Euthanasia

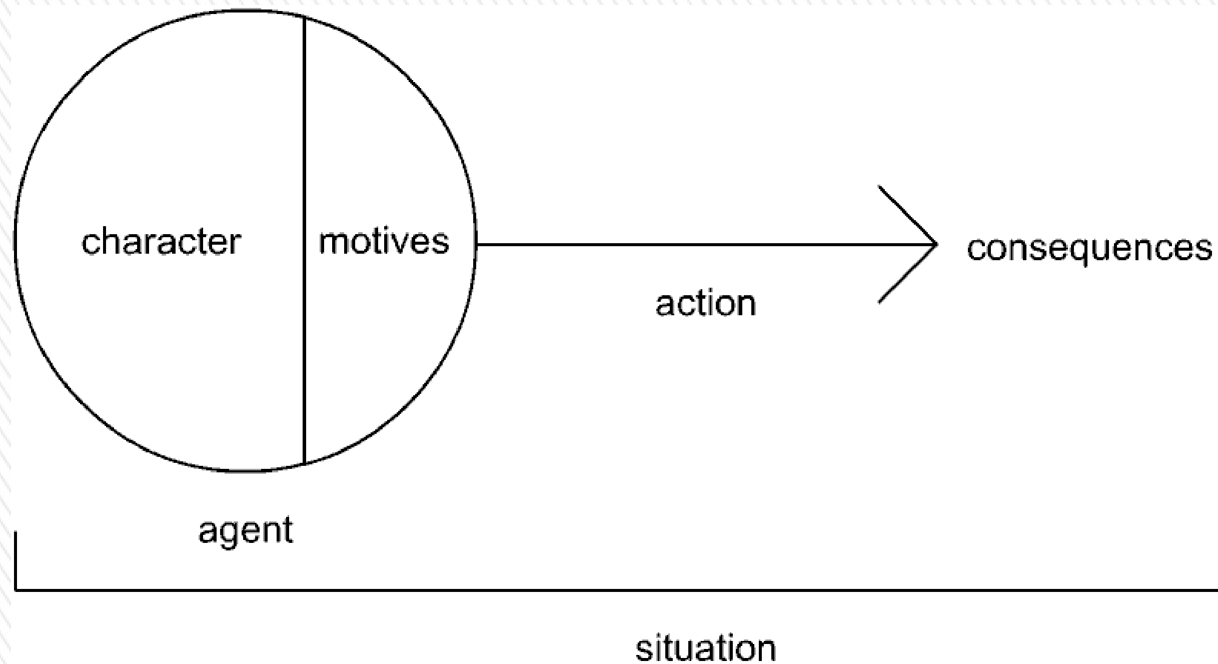
Euthanasia from Greek. *euthanasia* "an easy or happy death," from *eu-* "good" + *thanatos* "death."

- Often called "mercy killing," generally either putting to death in a relatively painless way or mercifully allowing to die by refraining from life-saving intervention.

In thinking about the morality of euthanasia (and whether it should be legal or not) there are several important distinctions that must be made having to do with.

- The nature of the patient's condition
- The nature of the patient's involvement
- The nature of the doctor's involvement
- The nature of the procedures involved.
- Other circumstantial factors

Five factors in moral assessment



- Action: What is the agent doing? Is that action intrinsically good or bad?
- Motive: Why is the agent doing it? Are the agent's reasons good or bad?
- Character: What kind of person is this? Is the agent good or bad?
- Consequences: What happens or is likely to happen as a result of the action?
- Situation: How do the circumstances constrain the agent? What options does the agent have?

Four relevant moral principles

Four moral principles:

- *Autonomy*: Insofar as possible, we should allow the patient an opportunity to provide informed consent on matters of medical treatment.
- *Beneficence*: Insofar as possible, we should try to help others, to make their situation better.
- *Nonmaleficence*: Insofar as possible, we should avoid harming others, or making their situation worse.
- *Justice*: Insofar as possible, we should try to make sure that each person is treated fairly and/or gets what he deserves.

The patient's condition and involvement

The patient's condition:

- Is the patient already dying? How imminent is death?
- Is the patient alert and competent to make decisions?
- Is the patient suffering? If so, how much? Are means available to relieve the patient's suffering without life-threatening side effects?

The patient's involvement:

- Is euthanasia *voluntary*? Has the patient given informed consent to the euthanizing procedures?
- Is it *nonvoluntary*? Are the patient's wishes unknown and the patient incapable of making them known? Or are the euthanizing procedures *contrary* to the patient's wishes?
- In the latter case, where the procedures are against the patient's expressed wishes, euthanasia is said to be *involuntary*.

The doctor's involvement

The doctor's involvement:

- Is euthanasia *active* or *passive*? Is it *killing* or merely *letting die*?
  - Is the doctor actively *inducing* death?
  - Is the doctor actively *helping the patient* to induce death? (physician assisted suicide or PAS; contrast w/ active voluntary euthanasia or AVE)
  - Is the doctor actively *withdrawing* life support, thereby allowing the patient's illness or condition to result in the patient's death.
  - Is the doctor passively *withholding* or refraining from performing some procedure that could extend the patient's life?
- What's the doctor's *motive* for engaging in the euthanizing procedures?
  - Compassion?
  - Money?
  - Curiosity?

The nature of the procedures

The nature of the procedures

- Are they *ordinary* or *extraordinary*?
  - Ordinary = techniques that are readily available, relatively low-risk, and/or relatively inexpensive.
  - Extraordinary = not ordinary.
  - Which procedures count as ordinary or extraordinary is to some extent a circumstantial matter. What's extraordinary in a third-world country or under emergency conditions may be quite ordinary in a first-world country or under stable conditions.

- Are they *natural* or *artificial*?
  - Natural = nutrition, hydration, or oxygen (w/ perhaps modest assistance) – these are things that *everyone* needs to stay alive.
  - Artificial = not natural (e.g., invasive surgery, dialysis, chemotherapy, etc.)