

THE AUTONOMY PRINCIPLE

In 1983, Nancy Cruzan got in an car accident which resulted in her brain being without oxygen for several minutes. She ended up in a PVS. Her parents did not want their daughter to be kept on life-support in this condition, and ended up appealing all the way up to the supreme court. Their decision was the following:

- A competent person does have a constitutionally protected right to refuse lifesaving hydration and nutrition. If a person is not competent, then it's up to each state to make its own decision. As such, they may withdraw treatment if there is clear evidence that the patient would've wanted that.

So, here's the principle that the court relied on:

The Autonomy Principle: It is lawful to kill a person in a PVS, given that there is clear evidence that that is what the patient would have wanted.

Former friends recalled that Nancy had wished to die, if she ever were to find herself in this kind of situation. The state of Missouri then granted the application. At this point, seven years had passed since the accident.

In 1971, Joey Fiori got into a motorcycle accident that left him severely brain damaged. Then, as a result of a medical error, he went into a seizure and ended up in a PVS. His mother wanted him to be taken off life-support, and appealed all the way up to the State Superior Court, which argued that her son had to be kept alive indefinitely, in the absence of any clear evidence regarding Joey's preferences. He died of pneumonia in 1995, after twenty-four years in a PVS.

THE BEST INTEREST PRINCIPLE

Anthony Bland was seventeen years old when he was among a crowd getting pushed up against a fence at a football stadium by thousands of supporters. Ninety-five people were killed. Anthony survived but his lungs were crushed, depriving his brain of oxygen. Later at the hospital it became clear that his cortex was destroyed and only his brain stem had survived.

Here are some facts about his condition:

- His cortex had turned into fluid.
- He was fed liquid food through a tube.
- His bladder was emptied by a catheter, which from time to time gave rise to infections.
- His stiffened joints had caused his limbs to be rigidly contracted.
- Reflex movements in his throat caused him to vomit and dribble.
- Modern medicine made it possible to keep him in this state for years, if not decades.

Neither Anthony's family nor his doctor wanted to keep him in this state. The case ended up in the House of Lords, the highest court in the British judicial system. The court noted that there was no way to know what Anthony would have wanted. But rather than relying on the autonomy principle, they relied on a different principle:

The Best Interest Principle: It's lawful to kill a person in a PVS, given that it is not in the best interest of the patient to be kept alive.

Shortly after the court's decision, Anthony could be taken off life-support.

FROM SANCTITY TO QUALITY

The court's ruling in Anthony's case is significant since it accepted as lawful a course of action that had as its aim the killing of an innocent human being, based on considerations about the quality of life.

Notice how this runs competently contrary to the idea of the sanctity of human life:

The Sanctity of Life Ethics: Human life is sacred and must under no circumstances be violated.

This principle requires that we *never* intentionally take a human life, no matter the particular details of that life.

Is there a way in which the sanctity of life ethic may be reconciled with it being morally acceptable to take someone like Anthony's life? Here's an argument that seems to suggest that it is not:

1. Human life is sacred and must under no circumstances be violated.
2. To intentionally take someone's life is to violate it.
3. To (intentionally) take a person in a PVS off life-support is to intentionally take their life.
4. Hence, we must under no circumstances (intentionally) take someone off life-support.

Here are two ways in which you may want to challenge premise 3:

- (a) People in a PVS are dead. You can't kill someone who is dead. Hence, to take someone in a PVS off life-support need not be morally wrong.

Problem: According to the laws of all civilized countries (save for Japan), someone in a PVS is *not* dead. In addition, it seems that re-defining death to include people in PVS would fail to deal with a very real ethical question: When is it morally permissible to take someone's life?

- (b) Not providing certain forms of life-support amounts to an *omission*, not an action, resulting in the death of the patient. As such, it cannot amount to *taking* their life.

Problem: In no other area of criminal law do we make a moral distinction between acts and omissions if the perpetrator's intention is to kill the victim.

Example: A nurse that smothers a patient with a pillow (an act), or that fails to administer vital drugs, knowing full well that it will kill the patient (an omission).

NEW YORK TIMES ARTICLE

The Story

An Italian woman, Eluana Englaro, has been in a PVS since 1992. The Italian government recently signed an emergency decree to keep Englaro on a feeding tube, circumventing a high court decision and ignoring a warning from the Italian president that he would refuse to sign the decree.

Questions

- Who would someone committed to the Sanctity of Life thesis side with in this case?
- What would they have to say about removing the feeding tube?
- How would someone committed to the Autonomy Principle reason about removing the feeding tube?
- How would someone committed to the Best Interest Principle reason about removing the feeding tube?