



MORAL CONCERNS WITH EUTHANASIA

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Abstract

Euthanasia or mercy killing has generated arguments and counter-arguments on its moral justifiability. There are cases where terminally ill-patients request for euthanasia; this is because, to them, life has become meaningless hence, the justification for the request. There are also some cases where a patient may be incapable to make such request but the physician deems it fit that the patient be administered lethal drugs. Doctors on the other hand are duty bound to preserve the lives of their patients and when faced with a case of euthanasia, does it run contrary to this duty? In other words, is euthanasia against the Hippocratic oath? Does euthanasia pose a threat to the sanctity of human life? Does it encourage slippery-slope? These questions and more were ethically appraised by this study and it submits that even though preservation of life is paramount, what happens if life becomes a threat to itself? What happens when my continuous living happens to be the reason why I do not want to live? These rhetorical questions give credence to a possible conclusion on the moral justifiability of euthanasia.

Keywords: Euthanasia, bioethics, Hippocratic oath, moral

Introduction

Euthanasia is another controversial matter in bioethics. The term euthanasia is derived from Greek words *eu* and *thanatos* meaning good death. Most times, people suffer from terminal ailments without any hope for cure and such condition is usually accompanied with severe pain and agony. Ending the life of such a patient by a physician is called euthanasia. Thus, euthanasia means easy death or mercy killing. It is the termination of the life of the terminally ill patients at their request or in their interest.

Euthanasia has been differently categorized into “voluntary”, “involuntary” and “non-voluntary.” Voluntary euthanasia is performed at the request of the patient. Involuntary euthanasia describes a situation in which euthanasia is performed without the patient’s request. “Non-voluntary euthanasia relates to a situation in which euthanasia is performed when the patient is incapable of consenting.”¹ Euthanasia is further categorized as active and passive. Active euthanasia refers to the deliberate act, usually through the intentional administration of lethal drugs, to end a patient’s life. “Passive euthanasia is used to describe the deliberate withholding or withdrawal of life-prolonging medical treatment resulting in the patient’s death.”²

The controversy over euthanasia is found in its justification. Is it justifiable to help terminate the life of a terminally ill patient whether at his request or not? To answer this question, the reasons given so far against the practice of euthanasia will be critically discussed. These reasons are:



euthanasia violates the Hippocratic oath in the medical practice, it does not respect the sanctity of human life, euthanasia goes against the biomedical principles of non-maleficence and beneficence, its legalization will encourage slippery-slope etc.

Does euthanasia violate the Hippocratic oath?

Hippocratic oath was an ancient oath originated by Hippocrates and still relevant to the medical practitioners today. It is an oath stipulating the dos and don'ts guiding them while practicing medicine. This oath has undergone many interpretations leading to its classical or original version and the modern version. A part of its classical version reads: "I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect...."³ In line with this, many based their critique of euthanasia on the fact that it violates the oath guiding the doctors. They argued that assisting the terminally ill patient in taking his life brings more harm than good to him and this goes contrary to the Hippocratic oath and the bioethical principles of nonmaleficence and beneficence.

The question here is; what does it really mean to inflict harm to a patient? One may argue that to allow a terminally ill patient who is on a life-support to continue going through pain without any hope of cure is more harmful. Assisting such a person on his request of ending his life is less harmful. In line with later developments in the field of medicine, Hippocratic oath has been modified into its modern version to read; "... Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God."⁴ Furthermore, the part of the oath that reads; "I will not give to a woman an abortive remedy" has been overtaken by events today because; abortion is usually justifiable if and when the life of the mother is in danger.

There is a difference between prolonging life and prolonging death; the former goes with the hope and expectation of being well again while the latter is a futile effort. A terminally ill patient who asked for an assisted suicide but was denied of this only has his death prolonged by the physician. Narrating the experience of one Dr. Kress with euthanasia in his paper, Crocker (2013) writes:

Dr. Eric Kress, a family practitioner and hospice care worker, reports an experience with one patient that persuaded him of the existence of this responsibility: The patient was terminally ill with ALS; he had lost 100 pounds, couldn't walk and was being fed through a tube. "He used to be a vigorous guy, but now he was wasting away, and there was no question where he was headed," Kress recalls. His patient, whom Kress considered of sound mind, felt very strongly that he did not want to wait a few more weeks for the disease to end his life. He requested lethal medication. Kress told him he couldn't provide it. A few weeks later the patient had stockpiled enough pain medication to kill himself anyway. But before he died, Kress says, "He called me a coward and said, 'Who are you treating here? Are you treating yourself or are you treating me?' And he got me thinking, what kind of doctor am I? Am I going to do what I want or what my patients' needs?"⁵



The case of Dr. Kress goes to question the underpinnings of the Hippocratic oath; when I deny my patient the plea to help end his agony and harm inflicted on him by an incurable disease which cannot be relieved without ending his life, am I doing harm or good to him as a physician? Am I prolonging his life or death? Is active-voluntary euthanasia the same thing as murder? These questions go a long way to challenge the criticism against euthanasia on the ground of violation of Hippocratic oath.

Sanctity of the human life argument on Euthanasia

Euthanasia has also been criticised for the reason that it goes against the sacredness of life. Life is sacred and should be handled so, therefore, any attempt to terminating a life is morally not permissible. This is an absolute moral belief that fails to take into consideration the circumstances of existence. There are circumstances where continued existence amounts to degradation of life. A terminally ill patient who is in a vegetative state (maybe on ventilator and feeding tube) presents a picture of someone who is just existing but not living. Parts of the reasons why life is cherished and death dreaded is the ambitions, hopes, expectations and future that living brings but when all these seem impossible, then, life becomes meaningless and the patient involved is left with only suffering that accompanied his mere existence. One can even argue that the patient's plea for the termination of his meaningless life was borne out of his respect for the sacredness of life.

An extreme critic may argue that life is deeply rooted that no reason is justifiable for its abrupt termination. The giver of life is God and He alone will decide when life ends; therefore, a physician who aids the termination of a terminally sick patient is playing God and such is morally wrong. This particular view begs for a question; how do we know when God has decided to end a life? This is because, no one has ever seen where God ends a life. Human death is usually caused by sicknesses, accidents, human beings (even animals) and other known factors. Autopsy has also made it possible to dictate the cause(s) of seeming inexplicable deaths. As believers, we usually say, 'that is how God wants it' even when the deceased was murdered. Since death usually occurs through things that we know, could the act of a physician who yielded to the request of a terminally ill patient by ending his life be interpreted as one of these factors that bring about death and, in this case, a justifiable factor? Can the phrase, 'playing God' be justified in this context? God is an invincible being that carries out His activities through known beings but in an invincible manner and reasons. Can we also say that a physician is 'playing God' when he/she heals a patient?

When a believer prays for healing and gets healed (made possible by the medical science), it is normal to say that God healed him but when he prays for healing and none happens to be available (because such healing is beyond the medical science and its ingenuities) and because of the excruciating pain that accompanies the patient's hopeless condition, he requests for his life to be terminated, is it justifiable to say that God made his death possible through the Physician? Another argument may be that both the patient and doctor acted in a hurry; why not tarry? What if a cure comes out after the euthanasia? Another question could be; what if there is no cure at the end of this wait? Then, the patient will die a horrible, painful and shameful death. Why did God give the medical scientist the intelligence for making such lethal drugs available for euthanasia? Does God



derive joy in watching His creature go through futile suffering? Because of the nature of God, most arguments that have Him as a basis usually ended inconclusively. This is because, one can only speculate about God and what He can or cannot do.

Does Euthanasia encourage Slippery Slope?

The slippery slope argument was advanced against the backdrop of possible abuses that may accompany the legalization of euthanasia. This argument asserts "that although some acts of euthanasia may be morally permissible..., to allow them to occur will set a logical precedent for, or will causally result in, consequences that are morally repugnant."⁶ The idea behind the slippery slope is that "if euthanasia were legally permitted, it would lead to a general decline in respect for human life."⁷ This is because, many will hide under the veil of its legalization in undermining the sanctity of the human life. It has been argued that if euthanasia were to be legalized, it could be abused and forced on people against their will. Three main sources of potential abuse are suggested. The first source is families who shoulder the financial and emotional burden of a relative's prolonged illness and may try to "manipulate or pressure patients into choosing death."⁸ A second source is physicians who may use euthanasia "as the solution for every treatment problem they cannot solve" or to "cover their medical mistakes."⁹ Physicians might also pressure patients into euthanasia by convincing them that they have no viable options in terms of treatment or pain control.¹⁰ A third source is health care institutions that may, to contain costs, limit a patient's treatment choices.¹¹ All the fear factors raised above cannot be ruled out but the fear of possible abuse of a law does not supersede what that law seeks to address. It may be possible that euthanasia if legalized, will be abused but this fear does not supersede the benefits accruable from it; many terminally ill patients will stand to gain if it is legalized.

Laws are usually not devoid of possible abuses; little wonder there are always mechanisms to checkmate such with accompanying punitive measures. Using the utilitarian argument to weigh the fear of abuse of euthanasia, it becomes clear that there are much to gain than lose if euthanasia is allowed legally; the patient relieves himself of the agony of continue living (knowing full well that he has short period to live without any hope of cure), it saves cost, it relieves the family members of the financial burden, time and the emotional trauma that comes from watching their loved one in such a pitiable condition etc. Therefore, the need for euthanasia outweighs the fear of its abuse.

Conclusion

The question raised in the case of abortion becomes apt here; can all these factors mentioned above justify the act of ending a life? Within the context of euthanasia, the fact remains that a person's continuous living poses a threat to his living well, that is, the person feels that his life is the source of his discomfort and it simply means that such life is not worth living. Unlike in the case of abortion that involves an innocent and defenceless baby, that of euthanasia involves the person who dies and the decision to die is his to make.

Even though that we stated earlier that life is the highest value that is, it becomes a dicey issue when a life becomes a threat to itself. What happens if my state of continuous living happens to be



the reason that I do not want to live? When a person suffers from a terminal disease and lives on a life support, it simply means that his death is been prolonged and if he decides to end his life, he is only embracing the reality as against the vegetable existence of living on life support. There is difference between someone who is suffering from the effects of the medication from a curable disease and someone suffering from the effects of a terminal disease that has no cure. The former suffers in an anticipation of better life to come while the latter suffers in futility; sequel to this, is it not better to bring the end close using euthanasia? Is it not logical to trust the same medical science that makes it possible for a disease to be curable when it says otherwise? If a terminally ill patient should base his decision for euthanasia on this trust, is it not justifiable? When the state of our continuous living becomes the reason for our not wanting to live, it simply means that life has become antithetical to itself and it follows to say that life has negated itself and should give way. A possible synthesis that may arise is the life afterlife (for those that believe in immortality). Suffice it to say that the highest value status given to life can give way if life becomes antithetical to itself and in the case of the terminally ill patient, it becomes clear that there is nothing that poses threat to life except its state of continuity which its imminent end has been made clear by the predictions of the medical science; and its vegetable and painful continuous existence is only a prolonged imminence.

It is important to state here that the only reason for the moral justification of euthanasia is on the basis of terminal sickness, that is, where there is no hope for cure and death becomes imminent. Denying such a patient a plea for euthanasia is to say that the physician derives joy watching him suffer excruciatingly from a disease that has no cure thereby, prolonging his death as against the patient's life. In this regard, the justification of euthanasia covers the physician who aids it.

Given to the fear of abuse, Spina states that there are several ways to regulate the practice of euthanasia. First, psychological evaluation, counselling, and a waiting period must be required for the patient to ensure that he is competent, has based his decision on sufficient information, was given enough time to decide, and was not improperly influenced by anyone during this time.¹² Second, the opinions of several professionals must be obtained in the physical and psychological evaluation of the patient. Third, every instance of euthanasia must be documented as far as the patient's medical condition, alternatives to euthanasia presented to the patient, and various aspects of the patient's decision process including "a clear expression of the patient's choice."¹³ Another possible means of regulation is through a federal agency, either one already in existence or one designed specifically to address issues of euthanasia, where reports on practices of euthanasia could be sent for review.¹⁴ Such an agency could conduct "retroactive inspection on a broad scale of patterns of performance of euthanasia" to take place in order to help show any "patterns of euthanasia abuse" that may already exist.¹⁵

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