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A REPLY TO SOME STANDARD OBJECTIONS TO EUTHANASIA

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ABSTRACT: The purpose here is to point to the fact that some arguments one hears commonly aired (not necessarily those found primarily in the academic literature), which are generally thought to be objections to voluntary and non-voluntary euthanasia, are not as decisive as they are often thought to be. The arguments in question are mostly utilitarian and non-rights based in foundation. My aim is not to prove that euthanasia is morally vindicated (although I happen to think euthanasia is morally and practically desirable, and that rights based arguments are strong in this respect) but rather to raise some important talking points in the case of arguments where the assumption as to their decisive anti-euthanasia implications may lead us to overlook their lack of decisiveness and the fact that such arguments, if properly considered, can be made to point equally in the direction of supporting euthanasia.

Many of the objections to euthanasia are grounded in utilitarianism. The general point that people have a *right* to determine the end of their own lives, and that the issue is simply a matter of personal autonomy over which others have no right to interfere, may be undercut by the utilitarian denial of absolute rights. The argument from rights alone seems to me decisive, but it is not the subject of my discussion here. The contention here is that significant non-rights based objections to euthanasia are refutable insofar as they purport to present themselves as decisive or even strong arguments. My chief target here is not primarily arguments found in the philosophical literature on euthanasia so much as arguments that are commonly heard but which may, despite their informal expression, have considerable influence on the general perception of euthanasia and legislators.

By 'euthanasia' is here meant primarily *voluntary* euthanasia, although some consideration will be given to *non-voluntary* euthanasia. In the case of voluntary euthanasia a

person is in a position to confirm or deny that they wish their life ended. In the case of non-voluntary euthanasia a person is in a position neither to affirm nor to deny that they wish to end their life. In the case of involuntary euthanasia a person's life is ended against their wishes.

(1) One often heard objection to euthanasia is that its existence would put pressure on people (often in the imagined cases old people) to end their lives so as not to be a burden or a nuisance to others (often imagined to be relatives). The reply to this is that this argument cuts both ways. Because euthanasia is *not now* a practical option for most people, is illegal, carries with it a social stigma, and may have traumatic psychological consequences for relatives, many people feel forced to go on living when they would rather die. Moreover it is not usually noticed that the traumatic consequences that presently follow, or are imagined to follow, euthanasia are in large part only *because* it is not now acceptable. If it were to become acceptable the situation in which it took place would by that very fact be different. Most obviously it would become something that could be discussed openly with relatives and friends, rather than something as now which has to be conducted in secret and often in a manner that is inefficient and distressing, mixed with guilt and fear of detection. Here we have a case where the thing under examination changes its nature partly as a result of attitudes to it, and practices surrounding it, altering. Many of the difficulties perceived as following the introduction of euthanasia are based on both not seeing that its introduction would itself change the circumstances of its occurrence, and a false extrapolation from the circumstances of a situation where it does not yet occur - a self-fulfilling prophecy in fact. One can conceive of social structures of various degrees of extension and formality building up around euthanasia analogous to those that now exist, say, around marriage and the decision to marry, and around birth and parenthood.

In addition it can be said that there may be nothing wrong with the decision to end one's life based on the opinion that one will be a burden - one may indeed be a burden, and there may be only so much the people who care for us can do to dissuade us of this view - it may be perfectly reasonable not to want to be a burden.

(2) It is said that euthanasia is uniquely objectionable because unlike other decisions it is, if enacted successfully, something we cannot change our minds about. This is false with respect to uniqueness and involves various confusions.

(a) Choosing to die is not the only irreversible major decision we take in life. If a couple decide to have children and succeed they cannot go back to the way they were before. Even if the children die, or the parents murder them, they cannot go back to being people who did not have children, or are not child murderers. This is indeed true of a great mass of decisions people take in their lives. Many decisions are taken in life which once done cannot be undone. This is so if only because time is unidirectional; but is even more plausible when one considers in addition aging. I cannot now choose to become a great concert violinist (having earlier decided not to pursue that course) no matter what my talent - it is simply too late. The same applies to my opening the batting for England.

(b) Another objection is that it makes no sense to say that somehow after someone is dead they might if they could change their minds. Indeed the very force of the argument against euthanasia from its being the last decision shows this. The very centre of the concern of the decision has ceased to exist. The objection posits either a perspective that is largely irrelevant (that of others) or a perspective that is senselessly hypothetical. Moreover it is not at all clear why its being the last decision should in itself make it objectionable.

(c) Again the objection (2) cuts both ways. If I choose not to demand euthanasia, and so go on to die in some other way, that too is a decision that I cannot reverse. I cannot then, after death, choose to die differently, say by euthanasia. Just as there might be cases of people who per impossible wish they had not chosen euthanasia, so there might be just as many who per impossible wish they had. Part of the force of the argument against euthanasia here stems from

an unwarranted assumption. Dying by euthanasia is tacitly assumed to be an act possessing only negative qualities, while the decision to keep on living is seen as having positive qualities - after all it will be said one is at least still alive. This ignores the fact that euthanasia may be chosen precisely for its positive qualities as against the negative qualities of continuing to live and dying without it.

(3) The slippery slope argument. This I think can be challenged in two ways. But first it is necessary to distinguish between a logical and factual slippery slope.

In the case of the logical slippery slope it is claimed that the allowing of euthanasia at all logically entails countenancing cases that are morally objectionable, whether they in fact happen or not. This argument is very weak, and no more plausible than contending that because exercise is a good thing one is therefore committed to holding that one should do nothing else.

The factual slippery slope suggests that as a matter of fact the permitting of euthanasia will lead to morally objectionable acts whether they are logically entailed or not. The most significant issue here is the factual slippery slope.

(a) Again it is rarely noticed that the factual slippery slope argument, like the previous arguments, cuts both ways. Just as there may be cases where someone might connive to kill someone else without their genuinely wishing it (and might gain some advantage from doing so) so someone might connive to keep someone else alive against their wishes (and might gain some advantage from doing so; one might imagine a case where someone not dying prevents a hated sibling reaping the rewards of a will). It remains to be shown that those cases in which people gain advantage from killing someone are more numerous than those in which people gain advantage from keeping them alive.

(b) It might be said that endorsing euthanasia might weaken the prohibition on taking life in other areas by some sort of change in the moral ethos of a community. I know of no

evidence that supports this claim. Indeed it might be said that the introduction of euthanasia, rather than weakening the value we place on life, actually strengthens it by ensuring that the *life* of the individual is not despoiled by its finishing in a degrading manner and by respecting the opinions of the individual.

(4) It is sometimes objected that in the case of instructions (that might become an extension of 'living wills'), which give the conditions under which an individual would want euthanasia to be enacted in their own case should they be unable to make a decision for themselves, how people feel when they are well might not be how they feel when they are ill - and that certain cases of reconsideration following recovery suggest this. This objection leaves entirely untouched the issues of voluntary euthanasia. Moreover it can again be pointed out that the argument cuts both ways. For all those cases of people who might change their minds it has not been shown that they equal or exceed cases of people who do not. Moreover there is the side-effect of the distress caused to relatives who are unable to act on their loved one's last *known* wish, a wish that by its very nature will not be revoked, thereby causing the relatives guilt.

(5) It is said that the permitting of euthanasia would undermine the trust between doctor and patient. But this argument simply begs the question. The trust that a patient puts in a doctor could equally be the trust that the doctor will at the very least cease pointless treatment and might indeed actively hasten death when the patient requests it. The trust between patient and doctor is that the doctor will *do his best* for the patient; it begs the question to assume that this will consist in not carrying out acts of euthanasia.

(6) It is sometimes argued that euthanasia is unnecessary because the death of the individual can be 'managed' successfully by various palliative measures, particularly pain control. There are two objections to this line of argument:

(a) What counts as intolerable suffering leading an individual to request euthanasia is necessarily and rightly a subjective matter. A degrading bed-ridden life stricken with incontinence, or even one involving a major dependence on others in any way, may be intolerable to an individual. Even if people can help, it seems reasonable that someone might find having to be helped in a major way itself abhorrent.

(b) Pain is not the only issue. This is in addition to the point about the subjectivity of what is intolerable. Certain conditions do not involve pain (narrowly defined) at all; a condition may lead to death by asphyxiation for which no amount of pain relief as such will do any good at all. Strokes leave previously intelligent people mentally crippled and often hugely distressed at their condition; again pain is not the issue and pain control is of no value. Of course there is the possibility of palliation of conditions other than those involving pain. But in many cases it is difficult to see what palliation is possible or if possible that it is sufficient. If someone is suffering from a fatal progressive paralysis, the mere tragic contrast in that person's mind between what they once were and what they have become may be sufficient to make that person's life intolerable to them - it is very hard to see what form of palliation could do any good in a situation like this. The twists and turns as to what constitutes an intolerable state to be in for a particular individual are extremely complex and subtle, and it could be argued that it is presumptive to decide this matter for another. The intolerable nature of their lives may be the mere perception of the fact of their condition, and no palliation can affect this fact for otherwise, necessarily, the palliation would not be required.

Most of the above refutations to the standard objections to euthanasia have depended on pointing out that the arguments cut both ways - of course this means the arguments can count for euthanasia as well, although they now have to be *shown* to do so - however, it is the assumption that the arguments only work one way and the oversight of the implication that they can be arguments for euthanasia that have given the arguments much of their force. Pointing out

that the arguments are two-way at the very least eliminates the decisive quality of the arguments against euthanasia. It also opens the discussion up as to which way the arguments do in fact point. In the opinion of this author the evidence lies in the direction of euthanasia. This is bolstered by the argument that individuals have a *right* to choose the means and time of their death, which may stand independently of consequentialist considerations.

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