

PETER SINGER: INTRODUCTION

Australian philosopher at Princeton University and University of Melbourne. Perhaps most well known for his 1975 book *Animal Liberation*, wherein he argues that non-human animals should be given a much higher degree of moral concern than they currently are, based on the fact that they have the ability to suffer. He's considered controversial by some for his defense of abortion, euthanasia, and infanticide.

ETHICS: FROM OLD TO NEW

Singer is suggesting that we're currently undergoing a *transition* in our attitude to the sanctity of life. The transition is brought about by

- (a) *medical advances*, making it possible for us to save, create and terminate human lives in ways previously unheard of, and
- (b) a decline in *religious authority* on the issues of the origin and nature of our species.

Our Traditional Ethic

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

Our (or Singer's) New Ethic

A Quality of Life Ethic: Decisions about whether or not lives should be created, saved, or terminated should be made on the basis of the quality of that life.

Here are some of the questions we'll be looking at:

- When is a person *dead*? This used to be uncomplicated. People were dead when their heart had stopped beating, when they had turned "white and stiff." Today we can keep the blood and oxygen circulating in people whose brains are dead, even in cases where there is no prospect of brain activity. Modern medicine considers such a person dead. Some people don't.
- When does a human life have the right to *protection*? Today we can create life artificially, save premature babies, and keep alive severely disabled children. This gives rise to a whole new set of cases wherein we have to make decision about life or death that we never had to confront before medical advances made them possible.
- Does a right to life imply a *right to death*? Some people find themselves in situations, perhaps in the context of terminal illnesses, where they no longer wish to live, especially in light of future suffering. In such cases, the choice might not be between life and death but a *good* or *bad* death. How do we weigh the desire to save and prolong life against a person's explicit desire to die?

BRAIN DEATH: PART I

Two cases:

- *Trisha Marshall*
Shot in the head during an attempt at armed robbery.
Declared brain dead two days later.
Pregnant at the time of the robbery.
Parents asked hospital to do anything in their power to allow the baby to be born.
Heart and lungs maintained by way of respirator and nutrients.
Had been brain dead for 3 ½ months when giving birth to a baby boy.

- *Marion Bloch*
Car accident.
Declared brain dead three days later.
13 weeks pregnant at the time of the accident.
Parents agreed to maintain bodily functions (possibly under pressure).
Hospital accused of taking away Bloch's dignity.
Miscarried 5 weeks later.

These are tragic cases. But why are they *morally* problematic?

Two notions of death:

1. **Heart death:** The heart is no longer beating.
2. **Brain death:** The brain is permanently non-functioning.

By the definition used by all developed nations (excluding Japan), a person is dead if she is *brain* dead, whether or not she's (also) heart dead. Consequently, we're going to find ourselves in situations where someone is brain dead, but whose bodily functions are maintained by respirators, nutrients, and medications and, hence, aren't *heart* dead.

Still, our *intuitive* notion of death is more in line with heart death, which is exactly why we get the controversy surrounding Marshall and Bloch. Marshall and Bloch were brain dead, but their bodies were still warm and breathing.

DISCUSSION: WASHINGTON POST ARTICLE

The story

The parents of a 12-year old boy is entangled in a legal struggle with Children's National Medical Center in D. C. over whether the boy is dead. The boy is brain dead which, according to the doctors, means that he's dead and should be taken off respirator and medications. However, the parents argue that their Jewish Orthodox faith does not accept brain death as a definition of death, that their religious beliefs should be respected, and that the boy should be left on respirator and medications.

Some questions

- What are the reasons for *not* keeping the boy on respirator and medications?
- What are the reasons for keeping the boy on respirator and medication?
- How do we weigh these reasons against each other? Explain.
- Is one reason stronger than another? Why or why not?