

ACTIVE AND PASSIVE EUTHANASIA

Here are a couple of distinctions:

	Active Euthanasia	Passive Euthanasia
<i>Voluntary</i>	A patient is <i>asking</i> to die, and a doctor goes ahead and kills her.	A patient is <i>asking</i> to die, and a doctor decides to <i>withhold</i> treatment, leading to the patient's death.
<i>Non-voluntary</i>	A patient, e.g., someone in a PVS or a newborn, is unable to ask for death, but the doctor deems the patient's life not worth living and goes ahead and kills the patient.	A patient, e.g., someone in a PVS or a newborn, is unable to ask for death, but the doctor deems the patient's life not worth living and <i>withholds</i> treatment, leading to the patient's death.
<i>Involuntary</i>	A person asks <i>not</i> to be killed, but the doctor goes ahead and kills her anyway.	A person asks <i>not</i> to be killed, but the doctor goes ahead and <i>withholds</i> treatment, leading to the patient's death.

As before, we will *not* be concerned with involuntary euthanasia, or what we would call *murder* in common parlance. We will only be concerned with voluntary and non-voluntary euthanasia.

THE CONVENTIONAL DOCTRINE

Clearly, there is a difference between active and passive euthanasia. In one case, someone is killing someone, in the other someone is letting someone die. But is this a *morally relevant* distinction? Take the following statement from the American Medical Association in 1973:

“The intentional termination of the life of one human being by another—mercy killing—is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association. The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family.”

So here is the idea:

The Conventional Doctrine: It is one thing to kill someone, it is quite another to let someone die, and while the latter sometimes is morally permissible, the former never is.

James Rachels has four objections against to doctrine.

FIRST OBJECTION:
WHAT'S MORE HUMANE?

Rachels' first objection to the conventional doctrine is that it would seem that active euthanasia sometimes is a more *humane* option than passive euthanasia. Remember a case discussed earlier:

Re J: A brain-damaged, premature baby. At five months, he still had difficulty breathing without a ventilator, was paralyzed, appeared to be blind, and likely to become deaf. In addition, it was unlikely that he would ever be able to sit up or hold his head up. Doctors were able to perform (passive) infanticide without any legal repercussions.

It is unclear if performing active infanticide (i.e., active, non-voluntary euthanasia) would be treated as equally permissi-

ble in the eyes of the law. Still, what is more humane? Here are our options:

1. *Passive Euthanasia*: Stand by while the baby dies from dehydration and infection.
2. *Active Euthanasia*: End its suffering with a simple injection.

Rachels' point is exactly that the latter is clearly more human than the former.

SECOND OBJECTION:
IRRELEVANT GROUNDS

Take the case of Baby Doe:

Baby Doe

Suffered from Down syndrome, typically associated with lower levels of IQ. Baby Doe also suffered from an unformed esophagus. The blockage resulting from the unformed esophagus could have been taken care of by a fairly simple surgical procedure. However, the doctors and parents agreed to not go ahead with the procedure, and instead let the infant die.

This is another instance of passive (non-voluntary) infanticide. But notice how the decision is made, if based on the conventional doctrine: The only reason the doctors (and parents) *could* let Baby Doe die was because of the blockage. That is, if Baby Doe had not had a blockage, they would have had to perform active infanticide. But that's impermissible on the conventional doctrine. In other words, the decision to kill Baby Doe was made *not* on the basis on the fact that it suffered from Downs, but on the fact that it had a blockage that could be easily be fixed. But that's a perfectly *irrelevant* ground for killing someone.

THIRD OBJECTION:
A MORALLY IRRELEVANT DISTINCTION

Consider the following scenario:

Smith

Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident.

Jones

Exactly like the case of Smith, except for the fact that, as Jones enters the bathroom, his cousin slips, hits his head, and falls face down in the water. Jones is ready to push the child's head back if necessary, but it turns out that it is not.

Smith killed the child; Jones merely let it die. If there is a morally relevant distinction between killing and (merely) letting die, we would take Smith's actions to be morally impermissible, and Jones' actions to be less so. But do we? Isn't what really counts the *intentions* of Smith and Jones? If so, there's no moral difference between the two cases.

FOURTH OBJECTION:
DOES THE DOCTRINE HAVE ANYTHING GOING FOR IT?

One reason that the conventional doctrine may seem plausible is the fact that most *actual* killings are more reprehensible than most cases of letting die. But when we think about cases such as those of Smith and Jones, we realize that what is bad about most cases involving people killing each other is *not* the mere fact that someone is being killed, but the *circumstances* in which they are being killed. More specifically, we should look at the following kinds of factors:

- Did the person killing do so out of personal gain or humanitarian concerns?
- Did or did not the person killed want to die?
- Did or did not the person killed live a life that was worth living?