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Healthcare Ethics

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3. Is there any important ethical difference between active and passive euthanasia? Be sure to explain fully what each of these terms means and argue fully for your view on their similarity and difference. Discuss fully the articles by Rachel and Callahan on this issue and explain what you agree with, and why, and argue against those things you disagree with. Do you think that it is ethical for a doctor to perform active or passive euthanasia or take part in physician-assisted suicide? Argue fully for your position and against the opposite position.

Euthanasia

The word euthanasia, when used in the broad sense, encompasses both killing and allowing dying on the grounds of mercy. Those who use the broad sense of euthanasia typically distinguishes between active euthanasia i.e. killing and passive euthanasia i.e. allowing to die. The underlying assumption in conceptualizing the withholding or withdrawal of treatment under the heading of euthanasia is that the physician withholds or withdraws life-sustaining treatment mercifully for the precise purpose of bringing about the patient's death. If he mercifully administers a lethal dose of a drug to the patient, this act is referred to as active euthanasia. One other distinction that is of importance in both types of euthanasia is whether it is done voluntarily or involuntarily.

Voluntary euthanasia – is done after the informed request of a competent patient.

Non-voluntary euthanasia-involves an individual who is incompetent to give consent. This is also known as involuntary consent, this may arise with regard to adults who have for any number of reasons e.g. Alzheimer, lost their decision making capacity and it might arise with regard to new born infants or children. When combined with active or passive euthanasia, four types of euthanasia may result: Voluntary active euthanasia, Non voluntary active euthanasia, Voluntary passive euthanasia and Non-voluntary passive euthanasia. Of major concern is the moral legitimacy of active euthanasia especially voluntary active euthanasia.

It is my view that active euthanasia, which is the killing of, an innocent person is inherently wrong, is incompatible with our professional responsibility; it may lead to detrimental social consequences. It shows a lack of respect for human life in my opinion.

Physician assisted suicide

Physician assisted suicide typically involves a physician in one or all of the following roles:

Providing information to a patient about how to commit suicide in an effective manner, providing the means necessary for an effective suicide, most commonly by writing a prescription for a lethal amount of medication and providing moral support for the patient's decision, "supervising" the actual suicide and helping the patient to carry out the act.

In both physician-assisted suicide and voluntary active euthanasia, a physician plays an active role in bringing about the death of a patient however they differ in that Voluntary active euthanasia, the physician ultimately kills the patient whereas in physician assisted suicide, the patient ultimately kills himself or herself with the assistance of the physician. In my opinion for any physician that is engaged in physician assisted suicide, he has violated the principle on which the medical profession stands and is contrary to his role as one who tries to cure or comfort patients rather than to assist the patient to kill himself or herself.

There are some that considers active euthanasia as intrinsically immortal for religious reasons and thus oppose the legalization of voluntary active euthanasia. Others are opposed to legalization because of the conviction that physicians should not kill. Others do not object to individual acts of voluntary active euthanasia but nevertheless stand opposed to any social policy that would permit its practice. The concern here is with the adverse social consequences. It is alleged that vulnerable persons would be subject to abuse that a disincentive for the availability of supportive services for the dying would be created and that public trust and confidence in physician would be undermined. Another argument would be that legalization of voluntary active euthanasia would lead to the legalization of non-voluntary euthanasia.

Most people differ in their view on passive and active euthanasia. To some people, it seems permissible to withhold treatment and allow a patient to die but it is never permissible to take any direct action designed to kill the patient. According to the article *Active and Passive*

Euthanasia by James Rachels, killing a patient is not in itself doing worst than letting the patient die. He argues for the moral legitimacy of active euthanasia. One of his major claims is that there is no morally significant distinction between killing and allowing dying. On the other hand, the *article Killing and allowing to die* by Daniel Callahan, defends the coherence and moral importance of the distinction between killing and allowing dying. Callahan is opposed to active euthanasia and argues that killing patients is incompatible with the role of the physician in society. In his view, the power of the physician must be used only to cure or comfort, never to kill.

According to Rachels's argument, by withholding treatment it may take the patient longer to die and so he may suffer more than he would if more direct action were taken and a lethal injection given. According to him, once the initial decision not to prolong his agony has been made, active euthanasia is actually preferable to passive euthanasia and passive euthanasia leads to more suffering than active euthanasia. He argues that allowing a patient to die can be a slow and painful process whereas given a lethal injection can be quick and painless. He further stated that one of the reason why one would believe that there is an important moral difference between active and passive euthanasia is that they think killing someone is morally worse than letting someone die, however both has the same motive and the same end. He further argues that doctors are concerned with whether the patient's life is of no further use to him or in which the patient's life has become or will soon become a terrible burden and the bare difference between killing and letting die does not, in itself make a moral difference. He argues that if a doctor lets a patient die, for humane reasons, he is in the same moral position as if he had given the patient a lethal injection for humane reasons. He indicated that it's the doctor's humanitarian motivation that accounts for different reactions to the different cases. In his opinion, the doctor's decision to let a

patient die is subject to moral appraisal in the same way that a decision to kill him would be subject to moral appraisal. Death is no greater an evil than the patient's existence and cited that doctor's are more concerned about the legal consequences of active euthanasia which is forbidden by the law and active euthanasia is condemned not merely as illegal but as contrary to that which the medical profession stands.

On the other hand, according to Callahan, killing or allowing dying is an act of commission or an act of omission and that lives can come to an end as a result. This separates deaths that are caused by human action and those caused by non-human events. Some challenges to this view is that people can become equally dead by our omission as well as our commission i.e. if we intend their death, it can be brought about as well by omitted acts as by those we commit. According to him the crucial moral point is not how they die but our intention about their death. We can then be responsible for the death of another by intending that they die and accomplish that end by standing aside and allowing them to die. To bring the life of another to an end by an injection kills the other directly, our action is the physical cause of the death. To allow someone to die from a disease we cannot cure and that we did not cause is to permit the disease to act as the cause of death. He argues to cease treatment may or may not be morally acceptable but it should be understood in either case that the physical cause of death was the underlying disease.

Based on the above two articles, I strongly agree with Daniel Callahan that there is a separate distinction between active and passive euthanasia and it involves a decision of two separate acts, one to act and another not to act even though both result have a final outcome, the death of the patient. The active euthanasia involves some intervention, in this case, the administration of a medication. On the other hand, passive euthanasia, the cause of the death

would be as a result of the natural causes of the disease. Additionally if one would apply the act of omission and commission to their work, both can have legal consequences.

Certainly there are certainly mixed decisions about voluntary active euthanasia and passive euthanasia. Although I am convinced that prolonging the lives of terminally ill patients does not have any advantages to the dying patient and their families and contributes to the wasting of valuable resources, active euthanasia still remains unlawful in this state and as medical professional we are obligated to follow the law in our practice. Nevertheless I would not like to be that professional who would administer that dose of lethal medication to the patient if it is actually legalized. In my opinion the principle of double effect would clearly be an unambiguous path. Patients who are terminally ill and are experiencing unbearable suffering and pain may need some medication that would be beneficial to alleviating the pain; the resulting effects would ultimately kill the patient. It is also my firm opinion that everyone should clearly express his or her wishes in an advance directive while being alive in a competent state. This would dispel any speculations as to their wishes in any future state of incompetence. In such case the patient wishes for such action should takes precedence over everyone else and that active euthanasia should be provided for patients who have become incompetent but who had clearly expressed their request for active euthanasia in a written declaration while competent. This would allow the patient's wishes to be respected. Pain and suffering to some extent, in my opinion is very subjective and no medical professional really understands the extent to which one might be suffering. Also there are cases where active euthanasia would conflict the patient's religious views and they would want to be allowed to die in a natural way with the cause of death being as a result of the disease process. Their wishes should be respected.

In concluding, in my opinion, of foremost importance is obeying the law followed by respecting the patient wishes after they or their families have been properly informed of the future outcome in the absence of an advance directive. It is also of my opinion that even though there is democracy in death, i.e. everyone will die, death has dignity in itself and patient should have an input as to way they part from this world if they are able to do so. Their input would more often reflect their own moral views as well as their religious beliefs. It is also my opinion that death does not only present itself with an illness and ethical dilemma but can also be sudden and unexpected and everyone should prepare for the unexpected.