ARGUMENTS FOR AND AGAINST EUTHANASIA IN TERMS OF TELEOLOGICAL AND DEONTOLOGICAL THEORIES

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ABSTRACT

The most important general and theoretical horizons regarding bioethics refer to the foundation of ethical theories. We can talk about two main general categories in which we can place the ethical theories: teleological and deontological. From the first category we enumerate the Aristotelian perspective or the one developed by J. St. Mill, while the Kantian perspective is exemplary for deontological ethics. According to the teleological perspective, a form of human behavior is described as moral or non-moral according to the goals explicitly set. The mere achievement of these goals is a necessary and sufficient condition to qualify as moral people’s actions or deeds without taking into account the “intermediate stages” of the actions performed to achieve those goals. Deontology, as a general horizon of articulating the ethical theories, believes on the contrary that in every moment of our existence, every action or deed that we accomplish can be described as moral or non-moral according to the ethical principles underlying our behavior. The very important consequences arising from the two general theoretical horizons concern two different perspectives on “human nature”, or what we call the essence of the human being. Starting from this horizon we will have the consequentialist and deontological dimensions related to euthanasia. The bioethical dimension in which we will discuss the issue of euthanasia involves both dimensions or horizons. The arguments against euthanasia seem to rely rather on the Kantian deontological horizon, while euthanasia pros seem to rely on the consequentialist horizon. This text is intended as an open debate between the two horizons which cannot yet be harmonized. There is at least one class of existential situations in which euthanasia is described as “desirable” in a consequentialist view and there are situations in which euthanasia can be qualified as non-moral in a deontological view.

KEYWORDS: euthanasia, bioethics, deontology, teleology, ethical consequentialism.

This topic, so important and replete with present interest for bioethics, may be analyzed from the same perspective as abortion, cloning, experiments on patients or organ transplants. The two types of ethical theories build together a horizon of the pro and con arguments. We will use two perspectives concerning “human nature” or what we will understand as the essence of a human being, the characteristics common to all human beings, regardless of the differences that may be established in terms of status, skin color, race, gender, religion, nationality, etc.

In a broad sense, “teleology” is a term which comes from two ancient Greek words: telos means “goal”, and logos understood as “science” or “theory on”. This term that could be taken into the Romanian language as “science of the goal”, received its
Aristotle. This philosopher is the one who believed that the Principle or Basis must be envisaged by four facets or “causes”: material, formal, efficient, and final [1]. We may emphasize the importance of the final cause, if we refer to the Aristotelian interpretation concerning the pre-Socratic philosophies starting from the four causes. No other philosopher before Aristotle had considered the Basis in its fourfold hypostasis. [2] The Aristotelian ethics will join this general theoretical horizon due to the final cause. All our forms of behavior will be regarded as moral or non-moral in relation to the ultimate goal. Simplifying and taking the risk of losing some important nuances in the interpretation of the Aristotelian ethics, we will conclude by saying that the scope of action of each individual must be aligned with the overall goal of the state or society in which they live. The concept of eudaemonia will be understood as “happiness”, however we must consider a broader horizon than a simple affective state, subjective and seeking the satisfaction of pleasures. The Aristotelian ethics is more than a simple hedonistic ethics in which the purpose of human behavior is no other than merely satisfying pleasures. [3] Therefore, we will retain the main characteristic of this type of ethical theory as being the link between purpose and our actions.

In the modern and even contemporary period in the history of philosophy, two philosophers belonging to the Anglo-Saxons: J. Bentham and J. St. Mill will be those to revive the teleological horizon of ethical theories, using a new concept, namely utility or utilitarianism. According to these thinkers, the “purpose” of our actions resides in “accumulating pleasures and avoiding pain”. If J. Bentham does not distinguish between the types of pleasure, thus approaching the classical hedonistic ethics developed in the history of philosophy by a certain Aristippus of Cyrene, J. S. Mill makes a qualitative distinction between physical, bodily, or biological pleasures, and intellectual or spiritual ones. The latter are of a higher quality than the biological ones. Utility is the ultimate goal of individual behavior, but also of the communities composed of individuals, and refers to the accumulation of an as large as possible amount of pleasure, as compared to an as small as possible amount of inconvenience, sufferance, or pain. [4, 5] In this case too, we are dealing with the issue of the purpose of our actions; this purpose which can be established in an intelligible manner and achieved, obtained in practice by our actions. As long as this purpose, clearly defined in theory, is obtained by practice, our behavior in its entirety can be described as moral. The behavior must be taken as a whole, the extraction of a behavioral sequence and its qualification without the whole to which it belongs as moral or non-moral not being allowed. [6] This category of ethical theories presents a high risk, simply because, in the history of mankind, in the name of some ideals which can be utopian, horrendous crimes were committed, and these crimes were later justified as “necessary” to achieve those ideals. Any totalitarian political system can be understood to a certain extent, starting from this aspect, but we will not approach this issue in our study.

The other category of ethical theories, which aims to be a counterbalance of the teleological horizon, refers to deontology. The deontological ethics believes that each of our forms of behavior, each behavioral “sequence” can be described as moral or non-moral by referring to certain principles underlying them. Any form of human behavior, from this perspective, is founded on some very general principles or rules. Exemplary for understanding this type of ethical category is the Kantian theory referring to the “categorical imperative”. The German philosopher Immanuel Kant, in his Critique of Practical Reason, develops a deontological system
which will work its way up not only in the academic environment, but also in the modern and civilized society of the 21st century. Due to the size of this study, we are compelled to present, briefly again, the most important theoretical elements of the Kantian deontology, useful to our approach. According to the German philosopher, our behavior must be founded, in every moment of our existence, on some universal and necessary rules or principles. Because of the universality and necessity of these rules of conduct, every man who claims to “be acting morally” shall refrain from breaking them under any excuse or circumstance. There is no “sorry” or justification allowed for having broken rule “x” even once in a particular situation, while in the other somewhat similar situations I abode by it. The most used and perhaps the most famous formulation of the Kantian categorical imperative refers to the manner in which we relate, by our behavior, to each fellow of ours, that is to every man. “Act in such a way that you treat humanity, whether in your own person or in the person of another, never merely as a means, but always at the same time as an end” [7-9] By saying that every human should be treated as a purpose in itself, we must understand that every person is autonomous, equal in rights to every other human being regardless of other differences related to status, race, color, sex, income level, etc.

Humanity, which is made up of different people, is characterized by an essence, a “human nature”, and that human nature “coerces” us to understand and respect it every time in our behavior. This is the horizon of those universal principles that determine the dimension of deontology. Whether we like it or not, whether we are sad or joyful, whether we are in pain or are healthy and happy, every form of our behavior must be justified by this categorical imperative. The Kantian ethics hereby draws near to the Christian ethics formulated by Christ in the New Testament. The essence of Christian ethics, which in its essence is a deontological ethics, is the universal and unconditional respect of the “love your fellow” principle. Regardless whether this fellow of ours is our friend or enemy, we must always manifest this form of unconditional love. Whether we get advantages or disadvantages, again, this form of behavior must always manifest itself in every action that we commit. Naturally, every being, including the human being, behaves naturally in terms of a positive form of behavior towards those who are close to us, and a form of aggression different in intensity and manifestation, displayed against those who assault us. Therefore, the fundamental principle of Christianity, from this perspective, is “against our nature”. This is also the Kantian thought in the development of the categorical imperative. Its universality and strict practical necessity come into conflict with our subjective and emotional state. The morality of our behavior resides in precisely overcoming this contradiction between the rational universality of practical principles and our so-called moody subjectivity, dominated by affects or irrational impulses.

For our approach that is based on the horizon of applied philosophy and even more strictly on the horizon of applied ethics, we must mention another very important aspect pertaining to teleology. The initial establishment of the goal, in the first instance, is a relatively easy task. We will all agree that “happiness” or “absolute good” can be goals that the whole humanity wants to see achieved, fulfilled. But when we try to define as satisfactorily as possible these very general concepts, we will encounter serious difficulties, risking getting to semantic contradictions that may be impossible to overcome. Therefore, in order to avoid such problems, we will try to delimitate “the semantic horizon of goals”, strictly referring to their consequential aspect. The goals of human communities, set both individually and generally, can be measured by their observable
consequences. The preference for certain goals over other goals can be justified or seen as justified by obtaining less severe consequences than others, possibly with more severe effects.

“Thus, there are at least two main types of moral reasoning: the consequentialist one and the deontological one (covering our obligations). Let us note that: the followers of the first type of reasoning believe it is necessary to take into account only the consequences of the action taken; certainly, the others do not deny that, in assessing the moral character of a judgment, the consequences of our action matter - however, they admit that other things are also relevant. To a certain extent, we could say that the former only look forward, towards the future; while the others, without forgetting about its existence, look rather to the past. I. Kant, who is the paradigmatic representative of the deontological point of view, once gave the following example: suppose that a medical research institute requires doing an experiment on a person facing the death sentence. The man agrees, but let’s ask ourselves, if he survived the experiment, would we agree to the capital punishment being revoked? If we are consequentialists, then we accept that in evaluating an action the results thereof are all that matters; and if the experiment leads to a major medical discovery, which is expected to save many lives in the future, then there would be grounds for agreeing on the non-fulfillment of the man’s punishment (who has risked his life during the experiment). But if we are deontologists, things appear differently: that man has committed a crime, for which he was condemned and no further action of his makes the crime less reprehensible; agreeing on sparing him of punishment would mean forgetting the crime done.” [10-11]

Starting from this type of problematic situations, we will try to tackle the issue of euthanasia, seeking to highlight precisely those problematic situations that cannot be resolved satisfactorily if we emphasize as absolute only one of the general theoretical perspectives applicable to the multitude of ethics applied, respectively only teleology without any bit of deontology, and vice-versa, only deontology, without any kind of consequentialist approach.

*History and conceptual clarifications concerning euthanasia.*

In the case of euthanasia, as in that of abortion or cloning, we have to mention again a few aspects pertaining to the history of this concept and its semantic charge. “The word ‘euthanasia’ is made of two Greek words - I and thanatos - and, literally speaking, it means ‘a good death’. Today, ‘euthanasia’ is generally understood as producing a good death – a compassionate killing: a person A determines the end of life of another person, B, for the sake of the latter. In this understanding, two important features of euthanasia acts are involved. First of all, euthanasia supposes deliberately taking someone’s life. Second, this is done for the sake of the person whose life is taken: the typical situation is when he or she suffers from an incurable disease or a disease in its final stage. These two features distinguish euthanasia from almost all the others forms by which someone’s life is taken.” [10]

We can talk about a “history of euthanasia”. In the case of the European society, this phenomenon has been known since Antiquity. The elders or the dying were often left to starve to death, precisely to spare the food resources of the community. The situation in the city-state of Sparta, in Greek Antiquity, is very well known. If a “disabled child” was born, it was left to die. The child’s natural parents were “constrained” to abandon their child. If they resisted this decision, they risked losing their Spartan citizenship and, consequently, they were banished from the city-state. In Antiquity, if an inhabitant of any city-state or walled city (this is what “citizen” means, etymologically) lost this right,
meaning citizenship, then they risked being attacked by anyone, killed, enslaved or even worse. The status of foreigner was quite problematic if we think about that historical period. Plato himself supported this practice concerning the sacrifice of the children considered disabled. “Besides, Greek philosophy favored suicide and the suppression of those who turned into a burden for the others. With conquering Greece, the Romans took after the Greeks’ mores, including the ones concerning the manner to depart from this world. Therefore, the Roman Empire allowed for the disabled newborns to be left to die. This custom continued up to the second half of the 4th century, when – under the Christian influence – Emperor Valens would forbid it. It is also known that in Ancient Rome, suicide was considered an honorable death. Christianity, with its vision on life and its meaning, on the one side, and the origins of sufferance and its purpose (allowed by God) on the other side, brought radical changes in what the respect towards human life is concerned. The life in a body is life of a person, and no one can dispose whimsically of the life of a human person; the person, even in sufferance, holds a priceless value. And suffering, when it is not the immediate or distant consequence of some sins, is a reality allowed by God, knowing that ‘suffering produces perseverance; perseverance, character; and character, hope.’ (Romans 5, 3-4). Therefore God commanded: ‘Thou shalt not kill!’ (Exodus, 20, 13). The person does not exhaust itself during its biological life, nor does it accomplish itself exclusively in its earthly condition, and life, in the biological meaning of the word, is the fundamental condition for preparing the human person for the Kingdom of God. Christianity rejects any action or omission by which an attempt to lift someone’s life would be made and any manner in which someone would attempt to lift their own life. The global human society yet evaluates without permanently taking into account the Christian values promoted by the Church. This explains why, besides the Christian point of view on the respect towards life and its bearer, there have also been and developed other attitudes towards human life, to such an extent that a true culture of death appeared.” [11]

The Greek-Roman tradition, permissive in the case of euthanizing newborns or helpless persons, will be counterbalanced in the European cultural space by the dimension of Christianity. The ethical principles of Christianity, deontological by nature, as we have seen, will impose a social-cultural horizon in which life, regardless of its way of manifestation (whether it lies under the sign of health or sickness), is valuable in itself. Life is given by God, and therefore God alone is entitled to lift it. Because of the ascension of Christianity in the European space, euthanasia, as a way to end human existence, will become problematic. “According to these traditions, taking an innocent human life means usurping God’s right to give and take life. At the same time, according to certain influential Christian authors, this means breaking the natural law. Such a point of view concerning the absolute inviolability of the innocent human life was not actually questioned until the 16th century, when Sir Thomas Moore published his book, Utopia. In this book, Moore presented euthanasia in the case of the very sick ones as one of the most important institutions in the ideal community he had imagined. In the following centuries, some of the British philosophers (we mention David Hume, Jeremy Bentham, and John Stuart Mill) questioned the religious fundamentals of morality and the absolute prohibition of suicide, euthanasia, and infanticide. On the other hand, the great German philosopher of the 18th century, Immanuel Kant, although he admitted that moral truths are rather based on reason than on religion, nevertheless thought that ‘it cannot lie within the power of man to dispose of his own life’ (Kant, 1986).” [10, 12] In this context we must also mention the English philosopher Francis Bacon, the
one who inaugurated the use of the term “euthanasia”. Initially, the semantic dimension of this term referred to “death received serenely, due to a superior moral life or due to the doctor’s efforts to alleviate the patient’s pain and to improve their psychical tone, but then, the term changed its meaning, designating the killing of someone out of mercy or taking someone’s life painlessly, the individual in question having become dangerous or useless for some types of society, or taking a life understood as meaningless in itself because of the terrible suffering.” [13]

The situation will get more complicated in the 20th century, after WWII, starting with 1974, when a group of 300 scientists, comprising, among others, three famous Nobel laureates: Jacques Monet, L. Pauling, G. Thanson, initiate a famous manifesto concerning euthanasia in the American magazine “The Humanist”, by which they required the enactment of euthanasia in the case of those patients in great pain, and those who suffered from untreatable diseases. The arguments invoked started from the premise that “it is immoral to tolerate, accept, or impose sufferance”. Thus we see the taking shape of the conceptual horizon of those who will declare themselves as pro euthanasia invoking: either the dignity to die decently, or the right of each of us to choose our death, or the anatomy of the person, etc. [7, 14]

The debates for and against euthanasia impose the following theoretical landmarks concerning this problematic existential situation. We will see that the Netherlands, which are a predominantly Protestant country, representative of the European Union, will be the permissive ones starting with the '70s, and will enact the allowance of euthanasia. This aspect will be hard to solve satisfactorily in the space of the European Union, because the predominantly Catholic countries will not allow euthanasia as long as the official stand of the Catholic Church is against euthanasia. [5]

A first and very important distinction concerning euthanasia regards its classification into three forms, function to the expression or non-expression of the patient’s will, namely: voluntary, non-voluntary, and involuntary. [10] The first category, voluntary euthanasia, refers to those situations in which the patient expresses their will towards putting an end to their existence, because of severe suffering, which is experienced almost permanently, as a result of an untreatable disease.

“This is a clear case of voluntary euthanasia: meaning, euthanasia performed by A at the request of B, for the sake of B. There is a close connection between voluntary euthanasia and assisted suicide - the situation when a person helps another to put an end to their life, for instance, when A manages to get the medicine to allow B to commit suicide.” [10, 15]

At the same time, we are again dealing with voluntary euthanasia when the person concerned cannot express their will because of a deep coma, but has expressed their will during their lifetime should such a terrible situation occur.

Non-voluntary euthanasia occurs when we do not have the expressed consent of the person concerned. Neither during their lifetime, nor during their sufferance, can our patient give their consent. We are either dealing with a child who cannot express himself or herself through a natural language, or with an adult in a coma.

“Euthanasia is involuntary when the person on whom it is performed would have been able to give or refrain from giving their consent to die, but did not give it – either because they were not asked, or because they were asked, but refrained from giving it, because they wished to continue living. Although the clear cases of involuntary euthanasia are relatively rare (for instance, when A shoots B without the latter’s consent, to save her from falling into the hands of a sadistic killer), it has been argued that
certain widely-spread medical practices (such as dispensing higher and higher doses of a pain reliever, but which could cause the patient’s death, or cancelling a treatment which keeps a patient alive, without their consent) actually represent involuntary euthanasia.” [10, 16]

Another very important distinction refers to active vs. passive euthanasia. This distinction refers to two types of possible situations. We are either dealing with a lethal injection, which the doctor gives the patient in sufferance, or with the cease of a treatment or therapy (supporting one’s vital signs with the aid of medical equipment). In the first case, we are dealing with active euthanasia, while in the second one, with passive euthanasia. All three categories of euthanasia we mentioned earlier: voluntary, non-voluntary, and involuntary may be, at their turn, dichotomized into active or passive. [4, 17]

All these distinctions that we have mentioned so far in our endeavor will help us to better shape the horizon of certain inevitable questions. Bioethicists should clear, together with the other theorists who can place themselves in various perspectives: moral, religious, ethical, philosophical, juridical, etc., how we could give a satisfactory answer to the following questions, this when our supposition concerning the fact that a satisfactory answer to these questions can be provided, may be sustained. “1. Is there a moral difference between the situations in which death is caused actively (or positively) and the ones in which it appears because the life supporting treatment is not provided or is withdrawn? 2. Must all available means of keeping someone alive be used, or some of them are “extraordinary” or “disproportionate” and it is not mandatory that they be used? 3. Is there a moral difference between the situation in which the death of the patient is directly intended and the one in which it only occurs as a predictable consequence of the agent’s action or omission?” [10, 18] These questions shape the bioethical horizon in which we may talk about euthanasia. The debate which can be approached both from a for perspective on euthanasia, and from an against one, develops, because these questions are queries, to which answers cannot be given from a single horizon, type affirmative answers or negative answers only.

The first question opens up the issue of the distinction between omissions and actions. By omissions we shall refer to the situations in which a character, such as the doctor, usually, “lets a patient die”, either by disconnecting them from the life-supporting equipment, or by interrupting their medication. By actions we shall understand, in this context, the set of facts by which the doctor causes the death of the patient, usually by administering them a lethal injection. This distinction concerning certain existential situations may be problematic, therefore, we will emphasize it further more, considering that, in this case, the action to kill will refer to the “initiation of a course of events which will lead to death”, while by “letting to die” we will rather understand “a non-intervention in a course of events leading to death”. [10, 19] The authors who relate this issue to the issue of the responsibilities will consider that, from a moral perspective, killing someone is more serious than letting someone die.

The second question previously formulated refers to the distinction between “ordinary means” and “extraordinary means”. This distinction is possible due to the extraordinary progress of medical technologies. Those treatments and surgical procedures impossible to perform in the 19th century became a reality in the case of the high performance medical systems, such as, for example, the American medical system. Under these circumstances, queries appear, such as does the doctor have to do anything in his or her power at a certain moment, to prolong the existence of a dying person by a few hours, days, weeks? How should children born with serious health problems be treated? Should they be euthanized in
order to put an end to their sufferance or should the
doctor do everything in his or her power to keep them
alive if only for a few hours? These hard to solve
questions open up the problems of the criteria in
establishing the use of the ordinary or extraordinary
means. The example provided by H. Kuhse is
eloquent to this regard. “If a patient refuses the
ordinary means - food, for example - such a refusal
was considered suicide, so an intentional action to
end their life. On the other side, however, the refusal
of some extraordinary means (for example, a painful
and risky surgical intervention) was not considered an
intentional action to end one’s life. Today, the
difference between the life support means considered
as ordinary and compulsory and other means, which
are not such, is often rendered in terms of
“proportionate” and “disproportionate” treatment
means. A mean is “proportionate” when its usage
gives the patient a reasonable hope of having a
benefit and “disproportionate” in the contrary
situation [10].

The last question previously mentioned refers
to the connection between the intent of the one who
acts and the death of the patient as a consequence
thereof. Thus the distinction must be made between
anticipating someone’s death and intending through a
direct action the death of that patient. For example,
we will be able to talk about direct intent when we
administer a lethal shot to a patient in agonizing
physical pain in order to end this sufferance. The
effect already known is the patient’s death, so, our
action is directly aimed at causing the patient’s death.
We can talk about an indirect intent or a death which
cannot be anticipated when we increase the pain killer
dose and the effect can be the patient’s death. In this
case, this death is not directly intended, but it may
occur. The only intent resides in diminishing the
patient’s excruciating physical pain. At this point, we
must refer to a very important nuance concerning the
official stand of the institutionalized Church.

Concerning the last situation, in which death can be
accidental, the intent being to alleviate pain, the
Catholic Church seems to be more permissive. In the
Declaration concerning euthanasia of the Catholic
Church, such a situation may be considered morally
unproblematic, because the doctor’s intention is not
to cause the patient’s death, but to alleviate his or her
pain. In this case, the Principle of Double Effect
(PDE) comes into discussion concerning the
statement of the conditions under which the doctor
allows or permits the patient’s death even if it is not
intended voluntarily. Thomas Aquinas is invoked,
who, in Summa Theologiae, II, ii, raises the question
of the differentiation between the intended
consequences and those which can only be
anticipated because of some special situations, such
as self-defense, for example. [10, 19]

In a first instance, the distinction invoked by
Thomas Aquinas makes sense from a moral
perspective, if the author of the deeds, either
intentional or simply anticipated, is correlated with
the notions of “good” and “bad”. Thus, a “good”
doctor is one who does not directly intend to end the
patient’s life, while a “bad” doctor will be the one
who clearly and explicitly manifests such intentions.
This principle is invoked when we are faced with the
situation when we can anticipate at least two
consequences which may be generated by the same
action, one of these consequences being undesirable,
morally described as being negative. “In the
formulation of the principle of double effect, a
descriptive part (in which each of the elements of the
moral act is qualified) and an evaluative part (in
which the legitimacy or non legitimacy to perform an
act with predictable effects is defined) may be
identified. The definition of the principle of double
effect, as it was formulated in the Encyclopedia of
Bioethics, [16, 20] also supposes taking into
consideration the four conditions describing the moral
act: ‘as it is usually formulated, the principle
establishes that harm can legitimately be done through an act of choice, if four conditions are met:
1) the act in itself, beyond the harm done, is positive or at least indifferent; 2) the positive effect of the act is what the agent directly intends, yet allowing only the negative effect; 3) the positive effect must not be obtained with the aid of the negative effect; 4) there must be a reason just as serious to allow for the negative effect to verify”.[8, 21] These would be some general landmarks in which we will be able to talk about the problematic issues concerning euthanasia. As we have done for abortion or cloning, we shall try to highlight a few problematic situations in which euthanasia would rather be desirable, and some other situations in which euthanasia may be considered “a solution” which could be avoided, not really representing the final choice. The framework of teleological ethics draws our attention to the consequences, and in the case of euthanasia, we will also be dealing with “a conflict of values”. Deontology compels us to apply a universal status of the human being, who is endowed with life from God, and this supreme gift must be protected by man and not suppressed.

Arguments in favor of euthanasia.

In this type of existential situation, the most frequent cases concern those patients who are seriously ill, untreatable and on the brink of passing over. This last stage is manifested by unbearable pain and sufferance. Pain relievers and killers in any dose and any combination cannot help anymore, and so our patient gets to spend their last moments in a terrible suffering. This individual can still reason and express his or her will both in writing and verbally. This individual clearly and undoubtedly expresses his or her wish for this atrocious suffering to be ended by causing his or her death, by bringing his or her end near, because this end is inevitable anyhow. The medical assessment, in this case, tells us that, by following the ordinary, natural course, the patient may live under these circumstances for a few more days or a few more weeks. All possible treatments and surgical interventions, etc. were performed, yet the baleful evolution of the disease brought this person on the road to the end of his or her life.[2, 22]

In this context, we can only act in two ways: we either help them escape the pain by euthanasia, or we let them suffer until the natural end of their existence occurs. There is no third real possibility. To this regard, the ones who are against euthanasia may invoke the argument of miracles. God can miraculously heal this patient. But it is up to the divine will alone and not to the will of men, and this parameter entails a serious amount of chance. No one can predict how the divine will may manifest. So we shall refute these arguments, not because of the impossibility of their accomplishment, but because of the impossibility of a rational and argumentative discussion concerning these aspects.[3, 23]

Returning to the situation invoked, we highlight the possibility of two “solutions”: euthanasia or the end in agonizing pain. In this context we will invoke a conflict of values which may occur in the horizon of the predominantly Christian countries. Mercy is a fundamental value of Christianity, and this feeling must manifest itself unconditionally in our behavior. Especially in the situation when our fellow is in dire pain, we should materialize our mercy by allowing euthanasia. The scales waver between mercy and the sacrality of life, and it seems that in this situation, mercy should be the plate chosen. Thus, we are faced with a case of voluntary euthanasia. We have no doubts concerning the will expressed freely and consciously. The autonomy of the person, the free expression of will, the mercy that we should manifest in our behavior, all these elements form a conjunction very hard to contradict counter-argumentatively.

In this situation we have to make yet another very important statement. If we are dealing with a
seriously ill patient, in almost unbearable pain, ceasing the treatment (passive euthanasia) may complicate and aggravate the consequences, meaning that the agony and end of this patient may be prolonged instead of ended. “From here we can extract a powerful argument for the idea that, once the decision to stop prolonging the patient’s agony has been taken from the start, active euthanasia is preferable to the passive one. Saying otherwise means approving the option which rather leads to increasing sufferance than to diminishing it, being contradictory to the humanitarian urge which lies at the bottom of the decision not to prolong the patient’s life.”[17]

Another category of existential situations which may be invoked in favor of euthanasia refers to certain limit events which may occur in exceptional situations, such as armed conflicts. We are dealing with the following situation which may be real or possible to imagine, invoked at the beginning of our endeavor. A group of people are under siege by another group of armed people. Many are very badly injured, needing complicated surgical interventions, which have to be performed if we want to save them. To do this, it would be desirable that they escape this absurd siege and get medical attention in a highly specialized military hospital. But this possibility cannot be put into practice for now. The people under siege have received a quite clear and explicitly formulated warning, according to which, the moment they surrender or are conquered, they will be tortured until they breathe their last. The enemies of these people have no knowledge of the feeling of mercy or compassion for their fellows in pain or sickness. “Mass suicide” comes as a possible solution, in order to avoid torture. The badly wounded will have to be euthanized by those still standing strong. This existential situation opens up another horizon of applied ethics or applied philosophy, namely, the one concerning the situations in which suicide may be qualified as being moral or not. However, this is another discussion which may be tackled in a future study. Returning to our situation, on one plate of the scales, there are suicide and euthanasia, while on the other, the perspective of a violent death, a torturing, disgraceful, extremely painful death. We invite our readers to answer or at least do this exercise in an attempt to elaborate an answer to the question: what is most desirable in this situation: euthanasia and suicide, or terrible torture?

The third category of existential situations is strongly related to the topic of abortion and refers to those situations in which we are dealing with a baby born with extremely serious health problems, and the doctors’ assessment is that this child will only live for a very short period of time (a few days, a few weeks, possibly, or a few months, in the happiest of cases). The parents are terribly suffering because this traumatizing experience is the harshest one for the status of parent. What would be more preferable in this case: euthanizing this child who is already on the inevitable path towards its own existential end, or an inevitable end, but coming naturally after a period of sufferance, both for it and for the close ones. In this case the objections of those against euthanasia may also be invoked, and they may mention some persons in such special situations who, despite the highly reserved medical prognosis, still, by a divine miracle, overpassed this period, lived much longer and even got to know some things from the “normality” of human existence. Even if the medical verdict is sometimes negative, miracles can happen. The future may rather be indeterminist than determinist. The evolution of a human existence can rather be open to possibilities than strictly causally determined. Therefore, it is again very hard to weigh among the arguments and we must refrain from elaborating definitive solutions [24].

Arguments against euthanasia

In this horizon, those who belong to the so-called group of the opponents of euthanasia found
their arguments starting from the fact that each human being is entitled to life, and this right is immutable and granted by God. Infringing on this right, regardless of the motivation or justification, represents a highly serious ethical transgression which must be prevented. [12] One of the most important objections invoked by the opponents of euthanasia refers to the fact that founding euthanasia on mercy may be a serious deviation from the deontological standards founded in Christianity and applying to the medical act. The doctor must do his or her best to save and protect life, not to take it away. [13] In this horizon, life is God’s most precious gift and consequently, it must be cherished, man must not touch it by any means and under any justification.

We will present the situations which seem to disfavor euthanasia in the same manner that we have presented the existential situations which seem to favor it. First of all, we consider the trichotomy: voluntary, non-voluntary, involuntary concerning euthanasia. From this perspective, the problematic cases will be those in which the person’s consent is not given. How can we be absolutely sure that the person concerned wishes to be euthanized, if he or she ends up in a deep coma, and his or her life signs have to be maintained to optimal levels with the aid of medical devices? This category of existential situations is always problematic and can only be used against euthanasia. This situation brings to the center of the debate the issue of the freely expressed consent, absolutely necessary especially in such limit situations. Without the consent of the person concerned, the issue of euthanizing them at the decision of their legal representatives (husband, wife, parents, or children) becomes highly problematic. For this type of existential situations, the scales seem to tilt in disfavor of euthanasia. [19]

There is yet another perspective which can be invoked in what regards the arguments against euthanasia. Even if we are dealing with seriously ill patients, qualified as being untreatable, we will never be able to anticipate, with a maximum of accuracy, the fact that a wondrous cure or therapy to heal him or her cannot be prepared all of a sudden. We must further emphasize the fact that the opponents of euthanasia base their arguments starting from the religious dimension. Without this dimension, in which we have to accept that there is a supreme divinity who is the source of life and who also has the legitimacy to end life, all these arguments would not stand up satisfactorily. “Called to express a moral vision suited with the crisis, bioethics, deaf to transcendence, proves to be not the solution, but part of the problem. Outside a Christian understanding, bioethics generally misses its target. If we do not know that each of our deaths leads to resurrection and final judgement, then delaying death can acquire a dominant and distorted importance. If we do not admit that sufferance and infirmity can crush pride, helping us return to God, then a science which can relieve or annul sufferance will be regarded as an idol.” [20]

This ethical dimension which is founded on the religious horizon is vulnerable when we invoke those requirements which pertain to the intersubjective verifiability or testability. The religious dimension, and the Orthodox Christian horizon is exemplary to this regard, pertains to the individuality of the person, to the belief or absence of belief in God. The religious dimension cannot be founded rationally, so that testability and verifiability be the necessary yet sufficient conditions for all humans to accept the respective reasonings as being permanently valid. The fundament of the belief in God refers to an unmediated, intuitive, direct, and non-discursive experience. This type of behavior is not found in any human existence, unfortunately.

Returning to our approach, we will emphasize that, from an ethical perspective, any form of euthanasia seeking to obtain material or financial or
other gains will be qualified as non-moral. Both teleologically and especially deontologically, such a behavior will be qualified as non-moral. At the same time, any act of euthanizing a person with the purpose of getting their organs for a transplant, is again condemnable from an ethical perspective. We will approach this issue in a future study concerning the matter of organ transplants. For the moment, we have tackled the issue of euthanasia and the sacrality of life.

At this point of our approach, a series of existential situations in which existence or biological life does not represent an “absolute value” may be invoked. The absolutization of this sacrality of life or biological existence can be understood to the extent that life is a compulsory condition for the other rights and liberties or obligations. When defining a person, life is a mandatory condition. There are conflictual situations, as we have noticed, when the sacrality of life comes into conflict with other values (mercy, compassion, etc.). A series of questions arises, and a satisfactory answer is hard to find. “Which are those conflictual situations which make other values matter first? What kinds of actions are compatible both with the principle of respect for life, and with admitting the fact that this is not an absolute value? Will we always have to exclude direct euthanasia or “compassionate killing” from the category of such actions, even in the cases of highly painful death or permanent state of unconscience?”[6]

Both in the Catholic, and in the Orthodox morals, no type of murder is justified (and we understand the stand against abortion and euthanasia as such). At the same time, suicide is condemned from the Christian perspective. This form of behavior is qualified as being a “sin”, an act of unpermitted weakness or cowardice. Here such existential situations, in which the suicidal act may be qualified as being moral due to its positive consequences, may be invoked. For example, any kind of sacrifice resulting in saving someone’s life.

The existential situations can sometimes be quite unclear, unpredicted and previously unelaborated. Under these circumstances, choosing a form of behavior over other competitional forms of behavior may be problematic. “The classical examples of this type of ethical dilemmas are: war, the cases of self-defense and the capital punishment. In these three situations, ‘the right to life’ of an individual person comes into conflict with the right to life of another individual or even a human community, with life itself or with the attempt to produce certain goods even more valuable than life, for which it could be sacrificed. Let us remember the usual interdiction of homicide; we will notice, however, that each of the three cases may represent an exception to this interdiction. Indeed, the subject of the action of direct killing, to a certain extent, is ‘innocent’”. [6] In this direction we will invoke the stand expressed by Thomas Aquinas, Summa, II-II, i 40, i 64. “An individual person may sometimes be killed if they pose a serious material threat, even if they are not guilty from a moral point of view of any intent to infringe the rights of a fellow. Such examples may be the killing of enemy soldiers on the battlefield or of a mentally alienated person who is threatening the life of another person.”[6]

Euthanasia brings to the foreground this conflict that may occur between the ones who “prefer” to be the fierce defenders of the “right to life” and those who adhere to “the right to death”. This conflict may be analyzed from an ampler perspective, teleologically. We may consider that these values, life and death, in this case, may be subordinated to the “welfare” of the person concerned. Such a purpose or ideal will meet the consensus of an overwhelming majority. “Both the right to life and the right to death must be subordinated to the promotion of the welfare of the human person in its entirety. When the two values –
life and death – come into conflict, the patient or someone close may prefer to exert the right to death, considering that this is the most suited solution for the patient’s own welfare as a whole.”[6]

What is important is to remember that, as in the case of abortion or human cloning, in the case of euthanasia as well, we must take into consideration the dimension of the “situation”. For the moment, we will not be able to operate with a general, universally valid perspective. Society should be open to discuss honestly and freely about these topics. When the predominant legislation or morals is placed on a unilateral direction, we consider that a public debate in which as many as possible citizens should be engaged is necessary. We invoke in this direction a famous case appeared in France. Chantal Sebire, a teacher and a mother of three, who, at the age of 52, was suffering from a terrible and untreatable condition, which had disfigured her face and the pain was excruciating in each and every moment of her existence. “The case of the 52 year old woman gave rise to top controversies in France. On March 13th, 2008, the prime minister Francois Fillon intervened in the debate generated by this case, assessing that it is hard to answer such a request, because the demarche finds itself at ‘the limit of what society can say, and law can do’. Two weeks before, Chantal Sebire had filed a request to the French president, Nicolas Sarkozy. Starting with 2005, the law in force in France stipulates, in some cases, a sort of right to ‘let somebody die’ by ceasing any treatment, but without allowing doctors to practice active euthanasia. The law was voted after a controversial case in France, the one concerning the death of Vincent Humbert, a tetraplegic aged 22. March 13th, 2008”[21]

In this direction, we have to take into consideration a somewhat tensed situation of the European continent. Countries such as: the Netherlands, Switzerland, or Belgium are in favor of euthanasia, while the predominantly Catholic states, such as France, Spain, Italy, etc. are - not surprisingly - against active euthanasia. [16]

The last and final answers to the questions invoked in this case cannot be elaborated satisfactorily. Euthanasia would become obsolete if, at one moment, mankind were able to medically vanquish any type of disease, any type of physical or psychical sufferance. It is an ideal, utopian, maybe, but impossible to reach, for the moment. There are, annually, an impressive number of cases when untreatable patients can no longer stand the pain, the agony, and expressly require to be euthanized.

When we weigh the freely expressed will, the obviousness of the diagnosis and of the evolution of the disease towards death, inevitably, we must take into account the active euthanasia as an option. Precisely because we have invoked the dimension of the case and the impossibility of elaborating a general rule, either only for, or only against euthanasia, the fear to produce a dangerous legal “precedent” can no longer be sustained. [23]

In the other perspective, we will hold in sight the cases in which euthanasia is not the final solution, especially when we do not have the freely and explicitly expressed consent of the patient. The issue of euthanasia reopens another vaster horizon, the one concerning the conflict of values both within the same human community, and in the case of different communities (Christians versus Muslims, for example).

Euthanasia and the difficulty of approaching this issue bring again to the center of the debate, the existentialist dimension concerning especially the matter of the confrontation with our own death. This terrible, yet compulsory experience, for now, for every man and woman, greatly determines behavior. In this direction, we will recommend to our readers both the meditation on death accomplished by Martin Heidegger in Being and Time, as well as a famous short story of Tolstoy’s, a true manual of
philosophical existentialism, called The Death of Ivan Iliči.

Starting from the issue of euthanasia, each of us should meditate individually on the matter of death, on the inevitability of the confrontation with our own existential end. Maybe that in such a horizon we will be able to better understand those who invoke active euthanasia, when the natural existential end is terrible.

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