Active and Passive Euthanasia

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Abstract The traditional distinction between active and passive euthanasia

requires critical analysis. The conventional doctrine is that there is such an important

moral difference between the two that, although the latter is sometimes permissible, the

former is always forbidden. This doctrine may be challenged for several reasons. First of

all, active euthanasia is in many cases more humane than passive euthanasia. Secondly,

the conventional doctrine leads to decisions concerning life and death on irrelevant

grounds. Thirdly, the doctrine rests on a distinction between killing and letting die that

itself has no moral importance. Fourthly, the most common arguments in favor of the

doctrine are invalid. I therefore suggest that the American Medical Association policy

statement that endorses this doctrine is unsound. (N Engl J Med 292:78-80, 1975)

The distinction between active and passive euthanasia is thought to be crucial for

medical ethics. The idea is that it is permissible, at least in some cases, to withhold

treatment and allow a patient to die, but it is never permissible to take any direct action

designed to kill the patient. This doctrine seems to be accepted by most doctors, and it is

endorsed in a statement adopted by the House of Delegates of the American Medical

Association on December 4, 1973:

The intentional termination of the life of one human being by another -mercy

killing - is contrary to that for which the medical profession stands and is contrary

to the policy of the American Medical Association.

The cessation of the employment of extraordinary means to prolong the life of the

body when there is irrefutable evidence that biological death is imminent is the

decision of the patient and/or his immediate family. The advice and judgment of

the physician should be freely available to the patient and/or his immediate

family.

However, a strong case can be made against this doctrine. In what follows I will set out

some of the relevant arguments, and urge doctors to reconsider their views on this matter.

To begin with a familiar type of situation, a patient who is dying of incurable

cancer of the throat is in terrible pain, which can no longer be satisfactorily alleviated. He

is certain to die within a few days, even if present treatment is continued, but he does not

want to go on living for those days since the pain is unbearable. So he asks the doctor for

an end to it, and his family joins in the request.

Suppose the doctor agrees to withhold treatment, as the conventional doctrine

says he may. The justification for his doing so is that the patient is in terrible agony, and

since he is going to die anyway, it would he wrong to prolong his suffering needlessly.

But now notice this. If one imply withholds treatment, it may take the patient longer to

die, and so he may suffer more than he would if noire direct action were taken and a

lethal injection given. This fact provides strong reason for thinking that, once the initial

decision not to prolong his agony has been made active euthanasia is actually preferable

to passive euthanasia, rather than the reverse. To say otherwise is to endorse the option

that leads to more suffering rather than less, and is contrary to the humanitarian impulse

that prompts the decision not to prolong his life in the first place.

Part of my point is that the process of being "allowed to die" can be relatively

slow and painful, whereas being given a lethal injection is relatively quick and painless.

Let me give a different sort of example. In the United States about one in 600 babies is

born with Down's syndrome. Most of these babies are otherwise healthy -that is, with

only the usual pediatric care, they will, proceed to an otherwise normal infancy. Some,

however, are born with congenital defects such as intestinal obstructions that require

operations if they are to live. Sometimes, the parents and the doctor will decide not to

operate, and let the infant die. Anthony Shaw describes what happens then:

...When surgery is denied (the doctor I must try to keep the infant from suffering

while natural forces sap the baby's life away. As a surgeon whose natural

inclination is to use the scalpel to fight off death, standing by and watching a

salvageable baby die is the most emotionally exhausting experience I know. It is

easy at a conference, in a theoretical discussion, to decide that such infants should

be allowed to die. It is altogether different to stand by in the nursery and watch as

dehydration and infection wither a tiny being over hours and days. This is a

terrible ordeal for me and the hospital staff - much more so than for the parents

who never set foot in the nursery.

I can understand why some people are opposed to all euthanasia, and insist that such

infants must be allowed to live. I think f can also understand why other people favor

destroying these babies quickly and painlessly. But why hould anyone favor letting

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"dehydration and infection ither a tine being over hours and days?" The

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doctrine that says that a baby may be allowed to dehydrate and wither, but may

not for given art injection that would end its life without suffering, seems so

patently cruel as to require no further refutation. The strong language is not in.

tended to offend, but only to put the point in the clearest possible way.

My second argument is that the conventional doctrine leads to decisions

concerning life and death made on irrelevant grounds.

Consider again the case of the infants with Down's syndrome who need

operations for congenital defects unrelated to the syndrome to live. Sometimes,

there is no operation, and the baby dies, but when there is no such defect, the

baby lives on. Now, an operation such as that to remove an intestinal

obstruction is not prohibitively difficult. The reason why such operations are

not performed in these cases is, clearly, that the child has Down's syndrome and

the parents and doctor judge that because of that fact it is better for the child to

die.

But notice that this situation is absurd, no matter what view one takes of

the lives and potentials of such babies. 1 f the life of such an infant is worth

preserving, what does it matter if it needs a simple operation? Or, if one thinks

it letter that such a baby should not live on, what difference does it make that it

happens to have an unobstructed intestinal tract? In either case, the matter of

life and death is being decided on irrelevant grounds. It is the Down's syn-

drome, and not the intestines, that is the issue. The matter should be decided, if

at all, on that basis, and hot be allowed to depend on the essentially irrelevant

question of whether the intestinal tract is blocked.

What makes this situation possible, of course, is the idea that when there

is an intestinal blockage, one can "let the baby die," but when there is no such

defect there is nothing that can be done, for one must not "kill" it. The fact that

this idea leads to such results as deciding life or death on irrelevant grounds is

another good reason why the doctrine should be rejected.

One reason why so many people think that there is an important moral

difference between active and passive euthanasia is that they think killing

someone is morally worse than letting someone die. But is it? Is killing, in

itself, worse than letting die? To investigate this issue, two cases may be

considered that are exactly alike except that one involves killing whereas the

other involves letting someone die. Then, it can be asked whether this differ-

ence makes any difference to the moral assessments. It is important that the

cases be exactly alike, except for this one difference, since otherwise one

cannot be confident that it is this difference and not some other that accounts

for any variation in the assessments of the two cases. So, let us consider this

pair of cases:

In the first, Smith stands to gain a large inheritance if anything should

happen to his six-year-old cousin. One evening while the child is taking his

bath, Smith sneaks into the bathroom and drowns the child, and then arranges

things so that it will look like an accident.

In the second, Jones also stands to gain if anything should happen to his

six-year-old cousin. Like Smith. Jones sneaks in planning to drown the child in

Ills bath. However, just as fie enters the bathroom Jones sees the child slip and

hit his head, and fall face down in the water. Jones is delighted; he stands by,

ready to push the child's head back under if it is necessary, but it is not

necessary. With only a little thrashing about, the child drowns all by himself,

"accidentally," as Jones watches and does nothing.

Now Smith killed the child, whereas Jones "merely" let the child die.

That is the only difference between them. Did either man behave better, from a

moral point of view? If the difference between killing and letting die were in

itself a morally important matter, one should say that Jones's behavior was less

reprehensible than Smith's. But does one really want to say that? I think not. In

the first place, both men acted from the same motive, personal gain, and both

had exactly the same end in view when they acted. I t may be inferred from

Smith's conduct that he is a bad man, although that judgment may be withdrawn

or modified if certain further facts are learned about him - for example, that he

is mentally deranged. But would not the very same thing be inferred about

Jones from his conduct? And would not the same further considerations also be

relevant to any, modification of this judgment? Moreover, suppose Jones

pleaded, in his own defense, "After all, I didn't do anything except just stand

there and watch the child drown. I didn't kill him; I only let him die." Again, if

letting die were in itself less bad than killing, this defense should have at least

some weight. But it does not. Such a "defense" can only be regarded as a

grotesque perversion of moral reasoning. Morally speaking, it is no defense at

all.

Now, it may be pointed out, quite properly, that the cases of euthanasia

with which doctors are concerned are not like this at all. They do not involve

personal gain or the destruction of normal healthy children. Doctors are con-

cerned only with cases in which the patient's life is of no further use to him, or

in which the patient's life has become or will soon become a terrible burden.

However, the point is the same in these cases: the bare difference between

killing and letting die does not, in itself, make a moral difference. If a doctor

lets a patient die, for humane reasons, he is in the same moral position as if he

had given the patient a lethal injection for humane reasons. If his decision was

wrong - if, for example, the patient's illness was in fact curable -the decision

would be equally regrettable no matter which method was used to carry it out.

And if the doctor's decision was the right one, the method used is not in itself

important.

The AMA policy statement isolates the crucial issue very well; the

crucial issue is "the intentional termination of the life of one human being by

another." But after identifying this issue, and forbidding "mercy killing," the

statement goes on to deny that the cessation of treatment is the intentional

termination of a life. This is where the mistake conies in, for what is the

cessation of treatment, in these circumstances, if it is not "the intentional

termination of the life of one human being by another?" Of course it is exactly that,

and if it were not, there would be no point to it.

Many people will find this judgment hard to accept. One reason, I think, is that

it is very easy to conflate the question of whether killing is, in it, worse than letting

die, with the very different question of whether most actual cases of killing are more

reprehensible than most actual cases of letting die. Most actual cases of killing are

clearly terrible (think, for example, of all the murders reported in the newspapers),

and one hears of such crises every day. On the other hand, one hardly ever hears of a

race of letting die, except for the actions of doctors who are motivated by

humanitarian reasons. So one learns to think of killing in a much worse light than of

letting die. But this does not mean that there is something about killing that makes it

in itself worse than letting die. for it is not the bare difference between killing and

letting die that makes the difference in these cases. Rather, the other factors - the

murderer's motive of personal gain, for example, contrasted with the doctor's

humanitarian motivation -account for different reactions to the different cases.

I have argued that killing is not in itself any worse than letting die; if my

contention is right, it follows that active euthanasia is not any worse than passive

euthanasia. What arguments can be given on the other side? The most common, I

believe, is the following:

"The important difference between active and passive euthanasia is that, in

passive euthanasia, the doctor does not do anything to bring about the patient's death.

The doctor does nothing, and the patient dies of whatever ills already afflict him. In

active euthanasia, however, the doctor does something to bring about the patient's

death: he kills him. The doctor who gives the patient with cancer a lethal injection has

himself caused his patient's death; whereas if he merely ceases treatment, the cancer

is the cause of the death."

A number of points need to be made here. The first is that it is not exactly

correct to say that in passive euthanasia the doctor does nothing, for he does do one

thing that is very important: he lets the patient die. "Letting someone die" is certainly

different, in some respects, from other types of action - mainly in that it is a kind of

action that one may perform by way of not performing certain other actions. For

example, one may let a patient die by way of not giving medication, just as one may

insult someone by way of not shaking his hand. But for any purpose of moral

assessment, it is a type of action nonetheless. The decision to let a patient die is

subject to moral appraisal in the same way that a decision to kill him would be subject

to moral appraisal: it may be assessed as wise or un rise, compassionate or sadistic,

right of wrong. If a doctor deliberately let a patient die who was suffering from a

routinely curable illness, the doctor would certainly be to blame for what he had done,

just as he would be to blame if he had needlessly killed the patient. Charges against

him would then be appropriate. If so, it would be no defense at all for him to insist

that he didn't "do anything." He would have done something very serious indeed, for

he let his patient die.

Fixing the cause of death may be very important from a legal point of view,

for it may determine whether criminal charges are brought against the doctor. But I do

not think that this notion can be used to show a moral difference between active and

passive euthanasia. The reason why it is considered bad to be the cause of someone's

death is that death is regarded as a great evil - and so it is. However, if it has been

decided that euthanasia - even passive euthanasia - is desirable in a given case, it has

also been decided that in this instance death is no greater an evil than the patient's

continued existence. And if this is true, the usual reason for not wanting to be the

cause of someone's death simply does not apply.

Finally, doctors may think that all of this is only of academic interest - the sort

of thing that philosophers may worry about but that has no practical bearing on their

own work. After all, doctors must be concerned about the legal consequences of what

they do, and active euthanasia is clearly forbidden by the law. But even so, doctors

should also be concerned with the fact that the law is forcing upon them a moral

doctrine that may well be indefensible, and has a considerable effect on their

practices. Of course, most doctors are not now in the position of being coerced in this

matter, for they do not regard themselves as merely going along with what the law

requires. Rather, in statements such as the AMA policy statement that I have quoted,

they are endorsing this doctrine as a central point of medical ethics. In that statement,

active euthanasia is condemned not merely as illegal but as "contrary to that for which

the medical profession stands," whereas passive euthanasia is approved. However, the

preceding considerations suggest that there is really no moral difference between the

two, considered in themselves (there may be important moral differences in some

cases in their consequences, but, as I pointed out, these differences may make active

euthanasia, and not passive euthanasia, the morally preferable option). So, whereas

doctors may have to discriminate between active and passive euthanasia to satisfy the

law, they should not do any more than that. In particular, they should not give the

distinction any added authority and weight by writing it into official statements of

medical ethics.

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