Physician Assisted Suicide (PAS) and an Argument for Morally Permissible Euthanasia

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Abstract: The issues and questions generated by euthanasia have informed divergent views among scholars. Some uphold the sanctity of human life and oppose euthanasia regardless of the situation. Some contend rational and morally sound inferences for euthanasia. It seems the debates vitiate the consent and ‘unique’ situation of peoples who find themselves seeking the plausibility and applicability of Physician Assisted Suicide (PAS). Through the method of philosophical analysis, this research seeks to argue if euthanasia can be morally permissible on some grounds. This research employs Robert Young’s outlook on the discourse in order to justify grounds upon which active euthanasia and physician assisted suicide may be permissible. What are these grounds? Are these grounds morally permissible? Does Young’s submission take into consideration the autonomy of the patient and beneficence of the physician? These are the primary questions that this research seeks to engage.

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morally permitted? It is therefore for this reason that some scholars have argued for the importance of euthanasia and PAS since they assure of the capacity to reinstate dignity and resolve for undesirable continuous existence\(^1\). In this study therefore, our aim is to look at the meaning, nature and the moral permissibility of active euthanasia and PAS from the perspective of Robert Young. We shall consider arguments for and against cases of euthanasia to determine under which circumstances, it is permissible to entertain euthanasia. While it is difficult to say the act of euthanasia is not morally permissible in one instance, in another instance, there are chances of active euthanasia. It is therefore important to see what other ethical choices that make active euthanasia and physician assisted suicide permissible.

So for its set objective, this research has five sections, including this introduction. In the next section, the meaning of euthanasia and how the notion of informed consent plays an important role in euthanasia is considered. In the third part of this essay, the moral questions regarding PAS as a strand of euthanasia will be examined. After giving deep insights into the various proposals on the moral implications and dilemmas generated by euthanasia, the fourth part of this research unfolds the proposal of Robert Young\(^2\) upon which PAS can be coherent and logically viable. The fifth part is the conclusion of this disquisition.

The Idea of Euthanasia and the Place of Informed Consent: The term ‘euthanasia’ literally translates from its Greek meaning as ‘good death’\(^3\). It is important to note that the term ‘euthanasia’ is generally classified as either ‘active’ or ‘passive’, and as either ‘voluntary’ or ‘involuntary’\(^4\). Euthanasia is very close to ‘assisted suicide’.\(^5\) This is also true for William Burton who explains that euthanasia may indicate assisted dying, authorization to end life for human reasons.\(^6\)

Euthanasia also means “mercy killing” that is, deliberately putting an end to someone’s life in order to spare the individual’s suffering.\(^7\) A good example to explain the case of euthanasia is the case cited by Marco & Wiker “of Mrs. Jean, the first wife of Dereck Humphry. She suffered from incurable breast and bone cancer in her early forties and the husband helped her to die by mixing her coffee with a lethal drug that she obtained from a sympathetic doctor. The drug took effect and in less than an hour Mrs. Jean died. It was a voluntary euthanasia requested by Mrs. Jean and Humphry was fully aware that it is a crime to help her die; however, he could not refuse her”\(^8\).

Humphry, the doctor would later write: “I reasoned that, being asked by the person I love most, I could not refuse, even though it was a serious crime”\(^9\). He had however been dismissed by the general public as a “murderer and killer” but he believed he did the right thing on the ground that “the ordinary connotation of those words is the taking of life without permission.”\(^10\) It is true that euthanasia brings to an end, a human life. However, when the pain that would be experienced by the patient is brought into factor, it gives a clear reason to look at the moral question. Before beginning to examine the moral dilemmas and implications generated by euthanasia, the first task is to consider the types of euthanasia. Actually, there are two types of euthanasia: 1) active (involuntary) and 2) passive (voluntary) euthanasia.

Active euthanasia “is the direct action that ends the life of a terminally ill patient; thus it actually involves an act of killing”\(^11\). The patient “is put to death for merciful reason by commission (giving overdoses of pain killers) or omission of obligatory treatments and medications (stop feeding the patient) so that the suffering can be eliminated.”\(^12\) Essentially, it entails “taking specific steps to cause the patient’s death.”\(^13\) Passive euthanasia, on the other hand, “is the withdrawal of treatments and allowing the terminal patient to die.”\(^14\) From another leaning, it involves the moral distinction between active and passive euthanasia, since in the case of the former one is procuring death while for the latter,
the situation is allowing to die.\textsuperscript{15} This has been carefully considered in the words of Keown thus: There is a widespread belief that what is referred to as passive (voluntary) euthanasia, wherein life-sustaining or life-prolonging measures are withdrawn or withheld in response to a competent patient’s request, is morally acceptable. The reason why passive (voluntary) euthanasia is said to be morally permissible is that steps are not taken to preserve or prolong life (and so the patient is simply allowed to die). This happens, for example, when a patient requests the withdrawal or the withholding of such measures because of advice that their administration would be medically futile. By contrast, active (voluntary) euthanasia is said to be morally impermissible because it requires an unjustifiable intentional act of killing in order to satisfy the patient’s request.\textsuperscript{16}

Aside the two levels of euthanasia already disclosed it is also cardinal to relay that depending on decision making and the agency of the act, euthanasia surfaces in three ways: voluntary, non-voluntary and involuntary. As Gomez puts it, if the patient demands for euthanasia, then it is voluntary.\textsuperscript{17} This strand of euthanasia for Michael Manning means the “intentionally administering medications to cause the patient’s death at the patient’s request and with full, informed consent.”\textsuperscript{18}

Informed consent is a very important concept here because it also has implications for PAS. Specifically, informed consent, principally in health care, involves a situation where a fully informed patient can participate in choices about her health care. For this to be valid, the patient’s affirmation or consent must not be under any form of coercion, s/he must be capable of making voluntary decision. Even when the idea of informed consent may be compromised in situations where a patient cannot make this decision freely for herself, loved ones can ask on behalf of a patient in instances of comatose or emergency.\textsuperscript{19} In other circumstances, the consent may even be presumed when the patient is unconscious or incapable of making health care decisions during emergencies. For such instances of emergency, the best interest of the patient will be given chief consideration. It is now pertinent to consider albeit briefly, how informed consent intersects with euthanasia.

Involuntary euthanasia is the situation of “intentionally administering medication to cause the patient’s death without the patient’s request and informed consent.”\textsuperscript{20} However, in the third possible scenario when the patient is not able to express her wish but euthanasia is administered because the decision is made by the patient’s loved ones, family members, and doctors after assessing the state of the patient judiciously on behalf of the patient with the presumption that euthanasia is for the best interest of the patient, this, for Gomez what may be termed non-voluntary euthanasia.\textsuperscript{21} In this instance, the patient may be in severe comatose or vegetative state.

**Physician Assisted Suicide and Moral Dilemmas:** Michael Manning defines PAS as a circumstance where “A physician providing medications or other means to patient with the understanding that the patient intends to use them to commit suicide.”\textsuperscript{22} Timothy Quill, another well-known advocate describes PAS as “the act of making a means of suicide (such as a prescription for barbiturates) available to a patient who is physically capable of suicide, and who subsequently acts on his or her own.”\textsuperscript{23} In this case, it is the physician or doctor that merely provides suggestions of the lethal dose and drug and then, the patient takes his/her own life following the recommendation given by the physician. Essentially, “The person who chooses physician-assisted suicide is himself the principal cause of his death while the physician is instrumental cause, usually an immediate and formal cooperator.”\textsuperscript{24}

Much as PAS in particular and euthanasia in general aim at the convenience and benefits of a patient, there are however some tough moral questions and dilemmas that have been generated. It is prudent to therefore state that much as there are moral grounds or arguments
endorsing PAS, there are also some that vitiate it.

One of the arguments to support euthanasia is related to the reprieve of sufferings of patients by physicians. Those who are in favor of the legalization of euthanasia believe that it is not morally good to allow people to suffer unnecessarily. Suffering and pain are inescapable and the most horrible thing experienced by us living and sentient beings. It would be barbarous and foolish not to use sure and easy means available at hand to stop the suffering and pain when reaching a high degree of intensity. Euthanasia is believed to be justified on the ground that it relieves suffering and pain when unbearable and unendurable.

Suffering is perceived to be morally unacceptable by Kantians since they uphold that killing is bad irrespective of the motive and expectations that unfold from the act. However, a critical look at some dire situations will show that compassion overrides duty or moral imperatives. Indeed, despite enormous achievements of modern medical research and treatments, doctors cannot erase all the suffering of the patients. Where it is possible, a patient should be spared from suffering unnecessarily. This is the core argument of the pro-euthanasia arm of scholarship. Pro-euthanasia endorses the locus that “euthanasia is ethical too.” Moreover, “the denial to patients the choice of being spared from intolerable suffering is perceived to be an unfair treatment which causes them to carry an unnecessary burden as well as it imposes on them unfairly the values of others.” Euthanasia hence, is a solution to end the intolerable suffering and pain of patients.

In addition, for patients suffering from painfully and incurable illnesses, death is a good option and the physicians are morally justified to eradicate pain by eradicating life. This is the position of a physician who says “death is man’s greatest blessing when it cancels a life cracked with suffering and stripped of its meaning.” Specifically, PAS is morally justified on the grounds that the patients are not available to the benefit of a possible cure for the illness which they suffer from. In some cases, these ailments are terminal and death inevitable but life is unbearably full of sorrow.

However, anti-euthanasia arm of scholarship express the euthanasia is morally wrong. The problem is that it puts happiness and suffering head-to-head ahead of life itself. It seems to imply that life is only worth living if one is happy. In the words of Brandon Norgaard, one of those who find euthanasia as morally impermissible: Of course we will all die eventually, and this will come sooner for those who are terminally ill. For anyone in such a condition, even a few more years of endurance is quite doable given the right determination and focus on the meaning of life. Anyone who is forced to endure suffering should be able to find their own dignity regardless of the circumstances and any of their loved ones should be able to do the same. The friends and family of terminally ill should never want them to die in order to end their suffering but should instead celebrate their lives and always keep in mind the inherent value of life that is incomparably more important than happiness or suffering. To say that life has immeasurable value is the same as saying that life is sacred.

One would have questioned Norgaard’s position for implying that regardless of the unendurable pains experienced by the patients, the frustration experience by caregivers and the amount of medical fees being spent on terminal illnesses the physician must not endorse euthanasia on any ground. However, he elaborates further on his position that:

If we, as a society, decide that the value of life is entirely based on the level of happiness vs. suffering that one experiences, then it seems to make sense that we should allow poor people to die as well. Of course, very few people will seriously entertain such a notion and this will likely sound abhorrent to most people. The truth is, however, that if we don't ground our morals in a foundation that makes sense, then there will be more creeping immorality that might blindside us. If we don't solidly proclaim that life has
inherent value no matter what degree of suffering one might experience, then we are possibly opening ourselves up to actions that currently sound inhumane but might sound normal to majorities of people in the future.31

The position of Norgaard is not sound because life itself is the striving for happiness and the aversion from sadness. This is one of the deep truths that the Nigerian ontologist Ada Agada narrates: “Thus, virtually all the great philosophers who formulate ethical theories conceived happiness as the aim of human life, the realization of the *summum bonum*.32 In a later passage of his ground-breaking publication, *Existence and Consolation*, he elaborates that his scheme is an adequate systematization and elucidation of the metaphysics of terror, a philosophical vision of the doctrine of consolation, which asserts that the goal of consciousness as it lifts itself from an unconsciousness directed by primitive intelligence, is not the attainment of happiness but the fulfillment of consolation or the deepening of human joy and sadness as these two elements cut a path through anxiety to the concept of a transcendent Being.33

The discourse so far has been able to show why it is a serious issue, the moral question that euthanasia presents to us. In essence, we are led to ask: is it morally right or wrong to endorse or refuse euthanasia or physician assisted suicide? In spite of the gridlock and dilemmas generated, this research intends to use the view of Robert Young to justify physician assisted suicide (PAS).

**Robert Young and the Moral Justification of Physician Assisted Suicide:** The raging debates and emergent dilemmas on the moral soundness and legal validity of voluntary and physician assisted suicide is the motivation in Robert Young’s influential book *Medically Assisted Suicide*. The book contributes to a debate which has generated a voluminous academic literature. According to Young dying patients, who find themselves in an “intolerably burdensome situation”34, may end their lives by requesting the withdrawal of medical treatment. There is no reason to frustrate or refuse Voluntary Assisted Euthanasia/PAS since their lives are not being elongated or can benefit from a possible cure via medical treatment. He argues that Voluntary Assisted Euthanasia/PAS is pertinent to be explored “by respect for the autonomy of competent patients, for their right to determine the time and manner of their death. This right extends to incompetent patients who, while still competent, had made an advance directive requesting that their lives be ended or had appointed a proxy to make such a request for them.”35

Young argues against legalization. He also dismisses the principle of the sanctity of life, conceding that it is only the “qualitatively valuable human life”36 (which merits protection and that the widespread practice of allowing patients to die when their lives could be prolonged is irreconcilable with the sanctity of life. He argues that there is nothing in the goals of medicine that are inconsistent with Voluntary Assisted Euthanasia/PAS and that the experience of jurisdictions which have permitted them “give cause for confidence” that legalization “will not result in jeopardy to the life prospects of vulnerable incompetent persons.”37 He seems to endorse non-voluntary euthanasia since health practice which allows to die by extracting treatment judged to be futile.38 It is on this ground that Young clearly endorses non-voluntary active euthanasia but urges supporters of Voluntary Assisted Euthanasia/Physician Assisted Suicide not to do so “to ensure that they do not give ammunition to their opponents.”39 This is when he ripostes that whenever non-voluntary euthanasia is ethical it should be carried out “by way of strategies that opponents of voluntary medically assisted death cannot consistently oppose such as the withdrawal of treatment.”40

Young rests his case on two principles: respect for autonomy and the duty of beneficence. What the duty of beneficence entails is the establishment of a duty to bring an end to a life which is no longer worth living. In addition, he vitiates the decriminalization of Voluntary
Assisted Euthanasia/PAS not only on philosophical grounds but also on empirical evidence. On one hand, Young advocates safeguards to ensure that the patient is competent, free from coercion, and psychiatrically healthy. He claims that “these are just the sorts of requirements” which have been legislated in the Netherlands and Oregon. Unfortunately, this is not usually the case in places such as the Netherlands where there is no requirement that patients undergo a psychiatric or psychological evaluation before accessing Voluntary Assisted Euthanasia/PAS. This is where the idea of the doctrine of double effect enters the fray.

On the most plausible reading, the doctrine of double effect can be relevant to the permissibility of voluntary euthanasia only when a person’s death is bad for her or, to put it another way, a harm to her. Sometimes the notion of ‘harm’ is understood simply as damage to a person’s interests whether consented to or not. At other times, it is understood, more strictly, as damage that has been wrongfully inflicted. On either understanding of harm, there can be instances in which death for a person does not constitute harm for her because it will render her better off as compared with remaining alive. Accordingly, in those instances, the doctrine of double effect can have no relevance to the debate about the permissibility of voluntary euthanasia.

Those opposed to active euthanasia and PAS have offered many arguments why only passive euthanasia is justifiable. The bulk of Young’s Medically Assisted Death considers these arguments and, ultimately, rejects them as flawed. There is a fundamental difference between acts and omissions: “All other things being equal, those instances of harming that result from an agent doing something are morally worse than those that result from an agent allowing something similarly harmful to occur.”

In a nutshell, Young argues first that context makes all the difference here, not the action- omission distinction. These instances are easily conceivable, where not doing anything to save someone’s life would be as morally culpable as actively killing them and, equally, there are also instances or scenarios where actively killing is preferable to letting die. Regarding the doctrine of the double effect, Young offers that distinction between what an agent anticipates and what s/he foresees cannot withstand the moral weight placed upon it by defenders of the doctrine of the double effect. Second, the doctrine fails to establish an absolute prohibition on causing another’s death.

Finally, the doctrine will be irrelevant in cases where a competent patient voluntarily requests active euthanasia or PAS. Indeed, Young argues that one of the oddities of defenders of this doctrine and of passive over active euthanasia and PAS is that they often don’t take the wishes of the patient seriously enough and hence engage in non-voluntary euthanasia, albeit passively so.

**Conclusion:** Thus far, this essay has restricted itself to the moral questions and issues connected to euthanasia. It has looked briskly at the various arguments for and against physician assisted suicide (PAS) from the perspective of Robert Young to show that in the right instances, PAS can be administrated even when the arguments against it may seem valid, a critical assessment of these arguments using logical analysis shows that they can stand the test of validity. It is on this showing that this study does not hesitate to draw inspiration from Young and argue that PAS is morally justifiable. The whole essence of this essay has been committed to this objective.

**References**

10. Ibid., p. 101
12. Ibid., p. 264
24. Ibid., p. 263
28. Ibid., p. 335
31. Ibid
33. Ibid., p. 11
35. Ibid., p. 220
36. Ibid., p. 220
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38. Ibid., p. 222
39. Ibid., p. 221

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