LETTING DIE: A MORAL DEFENSE

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Abstract
This paper draws a distinction between letting die and active euthanasia. It points out that there is a moral difference between letting die and active euthanasia which strictly intends to cause the death of the person. The difference between letting die and active euthanasia lies in the intention though intention in both cases can be said to be ambiguous. The ambiguity calls for the idea of right intention which marks the differences between the two concepts. This paper therefore concludes that letting die is not killing and it does not encounter the same moral problem with killing in order words it cannot be said to be on the same moral par with killing.
Keywords: Euthanasia, Letting Die, Active Euthanasia, Intention

Introduction

The debate on the moral justification of euthanasia has always sought to distinguish and make clarifications on some moral grounds between letting die and every other types of euthanasia particularly active euthanasia. While philosophers engage in debate on what morally and legally constitute letting die, medical personnel are faced on daily basis with the dilemma of decision making between preserving life and relieving pain of patients in end stage.

This paper does not go into definition of the various types of euthanasia. The contention is to draw a line between letting die as opposed to killing. The hallmark of this difference is on the point of intention. Knowing that intention in both cases of letting die and killing may be ambiguous. There is a need to qualify the difference between letting die and killing with the idea of 'right' intention to mark the substantial moral difference between letting die either by act or omission and killing. What is at stake is not just easy because it entails clarifying on a moral basis the distinction if any between intentional act or omission of killing as well as intentional act or omission of letting die. Thus it is more of a case for 'letting die' as opposed to killing/murder.

Letting Die: Meaning

The term letting die feature in euthanasia debate which raises so much of ethical questions and concerns for ethicist and bioethicist. In the classification of the two forms of Euthanasia, letting die is referred to as passive form of euthanasia which is attributed to the act of withholding treatment from patient who are terminal ill in order to cause the death of the person while killing is active form of euthanasia because it involved conscious, intentional, and intervention of the physician to cause the death of the person. This is equally to help the patient put an end to continuous suffering and pain caused by terminal health. These two concepts, letting die and killing are not without their ethical implications hence the reason for this paper.

The Terror of Limitlessness

Letting die in the past decades of pre-science era was not an issue. The distinction was obviously clear when compared to taking someone's life. In those days when the point of death was reached nothing could be done about it than to let go. For better or for worse, the marvels of science and technology in medicine have created and still create problems regarding 'being alive. (Fletcher, 1967: 144) If a machine can restart a heart that has stopped beating, how can one talk about being alive? What we never used to hear; 'right to die in dignity' 'compassionate death,' 'physician assisted death' and so on are talks in hospice and institutions of healthcare. The new technologies have left us in a paradox. There is the possibility of either to maintain life or to prolong dying almost endlessly. (Shannon, 1940: 114) In fact as some authors say, 'death has been transformed. (Shannon, 1940: 114) It has been transformed in the sense that it has been taken out of natural, non-interventional mode and made into more contrived and manipulated phase. Worst are the terms applied to this area. Due to this advancement, terms such as ordinary and extraordinary, direct, indirect are less clear today. In the past moralist never bothered about the obligation to use extraordinary means. (Basterra, 1991: 189)

What is in the Difference?

By common sense it seems as if it is easy to distinguish between letting die and killing. It sounds plausible to think that an agent who causes death kills while an agent who lets die merely allows nature to take its course. (Singer, 1991: 297) If letting die and killing were on same moral par, then we would be just as responsible for the deaths of those whom we fail to save as we are for the deaths of whom we kill. For example as Singer articulates, "failing to aid starving Africans could be the moral equivalent of sending them poisoned food. (Singer, 1991: 297-298) Thus it could be said that we are more or differently responsible for the deaths of those whom we kill than we are for the deaths of those whom we fail to save. So it seems that there is degree of difference even if not substantially. (Singer, 1991: 297-298)

In some situations the distinction seems clear however on the other hand it must not be taken for granted that in every situation letting die by action or omission (non action) may be morally permissible. Some omissions may carry moral responsibility for the death of a person. In that sense it is not the same with letting die. We can be as responsible for our omissions as we are for our actions. Take a case of a parent who does not feed her infant or a doctor who refrains from giving insulin to an otherwise healthy diabetic, he will not be absolved of moral responsibility by mere saying that the one under her care died as a consequence of one's omission. (Singer, 1991: 297-298)

Pro-Euthanasiaists have always maintained a descriptive kind of distinction between letting die and murder. They stand in refutation to any kind of moral difference. They advance their arguments as follows; letting die and direct active euthanasia amount to same result, both are means of reaching the same (Death). In initiating death in active euthanasia and in letting die by act or by omission, there is no difference in intention because both intend death. The descriptive difference is only in the use of the term

'fasten' and 'delay'. The intention is same in both. In active euthanasia, one is doing something with intention to make one die, while the other is doing nothing to let one die. So what does it matter about the means since the end result is same? (Crawford 2000: 36)

Rachels James a prominent pro-Euthanasiaist condemns the so called moral difference of moral absolutes saying that it is an "irrational dogma" (Ladd, 1079: 147) without moral foundations. For him preference should not be made on a moral basis because they are morally equivalent given the fact that both lead to death. There is no need to qualify one as active or passive, euthanasia is implied in both so "either both are acceptable or both are unacceptable." (Talone 1996: 29) The argument put forth is intelligible that because death is involved thus the means and methods are not relevant morally. This is the reason Rachels stood his ground that "They are evils of exactly same type." (Talone, 1996: 29) To establish moral distinction one has to consider some conceptual distinctions and nuances in the debate such as the meaning of omission and action that are used to mark what is letting die and active euthanasia.

Omission and Commission in Letting Die Debate

In defining euthanasia, it has been identified by many as "an action or an omission which itself or by intention causes death in order that all suffering may in this way be eliminated." (Talone, 1996:28) Action and omission are identifiable with euthanasia as well as letting die. They determine what is morally reprehensible so both play key role. The reason we are examining them is because in themselves they constitute some ambiguity. While omission is seen as non-action, committed negatively, doing nothing, action is seen as doing something, committed positively. Both are acts of a free agent and can determine an act of euthanasia or letting die either way. (Singer, 296) For instance; to shoot someone is an action, to fail to help someone is an omission. If A shoots B and B dies. A has caused the death of B. If C does nothing to save B life, C permits B to die by not acting. (Singer, 1991:297) It is argued that A's act is 'causing' while C's is 'permitting', 'doing something' and 'doing nothing.' (Crawford, 2000: 39), The distinction may be that one involves positive direct flow of action and the other unlike the other does not directly flow, it is non action even though the consequence is same. Thus forgoing or omission may be seen as a behavior leading to death. The contention of difference lies here. (Brock)

To make a distinction between euthanasia and letting die by mere action/omission is problematic since they both can point to the same consequence. To omit to do something when one is in the position to perform such acts and death occurs one could be morally culpable for active euthanasia, so letting die does not entail negatively by omitting the use of ordinary means of preserving one's life. (Fagothey, 1953: 279) "The agent who turns off the machine that sustains B's life kills B, whereas the agent who refrains from putting unto a life sustaining machine in the first place, merely allows C to die." (Singer, 1991:297) There is the action/omission dialectics yet suggest both as bringing death in terms of consequence and as an action of a free agent. In truth distinctions can be ambiguous. To kill someone, one must act

in such a way that causes the person to die when they would not otherwise have died in that way at that time. (Brock)

A parent who does not feed her infant, or a doctor that refrains from giving insulin to otherwise healthy diabetic, by omission has caused a direct death.' When a physician harms a patient by omission, one is just as culpable as the one that directly committed the action. This perhaps is the reason it is said that not all omissions to treatment is letting die but rather killing by omission. So, one should not just conclude that the death of a patient by omission is considered ordinarily as letting die. (Godard, 2000: 214) This then reflects that by act and omission dialectics, it may be ambiguous to make a moral difference. Therefore, there is a role intention plays.

Some have used qualifications like 'malevolent' 'acceptable' omission to strike the difference given the circumstance. Omission/action dialectics as used by proponents of letting die is different from those of pro-euthanasiasts. In letting die omission/action is 'acceptable' when it implies omitting a medical intervention which is futile, too burdensome for the patient, thus allowing natural cause to take effect. It is 'unacceptable' or 'malevolent' when there is refusal to use ordinary means that offer reasonable hope of benefit to the patient. It is 'unacceptable' omission when there is failure to provide lifesaving treatment that would significantly reverse any debilitating condition. (Gula, 1994: 28) In common sense demonstration, it appears that James Rachels and others seem to be correct in not finding a substantial moral difference between letting die and active euthanasia. To really show difference, other moral variables must be brought to fore, such as intentionality, object of act, double effect as well as the situation. All these moral variables will be reflected in the next sub heading. There is really no way will can talk about double effect without making mention of intentionality, the situation and object of act.

Letting Die and Double Effect

What is the sense in prolonging suffering endlessly when something can be done to end a hopeless situation; giving lethal injection or sedatives to hasten death? The principle of Double effect is often used to justify letting die in certain situations. How true this is, requires to be proved. A patient in her terminal stage who is in pain is given medication/sedative to relieve pain with knowledge that it hastens death. Given this sedative (morphine) at normal dose, one's pain is continually diminished yet the patient may die within days or weeks due to the influence of the sedative. This raises the question, how can sedatives which hasten death be letting die when there is a foreknowledge of the effect and the result that is death? It is argued by pro-euthanasia that the intention of the physician is to bring death, to hasten death all the same. Thus it is no moral difference based on intentionality from direct lethal injection.

Take a situation of a Persistence Vegetative State (PVS) or a comatose patient. In a situation of PVS who is in an irreversible condition of deterioration. What would letting die imply in this case? It would mean that because medical treatment has become extraordinary, and that because it falls within the extraordinary means in which case the medical intervention is futile, too burdensome and disproportionate, to

withdraw further treatment or life sustaining mechanisms and let the patient die. It implies an acceptable omission if treatment is withdrawn or allowing the patient to die. For example, withdrawing respirator from a comatose person with end –stage cancer is a true case of letting die. (Gula, 1994:.29) It is allowing to die because the deadly disease process that is being held in abeyance by the life-sustaining treatment is given chance and thus one dies of the disease. (Lynn, 1985: 125)

By extraordinary means we mean measures which involve excessive burden, discomfort, financial cost of treatment to the family, hospital or health service care. (Watt, 2000: 33-34) Faith based ethics considers letting die justifiable if disproportionately the treatment is psychologically and physically extraordinary. (Kelly, 1991: 180) Again one has to note that benefits in terms of what is proportionate and disproportionate varies from patient to patient given their medical condition and the quality of life that is likely to get by its employment. So these cases are suggestive that letting die fall under a situation based morality to be decided by its context as well as the autonomy of the patient/family in case of incompetent patients to refuse further treatment. The problem has always been determining how right the intention is. Thus what would proper intention mean or how would one find out if the intention was right intention? A common sense answer to this is that proper intention would mean without intending or seeking the evil consequence though foreseen. (Beauchamp, 1979: 103)

There is no doubt that there is intention prior to decision to give analgesia. It is plausible that while intending to relief pain, the physician compassion might over ride that the physician decides that rather than just hastening death by pain relief, ends the suffering by an overdose of analgesia. Is it not yet an indirect effect of relieving pain? Both effects are there; to relief pain and hasten death. What is questioned is the intention. It is plausible that initial intention was to relief pain, along the line the intention changed. Well there is a condition that contradicts the above example. It is the question of means. What happened in cited case is that while originally the situation called for relieving pain, there was an intention to do so, however, in the process it became malicious in the disguise of compassion to serve as means to what would have been and indirect action of killing. Thus the intention was no more right intention under double effect but rather an evil effect sought using the analgesia as means. This is the reason before establishing a genuine letting die from the perspective of double effect, the condition that the evil effect be not a means must be established. (Beauchamp, 1979: 103)

There are objections raised by euthanasia advocates against use of analgesia as letting die. The first objection raised is on whether death was not directly intended. They argue against by saying that the giving of analgesia does not constitute treatment of the ailment. In other words, pain killers aren't treatment to the ailment. So giving pain killer which in their understanding is not a treatment of the ailment suffered by patient is lethal by its very nature thus should not have been used. Therefore, administering the analgesia is neither therapeutic intervention, therapeutic in the sense of saving life and not relieving pain without recovery nor treatment of the ailment. Conceptually

this could be 'soft active euthanasia' because there is no recovery except gradual hastening of one's death. Thus why the delay when it can end faster?

In precise, what euthanasia advocates imply by rejecting intention as the moral difference is that for the fact death will occur makes death part of the intention, therefore it is not conceptually possible to distinguish it from direct killing. Well some philosophers would prefer Bentham's qualification of the intention involved in double effect as "obliquely intention". (Beauchamp, p. 103) For the foreseen effects. It could be acknowledged that giving analgesia constitutes deliberate endangering of life. In a situation of pain, the option to relieve pain is good though there is the exposure to risk of death and certainty of death. (Fagothey, 1953: 282)

Given the condition in the principle of double effect that in order for a case to be letting die, there must be a proportionate reason which makes relief from pain equal to death, it is notable that pain is in the realm of personal experience and may not be calculated objectively in order to get its proportionality. (Barry, 2002: 184-185) This is because what is painful for one may not be painful for the other, so where do we draw the line regarding the intensity of pain that would call for analgesia? When does such relief of pain become an extra ordinary means? If this is acceptable what then is different in pursuing it by just giving a lethal injection that relieves complete suffering bringing death? Why does one not relief the pain quickly by lethal dose of injection? Why hide under the cover of treatment with double effect?

Going by the object of the acts of lethal injection and administering sedatives, they seem not the same. Analgesia is permitted precisely in order to spare the patient pain and suffering so the object is not a direct killing. In administering morphine to relieve pain yet hasten death, a sound mind may ask what the primary effect is. Is it healing the ailment they claim to cure or hastening just death intentionally? (Godard, 2006:215) To answer this question, the issue of right intention must be established.
The reason it may be considered that the use of sedatives in no way constitute euthanasia but rather letting die, is because of the primary effect or purpose of pain killers is to alleviate pain. The purpose of the sedative is to relieve pain, thus must be in accord with the intention to use it. So right intention would be, the ordering of a free agents choice of action in relation to the effect that is to be accomplished by that act. If pain killers/sedatives are meant to relieve pain, the physician administers it when the burdens of pain are eminent. In so doing the right intention is to relieve pain using that which is meant to bring that effect. Hence in situation that gravely would warrant sedatives, though death is the reasonable risks foreseen, "the intention is simply to relieve effectively, using for this purpose pain killers available to medication." (Basterra, 1991: 187)

Determining Right Intention

Anti-euthanasia proponents have argued that the fundamental moral difference between letting die and active euthanasia lies in the intention of the acting agent. Watts would claim that, "Intention makes action," (Watt, 2000: 7) a realization that intention determines what a person does and differentiating actions as not just

physical events. (Watt, 2000: 7) Ethically the intention of the doctor is the overriding factor, even in cases of administering sedatives. If it is a deliberate intervention intended to end life, the intention is a morally significant determinant. (Poole, 1993: 124) It is important to analyze the reasons one acts the way one does. This enables getting to know the intention in order to evaluate on a moral basis the morality of one's acts. To do this it is pertinent to ask, why is the action being done? Answering this kind of series of questions, one is able to reach a satisfactory answer thus establishing the right intention of one's acts.

Letting Die and Patient Autonomy

Having argued that letting die is not just a matter of omission or action, but a situation based consideration of extraordinary means and double effect of pain, what about the autonomy to refuse treatment in disproportionate situation? Who decides the patient or the doctor and family? Peter Clinque was blind, incapacitated and in pain as a result of kidney disease. He is subjected to dialysis. He feels it is not worth it because of the pain and the disproportionate benefits from his point of view. He asked for the right to halt the dialysis but the hospital refused. He went to court and won the reason being that the constant severe pain caused by multiple debilitating irreversible and terminal condition. The question this case raises is on whether technological imperative takes precedence over the individual's values? (Humphry, 1986: 191)

The use of personal autonomy to judge the case of letting die may be a double edged if care is not taken. The reason is because the right to autonomy could enhance active euthanasia as if it is letting die. A patient may have right to refuse treatment in those cases in which the ordinary means have been explored and extraordinary means wouldn't prove fruitful. So refusing treatment because of pain patients are not asking to be killed but to be allowed to die. (Weir, 1986: 25)

The Moral Defense

So far, what is at stake has been exposed, the case of letting die is not on moral par with active euthanasia that entails murder. The lines of thought of proponents of active euthanasia are precisely to spare the terminally ill suffering, of dying process that destroys their body, mind and sense of the self and the thought of having to be dependent, viewed nonproductive because of the diminished quality of life. As a result they think that quick death is a treatment to alleviate these. Christian Barnard the first to transplant human heart said in 1994 world euthanasia conference in favor of death as treatment, "I believe often that death is good medical treatment because it can achieve what all medical advances and technology cannot achieve today, and that is to stop suffering of the patients." (Janelle 1987: 136) Apart from the fact that he was pushing for euthanasia, he was critical about the advance in medicine accusing it in terms of using supporting/lifesaving machine for hard cases of terminal illness, of acting as if "death were just another health problem that could be cured with enough effort." In as much as he is critiquing modern medicine for failing to accept and acknowledge limitation, it is not enough reason to propagate active euthanasia by seeing death as a treatment to ageing and terminal illness in that context.

Illness like other problems in life is in the realm of having and not being which human life is about. So, authentic human life accepts the human condition of frailty and vulnerability to terminal illness. This contradicts the quality of life argument of Fletcher that emphasizes the "idea that quality of life is more important than mere length of life". (Janelle, 1987: 1) As long as we live a transient life, time comes when quality of life diminishes with or without illness, pain and suffering. All these are authentic human conditions, so let nature takes it course.

Again, that utilitarian principle wishes to make active euthanasia good in the name of ending suffering considered evil by such principles does not make it morally right or equivalence to letting die on moral level. The fact is that the elimination of pain by lethal injection is not a good proportional to the evil of murder/ killing the person. They are misconceived by thinking that if a terminal illness is diagnosed as incurable and disproportionate, it would be ethically/morally justified to prescribe medicines not only to remove pain but also to shorten the life by lethal injection. (Gichure, 1997: 143).

We should be worried that if active euthanasia is taken for granted to be on moral par with letting die, then institutionalized, and that if not checked by a provision of ethics of care that accompanies end-stage by health care givers and community as a whole, as cost of care increases, individuals as well as communities will have to face a bigger challenge to sell out compassion and responsible reverence for life in exchange for economic considerations. The danger of active euthanasia is that if it is established as an economic policy, we will have ceased to be either fully moral or fully human.
Essentially letting die is far from active euthanasia in moral perspective for the fact that killing because one wants to end suffering, does not want the dying process of the terminally ill destroy sense of self and self-determination, and because the quality of life is diminished are not the right reason that constitutes right intention to preservation of life. What then constitutes an ethically justified letting die?

When nature takes its course, a practice of letting die in a context by forgoing further treatments (tube feeding/antibiotics) and other delaying mechanisms so that naturally death befalls. Given every other care necessary it will allow respecting the autonomy of refusal of further treatment because of the futility of treatment by competent patient and all the other parties involved. Some medical association may require these conditions; the life of the person is being preserved by extraordinary means. There is irrefutable evidence that biological death is imminent and it must also reflect that the patient or family consent to the various available options. (Crawford). All these shows that important aspect of practice are dully considered in the way it should be done by putting into consideration the patient/family wish or the involvement of a surrogate decision maker before any vital decision is made.

Conclusion

Having done a thorough distinction between letting die and active euthanasia, it seems very clear that the distinction can be attained with intention at the center of the discussion. Yet the distinction appears very difficult just as pro-euthanasiast argues.

Letting die as oppose to active euthanasia is not killing because it does not intend the death of the patient. I would not agree with the argument that letting die is on the same moral par with active euthanasia. The sole intention of active euthanasia is to bring about the death of a person which gives the opportunity to avoid pains while letting a patient die only fails to administer futile medical treatment in futile medical situation rather than kill directly just the way is done in active euthanasia; it allows death to occur naturally without any medical intervention that is intended to cause the death of the person.

Letting die can also be defended based on quality of life argument. There is a big danger in active euthanasia because it may open up room for abuses of the human being if it is allowed in all societies. It could make any health care giver to give up medical situation when all medical records and procedures to treat and cure have not been proved abortive. Though the same applies to passive euthanasia that is why intention must be central to letting die debates and it must be established beyond reasonable doubt that medical treatment or intervention cannot change the present medical situation other than to give care till death naturally occur. Passive euthanasia either voluntary or non-voluntary is not equivalent to killing. Such classification from my own view is faulty because they do not go together. In either ways, efforts should be taken to ensure that consent are sought (in case of an autonomous patient) and the involvement of a surrogate decision maker (in case of an incompetent patient who has given an advance directive).

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