A STUDY OF ETHICAL ASPECTS OF EUTHANASIA

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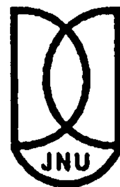

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DECLARTATION

I declare that the dissertation titled **A Study of Ethical Aspects of Euthanasia** submitted by me for the award of the degree of Master of Philosophy is my own work. The dissertation has not been submitted so far in part or in full, for any other degree in this or any other university.

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CERTIFICATE

This is to certify that the dissertation entitled **"A Study of Ethical Aspects of Euthanasia"** submitted by Miss Ranjana Yadav, in partial fulfillment of the requirements for the award of the degree of **Master of Philosophy**, is her original work. It has not been submitted, either in part or in full, for any other degree or diploma of this or any other university, to the best of our knowledge.

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Preface

> Every day, rational people all over the world plead to be allowed to die. Sometimes they plead for others to kill them. Some of them are dying already.... Some of them want to die because they are unwilling to live in the only way left open to them.[1]

Nowadays euthanasia is discussed and debated all across the world and even in India. Today some countries are legalizing the practice of euthanasia and there some countries, euthanasia is a case of free choice, which have already accepted the practice of euthanasia, these are Belgium, Netherlands, Australia and state like Oregon. This issue covers a variety of topics, including medicine, politics, law, philosophy, and religion. Euthanasia allows terminally ill people who are in pain to control the timing of death. Euthanasia issue does not exist in a vacuum. Many people favour the legalisation of euthanasia. For it, they give reasons of compassion and autonomy. It is an opinion among people that it is right because it puts an end to human suffering. Moreover it gives an option to an individual to decide for themselves when and how to die. They think that ending of life in some circumstances makes the world a better place, not worse place because it realises that autonomy is a person's right. Person's autonomy is possessed by virtue of his or her nature as a being who is capable of conscious experience, and rational choice. It will be of interest to all those, who wish to make certain that their opinions, for or against legalisation, are better informed.

This dissertation aims to introduce this central issue of euthanasia with moral ground. This work is moving around the debate related to the right of self-determination or autonomy, the concept of person, the moral and logical difference

[1] Dworkin, R., *Life's Dominion*, (London, Harper-Collins, 1993), p. 179.

between allowing the patient to die, and directly killing the patient by euthanasia and the value of human life etc. This work will also be pointing that euthanasia is not always an immoral act and deserve no place in society and should not be pronounced unacceptable.

In this dissertation, I shall examine all the features of the ethical debate about euthanasia. I shall look at each of these issues and concepts in turn. I shall focus on the background and history of euthanasia. Then it brings in the historical responses of practice of euthanasia since ancient Greek thinker, Renaissance, Christian to Contemporary times. I would focus on the concept of personhood and the notion of autonomy that are main part of the issue of euthanasia. All debate about it legalization depend on the concept of personhood and autonomy places emphases on freedom, autonomy and choice in decision-making on moral issues as euthanasia. Important debate related to euthanasia is between active and passive euthanasia. I shall describe what relation between them. I shall discuss the arguments for and against euthanasia, which give strong moral ground to this current debate of euthanasia. This work would provide an overview of the arguments most commonly presented by proponents and opponents of euthanasia. I shall bring to a close all morale debated of euthanasia that I have described and discussed.

Introduction

In the proposed study entitled "A Study of Ethical Aspects of Euthanasia," I shall deal with the problem of euthanasia in the area of bioethics where we study moral choices arising from human life. Euthanasia is a controversial issue because of its conflicting religious and human values with the development in medical science and social arena. It has become a complex global issue in the 21st Century; with different cultures grappling with the variety of ethical, religious and legal factors involved in helping someone to die legally. The issues like changing family relationships, interaction between doctors and patients and the idea of basic ethical activities surround euthanasia. The debate about euthanasia is more a debate about competing and conflicting moral values. This piece of work focuses on the practice of euthanasia through the angle of moral ethics. This work, in particular, will be centred upon the issues like rights of individual or personal right, personhood, patient autonomy, debates between active and passive euthanasia, individual dignity, sanctity, and quality of life, and the role of religion in euthanasia.

Ethics deals with the principles governing the moral conduct of human being and it has a prominent place in the philosophical debates. Through ethics, we tend to analyse the moral aspect of all the preferences of an issue, good or bad and right or wrong. Euthanasia is a branch of bioethics or medical ethics and applied ethics, which is related to the right to end life. Although euthanasia has been practiced for centuries, the practice has drawn attention and discussion in recent decade because of advancement in medical and technological fields and the growing interest in human rights. With the help of technology, terminally ill and dying patients may end the life before their natural death. The demand for euthanasia comes with an individual's wish to have not only a dignified life but also a dignified death.

The word euthanasia is derived from the Greek word "*euthanatos*" ("*eu*"- means easy and good, and "*thanatos*"- means death), signifying "gentle and easy death."[1] In euthanasia Y (patient) demands his/her death and X (doctor) helps to fulfill that demand by intentionally killing Y (patient), or permits Y's death, for Y's benefit. In wider sense, it is a hope for those who are suffering, to get rid of unbearable pain and agony. In the context of euthanasia, doctors in certain circumstances should be allowed to make sure an easy death not just by killing the pain but also by killing the patient. It involves decisions, which have the effect of shortening life. Euthanasia involves patients' lives being shortened by doctors. It is the belief that euthanasia would benefit the patient and death is better than the miserable life, because the patient is suffering gravely from a terminal illness and thus his condition is thought to be an "indignity." Friedrich Nietzsche has remarked:

> To die proudly when, it is no longer possible to live proudly. Death of one's own free choice, death at the proper time, with a clear head and joyfulness, consummated in midst of children and witnesses: so that an actual leaving is possible while he who is leaving is still there.[2]

This aspect distinguishes euthanasia from murder for selfish motives. In euthanasia, the death is demanded as one of peaceful and dignified way to end one's life, wherein it is based on patient's condition. In short, "euthanasia" involves doctors making decisions, which have the effect of shortening a patient's life, and that these decisions are based on the belief that the patient would be better off dead.

> By euthanasia is understood an action or an omission, which of itself or by intention causes death, in order that all suffering may in this way, be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of will and in the methods used.[3]

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[1] "Euthanasia," in The New Shorter Oxford English Dictionary (1993) I, p. 862.
[2] Dr. Krishnamoorthy, Ennapadam S. and Thadeus Alphons, "Care beyond Cure," Magazine, *The Hindu*, Sunday, (November 23, 2008), Weekly Edition, 2, New Delhi, p. 1.
[3] Kuhse, Helga, "Euthanasia," in Peter Singer, *A Companion to Ethics*, (Blackwell Publishing Ltd., 1993), p. 296.

It is an intentional killing, which is done by an act or omission of person whose condition is not to be worth living. Thus, euthanasia may undisputedly be defined as the doctrine or theory that in certain circumstances, when, owing to incurable disease, senility, or the like as person's life has permanently ceases to be either agreeable or useful, the sufferer ought to be painlessly killed, either by himself or by another.[4]

Contemporary understandings of the term imply the bringing about of a painless and gentle death, particularly in respect of those suffering from painful and incurable disease. It is the deliberate act undertaken by one person with the intention of ending the life of another person in order to relieve that person's suffering. Life issues began to be debated seriously by large segments of society around the time of the abortion decision. The values at chances in euthanasia are between that of life and that of living. And we find human person as owner of an unlimited power on life and death. Euthanasia is understood as a concept where death is the result of individual's conscious choice, and in some cases, where the patient is not able to express his/her choice, with the consent of relatives and doctor. In medical ethics, euthanasia brings about death for someone else who has a terminal disease. Euthanasia means, "Killing someone, on account of his or her distressing physical or mental state, where this is thought to be in his or her own interest."[5]

Some opponents of euthanasia emphasize that the word was used to describe the Nazi policies of the 1930s, when the preservation of Aryan purity led to the killing of "undesirable" individuals and groups.[6] Using the meaning of euthanasia in this way, "euthanasia" clearly conveys an evil practice. Nevertheless, a Nazi policy

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[4] Samanta, Srikanta, "Permissibility of Euthanasia and Self-Killing vis-à-vis the Concept of Moral Autonomy," *Journal of Indian Council of Philosophical Research*, Vol. xxiv, No. 2, (April-June, 2007), p. 92., Hastings James and T. Clark (ed.), *Encyclopedia of Religion and Ethics*, (Edinburgh: T), p. 598.
[5] Glover, J., *Causing Death and Saving Lives*, (Harmondsworth: Penguin Books, 1977), p. 182.
[6] Davies, J., "The Case for Legalising Voluntary Euthanasia," in J. Keown, (ed.) *Euthanasia Examined: Ethical, Clinical and Legal Perspectives*, (Cambridge: Cambridge University Press, 1997), p. 84.

is a wrong way to define euthanasia, as "...the use of the Nazi experience to reject euthanasia is incorrect. As the Nazi action was due to the unlimited political power they had, based on which they thought it was their right to kill those who were inferior. If their beliefs included cruelty their actions reflected it ... what they (Nazi) did was merciless killing, either genocidal or for ruthless experiment purposes."[7] It provides an option to human beings to prefer a gentle or easy death to avoid pain or suffering and without loss of dignity, individuality, autonomy, or the ability to reason.

Euthanasia has acquired a number of different levels; it can be "Voluntary," "Non-voluntary" and "Involuntary." Voluntary euthanasia means Y competently requests death for himself, i.e., a competent patient wanting to die. Non-voluntary euthanasia means Y is not competent to utter an inclination, e.g., Y is a severely disabled newborn or coma patient. Involuntary euthanasia is when death is against Y's competent wishes, although X permits or imposes death for Y's benefit.

There is another distinction of euthanasia, which is Active and Passive. Active euthanasia refers to an action one takes to end the life, for example, a lethal injection. Passive euthanasia is an omission such as failing to interfere in a life-threatening crisis or not providing nourishment or medicine. These distinctions relate closely to the legal and moral understanding of act and omission.

A number of philosophers since the ancient age, like, Pythagoras, Socrates, Plato, Aristotle and Epicures have talked indirectly about euthanasia.[8] In the context of euthanasia, Plato, objectively evaluates the individual's moral worthiness, not the individual's decision about the value of continued life. Plato does not give importance to individual self-determination as central in this context. On the other hand, he focuses more strongly on the welfare of the community than of individual.

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[7] Williams, Robert H., *To Live and To Die, When Why and How?* (New York: Springer Verlag, 1974), p. 112.

[8] Papadimitriou, John D. and others, "Euthanasia and Suicide in Antiquity: Viewpoint of the Dramatists and Philosophers," *Journal of the Royal Society of Medicine*, Vol. 100, (Janaury, 2007), p. 26.

For him, severely ill and disabled patients are not useful for society and community, therefore, they should be awarded death. Due to this reason, Plato suggests that medical treatment should not be provided to severely ill and disabled patients.[9] He believed that human life should be lived fully; suicide and euthanasia could be fitting in certain rare circumstances when disease and illness no longer allow for a "natural life." Nevertheless, it would not be justified whenever an individual loses the desire to live. It is suitable only when the individual loses the ability to pursue the life that nature anticipated. Aristotle also deals indirectly with euthanasia in his two books, *Eudemian Ethics* and *Nichomachean Ethics*. He writes "... to seek that in order to escape from poverty, or the pangs of love or from pain or sorrow is not the act of courageous man, but rather of coward."[10]

The philosopher Epicurus was very much adamant on the issue of suicide. He believed in freedom of person's will to choose the way of dying. He states that each of us is free to put an end to our life if we are suffering from unbearable pain, provided this misfortune is neither brief nor intermittent.[11] Cicero writes that Epicurus used to say, "I quit life's theatre when the play has ceased to please us."[12] We find the concept of euthanasia even in the Greek drama tragedy, where Greek tragedians described it in their drama. As Aeschylus, who was regarded as the father of tragedy, mentions euthanasia in his classic drama *Prometheus Bound*one of the characters, Eos, who has become desperately entrenched in psychological problems, says that it is better for one to die than to suffer every day.[13] It appears that Aeschylus was not against euthanasia. "It was better to die once and for all than to

[9] In the Republic (chap.3, 406–7), Plato argues that no treatment should be provided to prolong the life of terminally ill or disabled individuals, because they represent a burden to themselves, their family and others.
[10] Papadimitriou, John D. and others, "Euthanasia and Suicide in Antiquity: Viewpoint of the Dramatists and Philosophers," *Journal of the Royal Society of Medicine*, Vol. 100, (Janaury, 2007), p. 27.
[11] Ibid.
[12] Cooper, M. J., "Greek Philosophers on Euthanasia and Suicide," in A. B. Brody (ed.), *Suicide and Euthanasia*, (The Netherlands: Kluwer Academic Publishers, 1989), pp. 9–38.
[13] Gagarin, M., *Aeschylian Drama*, (Berkeley: University of California Press, 1976), pp. 15–16.

drag out my lingering days in anguish."[14] In medieval age, Jewish and Christians and in modern philosophy, Locke, Hume, Kant, Mill, Bentham address this issue[15]

During second and third centuries, in the period of Christianity suicide or we can include euthanasia was criticized only when it was irrational or without cause. Christianity saw this act as a direct interference with God's will. St. Augustine declared, "Life and its sufferings are divinely ordained by God and must be borne accordingly."[16] In the thirteenth century, the teachings of St. Thomas Aquinas spotted the intolerance for suicide. According to him, suicide violated the God's commandment against killing and it is ultimately the most dangerous of sins or evils.

In the eighteenth century, David Hume made the first justification of the moral acceptability of suicide, and indirectly euthanasia on the grounds of individual autonomy and social benefit. Hume also intensely opposes Aquinas' views. He confronts:

> What is meaning then of that principle, that a man who, tried of life, and haunted by pain and misery bravely overcomes all the natural terrors of death and makes his escape from this cruel sin; that such a man, I say, has incurred the indignation of his creation by encroaching on the office of divine Providence and disturbing the order of the universe? ... This is plainly false; the lives of men depend upon the same laws as the lives of all other animals; and these are subjected to the gerenal laws of matter and motion.[17]

[14] Papadimitriou, John D. and others, "Euthanasia and Suicide in Antiquity: Viewpoint of the Dramatists and Philosophers," *Journal of the Royal Society of Medicine*, Vol. 100, (Janaury, 2007), p. 27.

[15] Bready, B. A., "Historical and Contemporary Themes," *Suicide and Euthanasia*, (Published by Springer, 1989), pp. 1–2.

[16] Punsmuir, Mollie et. al., "Euthanasia and Assistend Suicide," *Political and Social Affairs, Revised* (12 August, 1998) at http://dsp-psd.communication.gc.ca/Pilot/LoPBdP/CIR/919-e.htm retrieved on 15.11.2008.inger, 1989), pp. 1–2.

[17] Hume, D., "On Suicide," in Peter Singer (ed.), *Applied Ethics*, (Oxford: Oxford University Press, 1986), pp. 19 –27.

He declared that even if a person's death would weaken the community, it would be morally permissible. Moreover, suicide would be acceptable if the person's death would benefit the group and the individual. Hume argued that when life is most overwhelmed by suffering, suicide is most acceptable.[18]

On the other hand, in Kantian ethics, it is mentioned that the rejection of value of our life means we cannot respect lives of others. Our own lives are not ultimately our own possession. If we are destroying oneself, it means we are destroying one's free will and reducing the autonomy. Kant argues:

> He who contemplates suicide should ask himself whether his action can be consistent with the idea of humanity as an end in itself. If he destroys himself in order to escape from painful circumstances, he uses a person nearly as a mean to maintain a tolerable condition unto the end of life. But a man is not a thing; that is to say, something which can be used merely as a means but must in all his action, be always considered as an end in him. I cannot therefore, dispose in any way of a man in my own person so as to mutilate him, to damage or kill him.[19]

Thus, in Kantian view, human person is intrinsically valuable as a subject of right in virtue of what he is. To treat human life merely as a "thing" and to authorize someone to terminate it is an act of dehumanization.

In contemporary time, many bioethics commentators including J. Glover, Helga Kuhse, James Rechels, and Peter Singer also talk about euthanasia.[20] There are many arguments for and against euthanasia. Those who favor euthanasia argue

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[18] Hume, D., "On Suicide," in T. L. Beauchamp and S. Perlin (eds.), *Ethical Issues in Death and Dying*, (Englewood Cliffs, N.J.: Prentice-Hall, 1978), pp. 105–10.

[19] Seyed, Mohammd and Fatemi Ghari S., "Autonomy, Euthanasia and The Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teaching," *Journal on Islam and Christian–Muslim Relations*, Vol. 18, No. 3, (Jul., 2007), pp. 347–8.

[20] Glover, J., *Causing Death and Saving Lives*, (Penguin, 1987), Helga, Kuhse and Peter Singer, *Bioethics: An Anthology*, (Oxford: Blackwell Publishing, 2006), Rechels, J., *The End of Life: Euthanasia and Morality*, (Oxford: Oxford University Press, 1987).

that it provides a way to get relief from extreme pain when a person's quality of life is low and when death is thought to be of person's benefit. Because we recognize that life is sometimes a burden rather than a benefit. The argument of respect for patient's autonomy, patient's right to make his or her own decisions give preference to the practice of euthanasia. The right to choice is most essential aspect of human person and euthanasia is a case of free choice. Man has the right because human beings are capable of desiring anything. Peter Singer opines:

> In most respects, these human beings do not differ importantly from disabled infants. They are not self-conscious, rational or autonomous and so considerations of a right to life or of respecting autonomy do not apply. If they have no experience at all and can never have any again, their lives have no intrinsic value. Their lives journey ends. They are biologically alive, but not biographically.[21]

Nevertheless, this view of "human person" is seriously mistaken because personality does not end with illness. Person denotes those things, which are embodied, animate and emotive. The supporters of euthanasia often say that it is already considered permissible take human life under some circumstances such as self-defense. Hence, they miss either the point that when one kills for self-defense they are saving innocent lives, of their own or of others. Whereas in the case of euthanasia no one's life if being saved, life is only taken. Therefore, some philosophers think that it is a rejection of the importance of the human life. The American Medical Association, Council on Ethical and Judicial Affairs is strongly opposed to Mercy Killing, stating,

> The intentional termination of the life of one human being by another – mercy killing- is contrary to public policy, medical tradition and the most fundamental measures of human value and worth.[22]

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[21] Singer, Peter, *Practical Ethics*, 2nd ed., (New York: Cambridge University Press, 1993), p. 395.
[22] AMA, "Euthanasia," Report 12, (Jun., 1988) in *Report of the Council on Ethical and Judicial Affairs*, (Chicago: AMA, 1989), p. 2.

Life is a gift of the God and it cannot be taken away by another or by the person himself or herself and this is wrong way to destroy life because life is worthy in and of itself and there cannot be certain criteria that we can set. We find much public opinion about euthanasia influenced by religion and other prevalent social beliefs. According to the religious point of view, euthanasia violates the law of nature, the law of the community and the law of God. Euthanasia contradicts natural law because it destroys life and substitutes human judgment for divine command "Everyone has the duty to lead his or her life in accordance with God's plan." Buddhists and Christianity reject euthanasia in its voluntary, non-voluntary and involuntary forms. However, in some of the religions we see some contradiction as it views the condition wherein by helping to end a painful life, a person is performing a good deed and so is fulfilling his moral obligations.

In this work, I shall examine all the features of the ethical debate circling around euthanasia, paying particular attention to:

1. Do the notions of personhood and his or her autonomy lose their value with the terminal illness? What is real notion of person and autonomy?
2. What are the moral problems concerning active and passive euthanasia? Is there any moral difference between them or not?
3. Which types of argument give moral favour to euthanasia and which are just for against it? Is euthanasia a rejection of the importance and value of human life? There is a debate about how to make life and death decisions. One standard is to appeal the quality of person's life. If the person had a bad life, should it be ended?

This work will enquire the above issues through normative and analytical approaches. A normative approach has reference of the nature of an ideal or a standard based on which a conduct can be pronounced right or wrong, good or bad. Analytical method is remarkable in the sense that it comes with new perspectives on

the subject and with the clarification of concept by critical evaluation. Analysis is breaking the concept in minute parts and then clarifying each part, which is, moving from simple to complex. We know that our main aim is of rational clarification of concept. In quest of this aim, we generally use the method of conceptual analysis, which functions to illuminate concepts by means of logical analysis and argumentation.

For the purpose to discussing the above issues, I, in the first chapter, shall introduce the notion of the human person as heir of action and as an agent. This chapter will examine various problems, controversies, and solutions surrounding euthanasia, including the aforementioned issues of autonomy, and personhood with the help of conceptual analysis. I shall begin with the concept of "personhood" in the context of euthanasia as, what is meant by personhood in the context of euthanasia and what are the criteria of person in the issue of euthanasia. This chapter will examine various accounts of when a human being becomes a person. My propose is to analyse all the views and ideas of person, and a number of other alternatives, as inadequate accounts of personhood and will examine the notion of autonomy, that is very essential part of person. The natural questions that arise are, what do we mean by "person" and what are the criteria for being a person? How do we know if a human body is a person? What is it like to be a human being? Is euthanasia justified in such cases, where patient is not a person?

Further, I shall deal with the notion of autonomy. There are certain vital questions that I shall raise through my chapter. The notion of human freedom, self-determination, and autonomy are at the centre of the argument of euthanasia, and the relationship between autonomy, individual rights and moral person is central to the defense and offense of euthanasia. People are expected to have an attention in deciding for themselves, according to their own beliefs, about what makes life fine, how they will carry out their lives. The questions related to the issue of euthanasia are i.e., are what does autonomy mean in context of euthanasia and how far should it broaden in the ethical aspect of euthanasia? Is euthanasia only a matter of self-

determination or autonomy? My aim of this whole exercise would be to show that how these concepts play important role in this whole debate.

Second chapter will highlight the relevant concepts of active and passive euthanasia. The practical and ethical distinctions between them will be discussed in detail in this chapter. It will describe that the intentional killing or letting die of a person with kind motive depends on patient's interest and condition. Both are the form of Euthanasia or "mercy killing" which may generally be defined as taking one's life because of a merciful motive to alleviate his pain and suffering. My aim of this debate of active and passive euthanasia would be to exercise and show that how moral, intentional and religious ground play important role in this whole debate.

Third chapter is related with an overview of the arguments most commonly presented by proponents and opponents of euthanasia. Euthanasia involves few such balanced values; the sanctity of life vs. personal autonomy, the welfare of many vs. welfare of individual, relief of pain vs. the prolongation and preservation of life. I shall examine here is the arguments for and against euthanasia, where I shall present the form of arguments which will play an important role in the favour or against euthanasia. As the arguments of Respect for autonomy, Privacy, and Dignity on the one hand, and Respect and Value for human life, Sanctity of human life and Slippery slope problem on the other hand, will give the arguments for and against euthanasia. Here, I shall mainly talk about the grounds on which advocates of euthanasia prefer the practice of it.

The overall concern of this work is to begin with an examination of "mercy killing," which is that form of euthanasia in which someone, usually a loved one, puts an end to the patient's suffering. In conclusion, I shall discuss the major research questions I have taken and the questions that have been addressed in this dissertation. Further, I shall put emphasis on the questions that still remain to be answered.

Chapter 1

Conceptual Analysis of Euthanasia

Euthanasia is in itself a wide issue and one cannot discuss every concept that falls under it. As Euthanasia is related to human being, thus some concepts are self evident in it, such as life, death, person, autonomy, dignity etc. Thus, it is not possible to discuss all of them under the present chapter, I, propose to discuss the concept of personhood and the notion of autonomy. In the present chapter, I propose to discuss the basic issues concerning the concept of personhood. Regarding this issue, I shall discuss the philosophical position taken by Peter Singer, Joseph Fletcher, and Michael Tooley.

1.1 The Concept of Personhood

The concept of Personhood is important in any debate of social and ethical issue because when we conceive human being at the level of person, we find that he or she has the rights. As the famous words of the "American Declaration of Independence" states: "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with creation in alienable rights that among these are life, liberty and the pursuit of happiness."[1] However, when we find that he has lost the right of being a "person" then one concludes that he has lost the right of personhood. If one gives right to life to a "person" as he is capable of knowledge, has the ability to make rational choices, and can be held responsible for his actions

[1] Compbell, Alastair V., *Moral Dilemmas in Medicine: A Course Book in Ethics for Doctors and Nurses*, 2nd ed., (Edinburgh: Churchill Living Stone 1975), p. 108.

and is seen as a moral agent whom we may address to make moral decisions regarding the issues of life and death. This concept of personhood is essential to establish any evaluative criterion. So much depends on acknowledgment of personhood, society or community depends upon reciprocal approval of personhood. These elements are imperative for the understanding of the concept of personhood.

The concept of a personhood is ambitious. To demystify this notion, Billington Ray presents philosophers like Leibniz view that "a person is a mystery in the procedure of being is unavoidably unfolded; each choice he makes unfolds that mystery little further" and Sartre view that each person as "a mystery in broad daylight."[2] Personhood is not a clear concept. There is no universal agreement on it. Various philosophers, scientists, religionists, moralists, and observers define it as per their expertise domain thus giving various shades of meaning to this concept. It is a matter of judgment as to where is the bonding line that connects persons and non-persons should be located. Moreover, it is difficult to provide conditions, necessary and sufficient for personhood. To the question as to what a person or what a human being is, the sub-question that follows is what are we i.e. person or human beings? Let the concept of self be the superset and the subsets included ourselves, myself among others which has a philosophical overtone in it. The term "person" is surrounded with many ambiguities. At the outset, it is one of the central problems of metaphysics; it is an ontological being and an epistemological subject. We find Metaphysics divides the whole universe into two types of substance, material things, and thinking things. For example Plato's idea, Descartes *cogito*, Hobbes's human beings are mental as well as material beings.

The origin of the concept of a person lies in ancient theater. That word "person" has its beginning in the Latin term for a mask worn by an actor in traditional drama. Later "person" came to indicate one who plays a character in life, one who is an agent. First, the Greek "*prosopon*," and its Latin equivalent "*persona*," referred initially to a mask worn by an actor. Later, persona is identified

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[2] Billington, Ray, *Living Philosophy: An Introduction to Moral Thought*, 3rd ed., (London: Routledge, 2003), p. 169.

with the role played by the actor. Eventually, a person was any character on the stage of life.[3] The theatrical groundwork of the concept of a person can help us to be aware of the contemporary impact of personhood while dealing it with crucial life issues. We find the definition of the word "person" as "self-conscious or rational being."[4]

We find the concept of person in *Genesis* where man's creation is illustrated. In *Genesis*, man or person is in the image of God and God's image relates to memory, intellect, and will capacities so this thing in man The God says in *Genesis* 1, 26-27

> God created man in His own image, in the image of God. He created him, male and female He created them. God blessed them; and multiply .and fills the earth and subdues it, and rule over the fish of sea and over the birds of the sky and over every living thing that moves on the earth.[5]

Theologians have emphasized these aspects of person's character such as self-awareness, emotion and that separate men from animal. Beginning the Christian view of origins, we come across that man is fashioned in the image of God and that he is a special part of creation, above all other creatures made in the image of God is that humans are more than the computation of their physical parts. People are awake in cooperation of body and mind, and these physical and spiritual facilities are essential to a person's identity.

In the sixth century, Boethius defined "person as an individual substance of a rational nature."[6] The ancient, theatrically embedded concept of a person as one who

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[3]Personhood and Life Issues: A Catholic View, from http://goliath.ecnext.com/coms/coms2/gi0199-7104545/Personhood-and-life-issues-a.html retrieved on 5.01.2009.
[4] Singer, Peter, *Practical Ethics*, 2nd ed., (New York: Cambridge University Press, 1993), p. 87.
[5] Dennis, M S and others, "The Conception View of Personhood: A Review," *Ethics and Medicine*, Vol. 9, No. 1, (2003), p. 13.
[6]Personhood and Life Issues: A Catholic View, from http://goliath.ecnext.com/coms/coms2/gi0199-7104545/Personhood-and-life-issues-a.html retrieved on 5.0 1.2009.

plays a role on the stage of life, it might be at likelihood with Boethius' notion of a person as having the capacity to be rational. Boethius' explanation of the capability for rationality is greatly influenced St. Thomas Aquinas. Rationality requires not only a soul but also the whole soul-body complex.

We see it in Descartes philosophy where the "psychological criteria" chosen to identify personhood reveal the material thing. Descartes separates everything that exists into two categories, *res cogitas* and *res extensa*. In addition, thinking thing means,

> By body, I understand all that is suitable. For being bounded by some shape, for being enclosed in same place, and thus for filling up space ...for being moved in several ways, not surely by itself, but by whatever else that touches it. For I judge that the power of self–motion, and likewise of sensing or of thinking, in no way pertains to the nature of body.[7]

According to him, material thing are only affected and thinking thing, causes but not effected. Person is immaterial substance, contingently linked to his body. The philosophical idea of a human being as substance dualism holds that there is an entity called a soul, and mind is its faculty. Body and soul are functionally separate, which means that the soul can be independent from the body. Nevertheless, this independent biological being cannot be a morally appropriate condition for personhood.

For Spinoza, desire and action are necessary condition of being a person, without desire an individual cannot be regarded as a person. As he said "... desire, implies a self conscious cognitive in which the behavior of a human being is governed by the consciousness of an end or a goal which he deliberately attempts to achieve through the exercise of his desire."[8] A person is capable of knowledge that he or she is able to make rational choices is held accountable for his or her actions,

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[7] Descartes, Rene, *Meditation on First Philosophy*, trans. by A. Cress Donald, (Hackett: 1980), p. 62.

[8] http:// frontierpsychiatrist.co.uk/what- is- a-person/ retrieved on 24.12.2008.

and hence see as moral agent who might be called on to make moral decisions regarding life issues. Locke said person should be "only intelligent agents capable of a love and happiness and misery."[9] David Hume said that the self or person is not a Cartesian entity. It is a "bundle of perception." He discusses the nature of self in his *Treatise of Human Nature*, he says, no impression of self (Book1, part iv, sec. vi)

> For my part, when I enter most intimately into what I call myself, I always stumble on some particular perception or other, of heat or cold, light or shade, love or hatred, pain or pleaser never can catch myself at any time without a perception, and never can observe anything but the perception.[10]

The central phenomenon of personhood are rationality, command of language, self-consciousness, control of agency, moral worth or to respect, along with the salient characteristics that have been viewed to distinguish humans from other forms of life. Strawson argues, "A person has states of consciousness as well as physical attributes and is not merely to be identified with one or another."[11] Reflecting on this issue, we find this apt quote,

> Persons are typically thoughts being self-conscious, as having self-concern, second-order desires, moral conscience, first-person perspective, or other epistemic and practical, conscious or unconscious ways of relating to their attitudes, emotions and actions, and to themselves as their subjects.[12]

Persons have freedom, or free will to choose what they do. They obey their programming with free choice. Person is not only biological creature but also the part of society. To be a person is essentially to take part in a system of social practice. As Karl Jasper says,

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9 http:// frontierpsychiatrist.co.uk/what-is- a-person/ retrieved on 24.12.2008.

10 Russell, Bertrand, *History of Western Philosophy*, (London: Routledge, 2004), p. 602.

11 What a Person is?from http:// frontierpsychiatrist.co.uk/what- is-a- person/ retrieved on 24.12.2008.

12 Ikaheimo, Heikki and Arto Laitine, "Dimension of Personhood," *Journal of Consciousness Studies*, Vol.14, No. 5-6, (2007), p. 10.

> The individual cannot be become human himself. Self-being is only real in communication with another self-being. Alone; I sink into gloomy isolating; only in communication with others can I be reverted in the act of mutual discovery. My own freedom can only exit if the other is also free. Isolated or self-isolating being remains mere potentiality or disappears into nothingness I.[13]

Between these qualities, communication and moral standing of person is to take important place because metaphysical personhood is not enough for any one. Particular cognitive property, which is a capability of making moral judgments means rightness and wrongness of action and motives, is important for personhood that is Self-consciousness with moral standing. Moral person is a member of moral community and if person has failed his or her qualities of moral personhood, then we cannot add him or her in moral community as Beauchamp "humans too fail to qualify as moral persons if they lack one or more of the condition of moral personhood."[14] Rationality and normative statuses are the two ideas, which emphasize the notion of personhood. Rationality can be understood as a moral particular i.e. "rational capacities." Rosenberg maintains that rationality is a necessary condition for a thing being describable as a moral person and this rationality is connected with our moral deliberations, "by rationality he understands more than behavior consistent with logical rules, in the sense of first order intentional systems, our schemata by the capacities for reciprocity, verbal communication, and awareness or self awareness."[15] Explaining the concept of "person," Carson strongly says, "The concept of "person" is usually defined in terms of certain cognitive abilities."[16] These cognitive abilities are as thinking, reasoning, or remembering which involving conscious intellectual activity. Functioning as a

[13] Buber, Martin and Karl Jaspers, "Influences on theTought of Hans Ursvon Balthasar," http://www.christendom-awake.org/pages/balthasa/influences.html retrieved on 24.08.2008

[14] Beauchamp, Tom L., The Failure of Theories of Personhood, *Kennedy Institue of Ethics Journal*, Vol. 9, No. 4, (1999), pp. 309–24.

[15] Scoot, G.E., *Moral Personhood*, (Albany: State University of New York, 1990), p. 107.

[16] Strong, Carson, "Euthanasia-Is the Concept Really Non-evaluative?" *The Journal of Medicine and Philosophy*, Vol. 5, No. 4, (Dec. 1980), p. 321.

person is an implication and an outcome of being a person. It is because of what we are, because of our nature, essence, or being, which we can and do function in these ways. Personhood refers to something more than all the previously mentioned. Person who is a member of moral community, implies having rights and duties of moral nature.

Warren Quinn puts it "A person is constituted by his body and mind. They are parts or aspects of him."[17] According to these philosophers, the value in persons can be characterized roughly as the exercise of rational will Control of a rational will is the distinguishing bequest of a human person. The capacity for rationality is integral to personhood is not to say that the human soul is identified with the human person. Rationality not only requires a soul but also whole body–soul complex. Practical wisdom is the specific feature of person making.

"A person is a living being who is (or at least can be) aware of his own existence as an entity over a period of time and who can make autonomous choices for himself or herself."[18] The concept of person is based on characteristics that are seeing to have special moral value. The concept of "person" has a normative authority and moral sense, while the concept of "human being" is a vivid reference to any biological member of the human species. Persons are human beings, evolved animals of a certain short. As Peter Singer, endorse it

> ... there can exist also other non-human beings who are sentient, rational and self-conscious and should thus also be considered as persons in the moral sense (such beings could include, for instance, intelligent, alien life-forms, highly mentally developed animals like chimpanzees, whales, dolphins, and maybe even pigs and dogs). Vice versa, not all the genetic members of

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[17] Quinn, Warren, *Morality and Action*, (New York: Cambridge University Press, 1993), pp. 170–71.

[18] Hellsten, S.K., "Towards an Alternative Approach to Personhood in the End of Life Question," *Theoretical Medicine*, Vol. 21, No. 6, (Dec., 2000), p. 517.

human species automatically fit in the normative category of persons and have rights.[19]

The traditional definition of the person in terms of an individual substance of a rational nature is problematic in some ways. It would seem to follow that when this rationality weakens then personhood also be weakens. Does being in a vegetative state means that personhood is lost. Do the rational, physical capabilities of a human being intrude on the realm of personhood?

In the area of "Bioethics," there is a lot of debate about personhood. For example, "it is argued that *prima facie,* an early fetus should not be aborted because it is already or potentially a person, while others say that it has no right to life because it is not a person."[20] We saw that the view of personhood faces lots of puzzle. To describe it in the context of euthanasia we have to see if it is appropriate to consider an organism as a person. A person who is irreversibly comatose patient, can we describe him or her as a person. A coma-like state characterized by open eyes and the appearance of wakefulness defined as being in a vegetative state. Describe an infant who is born without certain parts of the brain, and thus is severely mentally impaired then can the infant as a person. Why the "respect for persons" is considered an overriding principle in relation to "respect for other living things?" Philosophers who say that it is not ethical for patient who is not a person and take the decision of euthanasia, should they not be asked as to why it is unethical if there is no act and no actor or agent, how can there be responsibility, and so forth? If the brain is demise, there is no longer any option of consciousness; thus, it would look accurate to utter that the person has died. Human fetus is a biological organism not yet a person. Therefore, in abortion destruction of a human fetus is destruction of a biological organism. In the case of voluntary euthanasia, we find the respect for rational person who has requested it because he has the capacity of rationality. In the case of euthanasia many of the candidates of coma, younger ill children, informed

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[19] Singer, Peter, *Practical Ethics*, 2nd ed., (New York: Cambridge University Press, 1993), pp. 110–34.
[20] Hooft, Stan van, *Life, Death, and Subjectivity: Moral Sources in Bioethics*, (Amsterdam-New York: Rodopi, 2004), p. 45.

fetus, who are morally permissible for euthanasia, either are no longer persons or are diminished person.

Some Bioethics philosophers like Peter Singer and Tooley are of the opinions that terminally ill and coma patients have lost their self -consciousness; their personhood has ended even though their body is still alive. A person is an individual substance of a rational kind.[21] Western bioethics remarks that the awareness of the difference between person and other living thing is the ability to be conscious of oneself over time, the ability to engage in purposive actions. Person's rationality is the ground of the characteristic that we make between him and other animals. However, many philosophers, Goodrich, Peter, Tooely, reject this, because, Goodrich says "There are creatures in mental institutions whose mental powers are inferior to those of an ape."[22] Michael Tooley and Peter Singer both advocate the infanticide "if the fetus has no right to personhood because it is not self-aware, then neither does the newborn."[23] People have slowly accepted a "person" is dead if their brain has been destroying, even though the body continues to function. However, it is a complex dilemma because we see this is an example of incompatible mind body dualism.

Born with no brain is a human being, is not a person because it has no brain and cannot do anything characteristically human: think, know, choose, love, feel, desire, and communicate-all of which have, in a diversity of combinations, been accessible as the characters of a person. This would concern, for instance, the irreversibly comatose human "vegetables," the severely mentally disabled, the brain-dead, embryos, and even human infant. Christian theologian Robert Rakester uses that criterion of rationality to claim, "an individual in a persistent vegetative state (unresponsive coma) has lost the ability to be images of god and thus may be

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[21] What a Person is? From http:// frontierpsychiatrist.co.uk/what-is-a-person/retrieved on 24.11.2008.

[22] Hicks, David C, "Respect for Persons and Respect for Living Things," *Philosophy*, Vol. 46, Issue 178, (Oct., 1971), p. 347.

[23] Ibid.

declared dead."[24] Every person matters for his own sake, because of embodiment along with an interest-independent value. Comatose in the direction of the end of life has vanished the capability to be rational, this individual is nevertheless a person; as a result, this individual has a life that is sanctified and consequently ought not to be euthanized. The traditional definition of person in terms of an individual essence of a rational nature is difficult in the case of a coma patient and younger children who are severely ill. Therefore, human beings in a persistently vegetative state either are no longer a person or are a seriously diminished form of the person who existed before the loss of rationality.

Many philosophers like those that Peter Singer, Tooley, argues for an embodied order of words subjective account of personhood, and support the view with evidence from neuroscience develop psychological aspect of personhood. Neuroscientists set the question of personhood in biological perspective within biology, the natural field in which to seek personhood is neuroscience. The human brain is responsible for the abilities identified by Lock and his successors as crucial for personhood: intelligence, rationality, self-awareness and all forms of consciousness, naturalizing personhood will require understanding the cortical bases of these traits, a task well underway in the field of cognitive neuroscience.[25] Dieter Struma starts that "... personhood consists of a system of self-referential activities, or of dynamic self-relations which reveal themselves in expression like: I think, I feel, I notice, I want, I act, I wish, I suffer, I care, etc."[26] We find that a notion of personhood is individual, collective, ethical and psychological. The nature of human person have three integral elements which are "conscience to love the good, reason to know it, and freedom to choose it."[27]

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[24] Sullivan, D., "The Conception View of Personhood: A Review," *Ethics and Medicine*, Vol. 19, No.1, (2003), p. 14.
[25] Farah, Martha and Andrea Heberlin, "Personhood and Neuroscience: Naturalizing or Nihilating?" *The American Journal of Bioethics-Neuroscience*, Vol.7, No.1, (Jan, 2007), p. 39
[26] Ibid., p. 12.
[27] Merrill, S. Bishop, *Personhood: Toward the Ethics of Quality in Clinical Care*, (Amsterdam-Atlanta: Rodopi, 1998), p. 21.

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The concept of personhood is the concept of something, which has mental states. The classical expression of person view is that of Joseph Fletcher, who in1972 outlined the criteria for human personhood. These criteria included such hallmarks as minimum intelligence, self-awareness, and capacity to relate to other. He gives the characteristics of human person in his provocative essay in the Hastings center report, Leonard show Fletcher's characteristics of person, "self supporting life is sufficient reason for an individual to be considered a human person is indicated by his minimal intelligence requirements. Unless an individual can show minimal intelligence, can measure by an I.Q. test ...anyone who falls below an I.Q mark of 40 is a standard ... any one below 20 in not a person."[28] Self-consciousness and rationality is the core of Fletcher's concept of personhood. He presents the list of fifteen "positive propositions" of personhood. These attributes are, minimum intelligence, self-awareness, self-control, a sense of time, a sense of futurity, a sense of past, the capability of relating to others, concern for others, communication, control of existence, curiosity, change and changeability, balance of rationality, idiosyncrasy and neocortical functioning.[29] He suggests various indicators of personhood, which include self-awareness, a sense of time and the capacity to relate to others. So an Alzheimer's and Parkinson's patients, the senile, mentally ill and mentally retarded persons, the comatose, patients with multiple sclerosis paraplegic, cripples patient in persistent "vegetative state, infants under one year, all they are only human beings but not "persons." For him, the normal human infants and disable human adults are also not persons.

Peter Singer defines a "person" as a human who actively exercises "rational attributes" as self-consciousness, knowing, choosing, loving, willing, autonomy, actively exercising sentience, feeling pain or pleasure etc. He argues for human being who is in the persistent vegetative state: "In most respect, these human beings do not differ importantly from disable infants. They are not self–conscious, rational, or autonomous, and so considerations of a right to life or of respecting autonomy do

[28] Leonard, J. Weber, "Ethics and Euthanasia: Another View," *The American Journal of Nursing*, Vol.73, No.7, (Jul., 1973), p. 1229.
[29] Ibid., p. 1229–31.

not apply. If they have no experience at all, and can never have any again, their lives have no intrinsic value. Their life's journey has come to an end; they are biologically alive, but not biographically."[30] Who can make choices for themselves are to be considered persons. The active exercise of consciousness is not only determined the personhood of beings but their capacity for consciousness. He supports voluntary euthanasia to terminate life in accordance with an estimate of own self-interest. Those who decide for euthanasia have clear rational basis of decision itself are persons. Peter Singer says that euthanasia is only justifiable if the patient is killed under the following circumstances –

- Lack the ability to consent to death, because they lack the capacity to understand the choice between their own continued existence or non-existence; or

- Have the capacity to choose between own continued life and death and to make an informed, voluntary, and settled decision to die.[31]

He justifies both voluntary and non-voluntary euthanasia by pleasing to the value for individual autonomy. Voluntary euthanasia is acceptable in the name of personhood and morality. When individual human beings do not yet or no longer have normative capacity to make autonomous decisions and cannot recognize themselves as continuous moral entities with particular identities, they are not to be considered as persons, and thus they no longer have any rights either. Killing comatose, patients of permanently vegetative states do not violate anybody's autonomy, because they are not person so they have no right. Thus, non-voluntary euthanasia is defensible in the name of non-personhood who has been short of autonomy.

Michael Tooley weighed in with the idea of self-awareness. He raises many questions about "personhood."

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[30] Singer, Peter, *Practical Ethics*, 2nd ed., (New York: Cambridge University Press, 1993), p. 395.
[31] Ibid., p. 201.

- Can the organism in question characterize as a person?
- If the organism is not a person, is it at least a potential person; that such as will as develops into a person?
- If the organism is a person, does he desire his own death, and if so, is that desire a rational one?

- If the organism is a potential person's will this potential person express a rational desire to die once it become capable of expressing such a desire?[32]

Continuity selves have personhood this is real quality of being a person. Tooley distinguishes person from biological organisms because for him something is a person if and only if it is a continuing subject of experiences and other mental states that can envisage a future for itself and that can have desires about its own future states.[33] He claims that an organism needs a future-oriented self-concept to qualify for personhood and only continuing subjects of experience are person. The killing of human organism that never can be, person is not morally and essentially wrong. He shows three cases where the patient, is only human organism and not a person.

- First, who hold that abortion is a morally neutral act generally does. So on the ground that destruction of a human fetus is destruction of a biological organism that not yet a person.
- Secondly, there are cases in which has suffered extensive brain damage of such a sort that it is no longer a person.

- Finally, there are cases in which a human infant has a brain, which is incapable of every becoming person.[34]

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[32] Tooley, Michael, "Decision to Terminate Life and the Concept of Person," in John Ladd, *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 63.
[33] Ibid., p. 91.
[34] Ibid., p. 65.

Western bioethical framework can be distinguished into two influential understanding of the meaning of personhood. These are naturalists and humanists perspective. They present arguments for and against of euthanasia with the help of the concept of person. Peter Singer, Tooley, naturalist philosopher and German philosopher, Honnefelder are humanist .Honnefelder replaces the subjectivist and empiricist View of psychological personhood that is the existence of a person as "I," into an idealistic one that, according to his argument, takes the idea of human moral agency more earnestly into account.[35] Person has a capacity for moral agency. He accepted the Aristotelian notion, which is that the ideas of human are potential. Human beings have intrinsic value because of their potential capacity to be moral agent, not because their community has once seen them as such agents.[36]

"Human" is a biological term derived the species "Homo sapiens" and "personhood" is a social and ethical term. The capacity to be self-conscious, rational and concerned with value of blameworthiness and admire is distinguishes person from others being. On the other hand, not all humans are persons. Not all humans are self-conscious, rational and able to conceive of the possibility of blaming and praising. Fetuses, infants, the profoundly mentally restarted, and the hopelessly comatose provide examples of non-persons. Such entities are member of the human species. They do not in and of themselves have standing in the moral community. They cannot blame or praise or be worthy of blame or praise. They are not prime participants in the moral endeavor. Only persons have that status.[37] A person should have a competence for thinking and, reasoning, and desiring, having a sense of self and it continuity. Embryos and fetuses are members of human species in a biological sense not persons. Being of the species "Homo sapiens" is neither a necessary nor a sufficient condition of personhood.

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[35] Hellsten, Sirkku Kristiina, "Towards an Alternative Approach to Personhood in the End of Life Questions," *Theoretical Medicine and Bioethics*, Vol. 21, (Dec. 1, 2000), pp. 520–521.
[36] Ibid., p. 521.
[37] Engelhardt, H. Tristram, *The Foundations of Bioethics*, (New York: Oxford University Press, 1986), pp. 107–8.

The human species as a whole has the capacity or potential to realize the attributes of moral agency. The intrinsic value of humanity is then in the moral capacities of the human species as whole. However, because these capacities can only be actualized in the lives of individual human beings, every human being should always be considered as amorally valuable person throughout his or her life, whether he or she happens to be unconscious, in coma, or permanently in a vegetative state. It is in term of Kantian categorical imperative should recognized as an end in itself and not a means. However, these dimension of personhood present many problems.

- Potentialities require time to be actualized. It is wrong to be destroyed a potential person because in potential person have actuality to become a person. If having a desire is characteristic of personhood, what about a mad man who expressed a desire for his body to keep alive, even his brain should irreparably damage.

- These criteria totally neglect the importance of physical dimension of man. They provide the aspect of psychological personhood. Human persons are not only spiritual subjects, series of experiences, mere consciousnesses, or conscious information related to their bodies but also physical organism. This interpretation of 'personhood' is metaphysically indefensible.[38]

- Sensation is a bodily act, that is, act in which the subject of the action is a living organism. Thomas Aquinas refers to person, as "I" is the things that understand, think, and wills, and so on. However, one can show that this is identical with the thing that senses which must be bodily entity.[39]

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[38] Hellsten, Sirkku Kristiina, "Towards an Alternative Approach to Personhood in the End of Life Questions," *Theoretical Medicine and Bioethics*, Vol. 21, (Dec., 1, 2000), p. 516.

[39] Lee, Patrick, "Personhood, Dignity, Suicide, and Euthanasia," The National Catholic Bioethics Quarterly, Autumn2001, Vol. 1, No.3, From http://www.lifeissues.net/writers/leep/leep_01dignity1.html retrieved on 30.11.2008.

- The belief that the intrinsic importance be given to every human life, no matter what kind of life it is. So coma's patient is still person in wider ethical sense, he also has intrinsic value.
- It is only means that individuals who no longer can express their determination are measured as non-person with no "right to life" and who are measured as persons with the "right to die." Both are injurious and provide consequence toward death.
- However, intelligence gives ground to physical dimension. It does not mean we overlook the other because of this.
- This view of "human person" is seriously mistaken because personality does not end with illness. Person denotes those things, as embodied, animate and emotive ones. Human beings are capable for personhood, no matter how ill they are, we never have the right to put that in personhood.

These problems are evident in person's notion and are genuine but if we analyses the philosophers view on personhood I find that they give more importance to rationality, consciousness, communication skill, social interaction and cognitive power of person. As Vetch argues, "The capacity for consciousness and social interaction is a necessary condition of being a person."[40] In addition, if one takes the cases of Coma patients and abortion, then one finds that they are not a "person" because they lack the above qualities meaning that they are neither self-conscious, nor socially interacting. A "person" is a being possessed of human rights and, sometimes, duties; and it is for society, influenced by moral and practical considerations, to define a "person" in this sense in any way it chooses. Similarly, Ram Harre who says that, "persons, human beings as individuals are recognized in public and collective practices, conversing, praising and blaming, playing rugby and then commenting on the game and so on," argues it.[41] I believe that it is not possible to be fully rational but one can become more rational and this very quality make us

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[40] Veatch, Robert M., "The Whole-Brain-Oriented Concept of Death: An Outmoded Philosophical For Mutation," *Journal of Thanatology*, No. 3, (1975), pp. 13–5.
[41] Harre, Ram, "Persons and Selves," in *Peacock and Grant Gillnetted: Person and Personality lan*, No.1, (1987), pp. 99–103.

"person." Persons are inherently social beings and they possess beliefs, moral values and sense of meaning. The term "person" refers not simply to a human individual but to a human individual with human moral status. We as humans should be concerned for ethics and medicine as it facilitates in bringing forth our healing selves in treating patients, providing him proper nurture and nourishment. The term "patient" here refers to the "one who not only has a biological self but also rational and social selves."

The Medical Ethics refers "human person" as he is an embodied being made up of a soul and a body and as such it is unethical to disobey the norms of an embodied being i.e. his body and personality. The actual condition of personhood is defined as a psychological ability to be self-governing. Human person is used in very different ways is often used with moral, as well as descriptive significance. Human persons who are bodily beings with highly developed mental abilities are persons with personal moral status. Since PVS patients, infants and others do not have highly developed mental abilities, as they do not have the status of human persons. In support of this position, it is often claimed that persons are those who can have morally significant interests. Persons, conceived of as autonomous rational moral agents, are beings that have intrinsic moral worth. This value of persons makes them deserving of moral respect. For Robert Noggle, autonomy, rationality, all these qualities are necessary to make individual to be a person. As he writes,

> Autonomy and freedom are necessary for an individual to be a person. Only rational being can be subjects to the moral law. Respecting person means respecting a person's rationality, choices, decision, ends and goals. We must respect persons because of their rationality.[42]

Even Kant also accepts these criterions of person who is a rational and autonomous being. Due to these qualities, we give importance to a person. Terminating a defective embryo is not look to destroying a "person" because as an

[42] Noggle, Robert, "Kantian Respect and Particular Person," *Canadian Journal of Philosophy*, Vol. 29, No. 3, (1999), p. 450.

embryo just has the potentiality of becoming a person. We can say that a potential being is not a person, when he or she cannot find his or her actuality. We cannot see a plant as a tree when it cannot become tree. Therefore, it is morally justified to say that they are not person.

Not all human beings are a person, we can divide them into two forms, first is self- conscious being who is "person" and second is non-conscious being who has "lack of rationality, thinking, willing etc." Even philosopher Locke points out it in different way. He points out that human being has two forms, first is "man" who is different from "person." "Man" is a physical body and a person is a "thinking intelligent being." Person has reason and considers oneself. Coma patients, defective embryos, deformed foetus, mentally ill people are not person because they have lack of continuing consciousness. A person must have mental power, free will, autonomy that holds him or her morally responsible for one decision or action. Only a person is legally responsible for duty and action which he or she does his or her own way. Person defined as "legal entity that is recognized by law as the subject of rights and duties or it is defined as an individual."[43]

Thus, in this chapter on the concept of personhood is my attempt to re-look the notion of euthanasia from different contexts. While looking into it, an effort is made to re-visit the concepts of persons, self, human beings at large. This chapter tries to depict the different nuances that this all very pertinent debate on pro life or against it carries. While discussing this aspect, many philosophers and critics like Peter Singer, Michael Tooley and Fletcher have been elaborately sketched.

1.2 The Notion of Autonomy

After the analysis of the notion of personhood, I come to the concept of autonomy that has become vital in the discussion of euthanasia because it is linked to the

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[43] *Glossary Legal*, Published by Indian Govt. Justice and Company Ministry, (1992), p. 245.

notion of person. It is essential to discuss the details of this concept, and assume a general, common-sense understanding of autonomy. I shall analyse here the accessible definitions and formalisms connected to the notion of autonomy.

In today societies, health is regarded as one of the compulsory conditions for the exercise of right and personal autonomy. We have the right of health care. We have the right to do what we wish to do with our bodies, for whatever reason. Autonomy, capabilities, and opportunities are subject to worth respect for person. Being a person, patients should also be free to act in accordance with their desire. The concept of person can be seen as the source of the values of individual autonomy and rights. Both concepts are related to person, due to this reason personhood is the main pillar of the overall concept. We can justify euthanasia by appealing to the respect for individual autonomy. This respect for autonomy is based on the concept of "personhood," which makes a distinction between the terms "person" and "human being." We find the definition of the word "person" as "self-conscious or rational being" as I described in the previous chapter. Freedom, autonomy all these qualities of rational beings make them "ends in themselves."

Autonomy is central to the arguments used in favor of euthanasia, abortion. The debate on end-of-life decision and active ending of life at the patient's request make patient autonomy a central issue in the debate. Autonomy is one of the pillars of medical ethics. The three pillars of medical ethics are:

1. *Autonomy*: We respect the patient's autonomy, and empower him to decide. The patient should have the final say, and has the right to refuse or choose their treatment.

2. *Beneficence*: The doctor should act in the best interest of the patient. This is the hallmark of any professional.

3. *Do no harm*: The action should not harm anyone.[44]

In present scenarios, autonomy and self-determination have become important foundations of ethical medical practice, but they must be approached cautiously to avoid imposing additional burdens on patients who have enough to bear. It is no surprise then that autonomy is foreshowed as being key to the right to make end-of-life decisions, but how far respect for decision-making autonomy increases and whether it can stand for life limiting decisions is a question. The limits on respect for autonomy are greater when agents request when they refuse treatments. However, it is also a concept, which is difficult to understand, from both a theoretical and a practical perspective. Physicians and members of medical ethics committees often face the question of what is actually the meaning of patient's autonomy in this particular case of euthanasia.

I have chosen for the focus of this survey the role autonomy plays in the context of euthanasia and patient's autonomy issues. In the realm of medical ethics, it is frequently asked if certain treatment or lack of treatment will or will not violate on the autonomy of the patient. Many ethicists and physicians have argued that we must put the choice in the patient's hands in order to protect the individual's autonomy. If the individual is not able to decide, a substitute decision maker is needed to make a substituted judgment. We find in the case for euthanasia crucially dependent on what we described as the autonomy argument. This discusses that a dying patient should be free to choose euthanasia or to reject it, to see it as a matter of personal freedom. The debate on patient autonomy has resulted in many improvements in patient care including the development of patient centered models of care, shared decision-making processes and stricter requirements for consent processes.

Before this, it is very significant to think about what we mean by autonomy and in which circumstances it amounts to a possible basis for demanding that our

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[44] Medical Ethics-What every patient needs to know!, Sunday, Agust10, 2008 http://docoterandpatient.blogspot.com/.../medical-ethics-what-every-patient-needs.html retrieved on 29.11.2008.

choices are respected. Autonomy plays an important role in most philosophies, as in political philosophy, social philosophy, and philosophy of action, philosophy of mind, etc. and mainly in medical ethics where many followers of euthanasia and abortion give importance to self-governance. While it has become the leading concept in modern bioethics, it is not a concept that is always uncritically accepted, nor interpreted in the same way.

The term "autonomy" is a word of Greek origin, as it derives from the Greek words "*auto* (self)," "*nomos* (law)" which means governed by self-law or rule;[45] and in medical ethics, it refers to the free will that a person has to regulate his or her life according to his or her own necessities and values. The term "autonomy" is used in the English language for relating a person's capacity to articulate freely his or her will, or his or her capacity and freedom for action in a particular society. The term autonomy was first applied to the Greek city-states where citizens of city made their own law, as opposed to being governed under the control of some dominating power. It means in medical ethics that people have the right to make their own decisions as far as their decisions do not interfere with others, patient's autonomy includes the rights of individuals to make informed decisions about their medical care. Understood literally "autonomy" is self-governance or self-determination. Although originally applied by the ancient Greeks to city-states, philosophers extended the concept to people from the eighteenth century onwards. The Renaissance humanist also takes up the idea of autonomy, as Pico dell Mirandola express the idea clearly in his "*Oration on the Dignity of Man,*" where God says to Adam:

> We have given thee, Adam, no fixed seat, no form of thy very own, no gift peculiarly thine, that... thou mayest... possess as thine own the seat, the

[45] Dworkin, G., *The Theory and Practice of Autonomy*, (Cambridge: Cambridge University Press, 1988), p. 12.

> form, the gift which thou thyself shalt desire... thou wilt fix the limits of thy nature for thyself... thou... art the molder and maker of thyself.[46]

The same concept is presented by Berlin who is a great supporter of liberty, he presents his view under the heading of "Positive Liberty," writes,

> I wish to be an instrument of my own, not other men's acts of will. I wish to be a subject, not an object... deciding, not being decided for, self-directed and not acted upon by external nature or by other men as if I were a thing, or an animal, or slave incapable of playing human role, that is, of conceiving goals and policies of my own and realizing them.[47]

Autonomy is diversely characterized as free, self-governed agency and morally responsible agency, which have a kind of rule-governed activity. Autonomy is interchangeable with freedom from external influence, restriction on choice. When we talk about autonomy, we find that the real question is not whether person's decision was autonomous when he took the decision of his life. Even if decision was free and autonomous, that is not enough. The decision must have resulted from a free and autonomous agent. Autonomy has since been used to refer to a set of diverse notions including self-governance, liberty rights, privacy, individual choice, liberty to follow one's will, causing one's own behavior, and being one's own person.[48] We find autonomy is associated member the family of free will, free choice, free-action, liberty. Agent who engages himself or herself in moral conduct has autonomy.

The most often mentioned discussions of autonomy are those of Immanuel Kant and John Stuart Mill. Kant's deontological concept is known as "autonomy of will," and Mill's utilitarian, knows as "autonomy of action." Kant's notion of autonomy is focused on the rational human will. He urges that human reason is an

[46] Kristeller, P.O., "The Philosophy of Man in Italian Renaissance," *Italica*, Vol. 24, (1947), pp.100–1.

[47] Berlin, I., *Four Essays on Liberty*, (New York: Oxford University Press, 1969), p. 131.

[48] Beauchamp, Tom L and James F. Childress, *Principles of Biomedical Ethics*, 3rd edition, (New York: Oxford University Press, 1989), pp. 67–68.

autonomous source of the agent's action and it is the highest value. In the *Groundwork of the Metaphysic of Morals* Kant clarifies that free will is intrinsic in human. The autonomous will is both self-governing and self-legislating. This autonomous will is not only subject matter of the law, but should be considered as also making the law for itself. Kant's autonomy is property of the rational being or will. He writes autonomy of the will that property of it by which it is a law to itself independently of any property of objects of volition. It is the basis of the dignity of both human nature and every rational nature.[49]

In a clinical setting, the idea of autonomy, according to a Kantian account, requires that the patient has a well-grounded knowledge and sense of what guides his or her own decision-making. That is so because it is the idea of self-knowledge and self-respect that leads and determines opportunity of others. From this point of view, respecting the autonomy of another person, or patient in a clinical context, entails respecting the person as an equal person. Autonomy is connected with the condition, which attributes to rational beings as persons. To deny someone autonomy is to treat her or him as something less then person. An autonomous person makes rational and free decision, so his decision is one that is made rationally and freely. Rational individual is also a moral agent, so autonomy is significant for moral responsibility and he or she shapes his or her life through the exercise of autonomy. A person should be walked to heaven and hell by his or her own freely chosen path, nobody interrupted in his or her autonomy. Autonomy gives the ground to the dignity of every rational being. Therefore, rationality plays an important role in the concept of autonomy.

This modern conception of autonomy originates from the works of some modern philosophers much as John Stuart Mill who wrote a treatise "On Liberty" concerning the fundamental freedoms of the individual. Liberty can also be defined as freedom and, therefore, for an individual to be free requires them to be capable to act at will and not under pressure or restraint. Mill gives two distinctions about the

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[49] Kant I., *Foundations of the Metaphysics of Morals*, ed. and trans., Lewis White Beck, (Indianapolis IN: Bobbs-Merrill, 1959), p. 54-59.

notion of freedom: Freedom to do something (positive freedom) and Freedom from something (negative freedom).[50] A combination of these two forms of freedom is primarily what supports autonomy.

The main thing related to the notion of autonomy is that what is the best for each of us depends on our individual values. There are certain conditions, which need to be contented ahead of an individual who can be considered autonomous. These conditions are:

- A person must be able to know their surroundings or circumstances. Information and sufficient mental implementation facilitate a person to satisfy this condition. Lack of any of these factors diminishes a person's autonomy.
- A person should be capable to make rational choices and act on such choices. Moreover, the person is an end in himself and never a means to any other thing.

We generally know more about our own values than others do. Autonomy is a good defense against having values imposed on us by others. Individual autonomy is only to focus on the notion of self-government. G.E. Smith described a broader definition which refers to autonomy as "a set of diverse notions including self governance, liberty rights, privacy, individual choice, liberty to follow one's will, causing one's own behavior and being one's own person."[51] The exercise of self-determination can also be seen as both a social and a private action and can be supported on each basis. We find private autonomy can be seen as autonomy of thought, will and action. With the help of these, individuals are able to think for themselves, make decisions and act accordingly. Without the autonomy to make social relationships, society would not exist. We may need to see autonomy as an

[50] Smith' G. E., "Autonomy, Paternalism, Advocacy and Consent," *Journal of Radiotherapy in Practice*, Vol. 1, No. 3, (1999), p. 153.
[51] Sakellari, E. "Patient's Autonomy and informed consent," http://www.nursing.gr/protectedarticles/autonomy.pdf. retrieved on 4.02.2009.

aspect of our interconnectedness rather than as a characteristic of isolation, but this does not cancel out or even diminish the value of self-governance. As Parker says,

> The communitarian claim that an emphasis on autonomy is *necessarily* individualistic and anti-communitarian is plainly false. To advocate an approach to ethical decision-making based on the choices of individuals does not exclude the possibility that the values and choices of such individuals might have a social dimension. [52]

Autonomy includes more than freedom from compulsion in making decision. Tom L Beauchamp and James F. Childress state that autonomy is the "personal rule of the self that is free from both controlling interference by others and from personal limitations that prevent meaningful choice.... The autonomous individual freely acts in accordance with a self-chosen plan."[53] Only when we are making informed decision then it means that we are exercising autonomy in the fullest sense. When we search the whole process of autonomy then we find action, options and decision-making. These three are unified aspects of autonomy. Accordingly, philosophers analyse autonomous actions in term of normal choosers who act intentionally, with understanding, and without controlling influences that determine the action.[54] The autonomous action is that action, which is performed, voluntary, intentional and with sufficient understanding of person. Autonomy is not an idea of selfishness, nor is self-indulgence the same as rational self-fulfillment. It is to be self-sovereign and it is based on rational will. Autonomy permits one person to require respect from another as a matter of right. It gives us the sense of identification himself or herself as moral persons and free agents worthy of the respect of others.

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[52] Parker, M., "Public Deliberation and Private Choice in Genetics and Reproduction," *Journal of Medical Ethics*, Vol. 26, No. 3, (Jun., 2000), pp. 160–65.

[53] Brauce, Jennings, "Autonomy," in trans. by Steinbock Bonnie, *The Oxford Handbook of Bioethics*, (New York: Oxford University Press, 2007), p.77.

[54] Beauchamp, Tom L. and James F. Childress, *Principles of Biomedical Ethics*, (New York: Oxford University Press, 1989), p. 69.

Great works have been done in recent years to try to set out the conditions of individual autonomy coincident with intuitions about self-government and freedom. The works of Dworkin is seminal in this regard. Building on this idea, Dworkin's "full formula for autonomy" is spelled out this way: "A person is autonomous if he identifies with his desires, goals, and values, and such identification is not influenced in ways, which make the process of identification in some way alien to the individual. Spelling out the conditions of procedural independence involves distinguishing those ways of influencing people's reflective and critical faculties that subvert them from those which promote and improve them."[55] In his view, an autonomous person must have the capability to appraise decisions in the controlled context of an overall life. At least one major element in the rationale for respecting autonomy is that people are normally the best judges of their own interests.

In the discussion on the concept of autonomy, I shall be trying to find what the concept of autonomy is all about and whether a patient's decision should be respected or limited. The concept of autonomy is used in various ways in philosophical literature. Different scholars use "autonomy" sometimes as moral autonomy, sometimes as personal autonomy in different contexts. Moral autonomy is the freedom to move about among different moral forms of life to find the one as most satisfying. Moral autonomy is essentially openness within life, to be claimed and reclaimed by ways of living. Two decades ago, Gerald Dworkin pointed out that the concept of moral autonomy in his works. According to his views:

- A person is morally autonomous if and only if he is the author of his moral principles, their originator.
- A person is morally autonomous if and only if he chooses his moral principles.
- A person is morally autonomous if and only if the ultimate authority or source of his moral principles is his will.

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[55]Dworkin, Gerald, "The Concept of Autonomy," in R. Haller (ed.), *Science and Ethics*, (Amsterdam: Rodopi, 1981), p. 212.

- A person is morally autonomous if and only if he decides which moral principles to accept upon him.
- A person is morally autonomous if and only if he bears the responsibility for the moral theory that he accepts and the principles that he applies.

- A person is morally autonomous if and only if he refuses to accept others as moral authorities, i.e., he does not accept without independent consideration the judgments of others as to what is morally correct.[56]

Individual autonomy is coincident with intuitions about self-government and there is an absence of restraints of positive or negative, internal or external standing between a person and the carrying out of that person's autonomously formed desires. On a negative view of autonomy, a person is autonomous when another person does not direct him or her in some crucial way. One is autonomous in the positive sense when one is actively self-directed. A full specification of what it means to be self-directed.[57]

The relation between the autonomy of individuals and principles of rights and justice is a much more familiar approach to the role that autonomy plays in moral theory. Many, in fact, see the relation between autonomy and the possibility for human agency as the foundation of morality in general, and of human rights in particular. On the one hand, Kant heavily influences thinker as John Rawls sees autonomy as one principal property of persons that determines their ability to derive the principles of morality and justice. His tradition places the individual, not collective, in the centre of analysis, for him, state is seen as a mere instrument to serve the interests of the individual. For Rawls an individual in the original position shows "rational autonomy." Rawls argues that each person is to have equal right to

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[56] Samanta, Srikanta, "Permissibility of Euthanasia and Self-Killing vis-à-vis the Concept of Moral Autonomy," *Journal of Indian Council of Philosophical Research*, Vol. xxiv, No. 2, (Apr.-Jun., 2007), p. 93.
[57] Christman, John, "Constructing the Inner Citadel: Recent Work on the Concept of Autonomy," *Ethics*, Vol. 99, No. 1, (Oct., 1988), p. 110.

the most extensive total system of equal basic liberties compatible with a similar system of liberty for all.[58] In this way, agents achieve "full autonomy" when they go on to act in accordance with these principles which are "self-imposed" in the sense that the agents would have been chosen under unbiased conditions. Autonomy is a fundamental human value, whose presence is basic to human agency itself. Human agency is that which should have an enduring self with free will and inner life. Robert Young goes on to argue that the intrinsic value of autonomy can be found in its relation to human agency itself and individual self esteem. He writes that autonomy is the means to our working out our projects in the world. In exercising it, in being self-directing, we make our lives our own, and this is conducive to self-esteem.[59]

At all contemporary approach to the topic of autonomy one finds appealing, the debate over the concept will inevitably be framed by Kant's theory of autonomy. On Kant's view, one is autonomous if one is in a position to subject one's will to self-imposed maxims, which conform to the moral law. Kantian conception of autonomy has to do with the connection between autonomy and rationality. An agent is rational to be autonomous. Autonomy in favour of Kant is the capability to impose reason freely on oneself. He emphasizes the importance of a patient's right to decide. For many people the right to do what they wish with their bodies, for whatever reason, is superior to all others. Self-determination is also found in debates around the cases of abortion. Inside healthcare, it refers to the freedom that a person has to order his or her life according to his or her own desires and values. This contains independence, self-reliance, and the patient's right to make decisions about his or her life, including decisions about the treatments he or she wishes to receive.

In the area of Bioethics, patients began to assert their rights and the principle of autonomy gained increasing prominence. Bioethics is generally agreed that patients have a right of self-determination and that our duty is to respect their

[58] Rawls, J., *A Theory of Justice*, (Cambridge: Harvard University Press, 1998), p. 81.
[59] Young, Robert, "The Value of Autonomy," *Philosophical Quarterly*, Vol. 32, No. 126 (Jan., 1982), pp. 43–44.

autonomy, which is based on the principle of respect for autonomy. The notion of autonomy occupies a central role in both the legal and the ethical frameworks overriding clinical practice, mainly but not fully, in the context of western health care.

Respect for patient's autonomy is one of the main viewpoints of bioethics put forth by Beauchamp, Peter Singer, Tooely and Childress. Respect for patient autonomy has been defined as the core legal and ethical principle that causes all human relations in health care. The most fundamental precept of the common law is respect for the liberty of the individual. "In a medical context this means that a person's right to self-determination, to deal with his body as he sees fit, is protected by the law."[60] Every rational human being of sound mind has a right to determine that of what shall be done with his own body, he or she has the right, and responsibility to make health care decisions. The autonomous person can act, choose and think as he or she wishes. Sharon Ikonomidis and Peter A .Singer stressed that concern for autonomy stems from individuals' interest in making significant decisions about their lives according to their own values or concepts of a good life.[61] However, it has to be stressed that individuals have the right to determine the course of their lives as far as there are no restrictions to the autonomy of others. In medical law, the fundamental right of self-determination, described by Ian Kennedy, represents the right of each person to exercise personal autonomy, to act as a sovereign individual, and to exercise independent choices. Autonomy provides the foundation to the law of consent, and has come to be regarded as the linchpin of health care decision-making.[62]

Advocates of direct euthanasia believe that person is the master of his own fate, free to do whatever he wants to do with his own body; his well-being is served by serving his desire. Euthanasia is only ever justifiable at the request of the patient

[60] Kennedy, I., *Treat Me Right: Essays in Medical Law and Ethics*, (Oxford: Oxford University Press, 1991), p. 320.
[61] Ikonomidis, S. and Peter A. Singer, "Autonomy, Liberalism and Advance Care Planning," *Journal of Medical Ethics*, Vol. 25, No. 6, (Dec., 1999), pp. 522–34.
[62] Kennedy, I., *Treat Me Right: Essays in Medical Law and Ethics*, (Oxford: Oxford University Press, 1991), p. 320.

as no one but the patient is in a position to judge the worth fullness of his own life. Only if the patient decides that life has lost its value and asks for voluntary active euthanasia should it be performed. Many people regard euthanasia as the ultimate expression of individual autonomy and self-determination. Being autonomous requires rational desire and having a disposition to realize this rational desire. Nowadays we have been influenced by autonomy involving ethics, which bound persons together in a common detection, is showing the social aspect of autonomy.

This notion of autonomy, which can also be described in term of negative freedom, does play a role in health law. The element of positive freedom is crucial to the debate of the euthanasia. Autonomy is the key concept in medical ethics and seems us promoting the negative autonomy, which gives importance only to own self-interest. H. Tristan Englehardt Jr. argues that the state has no moral authority to prevent euthanasia. This is because euthanasia is a negatively established right. He says that the right to euthanasia likes most other rights to act freely by oneself or with consenter other self, is established negatively. It does not depend on some claim that such liberty would be good, beneficial, or worth endorsing. Rather, it is a function or the failure to establish the authority of others, in particular, the state, to intervene coercively. With this, one comes face to face with the plausible limits of a secular state. One will need to live with individuals' deciding with consenting others when to end their lives, not because such is good, but because one does not have the authority coercively to stop individuals acting together in such ways. In a secular, pluralist society, one will need to accept euthanasia by default.[63]

Most cases refer to autonomy as a basic ground for ethical norms. In medical ethics, patient autonomy is a central spin. Patient has the right to refuse treatment even if this leads to his or her death. In other words, the important principle in all medical interventions or their rejection is that of autonomy or self-determination. The individual is sovereign over his or her own body, to interpret Mill. Freedom

[63] Jr., H. Tristan Englehardt, "Fashioning an Ethic for Life and Death in a Post-modern Society," *Hastings Centre Report*, Vol.19, No. 1, (Jan.-Feb., 1989), pp. 7–9.

does not mean arbitrary choice, permissiveness or moral relativism. What it does means the possibility of ensuring the full potential of every human being. In this sense, not only does freedom concern the absence of external restrictions, but it also requires freedom from internal pressures. The system of health care providers us to make decisions to use resources, this type of dedication to the patient at hand must be intermediated by a structure that puts individual autonomy and social impartiality into centre concurrently.

Patient autonomy includes the right to full information concerning the nature of illness, which help him or her for decision making because a decision, which arise due to a defect in information, is not rational, and one should not be guided by it mainly in the case of euthanasia. Onora O'Neill recognized that one patient could indeed be expected to come to an informed and autonomous (if idiosyncratic) decision; another may be too confused to take in what his options are. A third may be able to understand the issues but be too dependent or too distraught to make decisions.[64] Only informed patients make an informed choice between alternative treatments and understand the consequences of choosing no treatment. To provide uniform guidelines for treating patients as persons, respecting their autonomy and avoiding unacceptable medical paternalism. Each person has the right to control his or her body and life, and so should be able to determine at what time, in what way and by whose hand he or she will die. Human beings should be as free as possible. The principle of autonomy in medical context is based on these central thoughts.[65]

- Informed choice instantly raises the issue of the capacity of patient's capacity to make a medical decision, which includes a. the patient's ability to understand the decision or choice she or he is making and to appreciate its relevance to his or her situation.

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[64]O'Neill, O., "Paternalism and Partial Autonomy," *Journal of Medical Ethic*, Vol. 10, No. 4, (Dec., 1984), p. 177.
[65]Larue, Gerald A., "Euthanasia: A Global Issue," http://www.humanismtoday. Org/vol13/larue.html retrieved on 3.01.2009.

- The ability of the patient has to understand the nature and consequences of the medical procedure and this ability relate treatment to the patient's personal goals and values.
- The ability to make reasonable decisions based on rational thinking and rational reasons. When the patient has lost decision-making capacity and another person must exercise that autonomy right on his or her behalf.

In exercising self-determination, people take responsibility for their lives and for the kinds of persons, they become. A central aspect of human dignity lies in people's capacity to direct their lives in this way. The value of exercising self-determination presupposes some minimum of decision-making capacities or competence, which thus limits the scope of euthanasia supported by self-determination; it cannot justifiably be administered, for example, in cases of serious dementia or treatable clinical depression.[66] As a person's life ends, we must follow the wishes of that person in determining how her or his life will end. In the case of euthanasia, either the guiding principle here is self-determination by the individuals themselves or by those nearest and dearest to them who understand their philosophy of life and death. This concept of euthanasia rests on two foundations, one is the desire to avoid unnecessary suffering and second is the desire to exercise one's autonomy and self-determination.

The practice of euthanasia, under some circumstances, is morally required by the two most widely regarded principles that guide medical practice: respect for patient autonomy and promoting patient's best interests. Dworkin, for example, says that among the reasons for supporting legalized assisted dying is 'the interest of patients in determining the time and manner of their death. Autonomy and relief of suffering are values that we can all agree to be important.[67] The exercise of autonomy in the medical setting is generally interpreted as expressing the patient's right to refuse treatment.

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[66]Brock, Dan W., "Voluntary Active Euthanasia," *The Hastings Center Report*, Vol. 22, No. 2, (Mar. - Apr., 1992), p. 11.
[67] Dworkin, G., "Introduction," in G. Dworkin, R. G. Frey, and S. Bok, *Euthanasia and Physician-Assisted Suicide: For and Against*, (Cambridge University Press, 1998), p. 3.

Strong arguments can be made for autonomy to be respected where it is certain that a competent person is acting intentionally. Only competent people act intentionally. A mentally competent patient has an absolute right to refuse or consent to medical treatment for any reason, rational or irrational, or for no reason at all, even where the decision may lead to his or her own death.[68] We see the competent patient's autonomy as the ability to evaluate one's basic desires and values, and to act on those that one approves on expression. Medical ethics has asserted that as autonomous agents, competent patients must be allowed to decide for themselves the course of their medical treatment. When the cause is internal, a desire of the agent, we say that person acts voluntarily. Voluntary euthanasia and the value of voluntary choices, provide the central focus, so that the debate revolves around the making of autonomous medical decisions in a changing medical environment. The physician has a duty to respect the wishes of the patient. "You are bound to respect an adult patient's competently made refusal of treatment even where complying with the decision will lead to patient's death. If a specific treatment is requested which, in your view, is clinically inappropriate, you are not legally or ethically bound to provide it. However, you should give the patient a clear explanation of the reasons for your view, and respect their request to have a second opinion."[69] Patients who are informed about their condition and who understand the reasons for a course of treatment are more likely to follow its prescriptions. The ability to choose, and have those choices respected, is revered as a way of maintaining control, which can in turn, help to preserve personal dignity in dying.

The 1976 decision of New Jersey Supreme Court in the case of Karen Quinlan was significant in establishing that a legally based right of privacy permits a patient to decide to refuse medical treatment. The court also held that a patient or guardian could exercise this right when the patient herself is in no position to do so. Thus, in the opinion of the court, removal of life-sustaining equipment would not be

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[68] Analysis "Personal Autonomy and the Right to Treatment: A Note on R (on the application of Burke) v General Medical Council," *Edinburgh Law Review*, Vol. 9, No. 1, (January, 2005), p. 130.

[69] Ibid., p. 124.

a case of homicide (or any other kind of wrongful killing), even if the patient should die as a result.[70] Kohl's argument for euthanasia rests on the assumption that each person has a right to choose or refuse treatment, this right is intrinsic to individual as a rational being. He says, "...that justice requires that where possible we give to each according to his or her basic needs; and since human beings have basic need to live and die with dignity it is just that we treat them accordingly. This entails the right to live, the right to die, and right to death with dignity."[71] In this sense, individuals should be free for autonomously deciding for themselves whether they choose to end their own lives. The lesson of the new autonomy jurisprudence for refusals of medical treatment was plain, and the Quinlan case was one of the first to draw it explicitly. In that case, the New Jersey court found that just as the constitutional right of autonomy over one's body encompasses a woman's decision to have an abortion, so does it "encompass a patient's decision to decline medical treatment," at least under some circumstances.[72]

We also look patient as a moral agent because to be a moral agent is to be an autonomous or self-directed agent and the role of moral agent necessarily involves autonomous decision-making. Moral agency entails the ability to create and choose one's own values, unrestrained by objective or rational deliberation. Not all agents are moral agents as younger children, animal, being not capable of performing action i.e. patient in coma, may be agents, but they are not considered moral agents. Moral agent must also be capable in compliance with at least some of the demands of morality. Moral agents are morally responsible for their conduct.

The right of autonomy, in medical context, ensures that a patient may refuse treatment. This autonomous choice requires a competent chooser. We find the difficulties where the patient is not competent. There are also some individuals in

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[70] From in the Matter of Karen Quinlan an Alleged Incompetent, Supreme Court of New Jersey, 70.N.J.10, 355A.2d 647.

[71] Goldberg, Richard T., "The Right to Die: The Case For and Against Voluntary Passive Euthanasia," *Disability, Handicap & Society*, Vol. 2, No. 1, (1987), p. 30.

[72] From in the Matter of Karen Quinlan an Alleged Incompetent, Supreme Court of New Jersey, 70.N.J.10, 355A.2d 647.

our society who will always have limited autonomy, for example, mentally incapacitated people. Apparently, the moral claim of autonomy does not apply to younger children, the severely mentally incapacitated, coma patients or patients who are incompetent and unable to exercise autonomy. People who are suffering from mental illness may not be competent to make free and independent moral decisions, hence respecting their decisions as autonomous is problematic. The cases of incompetent raise a conceptual problem. How can the right of autonomy over one's own body have any relevance where the patient is incompetent to make a choice? In patient's autonomy, we see dilemma. Mark Siegler briefly reviews the dilemma:

> The principle of respect for autonomy surely recognizes that different autonomous individuals will wish to be treated in different ways by the health professional.... The critical question... [is how] morally conscientious physicians and patients... determine where on a spectrum of paternalism or consumerism or dependence or independence their professional relationship will and ought to stabilize.[73]

This dilemma would be most applicable in the case of an incompetent individual who is unable to make his or her own decision whether to die. In these cases, a doctor or sometimes a family member has to be paternalistic to patients; means to do what is in their best interests. Here paternalism participate significant role instead of autonomy. Essentially, autonomy and paternalism are different qualities as much as autonomy is the embodiment of a principle while paternalism is a form of behavior of others.

However, paternalism concerns for an individual's importance in place of autonomy, either by force or by necessity. In paternalism, other people decide what is in their best interest. The attitude, thinking one knows what is in a person's best interest better than they themselves do, is known as paternalism. It is sometime

[73] Siegler, M., "Search for Modal Certainty in Medicine: A Proposal for a New Model of the Doctor -Patient Encounter," *Bulletin New York Academy of Medicine*, (Jan.- Feb.,1981), pp. 56 - 57.

described as a dominant attitude of one over another.[74] Making decision for the good of others, without asking person's wishes, removes her or him of his or her states as autonomous agent is the notion of paternalism. Consequently, paternalism and autonomy are two contrary varying strictures along a field of independence. The purpose of both is the good of the same moral agent. From the viewpoint of autonomy, this good emerges as self-interest while the paternalist as a interest considers it. Gerald Dworkin's description emphasizes a point that is the real meaning of paternalism:

> By paternalism, I shall understand roughly the interference with a person's liberty of action, justified by reasons referring exclusively to the welfare, good, happiness, needs, interest, or values of the person being coerced.[75]

Many clinicians do regard paternalism of this type as acceptable, or even beneficial. Raanan Gillon comments, sometimes one as a doctor has to be paternalistic to one's patients – that is, to do things against their immediate wishes or without consulting them, indeed perhaps with a measure of deception, to do what is in their best interests.[76] The notion of autonomy usually looks contrasted with paternalism, which permits convincing others to do what thinks is good for persons even when they themselves do not think that it is. This principle of paternalism is good in medicinal area for those patients who are unconscious individuals, mentally incapacitated peoples, babies and children and unable to exercise autonomy. It would not be forced on someone to stay alive, even though the patient has an incurable disease, and wants to die. If the patient is in a permanent vegetative state, and the individual or family has indicated a first choice for the death of that person, the doctor has a duty to respect person's wishes. Patient autonomy has generated point of views regarding paternalism, and has led supporters to highlight self-determination interests in the right to die.

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[74] Smith, G.E., "Autonomy, Paternalism, Advocacy and Consent," *Journal of Radiotherapy in Practice*, Vol. 1, No. 3, (1999), p. 155.

[75] Dworkin, G., "Paternalism," in R. Wasserstrom (ed.), *Morality and the Law*, (Belmont California: Wadsworth, 1971), p. 108.

[76] Biggs, Hazel, *Euthanasia, Death with Dignity and the Law*, (Oxford and Portland, Oregon: Hart Publishing, 2001), p. 98.

After all, many philosophers highlighting on patient autonomy claim that a physician's first responsibility is simply to do what is best for his patients. To suggest full information and permit patients to make vital decisions possibly will guide many patients to make unwise choices. The current state of law in the area briefly summarized is that if the incompetent patient, at some time when he was competent, exercised his right to refuse medical treatment under circumstances like those now presented, the courts have been willing in most situations to give effect to that choice. Courts have also given effect to choices by patients who, while competent, authorized another to make the choice in the event of his incompetence. If, during competency, the patient did not execute an advance directive, appoint an agent, or indicate a choice in some other way (which is the usual case), the courts have invoked the concept of "substituted judgment" which is sometimes called "surrogate decision-making."[77] Substituted judgment refers to a decision made by someone else, usually a family member or a friend, or a doctor. It is the part of paternalism. It is based on the patient's preference, expressed before patient became incompetent.

Paternalistic intervention is justified only where the person is no longer competent to exercise his or her any right. It is meant for others to act paternalistically towards only patient only when his or her autonomy to form purposes and actions are seriously defective but paternalistic action should be taken for the good of the person. Kennedy illustrates one approach to the problem of how to enable those with diminished capacity to act autonomously with the example of a child who resists medical treatment fearing pain, discomfort or embarrassment. Somewhat paradoxically, he asserts that where such a child lacks the capacity to act autonomously, failing to act on her wishes is actually autonomy enhancing. He defends his position with the logic that if an individual is unable to make decisions in her own best interests then allowing somebody else to do so in order to preserve her long term well-being is a way of affording respect and protecting that person

[77] Surrogate Decision Making, http://www.ama-assn.org/ama/upload/mm/369/report_119.pdf. retrieved on 14.01.2009.

from harm.[78] Therefore, I find that the principle of paternalism is right in those cases where patients are mentally incapacitated peoples, babies and children; and doctor and others family members assist to take decision in the favor of patient alongside him or her.

Thus, the notion of autonomy and respect for autonomy goes well along the notion of the freedom from interference. Respect for autonomy is mainly about establishing and performing the patient's viewpoint on his or her own interests, and I think, this notion of autonomy is very vital in the framework of euthanasia. I find that patient's concerns and preferences can be declared the basis for the physician understanding of the patient's best interests, which can help the physician to permit mercy killing for the respect for patient's autonomy. Thus, after the whole discussion, I can say that the respect for autonomy is an important ethical principle in medicine.

[78] Kennedy I., "Treat Me Right: Essays" in *Medical Law and Ethics*, (Oxford: Oxford University Press, 1991), p. 320.

Chapter 2

Active and Passive Euthanasia

The relation between Active and Passive Euthanasia, Killing and Letting die debate is of curiosity to philosophers concerned with ethics, theory of action, because it relates questions of other distinctions between acts and omissions, acts and consequences. It is one of the central issues in the euthanasia debate. It brings up a very important question as whether or not there is any significant moral difference between killing a patient and letting a patient die. The later arguments of this chapter will be focused on the relationship between killing and letting die. My inquiry is based on solving the following question that is, is it similar, to kill someone or to let someone die or are these two factors different on moral and rational grounds? Next in line is an attempt to define the basis of the moral difference.

The ethical dilemma behind the "methods" employed (i.e., consequence, intension, motivation, sanctity of life, etc.) to deal with the problem studied. But, before engaging in this debate, it's important to clarify the concepts like active and passive euthanasia. Thus, I shall, first deal with the conceptual explanation of these two terms and will present the views of distinguished Philosophers, as James Rachels and Tooley, Dinello, Daniel Callahan, Carolyn R. Morillo, Reichenbach, Philippa Foot, Brody, R. S. Duff and Abrams and Theologians, as Ramsey, Physician, Dr. D.C.S. Cameron on Active and Passive euthanasia.

2.1 Meaning Of and Difference between Active and Passive Euthanasia

Firstly, it is necessary to know the meaning of active and passive euthanasia and what distinctions they have. Active euthanasia involves intentional killing of the patient for reasons of concern. For example, X performs an action which itself results in Y's death means X kills Y, administering a lethal injection. Active euthanasia is the performance of an act, which results in the death of a person. These acts include withdrawing life-prolonging treatment and initiating procedures, which result in a person's death. Passive euthanasia involves nonparticipation from doing something that could prolong or save a human life. For example, X allows Y to die. X withholds or withdraws life-prolonging treatment. Nelson, an expert of human medicine defines passive euthanasia as cooperating with the patient's dying.[1] Passive euthanasia is often described as letting someone die.

"Letting die" is more about lack of action than taking an action. It can be described as "ceasing or not starting medical treatment that keeps a person alive, such as attachment to a respirator or provision of food and water through a tube. Active euthanasia, on the other hand, involves an action that causes the death of a sick person without that person's participation."[2] Gifford describes the difference between the two types of euthanasia this way "Passive euthanasia involves allowing a patient to die by removing her from artificial life support systems such as respirators and feeding tubes or simply discontinuing medical treatments necessary to sustain life. Active euthanasia, by contrast, involves positive steps to end the life of a patient, typically by lethal injection."[3]

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[1] Nelson, J. B., *Human Medicine*, (Minneapolis, Minn., Augsburg Publishing House, 1973), p. 133.
[2] McDougall, Jennifer Fecio, Martha Gorman, and S. Roberts Carolyn, *Euthanasia: A Reference Handbook*, 2nd ed., (Published by ABC-CLIO, 2007), p. 2.
[3] Childress, James F. and John C. Fletcher; "Respect for Autonomy," *The Hastings Center Report*, Vol. 24, No. 3, (May - Jun., 1994), p. 35.

Active and passive euthanasia is also termed as "positive and negative euthanasia."[4] The term "negative euthanasia," which is a form of passive euthanasia, is used to illustrate the practice of withholding or withdrawing extraordinary means of conserving life. Extraordinary means of preserving life are all medicines, treatments, and operations, which cannot be obtained or used without excessive expense, pain, or other inconvenience, or which, if used, would not offer a reasonable hope of benefit.[5] Active euthanasia requires active interference in the way of natural events (natural deaths of human being), throughout positive action. The term "positive or active euthanasia" draws direct involvement to cause death, and it is sometimes called "mercy killing." Passive euthanasia fails to establish positive action, letting nature take its course. Thus, it is sometimes felt that passive euthanasia is morally acceptable, under certain conditions, but that active euthanasia is never morally acceptable under any conditions. In the first case patient dies with the intervention of agent, which sets conditions for his or her death. In second case, patient dies due to the natural reason e.g. severe disease.

This distinction in the nature of acts of killing and allowing dying is accompanied by a difference in causation. In one case, the decision maker means an agent seeks to cause death and employs direct means to achieve this result. In the other, the decision maker accepts but does not cause the person's death, which is caused by the underlying illness or condition. Philosopher of theology, Paul Ramsey, for example argues, "In omission no human agent causes the patient's death, directly or indirectly. He dies his own death from causes that it is no longer merciful or reasonable to fight by means of possible medical interventions."[6] He again says that the choice between active and passive euthanasia "is not a choice between directly and indirectly willing and doing something. It is rather the important choice between doing something and doing nothing, or ceasing to do something that was begun in

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[4] Ladd, John, "Positive and Negative Euthanasia," in John Ladd, *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), pp. 164–184.
[5] Gerald, Kelly, *Medico-Moral Problem*, (St. Louis: The Catholic Hospital Association, 1958), p. 129.
[6] Ramesy, Paul, *The Patient as Person*, (New Haven: Yale University Press, 1970), p. 151.

order to do something that is better because now more letting."[7] In omission, human agent does noting directly or indirectly to cause patient's death. In case of passive euthanasia, doctor does not act anything to carry for the patient's death. In active euthanasia, doctor does something to take the life of patient. The doctor who gives patient a lethal injection has himself caused his patient's death. Doing something is morally more responsible than intentionally doing nothing. As Daniel Dinello takes this distinction between killing and letting die as to involve the difference between doing something to cause death and failing to do something that would prevent death.[8] This distinction rests on the difference between performing a movement, which causes death and not performing a movement, which prevents death. He analyses this distinction in the following way:

> (A) X killed Y if X caused Y's death by performing movements which affect Y's body such that Y dies because of these movements.
>
> (B) X let Y die if (a) there are conditions affecting Y, such that if they are not altered, Y will die. (b) X has reason to believe that the performance of certain movements will alert conditions affecting Y, such that Y will not die. (c) X is in a position to perform such movements. (d) X fails to perform these movements.[9]

We find here the importance of intention, action or performance, and non-action or non-performance, which become the key of this moral debate.

This distinction cuts across a further one, which are Voluntary euthanasia, Involuntary euthanasia, and Non-voluntary euthanasia. Voluntary euthanasia is only that in which a clearly competent patient makes a voluntary and persistent request for aid in dying and it occurs with the fully informed request of the patient. Suppose I ask doctor to either kill me or let me die and then doctor fulfill my request, it is commonly called voluntary euthanasia. Involuntary euthanasia occurs when a competent patient's life is ended even though he or she clearly refuses or opposes

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[7] Ramesy, Paul, *The Patient as Person*, (New Haven: Yale University Press, 1970), p. 151.

[8] Dinello, Daniel, "On Killing and Letting Die," in Bonnie Steinbock and Alastair Norcross (eds.), *Killing and Letting Die*, 2nd ed., (New York: Fordham University Press, 1994), pp. 128–31.

[9] Ibid., p. 131.

receiving euthanasia or when patient is capable of giving consent but nobody asked him or her. If I do express a desire not to be killed and there is no matter how bad my condition, then killing me would constitute involuntary euthanasia. Non-voluntary euthanasia occurs without such consent where a patient is incompetent and unable to express his or her wishes about euthanasia. Suppose that I am in a coma without ever telling anyone my wish to die or not and I am killed or let die in that circumstance, this will be the case of non-voluntary euthanasia. I emphasize shortly as well that I am concerned with active euthanasia, and withholding or withdrawing life-sustaining treatment, which characterize as "passive euthanasia." Finally, I shall be concerned with euthanasia where the motive of those who perform it is to respect the wishes of the patient and to provide the patient with a "good and dignified death."

Traditional medical ethics insist upon a sharp distinction between killing and letting die. Many members of the medical profession acknowledge engaging and supporting the idea of passive euthanasia, while strongly rejecting the idea of active euthanasia. According to this approach, if a physician performs an action, for example, injects an overdose of morphine or turns off the respirator, it counts as active euthanasia; it is considered killing. If the physician does nothing, but rather only fails to perform something, for example, he does not turn on the respirator or provide necessary antibiotics, that is an omission; it counts as passive euthanasia, and is considered allowing dying, and it permitted. Thus, active euthanasia is the direct killing and is an act of commission and passive euthanasia is an act of omission. This difference between active and passive euthanasia is proposed to allow physicians' to bring on to hold that it is morally unacceptable to kill a patient, but at the same time to preserve that, it may sometimes be morally acceptable to allow a patient to die.

However, none of these ways of distinguishing between active and passive euthanasia has any clear moral significance. It is worthwhile to show their inadequacies before presenting a morally significant way of distinguishing between

active and passive euthanasia.[10] However, before reaching this conclusion, it is very important to analyse the views of philosopher and physician on active and passive euthanasia. There may be two positions, which we can assume. One group accepts passive euthanasia as morally different and good from active euthanasia. Whereas, the other accepts that there is no moral difference between them, and active euthanasia is acceptable just as passive euthanasia. We can intend that there is no morally significant differentiation between active and passive euthanasia. It means that euthanasia can be taken morally justified or vice-versa.

2.2 Moral Debate related to difference between Active and Passive Euthanasia

There is a group of philosophers and theologians, who support the view that there is moral difference between active and passive euthanasia. Passive euthanasia, according to this group, is permissible in any case. Here, an agent does not act for the patient's death, and hence, is not assumed as morally responsible for the patient's death. It is morally wrong to indulge in the act of killing. Thus, passive euthanasia, where patient dies his or her natural death, cannot be taken as morally wrong. For them, intention and action, both are important to judge the morality. The Vatican declaration on euthanasia, issued in 1980, states as follows:

> Euthanasia's terms of reference are to be found in the intention of the will. The focus on the actor's intent also avoids the difficulties that arise when a distinction is made between passive and active euthanasia. Passive euthanasia is simply an omission of treatment with the intent of bringing about death. Deliberate starvation of a patient may be an example of this. Active euthanasia brings about death by direct means, such as injections of a lethal drug.[11]

[10] Gert, Bernard, Charles M. Culver, and K. Danner Clouser, *Bioethics: A Systematic Approach*, 2nd ed., (New York: Oxford University Press, 2006), p. 310.
[11] May, William E., *Catholic Bioethics and the Gift of Human life*, (Huntington, Indiana: Our Sunday Visitor, 2000), p. 238.

The American Medical Association (hereafter AMA), which is strongly opposed to active euthanasia, has seen fit to endorse passive euthanasia in appropriate situations. They argued that,

> The intentional termination of 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 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.[12]

The Council on Ethical and Judicial Affairs makes the distinction of withdrawing and withholding treatment as, the physician is obligated only to offer sound medical treatment and to refrain from providing treatments that are detrimental, on balance, to the patient's well being. When a physician withholds or withdraws a treatment on the request of a patient, he or she has fulfilled the obligation to offer sound treatment to the patient. The obligation to offer treatment does not include an obligation to impose treatment on an unwilling patient. In addition, the physician is not providing a harmful treatment. Withdrawing or withholding is not a treatment, but the foregoing of a treatment.[13] Thus, according to this view, doctors must be concerned about the legal consequences of what they do, and active euthanasia is clearly forbidden by the law. Of course, most doctors are not now in the position of being forced in this matter, for they do not regard themselves as merely going beside with what the law requires. Rather, in statements such as the AMA's policy statement that I have quoted, they are endorsing this doctrine as a central point of medical ethics. Active euthanasia is designed not only as illegal but also as contrary to that for which the medical profession stands, whereas passive

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[12] Ladd, John, *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 149., (The House of Delegates of the AMA approved this statement on December4, 1973)

[13]Baron, Jr. Garn Le, "The Ethics of Euthanasia, Rethinking the Ethics: A Possible Solution," from http://www.quantonics.com/The_Ethics_of_Euthanasia_By_Garn_LeBaron.html retrieved on 2.11.2008

euthanasia is permitted. It is worse to harm a person than merely to allow him to be harmed. For example, it is worse to set a person's house on fire than merely to fail to extinguish a fire, which has started spontaneously.[14] In active and passive euthanasia, we find the presence and absence of movement done by agent. However, the absence and presence of agent's movement is not making any moral difference between them. For accepting this point of view Carolyn R. Morillo, for example, writes presuming, motive, intention, knowledge and cost to be held constant, the only difference between killing and letting die seems to be the presence or absence of some particular bodily movement. With regard to that, I fell inclined to say that for rational, decision–making creature, the mere presence or absence -of such movement is simply not morally relevant.[15]

Many philosophers defend the view of AMA and the Roman Catholic view where they are supporting passive euthanasia as an only form of euthanasia. Some philosophers give importance to active euthanasia, and take it as the definition of euthanasia, as Daniel Callahan offers the following definition: "By euthanasia I mean the direct killing of a patient by a doctor, ordinarily by means of a lethal injection."[16] Killing and letting die were seen as different types of action. In this account, very roughly, one kills when one performs an action that causes the death of a person. For example, I am in a boat, and I know that my friend cannot swim, I push her overboard, and she drown. In passive euthanasia, one allows to die when one has the ability and opportunity to prevent the death of another and knows this but omits doing so, with the result that the person dies. For example, I am in a boat, my friend cannot swim and she falls over-board, I do not throw her an available life ring, and she drowns. When we come across in the case of killing, we provide importance to casual responsibility for a person's death to an agent involvement in the person's life and death. On the other hand, in the case of letting die, the agent

[14] Goldman, Holly Smith, "Killing, Letting Die, and Euthanasia," *Analysis*, Vol. 40, No. 4, (Oct., 1980), p. 224.
[15] Morillo, Carolyn R., "Doing, Refraining, and The Strenuousness of Morality," *American Philosophical Quarterly*, Vol. 14, No. 1, (1977), p. 32.
[16] Callahan, Daniel, "A Case against Euthanasia," in I. Cohen Andrew and Christopher Heath Wellman (eds.), *Contemporary Debates in Applied Ethics*, (Oxford: Blackwell, 2005), p. 189.

attributes primary responsibility for the death to factors natural for death than any intervention.

The argument, which takes favor of passive euthanasia, is that whereas withholding or withdrawing treatment, in the surroundings of a dying patient, is allowing nature to take its course for the reason that killing is interference in Nature, and therefore wrong. The withholding, or withdrawing, of treatment is comprehensively accepted as morally right in various circumstances. It is accepted on two grounds. Firstly, the best interests of patient and secondly ground is the agreement with the patient's wishes. These two conditions is sufficient reason to support passive euthanasia. Therefore, withholding or withdrawing treatment from a patient is justified in either set of circumstances, even though this will lead to death. These two grounds has given importance by advocating active euthanasia as we find that active euthanasia also depends on patient's interest and wishes and it shows his or her autonomy. Thus, in the case of active euthanasia we give importance to patient's autonomy. Thus, one can say that, actively removing life support cannot be considered killing if the agent removing the life support is very similar as the one who provides it. Therefore, in active and passive euthanasia, an agent consciously holds an action and an omission, which results in patient's foreseen death.

A number of philosophers have argued that intentionally killing or letting die have precisely the same moral state. These philosophers are Rachels, Tooley, Reichenbach, Philippa Foot and Abrams. For example, James Rachels defines the difference by considering action versus omission. Michael Tooley and James Rachels are two philosophers who maintain that active and passive euthanasia distinction rests on the killing and letting die distinction. They attack that distinction in order to show that distinction between active and passive euthanasia is without moral significance. James Rachels argues against any moral distinction between killing and letting die by considering these alternative situations:

1. 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, drowns the child, and then arranges things so that it will look like an accident.

2. Jones also stands to gain if anything should happen to his six-year- old cousin. Like Smith, Jones sneaks in, planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip and hit his head, and fall face down in the water. Jones is delighted; he stands by ready to push the child's head back under if it is necessary, but it is not necessary. The child drowns "accidentally," as Jones watches and does nothing.[17]

Rachels exemplifies this distinction between active and passive by these two examples. Smith wishes to collect money on a life insurance policy from his 6-year-old cousin. For this, he goes into the bathroom whereas the child is bathing and drowns him. At the same place, Jones has the same purpose concerning his own cousin and goes into the bathroom while the child is bathing. Nonetheless, he sees the child slip, hurt his head, become unconscious and drop under the water. Smith omits to do anything until the child drowns. Smith acted and Jones omitted to act. In these examples, both men were motivated by personal gain, and both were aiming at the child's death. In both cases, the outcome is the same. It is true that Smith acted while Jones neglected to act, but this entire thing is not linked to the outcome of the cousins. These examples support that Jones is no less culpable than Smith is, and that there is, in these cases, no difference between killing and letting die. The reason is that both agent, Smith and Jones, were ready to kill the child, for the sake of personal gain. Here we can conclude that it is not necessary to judge one's actions but his intentions behind the act. Thus, Nesbitt is of the opinion that, " it is not what he in fact does but what he is prepared to do, perhaps as revealed by what he in fact does."[18]

[17] Rachels, James, "Active and Passive Euthanasia," in Helga Kushe and Peter Singer (eds.), *Bioethics: An Anthology*, 2nd ed., ((Oxford: Blackwell, 2006), pp. 290–291.
[18] Nesbitt, W., "Is Killing No Worse Than Letting Die?" *Journal of Applied Philosophy*, Vol.12, No. 1, (1955), p. 104.

The decision to let a patient die is same subject to moral appraisal, as the decision to kill is subject of moral evaluation. The act of letting someone die is intentional just as the act of killing someone. Both are actions for which a doctor or anyone else is morally responsible. Rachels is more concerned with the relation between active and passive euthanasia as he says,

> I will argue that there is no moral difference between them. By this I mean that there is no reason to prefer one over the other as a matter of principle– the fact that one case of euthanasia is active, while another is passive, is not itself a reason to think one morally better than the other. If you already think that passive euthanasia is all right, and you are conceived by my arguments, then you may conclude that active euthanasia must be all right, too. On the other hand, if you believe that active euthanasia is immoral, you may want to conclude that passive euthanasia must be immoral too.... I will only be argue that two forms of euthanasia are morally equivalent – either both are acceptable or both are unacceptable. [19]

He urges that because certain forms of passive euthanasia are accepted and because there is no ethical difference between the letting die (passive) and the killing (active). Therefore, in this sense active euthanasia can be justified too. The following idea about active euthanasia is, one, there is no difference between active and passive euthanasia. These concepts are the same. In the point of view of Rachels suggestion we find the only difference between active and passive euthanasia, as he understands that distinction, is the difference between killing and letting die. And if killing is not in itself any worse than letting die, it follows that active euthanasia is not in itself any worse than passive euthanasia. As in Smith and Jones' case where Smith drowns the boy and Jones stays whilst he drowns. One was active and the other passive, but they are equal which means, incidentally, that if passive euthanasia is justified then active would be too because there is no difference between them. In cases where passive would be justifiable, so would active such as

[19] Rachels, James, "Euthanasia, Killing, and Letting Die," in John Ladd (ed.), *Ethical Issues Relating to Life and Death,* (New York: Oxford University Press, 1979), p. 147.

in directly purposely taking a person's life would be morally permissible. Therefore, in the case of the Smith and Jones, it is not an example of active and passive euthanasia. It is an alternative when two people commit killings, one by means of affecting, the other by nonparticipating.

We then ask whether this distinction creates any difference to moral evaluation and we find that both conclude that it makes no difference at all. In the both cases the motive and the intention are the same, the difference between killing and letting die is without moral significance. If so-called active euthanasia is morally wrong, and then cases of passive euthanasia cannot be without fault. Intentionally letting die is as bad and harmful as intentionally killing so we find that there is no any critical difference between active and passive euthanasia.

According to Tooley, the belief that there is critically moral difference reflects "confused thinking."[20] Tooley elsewhere produces this example: two sons who are looking forward to the death of their wealthy father. They decide independently to poison him. One puts poison in his father's whiskey, and is discovered doing so by the other, who was just about to do the same. The latter then allows his father to drink the poisoned whiskey, and refrains from giving him the antidote, which he happens to possess.[21] Here the son who kills is morally no worse than the son who lets die. They do for motives of personal gain. This is not surprising, since both are judged blameworthy for accurately the same reason, namely that they were fully prepared to kill for motives of personal gain. An act of killing predictably result in someone's death, and same thing is happened in an act of failing to save someone else it may come to save. Tooley notes that there are differences in motives. The distinctions between acts of killing and acts of failing to save that may morally make us judge them in a different way. It is typical to save someone that requires more effort than refraining from killing someone.

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[20]Tooley, Michael, "An Irrelevant Consideration: Killing and Letting Die," in Bonnie Steinbeck (ed.), *Killing and Letting Die*, (Englewood cliffs, NJ: Prentice-Hall, 1980), p. 26.
[21] Ibid., p. 56–62.

In order to show that the distinction between killing and letting die is itself without moral importance, both Tooley and Rachels construct parallel cases, which are, supposed to be exactly alike except that one involves killing and the other letting die. Rachels' distinction gives a fundamental basis to others and they use it as a model. Tom Beauchamp comments on Rachels' example, ''the point is, that in both of Rachels' cases the respective moral agents – Smith and Jones are morally responsible for the death of the child, even though. Jones is not causally responsible. In the first case, the agent causes death, while in the second it is not.''[22] His point is that an action and omission is cooperating different causal roles in both the case of Smith and Jones. Here actively doing things means causing them, while omitting to do them does not.

However, bioethical philosopher Bruce Reichenbach rejects this analysis of Beauchamp.[23] He formulates the opinion of Beauchamp, for example a critique of the opinion that the differences between killing and letting die through acting and omitting, correspondingly, and acting and omitting themselves, can be defined descriptively. He remarks firstly, that it is possible to kill through both doing mean action and omitting mean omission. The doctor can kill patient by intentionally omitting to stop a life-threatening hemorrhage during an operation if the patient would otherwise have survived.[24] In addition, he claims regarding, that there is no sharp distinction between action and omission. He argues that the same event can sometimes be described as an action and sometimes as an omission. For example, a doctor does not want a patient to be connected to a respirator because the patient's case seems hopeless. Is the show that it is not a case of acting? The doctor does not start the machine. In fact, he may say nothing, and avoid the patient and his family. He does not verbally refuse to use the machine but instead avoids the situation entirely. Is this ''non-action'' not a kind of action? The difference seems to be

[22] Beauchamp, Tom L., "A Reply to Rachels on Active and Passive Euthanasia," in Tom L Beauchamp and L. Walters (eds.), *Contemporary Issues in Bioethics*, (Belmont: Wadsworth Publishing Company, 1985), pp. 443–44.
[23]Reichenbach, B.C., "Euthanasia and the Active-Passive Distinction," *Bioethics*, Vol.1, No.1, (1987), pp. 51–73
[24] Ibid.

merely verbal.[25] Therefore, he finds there is not any sharp difference between them. Active euthanasia and passive euthanasia are depending on circumstances of patient. Active euthanasia is as justifiable as passive euthanasia because it is also for the sake of, or the good of, the patient who dies. It is looked only for the sake of, or the good of, the one who dies. It means that euthanasia is not evil for patient who desire death for relief of his or her suffering and pain. Active euthanasia involves a certain kind of interference in a person's life, while passive euthanasia only involves refusing care of patient, and these two are contrary to distinct virtues, which gives the possibility that in some circumstances one is impermissible and the other permissible only for the sake of the patient. This means that in some circumstances killing might be impermissible and in the same circumstances, allowing dying might be permissible.

Some philosophers think that active euthanasia is preferable to passive euthanasia. They argue that the moral difference between acting and abstaining in positive cases where the outcome is desirable for the victim. As the philosopher Natalie Abrams contends that in positive cases we intuitively feel an individual who merely allows a good thing to occur is not as praiseworthy as one who actually does something to bring it about, assuming identical motives and outcomes. She then claims that euthanasia should be classified as a positive case, since it is performed only where the outcome is believed to be the more desirable outcome for the patient. Therefore, a doctor who acts to bring about the death of a patient is more praiseworthy than one who merely allows the death to occur.[26] The agent's praiseworthiness of the action depends on how much effort to him is concerned in his or her functioning. Moreover, if we apply this to passive euthanasia, we find that it is also as praiseworthy as active euthanasia. The function of passive euthanasia can frequently engage significant effort and risk for the doctors. As Abrams'

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[25] Reichenbach, B.C., "Euthanasia and the Active-Passive Distinction," *Bioethics*, Vol.1, No.1, (1987), pp. 51–73

[26] Abrams, Natalie, "Active and Passive Euthanasia," *Philosophy*, Vol. 53, No. 204, (Apr., 1978), pp. 257–263

argument says that the active euthanasia is quite generally morally preferable to passive euthanasia as

> 1. In most circumstances in which euthanasia is contemplated no element of courage will enter the issue (since there will be no personal risk to the agent, unless the law creates an artificial one), in which case we may expect no moral distinction between the active and passive varieties; but
>
> 2. Although curious circumstances may arise in which an element of courage is involved, there is no reason to suppose that in all such cases active euthanasia will be more courageous than passive euthanasia.[27]

Here, she praises the acts more highly than the omissions because of the element of courage. Yet for her omissions can be more courageous than acts, in some circumstances, and in such cases, we may expect the former to be more praiseworthy than the latter, all other things being equal. Therefore, there is an asymmetry between good acts and omissions on the one hand and evil acts and omissions on the other. In good acts being more praiseworthy than comparable good omissions, but in evil acts and omissions being is equally blameworthy. Courageous acts or omissions are more praiseworthy than comparable non-courageous acts or omissions. On the other hand, cowardly acts or omissions are equally blameworthy comparable to non-cowardly acts or omissions. For the reason of this aspect of courage, we can commend the acts more highly than the omissions. However, in some circumstances, omissions can be more courageous than acts, and in such cases, we may be expecting the previous to be more creditable than the last, all other things being equal. On the bases of this argument, we can say that where a desirable ending is involved, an act is more worthy than an omission, all other things being equal. Therefore, when the death is desirable, as may be presumed in cases of euthanasia, killing may actually be morally preferable to letting die. She bases this claim on the argument that, where a desirable outcome is involved, an act is more praiseworthy

[27] O'Neil, Richard A., "Abrams on Active and Passive Euthanasia," *Philosophy*, Vol. 55, No. 214, (Oct., 1980), p. 551.

than an omission, all other things being equal. Even Aristotle has considered courage as one among his important virtues.

Passive euthanasia leads more suffering rather than less and if we see it in the humanitarian point of view, it looks contrary to the humanitarian inclination. Anthony Shaw describes the miserable condition of baby where due to congenital defect doctor does decide not to operate him and let him die, what happens then:

> When surgery is denied, (the doctor) must try to keep the infant from suffering while natural forces sap the baby's life away. As a surgeon whose natural inclination is to use the scalpel to fight off death, standing by watching a salvageable baby die is the most emotionally exhausting experience I know. It is easy at a conference, in a theoretical discussion, to decide that such infants should be allowed to die. It is altogether different to stand by in the nursery and watch as dehydration and infection wither a tiny being over hours and days. This is a terrible ordeal for me and hospital staff- much more so than for the parents who never set foot in the nursery.[28]

In many cases, we find that "active euthanasia more humane than passive euthanasia." For example, a doctor consents to withhold treatment of a patient who is dying of incurable cancer and is in terrible pain, which can no longer be acceptably improved. Due to this terrible pain, he asks the doctor for an end to it, and his family joins in this request because they cannot see him in this condition. It would be wrong to prolong his suffering needlessly where death is certain. Active euthanasia is preferable and humane to passive euthanasia, in this case. Rachels' urges doctors to think again about their views where they accept passive euthanasia that make patient's condition very miserable in some circumstances. He writes, "To begin with, a familiar type of situation, a patient who is dying of incurable cancer of the throat is in terrible pain, which can no longer be satisfactorily alleviated. He is certain to die within a few days, even if present treatment is continued, but he does

[28] Shaw, A., "Doctor, Do We Have a Choice?" *The New York Times Magazine*, (January 30, 1972), p. 54.

not want to go on living for those days since the pain is unbearable. So he asks the doctor for an end to it, and his family joins in this request."[29]

Suppose the doctor agrees to refuse to give treatment and letting die the patient in this condition. The reason for his doing so is that the patient is in terrible pain, and there is no hope for his life. It would be wrong here to prolong his suffering unnecessarily. In addition, if doctor simply withholds treatment, it may take the patient longer to die, and so he may suffer more than he would if more direct action is taken and a lethal injection given. This fact provides strong reason for thinking that, once the initial decision not to prolong his agony has been made; active euthanasia is actually preferable to passive euthanasia, rather than the reverse.

There are so many cases where a person "does nothing" to stop death. There are also cases where we would like to say that a person dies because he or she does nothing to prevent death. "What distinguishes killing from letting die is a difference in the casual role of the agent in relation to the death in question: whether the agent causes the death positively or negatively by, refraining from intervening in courage of events not of the agent is making which will, coupled with the agent's refraining, lead to death."[30]

We saw in previous chapter, the three pillars of medical ethics that are "Autonomy," "Beneficence," "Do no harm." All the three pillars are important in the case of active and passive euthanasia debate. Both cases of euthanasia are depending on the person's best interest and his autonomy. Consequently, those who support morally difference between act and omission or active and passive euthanasia only mistakenly centered on what the physician perform or not perform; they do not sufficiently consider the decisions of the patient. Act and omission is not only

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[29] Rachels, James, "Active and Passive Euthanasia," *The New England Journal of Medicine*, Vol. 292, (January 9, 1975), pp. 78–80.
[30] Kuhse, Helga, *The Sanctity-of-Life Doctrine in Medicine: A Critique*, (New York: Oxford University Press, 1987), p. 44.

depending on doctor but it is also depending on patient's interest. An agent who kill, or an agent who lets die, is not harming patient whose life it is but benefiting him. In active euthanasia agent positively benefits patient, whereas in passive euthanasia agent only allows benefits to occur patient. Benefiting someone is good and it does not look worse to benefit someone directly than merely to allow good to occur. Thus, we cannot say that killing is always worse than letting die. As Tooley urges, both the property of killing a person, when the killing benefits the person, the property of allowing a person to die, when allowing the person to die benefits the person, is right-making properties of actions, and the former is at least as weighty a right-making property as the latter. [31]

Passive euthanasia permitting a hopelessly ill patient to die is only adequate when death for that person counts as good and not evil. Nevertheless, when death counts as a good, directly killing the person would be no worse, and might be better, than merely allowing her to die. Of course, there are other factors, which might make killing worse than letting die in such cases. Perhaps a professional code, which encouraged physicians to kill such patients, rather than merely allowing them to die by failure to treat their illnesses aggressively, would lead to intolerable abuses. Hence, as far as the intrinsic nature of the act goes, we cannot accept passive euthanasia without accepting active euthanasia as well.[32] There are many cases where the withdrawing of life support would bring a long and painful death; for this purpose, active euthanasia can be preferable than passive euthanasia. If some of physicians and philosophers do not reject the characterization of passive euthanasia, we can argue that killing in this sense, which contributes to the end of patient's painful life, should not be seen as intrinsically immoral. Ending a person's life is wrong in most cases because it deprives a person of the benefit of continued life, and violates the individual's rights. However, in appropriate cases of active euthanasia,

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[31] Tooley, Michael, "In Defense of Voluntary Active Euthanasia and Assisted Suicide," in I. Cohen Andrew and Christopher Heath Wellman, *Contemporary Debates in Applied Ethics*, (Oxford: Blackwell Publishing Ltd., 2005), p. 169.

[32] Goldman, Holly Smith, "Killing, Letting Die, and Euthanasia," *Analysis*, Vol. 40, No. 4, (Oct., 1980), p. 224.

the patient believes that continued life would not provide a benefit. Some patients decide to stop or withhold life-sustaining treatment because they perceive life as a burden and wish to die. In these cases, active euthanasia or passive euthanasia would end the patient's life and suffering.

In the case of active euthanasia, the suffering of patient's life ended of more quickly and effectively than withdrawing or withholding treatment. Active euthanasia can stop sufferings quickly, while Passive euthanasia gives long-sufferings to patients. Further, in some cases, only active euthanasia is applicable and, in some cases, only passive euthanasia is appropriate. When a doctor agrees to administer a lethal dose of morphine to a patient who is suffering interminably, the consequences seem to be plainly better than when she refrains from doing so. Active euthanasia is better for the patient, who is put out of his suffering and better for the patient's family, who are safe from the pain of watching their loved one suffering which does not happen in case of passive euthanasia.

Moreover, the third pillar mentions that no harm to one's life or no harm to any one also means that you save him. Killing someone is violation of our duty, whereas letting someone die is merely a failure to give help. We are responsible for both harming and saving one's life. If we take this point of view in the case of active and passive euthanasia, then we find that we would be just responsible for the deaths of those whom we fail to save as (let those die) we are for the deaths of those whom we kill. We are as responsible for our omission as we are for our action. For example, a parent who does not feed his or her infant, or a doctor who refrains from giving insulin to an otherwise healthy diabetic, will not be absolved of moral responsibility by merely pointing out that the person in his or her charge died as a consequence of what he or she omitted to do.[33] Thus, killing a person is against one's duty not to harm him, and then it means that we are responsible towards that duty.

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[33] Singer, Peter, *A Companion to Ethics*, (Oxford: Blackwell Publishing Ltd., 1993), p. 298.

There is another meaning to "letting die" that there is an attached responsibility which points to the fact that the doctor or agent should be responsible for using the alternative to save a patient's life which is in their hands and it is also an indispensable part of their duty. The subtle distinction between acts and omissions is not even well understood by philosophers; hence, it cannot be an essential feature of morality. Moreover, if a physician has a duty to prolong the life of his patients, then his failing to do so is clearly morally unacceptable, even if that failing is an omission on any reasonable account of acts and omissions. No one would hold that a physician is morally allowed to neglect his duty if he does so by omissions rather than acts.[34] Therefore, a physician is as responsible for omission as he is responsible for killing. Sometimes a patient is allowed to die through termination of medicine and in that case, one is refraining from prolonging his life. This thing shows the violation of doctor's duty (to help him) toward patient. It should also be remembered, that the duty of doctors toward their patients is not to harm them but help them. For example, if D did Y (help him through the treatment), then X (death of patient) would not happen before time. On the other hand, due to termination of treatment, patient died slowly, painfully. For example, if D did not do Y (treatment of patient), and terminate the treatment of patient, then X (death of patient) would happen. It meant by saying that D let X happen, and here D can do something to postpone X (the death of patient). He would have prevented X from happening but he did not do that. We find here the morality of not doing something, and helping e.g. not treating the patient or not prolonging his life. Agent D's omission leads to event X. D could prevent X but he does not. That means that D lets X happen. This letting happen must always occur knowingly: D expects that X will happen. And X is intended if there is a purpose in letting it happen that will be fulfilled by X. The process of dying in which the doctor does not intervene by using a respirator must have started independently of the doctor's actions. Here the doctor is an actor who stopped the respirator and the treatment of patient. Therefore, in the case of action and omission we should analyse the intentions of the doctor.

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[34] Singer, Peter, *A Companion to Ethics*, (Oxford: Blackwell Publishing Ltd., 1993), p. 312.

If we take here the idea of causation, then we can argue that the causal roles, which establish that action is, always a kind of causation, cannot make the moral distinction between killing and letting die. And it is not absolute that action is always a kind of causation and that omission is not. In the dominant theories of causation, the singular circumstances are among the causal factors in an experiment. These circumstances can be called ''negative'' factors, e.g. the absence of disturbing factors.[35] In this sense, negative singular circumstances (absence of Y) in the case of omissions – belong to the causal factors for X. Omissions are not only causal factors but that they can be causes of events in a stronger sense. ''Y'' which is the cause of event X is often the most informative or unexpected causal factor. In reality, all causal factors are on the same level. As a whole, Y is sufficient to cause event X.

2.3 Consequentialist and Absolutist (Deontological) Debate on Active and Passive Euthanasia

We find that there are two positions regarding the difference between act and omission or active and passive euthanasia debate, which is absolutist (deontological) and consequentialist. Utilitarian moral theory evaluates the rightness or wrongness of an action entirely in terms of the consequences of action. Theories that take the moral state of an action for act depending on its consequences are known as consequentialist theories. On the other hand, Kant's view is a "deontological theory," it is duty-based approach to ethics, which, holds that the consequences of an action are morally irrelevant. Kant's ethics maintain that the moral rightness and wrongness of an act depends on its intrinsic qualities. For him the moral status of an action depends in part on the motivation, intention for acting. His ethics holds that some acts are morally wrong in themselves foe example, lying, breaking a promise, killing etc. His position of moral status is looks absolutist. And this absolutist view holds that there is absolute and moral difference between active and passive

[35] Bernward, Gesang, "Passive and active euthanasia: What is the difference?" *Medicine, Health, Care and Philosophy*, Vol. 11, No. 2, (Jun., 2008), p. 176.

euthanasia.[36] Absolutist justifies only certain action, to act anything for the sake of moral law which is apprehended by reason.

On the other hand, consequntialists' position holds that only the consequences of an action determine its moral significance, only the consequences are ethically relevant to the rightness and wrongness of an action. They do not give respect to the specificities of incidents. They challenged the act and omission distinctions. What is important for them are the consequence of actions, the negation of an act may contain as much moral force as the action which actually performed by the agent. They say that there is no significant difference between doctors is turning off the oxygen when a patient is in an oxygen tent and simply letting the bottle run out of oxygen because here his motivation is relief from patient to suffering and both consequences are the death of patient. So according to this view, if letting a terminally ill patient die has a same consequence (death of patient) as killing him or her, then the actions are same it means there is morally no difference between act and omission, active and passive euthanasia. Consequentialists insist that the action and omission are both of moral significance whenever deliberateness is present.[37]

We are not only causally, and morally responsible for the consequence of our action but also for the consequence of some of our omission. When we act, we interfere in some relevant circumstances and involve performance. Hence, when we do not act, we do not intervene in any performance. The difference between acts and omission is not so substantial. The consequentialist approach looks a rejection of the distinction between acts and omission. According to consequentialist approach, moral significance adds to generate an act or an omission. Consequentialists employ the method of self–evidence. The consequences follow from omission can sometimes be as important as those consequences, which come from actions. If someone has been wounded in accident, I am morally obliged to help him or her. My

[36] Ladd, John, "Positive and Negative Euthanasia," in Ladd John (ed.), *Ethical Issues Relating to Life and Death,* (New York: Oxford University Press, 1979), p. 164 –165.
[37] Ibid.

ignoring his or her requests for help might make me as blameworthy as the person who injured him or her in accident. The consequentialist comes near with consequence, not with acts themselves.

The absolutist view only prohibits the intentional termination of innocent human lives, either action or omission, positively or negatively. The intentional and the non-intentional termination of life lies thus not in the consequence but it depends in the agent's intention and agent's will in relation to death. The "notion of agency" is important for the absolutist. As philosopher, R. S. Duff puts it: "The absolutist ...is primarily concerned with the intentional actions of human agent, rather than their consequences. What matters is not simply that an event occurs which I did, or could , foresee and control, but the way in which I am related, as an agent , to that event: what matters is what I do; and 'what I do' is determined not just by what happens, but by the intention revealed in my action... His absolute prohibition is against the intentional action of killing, not against the occurrence of the foreseen and avoidable causation of death: it would indeed be absurd to prohibit that absolutely, since for any prohibited outcome we could imagine a case in which the outcome of any alternative is even worse."[38] I think, the doctor is not only causally but also morally responsible for the death of patient's death, when he ceases from preventing a patient's death. If we follow the view of sanctity of life where we give importance to human life, then we find that not only killing but also allowing to die would demand that every life can be prolonged and would have to be prolonged by all means. Intentionally allowing some of the patients to die, disobeying the sanctity of life. Are doctors, infringing the sanctity of life through allowing some of their patients to die.

The principle of the sanctity of human life means that, "Because all lives are intrinsically valuable, it is always wrong intentionally to kill an innocent human

[38] Duff, R. A., "Absolute Principles and Double Effect," *Analysis*, Vol. 36, No.2, (Jan., 1976), p. 76.

being."[39] Killing is wrong because human life is sacred, or because human life has an absolute secular value. If killing is wrong, then in active euthanasia where we help to kill someone is wrong. If opposition to legalize active euthanasia is based on the alleged absolute wrongness of killing, then a similar argument also calls for banning passive euthanasia. The sanctity of life is also violated whenever a doctor allows a patient to refuse a life-saving treatment and allows him to die. The principle of the sanctity of human life is seen to concede to the principle of self-determination.

Absolutist gives impotents to a clear account of the notion of agency. What is at the issue is not the difference of active and passive euthanasia or whether killing is, worse than letting die. Here the real issue is whether a morally relevant difference can be drawn between what an agent intends and what he or she anticipates. Utilitarianism is concerned only with consequences, but moral agents are especially concerned about the morality of their actions, the purity of their own moral slate. If we see in the prospect of Kant's view, the example of Jones and Smith, as to a Kantian, it would be important the intention of agent, in that case Smith may be intended the death of his cousin while Jones only foresaw the death of his cousin. Kant argues that any fully rational agent would follow Categorical Imperatives not based on any consequences but performed for the sake of duty only, they are ends in themselves not simply means to an end. Kant gives four examples in "*The Groundwork for the Metaphysics of Morals*" to explain the categorical imperative. First two examples explain that which acts should not be done and the second two examples explain that which omissions should not be done. For Kant moral actions are those, which are performed not simply in conformity with the moral law, but for the sake of the law. To do well is act from duty in accordance with the "good will." If we take Kant examples of categorical imperative, where he mentions which acts and omissions should not be done, and we can assume that for Kant omission is also forbidden because of bad intention of agent. The behavior of a person is often involving a whole group of intentions, all of which will need to be

[39] Keown, J., "Courting Euthanasia? Tony Bland and the Law Lords," *Ethics and Medicine*, Vol. 9, No. 3, (1993), p. 15.

justifiable in order to justify what is done. For what we do to be morally acceptable, not just, some but all our intentions must be morally acceptable.

We are justified in taking any action, as greatest possible good, or as the least possible bad. For some, at least, who oppose consequentialism, it is the input of our actions, not the output, which determines their moral goodness or badness. By "input" is meant the intentions, desires and concerns of the person who acts. However, a number of philosophers have argued that intentionally killing and intentionally letting die have precisely the same moral states. The intentional killing and intentional letting die of human being is related for his or her alleged benefit. We can argue that stopping treatment would be murdered or at least killing of patient and their doctor's intention would be to kill patient.

Murder of someone is intentional killing by an act but intentional killing by omission is how we can say that is not murder and permit it. Imagine the following situation. X is a patient, who is free of any suffering and who has made no request to be killed. However, his(X's) doctor decides that X's life is no longer worth living and stops his tube feeding with intent to kill him. On the other hand in the next bed is Y, a patient dying in suffering who, after serious reflection, begs the doctor to kill him by lethal injection. The doctor, fearful of examination, because to kill someone is murder and it is wrong in law. The doctor, to save his own life, does not administer a lethal drug to Y and if he administers a lethal drug to Y because of his request, miserable condition, and for the relief of his suffering, then it means he kills him. Then how can we say that in that case where doctor killed X is lawful and his killing of Y is murder. It is possible to kill in the firm sense by intentionally letting someone die. This obligation, while accepted out by a nonperformance, is morally speaking an act of killing.

The case of letting die looks contrary to the basic good of human good. Any case in which one chooses the proposal that allows the person to die is necessarily immoral as killing. For example in the case of defected child where the doctors and

parents decide that it is comfortable if the burdens involved by the child's continued life are prevented by its death. For this, if they adopt the proposal not to perform a simple operation, so that the child will die, then the family and doctors morally speaking let the child die. They can honestly show the death certificate that the child has died from its defective condition. In addition, we find in this case that this act of letting die is not different from any other act of murder.[40]

The intentional taking of life proves that not only active euthanasia is not right but also passive euthanasia has same obligation. If the doctor has duty of care to the patient, then his duty also includes an obligation not to kill the patient intentionally by any means, action or omission. It is clear that non-treatment with intent to kill is always illegal and unethical. If a doctor is under a duty not to kill a patient "intentionally" by omission, then the doctor is liable under the existing law, morality. Moreover, under the law and ethics the doctor would not be apt for foreseeing rather than aiming at the hastening of death. Medical Treatment (Prevention of Euthanasia) Bill which was introduced into the House of Commons in December 1999 said that the intention of making it unlawful for treatment to be withdrawn or withheld with the intention of causing or hastening death.[41]

There is no doubt that the patient's own participation is necessary at the end of life in the case of euthanasia but the physicians also play a central role of responsibility for the patient's death. When physicians directly kill their patients, they violate their profession role as restorer to health. Hence, this argument does not help us to morally distinguish active euthanasia from passive euthanasia. In addition, this suggests active euthanasia and passive euthanasia both practices have the same result. The physicians involved intend the same results, and in both cases the

[40] Grisez, Germain and Joseph M. Boyel, Jr., "The Morality of Killing: A Traditional View," in Helga Kushe and Peter Singer (eds.), *Bioethics: An Anthology*, 2nd ed., ((Oxford: Blackwell, 2006), p. 285.

[41] Hickman, M., "Tory Proposes Anti-Euthanasia Bill," in Hazel Biggs (ed.), *Euthanasia, Death with Dignity and The law*, (Oxford Portland Oregon: Hart Publishing, 2001), p. 13.

physicians are deeply involved in causing death, the fact that only in active euthanasia does the physician actually kill the patient makes it more problematic than passive euthanasia. The following case is often encountered in hospitals: A dying and suffering patient is on a respirator. The patient has declared that he wants to die in such a situation. Now the question for the doctor is how to commit euthanasia. Shall he stop the respirator or not? Here, some doctors find themselves in a grey zone. To stop the respirator is an action and the doctor is then an "active factor" in the death of the patient. Therefore, he fears committing active euthanasia, which he believes to be morally wrong. In order to avoid this problem the doctor waits until the patient is not getting enough oxygen through the respirator. After a while the respirator needs to be adjusted to a higher dose. The doctor omits to do this, and the patient dies after prolonged suffering. The doctor believes that he has circumvented the grey zone and that he has merely carried out ''harmless'' passive euthanasia.[42]

The fundamental point about omission is that one can omit to not only prevent some evil but also omit to do some good and it is incompatible with doing the good or preventing the evil, which is our duty and one has duty to do some other good or prevent some other evil. W. Nesbitt argues, if a person is prepared to allow another to die, but is not prepared to kill. For him such a person "will not save me if my life should be in danger."[43] It means that omission or negative acts can generate positive acts. It is possible that we do something by not doing something else. For example, a doctor can let the patient die by not treating him. Our action can cause anything and there can only be positive causes, our omission cannot be causes. However, this is a strange thing for Bio-medical science and even more so, for clinical science, for in these latter areas, diseases are often attributed to the absence of normal of favorable conditions, e.g., the absence of oxygen or an insulin

[42] Bernward, Gesang, "Passive and Active Euthanasia: What is the Difference?" *Medicine, Health, Care and Philosophy*, Vol. 11, No. 2, (Jun., 2008), p. 175.
[43]Nesbitt, W., "Is Killing No Worse Than Letting Die?" *Journal of Applied Philosophy*, Vol.12, No. 1, (1955), p. 105.

insufficiency. It is so illogical to attribute someone's death casually to the failure of someone else to feed him, to provide him drugs, or to treat him.[44]

Jonathan Bennett gives, a consequentialist account of the difference between killing and letting die. For him a positive act like killing consists of "the only set of movements which would have produced that upshot" and an omission like letting die consists of "movements other than the only set which would have produced that upshot."[45] In other words, "to kill X" means that under the circumstances, there is hardly anything else that one could do that would have effect that X dies, and "to let X die" means that almost anything that one could do would have the effect that X dies.[46] Hence, it does not mean that every deadly accomplishment is an act of killing which is immoral. Killing in self-defense does not look the cases of killing. Killing is not always prohibited. For example, if somebody attacks me then in the process of my self-defense, I accidentally kill and my intention is self-protection but I accidentally kill my attacker in the process of self-defense. Therefore, killing is not always worse.

The intention of active and passive euthanasia is to spare the pain of patient. The intention of pain relief, which has become inseparable from patient's life, applies that there is no significant moral distinction between "killing" and "letting die." Killing in self-defense is permitted. For Thomas Aquinas, killing in self-defense is permissible because "moral actions are characterized by what intended, not by what falls outside the scope of intention."[47] For him Killing for the self defense, this kind of act does not have the aspect of "wrong" on the basis that one intends to save his own life , because it is only natural to everything to preserve itself in existence as best as it can. Still an action beginning from good intention can

[44] Ladd, John, "Positive and Negative Euthanasia," in John Ladd (ed.), *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 173.
[45] Ibid.
[46] Ibid.
[47] Kuhse, Helga, *The Sanctity-of-Life Doctrine in Medicine: A Critique*, (New York: Oxford University Press, 1987), pp. 100–1.

become wrong if it is not proportionate to the end intended. Killing in self-defense shows the notions of what the agent does as a means and what he intends as an end. Here to defend oneself is a means and to act is an end in itself.

Killing is not always worse than letting die sometimes it is morally better. Doctor who allows the patient to die and refrains from acting may be motivated by fear and his reputation as a doctor. And not every doctor believes that this difference is morally important. Over twenty years ago, Dr. D.C.S. Cameron of American Cancer Society said, "Actually the difference between euthanasia (i.e., killing) and letting the patient die by omitting life-sustaining treatment is moral quibble."[48]

It is a bad thing for any individual to be motivated by personal gain rather than common good. And it is worse, make being equal, if such an agent is not only prepared to let someone's death happen, but to make his or her death happen. Therefore, we cannot take killing always worse than letting die. Killing may be worse than letting die in some cases and may be better than letting die in other cases. This entire thing depends on situation, condition circumstances and context and we can decide its rightness and wrongness according to circumstances. Mean worseness and goodness of killing and letting die depends on the context. Let us consider the following case, similar to a case that came before the Swedish court some years ago where a truck driver and his co-driver had an accident on a lonely stretch of road. The truck caught fire and the driver was trapped in the wreckage of the cabin. The co-driver struggles to free him, but could not do so. The drivers, by now burning, pleaded with his colleague- an experienced shooter- to take a rifle, which was stowed in a box on the back of the truck, and shoot him. The co-driver took the rifle and shot his colleague.[49] Here we find that the agent is not motivated by personal

[48]Cameron, D.C.S., *The Truth About Cancer*, (Englewood Cliffs: N.J. Prentice-Hall, 1956), p. 116.
[49] Kuhse, Helga, "Why Killing is Not Always Worse–and Sometime Better–Than Letting Die," *Cambridge Quarterly of Healthcare Ethics*, Vol. 7, No. 4, (1998), p. 371–4.

gain, but by consideration and kindness. He acts here not to benefit himself but another. So here, killing is not always worse.

We cannot absolutely say that death is always and everywhere an evil. It may be good for someone. In medical science, patients and doctors do not believe that life is always a good, and death is always evil. In many cases of terminal or incurable illness, patient chooses a shorter life over longer lives, which make patient's condition miserable. And doctors allow terminally or incurably ill patients to die for their', good. If death is good then patients can be benefited not only by being "let die" but also benefited by being killed. Definitely, in some cases, active euthanasia will be preferable, from the patient's point of view and his or her condition and in some cases, passive euthanasia. If we take death as an evil then we find killing of person is worse than allowing him or her die. Nevertheless, death is not always an evil to the person who dies especially in the case of incurable illness where the life of patient looks so miserable. Moreover, we find that in the case of incurable illness the prolongation of that person's life would have been an evil, so death for her or him is a good. When death for someone would be a good, then killing him or her cannot count as directly harming her or her. Same thing happened in the case of passive euthanasia where allowing someone to die cannot count as allowing harm to occur her or him. Reasonably, these acts must count, correspondingly, as directly benefiting someone and allowing good to her or him.

Euthanasia is only acceptable when death for the person counts as a good. And if we take death as good in euthanasia's case after that we find directly killing of person might be better, than merely allowing her to die. If a doctor, in the case of passive euthanasia, lets a patient die, for humane reasons, then he is in the same moral position as if he kills the patient to give him or her a lethal injection for humane reason. And we can take it in both good and wrong way. In the case of euthanasia, we assume the patient would be no worse off death than in which miserable conditions he is now, and in this condition of killing, doctor is not

harming the patient. If all these arguments have been sound, then there really are no intrinsic moral differences between active and passive euthanasia, act and omission.

The distinction between active and passive euthanasia, acts versus omissions, shows that they cannot give a means of making a morally applicable distinction between killing and allowing to die. There is no morally relevant distinction between these two forms of euthanasia. Because

- For the aim of both cases, is patient's general welfare and fulfillment of patient's need. And it is the ethics of any profession, to have faith in their client's, customer's, patient's, people's best interest. In the Medical ethics, the decisions of doctor must be based on the welfare and moral integrity of the patient.
- Both cases highlight the value of autonomy. Autonomy permits individuals to participate in the moral venture of making choice worthy decisions, decisions that respect objective moral norms and promote the flourishing of the decision-maker. And it is essentially self-justificatory accepting the autonomy in which choices merit respect simply by being choices. In both cases, the doctor acts out of "respect for the autonomy" of the patient. The act and omission or active and passive euthanasia have a moral basis as well as a practical one, for them follow the principle of respect for the moral autonomy of the patients.
- In both cases, the goal is end of suffering for human reasons; acts and motives are same, because we know that acts are different because motives are different. Here in the context of euthanasia we see that doctor's motive is patient's relief from suffering and good death. From the point of view of morality, if a doctor lets a patient die for human reasons and if he gives the patient a lethal injection for the same human reasons, then he is in the same moral position. In both cases, an action in performed by the doctor and this action has led to the death of the patient. And if death is good thing, then any form of euthanasia, active and passive, is justified. Therefore, we see that the

two form of euthanasia stands together. There is nothing wrong with being the cause of patient's death if his or her death is a good thing.

- In the case of active and passive euthanasia, the doctor who is the agent and has done the act of euthanasia must take the responsibility for that action. The act of letting die may be intentional, as the act of killing someone. Therefore, he is responsible for his decision to let the patient die, as he would be responsible for giving the patient a lethal injection. When a doctor refrains from preventing a patient's death, it is a cause of patient's death. Here doctor is morally responsible for the patient's death. Both are actions for which a doctor, will be morally responsible. As Helga Kuhse has put it: "Stripped of all other differences, what remains is...a difference that has no moral significance. In active euthanasia, the doctor initiates a course of events that will lead to patient's death. In letting die, the agent stands back and lets nature take her sometimes-cruel course. Is letting die morally better than helping to die, or active euthanasia? I think not. Very often, it is much worse."[50]
- In the case of terminal illness, agent's (doctor) intention is to spare patient from pain, but he finds pain has become inseparable from patient's life and here doctor also wanted to spare him or her pain of living. He takes it as his part of duty. And here intention applies to both effects which are pain relief and death. If this is the result of doctor's intention, then this thing can happen in active and passive euthanasia. Thus, there is no significant moral difference between them.
- In the both cases of active and passive euthanasia, agent acts for the same purpose and both have precisely the same end in view when they act. It is not right to say that in the case of passive euthanasia agent does nothing. On the other hand, he does very important thing that is he letting someone die. It is other type of action; it means that it is a kind of action, which one may perform by way of not performing certain other work. We can say that agent

[50] Kushe, Helga, "The Case for Active Voluntary Euthanasia," *Law, Medicine and Health care*, Vol. 14, (1987), pp. 145–8.

is performing indirectly. For this Rachels gives the example of shaking hand, where one may let a patient die by way of not giving medication, just as one may insult someone by way of not shaking his hand.[51]

If we go in analyses of euthanasia, we can argue that difference between active and passive euthanasia is morally irrelevant because both aim the relief of incurable painful disease and dignified peaceful death of patient. Both are cases of causing the death of patient. Because we know, "Euthanasia" means "a good death," or "bringing about a good death." Letting a patient die of his or her disease or killing him or her painlessly in dignified manner is only a good death. If a person dies after life-sustaining tools has been withdraw, it is neither the case of active euthanasia nor the case of passive euthanasia but it is only a case of euthanasia. All these are self-administered euthanasia. And it is the condition, circumstances in which death is caused, not the manner of causing it. This point of view is very important in the aspect of moral ground. This is the claim defended by many philosophers of medical ethics as Tooley, Kushe, Peter Singer, and James Rachels.

I see that both of them, active and passive euthanasia as means which help us from unbearable pain of disease. This is two way of reaching the goal of painless and dignified death. It is euthanasia wherein the aim to bring about death is by an omission or through action. If an individual feels that living is meaningless for him then opting for euthanasia seems satisfactory to him, because euthanasia defines as an act or omission that intended to bring about death because life does not seem worthful. Therefore, there is no moral difference between active and passive euthanasia.

The active and passive difference is morally unsuitable with respect to euthanasia. Because both are the cases of death, and it depends on the situation which perpetuates the need for euthanasia. The emphasis of active and passive

[51] Rachels, Jamse, "Active and Passive Euthanasia," in Peter Singer (ed.), *Applied Ethics*, (Oxford: Oxford University Press, 1986), p. 34.

euthanasia has also been placed on the right to choose. Expect in the case of extreme pain, harm, and suffering, the right to choose comes to play and it is contextualized fully by ethics. I believe that there are some circumstances when euthanasia, including active euthanasia, is the morally correct action. Killing is acceptable in cases of self-defense, assisting in taking a life should be considered acceptable if the motive is mercy. These entire things happen in the case of passive euthanasia. Obviously, active and passive euthanasia would have to be established that would include patients request and approval, or, in the case of incompetent patients where patients are not in a position to request for any form of euthanasia, advance directives in the form of a living will or family and court approval.

We can say that under some circumstances, it would be better to let a patient die rather than to kill him and on the other hand, under different circumstances it would be better to kill a patient rather than let him die. For example, the case of terminal cancer-patient, who is in horrible pain and does not want prolong his life for a few days that are more hopeless. In addition, in this condition if we simply withhold treatment (letting him die), it may take him longer to die, and due to this he will suffer more. So here it would be good for him, doctor administers the lethal injection according to patient's desire. Euthanasia is seen to be neither active euthanasia nor passive euthanasia.

Euthanasia is a general term that can actually mean a variety of different things depending upon the context in which it is used. As Philippia Foot remarks, "My own view is that this is a serious error. If in particular circumstances one may, allow a man to die it does not follow that one may also kill him, even for his own good. Sometimes, no doubt, where passive euthanasia is justifiable so is the active form, and I do not know what would be meant by saying here that nevertheless one was "better" or "worse" than the other. It is not, however, always true that the difference between active and passive (so understood) is morally irrelevant.

Sometimes it is morally permissible to allow someone to die when it would not be permissible to give him a lethal injection."[52]

Allowing passive euthanasia and permitting active euthanasia is depended "on context." For example, a pregnant woman has a cancerous uterus. If the cancer is not removed, both the women and fetus will die. If the cancer is removed, the women will be saved. The only way to completely remove the cancer is to perform a hysterectomy- resulting in the foetus's certain death.[53] Here the life of the mother is in danger due to her deform and disabled baby. Here if we allow passive euthanasia (not do any treatment or surgery for safety), we are not only allowing the baby to die, but also the mother because here we have a possibility to save mother's life with the help of surgery to kill the foetus. Here we may be entitled to kill one's (fetus) life to save the other (mother). If we cannot kill the baby and save the mother's life, then it is not worth to save any of the two's. So here, the killing of baby can save mother's life. To kill the baby is lesser of the two evils that is killing of mother and baby. Therefore, this thing is embedded in the above thought in the some circumstances killing is good than letting die and letting die is worse than killing. Thus, the meaning and use of these two forms of euthanasia obviously depends on the context.

Our examination of the above stated ways of making this distinction will illustrate that none of them provides a means of making a morally appropriate distinction between killing and allowing to die. In the discussion of active and passive euthanasia debate, I am not arguing, simply, that active euthanasia is all right and passive euthanasia is not or passive euthanasia is good than active euthanasia. I am concerned with the relation between active and passive euthanasia. I am trying

[52] Leake, Hunter C. III, and James Rachels, Philippa Foot, "Case Studies in Bioethics: Active Euthanasia with Parental Consent," *The Hastings Center Report*, Vol. 9, No. 5, (Oct., 1979), p. 20.
[53] Uniacke, S. M., "The Doctrine of Double Effect," *The Thomist*, Vol. 48, No. 2, (Apr., 1984), pp. 188–218.

to show that neither of any position is perfectible and that we can adopt other position that can be called contextualist where active and passive euthanasia depend upon "patient's condition," "demand" and "context." To determine what is moral or not is a part of applied ethics and medical ethics depends on the context. And if we follow the context of an incurable suffering patient, then we find that under certain circumstances killing (administering a lethal drug or injection) a terminally ill patient can be virtuous and vice-versa. We must always decide the applicability of euthanasia within a particular context.

Chapter 3

Arguments For and Against Euthanasia

There is debate among scholars about the potential harms and benefits of the practice of euthanasia for individual and society. Many of them, like, Tooley, Singer and others support the practice of euthanasia on the ground of individual rights, autonomy and personhood whereas others reject it on the plea of human values, sanctity of life and impact on social relationship. I shall try to analyse here the arguments for and against euthanasia to find the real condition and moral background of appraisal of euthanasia. Numerous potential harms and benefits may arise from the practice of euthanasia. Respect for autonomy, privacy, and dignity on the one hand, and avoiding harm to others, prohibiting suicide, respect and value for human life, sanctity of human life and slippery slope problem on the other hand present the arguments for and against euthanasia.

3.1 Arguments For Euthanasia

Respect for Autonomy: Arguments in defense of euthanasia raise the right to die and the right to health in order to live one's own life in a dignified way. Each person has right to health, right to life as well as right to die. Everyone has the right to decide how he or she should die. A person cannot be treated as the property of others. This right depends on person's autonomy with respect to his or her own existence. Euthanasia regards life as the ultimate expression of individual autonomy. Euthanasia permits people to dignified death at the time of their own choices.

The respect for autonomy is an important moral principle for medicine and health care close to any other important principles. The hard task for biomedical ethics is to determine the principle's range and strength relative to other moral principles in various contexts. On the one hand, it is specified in several moral rules, such as informed consent, privacy, and confidentiality.[1] The practice of euthanasia, under some circumstances, is morally required by respect for patient autonomy. Autonomy is self-determination, that the right to autonomy is the right to make one's own choices. The respect for autonomy is the obligation not to interfere with the choice of another and to treat another as a being capable of choosing. In medical ethics, autonomy is one's free action, one's authenticity, and some qualities that I have dealt in my first chapter. Respect for an agent's autonomy presupposes an interpretation of the agent's relevant actions and preferences.

In biomedical ethics, the concept of person as an autonomous agent places an obligation on physicians and other health professionals to respect the values of patients. The conflict of patient values and physician values becomes most troublesome when a patient refuses treatment needed to sustain life and a physician believes that the patient should be treated. The conflict can be resolved by taking a firm line on autonomy, any autonomous decision of a patient must be respected. On the other hand, the physician's obligation to preserve life can be placed above the patient's right to autonomy and refusals of treatment can then be overridden when they conflict with medical judgment.[2] A refusal of lifesaving treatment that is fully autonomous choice of patient must be respected.

One strand of the debate about euthanasia focuses on whether the value of self-determination or autonomy provides the basis for a right to euthanasia as well. The respect for autonomy consents the permissibility of euthanasia practices in many countries. Every person has a fundamental right to his or her life and this right

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[1] Childress, James F. and John C. Fletcher, "Respect for Autonomy," *The Hastings Center Report*, Vol. 24, No. 3, (May - Jun., 1994), pp. 34–35.
[2] David, L. Jackson and Stuart Youngner, "Patient Autonomy and Death with Dignity," *The New England Journal of Medicine*, Vol. 301, No. 8, (Aug., 1979), p. 404.

includes power and control over the timing and circumstances of person's death. A person should have the right to take his or her own life in some circumstances. As stated by R. Dworkin, "There is no single, objectively correct answer for everyone as to when, if at all one's life becomes all things considered a burden and unwanted. If self-determination is a fundamental value, then the great variability among people on this question makes it especially important that individuals control the manner, circumstances, and timing of their death and dying."[3] And we find that the limits of respect for autonomy become greater when the agent refuses treatment.

Deontological and utilitarian philosophers Kant and Mill provide the foundational moral arguments for why it is important to respect a person's autonomy. Mill and Bentham support the value of liberty or the defense of autonomy which promote the best consequences for person. Both Bentham and Mill argue that euthanasia should be allowed for certain reasons pertaining to the consequence of patient's decision.

Kant's theory of respect for autonomy is grounded in what it means to be a rational agent and to do what is right and respect for the autonomy of all rational beings expresses the intrinsic value of each individual and the esteem and inherent dignity of which each is worthy. The ideal of autonomy from a Kantian perspective refers to the inherent value of the dignity of the person, including their unique ability to be self-legislating or autonomous. Autonomy, in Kant's view, does not mean the freedom to do whatever one wants, but instead, depends on the knowing conquest of one's desires and inclinations to one's rational understanding of universally valid moral rules. The deontologists, following Kant, will tend to argue that we all have the right to self-determination and that there is a corresponding duty to respect others' decisions and ways of being.[4] To treat someone as an end is to give them their dignity and their autonomy. To treat individual as end in itself is just to

[3] Dworkin, R., *Life's Dominion: An Argument about Abortion and Euthanasia*, (New York: Knopf, 1993), pp. 208–11.
[4] Huxtable, Richard, *Euthanasia, Ethics and the Law: From Conflict to Compromise*, (London and New York: Routledge, 2007), p. 13.

describe that persons should be treated as beings that have intrinsic value.[5] It means that persons have intrinsic value, that is to say, they have value independent of their usefulness for this or that purpose. We should never use a person merely as a means to our own ends. We use someone merely as a means to our own ends if we force them to act according to our will. Force and deception violate the categorical imperative. We cannot force anyone to do anything without his or her will. In forcing or deceiving other persons, we interrupt their autonomy and violate their will. These are the conditions where the categorical imperative prohibits. Respecting persons involves refraining from violating their autonomy. This approach of Kant would seem that he would allow voluntary euthanasia. Euthanasia in its various forms is a means of maintaining autonomy and achieving death with dignity. However, whether dignity can be achieved through euthanasia depends on the individual circumstances of each case.

For a long time, the right to die has been accepted as the right of an autonomous person. David Hume defends it in his essay titled "Of Suicide," where he denies that there is a duty to God or to others. "Why should I," he asks, "prolong a miserable existence, because of some frivolous advantage which the public may perhaps receive from me?"[6] Our duty firstly belongs to oneself and one cannot be a plaything for other even God. We have our own existence and we know others also play important role in our existence. But when we talk about some personal desire, others cannot interrupt there. According to Arthur Schopenhauer, "... there is obviously nothing in the world over which every man has such an indisputable right as his own person and life,"[7] Personal right and life decision are important for everyone and we can take right to die as a new part of that right.

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[5] O' Neill, Onora, "Kantian Ethics," in Peter Singer (ed.), *A Companion to Ethics*, (Oxford; Blackwell Publishing, 2006), pp. 175–85.
[6] Nuyen, A.T., "Levinas and the Euthanasia Debate," *The Journal of Religious Ethics*, Vol. 28, No. 1, (Spring, 2000), pp. 120-1.
[7] Schirmachor, W., *Arthur Shopenhauer: Philosophical Writings*, (New York: Continuum International Publishing, 1994), p. 42.

David Hume raised a valuable objection to Kant. For Kant, rationality is the most important characteristic of a human being. Our aim as humans, therefore, is to become more rational and less dependent on our desires, less like the animals. For Hume, this is not a correct observation of humanity, desires also play important role in human's life. Hume does not deny the importance of rationality, however, he states that rationality is subordinate to the senses. It is precisely our desires and passions, which make us unique, different and individual. According to Hume, "... reason is, and indeed should be, a slave of the passions."[8] His view maintained that reason is indeed subordinate to non-rational forces. Therefore, desire of relief from painful life is also an autonomous choice and euthanasia turns entirely on the wishes of the autonomous patient. Death is what a patient desires, and then there is no cogent reason for denying him dominion.

Patient's autonomy is given legal expression through the law of consent, which theoretically offers every person the right to determine what shall be done with his own body. Many bills have been passed to permit to allow doctors to perform euthanasia or help patients commit suicide. As Marcia Angell mentions in his article, "Finally, last December the federal patient self-determination act went into effect. It require all health care facilities receiving Medicare or Medical aid Fund to inform patients of their right to refuse any recommended treatment, to prepare a living will or other advance directive, and to name a proxy to make medical decisions for them if they can no longer do so. This is now the law of the land."[9] Respect for individual autonomy is central to modern medical practice, dictating that all patients have the right to exercise self-determination in respect of their medical care. The doctor's legal and ethical duty is always to provide treatment in the patient's best interests.

Respect for Person: Respecting person means to give respect to a person's rationality, choices, decisions and goals. And in the case of euthanasia we give

[8] Hume, D., *A Treatise on Human Nature*, (Middlesex: Penguin, 1969), pp. 460–1.
[9] Angell, Marcia, "The Right to Die," *Bulletin of The American Academy of Arts and Science*, Vol. 46, No. 6, (Mar., 1993), p. 12.

respect to patient's personhood. Person X committed euthanasia, if and only if, X's killing by Y is a voluntary action, and the motive for the action standing behind the intention specified in, is the good of the person killed. Virtue ethicists, meanwhile, working within a tradition most associated with Aristotle, demonstrate that the virtuous person lives life in a manner that is respectful of others' choices.[10] If a person is autonomous, in at least the sense that they are mentally competent, then that person has the right to decide what should, and what should not, be done with their body. Harris says the same that albeit from the viewpoint that respect for autonomy is a facet of respect for persons, which are those creatures that are capable of valuing their own existence.[11] We can say that those who lack of the qualities of personhood are not persons. They have no right and killing them is not immoral act according to the philosophers of medical ethics like Peter Singer and Michal Tooley. As Tooley says that the human being's failure to have the properties of personhood necessary and sufficient for possessing the right not to be killed; he is not the short of being who has the right at all.[12]

On the ground of respect for person, Peter Singer supports voluntary euthanasia to terminate life in accordance with person's autonomy. He says that euthanasia is justifiable if the patients are killed under the following circumstances –

- Lack the ability to consent to death, because they lack the capacity to understand the choice between their own continued existence or non-existence; or

[10] Huxtable, Richard, *Euthanasia, Ethics and the Law: From Conflict to Compromise*, (London and New York: Routledge, 2007), p. 13.
[11] Harris, J., "Euthanasia and the value of life," in J. Keown (ed.), *Euthanasia Examined: Ethical, Clinical and Legal Perspectives*, (Cambridge: Cambridge University Press, 1997), pp 6–22.
[12] Brock, Dan W., "Moral Rights and Permissible Killing," in John Ladd (ed.), *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 100.

- Have the capacity to choose between own continued life and death and to make an informed, voluntary, and settled decision to die.[13]

In the case of voluntary euthanasia, we find the respect for rational person who has requested it because he has the capacity of rationality. In the case of euthanasia, many of the candidates of coma, younger ill children, informed fetus, who are morally permissible for euthanasia, either are no longer persons or are diminished person, they have lost their self-consciousness; their personhood has ended even though their body is still alive. Killing comatose, patients of permanently vegetative states do not violate anybody's autonomy, because they are not persons so they have no right. A person should have a competence for thinking, reasoning and desiring, having a sense of self and its continuity. Thus, non-voluntary euthanasia is defensible in the name of non-personhood who has been short of autonomy. The killing of human organism that never can be person is not morally and essentially wrong.

Killing is not always wrong: Killing is not always wrong. It depends on context and situation, as killing in self-defense is not morally wrong. According to many religions (Christian, Islam, and Judaism, etc.), killing is sin, therefore, it is morally wrong to kill anyone. If the killing is wrong, then why the killing in self-defense is right because we find here one's life is threatened and same thing happens with war, which is right in any case, because here our country is threatened, therefore, why mercy killing is not right were we find patient's life is threatened. Sometime killing is morally permissible as Tooley gives some cases where he describes that killing is not morally wrong, one class of case is the human being's failure to have the properties of personhood necessary and sufficient for possessing the right not to be killed; he is not the short of being who has the right at all. Killing in self-defense is the most prominent example of second class of case of morally permissible killing, according to him. The third case is that in which the right-holder has waived his right not to be killed, the category Tooley labels as voluntary euthanasia. The fourth

[13] Singer, Peter, *Practical Ethics*, 2nd ed., (New York: Cambridge University Press, 1993), p. 201.

class of cases is when a person's right to life, or right not to be killed, is justifiably overridden by some competing moral considerations, as Tooley labels the cast of maintaining life.[14] An individual may be decides that his or her life is no longer worth living, because of suffering from of an extremely painful disease and he or she cannot afford cast of expensive medical care, therefore, under these conditions, individual looks death as a best option for him or her.

It is lawful to kill in self-defense, and, in the medical context, there is no absolute rule that a patient's life must be prolonged by treatment or care despite the circumstances. Killing in self-defense is permitted. For Thomas Aquinas, killing in self-defense is permissible because "... moral actions are characterized by what intended, not by what falls outside the scope of intention."[15] For him, Killing for the self defense, this kind of act does not have the aspect of "wrong" on the basis that one intends to save his own life because it is only natural for everything to preserve itself in existence as best as it can. Killing in self-defense shows the notions of what the agent does as a means and what he intends as an end. Here, to defend oneself is a means and to act is an end in itself. However, the principle of the sanctity of life is "not absolute" unless one thinks, that the principle prohibits all killings or requires the preservation of life at all costs.

It is not against sacredness of life: Many people now reject traditional views about the sacredness of life views. They hold the repose of the law, which allows individuals to make their own personal decisions about what to value and how to act, mainly when the decision influences so necessary and personal a matter as when and how to die. Peter Singer argues in the favour of patient autonomy. For him, deliberation of

> Patient autonomy may best provide an ethical foundation for medical decision-making that is in the context of the patient's request for euthanasia.

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[14] Brock, Dan W., "Moral Rights and Permissible Killing," in John Ladd (ed.), *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 100.
[15] Kuhse, Helga, *The Sanctity-of-Life Doctrine in Medicine: A Critique*, (New York: Oxford University Press, 1987), pp. 100–1.

> Due to the collapsing traditional sanctity of life ethic; an ethic he believes to be no longer tenable in light of increasing medical technology and knowledge which often leads to deaths deferral for as long as possible.[16]

A doctor must respect a patient's refusal of life-prolonging treatment showed that the sanctity of life is surrendered to the right to self-determination. Euthanasia is permissible for the physicians, acting on the wishes of competent patients. As James Rachels says:

> If it is permissible for a person to do, or to bring about a certain situation, then it is permissible for that person to enlist the freely given aid of someone else in so doing the act or bringing about the situation provided that this does not violate the rights of any third party.[17]

Death with Dignity: Euthanasia allows a terminally ill person to die with dignity, which is a very important part of his or her life. Euthanasia gives people the ability to die with dignity. It is wrong to keep people alive beyond their interest, because, without interest, they do not take part in any movement that makes life beautiful. For instance, in arguments about euthanasia, those who favour the legalization of the practice base their conclusion on a moral imperative to provide "death with dignity," while those who oppose legalization do so because they see intentionally rendering a human being dead, even out of mercy, as a direct assault on human dignity. Positively, this suggests that dignity is a concept in need of clarification.

Respect for human dignity has been described as "the most important feature of Western political culture."[18] We see dignity as "true worth, excellence, high estate or estimation, honourable office, rank or title; elevation of manner, proper stateliness," so that, to dignify is, to "make worthy; confer dignity upon, ennoble.

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[16] Singer, Peter, *Rethinking Life and Death*, (Oxford: Oxford University Press, 1995), pp. 147–8.
[17] Rachels, James, *The End of Life: Euthanasia and Morality*, (New York : Oxford University Press, 1986), p. 86.
[18] Dworkin, R., *Life's Dominion*, (London: Harper-Collins, 1993), p. 166.

Dignity commands emphatic respect."[19] It is a concept that is gaining currency with modern political philosophers. Ronald Dworkin, for example, describes belief in individual human dignity as the most important feature of western culture giving people the moral right "to confront the most fundamental questions about the meaning and value of their own lives."[20] In the context of dying, the word dignity engenders a sense of serenity and powerfulness, fortified by "qualities of composure, calmness, restraint, reserve, and emotions or passions subdued and securely controlled without being negated or dissolved."[21] Respect for human dignity means respecting the intrinsic value of human life and, as such, it supports the high regard for individual autonomy that is essential to the perceived quality of a person's life. As a result, euthanasia and death with dignity have become inextricably linked.

According to Kant, only man is capable of reason and we should treat each person not solely as a means but as an end-in-himself in a kingdom of ends.[22] If we allow an ownership claim on a person, we ignore treating the person exclusively as a means. In *The Foundations of the Metaphysics of Morals*, Kant writes, in the realm of ends, everything has either a price or a dignity. Whatever has a price can be replaced by something else as its equivalent; on the other hand, whatever has above all price, and, therefore, admits of no equivalent, has a dignity.[23] He argues that we persons are rational beings capable of acting according to moral reasons; we alone require respect to "dignity." He concludes that morality and humanity, is capable of morality, and it alone has dignity. Only when humans act primarily from principle, rather than from inclinations or desires, they are truly autonomous. The fact of moral obligation presupposes that humans can act freely or autonomously.

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[19] Kolnai, A., "Dignity," in R. S. Dillon (ed.), *Dignity, Character, and Self-Respect*, (London: Routledge, 1995), p. 55.
[20] Dworkin, R., *Life's Dominion*, (London: Harper-Collins, 1993), p. 166.
[21] Kolnai, A., "Dignity," in R. S. Dillon (ed.), *Dignity, Character, and Self-Respect*, (London: Routledge, 1995), p. 56.
[22] O'Neill, O., "Kantian Ethics," in Peter Singer (ed.), *A Companion to Ethics*, (Oxford: Blackwell publishing, 2006), p. 178.
[23] Kant, I., *Groundwork of the Metaphysics of Morals*, trans. and ed. by Mary Gregor, (New York: Cambridge, 1998), pp. 42–43.

Religious Ground: Christians argue that God would be merciful and understanding with someone who has taken their life. By the sixteenth century, philosophers began to challenge the generally accepted religious condemnation of suicide and euthanasia. Michel de Montaigne is one of the philosophers of sixteenth-century who argued that suicide was not a question of Christian belief but a matter of personal choice. In an essay presenting arguments on both sides of the issue, he concluded that suicide was an acceptable moral choice in some circumstances, noting, "Pain and the fear of a worse death seem to me the most excusable incitements."[24] Now many people challenge the religious prohibition on suicide and euthanasia. Some Christians support euthanasia. They argue:

- God is love. Christianity is love and compassion. Keeping someone in pain and suffering does not love, called evil. Euthanasia can be the most loving action, and the best way of putting agape love into practice.
- Humans were given dominion over all living things by God (*Genesis* 1:28), i.e. we can choose for ourselves.
- Jesus came so that people could have life "in all its fullness" John 10:10: this means quality of life. If someone has no quality of life, then euthanasia could be good.
- God gave humans free will. We should be allowed to use free will to decide when our lives end.
- "Do to others as you would have them do to you." How would you want to be treated?[25]

God acts on the earth through human agency. If it is possible in the God's World to preserve life beyond, His wishes then are also possible to end miserable life before God wishes. The "intrinsic value of life" is a meaningless phrase if it

[24] G. B. Ferngren, "The Ethics of Suicide in the Renaissance and Reformation," in Baruch Brody (ed.), *Suicide and Euthanasia*, (Boston:Reidi, 1989), pp. 159-61.
[25] Religion and Medical Ethics, http://www.rsrevision.com/GCSE/shortcourse/medicalethics/euthanasia.htm retrieved on 2009 .05.30.

implies depriving people of those properties that are also intrinsic, for example, the power to choose and control that life.[26]

Quality of Life: Quality of life seemed also a main issue in medical context. If someone is enjoying happy relationships, can communicate, and is not in unbearable pain, then most people would agree that euthanasia is wrong. Quality of life gives ground to practice of euthanasia. Nevertheless, if the patient cannot communicate or is suffering so much that they cannot enjoy life, then some would argue that euthanasia might be the best option. As Helga Kuhse thinks that life has value because it enables the existence of pleasurable states of consciousness.[27] Such factors of euthanasia may well be relevant in determining the patient's "quality of life" in order to decide whether treatment would be worthwhile, the guidance appears to endorse their use to determine the patient's "quality of life" in order to decide whether the patient's life is thought to be worth living. Euthanasia provides a way to reduce extreme pain when a person's quality of life is low.

In the stage of terminal illness, a treatment may not be worthwhile because it offers no hope of benefit. Sometimes the treatment would affect patient's situation, such as increasing extreme pain. There is no duty to treat if treatment will not benefit the patient. Treatment will clearly benefit the patient if it improves the patient's condition or "quality of life." And "quality of life" judgments imply to judge that how worthwhile is a patient's life. The first purpose of medicine is the restoration of health and doctor is entitled to do all that is proper and necessary to relieve pain and suffering of patient. Although the differences between opponents and proponents, or perhaps because of them, on one thing doctor will possibly agree, that is the practice of euthanasia.

It is not against Hospice Movement: Euthanasia would seem to be truly involved only in those situations when extraordinary treatment does have the effect

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[26] Dworkin, Ronald, *Life's Dominion: An Argument about Abortion and Euthanasia*, (London: Harper Collins, 1993), pp. 214–17.
[27] Kuhse, H., "Interests," Journal of Medical Ethics, Vol. 11, (Sept., 1985), pp. 146–9.

of protecting the patient's life. Thus, characterizing the physician's decision to withhold or terminate that extraordinary treatment as one whereby the patient's death is hastened rather than simply allowed to occur. As Frances Kamn said that "... in the particular cases, the greater good for the patient is relief of pain, and the lesser evil is loss of life."[28] More use of hospices and better relief from pain could prevent today for mercy killing by physicians. At this time, there is little need for active euthanasia. If more attention is paid to controlling pain and suffering, if more attention is paid to the patient's value system, if much firmer responses are made to patient requests to die, and if plans are made with the patient and family about the best way to bring about a kind and merciful death.[29] With the help of euthanasia, the family members could secure the misery of watching their loved ones suffer a slow and painful death.

It is not against Doctor's Duty and Doctor–Patient Relationship: Doctor's duty is not only to save lives of human but also to prevent pain and suffering of patients and if a person is suffering considerable pain due to an incurable illness, then helping him or her to die in his or her interest is doctor's duty. The doctor is viewed as the agent of the patient. He acts in the interest and for the welfare of the patient. This is the common model of his relationship with patient. And this model is not limited to the doctor's relationship to the dying patient. It is not possible that the permissible acts of euthanasia will limit the patient's right to life. That is why, the practice of euthanasia depends on patient's wish; if he does not want to die, no one has the right to practice it on him. And the practice of euthanasia will be ruled out where patient has a right to the services of doctors or hospital's member or family member. No one can misuse it. Decision about a patient's treatment, including

[28] Argument: Withdrawing life-support should not be to end life, but for other purposes, http://wiki.idebate.org/index.php/Argument:_Withdrawing_life-support_should_not_be_to_end_life,_but_for_other_purposes retrieved on 21.05.2009.
[29] Graber, Glenn and David Thomasma, *Euthanasia: Toward an Ethical Social Policy*, (New York: Continuum Press, 1990), p. 295.

institution or withdrawal of treatment is to be made solely according to how his welfare or interests are affected.[30]

Thus, selectively withholding or withdrawing treatment may be the most ethical and dignified response. It is important to determine what the duties of physicians are because neglecting one's duty needs to be morally justified, that is, there is a moral rule that requires doing one's duty. Physicians often violate the moral rule against causing pain with regard to their patients, because many treatments involve causing some pain. The answer was considered by the Institute of Medical Ethics Working Party on the Ethics of Prolonging Life and Assisting Death, which reported that

> The lives of an increasing number of patients, predominantly but by no means all elderly, are now being prolonged by modern medicine in states of coma, severe incapacity, or pain they consider unbelievable and from which they seek release. Doctors in charge of such patients have to decide not only whether they are morally bound to continue with life-prolonging treatment, but also, if no such treatment is being given, whether and in what circumstances it is ethical to hasten their deaths by administration of narcotic drugs.[31]

Doctor has two primary duties: to ensure the well-being of patients, and to respect their autonomy. The first duty entails that we should seek to restore patients to health and, if we cannot, we should try to reduce their suffering. The second duty entails that we listen closely to, and respect the wishes of patients.[32] We find in medical ethics the doctor's duty to act in the "best interests" of a patient. Its primary goal is to benefit the patient by restoring or maintaining the patient's health. In medical ethics, doctor's aim is to maximizing benefit and minimizing harm.

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[30] Brock, Dan.W., "Moral Rights and Permissible Killing," in John Ladd (ed.), *Ethical Issues Relating to Life and Death*, (New York: Oxford University Press, 1979), p. 113.
[31] Biggs Hazel, *Euthanasia, Death with Dignity and The Law*, (Oxford – Portland Oregon: Hart Publishing ,2001), p. 11
[32] Admiraal, Pieter, "Listening and Helping to Die: The Dutch Way," in Helga Kushe and Peter Singer; *Bioethics: An Anthology*, (Oxford: Blackwell Publishing Ltd., 1999), p. 393.

Euthanasia looks to the principle underlying decisions to withhold or withdraw life-preserving treatment to protect the dignity, comfort and rights of the patient.

Nevertheless, we find today medicine endorses honest and receptive relationships between doctors and patients, which are founded on autonomy and trust. The central focus of this discourse is the dilemma that has come across by doctors attempting to offer proper care as respecting patient's autonomy. However, at the end of life doctors are required by law from assisting their patients to die, only on the considered wish of the patient concerned. Along with that is a dilemma where patients might demand a right to assistance in dying, and this would alter the nature of the doctor and patient relationship. Consequently, the legal system is repeatedly being called upon to define the boundary between patient's rights and doctor's responsibilities with regard to potentially life-limiting treatment decisions.

There is no possibility of Slippery Slope:

Doctors cannot practice euthanasia for self-motive. They are only troubled because they have two duties, to prolong the lives of their patients and to relieve patients' pain and suffering. And we know duties are what one is required to do by one's profession but must be compatible with what an impartial rational person, public and law can allow. Advocates of "legal" reform to permit euthanasia contend that people should be empowered to maintain independence and control of their lives up to and including the moment of death, and that within this the ability to decide the time, place and manner of dying is fundamental. Here, looking for liberation from the life they observe as unbearable and choosing to carry on their own death, they are determining their own destiny.

If we follow certain rule to the practice of euthanasia, then there will be no any chances for its slippery slope.[33] The rules are that the desire to die must be expressed by the patient, the patient's decision must be well informed, his or her

[33] The slippery slope is that once you accept one particular position then it will be extremely difficult, or indeed impossible, not to accept more and extreme positions.

suffering must be severe physical or mental pain with no prospect of relief, all other options for care must have been exhausted. Euthanasia must be carried out by a qualified doctor and he must consult at least one other physician. These rules were developed through a series of court decisions where physicians who had been charged with practicing euthanasia were found not to be criminally liable for their action. According to the European Journal of Cancer Care (2003, p. 302), the number of cases in Netherlands where a doctor ended a patient's life without an explicit request was the same in 2001 as in 1995, suggesting that the supposed "slope" is somewhat flat.[34] The slippery slope argument focuses on the harms that may occur if euthanasia is legalized but is curiously silent on the harm that do and will occur if it is not.[35] Person's decision of euthanasia neither violates anyone else's right. Euthanasia does not make the world a worse place because in some cases as in incurable illness person's death is in his or her own interest. A man who withdraws from life does no harm to society and anyone else. It is not only ending one's own suffering but also ending the emotional suffering experienced by those who love one as family's members. Each person has the authority and right to decide whether and how to end their suffering lives.

As a result, present scenario has seen replicated calls for legal reform to allow euthanasia. Peter Singer argues believably that "... the traditional ethic will be unable to accommodate the present demand for control over how we die."[36] Singer's view shows that death cannot be imposed on someone like that; even the doctor in context of a patient is not endowed with the right of how to administer euthanasia. Now, the focus is upon the context of patient's condition, the intensity of his problem, views of his family and even the patient himself and the most important person being the doctor. And this prepares the ground of permissibility for administering euthanasia. The logic of Singer's argument is compelling and suggests that one's understandings of life and death be must be revised. Euthanasia is

[34] Fitzpatrick, Tony, *Applied Ethics and Social Problems: Moral Questions of Birth, Society and Death*, (UK, Bristol: University of Bristol, The Policy Press, 2008), p. 185.
[35]Dworkin, R., *Life's Dominion: An Argument about Abortion and Euthanasia*, (London, Harper-Collins, 1993), pp. 197–8.
[36] Singer, Peter, *Rethinking Life and Death*, (Oxford: Oxford University Press, 1995), p. 148.

contextualized through discussions of clinical decision-making at the end of life from the point of views of law, medicine and ethics.

3.2 Arguments against Euthanasia

It is against the God's Law: We know that life is a gift granted by God to the human being and no one has the right to take it away. Each human life is unique and priceless because it is full of qualities, which make it unique; these qualities are sensibility, understanding, rationality, self-awareness, knowledge, feeling, willing, emotion, etc. We regard human life as having a special dignity as priceless, or even as sanctified. "A human being" is not only a biological whole, but is inherited with some special qualities different from other species. Many of the scholars have reiterated this notion of human being, like, someone has described it as:

> Human being is the unique product of our supreme nature among all the living species existing in the universe. How the heart is functioning, how brain is creating thoughts and the physical and mental functions, how we are breathing, and mental functions, and how one excreting the waste products from living organs that is not new for any specific pushiest, but it is created by the nature.[37]

The philosophers who are against euthanasia argue that the practice of euthanasia violates the basic value of human life, which is seen as God's gift. Life itself is something that is entrusted to a person by God. Human being is God's creation, so Human life should be considered as His gift. If God is our master and he decides whether we should live or die, then euthanasia is against the God's will, it means it is sinful. Each person's life is a divine gift and trust, taken up into God's own eternal life. Almost all religion and religious texts talk about taking life as a sin. Thomas Acquinas condemned suicide and euthanasia as wrong because it

[37] Singh, R.P. (ed.), *Applied Philosophy*, (New Delhi: Om Publications, 2003), p. 209.

contravenes one's duty to oneself and the natural inclination of self-perpetuation; because it injures other people and the community of which the individual is a part; and because it violates God's authority over life, which is God's gift.[38] No one has authority to kill himself. We are only dependent beings, God is our Creator and we are His creation. We presume ourselves as characters in a story of which God is the author. We always exist in relation to God, the author of our being who has authority over us.[39] We do not have the right to take our own lives. We cannot play with God's rule.

Purity or Sanctity of Life: The sanctity of life holds that human life is created in the image of God and is therefore taken as having an intrinsic dignity, which endows it with the protection from killing. Human life holds an intrinsic dignity on the ground that one must never intentionally kill an innocent human being.[40] Sanctity of life gives importance to the idea of inherent value of human life. Thomas Acquinas provides three main reasons against suicide that we can take in the case of euthanasia. First, it is unnatural, opposing nature's liking to keep itself in being and contrary to the love every person harbors and exhibits towards him or her. Hence, it violates the love commandment. Second, it is an offence against community, because one belongs to one's own community. Third, suicide usurps God's power to give and take life.[41] Suicide and Euthanasia both are not the expressions of one's autonomy, they are unnatural, they are against the welfare of community that surrounds man, and they ought to be a transgression to man's duty to the Almighty.[42] Suicide and euthanasia usurps God's sovereignty and violates the sixth

[38] Amundsen, D. W., "Suicide and Early Christian Values," in Baruch Brody (ed.), *Suicide and Euthanasia*, (Boston: Reidi, 1989), pp. 142–44.
[39] Dorothy L. Sayers, *The Mind of the Maker*, (New York: Harper & Row, 1979), pp. 141–2.
[40] Keown, John, *Euthanasia, Ethics and Public Policy: An Argument against Legalisation*, (Cambridge: Cambridge University Press, 2004), p. 40.
[41] Amundsen, D. W., "Suicide and Early Christian Values," in Baruch Brody (ed.), *Suicide and Euthanasia*, (Boston: Reidi, 1989), pp. 142–44., Aquinas, S. Thomas, *Summa Theologia*, 2.2.76.2.
[42] Samanta, Srikanta, "Permissibility of Euthanasia and Self-Killing vis-à-vis the Concept of Moral Autonomy," *Journal of Indian Council of Philosophy Research*, Vol. xxiv, No. 2, (April-June, 2007), p. 94.

commandment "You shall not murder."[43] Therefore, euthanasia is immoral since it is an act contrary to God's will and goes against religious teachings and Ten Commandments. Hence, human life is a gift of God, it has purity and only He can dispose it. From the perspective of many religions, Suicide as well as Euthanasia, in itself, is not an ethically sanctioned choice. Differing religious perspectives (Christian, Islam, and Judaism, etc.) share a commitment to compassion for patients and others who are suffering.

Suffering is a Part of Life: Suffering is part of our lives, which we cannot ignore and avoid. According to the view of Christians, suffering is an important part of life. We should not neglect that it is a natural part of life with values for individual and for others. Gerald D. Coleman offers a different argument, providing a distinctly Christian perspective and degrading nonbelievers:

> ... suffering is not an absolute human evil. Although suffering is truly an ontological evil to be alleviated whenever possible, it is not of itself a moral evil or without supernatural and human benefits. Some will certainly scoff at this view, but the Christian tradition holds that great good can come out of suffering when this is joined to the suffering of Jesus.[44]

Human being's continuing task is not to eliminate their sufferers but to find better ways of dealing with their suffering. Even God's love comes through suffering. A person who accepts suffering may have a spiritual value for his or her soul. Suffering is an inseparable part of human life and even Jesus suffered. Jainism and Buddhism also believe that suffering is a natural part of life through which we attain liberation. Hindu religion believes that suffering is the result of sins we had made in our past life. Thus, to attain moksha and to end the cycle of birth and rebirth, we should suffer. No one can and should control it. This is generally to suggest that although life can become difficult, painful and sometimes intolerable,

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[43] Exodus 20:13.

[44] Robert M. Baird and Stuart E. Rosenbaum (ed.), "Euthanasia: The Moral Issues," http://atheism.about.com/od/bookreviews/fr/Euthanasia_2.htm retrieved on 21.02.2009.

there is always value to it. The purity of life argument, which goes against euthanasia, is to suppose that life has "intrinsic value" and it is our duty to preserve it at any cost.

It is against Doctor's Duty: It is against the doctor's duty or profession where helping patient to die violates the doctor's duty to save human lives. The opponents of euthanasia argue again that it is against doctor's job "to try to save and protect life." One portion of the "Hippocratic Oath" says,

> I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them. I will not give poison to anyone though asked to do so, nor will I suggest such a plan. Similarly, I will not give a peccary [this was a potion meant to cause abortion] to a woman to cause abortion. But in purity and in holiness I will guard my life and my art.[45]

A doctor stated this in the fourth century B.C.[46] "Hippocratic Oath" believes that doctors must try to preserve life. Apart from these considerations, if they cannot do any good then they must be prevented from doing harm. In this regard, Hippocrates does seem to be inclined towards discarding euthanasia. Plato, in his *Laws*, suggests that doctors should be punished to death, if they administer any sort of drug that contributes to the termination of life."[47] Doctors should always try to care for the dying person, remarked Paul Ramsey, which has been described as ethics of "caring for the dying." Even Christian compassion is "maximizing care," people ought to care always, not to kill.

It is against Hospice Movement and Palliative care: It will also go against the aim of the Hospice movement and palliative care which give importance to care,

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[45] Hippocratic Oath, Wikipedia, *The Free Encyclopedia*, http://en.wikipedia.org/wiki/Hippocratic_Oath. retrieved on 24. 04. 2009
[46] Ibid.
[47] Papadimitriou, John D. et al., "Euthanasia and Suicide in Antiquity: Viewpoint of the Dramatists and Philosophers," *Journal of the Royal Society of Medicine*, Vol. 100, No.1, (Jan., 2007), p. 26. www.pubmedcentral.nih.gov/articlerender.fcgi?&pubmedid.

support and family environments for patients to relieve from suffering and pain. The opponents of euthanasia say that it is beside the aim of the Hospice Movement that give significance to the welfare of patients. In following lines, we find the aim of this Hospice Movement that are –

- Care and support for patients, relatives and friends at the most difficult stage in their lives.
- Relieve pain – whether caused by the illness or by the stress and fear it creates. Hospices specialize in pain control and lead the way in palliative medicine (pain control by drugs). They say all pain, no matter how severe, can be brought under control.
- Enable patients, families and friends to face up to death by allowing them to talk a free and open way. This is one of the main facilities offered by Hospices.
- Care for the emotional needs of relatives–before, during and after the patient's death. In most hospitals, the needs relatives are largely ignored. Hospices seek to fulfill those needs.[48]

Better caring facilities for terminally ill patient are the part of Hospice Movement, therefore, there would be less need for euthanasia. To give best care to patient is part of palliative care. The term "palliative care" describes a treatment regime that recognises cure as impossible but aims to alleviate suffering wherever practicable. The World Health Organisation (WHO) definition of palliative care describes the discipline as "... the active, total care of patients whose disease is not responsive to curative treatment. Control of pain, other symptoms and psychological, social and spiritual problems is paramount. The goal of palliative care is the achievement of the best quality of life for patients and families."[49] It keeps a patient under maximum care, relieves him or her, and patient becomes at peach with familiar faces, and people. Most patients do not need death but peaceful environment

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[48] RE: Quest: What Christians Believe About Euthanasia, http://www.request.org.uk/issues/topics/euthanasia/euthanasia09.htm retrieved on 2.11.2009.
[49] World Health Organization, cited in Farsides, B., "Palliative Care – a Euthanasia Free Zone?" *Journal of Medical Ethics*, Vol. 24, No. 3, (Jun., 1998), p. 149.

and comfort. At the same time, allowing euthanasia at the present state of palliative care could deny patients' necessary care.

Doctor–Patient Relationship: Euthanasia would reject treatment and support which should be a scheduled part of medical practice. If we allow euthanasia, then its consequences would be bad for individual and society. It would ruin the relationship of trust between doctors and patients. Euthanasia is greatly affecting not only doctors and patient relationship but also family relationships. The outcome of euthanasia issue is greatly affecting not only doctors and patient's relationship but also family relationships. Euthanasia is changing the form and role of doctors and family members. Doctors are supposed to do everything to save lives of people and euthanasia makes them killers, this thing also happened with family members. With the help of this weapon of euthanasia, they may start to kill other people who they think are undesirable.

Slippery Slope: The other argument that is against euthanasia describes that euthanasia makes life disposable – it could be the first step on a slippery slope. The slippery slope argument is that once you accept one particular position then it will be extremely difficult, or indeed impossible, not to accept more and extreme positions. If you do not want to accept the extreme positions, you must not accept the original less extreme, position. It is the notion that if something that is perceived as negative is allowed to happen, similar negative actions of greater harm will follow.

There are two types of slippery slope argument that are logical type and empirical type. The logical type slippery slope argument states that if we once permit *p* (which might be acceptable), we inevitably will have to permit *q* (less acceptable), and even *r* (completely unacceptable). If we accept the (apparently reasonable) *p*, then we must also accept the closely related *q*. Similarly, if we accept *q* we must accept *r*, and so on through *s*, *t*, etc. *p*, *q*, *r*, *s*, *t*, etc. form a series of related propositions such that contiguous propositions are more similar to each other than those are more separately in the series. The crucial component in the argument is to establish a series of propositions such that contiguous members of the series are

so close that there can be no reasonable grounds for holding one proposition true (or false) and its adjacent proposition(s) false (or true).[50] This argument is sometimes applied to euthanasia in the context that if one type of euthanasia becomes acceptable, all types of euthanasia will eventually becomes acceptable. This argument was rather simplistically given credibility by the Report of the Select Committee on Medical Ethics, which claimed that "... to create an exception to the general prohibition of intentional killing would inevitably open the way to its further erosion whether by design, by inadvertence, or by the human tendency to test the limits of any regulation."[51]

The second form of slippery slope argument is empirical, or "in practice." It accepts that there is no logical reason to slip from the one to the other but that in practice such slippage will occur.[52] The slippery slope argument suggests that (for example) the acceptance of euthanasia or mercy killing at a patient's request leads to acceptance of the practice where the initiative has not come from the patient but is at the doctor's prompting.[53] If we allow voluntary active euthanasia and doctors to carry out such euthanasia, then, in fact, in the real world, this will lead to non-voluntary euthanasia. Euthanasia would be profoundly dangerous for many individuals who are ill and vulnerable. The risks would be most severe for those who are elderly, poor, socially disadvantaged, or without access to good medical care.[54]

Once euthanasia is legalized for competent patients, it is likely that there will be pressure to legalize it for the incompetent, the compassion that is universally felt for those with a terminal illness, which is accompanied by undignified symptoms, or unbearable pain is experienced no less for minors and intellectually impaired

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[50] Hope, Toney, *Medical Ethics: A Very Short Introduction*, (New York: Oxford University Press, 2004), pp. 70–1.
[51] Mc Lean, Sheila A M., *Assisted Dying: Reflections on the need for law reform*, (London and New York: Routledge, 2007), p. 49.
[52] Hope, Toney, *Medical Ethics: A Very Short Introduction*, (New York: Oxford University Press, 2004), pp. 70–1.
[53] Freeman, M.D.A., "Death, Dying, and The Human Rights Act 1998" *Current Legal Problems*, Vol. 52, (1999), p. 233.
[54] Arras, John, "Physician-Assisted Suicide: A Tragic View," in Margaret P. Battin et al., *Physician-Assisted Suicide: Expanding the Debate*, (1998) 279, p. 293.

patients who are in the same condition. Their helplessness, in fact, probably adds to their vulnerability and emotional appeal.[55] A critic of active euthanasia might involve appealing to a kind of slippery slope argument: if we allow doctors to kill patients who want to die, it might be argued, this will ultimately lead to doctors killing patients with comparable conditions even when they do not want to die. Nonetheless, many see the slippery slope as a real reason for concern, as W. J. Smith said that since our values often follow our pocketbooks, a right to die could quickly morph into a duty to end your life for the benefit of society or your family.[56]

Misinterpretation of Autonomy: It is misinterpretation of autonomy. Many philosophers think that people have the freedom to make personal choices as fundamental values. Nevertheless, autonomy should be balanced with respect for human life. The value of human life is more important than to end one's life which essentially contradicts the value of autonomy. According to Kant, self-killing is never an acceptable expression of moral autonomy. Kant says:

> To preserve his person he has the right of disposal over his body. But in taking his life he doesn't preserve his person, he disposes of his person and not of its attendant circumstances: he robs himself of his person. This is contrary to the highest duty we have towards ourselves, for it annuls the condition of all other duties; it goes beyond the limits of the use of free will, for this use is possible only through the existence of the Subject.[57]

The man who intends to kill himself, he robs himself of his person. For Kant, euthanasia is an example of an action that violates our moral responsibility. He considers that the ending of rational beings needs self-protection and euthanasia

[55] McLean, Sheila A M., *Assisted Dying: Reflections on the Need for Law Reform*, (London and New York: Routledge, 2007), p. 49.
[56] Smith, W. J, "Why secular humanism about assisted suicide is wrong," (*Spring*, 2003), p. 31. at http://www.secularhumanism.org, retrieved on 2009 .05.28
[57] Kant, Immanuel, *Lectures on Ethics*, trans. by Louis Infield, (New York: Harper Row, 1963), pp. 148–58.

would therefore be contradictory with the fundamental value of human life.[58] Kant argued that taking one's own life was contradictory with the notion of autonomy properly understood. Kant contends that the autonomy of person who desires to end his or her life is a case of "heteronomy." This heteronomy of the will seems as the source of all false principles of morality.[59] We find euthanasia contradictory in his principle where he gives moral value to rational beings. Nevertheless, when we analyze Kant's moral theory, then we find that his moral theory is often referred to as the "respect for persons" theory of morality.

Opponents of euthanasia describe that it is not an act that should be desired. It is considered to be an immoral act. Supporting euthanasia would be a rejection of the enduring presence of God. Euthanasia is responsible for the illusion that a person can control everything, even his or her death. It is against medical tradition and the aim of hospice where they provide for physical, psychological, and social needs of terminally ill patients. As The American Medical Association and Council on Ethical and Judicial Affair are strongly opposed to mercy killing, stating, "The intentional termination of the life of human being by another is contrary to public policy, medical tradition and the most fundamental measures of human value and worth."[60]

Thus, after the discussion of arguments for and against euthanasia I find that it is difficult to settle for one or the other view. Both views have their relative merits and demerits. For example those who favours euthanasia focuses more on individual whereas those who opposes euthanasia offer religious, social, ethical and individual grounds. Therefore, it is difficult to state a final word about legalization of euthanasia.

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[58] Beauchamp, Thomas L., "Suicide in the Age of Reason," in Baruch Brody (ed.), *Suicide and Euthanasia*, (Boston: Reidi, 1989), pp. 206–15.

[59] Samanta, Srikanta, "Permissibility of Euthanasia and Self-Killing vis-à-vis the Concept of Moral Autonomy," *Journal of Indian Council of Philosophy Research*, Vol. xxiv, No. 2, (April-June, 2007), p. 97.

[60] Weir, Robert F., *Physician-assisted Suicide*, (Bloomington and Indianapolis: Indian University Press, 1997), p. 61, http://books.google.co.in/books?id=A7r1HIpfB7sC retrieved on 2009 .04.29.

Conclusion

In the present scenario, euthanasia has become an open issue wherein not only doctors but even journalists, researchers and common people, who are aware about the issues dealt under it, have become open to talk and discuss its effects and impacts. As this issue is related to life and death, therefore, it is natural to talk about it on political, social and moral grounds. Throughout the dissertation, my approach has been to raise question aimed at a logical and through-going discussion of moral debate of euthanasia. Euthanasia has attempted to combine the two thoughts of "merciful and good" and "death" wherein it brings the actuality of life to the fore. This is because euthanasia puts death in right sense and not as an evil thing. In this context one views death as our "friend" and not "enemy." As in the words of Mahatma Gandhi, "Death is our friend, the trust of friends. He delivers us from agony. I do not want to die of a creeping paralysis of my faculties - a defeated man."[1]

In the dissertation, I have first sketched a brief background study on euthanasia's issue, how ancient philosophers such as those of Greeks (Plato, Aristotle and Epicures), St. Augustine, St. Thomas Aquinas, Kant and the famous philosophers in medical ethics, like, Michael Tooley, Peter Singer, James Rachels, etc., have discussed a lot about euthanasia.

When we talk about it morally then many concepts start to unravel, like, life, death, dignity of human being, personhood, autonomy, right to die and right to life. Among these, I have discussed the concept of "personhood" and "autonomy." in the first chapter wherein one finds a lot of debate about them in the field of medical

[1] Waghela, Jagruti, and Jameela George, "Euthanasia: A Worldwide Dilemma," *Indian Journal of Medical Ethics*, Vol. 12, No. 3, (June-sep., 2004) in http:// issues in medical ethics.org/123le092.html retrieved on 2009.06.02.

ethics. The person is an individual who has rationality, consciousness, communication skill, social interaction and cognitive power of person. A "person" is a being possessed of human rights and, sometimes, duties; and it is for society, influenced by moral and practical considerations, to define a "person" in this sense in any way it chooses. Another view discusses that a "person" is also defined in terms of both physically active and mentally agile. The term "person" refers not just to a human individual but also to a human individual with human moral status. And, under this moral status, a patient desires a pleasant death without being a burden on his family. Under this aspect, we discuss the notion of "autonomy" wherein the patient tends to act on his power of self-decision. Many philosophers of medical ethics like, Michael Tooley, Peter Singer, James Rachels etc., have discussed the cases of coma patients, informed children in abortion case and have found that they are not a "persons." They are not person because they lack the above-mentioned qualities meaning that they are neither self-conscious beings nor they are socially active, and one cannot give them the right to life as they lack the sense of autonomy.

Autonomy is a complicated concept involving philosophical, humanistic, personal and social aspects. Respect for patient's autonomy represents a fundamental ethical principle in health care. The concept of person is based on characteristics that are believed to have special moral values. It means a person is "a being" who can recognize himself or herself as a moral agent and this characteristic makes him or her different from other human beings. Persons, conceived of as autonomous rational moral agents, are beings that have intrinsic moral worth. This value of persons makes them deserve moral respect. Therefore, I find that they are persons who have the right to life and must use it in right sense and should not unduly misuse it.

Thus, the respect for autonomy goes with the desire of non-interference. This is mainly about establishing and performing the patient's viewpoint on his or her own interests, and I think, this notion of autonomy is very vital in the framework of euthanasia. This very thought summarizes our stand in favour of euthanasia, which I

have dealt in the third chapter. We view the notion of autonomy, as asserting an alternative perspective, on the best interests of patients. I find both in the first and third chapter that patient's best interests and concerns can be declared the very base for the doctors' understanding of the patient's best interests, which can help the physician to permit mercy killing for the respect for patient's autonomy. One can sum up this in the context of euthanasia that a patient is competent one as he or she is free to refuse any medical treatment as he, or she can take a decision, which appeals to the other.

Autonomy is also talked in terms of law. The legal and ethical position is that the questions of treatment withdrawal are resolved either by agreeing to the wishes of a patient or for a patient who is unable at the time to point out his or her wishes, by considering his or her best interests. For any person, "best interests" includes a range of factors such as the individual's own moral values, religious or cultural beliefs, views of their own aims and the purpose in life. It seems as the ultimate expression of individual autonomy and self-determination. Its proponents contend that repositioning of the law to permit euthanasia in suitable circumstances would relieve suffering and improve human dignity. In the context of the present debate, the close relationship between euthanasia and death with dignity reveals the contemporary importance on self-determination. Self-determination is an expression of individual autonomy. In Kantian terms, respect for the autonomy of all rational beings shows the intrinsic value of individual and the inherent dignity. Euthanasia in its various forms is a means of maintaining autonomy and achieving death with dignity. However, whether dignity can be achieved right through euthanasia depends on the individual circumstances, conditions and on how euthanasia is defined. We cannot take it in the sense of Nazi movement where they killed all sick, old people and children for their narrow and political purposes. Thus, after the whole discussion, I can say that the respect for autonomy is an important ethical principle in medicine.

In the second chapter, I have discussed the moral debate about two forms of euthanasia, i.e., active and passive euthanasia that are self-determined. In the third chapter, I have found two groups of philosophers who support the view that there is moral difference between active and passive euthanasia and on the other hand other group supports that there is no moral difference between them. The view of American Medical Association has mentioned that there is moral difference between active and passive euthanasia and has seen passive euthanasia in appropriate situations being fitted in comparison to active euthanasia. According to AMA, active euthanasia, which is the intentional termination of life of patient by doctor, is seen against his medical profession. And opposite group philosophers as James Rachel argues against any moral distinction between active and passive euthanasia and he gives examples which I have mentioned in the third chapter. For him if one (passive euthanasia) is right, then other (active euthanasia) is also right and vice-versa. In this debate, I infer that the consequentialists & absolutists view the above issue from their separate lenses.

The consequentialist concludes that the end defines the means, and if their end is same in the context of mercy killing then both active and passive euthanasia are same. They have no moral ground of differentiation. On the other hand, deontologists (Absolutists) give importance to actions and they judge in their light the right and wrong actions. In their view, active and passive euthanasia differ from each other on the ground of universal law (God's wish) where they regard the killing as against law and death by omission is a natural death for them.

Absolutist's view holds that certain kinds of actions are intrinsically wrong. It is absolutely prohibited either intentionally to kill a patient or intentionally to let a patient die. No one can be permitted for the killing or letting die of a human being, whether an infant or an adult, or a patient who is suffering from an incurable disease, or who is going to die. Therefore, for them, active euthanasia is wrong and passive euthanasia is permissible. Nevertheless, when we analyse the differentiation between the two based on intention then we conclude that if the intention is right then the act

is right and vice-versa. I find that both active and passive euthanasia are the means which bring relief from unbearable pain of disease. These are the two ways of reaching the goal of painless and dignified death.

We achieve this death through action or omission. The active and passive difference is morally unsuitable with respect to euthanasia. Both are the cases of death, and it depends on the situation (e.g., extreme pain, terminal illnesses, etc.) which perpetuates the need for euthanasia. Thus, the meaning and use of these two forms of euthanasia obviously depends on the "context." Allowing passive euthanasia and permitting active euthanasia depend on "context." If we follow the context of an incurable suffering patient, then we find that under certain circumstances killing a terminally ill patient can be virtuous and vice-versa. To determine what is moral or not is a part of applied ethics and medical ethics depends on the context. Active and passive euthanasia depend upon patient's "condition," "demand" and "context."

In the third chapter, I have talked about the argument for and against euthanasia. Here, I have found that how the respect for personhood and his or her autonomy keeps itself in favour of euthanasia where death is in the best interests of the person who dies. And opposite side of this argument how the sanctity of human life and slippery slope problem keep itself in against of euthanasia where killing of the person goes against God will and doctors duty.

The supporters of euthanasia often consider a question of one's right to die. They believe that euthanasia aims at reducing suffering and ensure honoarable exit rather than helpless deterioration. We have right to life and with the help of this right, we can do anything to make life beautiful and dignified but without harming anyone else right. If we have right to life for dignified life, then why should we not have a right to decide when we want to die? Respect for patient autonomy and dignity is a main argument that is in the favour of euthanasia. It requires health

professionals and even including the patient's family to help patients to come to their own decisions and to respect and follow patients' decisions.

Human dignity is a descriptive and value-laden quality encompassing self-determination and the ability to make autonomous choices, and implies a quality of life consistent with the ability to exercise self-determined choices. The value of a human life is not a theoretical notion. It becomes important when we have to make the decision to kill or not to kill, the preservation of human life seems to be the most important and yet we routinely kill people. What is important in the sanctity of life debate is that, in the religious version, the wishes of the individual take second place at best; the secular version, however, is capable of accommodating the notion of individual choice or self-determination.

Utilitarianism urges about the permissibility of euthanasia depend upon the request of person because one's enjoyment is intrinsically good for the individual; and one's ill-being, suffering is intrinsically bad for the individual. The person cannot effort and as long as for him or her is a trouble and burden to the society. The death of the person averts some harm to the society. If death does not harm the interest of person because they are not interested is continue life, then how it can be bad in itself. The reason why killing is normally a great wrong is that dying is normally a great harm. The wrong of killing, however, is a result of the harm of dying, not vice-versa. It is in the best interests of a patient to die now rather than suffer a prolonged and painful dying, then killing is no longer wrong. In other words, when death is a benefit, and not a harm, then killing is not wrong. It looks as a positive benefit to the terminally ill and these things justify the reasons to support the practice of euthanasia. Nowadays, we find lack of family love and support and even the patient being on the receiving end justifies the need to make euthanasia more developed in this respect.

The arguments like the sanctity of life, life as a gift from God, killing as a sin, value of suffering, palliative care and slippery slope situation stand in against

euthanasia. These arguments explain why euthanasia is an immoral act. Opponents of euthanasia may ultimately rest their case on one basic principle: killing is morally wrong it because it limits our life as God has gifted us to live it well. Therefore, euthanasia is an immoral since is an act contrary to God's will and goes against much religion's teaching. They consider that the practice of killing by oneself or another look as sin. It is contrary to the six commandments and always seen as sin and immoral act. Suffering of person is not stronger than God's love, care and blessings for us and person who suffers becomes as a part of spiritual growth.

Some people deem it unethical thinking of the possible bad effect and its religious implications mean killing in any sense as always wrong. It destroys the purity of life and breaks the God's rule. However, if killing someone's life is unethical and out of God's rule, then on the other hand, prolonging life beyond a certain point seems also to be unethical. Life is a gift from God and only God can take it away from us. If you allow exceptions to the principle that human life is sacred, you weaken the principle itself. It also goes against the ethical values of doctor whose duty is to save life.

Related to the duty of saving someone's life, doctors also have duty to give relief from the pain and sufferings. Hence, the decision of withholding treatments in the context of euthanasia should be made after an informed discussion with the patient. The family members should be consulted but their views should not put pressure on the physician. Therefore, on the point of morality, a major part of common people is thinking that everyone's life has dignity. An old man's prayer show how he desires for death, and for the purpose of ending his life he, asks his doctor:

Pardon me, doctor, but may I die?
I know your oath requires you try
As long as there's a spark of life
To keep it there with tube or knife;

I have raised my children, buried my wife,

My friends are gone, so spare the knife.

This is the way it seems to me:

I deserve the dignity....

Your motive's noble, but now I pray

You will read in my eyes what my lips cannot say.

Listen to my heart! You will hear it cry:

Pardon me, doctor, but may I die?[2]

In this poem, a patient shows his desire for dignified death. Here the doctor to him is not a killer but a helper as providing him relief from suffering. The patient has regard for the doctor's duty and states his agreement with the decision of the doctor to terminate his life. This poem shows that the killing of the patient is in his interest and that condition does not sound wrong to the patient and not to others too. Therefore, euthanasia in this sense is not morally wrong because it not only depends on patient's desire and autonomy but also on his or her condition, situation and doctor's permission, which should be followed by law.

One cannot define euthanasia as absolutely wrong or illegal and right as one cannot give a single view as wrong or right in its context. This issue is a part of applied ethics where "context" stands at a high pedestal as compared to anything else. In some circumstances, euthanasia appears to be accepted for humanitarian grounds. It is helpful where all types of treatment and medicine are powerless to cure. In this sense, euthanasia followed by context, does not look wrong.

[2] Bob Richards, Palos Verdes Estates, Calif. Dedicated to the medical and lay-personnel of Harbor General Hospital, Torrance, California, Fletcher, Joseph, "Ethics and Euthanasia," *The American Journal of Nursing*, Vol. 73, No. 4, (Apr., 1973), p. 675.

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