

The Legalization of Voluntary Active Euthanasia

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In Daniel Callahan's paper, he claims that voluntary active euthanasia is not only a matter of self-determination or autonomy, but also a social decision that is made between two people.¹ Along with this opinion, he is strongly fixated on the negative aspects of this killing process and stresses its unlawfulness. It is important to understand that voluntary active euthanasia occurs when a physician is given consent by a patient to administer a medical treatment, thus resulting in the end of the patient's life. This is opposed to voluntary passive euthanasia, which ultimately lets the patient die naturally from an illness by ending life support. With this, Callahan rejects the opinion that there is no moral difference between the two forms of voluntary euthanasia.² I disagree with Callahan and believe that the act of voluntary active euthanasia, or physician-assisted suicide, should be a legal option that is given to a terminally sick patient.

The issue of self-determination is among the strongest of arguments that Callahan pursues throughout his paper.³ When it comes to voluntary active euthanasia, Callahan argues that the physician's role in this procedure is crucial, as they are the only ones to determine if a patient's life is worth living or not.⁴ I believe that autonomy is an important human value and that the decision between an individual's own life and death should be placed in their own hands. In my opinion, Callahan gives too much attention to the fact that the physician is the one who makes the decision⁵. The word 'voluntary' verifies that the patient should be able to make the decision for himself or herself, without

¹ Daniel Callahan "When Self-Determination Runs Amok" in *Biomedical Ethics: A Canadian Focus* edited by Johanna Fisher (Don Mills, ON: Oxford University Press, 2009) p. 177.

² Callahan, 178.

³ Callahan, 177.

⁴ Callahan, 178.

⁵ Callahan, 178.

the judgment of the doctor. The patient is the sole individual who understands the amount of pain they feel and, if the physician has already diagnosed their disease as incurable, they should be the only one to make the choice to stay alive. From this point, I am arguing that the physician is merely the treatment provider, not the killer. When I think of someone being killed, I imagine a struggle for the victim to stay alive. In the case of voluntary active euthanasia, there is no struggle. Therefore, it makes no difference if the patient or the physician performs the task. Euthanasia should not be in the same category as killing because it is a respectable task, a relief of pain and suffering. What Callahan does not seem to understand is the fact that voluntary active euthanasia is done for the good of the patient and they would not ask to die if they saw another acceptable solution. Therefore, the physician's job is to not to decide whether someone lives or dies, but is to examine whether the patient is competent enough to make that decision for themselves. Once competence is proved, the physician should only provide what the patient requires. As competent individuals, we have the self-determination to govern our own fate in life. With the topic of self-determination, Callahan also compares voluntary active euthanasia to the act of slavery.⁶ He states that slavery was abolished because it is immoral for one person to physically own another.⁷ With this idea, it is also wrong for someone to put his or her life in the hands of another person to determine their fate.⁸ I was astounded with the comparison between voluntary active euthanasia and slavery because I believe these actions are in two completely different categories. Voluntary active euthanasia is performed to rid a terminally ill patient of pain and suffering because they willingly ask

⁶ Callahan, 177.

⁷ Callahan, 177.

⁸ Callahan, 177.

for it. Slavery is the exact opposite of euthanasia as it drives a human being into a life of pain and misery, as the slave owner controls their every move. Thus, it is illogical for a competent person to dedicate their lives to enslavement. Although I agree with Callahan's statement that there is some worth to being alive,⁹ it is not fundamentally irrational for an incurably diseased person to want to end his or her own life. A physician cannot completely understand what it would be like to be put in this form of fatal choice situation. Therefore, they should be able to respect the morally good self-determination of the patient and perform their final request.

In Callahan's second argument against voluntary active euthanasia, he believes that there is a significant difference between 'killing' and 'letting die'.¹⁰ In the case of passive euthanasia, Callahan arrives at the conclusion that the patient is not being killed. His view suggests that when the natural causes of a disease are allowed to proceed without life support, it is the disease alone that is responsible for the patient's death.¹¹ On the contrary, in active euthanasia he sees a 'killer' that brings about the patient's death.¹² Although the physicality of his assessment is true, I believe that there is no moral difference between the two terms. The most important component to look at when it comes to any form of euthanasia is that it helps the patient end their suffering. Since both voluntary passive and active euthanasia are based on good intentions that result in wanted patient death, I believe that both should be legal. Unlike the idea Callahan continuously projects, I feel that causality and culpability are not confused.¹³ With the

⁹ Callahan, 178.

¹⁰ Callahan, 178.

¹¹ Callahan, 178.

¹² Callahan, 179.

¹³ Callahan, 178.

author's misdirection in thinking, he also believes that the physicians who are supplying the treatment for active euthanasia will feel guilt, as they are the 'killer'.¹⁴ Nevertheless, he continues by stating that in passive euthanasia the physicians will not feel this responsibility because a natural process is causing the death of the patient.¹⁵ After reading this statement, I question Callahan's empathy for what doctors are feeling or thinking. Physicians are trained to help others in need, including coping with death. In my opinion, I would feel more guilt if I had to passively watch a patient suffer dying than I would if I assisted that person to pass away calmly with dignity. If physicians are not comfortable with this voluntary active euthanasia process, I propose that they should have a choice when it comes to voluntary active euthanasia. This being said, if voluntary active euthanasia were legalized, when doctors are in training they must be aware that they may have to encounter a person who wishes to partake in this treatment. In my opinion, there could also be the option of having certain euthanasia doctors who come in to treat and help the patient with death. This would help reduce the fear that some doctors might feel responsible for the death. Doctors should understand that this is the right thing to do for a terminally sick individual who is voluntary asking to die. With voluntary active euthanasia, Callahan's ongoing argument is the fact that physicians will be doing the 'killing'.¹⁶ However, I strongly believe that in both types of euthanasia the doctor is ultimately the one who manages the process. Whether they 'pull the plug' or perform an active treatment, the physician is still acting to end the patient's life and they understand the outcome. The upsetting thing to me is, in voluntary passive euthanasia they are

¹⁴ Callahan, 178.

¹⁵ Callahan, 178.

¹⁶ Callahan, 178.

allowing the patient to suffer. Voluntary active euthanasia is the better form of euthanasia because it reduces pain, while keeping the end result the same.

The possible consequences of voluntary active euthanasia are a major concern for Callahan. He reports that all laws have been abused at some point because not everyone is willing to participate in them.¹⁷ With this recognition, he believes in the slippery slope effect, where the first step of legalization will lead to a chain reaction of negative consequences.¹⁸ Voluntary active euthanasia could then lead to nonvoluntary active euthanasia, which Callahan is “convinced”¹⁹ is happening in the Netherlands where they have tolerated voluntary active euthanasia since 1973.²⁰ Although, Callahan’s assumption does not prove that this will happen if it is legalized in Canada. After reading Callahan’s argument, I believe that the slippery slope is a fallacy and that we can never be absolutely sure of the consequences before any action takes place. Callahan is only looking at the negative side of voluntary active euthanasia and fails to see any good that may come of it. I believe that citizens should not be afraid of death and voluntary active euthanasia could be a form of reassurance for terminally ill patients, as voluntary active euthanasia promoter Dan Brock stated.²¹ Although not all patients will use this form of passing, it would be comforting for dying patients to know it is an option. However, although I am in favour of legalization, I do believe that there should be certain regulations or

¹⁷ Callahan, 179.

¹⁸ Callahan, 179.

¹⁹ Callahan, 179.

²⁰ Louis-Jacques van Bogaert “Voluntary Active Euthanasia: The Debate” in *Euthanasia – The “Good Death” Controversy in Humans and Animals* edited by Josef Kuře, September 2011, http://cdn.intechopen.com/pdfs/19611/InTech-Voluntary_active_euthanasia_the_debate.pdf (accessed March 15, 2013).

²¹ Dan W. Brock “Voluntary Active Euthanasia” in *Biomedical Ethics: A Canadian Focus* edited by Johanna Fisher (Don Mills, ON: Oxford University Press, 2009) p. 169.

conditions that accompany voluntary active euthanasia. For example, only a fatally ill patient with an incurable disease should be allowed to participate in the act. With this, the patient must also consciously and actively ask for the procedure and must understand the treatment fully with its consequence. Lastly, a physician who is comfortable with the procedure must approve the request. If there are no deviations from these rules, Callahan's fear of a slippery slope occurring will never take place.

As stated above, I believe that only good can come from voluntary active euthanasia and it should be a legal option for all incurably ill patients. Humans are autonomous beings who are capable of making our their decisions in life, including when it comes to choosing their demise. All forms of voluntary euthanasia are morally correct and if law allows one form, the other one should be equally accepted. I disagree with Callahan's paper and argue that with the right conditions and regulations, legalized voluntary active euthanasia would greatly benefit Canadian society.