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## The Wrongfulness of Euthanasia

J. Gay-Williams

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*In this essay, professor of philosophy J. Gay-Williams defines euthanasia as intentionally taking the life of a person suffering from some illness or injury from which recovery cannot reasonably be expected. While rejecting voluntary euthanasia as a name for actions that are usually designated by the phrase, Gay-Williams seems to approve of the actions themselves. He argues that euthanasia as intentional killing goes against natural law because it violates the natural inclination to preserve life. Furthermore, in Gay-Williams's view, both self-interest and possible practical effects of euthanasia provide reasons for rejecting it.*

My impression is that euthanasia—the idea, if not the practice—is slowly gaining acceptance within our society. Cynics might attribute this to an increasing tendency to devalue human life, but I do not believe this is the major factor. The acceptance is much more likely to be the result of unthinking sympathy and benevolence. Well-publicized, tragic stories like that of Karen Quinlan elicit from us deep feelings of compassion. We think to ourselves, “She and her family would be better off

if she were dead.” It is an easy step from this very human response to the view that if someone (and others) would be better off dead, then it must be all right to kill that person.<sup>1</sup> Although I respect the compassion that leads to this conclusion, I believe the conclusion is wrong. I want to show that euthanasia is wrong. It is inherently wrong, but it is also wrong judged from the standpoints of self-interest and of practical effects.

Before presenting my arguments to support

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tnis claim, it would be well to define "euthanasia." An essential aspect of euthanasia is that it involves taking a human life, either one's own or that of another. Also, the person whose life is taken must be someone who is believed to be suffering from some disease or injury from which recovery cannot reasonably be expected. Finally, the action must be deliberate and intentional. Thus, euthanasia is intentionally taking the life of a presumably hopeless person. Whether the life is one's own or that of another, the taking of it is still euthanasia.

It is important to be clear about the deliberate and intentional aspect of the killing. If a hopeless person is given an injection of the wrong drug by mistake and this causes his death, this is wrongful killing but not euthanasia. The killing cannot be the result of accident. Furthermore, if the person is given an injection of a drug that is believed to be necessary to treat his disease or better his condition and the person dies as a result, then this is neither wrongful killing nor euthanasia. The intention was to make the patient well, not kill him. Similarly, when a patient's condition is such that it is not reasonable to hope that any medical procedures or treatments will save his life, a failure to implement the procedures or treatments is not euthanasia. If the person dies, this will be as a result of his injuries or disease and not because of his failure to receive treatment.

The failure to continue treatment after it has been realized that the patient has little chance of benefitting from it has been characterized by some as "passive euthanasia." This phrase is misleading and mistaken.<sup>2</sup> In such cases, the person involved is not killed (the first essential aspect of euthanasia), nor is the death of the person intended by the withholding of additional treatment (the third essential aspect of euthanasia). The aim may be to spare the person additional and unjustifiable pain, to save him from the indignities of hopeless manipulations, and to avoid increasing the financial and emotional burden on his family. When I buy a pencil it is so that I can use it to write, not to contribute to an increase in the gross national product. This may be the unintended consequence of my action, but it is not the aim of my action. So it is with failing to continue the treatment of a dying person. I intend his death no more than I intend to reduce the GNP by not using medical supplies. His is an unin-

tended dying, and so-called "passive euthanasia" is not euthanasia at all.

## 1. The Argument from Nature

Every human being has a natural inclination to continue living. Our reflexes and responses fit us to fight attackers, flee wild animals, and dodge out of the way of trucks. In our daily lives we exercise the caution and care necessary to protect ourselves. Our bodies are similarly structured for survival right down to the molecular level. When we are cut, our capillaries seal shut, our blood clots, and fibrogen is produced to start the process of healing the wound. When we are invaded by bacteria, antibodies are produced to fight against the alien organisms, and their remains are swept out of the body by special cells designed for clean-up work.

Euthanasia does violence to this natural goal of survival. It is literally acting against nature because all the processes of nature are bent towards the end of bodily survival. Euthanasia defeats these subtle mechanisms in a way that, in a particular case, disease and injury might not.

It is possible, but not necessary, to make an appeal to revealed religion in this connection.<sup>3</sup> Man as trustee of his body acts against God, its rightful possessor, when he takes his own life. He also violates the commandment to hold life sacred and never to take it without just and compelling cause. But since this appeal will persuade only those who are prepared to accept that religion has access to revealed truths, I shall not employ this line of argument.

It is enough, I believe, to recognize that the organization of the human body and our patterns of behavioral responses make the continuation of life a natural goal. By reason alone, then, we can recognize that euthanasia sets us against our own nature.<sup>4</sup> Furthermore, in doing so, euthanasia does violence to our dignity. Our dignity comes from seeking our ends. When one of our goals is survival, and actions are taken that eliminate that goal, then our natural dignity suffers. Unlike animals, we are conscious through reason of our nature and our ends. Euthanasia involves acting as if this dual nature—inclination towards survival and aware-

ness of this as an end—did not exist. Thus, euthanasia denies our basic human character and requires that we regard ourselves or others as something less than fully human.

## 2. The Argument from Self-Interest

The above arguments are, I believe, sufficient to show that euthanasia is inherently wrong. But there are reasons for considering it wrong when judged by standards other than reason. Because death is final and irreversible, euthanasia contains within it the possibility that we will work against our own interest if we practice it or allow it to be practiced on us.

Contemporary medicine has high standards of excellence and a proven record of accomplishment, but it does not possess perfect and complete knowledge. A mistaken diagnosis is possible, and so is a mistaken prognosis. Consequently, we may believe that we are dying of a disease when, as a matter of fact, we may not be. We may think that we have no hope of recovery when, as a matter of fact, our chances are quite good. In such circumstances, if euthanasia were permitted, we would die needlessly. Death is final and the chance of error too great to approve the practice of euthanasia.

Also, there is always the possibility that an experimental procedure or a hitherto untried technique will pull us through. We should at least keep this option open, but euthanasia closes it off. Furthermore, spontaneous remission does occur in many cases. For no apparent reason, a patient simply recovers when those all around him, including his physicians, expected him to die. Euthanasia would just guarantee their expectations and leave no room for the "miraculous" recoveries that frequently occur.

Finally, knowing that we can take our life at any time (or ask another to take it) might well incline us to give up too easily. The will to live is strong in all of us, but it can be weakened by pain and suffering and feelings of hopelessness. If during a bad time we allow ourselves to be killed, we never have a chance to reconsider. Recovery from a serious illness requires that we fight for it, and anything that weakens our determination by suggesting that

there is an easy way out is ultimately against our own interest. Also, we may be inclined towards euthanasia because of our concern for others. If we see our sickness and suffering as an emotional and financial burden on our family, we may feel that to leave our life is to make their lives easier.<sup>5</sup> The very presence of the possibility of euthanasia may keep us from surviving when we might.

## 3. The Argument from Practical Effects

Doctors and nurses are, for the most part, totally committed to saving lives. A life lost is, for them, almost a personal failure, an insult to their skills and knowledge. Euthanasia as a practice might well alter this. It could have a corrupting influence so that in any case that is severe doctors and nurses might not try hard enough to save the patient. They might decide that the patient would simply be "better off dead" and take the steps necessary to make that come about. This attitude could then carry over to their dealings with patients less seriously ill. The result would be an overall decline in the quality of medical care.

Finally, euthanasia as a policy is a slippery slope. A person apparently hopelessly ill may be allowed to take his own life. Then he may be permitted to deputize others to do it for him should he no longer be able to act. The judgment of others then becomes the ruling factor. Already at this point euthanasia is not personal and voluntary, for others are acting "on behalf of" the patient as they see fit. This may well incline them to act on behalf of other patients who have not authorized them to exercise their judgment. It is only a short step, then, from voluntary euthanasia (self-inflicted or authorized), to directed euthanasia administered to a patient who has given no authorization, to involuntary euthanasia conducted as part of a social policy.<sup>6</sup> Recently many psychiatrists and sociologists have argued that we define as "mental illness" those forms of behavior that we disapprove of.<sup>7</sup> This gives us license then to lock up those who display the behavior. The category of the "hopelessly ill" provides the possibility of even worse abuse. Embedded in a social policy, it would give society or its representatives the authority to eliminate all those who might

be considered too "ill" to function normally any longer. The dangers of euthanasia are too great to all to run the risk of approving it in any form. The first slippery step may well lead to a serious and harmful fall.

I hope that I have succeeded in showing why the benevolence that inclines us to give approval of euthanasia is misplaced. Euthanasia is inherently wrong because it violates the nature and dignity of human beings. But even those who are not convinced by this must be persuaded that the potential personal and social dangers inherent in euthanasia are sufficient to forbid our approving it either as a personal practice or as a public policy.

Suffering is surely a terrible thing, and we have a clear duty to comfort those in need and to ease their suffering when we can. But suffering is also a natural part of life with values for the individual and for others that we should not overlook. We may legitimately seek for others and for ourselves an easeful death, as Arthur Dyck has pointed out.<sup>8</sup> Euthanasia, however, is not just an easeful death. It is a wrongful death. Euthanasia is not just dying. It is killing.

## Notes

1. For a sophisticated defense of this position see Philippa Foot, "Euthanasia," *Philosophy and Public Affairs*, vol. 6 (1977), pp. 85–112. Foot does not endorse the radical conclusion that euthanasia, voluntary and involuntary, is always right.
2. James Rachels rejects the distinction between active and passive euthanasia as morally irrelevant in his "Active and Passive Euthanasia," *New England Journal of Medicine*, vol. 292, pp. 78–8. But see the criticism by Foot, pp. 100–103.
3. For a defense of this view see J. V. Sullivan, "Immortality of Euthanasia," in *Beneficent Euthanasia*, ed. Marvin Kohl (Buffalo, New York: Prometheus Books, 1975), pp. 34–44.
4. This point is made by Ray V. McIntyre in "Voluntary Euthanasia: The Ultimate Perversion," *McIntyre Counterpoint*, vol. 2, 26–29.
5. See McIntyre, p. 28.
6. See Sullivan, "Immortality of Euthanasia," pp. 44, for a fuller argument in support of this view.
7. See, for example, Thomas S. Szasz, *The Myth of Mental Illness*, rev. ed. (New York: Harper & Row, 1974).
8. Arthur Dyck, "Beneficent Euthanasia and Beneficent Euthanasia," in Kohl, op. cit., pp. 117–129.

## Questions for Analysis

1. Why doesn't Gay-Williams consider "passive euthanasia" an act of euthanasia? Do you agree with his distinction?
  2. Would it be accurate to say that Gay-Williams applies both religious and non-religious interpretations to argue against euthanasia? Explain.
  3. State his arguments from self-interest.
  4. State his arguments from practical effects. Which moral principle or type of ethical theory does this reflect?
  5. What critical inquiries, if any, would you make about the author's argument against euthanasia?
  6. Can Gay-Williams's arguments be equally applied against passive euthanasia?
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