

Introduction:

In Tooley's 'In Defence of Voluntary Active Euthanasia and Assisted Suicide' (2005), various arguments were proposed that seek to justify the legalization of voluntary active euthanasia (VAE) and assisted suicide. On the other hand, Callahan fervently opposes its legalization in 'A Case Against Euthanasia' (1992), highlighting the complex differences between varying forms of euthanasia, as well as the potential ramifications that may ensue upon its political acceptance in society. In this presentation, I aim to prove that Tooley's stance holds greater validity, by providing a succinct and comprehensive evaluation of two major points of contention, for which both parties hold opposing viewpoints – whether legalizing VAE leads to slippery slopes, and if there is a moral distinction between active and passive euthanasia.

Firstly, Callahan surmises that legal acceptance of VAE poses an inherent risk of leading society down a slippery slope towards the legalization of socially harmful practices. He opines that doctor-patient confidentiality represents a legal blind spot, whereby it is difficult, nigh impossible, to detect practitioners who abuse power by administering euthanasia without the patient's consent, resulting in non-voluntary euthanasia. "All laws are subject to abuse, particularly when they are controversial in the first place." He proposes that this issue will exist regardless of whatever conditions are set for legalized euthanasia.

Callahan substantiates his stance by referencing the "Dutch Experiment," whereby euthanasia was permitted in the Netherlands if certain conditions were fulfilled. This incident revealed an excessive number of instances exhibiting non-voluntary and possibly involuntary euthanasia, where some 10% of cases involved competent patients who were not asked for consent.

However, Tooley reaffirms his stance by contending that slippery slopes can be avoided when VAE legislation is accompanied by strict regulation. He provides a comparative analysis of the Netherlands and Australia during the period when euthanasia was permissible in the former and prohibited in the latter. He mentions how investigations revealed drastically lower occurrences of non-consensual life-ending procedures in the Netherlands, while instances of doctors withholding or withdrawing treatment without patients' explicit request in Australia proved excessive. Contrary to Callahan's beliefs, Tooley frames this juxtaposition as the key basis for his justification that legalizing VAE, albeit with stringent oversight, diminishes the likelihood of abuse.

Evaluation:

Callahan's concerns about the inherent risks of doctor-patient confidentiality as an impetus for slippery slopes are irrefutable. The fact that external parties remain oblivious to the interactions between practitioners and patients serves as a breeding ground for abuse of power and unethical behavior regarding euthanasia. However, Callahan fails to acknowledge that this clause is not invariable and is subject to exceptions under numerous guidelines. Especially when medical cases involve a breach of public safety or imminent harm to others, doctors have a legal obligation to report the details of their patient's circumstances (Thompson, 2020).

As such, this legal caveat in confidentiality effectively mitigates the abuse of power by practitioners in procedures involving euthanasia, thereby pruning any undesirable outcomes that may stem from this legal cause. Hence, Callahan's paranoia surrounding society's downfall due to the slippery slope that follows the legalization of VAE seems exaggerated at best.

On the other hand, Tooley makes a compelling claim that the legalization of VAE alongside rigorous supervision has the opposite effect of minimizing malpractice. The vast contrast in survey statistics from Australia and the Netherlands provides appropriate substantiation for his claim, demonstrating that individual rights can be upheld more efficaciously if euthanasia is recognized under the purview of the law.

Tooley's elaboration directly refutes Callahan's slippery slope argument. While Callahan contends that the legalization of euthanasia is likely to lead society down a disastrous path that entails rampant termination of life for oblivious or even unwilling individuals, empirical evidence seems to suggest that legalization actually safeguards patients from medical malpractice. Bringing the spotlight back to institutionalized VAE in the Netherlands, the stringent supervision and strict regulation enforced by an independent committee ensure compliance with legal and ethical standards (Rietjens et al., 2009). Therefore, I am inclined to support Tooley's stance that legalizing euthanasia does not send society down a slippery slope, as the enhanced transparency and regulation in legal systems offer more protection to individuals than in illegal situations.

Secondly, both authors hold competing views regarding the moral difference between active and passive euthanasia.

Tooley proposes that there exists no intrinsic ethical difference between these two forms of euthanasia. Tooley elaborates on his viewpoint by modifying the Bare Difference Argument and shifting the focus to a more nuanced moral principle. He introduces an asymmetry principle as the starting point for his claim, stating that both killing and letting die are morally wrong, but killing is a greater wrong-making property than letting die. Supposing this principle is true, he opines that any moral distinction between killing and letting die would be a subset of a broader rule that distinguishes between intentionally causing harm and intentionally allowing harm.

Switching the narrative to situations where euthanasia may prove beneficial, he asserts that intentionally causing a benefit is morally better than merely allowing a benefit to occur, or at the very least, they are of equal moral standards. Applying these principles specifically to euthanasia, he explains that it naturally follows that if euthanasia is beneficial to the person involved, actively causing their death should be at least as morally acceptable as merely allowing them to die. Since they only differ in their methods and share the same morally desired outcome, Tooley concludes that if both active and passive euthanasia produce the same benefit, they should be morally equivalent.

In contrast, Callahan maintains his firm position that active and passive euthanasia differ ethically. He fervently argues that upon diagnosis that treatment is unable to reverse the downhill course of a patient plagued with fatal diseases, it is societally accepted that the cause

of death is the disease, rather than the physician's decision to terminate further life support. By drawing no distinction between active and passive euthanasia, Callahan likens it to claiming that doctors "kill" patients by terminating treatment, which would be tantamount to saying they had abolished lethal disease to cause their patients' deaths. Hence, Callahan underscores the major moral difference in actively administering a life-ending procedure to individuals versus discontinuing any life-sustaining practice and passively allowing patients to succumb to their underlying illness.

Evaluation:

Tooley's argument highlights the logical inconsistency in treating active and passive euthanasia as ethically distinct, when both lead to the same outcome — death. He contends that if the intended result is to alleviate suffering, then the methods employed to achieve it should not be morally significant. Since both active and passive euthanasia serve the same purpose of ending a patient's suffering, they should be regarded as morally equivalent. James Rachels (1975) reinforces this view, asserting that passive euthanasia can be even more inhumane, such as the scenario where withdrawing life support prolongs suffering unnecessarily. Furthermore, ethical principles such as beneficence and autonomy apply equally to both forms of euthanasia, further supporting the notion that there is no meaningful moral distinction between them (Beauchamp & Childress, 2019).

On the contrary, Callahan's argument is deeply rooted in the traditional distinction between killing and letting die. However, critics argue that this distinction is artificial and morally irrelevant. If a doctor's decision eventually results in a patient's death, then the distinction between an action and omission thereof is arbitrary (Rachels, 1975). Moreover, empirical studies also suggest that many patients receiving passive euthanasia suffer unnecessarily, while active euthanasia offers a more humane and ethically justifiable solution (Dworkin, Frey, & Bok, 1998).

Ultimately, I find Tooley's argument more convincing because it logically dismantles the distinction between active and passive euthanasia. His position follows from the aforementioned Bare Difference Argument, which demonstrates that if two actions lead to the same outcome, there is no basis for valuing one approach as morally permissible while undermining the other as ethically unacceptable (Singer, 1993). The distinction between active and passive euthanasia premises a stark ethical difference between directly causing death and allowing death to happen, which appears non-existent after further rationalization. In contrast, Callahan's objection depends on the flawed idea that letting someone die is not equivalent to killing them. Passive euthanasia still involves an active, intentional choice to withhold life-sustaining systems. The doctor is cognizant of and intends for death to occur, just as in active euthanasia. Given the growing acceptance of euthanasia in countries like Belgium, the Netherlands, and Canada, it is evident that society is increasingly acknowledging the moral and practical justifications for active euthanasia (Sumner, 2011).

In a nutshell, whilst Callahan's viewpoints hold truth to a limited degree, I opine that they fail to address Tooley's arguments adequately. Empirical information demonstrates that

institutionalizing VAE with stringent regulation mitigates potential implications that follow slippery slopes, while modern societal beliefs draw no moral distinction between active and passive euthanasia. Thus, I share Tooley's contention that VAE and assisted suicide are ethically permissible and can be legalized with strict legal oversight.

References

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