physician-assisted suicide put our beliefs about the most fundamental ethical issues—justice, how to treat one another and ourselves, and what constitutes abuse—to the test.

3. Suicide

Even though it makes people sad when someone, like a troubled kid, takes their own life, they rarely discuss it as a morally wrong act. In contrast to killing another person, self-harm is not morally wrong. In that sense, most individuals don't find the morality of suicide to be particularly persuasive. They perceive it as bad—or frequently tragic—but not as morally incorrect.

But if we question whether we have the right to suicide or to help others commit suicide, the problem gets more complicated. The lines are clearly drawn here. Some people think that regardless of the situation, we should try to prevent others from ending their own lives. Others believe that there are moments when we should help someone commit suicide. The second of these viewpoints will be our main concern.

The more particular question—and the one that will largely worry us—is whether doctors should be authorised to help suicide in strictly defined conditions. The larger moral question is whether anyone (spouse, lover, friend) has a right to assist another in suicide. The environment is important. Nobody contests that we should assist problematic adolescents or otherwise healthy adults who are depressed in killing themselves. But many feel it's merciful to help someone end his or her own life if the alternative is a drawn-out, painful death from a terminal illness.

Although many secular philosophers today, including Voltaire and other Enlightenment leaders, fiercely oppose other forms of killing, suicide by those in pain and on the verge of death has also been widely tolerated in other traditions. This includes the Roman Stoics. When it comes to how much latitude should be given when it comes to the killing of others, people who support or accept suicide have differed just as much as those who oppose it.

4. Self-administering lethal medication versus committing suicide

The choice of language becomes important here. It's illegal in most countries to assist someone in committing suicide. One can usually be charged with manslaughter for the offence. The question is how to describe the giving of that aid, which typically consists of providing lethal medication that the patient then self-administers. Is it assisting a person to commit suicide, or is it merely assisting a person with dying? Some of the laws specifically state that the provision of the medical aid in question (which is meant to hasten an end to life) shall not, for any purpose, constitute assisting suicide, which would be illegal. If a physician sets a lethal medication by your bedside for you to take if the pain from a terminal illness becomes too severe, have you committed suicide when you take the medication and die? If so, then the physician has assisted you in committing suicide, which is called PAS. If you haven't committed suicide,

then the physician has done something else; he or she has helped you take control of the process of dying by providing you with what might be called medical aid in dying (PAD). You've had the benefit of physician-assisted dying (PAD). In plain words, if you perform an act (taking a lethal medication) intended to end your life, and it does end your life, then you've killed yourself. And if you've killed yourself intentionally or knowingly, that's suicide. Even if you were suffering from a terminal illness that would have killed you within six months, it's not the illness that killed you but the action you performed. The point of taking the medication is so that you wouldn't have to die from the illness with all of the suffering that process would entail. If officials of the state give a lethal injection to a person under a death sentence, and he dies from the injection, that's execution. They've killed him. If you self-administer a comparable substance and die as a result, you've killed yourself. The main difference conceptually (there are many differences ethically and legally, of course) is that the act causing death in one case is performed by others; in the other case, by you. Although we speak of death as something that people do, that can be misleading. Dying is not something you do in the way in which you do something when you perform an action or engage in an activity. It's something that happens to you. Everyone dies, and unless they die instantaneously, they go through a process of dying. That process can be shortened or prolonged, but it can't be stopped. It's like aging, which also is something that people do but isn't an act or activity; it, too, is something that happens to you. It can be slowed (say, by healthy living) and can be hastened (say, by alcoholism and heavy drug use), but it can't be stopped. If a physician gives you painkillers when you're dying from a terminal illness, he or she may be able to minimize the suffering you undergo until the illness kills you. But if he or she gives you a lethal medication that ends your life before the illness does, then the physician has killed you, and that's euthanasia. If, on the other hand, the physician provides you with a lethal medication, and you take it yourself, then you've killed yourself, and that's suicide. Because the physician has assisted you, it's PAS.

5. Is there a right to die?

Although the problem of PAS can be framed independently of the question of rights, most of the discussions turn on the notion of rights, and we shall therefore use the language of rights for convenience. In PAS, the question is whether people have a right to do what they want with their own lives. More specifically, do people have a right to die—that is, a right to decide when and how their lives shall end? And if so, do they have a right to enlist the help of others in ending their lives? On the face of it, it would seem that prohibiting people from doing what they want with their own lives violates their right to privacy.

Although the right to die presumably encompasses a right to commit suicide, and suicide has long been considered a moral issue, many of the problems raised by the question of the right to die are of recent origin because of advances in medical technology. We can now keep people alive under conditions that would have been impossible in the past, which gives rise to moral and legal problems that didn't arise for earlier generations.

Do you have a right to take your own life? Some feel that your life is yours to do with what you want, at least as long as you don't hurt others. For them, suicide is permissible. Others, often for religious reasons, think that because you didn't give yourself life, it's wrong for you to take it away. For them, suicide is impermissible.

The notion of a right to die might be taken to encompass some or all of three distinguishable rights:

1. The right to kill yourself.
2. The right to be provided with assistance in killing yourself.
3. The right to authorize your killing by another person (euthanasia).

Whether they are framed in terms of rights or not, the issues that arise in connection with terminal illness turn on a distinction between killing and "letting die." If you're suffering from a terminal illness, then you're presumed to be going to die (usually within six months), no matter what anyone does. The only options, so far as life and death are concerned, are whether to shorten your life (by suicide or euthanasia) or allow yourself to die from the illness or injury. The only choices are between killing yourself (or having someone else kill you), and letting yourself die; or between killing and letting die, as it is termed by ethicists.

6. Active and passive euthanasia

It's common to think of euthanasia as "mercy killing," or the killing of terminally sick people in order to relieve their suffering. Since someone else—likely a doctor, we'll assume—performed the act that caused their death, it is not suicide. When it involves an act of killing (e.g., giving a person a lethal injection) it's called active euthanasia. On the other side, allowing a person to pass away (for example, by denying medication or not doing CPR if he experiences cardiac or respiratory failure) has occasionally been referred to as passive euthanasia, as in the quote from philosopher James Rachels below.

7. Consciousness, coma, and persistent vegetative states

It's important to distinguish between a coma and a PVS and between both of these and more recently recognized conditions. A coma is an unresponsive, sleep-like condition of unconsciousness. An unconscious state that lasts for roughly more than a month and has regular sleep-wake cycles is known as a persistent vegetative state (PVS). A persistent vegetative state that has been determined to be permanent (PmVS). These types of cases are uncommon. Yet they demonstrate that it might occasionally be challenging to determine whether a coma is irreversible or whether a PVS has changed into a PmVS. They also reveal the ambiguity surrounding the most correct way to categorize people who are suffering from different degrees of mental incapacitation.

8. Killing and letting die

Most people think there's a strong moral presumption against killing people. If the presumption can be overridden at all, it can be overridden only for compelling reasons, such as self-defence. There's also a presumption against letting people die, but in common-sense thinking, it's probably not nearly as strong a presumption. If you could easily save someone from dying (say, by picking up a phone and calling helplines), most would agree that you should do so. But if you had to leave school or quit your job, sell your car to raise money, and then travel ten thousand miles to save the life of someone unknown to you, many people would think twice. Even if they decided to do it, they might think they were going beyond

what's morally required of them. But if you could prolong your dying grandmother's life for only a few days and at the great cost of suffering her-many would say it's far better to withhold life-preserving treatment and allow her to die. These issues, however, are complex, both philosophically and morally. Let us separate and consider in turn two questions:

1. Is there a distinction between killing and letting die?
2. If so, is there a moral difference between killing and letting die?

Specially?

- a. Is killing worse than letting die?
- b. Is the obligation not to kill more stringent than the obligation not to let die (ie., to save)?

In answer to (1), it's clear that there's a distinction between the two (meaning, a distinction conceptually or by definition). But it's more complex than is sometimes assumed.

It's often assumed that to kill is actively to do something (like shooting or stabbing), whereas letting die is merely not doing something (like not giving a life-saving medicine). That is, it's assumed that killing is an act of commission, whereas letting a die is merely an act of omission. Thus, if in anticipation of inheriting his fortune you deliberately give your sick uncle poison instead of his medication, you've killed him. On the other hand, if you simply withhold life-saving medication and he dies as a result, you've let him die. In one case, you have performed an act of commission. In the other, you have performed an act of omission. But there's more complexity to this than meets the eye.

9. Is there a moral difference between killing and letting die

James Rachels claims that because killing doesn't have a lower moral standing than letting someone go, active euthanasia (which involves killing) isn't worse than passive euthanasia (which involves letting die). If this conclusion is accepted, then it may be argued that since passive euthanasia is already legal, there is no reason why active euthanasia shouldn't be as well.

We've seen that there is a clear—if complex—a distinction between killing and letting die. But do they differ morally from one another? If so, is killing worse than letting someone die, or is it occasionally the other way around? Killing and allowing someone to die are doings, or human behaviours. They could therefore be regarded as happenings. They can also be viewed as occurrences from an abstract or contextual perspective.

Abstractly speaking, there is no moral distinction between killing and letting someone die. However, there is no moral distinction between any two acts in that sense. Acts are devoid of any moral value if you take them out of their context and describe them in enough detail—as movements of bodies, or even more minutely—as movements of molecules and atoms. The same is true of their effects. However, if we approach them pragmatically in real-world situations where we face them, they are filled with moral importance.

There is and cannot be a moral difference between killing and letting someone die when the problem is addressed abstractly. Depending on the circumstances, there may or may not be a moral distinction between them. Killing is sometimes (perhaps more often, though this is contested) worse than letting die, and letting die is sometimes worse than killing when there is a moral difference.

10. Conclusion

The moral distinction between killing and letting die rested not merely on the asymmetry of negative and positive duties, but also on a causal asymmetry. The cause of death in the case of killing is the agent who initiates the causal sequence; in the case of letting die, it is the lethal causal sequence. Even if in the case of voluntary euthanasia conducted by a doctor, the asymmetry of positive and negative duties is no longer at work, and even if the fact that it is for the patient's good affects the moral force of the distinction between killing and letting die, the causal asymmetry between the two remains and invests the distinction with residual moral importance. We regard life as having an intrinsic value as well as a value to the person whose life it is. When it has ceased to be of value to that person, we therefore still regard its destruction as a matter of the utmost moral gravity. Even if we persuade ourselves that its destruction is the right thing in the circumstances, it seems morally preferable, other things being equal, to accomplish that end by means that render our causal involvement limited and indirect rather than central and direct. Thus, we pay our respects to the value extinguished.

References

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