The Morality of Euthanasia in the light of the Catholic Church’s teaching

- AMADI DECLAN TOCHI -
Master’s Thesis in Applied Ethics
Centre for Applied Ethics
Linköpings University
Presented May 30, 2005

Supervisor: Prof. Anders Nordgren, Linköping University
**Title**
THE MORALITY OF EUTHANASIA IN THE LIGHT OF THE CATHOLIC CHURCH’S TEACHING.

**Abstract**
The question of euthanasia has kept pre-occupying and agitating the minds of thinkers, sweeping the globe, pummelling pedagogy, assailing assumptions, and bludgeoning biases. Both the moralist, ethicist, theologian, psychologist, educationist, anthropologist, politician, physician, patient as well as the common man in the street are interested in it. This pervading interest simply arises out of the fact that euthanasia involves the question of life, and life is something that is a common denominator to all men.

The controversy hinges on the fact that, there are divergent views on the moral question of euthanasia. While some would unflinchingly opt for euthanasia others would prefer to oppose it to the best of their strength, yet others will remain agnostic about it. But the issue here remains: is euthanasia in any way morally justified? Has human life an intrinsic value? Or is human life valuable only when it is healthy? Are we the ones who decide when to die? Has the physician any right to either assist or terminate the life of the patient simply on account of suffering? Has the patient any right to end his/her life? Are there some conditions in which euthanasia could be allowed? Is suffering meaningless?

The topic of my project is: THE MORALITY OF EUTHANASIA IN THE LIGHT OF THE CATHOLIC CHURCH’S TEACHING. In this work, I shall present the official Catholic Church’s teaching and position on euthanasia, and also, avow the different arguments proposed by the proponents of euthanasia. I will use the church’s stand, as a foundation for a critical analysis of those who support Euthanasia. And finally a will make a critique of the church’s stand in my evaluation and conclusion.

**Nyckelord**
EUTHANASIA, SUFFERING, DEATH, CATHOLIC CHURCH, MORALITY.
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ACKNOWLEDGEMENT

I have always professed the Buberian philosophical doctrine, which sees man as by nature an interactive being, a communal entity with others, in the light of direct mutual relations which he called the “I-Thou” relationship, or dialogue, in which each person confirms the other as of unique value. Man realizes his full potentialities, with the relationship, and help of others. Thus, ingratitude is symptomatic of an implicit profession of fundamental solipsism, a conspicuously explicit asseveration of the ego, and a sure sign of pride and arrogance.

Against this backcloth then, I would like to say that, this piece of work is a concatenation of efforts; a melange and medley of multifarious contributions, criticisms, and supervision. So, bearing this in mind; I humbly wish to impress my heartfelt sentiments of unalloyed gratitude first to: the administration of Linköpings Universitet, for the nice opportunity given to me to study here, in the University. I equally Thank my various able professors: Dr. Adrian Thomasson (Doctor of Social and Political Ethics), and also the course co-ordinator, Prof. Göran Collste (Prof. of Information Technology Ethics) for his intellectual dexterity and academic expertise manifested in handling his course, and in the general administration of CTE. And also the Supervisor of this work, Prof. Anders Nordgren; who led through observations, criticisms and corrections, the subsequent development of this thesis, to this extent.

I also, wish to thank His royal highness, Eze, (Engr.) Chidume Okoro, through whose sponsorship, I was able to be here. In a special way also I thank Rev. Fr. Dr. Jude Uwalaka; whose financial and Fatherly contributions have kept me going through the process of my studies. I really can not thank enough, Rev. Fr. Martin Eke (msp). Daa Martin, you are really my angel of succour. I am also indebted to Rev. Fr. Reginald Ibeh. I also thank His Lordship, Rt. Rev. Dr. V. A. Chikwe, the Catholic bishop of Ahiara Diocese Nigeria, for being a real father to me. All these people have really made my history. I equally owe a lot of immeasurable debts to my family.

I also wish to bless the soul of Mr. Livinus Obinna of blessed memory, with eternal repose. Lastly, I remain ever indebted to my God, in whom I live and work.

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THIS PIECE OF WORK IS DEDICATED TO ST. ANTHONY OF PADUA, AND THE BLESSED VIRGIN MARY THROUGH WHOSE INTERCESSIONS I AM WHAT I AM TODAY.
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One might wonder the need for this picture gallery. I was in Germany by April, and visited the University of Karlsruhe. I met a group of Master’s degree students in the Chemistry department and we introduced ourselves, each saying the topic of his thesis project too. But to my greatest surprise, a few number of them did not know what applied ethics was all about, and few too did not know what Euthanasia means as well. Hence; I feel these pictures will help to provide the novice reader with an insight and introduce him into what euthanasia is all about. The first image is the picture of a terminally ill patient whose painful and suffering life is sustained by artificial means. The second is the picture of a Comatose. While the third one is that of a suffering sick patient too, whose life is under the monitor of machines. You can see the whole electrical gadgets that supported the poor man’s so much so that one would even think he is an “electronics” himself.

So these portray cases of what we are about to discuss. Whether these human beings under these conditions of pain and suffering can freely ask for their lives to be terminated, so that they die painless death?

(Pictures taken from: www.images.google.se)
1.0 EXPLICATION OF TERMS

1.1 GENERAL INTRODUCTION

The Sacred Congregation for the Doctrine of the Faith, (an institution of the Roman Catholic Church which promotes and safeguards the catholic doctrines on faith and morals throughout the Catholic world) in its declaration on euthanasia said:

> Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God’s love, which they are called upon to preserve and make fruitful.

Owing to the above quotation, we can see that, the principle of the sanctity of life is of paramount importance.

But in fact, life sometimes seems to be an elusive element which perhaps still seems a mystery in certain areas to man. Of course, there are degrees of life. The unicellular organism is life of a lowly kind, yet still absorbing in its wonder and mystery. The achievements of modern scientific research are manifold, and the life of Man is accompanied by the gift of intellect. He is able to ponder the meaning and purpose of his existence. He is capable of brilliant speculation as to his nature and origins: on the physical environment around about him, with the solar system and galaxies extending-out: beyond the bounds of infinity: to the barely comprehensible outer-reaches of the Universe itself. What a wonderful thing man is, so magnificent and splendid. But yet, the whole secrets of life still seems to be untapped by mankind’s scientific expertise. Thus, life remains yet enigmatic in certain areas.

However, ours is a world where we inhabit in a culture of multiplicities of multifarious ideologies. A world of cultural pluralism; a culture that is almost without a moral absolute, a culture of moral relativism. To buttress this point, some authors like; Justin, N.Ekennia would say:

> The fact of pluralism is the bane of the contemporary era. Opinions flood the various facets of human endeavour, without consensus on the hierarchy of human goods and welfare. We have plurality of moral values and each

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1 The Sacred Congregation for the Doctrine of the Faith, 1980, no.1
proponent justifies her position based on personal presuppositions and principles\textsuperscript{2}.

This is to say that in every aspect of human endeavour, there exist divergent views. Thinkers don’t seem to agree, and personal experiences and values try to override moral principles.

Alasdair MacIntyre first raised the alarm of this lack of consensus among contemporary philosophers on ethical issues in his famous book, AFTER VIRTUE (1984). He traced modernity’s problem to its rupture with the traditions that sustained rationality until the enlightenment period; which cast doubts on previous presuppositions and teleological foundations of rationality and morality; but at the same time, devoid of a normative vision of human nature and authentic and common moral vision. To this Engelhardt would say:

\textit{in great measure, in the 20\textsuperscript{th} century, for the dominant culture, God is dead (or more correctly, it is dead to God). With the full recognition of the death of God, all ultimate orientation was lost. There was no longer a cosmic or human species. The light of God in various accounts of human progress was itself finally brought into question. New things simply happen. There is no cultural ultimate whence or whither} \textsuperscript{3}.

Hence, this sort of cultural orientation brings about moral impasse on issues that concern human life, values and goods. One of such moral impasse is the practise of euthanasia. Euthanasia has been a controversial issue for many years, and in fact, it is one of the biggest controversies of this our decade, especially in such areas like: Law, ethics, medicine and religion. It generates a lot of interests and feelings among many authors, scholars, philosophers and people. This is so, because of the conspicuous disconcordance that characterizes it. While some people will think it’s an evil, others would term it a blessing.

So the purpose of this paper is to address these issues. What is Euthanasia? What are the types of euthanasia? Why do some people oppose it while others bless it? Is it morally justified at all? What has the Catholic Church to say about this hot pervasive issue? Is the Catholic Church’s position based on critical reasoning or just faith and revelation which may not be objects of reason? These are some of the provocatives that will serve as my guideline in this work.

\textsuperscript{2} Ekennia J.N.: 2003, p.204

\textsuperscript{3} Engelhardt, H.T. 2002, p.209.
Chapter one will dwell on explication of terms; giving the general introduction, types/forms of
euthanasia. Chapter two presents the arguments forwarded by the proponents of euthanasia.
Chapter three deals on the summary and analysis of some of the official Catholic Church’s
documents and declarations, on euthanasia. Chapter four dwells on the Catholic Church’s position
on Euthanasia. Chapter five gives the critical evaluation and conclusion. Here; the task is to make a
constructive criticism on both the proponents of euthanasia, and as well the Catholic Church’s
position.

1.2 WHAT IS EUTHANASIA
Etymologically, the word Euthanasia has its origin millennia ago in Ancient Greece. It is a
compound of two Greek words: ευ and θανατος. ευ-meaning well, or good; and then θανατος-
meaning death. So literally defined, euthanasia means a good death. In this sense then, euthanasia
is not a bad thing, but rather a good thing; and would thus not be controversial, because, we all
hope for a good death; a death without pain and suffering. In some religious traditions, people pray
for a happy death and call it a blessing, when someone dies after a painful terminal illness.
Euthanasia is generally understood as: the bringing about of a good death, easy death; simply
referred to as mercy killing. It could be the painless death provoked by medical intervention. The
Webster’s New Collegiate dictionary defines euthanasia as: “the act or practise of killing
individuals that are hopelessly sick, or injured,
for reasons of mercy”4.

Euthanasia, defined in the Oxford Dictionary, is: “gentle and easy death; bringing about of this,
especially in case of incurable and painful disease”5. It is: “the intentional termination of life by
another at the explicit request of the person who dies”. (Netherlands State Commission on
Euthanasia). This definition strictly defines voluntary euthanasia. The argument then often centres
on the voluntaries of the request. It could further be said to be: “the intentional killing by act or
omission of a (sick) dependent human being for his or her alleged benefit”6. The key word here is
“intentional”. This means according to this definition, if death is not intended, it is not an act of
euthanasia. The NHS Direct Online Health Encyclopaedia defines Euthanasia, thus:

(i) “The act of killing a person who is suffering from a distressing mental or

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6 (www.euthanasia.com/definitions)
physical condition” (ii) “when a doctor, friend or relative intentionally ends a person’s life, to “put them out of their misery” (iii) Compassion-motivated, deliberate, rapid and painless termination of the life of someone afflicted with an incurable and progressive disease”

Euthanasia occurs when a person kills another for the sake of the person killed. Thus three issues are clearly involved in euthanasia here: (a) a deliberate taking of human life either one’s own life or another person’s life. Thus it is a form of deliberate killing. (b) The destruction of life is for the sake of the victim, that is, the person whose life is being terminated. (c) The victim could be suffering from an incurable or terminal disease. It is the above very facts that distinguish Euthanasia from any other form of taking human life. Hence: from the above, if there is no intention to kill, it is not Euthanasia. There is no euthanasia unless the death is intentionally caused by what was done or not done. Thus, it follows that some medical actions that are often labelled “passive euthanasia” are no forms of euthanasia, since the intention to take life is lacking. These acts include not commencing treatment that would not provide a benefit to the patient, withdrawing treatment that has been shown to be ineffective, too burdensome or is unwanted, and the giving of high doses of pain-killers that may endanger life, when they have been shown to be necessary. All these are part of good medical practice, endorsed by law, when they are properly carried out.

Furthermore, the Church has a precise definition of euthanasia. John Paul II describes it as “an act or omission which of itself or by intention causes death, with the purpose of eliminating all suffering”8. The major official church’s document on euthanasia is that by the sacred congregation for the doctrine of the faith, which defines Euthanasia thus:

- By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used9.

Here, the element of omission is added to the definition of euthanasia. This omission could be said to be passive euthanasia. I shall explain more of this further on in this work. So, what counts most is the intention of the will to kill a suffering patient; and the methods used to achieve this goal. Euthanasia is often based on showing mercy to a hopelessly ill and suffering patient, by reducing

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7 The NHS Direct Online Health Encyclopaedia.
8 John Paul II, 1995, n.65.
9 The Sacred Congregation for the Doctrine of the Faith, 1980, n. II.
the duration of his/her suffering. It also recognises the dignity and autonomy of the individual person, especially when one has willed to die decently and quietly without pains. Let us look at the types/forms of euthanasia.

1.3 TYPES AND FORMS OF EUTHANASIA

1.3.1 VOLUNTARY EUTHANASIA

This is a case in which a clearly competent patient makes a voluntary and enduring request to be helped to die. Voluntary euthanasia concerns itself with the express wish of a mentally competent person to die through the assistance of others. For Ekennia, it is the “killing of a person, or assisting the suffering person to kill himself/herself”\textsuperscript{10}.

This is in line with the church’s idea of euthanasia when she said: “no one is permitted to ask for this act of killing, either for himself or herself”\textsuperscript{11}. This means that the church also reflects the idea of voluntary euthanasia in its definition of euthanasia. So voluntary euthanasia for the church means one asking for it by him/herself.

According to David N.O'Steen et al., “Voluntary euthanasia is when the patient requests that action be taken to end his life, or that life-saving treatment be stopped, with full knowledge that this will lead to his death”\textsuperscript{12}. For Mc Mahan, J. “Euthanasia is said to be voluntary when a person freely and autonomously requests or consents to be killed or allowed to die for his own good”\textsuperscript{13}.

This must be carried out strictly at the request of, and for the sake of the person killed. Sometimes, it is called assisted suicide. However, the slight difference is that, in Euthanasia, the person assisted to die must be suffering terribly and death is chosen as the best means to ends the suffering. Voluntary euthanasia still holds even when the suffering person (who had previously given consent) is no longer competent to assert his or her wish to die, when the life is in a serious condition. For

\textsuperscript{10} Ekennia, 2003, p.162.

\textsuperscript{11} The Sacred Congregation for the Doctrine of the Faith, ibid.

\textsuperscript{12} O'Steen D.N., and Burke J.B, 1995.

\textsuperscript{13} Mc Mahan, J., 2002, p.457.
example, when someone committed to his or her doctor the desire to die, when his /her life becomes hopelessly endangered by an incurable disease. Since the decision was taking with full knowledge and consent, if the doctor ends the life of the patient at the appropriate time and circumstances; he simply executes the wishes of the sick person, and the act is voluntary euthanasia. It does not matter whether at the time of killing the sick patient, he or she was competent or not to revise his/her wish.

The debate about voluntary Euthanasia rages in many countries, but the Netherlands was the first nation to legalise it. To this Debbie Cohen says:

*The Netherlands is the first country to legalise euthanasia, after a controversial law came into effect in April; the Dutch parliament finally gave approval to the bill in April 2001. Terminally ill patients are able to request euthanasia, and doctors carrying out the mercy killings are not prosecuted, provided they have adhered to strict rules.*

The law sets out some guidelines/conditions for this, that:

(i) **A patient must have an incurable illness.**
(ii) **There is no prospect of recovery**
(iii) **he/she must be in unbearable pain.**
(iv) **The request to die must be voluntary, well considered,**
(v) **And both the doctor and patient must be sure no reasonable alternatives exist**
(vi) **An independent doctor must give written approval after spending time with the patient, and**
(vii) **The termination must be done in a medically appropriate way.**

Hence, the main thrust of voluntary Euthanasia is that the patient specifically requests that his/her life be ended. And the request must come from someone who is either subject to intolerable pain or disability; or who is suffering from an illness which is seen as being terminal. This decision to die may be made either before, during or after the development of such an illness in question. But in which ever way, the issue remains that it must not come from any kind of coercion or pressure at all. It must be voluntary. So voluntary Euthanasia can be summarised thus: “The person wants to die and says so. This includes cases of:

- asking for help with dying

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15 ibid.
• refusing burdensome medical treatment
• asking for medical treatment to be stopped, or life support machines to be switched off
• refusing to eat
• simply deciding to die”  

1.3.2 INVOLUNTARY EUTHANASIA

Involuntary euthanasia occurs when, any person, especially, a medical personnel, kills a suffering patient who would have been able to give or withhold consent, to his or her death, but who did not give any consent either because no one consulted him/her, or when asked, he/she refused to give consent because he/she wanted to live. Mahan explains it thus: “when an individual who is competent to give or withhold consent is killed or allowed to die, either contrary to his expressed will or when his consent has not been sought”  

For B.A. Robinson: “This term is used by some to describe the killing of a person who has not explicitly requested aid in dying”  

It could said to be ending the life of able patients without their permission or against their will.

Mason and McCall noted that the motive of bringing relief to the suffering patient in involuntary euthanasia may be the same in voluntary euthanasia, but its only justification lies in the paternalistic decision as to what is the best for the victim of disease. Paternalism in medical care may not be allowed especially in matters of deciding to live or to choose death for a suffering patient as the best option for the victim. This is the most troubling of the forms of euthanasia, because, in this case, it involves a question of going against the wish of the sick patient. This is usually termed by many authors as murder.

However, there are some authors who will also believe that not all cases of involuntary euthanasia are murder. For instance, the BBC religion and Ethics correspondence would say:

“Involuntary euthanasia occurs when the person who dies chooses life and is killed anyway. This is usually called murder, but it is possible to imagine some unusual cases where the killing would count as being for the benefit of the person who dies: (a) A soldier has his stomach blown open by a shell burst. He is in great pain and screaming in agony. He begs the army doctor to save his life. The doctor knows that he will die in ten minutes whatever

16 www.bbc.co.uk/print//religion/ ethics/euthanasia.
18 Robinson, B.A., (www.religious_tolerance.org/euth)
happens. As he has no painkilling drugs with him he decides to spare the soldier further pain and shoots him dead. (b) A person is seen at a 10th floor window of a burning building. Their clothes are on fire and fire brigade has not yet arrived. The person is screaming for help. A passer by nearby realises that within seconds the person will suffer an agonising death from burns. He has a rifle with him and shoots the screaming person dead. (c) A man and a woman are fleeing from a horde of alien monsters notorious for torturing human beings that they capture. They fall into a pit dug to catch them. As the monsters lower their tentacles into the pit to drag the man out he begs the woman to do something to save him. She shoots him, and then kills herself. The morality of these and similar cases is left for the reader to think about.  

The church did not explicitly mention this involuntary euthanasia. But, when it says in the declaration on euthanasia, (section II), that no one should ask for euthanasia, either for himself or for another, or should anyone agree to it implicitly, this by implication and interpretation purports to talk about involuntary euthanasia.

1.3.3 NON-VOLUNTARY EUTHANASIA

This is the direct opposite of voluntary Euthanasia. It occurs when the person whose life is ended cannot express any view whether to live or to die; but the decision for euthanasia became the responsibility of either the medical personnel taking care of the patient or the family members. The church reflects this idea of euthanasia when she said: “no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care.” So, when the decision is made by those entrusted to the care of the sick, because he/she is incompetent, its non-voluntary euthanasia. The victim could not take any decision either in the case of a terrible illness of an adult whose sickness renders incompetent to take decision on whether to continue to live or to die, or that he is a handicapped new born baby.

For McMahan, Euthanasia is non-voluntary, when:

- it is not possible for the individual who is killed or allowed to die either to give or withhold consent. This category therefore encompasses all cases of euthanasia in which the individual killed or allowed to die is a foetus, an infant, an animal, a congenitally severely cognitively impaired human being, or a human being who has ceased to be competent to form autonomous

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19 www.bbc.co.uk/religion/ethics/euthanasia.
20 Declaration on euthanasia Section II
preferences about life and death, and who has not previously expressed his will on the matter.21.

So, in non-voluntary euthanasia; the person cannot make a decision or cannot make his wishes known. This includes cases where: (i) the person is in a coma (ii) the person is too young (e.g. a very young baby) (iii) the person is senile (iv) the person is mentally retarded to a very severe extent (v) the person is severely brain damaged etc. So, non-voluntary Euthanasia is ending the life of a patient who is not capable of giving his/her permission. The person who carries out the euthanasia may do so for the patient’s best interest. But the question here is this: how sure are we that ending the patient’s life would be appropriate to the patient’s intention, since he/she did not give any prior consent? What if the patient would have preferred to endure such suffering, had he been conscious? After all people have different believes and convictions. And some out of their faith and religious conviction may like to endure the sufferings, for eschatological purposes, for instance Christians.

However, this also constitutes part of the problems of euthanasia.

1.3.4. ACTIVE EUTHANASIA

As a matter of fact, the Church considers euthanasia as murder and as something gravely immoral. But we still have to decipher when something is euthanasia or not. Let us consider the definition—where the church presented euthanasia as “an act or omission”. The definition implies that there are two basic forms of euthanasia. Euthanasia by action - active euthanasia, and euthanasia by omission - passive euthanasia. These are terms that have been used by various Catholic bishops, theologians, and philosophers. However the Church does not have a universal terminology at this point. Nevertheless, no matter the terminology different theologians may use to qualify the concepts, the meanings are set forth in Church teaching, as we shall see later on. But then let us at this stage; clarify the meaning of these two terms.

Active euthanasia could be said to be: Doing something, such as administering a lethal drug, or using other means that cause a person’s death. It involves some positive actions that are intended to bring about the death of a patient and which actually results to his/her death. Active forms of

21 Mc Mahan,J. 2002, p.457
euthanasia inflict death upon the patient either by the patient’s own hand (known as “self-deliverance” or “auto-euthanasia”) or by another (as in the case of physician assisted suicide). So, active euthanasia involves the moral agent, causing death by some positive action. That means, the person being killed directly; here, the death is brought about directly, and actively, for example by injecting a lethal substance, or using a drug or weapon or doing something which leads to the patient’s immediate death. We shall discuss the morality of this later on, but suffice it to say at this time that the Catholic Church regards this as murder.

However, it is important to distinguish active euthanasia from certain forms of pain relieving measures that might look like it. It is possible to administer medication where the purpose is to relieve pain; for instance, pains associated with cancer. However, in this case, death might be; the *foreseen but unintended side effect* of the medication. Does this mean that a physician who administers such pain relief is killing the patient? Certainly no. The intention of such an action is to relieve pain; death is neither intended nor chosen. Moreover, relieving pain is certainly a morally good act. However, according to the church’s position, if a physician uses more medication than necessary to control pain, and thereby brings about death, he would be killing the patient. Some others with a different presupposition would argue against this position.

This distinction—between killing someone, on the one hand and doing an act which may simply be good medical care even if its unintended side effect may hasten death is called the principle of double effect. It is well founded both in Catholic teaching from Pius XII till date; and as well, the traditional ethics and laws of our society. Some contemporary ethicists, however, try to disagree with this distinction. They claim that pain relief associated with palliative care is no different from active euthanasia, since death is hastened in both cases. Of course, that is a very good argument if one would want to justify euthanasia. But for me, it is not very good ethics otherwise, because it overlooks the different intentionalities at work in these two moral choices. In one case the intent is to relieve pain; in the other the intent is to bring about death. And we know very well that in traditional ethics, one of the basic constituents of the voluntariness of any human action (morally responsible action) is intention.

1.3.5. PASSIVE EUTHANASIA

It is possible to kill someone by denying them the means of life, for instance, starvation. So in passive euthanasia or euthanasia by omission, death is caused by deliberately avoiding the use of
morally obligatory life-preserving means. Passive euthanasia, is defined as; “Stopping (or not starting) some treatment, which allows a person to die. Here, the person’s condition causes his or her death”\textsuperscript{22}. Passive forms of euthanasia include: withdrawal/discontinuing artificial life support treatments, thus allowing natural death to take place (sometimes referred to as “pulling the plug”). So euthanasia is passive when the suffering patient is denied life supporting machines and remedies; either withholding means not yet in use, or withdrawing means already in use so as to allow the patient to die. Passive euthanasia is usually defined as:

\begin{quote}
withdrawing medical treatment with the deliberate intention of causing the patient's death. For example, if a patient requires kidney dialysis to survive, and the doctors disconnect the dialysis machine, the patient will presumably die fairly soon. Perhaps the classic example of passive euthanasia is a “do not resuscitate order”. Normally if a patient has a heart attack or similar sudden interruption in life functions, medical staff will attempt to revive them. If they make no such effort but simply stand and watch as the patient dies, this is passive euthanasia\textsuperscript{23}.
\end{quote}

The On-line Medical Dictionary (Dr. Graham Dark Ed.) defines Passive euthanasia as: “the withdrawing or withholding of extraordinary means used to prolong life”\textsuperscript{24}.

Looking at these definitions of passive euthanasia critically, one notices that there are two different, opinions about it. (1) Some the definitions are of opinion that passive euthanasia is: deliberately avoiding/withdrawing the use of morally obligatory life-preserving means. (2) The withdrawing/withholding of extraordinary means. This poses a problem, because, the later-withdrawing/withholding of extraordinary means is morally allowed, while the former, withholding the ordinary means of livelihood, like food, and water is not morally allowed.

With regard to the church’s definition of the passive euthanasia, it just mentions “any omission”, without specifying it.

\textsuperscript{22} www.radessays.com

\textsuperscript{23} www.pregnantpause.org

\textsuperscript{24} The On-line Medical Dictionary, Dec 1998.
However, Rachels argues that there is no fundamental ethical distinction between killing and letting die. Therefore, there is no fundamental ethical distinction between active euthanasia and passive euthanasia. This is because, in both cases, there exist the intention to kill. So, he sees no moral difference between killing and letting die. A doctor who lets the patient die for humane reasons, is in the same moral position as if he had given the patient a lethal injection for humane reasons. Hence, what Rachels is saying here is that, we are as responsible for our omissions as we are for our actions. For Rachels, it is even preferable to end suffering of the patient by actively terminating his or her life, than to abandon him to the last phases of pain and suffering which, according to him, is inhuman. That means, for him, if we must choose between the two; active euthanasia could perhaps be morally preferable to passive euthanasia that prolongs the suffering of the patient\textsuperscript{25}.

However, I do not intend to pass a conclusive moral judgement thus far; but since I am writing on the moral justifiability according to the Catholic Church’s teaching, I would do that later. Meanwhile, I would like to present the arguments tendered by the proponents of Euthanasia.

\textsuperscript{25} Rachels, J., 1975, pp 78-80.
CHAPTER TWO

2.0 ARGUMENTS BY PROPONENTS OF EUTHANASIA

Various arguments by various groups of people have been posited in support of euthanasia around the world, both legal, political, libertarian, psychological, and medical arguments. But in all, these arguments are based on three basic principles, thus: (1) Compassion for the suffering (2) Concern for the quality of life. (3) Respect for self autonomy. Based on these principles, other arguments are advanced. Hence, I am going to present these arguments as well as other related ones that are advanced by different scholars from different works of life.

2.1 ARGUMENT FROM FREEDOM AND AUTONOMY

Proponents of this argument maintain that in a contemporary, free and democratic society like ours, where human rights and freedom are so much emphasized, it is axiomatic that individuals have a right to make their own decisions on matters that are primarily their own concern. Some people call it, individual right argument. Hence, the argument maintains that: each person has the right to control his or her body and life. A person’s rights to his body are said to include the right to die at any time. Hence, the person in accordance with his or her own beliefs and values should be able to determine at what time, in what way and by whose hands he or she will die, as long as no harm is done to others. So any time one feels that life is not worth living any longer, he/she should be allowed to give up his life. So, this argument is of the idea that human beings should be as free as possible, and that unnecessary restraints on human rights are to be avoided at all cost. Thus they support voluntary euthanasia and find nothing wrong with such a practice. Among this camp include: (Rachels, Gay-Williams, Dworking, etc). To this, Derek Humphry, in his definitive book on the subject, Final Exit, states that the: “most important of civil liberties is the option to govern our own lives, which includes the right to choose to die.”

Proponents go further to argue that human beings are independent biological entities, with the right to take and carry out decisions about themselves, provided the greater good of the society doesn’t prohibit this. So when anyone decides to take his/her life in order to end suffering, no one should interfere with such decisions, as far as the life to be terminated is his/hers. Kuhse H. implores John Stuart Mill’s famous theory of liberty in this case. Mill says that no one should be coerced to go against his wish, so long as it doesn’t mar the right of others. So for Kuhse:

26 www.souldevice.org/ethics_euthanasia.html
Competent patients ought to be able to choose whether to have or refuse any treatment-including life sustaining treatment. Because different patients value life, health, pain, or disability differently, they will also make different life and death decisions. These choices ought to be respected.  

There is a variation of this argument, which is termed: **The libertarian argument** it maintains that: If an action promotes the best interests of everyone concerned and violates no one’s rights then that action is morally acceptable. In some cases, euthanasia promotes the best interests of everyone involved (the sick, his/her family, etc) and violates no one’s rights. It is therefore morally acceptable.

However, this position has some flaws too. What of those circumstances in which euthanasia does not promote the best interest of all involved? What of in circumstances where it promotes only the “selfish interest” of the sick, but hurts those involved, like the family, friends etc?

Secondly, the principle of autonomy presupposes an obligation on the part of the physician to act according to the patient’s wishes. If active euthanasia is legalized for instance, then, the physician would be logically obligated to kill his patients upon their request. But, this may go against the physician’s own autonomy. He still has the right and autonomy to choose what to do and what not to do. Here we can see a clash between two interests and rights.

Finally, there is no room for the ethical justification of the idea that a terminally ill person’s wishes must be granted whether moral or immoral, simply on account of autonomy. Immoral wishes should not be granted (for instance, murdering an enemy), and it would be question begging for me to assert that active euthanasia (murdering the patient) is not immoral. For me, it is yet to be shown as being anything less than murder. This is subject to debate.

**2.2 ARGUMENT FROM SUFFERING.**
This argument hinges on the fact that euthanasia seeks to relieve suffering. It was claimed that euthanasia would promote patients’ well-being by relieving them of pain and would reassure others

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that death would not be painful. Proponents argue that nobody has the right to impose on the
terminally-ill and the dying the obligation to live out their life in unbearable suffering and anguish
where they themselves have persistently expressed the wish to end it. Hence, when suffering
becomes unbearable, there is no need keeping the patient. Therefore, individuals, who have
attained to years of discretion, and who are suffering from an incurable and fatal disease which
usually entails a slow and painful death, should be allowed by law (if they so desire and if they
have complied with the requisite conditions) to substitute for the slow and painful death a quick and
painless one, instead of undergoing such a severe suffering.

For some patients the dying process is accompanied by such excruciating pain that euthanasia is a
good way of release from suffering. Since the patient is on the way to die anyway, such suffering is
pointless and is not worth-enduring. Euthanasia for such dying patients is to spare them from such
useless suffering. Unrelieved and prolonged suffering remains a terrible affliction, and thus has to
be alleviated. Euthanasia therefore is the only means to quickly accomplish this, where all other
medical means fail. Hence, euthanasia is justified, as long as it aims at alleviating the undue
suffering of the sick patient. One of the most popular defenders of this position is Humphrey D. He
said:

Patients sometimes are in medical conditions, for which there is no relief,
and awaiting them is a future filled with suffering, or the indignity of the
disintegration of their bodily and mental functions, or both. They often want
to avoid these evils, and shield loved ones from their sight. It is also sometimes
the case that the only way to do this is to die, and the only way to do that is
to receive some assistance in the form of help in committing suicide or active
voluntary euthanasia. If we now grant that people have a right to preserve their
dignity and minimize their suffering and that of others, we again get a strong
presumption in favour of making some kind of legal allowance for assisted
suicide and active voluntary euthanasia.28

For him, voluntary euthanasia and assisted suicide should be made a legal practice. People should
be allowed to end such pains and suffering that could be so unbearable for them.

However, there are objections to this position. What of in the case in which the patient out of
his/her personal convictions, values and beliefs, decides to endure the suffering? For example in

28 Humphrey D.; www.near-death.com
the religious faith in which Christians believe that there is an eschatological reward for suffering here on earth. Well, we shall treat this later on in this work.

2.3 ARGUMENT FROM MERCY AND CHARITY
The argument maintains that, compassion should not be denied to those who seek merciful release from a life which has become a meaningless burden and for whom there is no prospect for remission or cure. So, if suffering is unstoppable therefore the only merciful thing to do is put the patient out of his misery through death. In the cases where pain cannot be controlled, forced sleep may be induced.

One may question the difference between this very argument and that of suffering discussed above. It is important to note that even though they have some semblance, but yet the difference lies in the distinctions of Euthanasia. The argument from suffering favours much of voluntary euthanasia; arguing that when the sick patient is no longer able to bear the suffering, he should be allowed to resort to euthanasia, should he/she ask for it. But this argument from mercy and charity favours more of involuntary and non-voluntary euthanasia; arguing that even if the suffering patient does not want it, or that he is unconscious; human pity and mercy demands that we end such life. Thus, Rachels would say: “No human being with a spark of pity could let a living thing suffer so, (terribly) to no good end”\(^{29}\). So, the argument says that after seeing the suffering that is undergone by a patient, one always feels intense pain, and then moved to human compassion for the patient.

This argument can find an echo in Confucian ethics, and I wish to draw the comparism. One of the fundamental values/virtues in Confucianism is “ren”. And Ren has been translated to mean: benevolence, humaneness. According to Mencius, the root of “ren” or benevolence lies in compassion, that is, feeling intense pain in seeing others suffer. Traditional Chinese medicine also adopts this Confucian virtue of “ren” as its fundamental guiding principle, thus it maintains that medicine is “renxin renshu” (benevolence and benevolent art). So, from this traditional Chinese conception, it is even a medical principle to end the suffering of the patient, on reasons of compassion. Thus if “Euthanasia is the only way or best way to eliminate pain in the dying

\(^{29}\) Rachels J. in Regan T. (Ed.) 1980, p.41.
process” one can infer that euthanasia can be justified by Confucian ethics of ren, since it identifies with the suffering of the sick, and as well goes along way to eliminate it $^{30}$. Further argument, for instance as was led by Bach A.1896, is that there are cases in which the ending of human life by physicians is not merely as an act of mercy, and morally right, but also, an act of humanity/charity. For instance, cases of absolutely incurable, fatal and agonizing disease or condition, where death is certain and necessarily attended by excruciating pain. If it is the wish of the victim that a deadly drug should be administered to end his life and terminate his irremediable suffering, it is even more, an act of charity, to help he/she accomplish his/her wishes. So, according to this argument, we are obliged by mercy and charity to help the suffering to die well.$^{31}$

Also, the situational Ethics of Joseph Fletcher, an Episcopal priest, in the 1960s; favours this argument, modelling to view euthanasia as an expression of love. For him, the only thing with intrinsic value is Love (specifically agape). And so, the actual physical, geographical, ecological and infrastructural state one finds himself, determines ones actions or range of actions, irrespective of moral absolutes/moral univeralism. So, for him, the painful situation of the suffering sick patient demands a great love, which culminates in helping him to end such a life through euthanasia $^{32}$.

However, such an argument has been criticised by some people too, for instance, from the Christian viewpoint. A passage of the encyclical letter Evangelium Vitae of Pope John Paul II, on the value and inviolability of human life said:

Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a false mercy, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.$^{33}$

I will still come back to this later, in the fourth chapter.


$^{32}$ Wikipedia, the free encyclopedia, www.en.wikipedia.org

$^{33}$ John Paul II, 1995, no.66.
2.4 ARGUMENT FROM TIME AND RESOURCES

This argument has not been put forward publicly or seriously by any government or health authorities. But it is put forward by some proponents of euthanasia. Here we mention Helga Kuhse. The argument is that; in some countries, especially the developing countries, there is a shortage of health resources. As a result, some people who are ill and could be cured are not able to get speedy access to the facilities they need for treatment. And this sometimes results to the death of such victims involved. Yet at the same time, health resources are being used on people who cannot be cured, and who, for their own reasons, would prefer not to continue living. According to this argument, allowing such people to commit euthanasia would not only let them have what they want, it would as well free valuable resources to treat people who want to live. So continuing the treatment of those whose death are imminent, and who will have no real benefit of such treatment, will be deliberately wasting the time and resources, that would have been devoted to the those who have the real need and benefit of the medical facilities.

Hence, Kuhse would say:

One thing is clear, resources spent on keeping patients alive for whom life no longer holds any value are ill-spent, not only because these resources could have done some good in other areas of medicine, but also because such actions are not compatible with respect for the patient’s liberty or autonomy or if the patient is incompetent, with his/her well being.\textsuperscript{34}

So, if we continue to treat people whose cost of medical maintenance outweighs their total future economic value (since they are terminally ill, are no longer productive, and have no reasonable chance of becoming productive in the foreseeable future), it will lead to economic waste. Hence, it will be economically efficient to encourage them to voluntarily euthanasia in order to end their own suffering and to free up scarce medical resources. So the main thrust of this argument is that: there should be increased medical expenditure on other patients with a higher chance of survival (and thus their chances would improve of a return to a productive, happy, healthy status). This would ideally lead to an overall net decrease in suffering, as terminal patients voluntarily exit and curable patients are more often saved\textsuperscript{35}. Supporters of this argument include people like: Udo Schüklenk, 2001; Peter Singer, \textit{Practical Ethic}.

\textsuperscript{34} Kuhse H, in Peter Singer 2002 p.269.
However, one could criticize this position and say that, in such a situation of medical resource scarcity, there could be abuse, if this kind of policy is adopted. But the proponents maintain that: abuse of this would be prevented by only allowing the person who wanted to die to initiate the process, and by regulations that rigorously prevented abuse. And I add that even if there are limited medical resources, justice demands that each person be given equal opportunity. You cannot rub Peter to pay Paul, no matter how small or weak Peter may be.

2.5 ARGUMENT FROM BURDEN TO SELF, FAMILY/SOCIETY
This argument sustains the view that, the sick patient constitutes a burden either to his/her own self, the family and even society at large. This is so because, since the patient cannot take care of himself, or do anything on his/her own, and is just weak, helpless, and almost passive. Staying alive will mean, being a burden to his/her own self. Such life will be a burden to the family too, both financially and otherwise. The family may not have all the time, manpower; etc that is required to take care of the sick. In this case, it becomes a burden to them. Even the society can feel burdened by the cares of the sick. In this case then, the supporters of this position maintain that the best option will be to resort to euthanasia, especially when the patient himself wants it. This will of course bring happiness and relief both for the patient and the family, instead of misery.

But on the contrary, we need to show compassion to the sick and identify with them. Our duty is to be with them, to offer appropriate physical, emotional and spiritual help in their anxiety and depression, and to communicate through our presence and care that they are supported by their fellow human beings and the divine presence. Through this way, we even alleviate their physical and psychological pains. But where by we feel unconcerned about the sick, such a patient will feel distanced, alienated and isolated, and thus will develop the impression that the illness has not only robbed him of his health, but also his family, friends and his very humanity. He will feel that that he is a “patient” and no longer is a person. It therefore imperative that the family members manage to live with his feelings and to understand that such feelings as anger and disappointment are as temporary as they are natural. Nothing will be gained by distancing oneself from these feelings or seeing the sick as a burden. But much will be gained by shouldering their burdens.

35 *Bioethics, www.wikipedia.org*
So, Rachels summarizes this argument in a kind of syllogism:

1. Any action or social policy is morally right if it serves to increase the amount of happiness in the world or to decrease the amount of misery. Conversely, an action or social policy is morally wrong if it serves to decrease happiness or to increase misery.
2) The policy of killing hopelessly ill patients who are suffering great pain at their own request would decrease the amount of misery in the world.
3) Therefore, such a policy would be morally right. Thus Euthanasia is morally right.

This is so because; euthanasia brings happiness than misery to both the family and the patient.

2.6 ARGUMENT FROM UTILITARIANISM/QUALITY OF LIFE.
Utilitarianism is the belief that the value of a thing or an action is determined by its utility. It is an ethical theory which maintains that all actions should be directed toward achieving the greatest happiness for the greatest number of People. Here, the calculation of benefits and harms is routinely accepted as the primary way of determining what is right and what is wrong. To bring out this point very well, I have to quote Rachels here. He said:

In connection with this argument, the Utilitarians should be mentioned again. They argued that actions and social policies should be judged right or wrong exclusively according to whether they cause happiness or misery; and they argued that, when judged by this standard, euthanasia turns out to be morally acceptable.

So, the basic assumption in this very argument is that when the quality of life has dropped to a certain level, it is no longer worth allowing going on. Life embraces self awareness, the ability to communicate with others, and to be conscious of and respond meaningfully to our surroundings. When such attributes are gone, never to return, life is devoid of quality. Human life might be sacred, but only to the extent that it contributes to the joy and happiness of the one possessing it, and to those around him. So, it is argued that some patients are sad, unhappy, and, do not want to live anymore not because of excruciating pain, but because of the irreversible and unacceptable

37 Ibid, pp.41-42.
low level of the quality of life (for instance, in diseases like: Motor neurone disease, Alzheimer’s
disease, Parkinson’s disease, quadriplegic, etc.). Since the condition is incurable, and the persons
involved would rather die than to endure this “living hell,” euthanasia therefore, is the liberation
from this bondage. Here; the emphasis is much on the quality of life than the quantity (longevity)
of life. It might be good to live out one’s life to its natural limit, but then, in some circumstances, in
order to secure a high quality of life, one has to be prepared to die, even if it means taking matters
into one’s hands, otherwise, allowing the natural order to take its course might decrease the quality
of life. Such phenomena like, terminal sickness, untold suffering, deformity diminish the quality of
life. And when they are obviously present, one may choose to die by means of euthanasia.

Some of the proponents of utilitarianism include: John Stuart Mill, Jeremy Bentham, etc. But the
chief proponent with regard to the application of utilitarian view to euthanasia question here is Dr.
Singer P. Peter Singer thinks its okay to even kill infants with disabilities - if the parents want that
- so they can replace the defective infant with a normal one, thereby increasing the family’s
happiness. As a matter of fact, Peter Singer thinks that infants, disabilities notwithstanding, are not
even persons. He also thinks that people who are cognitively disabled - who are not self-aware -
are not persons either. Only persons, according to Peter Singer, should be accorded the right to
live. 38

2.7 NO REAL DISTINCTION BETWEEN ACTIVE AND PASSIVE EUTHANASIA

Here is another argument which maintains that: there is no substantive distinction between active
euthanasia and the withdrawal of life-sustaining medical interventions. The chief proponent of this
is Rachels; also here we mention Helga Kuhse, and Singer. Rachels observed that, no substantive
ethical distinction existed between active euthanasia and the practice of withdrawing life-sustaining
treatments or giving narcotics for pain relief, which some call passive euthanasia. So, if the latter is
morally right, the former should be morally right too. To this, Samuel Williams in 1872, said:

The very medical attendant who would revolt from the bare idea of putting a
hopelessly suffering patient to death outright, though the patient implored him
to do so, would feel no scruple in giving temporary relief by opiates, or other
anaesthetic, even though he were absolutely sure that he was shortening the
patient’s life by their use. Suppose, for instance, that a given patient were certain
to drag on through a whole month of hideous suffering, if left to himself and Nature,

38 Alfred B. www.tell-us-your-story.com
but that the intensity of his sufferings could be allayed by drugs, which nevertheless would hasten the known inevitable end by a week;—there are few, if any, medical men who would hesitate to give the drugs;...Is it not clear that if you once break in upon life’s sacredness, if you curtail its duration by never so little, the same reasoning that justifies a minute’s shortening of it, will justify an hour’s, a day’s, a week’s, a month’s, a year’s; and that all subsequent appeal to the inviolability of life is vain?  

So, no matter which way we may follow, active and passive euthanasia have the same goal—the termination of the life of a suffering patient. In active, death is accelerated actively by administering a lethal injection or doing something which leads to the patient’s immediate death. It is passively accomplished when the suffering patient is denied life supporting machines and remedies; or with holding and withdrawing treatment and allowing the patient to die. So, for the proponents of this argument; and precisely for someone like Rachels’, there is no moral difference between killing and letting die, simply because a doctor who lets the patient die for humane reasons; is in the same moral position as if he had given the patient a lethal injection for humane reasons. To buttress this position, Rachels says: “killing is not in its self any worse than letting die…it follows that active euthanasia is not any worse than passive euthanasia”. And Kuhse would add:

we do not believe that there is an intrinsic moral distinction between killing and letting die. If all other moral relevant factors such as motivation and outcome are the same, then, there is no moral relevant difference between the two.

However, reducing both passive and active euthanasia, as immoral; simply because the after effect of both is death, would not be proper. It would mean upholding the Machiavellian principle, which only judges an action based on its end, and not even the means. The means of any action is very necessary for its moral justifiability, since a bad means can even achieve a good end. Other wise, one could just achieve his wishes through bad means. For instance, killing someone to achieve ones own happiness.


41 Kuhse H, in Peter Singer, 2002 p.269.
2.8 THE PROFESSIONAL ARGUMENT

Another important argument for the legalization of euthanasia revolves around the fact of a physician’s profession. The chief proponent here is Humphry D, in his book: “Final Exit”. It is a fact that the physicians job is to assist and take care of the patient. When a patient approaches a physician with a need, he or she does so with the full expectation that the physician will do all within his or her power to assist; oftentimes, a physician does just that, trying every conceivable method to treat an illness. After all conventional treatments have been exhausted, however, and the patient is still faring no better, there is nothing more that the physician can do, even if he or she wishes to, without the possibility of being tried as a criminal. By making the physician’s actions criminal in nature, we are inhibiting them from completing their job, the purpose of which is to ensure that the patient is relieved from suffering, or from the illness causing suffering. And if we include the idea that the physician is also there to protect the patient’s emotional and mental well being from extreme and unnecessary pain, then a physician would be harming the patient by not granting his/her request for euthanasia, unless the physician can stop the pain short of killing the patient.

So for this argument, the doctor should be allowed to perform his duty without restrictions. He should be allowed the freedom to practise his medical career and as well as helping the patients’ requests. The role of physicians is to cure and / or to relieve suffering. Assuming that euthanasia is the only answer, it makes the most sense to have a physician involved, for he can give the best advice regarding the patient’s condition and when the time comes, administer the best method of deliverance. A physician’s skill, and access to lethal drugs, makes them the best administrators for this type of action.

However, even though the physician’s job is to cure and alleviate the pains of the sick; and in doing so, has to respect his autonomy; my question is this: Is the physician bound to do this even against his own conscience? Has the physician any autonomy of his own at all? Is he a kind of puppet for the patient? When there is a situation of conflict between the autonomy of the patient and that of the physician’s, some will even argue in favour of the physician. James F. Drane would say:

\[\text{www.souldevice.org}\]
patient’s right to choose or refuse treatment is limited by the physician’s right (and duty) to practice medicine responsibly. Bizarre or destructive choices made by a patient are not sacrosanct simply because the patient made them. In some cases, physicians may choose not to act on patient decisions that appear to be unreasonably destructive.  

Well, I will come back to this in my evaluation.

2.9 ARGUMENT FROM BIOLOGICAL VS BIOGRAPHICAL LIFE

The argument here makes a distinction between the life of the body- BIOLOGICAL LIFE (which can be compared to animals and plants and thus has no moral status) and BIOGRAPHICAL LIFE (the sum of one’s aspirations, decisions, activities, projects, and human relationships). Once the latter has ended, there is no moral obligation to prolong the former.

This view seems to reduce “personhood” to a collection of the desires of man. Helga kuhse (2002) is one of those who hold the opinion that human life is more of the person’s interests, desires and aspirations. But as it is personhood is a metaphysical description of the nature of a being, not mere desires. Persons remain persons, whether they desire or not. Man’s aspirations, decisions, activities, projects, and human relationships are at the “ONTIC” level, and as such are just merely part of mans accidents; where as the “personhood per se” (what makes a man), is at the ONTOLOGICAL (metaphysical) level. Hence, man as a being, is ESSENTIALLY metaphysical. Any other component of man that is not metaphysical is simply an accident.

But, does this argument hold water? Is it right to reduce man to entirely his biographical self? Is it the biographical man that makes up the whole man? What of some philosophers like: Aquinas in his theory of hylemorphism, who will argue that man, is a composite of body and soul and not just, body and desires. Plato, will even go further to argue that the most important thing is the soul. Hence, biographical existence is less important, since man is imprisoned here on earth by the body? (Plato’s idealism)

Again, man’s body and his desires go together, for it is the flesh that desires. So, is it not unnecessary and redundant, to make this distinction between biological and biographical life? Man

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43 Drane J. F., www.chausa.org
44 www.souldevice.org
is something more than these, entirely; he is a spiritual/intellectual being, mad up of body and soul. And this is why he is man at all.
CHAPTER THREE

3.0 SOME OFFICIAL CHURCH’S DOCUMENTS ON EUTHANASIA

This chapter is going to be a short one. It will be a summary and analysis of some of the Catholic Church’s documents on Euthanasia, which I will be referring to as my main source in this work. Here I will principally consider: the catechism of the Catholic Church. Secondly I will consider; the “Evangelium Vitae” of Pope John Paul II. And thirdly the second Vatican council’s declaration on euthanasia, JURA ET BONA as was presented by the sacred congregation for the doctrine of the faith. These three will be my main sources of reference. I will summarize and analyse them in juxtaposition with other positions of some other scholars.

3.1 THE CATECHISM OF THE CATHOLIC CHURCH ON EUTHANASIA

The catechism of the Catholic Church is a document of the Catholic Church that contains the teachings, and articles of faith, believes and doctrines of the Catholic Church. In its part three, section two, chapter two, article 5, it deals on the general issues of human life, and homicide in general. No. 2276-2283 are strictly on Euthanasia. These are a kind of dogmatic/categorical statements made by the Catholic Church, and arranged as documents.

With regard to human life, it says: Human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can under any circumstance claim for himself the right directly to destroy an innocent human being. (No. 2258).

Let us make a brief analysis of these statements on euthanasia. And because, it is written in numbers, I will analyse them numerically too. But suffice it to say that I shall from time to time be making references to them, and as well making criticisms, so as to see how they fit into the topic of my discussion.

No.2276. In this number, the catechism says that: Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible. Here, by those whose lives are dimished, it talks about the sick, the aged, and weak. The catechism is of the opinion that we accord special respect to such people and help them as far as possible to live normal lives. This calls to question the meaning of normal live. What actually does it mean by helping the sick to live a “NORMAL” And if I may ask: what is a normal life? And
when does human life turn to be abnormal? Does normal life mean a live still with full value? Is the life of a comatose still a normal life? What of the life of one that is being sustained by a machine? And the life of the permanently vegetative? Of course, as we go ahead in this work, we will notice that there are various opinions about the value of human life, whether it has an intrinsic value; and whether or not it can loose its value on account of ill health.

**No.2277.** Here, it says: *Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable. Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.*

Here, I foresee two problems in this statement of the catechism. (1) It condemns (any omission), which causes death, so as to remove suffering. (2) It condemned euthanasia on grounds of its being contrary to the respect for God. Now, in the first place, are all omissions which aim at terminating suffering or which result in death, wrong? What of in some cases where we omit treatment and allow nature to take its course? Secondly, how can this statement be meaningful to an atheist since its ground is based on believe in God? Well, these are the problems I will address further on in this work. Let us look at the next statement.

**2278** Here it talks about the so called aggressive treatment, with regard to proportionality and disproportionality. It says: *Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of “over-zealous” treatment. Here one does not will to cause death; one’s inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always, be respected.*

It accords the patient the right to choose whether to continue such treatment or not. But one may ask: why then can it not accord the sick patient the same right to choose whether to live or to die, as soon as pains and suffering begin than waiting to choose only when the treatment will become disproportionate?
This section talks about two things. Continuing the primary cares owed to the sick, until death takes power. And secondly, the use of painkilling drugs. Thus it says: *Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable Palliative care is a special form of disinterested charity. As such it should be encouraged.*

This section talks about the supremacy and ownership of God over man and life, and man’s responsibility over his life too. *(Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honour and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of. However, some people like David Hume (of suicide, 1784) will rather argue against this, that if God should decide when we die, then it will mean playing God to even give medicine to the sick person.)*

Let us go over and look at the next document Evangelium Vitae.

### 3.2 EVANGELIUM VITAE (JOHN PAUL II ON EUTHANASIA)

This is an encyclical letter written by Pope John Paul II, which is centred on life. Perhaps it will be good to mention here that an ENCyclical in the Catholic Church’s tradition means a letter, written by the Pope, and addressed mainly to the church’s authorities, and the whole of its faithful at large. The name of this document in English is: *the gospel of life* It was given in Rome, at Saint Peter’s, on 25 March, in the year 1995.

His task in this encyclical is to give a reaffirmation of the value of human life and its inviolability, and to appeal to mankind, to respect, protect, love and serve every human life. I will just give the summary and analysis of it. Herein, the numbers in brackets refer to the various sections of the encyclical.

This papal document, of Pope John Paul II sets forth to accomplish two objectives. (1) Affirming that there are threats to human life in this present age. (2) Calling on the masses to rather sustain what he calls: a *Culture of Life*, an effort to bring the love of Christ to the weak and helpless.
Chapter one is devoted to an analysis of the lights and the shadows of the present-day situation with regard to human life. He says that the present day human life is under threat especially when life is weak and defenceless at its very beginning and at its end. He condemns: abortion, euthanasia, suicide, immoral experimentation on human embryos, etc. He calls it, a *Culture of Death, a war of the powerful against the weak*” (no.12).

The Pope sees the problem as a result of extreme humanism, enthroning man and perverse idea of human freedom to the detriment of man himself. This for him has led to individualistic ways, without the constitutive link of relationships with others, and numerous ethical relativism. Thus he said:

*This view of freedom leads to a serious distortion of life in society.*

*if the promotion of the self is understood in terms of absolute autonomy,*

*people inevitably reach the point of rejecting one another... each one wishes to assert himself independently of the other and in fact intends to make his own interests prevail.*

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For him, underlying all this is a loss of the sense of God; and he says that, *when the sense of God is lost, there is also a tendency to lose the sense of man* (no. 21). But, the question here remains: how can this God question which the Pope is positing to justify a general human problem; convince those who don’t believe in God? There are atheists, and as we know, religion is just one among many of the believes which people adopt in life. It’s a problem.

In chapter two, he traces the development of the religious understanding of life through the Old Testament to its fulfilment in Jesus Christ whose life and example give meaning to suffering and to poverty. His vision of the meaning of human life is that; man, although formed from the dust of the earth, is a manifestation of God in the world, a sign of His presence; a trace of His glory. The life which God bestows upon man is much more than mere existence in time. It is a drive towards fullness of life. It is the seed of an existence which transcends the very limits of time: *“For God created man for incorruption, and made him in the image of His own eternity.”* (Wis 2:23) (34). He came down to the earth suffered and died and was risen from the dead, thus making life a precious thing. For him, Christ came to give abundant life to his followers, and thus euthanasia would mean contravening Christ’s mission on earth. Those who commit themselves to following Christ, he

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45 John Paul II, 1995, no.20.
continues, are given the “fullness of life”. The Divine image is restored, renewed and brought to perfection in them. God’s plan for human beings is this, that they should be conformed to the image of His Son. To know God and His Son is to accept the mystery of the loving communion of the Father, the Son and the Holy Spirit into one’s own life. (no.37)

Chapter three deals on the religious commandment, (thou shall not kill). The Pope says that, man’s life comes from God. It is his gift, his image and imprint, a sharing in his breath of life. God therefore, is the sole Lord of this life; so man cannot do with it as he wills, both his own life, and the life of others. Man’s obligation towards his neighbour begins with the negative Commandment ‘You shall not kill’ and culminates in the positive ‘You shall love your neighbour as yourself.

On the contrary, this fact has been opposed. For instance Rachels (Euthanasia, 1980) argues that if the church says “Thou shall not kill”, why then does it allow killing in such circumstances like self defence, and as well killing in war?

However, the Pope concludes this analysis of the Christian meaning of life by pointing to the image of the Cross: By His death, Jesus sheds light on the meaning of the life and death of every human being. He said that, before Christ died, he prayed to the Father, asking forgiveness for His persecutors; to the criminal who asks Him to remember Him in His Kingdom, He replied: “Truly, I say to you, today you will be with me in Paradise” Hence for him, today, too, by looking upon the one who was pierced, every person whose life is threatened encounters the sure hope of finding freedom and redemption. (no.50)

The Pope further outlines many ways in which one can celebrate the Gospel of Life in daily living, from the sacrifice of one’s life for others through the everyday actions of Christian life. He reminds political leaders that they are called to make courageous choices in support of life that they must answer to God for choices that may be contrary to the common good. He states that a law which violates an innocent person’s natural right to life is unjust and, as such, not valid a law and that a family policy must be the basis and driving force of all social policies since the family is the ‘sanctuary of life’, and its role in building a culture is decisive and irreplaceable. So he urges parents to lead their children to authentic freedom, cultivating in them respect for others, a sense of justice, cordial openness, dialogue, generous service, solidarity and all the other values which help people to live life as a gift, to lead them in daily prayer, to adopt, where possible, orphan children,
to take loving care of the elderly, noting that **neglect of the elderly or their downright rejection is intolerable** (no.94).

Finally in the last chapter, he calls for a new cultural change which demands from everyone the duty to adopt a new lifestyle, consisting in making practical choices - at the personal, family, social and international level, on the basis of what he calls “a correct scale of values” which are: the **primacy of being over having, of the person over things**. A culture in which human freedom will find its authentic meaning by joining forces with truth, life and love. For him this culture needs new lifestyles which will show respect for the dignity of every individual, especially the weakest, and which will accept the mysterious meaning of suffering and of death. This renewed lifestyle involves a passing from indifference to concern for others, from rejection to acceptance of them. **We must see other people not as rivals from whom we must defend ourselves, but as brothers and sisters to be supported. They are to be loved, and they enrich us by their very presence.** (no98).

However, having gone through this epistle, one would discover that the Pope has tried in defending human life so vehemently using Christian religious arguments meddled with human logic. Thus here we see faith and reason at play.

### 3.3 THE SECOND VATICAN COUNCIL DOCUMENT: JURA ET BONA

This is the main document of the Catholic Church that dwelt strictly on Euthanasia. It is popularly known as: **the declaration on euthanasia**. It was adopted at the ordinary meeting of the Sacred Congregation for the Doctrine of the Faith, and approved by his holiness, Pope John Paul II. It was published in May 1980, and it featured in the Second Vatican council documents as: JURA ET BONA.

The Sacred Congregation for the Doctrine of the Faith as I have explained earlier on is an institution of the Roman Catholic Church which promotes, explains, teaches and safeguards the doctrine on the faith and morals of Catholics, throughout the Catholic world. It was established by Pope Paul II in July 21, 1542, under the name the sacred Congregation of the Universal Inquisition. It was renamed the Sacred Congregation for the Holy Office in 1908, by Pope Pius X. Then in December 1965, it assumed its present name now, under the Second Vatican council.
In this declaration, the Sacred Congregation opines that; because, of the progress of medical science in recent years, new forms of moral question have arisen in our society; and that these aspects call for further clarifications on the ethical level. But it finds difficulties even in making these ethical clarifications, because of the multi cultural changes in our society too. Thus it says that in our modern society, cultural change exerts an influence upon the way people now look at suffering, old age and death; thus they also wonder whether they have the right to obtain for themselves or their fellowmen an “easy death,” which would shorten suffering and which seems to them more in harmony with human dignity. *(The sacred congregation, in its introduction).*

Perhaps it will be good to know the background under which this declaration on euthanasia emerged. The sacred congregation in question maintains that its reason for this write up, is on account of the many questions posed/directed to them by the bishops of the Catholic Church. So, because of that, they sought the Opinions of experts on the various aspects of Euthanasia. Then having looked at the various opinions, they now decided to give an answer to the bishops in order to help them in their teachings to the faithful Catholics under their care.

However, one thing interesting here is that the council maintains that, the considerations set forth in the present document concern all those who place their faith and hope in Christ, who, through His life, death and resurrection, has given a new meaning to existence and especially to the death of the Christian, as St. Paul says: “If we live, we live to the Lord, and if we die, we die to the Lord” *(Rom. 14:8; cf. Phil. 1:20).* This is to say that such a teaching is not a kind of coercive law with a universal compelling force; nor is a teaching based on the logic and sophistry of the philosopher, but rather only for those who through faith and conviction accept Christ and his teachings. I might be wrong with this analysis, but I have to say that it is an open interpretation and analysis, and thus subject to debate. However let us examine what the council has to say.

In its first section, it talks about the value of human life. The council maintains that; Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society, and that is something sacred and a gift from God. Hence it says that no one may dispose of it at will. For the council; 1). *No one can make an attempt on the life of an innocent person without opposing God’s love for that person, without violating a fundamental right and therefore without committing a crime of the utmost gravity.* 2). *Everyone has the duty to lead his or her life in accordance with God’s plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life.* *(no.1).*
This position has been criticised by people like, Kuhse, Tom Regan, Rachels, Hume, etc. I have flashed their views at the beginning of this chapter; I will still come back to it later.

The second section deal on euthanasia proper. It is here that it gives the church’s definition of euthanasia, which I have already avowed in the first chapter of my work. But for the purpose of clarity of this particular section of discussion, I will put forth the definition again. It says:

*By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia's terms of reference, therefore, are to be found in the intention of the will and in the methods used. The council continues: It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a foetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying.*

Here, it places emphases on the intention of the will. It is a good ethical reasoning, since intention is part of the integral constituents of a voluntary human act, and hence, a morally responsible action. But this poses an ethical dilemma too. What of if a physician omits a necessary treatment or applies a painkiller, which consequently leads to the death of the patient; how are we to determine the intention here. He could claim that he wanted to relief pains, while in actuality his intention was to cause death. So, leaving the morality of euthanasia to the intention of the will would even raise more dust than the question of euthanasia itself, since intention lies within mind of the doer, and not so much externally in the action.

It goes further to say that: no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. This statement brings out the issue of **Voluntary Euthanasia** when it said (no one is permitted to ask for this act of killing, either for himself or herself). And also **non-voluntary euthanasia** when it said : (or for another person entrusted to his or her care).

Furthermore, the third sections deals on **the meaning of suffering for Christians** as placed side by side with the use of painkillers.

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46 *The Sacred Congregation for the Doctrine of the Faith, 1980, section II.*
With regard to suffering the church agrees that severe and prolonged suffering is something which naturally causes people anguish. But, it yet sees physical suffering as an unavoidable element of the human condition. It opines that according to Christian teaching, suffering, especially suffering during the last moments of life, has a special place in God’s saving plan; it sees it as a sharing in Christ’s passion and a union with the redeeming sacrifice which He offered in obedience to the Father’s will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34; declaration, no.3). It supports the use of medicines capable of alleviating or suppressing pain, even though they may cause as remote/secondary effect semi-consciousness and reduced lucidity. With regard to those who are not in a state to express themselves (unconscious patients) the church says that: one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor’s advice. But it warns about depriving the dying person of consciousness without a serious reason, since a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ.

The last section then talks about due proportion in the use of remedies, that is with regard to extraordinary and ordinary means of medical care. It opines that, the use of therapeutic means can sometimes pose problems, thus it exhorts those whose task it is to care for the sick to conscientiously administer the remedies that seem necessary or useful. According to its opinion, Euthanasia must be distinguished from the so called aggressive treatment; that is medical procedures which no longer correspond to the real situation of the patient, either because they are not proportionate to the expected result or that they impose excessive burden on the patient and/or his family.

I wish to draw a parallel between this and what the US Catholic Bishops said:

...when death is clearly imminent and inevitable, one can in conscience refuse forms of treatment that would secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person is not interrupted...it needs to be determined whether the means of treatment available are objectively proportionate to the prospects for improvement. to forgo extraordinary or disproportionate means ...rather
expresses acceptance of human condition in the face of death.\footnote{US Catholic Bishops, “Pro-life activities” (www.usccb.org).}

It observes that it will be good to make a correct judgment as to whether the means is proportionate or not, by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. (Section IV).

For this declaration, in making this judgement, there are some guiding principles and clarifications to follow such as:

- If there are no other sufficient remedies, it is permitted, with the patient’s consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity.

- It is also permitted, with the patient’s consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient’s family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such technique.

- It is also permissible to make do with the normal means that medicine can offer. (Section iv).

Finally, the council concludes, that: “Life is a gift of God”, and therefore should not be tempered with. But on the other hand it also accepts that death is an unavoidable reality, but it says that we should try not to hasten the hour of death, but accept it with full responsibility and dignity.

So, these three materials analysed are the primary sources of the position of the Catholic Church on euthanasia. As I go further ahead in this treatise, I will be referring to them too.
CHAPTER FOUR

4.0 THE POSITION OF THE CATHOLIC CHURCH ON EUTHANASIA

(A CRITIQUE OF EUTHANASIA)

As I have said earlier on in the beginning of my work, we are well aware of the fact that modern medicine and bio-technologies have opened a flood gate of moral questions and problems. These problems seem to compound more on account of pluralism, in moral values; each proponent justifying her positions based on personal presuppositions, convictions and principles. Consequent upon this; there are a basket of opinions, schools and camps. One of such camps is that of the Catholic Church, whose views I shall now present.

The reactions of the Catholic Church to contemporary issues in bio-ethics can be found in more than 37 official documents of the church. Most of it is communicated through papal encyclicals, and exhortations, papal conferences addresses, to various audiences example, U.N, Doctors, Nurses, bio-medical academies, or the faithfulness. Also bishops’ conferences (US, Canada, and Europe) have contributed immensely in outlining the position of the Catholic Church on the issues at stake.

So, let us look at some of the main points of the Catholic Church’s arguments against euthanasia.

4.1 HUMAN LIFE IS SACRED/ABSOLUTE VALUE
The Catholic Church believes in the sanctity of human life. Hence, since it is sacred, it should not be touched or eliminated on account of any undue reasons. For her, once human life starts (from conception, old age, to natural death) its preservation becomes a matter of moral obligation. Hence, no one has the right to take his/her or another’s life. She believes that human life is sacred because, it is created by God and in the image of God too. Thus the Catholic Church says:

*Human life is sacred because from its beginning it involves “the creative action of God” and it remains forever in a special relationship with she Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy directly an innocent human being. Human procreation requires on the part of the spouses responsible collaboration with the*
fruitful love of God.\textsuperscript{48}

She also bases her argument on the scriptures, which said, that God created man in his own image and likeness, (Genesis 1:26-27).

Further also it is said: “You shall not kill” (Deut.5:17; Ex.20:13). The church holds it as a divine commandment, and hence, on no condition should it be violated. So, for believers, since man in the image of God, it will be not only improper but also a serious sin to kill a human being in whom there rests the image of God. Hence great care should be taken to preserve human life, even that of a criminal and also an unjust aggressor. But more importantly, when it comes to the life of an innocent person, the weak, aged, and defenceless, the, inviolability and absolute value of life, becomes more glaring.

According to the Catholic Church, the absolute inviolability of innocent human life is a moral truth, clearly taught by the sacred scripture and constantly upheld in the church’s tradition and consistently proposed by the magisterium. Thus the deliberate decision to deprive an innocent human being of life is always morally evil and can never be licit, either as an end in its self or a means to an end. Thus for her, Euthanasia is absolutely immoral, since it purports to end the life of a human being.

For the Catholic Church, human life is a fundamental value that everyone should appreciate in all conditions. Hence; the sanctity of human life implies that life is a fundamental value, an ultimate value. It is the fountain of all other values according to the Catholic Church. That means, from it, all other values flow, and without it, no other value exists. To buttress this point of view of the Catholic Church, I will refer to Daniel Callahan. He says: “Since life is the fundamental and irreplaceable condition of the experience of all values, it is a basic or the basic value and must not be destroyed without grave reasons”\textsuperscript{49}. Simply put, since life is the foundation of all other values, if it is destroyed, all other values are simultaneously destroyed too. That means there are no other values

\textsuperscript{48} Congregation for the doctrine of the faith: February 22, 1987, No.5

\textsuperscript{49} Callahan D.; in (Donald R Cutler Ed.), 1968, pp.181-250.
that surpass it, and no value for which it should be terminated. Stressing on this sacredness of human life, Pope John Paul II said:

"Man created by God, and called to share in his divine life, has always been at the centre of the Christian vision of the world and that is why the church respects, and defends life...the only true rampart against the constant violations of man’s dignity and his rights is recognising the sacred and inviolable nature of every human person"\textsuperscript{50}

So, the church goes further to maintain that life has an intrinsic value. Even if it has no material value, or instrumental value, yet, we must respect and protect it as sacred.

But the question is this: Is it really true that human life has an intrinsic value of its own, irrespective of the circumstances of existence surrounding it? Must we continue to sustain a life that will for instance never again have any conscious experience? Some people like Helga Kuhse, Peter Singer, would argue against this. For them life has no intrinsic value. Helga Kuhse dedicated one full book titled: \textit{Sanctity of life Doctrine in Medicine: a critique} on the critique of this particular argument by the church. I will come back to this in my evaluation.

\subsection*{4.2 EUTHANASIA USURPS GOD’S POWER}

Over and above other reasons, the main crux of the Catholic Church’s argument against euthanasia rests on the fact that: Only God is the creator of life, and thus only him, has the full universal, absolute, and independent dominion and control over human life. He is the creator of the whole universe. Thus, the scripture says: “the lord’s is the earth and its fullness, the world and all its peoples” (Ps.24:1). And St.Thomas Aquinas would say:

... life is God's gift to man, and is subject to His power, Who kills and makes to live. Hence whoever takes his own life, sins against God, even as he who kills another's slave, sins against that slave's master, and as he who usurps (holds without right) to himself judgment of a matter not entrusted to him. For it belongs to God alone to pronounce sentence of death and life ...\textsuperscript{51}

\textsuperscript{50} Pope John Paul II, Oct.31 2002.
\textsuperscript{51} St. Thomas Aquinas, \textit{Summa Theologica II-II}, 64, 5.
So, man’s dominion over his own life is that of stewardship, and hence, limited. The Catholic Church believes that Man’s life does not end here on earth. Man has an after life. Hence, in the end; man shall give to God, an account of the stewardship of his life. So, since God is the creator and master of the human life, no one may take it without his authorization. So, to kill one self or to get someone else to do it is to deny God of his right, and as well to usurp Gods power over our lives and his right to choose the length of our lives, and the way our lives end. Hence, Euthanasia is morally wrong. To this the Holy Father Pope John Paul II says: “No one, however, can arbitrarily choose whether to live or die; the absolute master of such a decision is the Creator alone, in whom we live and move and have our being” (Acts 17:28) 52

4.3 ARGUMENT FROM NATURAL LAW
The Catholic Church offers another argument against euthanasia, deriving from the law of nature. According to this argument, it is natural for all of us as human beings to prolong our lives, to protect ourselves from death, like all other animals in the animal kingdom. We can see this from the organisation of our human body and our patterns of behavioural responses. These make the preservation of life a natural goal. The catechism of the Catholic Church says: “it contradicts the natural inclination of the human being to preserve and perpetuate his life”. (no.2281).

So, every living being in fact always acts to preserve its self in being. But in man, the greatest rational being, in nature, this duty becomes an imperative. Natural man is imbued with the instrument to preserve his life. Owing to his reason, he takes care of his feeding, shelter, clothing, and wards off enemies. To agree to Euthanasia then would mean to set man against his own nature. It is a denial of man’s natural right to preserve life. Natural law does not give man right to kill him self, or another, but always propels him to live by reason. Euthanasia violates this natural goal, and it is hence morally wrong.

St.Thomas Aquinas is the chief proponent of this natural law argument, in the Catholic Church. He said:

... everything naturally loves itself; the result being that everything naturally keeps itself in being, and resists corruptions so far as it can. Wherefore suicide is contrary to the inclination of nature... Hence

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52 Pope John Paul II, March 25, 1995, No.47
suicide is always a mortal sin, as being contrary to the natural law\textsuperscript{53}.

For him, the first precept of this law is: “Good must be done and evil avoided”; and the greatest good is human life. So, any thing that will frustrate that human life should be termed evil. The argument then is this: Euthanasia frustrates human life, thus Euthanasia is evil. If Euthanasia is evil then, it should be avoided, by all means.

Apart from the Catholic Church, there are other scholars who also presented this argument in their writings. Here we can mention A. Maclntyre, in his after virtue, and Gay-Williams, in his Practical ethics.

4.4 ARGUMENT FROM SELF LOVE

Another argument put up by the Catholic Church is that every human being always loves him/herself, and will not want anything that is hurtful, or that will deprive him/her of earthly existence. The catechism of the Catholic Church says that Euthanasia contradicts the natural inclination of the human being to preserve and perpetuate his life. That it is gravely contrary to the just love of self. no.2281.

This is a similar argument to that of natural law; but it was put up for those who would not agree to natural law. To destroy oneself through Euthanasia would be self-contradictory. So, when the suffering patient cries for death, it is not in reality a cry for death. Rather it is a cry for life, a plea to live; plea for care and relief from such excruciating suffering.

The Vatican declaration describes the pleas of the gravely ill patient for death, as almost always a case of anguished plea for help and love. The real need it added is for love, the human and supernatural warmth with which the sick person ought to be surrounded. To this the Pontifical Academy for life will say:

\begin{quote}
A request for death on the part of those in grave suffering - as surveys of patients and testimonies of clinicians close to situations of the dying show - is almost always the last expression of the patient's heartfelt request for greater attention and human closeness as well as suitable treatment, two elements which are sometimes lacking in today’s hospitals. The consideration already proposed by the Charter for Health Care Workers
\end{quote}

\textsuperscript{53} St. Thomas Aquinas, \textit{Summa Theologica II-II}, 64, 5.
is consequently truer than ever: the sick person who feels surrounded 
by a loving human and Christian presence does not give way to depression 
and anguish as would be the case if one were left to suffer and die alone 
and wanting to be done with life. This is why euthanasia is a defeat for the 
one who proposes it, decides it and carries it out”54

Let us have a look at the two subsequent pictures here, in fig.4 and 5, to buttress what the church is 
emphasizing here. This is the picture of a woman in the UK, who wanted her husband and the 
doctor to help her accomplish Euthanasia. She was suffering from Motor neurone disease.

**Fig.4**

![Image](news.bbc.co.uk)

Sunday, 12 May, 2002. (news.bbc.co.uk)

But she lost her case in the court (2002), in which 
she wanted her Doctor and her husband to help 
her die, but the court ruled her wish out. And the 
husband continued 
to show her the affection; compassion 
and love needed by the sick from his/her family. 
We can see this from the three pictures 
below, 
how happy both of them 
are, even in spite of the woman’s condition. This 
is what the church is saying, that we 

**Fig.5**

![Image](news.bbc.co.uk)

Thursday, 2 May, 2002. (news.bbc.co.uk)

should rather try to identify with the sick and make 

them happy, so that they can forget their sorrows.

So, all we owe the sick is to help them realise that they are loved. Love can cover and suppress to a 
greater extent, the agonizing pains of the patient. Therefore, any omission of reasonable medical 
treatment with the clear intention of causing death is ethically wrong.

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54 PONTIFICAL ACADEMY FOR LIFE: Respect for the dignity of the dying, Vatican City, 9 December 2000, no. 4
4.5 ARGUMENT FROM MEDICINE (THE HIPPOCRATIC OATH)

The Catholic Church also argues from the point of view of traditional ethics of medicine. The Hippocratic Oath forms the basis of the traditional ethics of medicine. In it we read about the principles of BENEFICENCE AND NON-MALEFICIENCE. Part of the Hippocratic Oath says:

- I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice.
- I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect ... In purity and holiness I will guard my life and my art. Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief...

In the above quotation contains the two principles of BENEFICENCE (to act in the benefit of the patient; and that of NON-MALEFICIENCE (not to harm the patient in any way). So, the Medical profession has a moral obligation and right to save lives and protect it and not to perform actions which go against saving lives. Thus, the ethics of medicine consequently imposes on doctors the moral obligation to only perform services that help the patient. The role of doctors and other medical practitioners is to heal, and save human lives as much as possible with all medical resources available.

Euthanasia then is against the traditional practise of medicine, since it harms the life of the patient. Physicians should always avoid harms or anything that threatens the benefit of the patient. Proponents of euthanasia may argue that it is in the best interest of the patient, but how can it be, since it takes the greatest good of the patient, which is life. The declaration of Geneva, among other things maintains the utmost respect for human life, from the time of conception, and that the life of the patient must be the first consideration of the doctor. So, euthanasia is diametrically opposed to the office and obligations of the physician. This is why the Pontifical Academy for life says:

...the legalization of euthanasia introduces a perverse moral reversal in the physician who, on account of his professional identity and its deontological requirements, is always called to support life and to alleviate pain, and never to cause death, “not even if moved by the

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55 The Hippocratic Oath: Johns Hopkins Press, 1943.
anxious insistence of anyone” (Hippocratic Oath). Such an ethical conviction has remained generally intact down through the centuries, as the Declaration on Euthanasia of the W.H.O. confirms (39th Assembly, Madrid 1987). “Euthanasia, or the act of deliberately putting an end to a patient's life, either at the request of the patient himself or at the request of his relatives, is immoral. This does not prevent the doctor from respecting the patient’s wish to let the natural process of death take its course in the final stage of an illness”.

More so, the church argues that there should be a high rate of trust and confidence reposed in the doctor by his patients. But on the contrary, euthanasia poses a big threat to this moral ideal of medical confidence and trust. People will not readily trust doctors again in their time of sickness because; the act of euthanasia might be carried on them without their consent.

Furthermore, modern medicine has good and efficient means of palliative and hospice care, and pain control, unlike in past years. Hence, the church argues that it is useless and unnecessary to end the life of a patient simply on account of pain, which could also be medically controlled. Dr. Conlin cited good methods of treating pain and helping the sick to lead useful lives almost to the time of their death, like: hormone treatment, psychotherapy, and neurosurgery, etc. So the church maintains that health care practitioners should always strive to save life, rather than terminating it. To buttress this point, the Pontifical Academy for life opines that;

most of the pain on which justification or obligation or obligation for euthanasia is based, are today curable with the proper analgesic and palliative treatment in proportion to pain. When this is accompanied, by the appropriate human and spiritual assistance, the pain can be alleviated and made tolerable in an atmosphere of psychological and affective support.

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56 Pontifical Academy for Life: 9 December 2000., no.5
57 ibid., no.4
4.6 ARGUMENT FROM THE VALUE OF SUFFERING

The main thrust of the proponents of euthanasia is to end excessive suffering, and ensuring a dignified death to the suffering sick person.

But on the contrary, the Catholic Church sees suffering as a confirmation of human dignity. Thus, John Paul II in one of his Apostolic Letters: *Salvifici Doloris* explained the Christian meaning of human suffering, and teaches that it brings out the great dignity of man, as well as his spiritual and moral maturity. Thus he said:

> More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God’s love has been poured into our hearts through the Holy Spirit which has been given to us. Suffering as it were contains a special call to the virtue which man must exercise on his own part. And this is the virtue of perseverence in bearing whatever disturbs and causes harm. In doing this, the individual unleashes hope, which maintains in him the conviction that suffering will not get the better of him, that it will not deprive him of his dignity as a human being, a dignity linked to awareness of the meaning of life. And indeed this meaning makes itself known together with the working of God’s love, which is the supreme gift of the Holy Spirit. The more he shares in this love, man rediscovers himself more and more fully in suffering: he rediscovers the “soul” which he thought he had “lost” because of suffering.\(^{58}\)

So, the Catholic Church argues that suffering has a very important role to play in human life. Hence, she criticized the contemporary society by noting that disdain for suffering is a reflection of the perverse conception of values, in which people in modern industrialised societies care only about the healthy, the beautiful, and the autonomous, and where dependence is seen as a liability, a burden on others. For the church, spiritual values should be placed over temporal values. Hence, she maintains that, all providers of healthcare services ought to accept the reality of suffering as part and parcel of the human condition. Suffering is certainly part of the mystery of man. And all those who suffer have been called once and for all to become sharers in Christ’s sufferings, just as all have been called to complete with their own suffering what is lacking in

\(^{58}\) John Paul II, 11 February 1984, no.23.
Christ’s afflictions. At one and the same time Christ has taught man to do good by his suffering and to do good to those who suffer. In this double aspect he has completely revealed the meaning of suffering.

However, a suffering or dying patient must not be abandoned, but should be surrounded by loving human and Christian presence, to prevent him/her from slipping into depression and anguish. The society ought to change its attitude towards the dying and gravely ill. Whatever approach or decision we take about them should be inspired by the respect for life and the dignity of the human person. Hence, to legalise euthanasia, the church maintains is immoral.

4.7 ARGUMENT FROM FAMILY/SOCIETAL TIES
Proponents of euthanasia argue that when the life of the suffering sick becomes a burden to the family or society, that such a person’s life could be terminated.

But on the contrary, the Catholic Church argues that no man is an island. We are part of our families and our societies. Hence, any decision we take necessarily affects our family and society at large. So when the suffering sick patient opts to die, he harms those all around him. There is a bond a tie, and unity of love, that exists among each person and his family, and the society at large. Hence, the patient must always consider this tie. To this the catechism says that, it likewise offends love of neighbour because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations (no. 2218).

Moreover, we must know that we owe a responsibility to our family, children, relatives, and society at large. By a suffering sick patient terminating his life on account of suffering (especially when such a sickness is not terminal), he defies his duties, obligations and responsibilities to his family, and all those around him.

4.8 ARGUMENT FROM MIRACLE/SPONTANEOUS RECOVERY.
Somebody like Gay Williams presents one of the arguments against euthanasia based on the reason of rare cases. It is not always proper to carry out euthanasia because of a diagnosis of terminal illness that has just been diagnosed by a doctor. He says that although medicine does not make mistakes, there could be the chance or error in diagnosis. There have also been cases of spontaneous recovery. Thus he said:

*Euthanasia may be opposed on the grounds that we cannot really tell*
when a patient's condition is hopeless. There are cases in which patients have recovered even after the doctors had given up hope; if those patients had been killed. It would have been tragic, for they would have been deprived of many additional years of life. According to this argument, euthanasia is immoral because, we never know for certain that the patient's situation is hopeless.59

Hence, the church argues from the same line of thought, but terms it not “a rare case” but “miracle”. She says that it is not always good to administer euthanasia just on account of a terminal illness, or suffering. She believes that in the history of faith and revelation, there have been numerous cases of miraculous recovery from various sicknesses. Recoveries that defy any medical explanation. We can see this in the scriptures. In the second book of Kings for instance, (II king.5:10-14), the prophet Elisha cured King AHAB of his leprosy which defied all medical healings. In the gospel of Luke also, a woman was said to be with haemorrhage for many years, and no doctor could cure her. But, Jesus Christ gave her a miraculous cure to her age-long sickness. He also did many other healings as the bible recorded (Lk.5:15; Mk.3.10; Mark, 8.36-37; Mt.9:33, etc). Therefore, the Catholic Church says that, the healing power of Jesus Christ has never ceased to manifest among his children. Hence, euthanasia would not always be justified on grounds that one will suffer perpetually.

But I someone may pose the question: have these arguments such a convincing power as to even cause a non-religious man to believe in them? Surely there are atheists who do not believe in the bible and God; thus the question remains: how can the church convince such people who do not share their religious assumptions? More so, should we condemn euthanasia because of few mistakes made by diagnosis, or few cases of unexpected recovery, which are hypothetical? I shall come back to this in the evaluation.

CHAPTER FIVE

5.0 EVALUATION AND CONCLUSION

5.1 EVALUATION

Thus far, I have succeeded in presenting the opinion of the Catholic Church on the hot and controversial issue of Euthanasia. I did this by first trying to define what actually is meant by the hot issue at stake: Euthanasia. I avowed the various opinions and presuppositions and how they affect the definition of euthanasia. I also presented some of the write ups that dwelt on the Catholic Church’s opinion. I equally sustained some arguments tendered by the proponents of euthanasia, and as well, arguments tendered by the Catholic Church too.

Now my task in this remaining part of the work of evaluation is to see how reasonable these arguments presented above are, and more to make a critique of the Catholic Church’s position too. However, the question still remains: Is euthanasia morally justified? Can one lay claim on his life on account of pain and suffering? Is life an intrinsic value so much so that it cannot on any condition be tampered with? Should the issue of faith be brought into the field of play of such a hot debate, as the Catholic Church has done? Has this teaching of the Catholic Church any impact to make in the non-religious man?

I will start this evaluation by having a critical look first at the arguments tendered by supporters of euthanasia; eventhough I have earlier on made some critical remarks.

One of the arguments supporting euthanasia is that from freedom and autonomy, which maintains that every body has the right and freedom to the control of his body and life. Actually as human beings, we must have our freedom for us to be human, because it is freedom that makes for responsibility which further makes for a voluntary human act. But on the contrary, human freedom is not absolute, but limited. Thus Secular opposition on euthanasia argues that, *whatever rights we have are limited by our obligations. The decision to die by euthanasia will affect other people - our family and friends, and healthcare professionals - and we must balance the consequences for them (guilt, grief, anger) against our rights.*

60 [www.bbc.co.uk /religion/ethics/euthanasia).]
Furthermore, Georgios Anagnostopoulos argues against this and casts doubt whether autonomy can be meaningfully and responsibly exercised in the case of a sick suffering patient. ("Mark G. Kuczewski and Ronald P.; "Bioethics: ancient themes in contemporary issues" p. 254). This is because, such factors as: Depression, confusion, physical pains, that sense of being a burden, and conscious and unconscious pressures from family, friends, carers or society could all militate against the choice as being autonomous and free.

Aristotle himself points to the difficulty in making a rational decision while in the grip of suffering, even for those who are considered objective and detached observers of matters of life and death—the physicians themselves, thus he said:

"Doctors themselves call in other Doctors to treat them when they are sick, and trainers call in other trainers when they are exercising, their assumptions being that they are unable to judge truly because they are judging about their own cases, and while in pain."\(^{61}\)

Against this Aristotelian idea, those who support this argument of autonomy will also say that, before such a decision to die is made, there has to be at least a certain degree of certainty that the patient is fully competent, and not coerced. (Nitschke, Reuters Magazine, July 2002). And also; "So long as the patient is lucid, and his or her intent is clear beyond doubt, there need be no further questions."\(^{62}\).

Furthermore, for those who justify euthanasia on grounds of suffering, the only criticism so far against it is that from the church which sees suffering as a noble act to God. But someone like Rachels will say that if really God ordained suffering, why then must we in any way alleviate it? Therefore, any measures we take to relief pain will mean obstructing God’s plan\(^{63}\).

\(^{61}\) Aristotle, Politics iii 16.1287 a41-b3.

\(^{62}\) The Independent, March 2002.

Another argument is that from mercy and charity, which approves euthanasia based on human feelings and benevolence for the sick. But one of the criticisms levelled against this is that from the Catholic Church, saying that this argument is based on false charity/mercy. That true mercy does not lie in killing the person, but in taking proper care of the sick and showing him/her real human compassion. Such human presence will greatly reduce the pains and will certainly not give way to depression and anguish.

Another point is the issue of supporting euthanasia from an argument based on limited time and resources. If euthanasia should be justified simply on account of this, I foresee two dangers. (1) There could easily creep in abuses and people to whom a patient constitutes a burden, could easily kill the suffering patient, claiming that there are limited resources or limited time to devote to such a sick one. (2) We cannot on account of time and medical resources kill a sick patient. This is against the celebrated human freedom, which proponents of euthanasia also defend. Every citizen has a right to medical treatment, and thus there should be equal distribution of it. We cannot rob Peter to pay Paul, by keeping medical resources that belong to one sick man, for another man that is less sick; in the believe that it will be a waste, using it on a man with less prospects of survival.

Another argument that needs a critical review is that from Utilitarianism, which based the morality of any action from its capacity to produce greater happiness for many. It says that when life looses its value, it should no more be kept going, since the patient (and even the relatives) will be so unhappy. But my question is this: what of in a situation when the suffering patient and his/her relatives would not want to his/her death? They could even in the midst of the suffering consider pain to be a better option; it’s possible. In this situation then, killing such a person would even bring more sadness than happiness. This is the irony of using utilitarianism to justify euthanasia. (Rachels also featured this criticism). He also criticizes utilitarianism and says that we must know that Happiness is not the only value, there are other values like Justice, love, freedom, etc, which we must seek to defend.

The next argument says that there is no real moral distinction between active euthanasia and passive euthanasia. Hence, if we justify passive euthanasia, we must also justify active euthanasia since the effect of both of them is the death of the patient. However, the problem here for me is resolved, depending on how and what one understands passive euthanasia to mean. If passive euthanasia means withdrawal of treatment (to include even the ordinary medical care to the sick), then I do not suppose there is any moral difference between the two since the end of both, all
terminate the patients life. In that case, the argument is right. But on the contrary, if passive euthanasia means withdrawal of extra-ordinary and disproportionate means of treatment, then I think there is a difference, since the latter is just (letting die) allowing the natural process to take place.

The argument from the profession of the physician maintains that the duty of the physician is to take care of the sick and assist him. So, if he refuses the patient’s request to die, then he is not performing his duty. But on the contrary we know that even the physician has his own right and conscience. Should the patient’s request then infringe on the physicians conscience? Moreover, in taking care of the sick, the physician should always do so with the medical guiding principles. This is why James Drane will always argue that the patient’s autonomy, stops where the physicians right and conscience starts\(^\text{64}\). The argument against euthanasia which distinguishes between biological and biographical life, maintains that man is man on account of his biographical life—a collection of desires, aspirations, projects and prospects.

But some people like: Plato, Aquinas as I said early on will disagree with this. For them, the real man is a composite of body and soul. Man’s body even comprises of his biographical and biological self, since the biological self is the body, and it is the body that desires, and aspires. And then over and above the body is the soul, which is even more important than the body. Hence for them, there is no sharp distinction between biological and biographical life.

Having gone through the arguments in favour of euthanasia I will now make a criticism on the church’s stand.

The topic of my project is: the morality of the Catholic Church’s position on euthanasia. Such a position I have laid bare by presenting their arguments. But the question still remains: are such arguments so sound as to convince even a non-religious man? Are we bound to take the teachings of the Catholic Church? By the way, are such teachings based on objective and universal moral absolutes, or just prejudiced Judaeo-Christian articles of faith and revelation which cannot stand the test of brutal scientific reasoning? This is the task I have to accomplish here.

The first and widely generated argument of the Catholic Church against euthanasia is the sanctity of human life. Man for them is created in the image of God and hence should not be terminated; for it has an intrinsic value.

But on the contrary, this argument has often been criticised. Helga Kuhse in 1987 devoted a 235 paged book, to this criticism. The book is titled: “THE SANCTITY OF LIFE DOCTRINE IN MEDICINE: A CRITIQUE”. Here, she argues that the principle of the sanctity of life ought to be rejected because:

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\text{it is not only internally inconsistent and based on morally and conceptually untenable distinctions...but also because it is a theoretically confused principle, and one that has unacceptable consequences in practise as well.}\]

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Her reason is that: while those who hold to this principle maintain that life has an intrinsic value and must be preserved, they at the same time hold that the same life needs not to be prolonged if life with or after treatment is expected to be excessively burdensome. This means that they are advocating for the intentional termination of life, and that they are doing this on the basis of the quality of kind of life in question. Thus Kuhse argues that the sanctity of life principle is fatally flawed because it both prohibits and condones the intentional termination of life. Kuhse went further to argue that if the religious view that human life is sacred is also based on the fact that God said we shall not kill, then we have to know that human life is not the only life that has value. The lives of other self-conscious creatures also have value. This would mean a commitment to absolute pacifism and absolute veganism. It would totally oppose all killing, even that of animals; and even killing in wars and self defence. But we still see the religious people kill animals and even go to war. What a contradiction.

So for Kuhse, life has no intrinsic value. Thus she said:

\[
\text{Moreover we also believe that life is not an intrinsic good, not a good in itself, but rather a precondition for other goods or values, such as the existence pf pleasurable states of consciousness, the satisfaction of preferences and desires, and so on. And she adds: before life can have any value, there must be the capacity for}
\]

conscious experience, and this conscious experiences must be of a certain kind, they must be of value to the person whose life it is.\textsuperscript{66}

However, everybody would agree that human life is precious, but it should not be dragged to the point of infinity; there should be some exceptions to every rule.

Another argument put up by the Catholic Church is that euthanasia usurps God’s power. That God is the creator and owner of life therefore only he has a full dominion over it, and decides when to live or die. Hence, man has no right to engage in euthanasia for it will mean usurping God’s right. Rachels observes that this argument has also been highly refuted even 200 years ago by someone, like David Hume. He argues that those use this argument do not really believe their own logic. If they did, they would oppose all medical progress and all effort to preserve life. Hume says that if it is for God alone to decide, when we shall live and when we shall die, then we play God; just as much when we cure people as when we kill them. Suppose a person is sick and we have the medicine to cure him or her; if we do cure the person, then we are interfering with God’s right to decide whether a person will live or die. He puts his point this way:

\begin{quote}
Were the disposal of human life so much reserved as a peculiar providence of the almighty, that it were an encroachment on his right, for men to dispose their own lives; it would be equally criminal to act for the preservation of life as for its destruction. If I turn aside a stone which is falling upon my head, I disturb this course of nature and I invade the peculiar providence of the almighty by lengthening out my life beyond the period which by the general laws of matter and motion he had assigned it.\textsuperscript{67}
\end{quote}

Along the same line of argument, David Nicholls would say that: “Voluntary Euthanasia is a personal right of everyone in need, the most important and final right that any of us may one day have to call upon”.\textsuperscript{68}

The Catholic tradition also poses the argument from natural law, saying that all beings naturally tend to self preservation and wards off enemies. The fundamental principle in natural law is: “Good must be done and evil avoided”.

\textsuperscript{66} Kuhse H., pp.266-267.
\textsuperscript{67} David Hume 1784, in Regan T. (Ed.) 1980, p.48.
\textsuperscript{68} Nicholls D., “Voluntary” euthanasia, www.atheisticfoundation.org.au
But on the contrary, it could be argued that if human beings have the natural right to protect their lives, by their effort and power (and not by any superior force) then, they should also have the right to end such life when they like. If for instance I build a house, or rather someone gave me a house as a gift, and as well gave me all the right of landlordship, to preserve the house as mine, and to see to its maintenance, I think, I have the right too to reconstruct or demolish the house when I feel it’s too superannuated for me. So in the same way, if I am the one that protect my life, I should also be the one to end it when I fell I cannot protect it again.

Furthermore, coming to the fundamental principle of natural law argument, that good must be done and evil avoided, the question would depend on what one means by “good”, and this will lead us to the philosophical idea of the good which is an age long problem of its own too. So, if we go by the tenets of this argument, then, if one perceives euthanasia as good for him, then he should be allowed to commit it.

Another argument is that from medicine. It is argued that the end of medicine is to produce health and not death. Therefore, euthanasia is bad. On the contrary, M.G.Kuczewski writes that the ancient philosopher Socrates argues that: The doctor has the right to either make his patient healthy or kill him. He insists that the doctor can do the latter not because he makes a mistake, but precisely because he has the knowledge or expertise for bringing it about. Thus in the Statesman, Socrates said: “Every Physician, you see, can preserve the life of any he wills among us, and can hurt any he wills by knife or cuatery”.

The church further argues that suffering is ordained by God, that it is a sharing in Christ’s own suffering, and thus should not be a ground for justifying euthanasia. But some could criticise that, if the argument that suffering is ordained by God is sound; then it would lead not only to the condemnation of euthanasia but also of any measure to reduce suffering. If God decrees we suffer, then we obstruct God’s plans by giving any kind of pain relieving drugs.Rachels (1980) is also of the same opinion. The Humanist association of Northern Ireland was even more dismissive in its criticism of this church’s position. It says:

\begin{quote}
And what are we to make of the argument from suffering? God appears to act in a highly selective and arbitrary manner in choosing those who will have the dubious privilege of re-enacting Christ’s sacrifice. Many of us, for no
\end{quote}

\footnote{Plato, The Statesman 298a.}
apparent reason, will thus be subjected to a living hell, while others will die peacefully in our sleep. What sort of God would contemplate this injustice? This kind of twisted reasoning is nothing but a sadomasochistic glorification of pain. To regard suffering as part of God’s plan is not far removed from justifying the infliction of suffering on other humans. It is the type of pernicious logic which actually cheapens life.\textsuperscript{70}

Against the Church’s argument from the possibility of unexpected recovery or miracle, it is argued that; eventhough there had been cases or spontaneous recoveries, and some people diagnosed “hopeless” by doctors may have recovered, yet we cannot maintain that all cases would end as such. These are exceptions and could occur in every rule. Shall we because of the hypothetical possibility of recover which we are not logically sure of, keep sustaining the suffering sick, even with extra-ordinary means? My answer is no. But yet, we have to give room for miracles. It is a reality. It has happened before, and it is still happening today.

5.2 CONCLUSION

Thus far, I have presented the views of the Catholic Church on euthanasia. I have equally presented the arguments for and against. At one camp are those who are ready to argue their life time in support of euthanasia; while yet, at another camp are those who will devote their entire life too arguing against euthanasia, while yet some others will still remain agnostic about it. The question still remains: Is euthanasia morally justified? Can the suffering sick patient comfortably and legally request for euthanasia when he/she feels that life is so painful that he/she cannot endure it any longer? Should we accept the Catholic Church’s position on this issue or the position of the proponents of euthanasia?

However, looking at the arguments of the Catholic Church, we discover that they are mostly based on theological presuppositions of faith and revelation. But yet I would conclude that it would be basically wrong to assume that those who approach medical ethics from a religious point of view are uncritical and irrational. That is obviously wrong. Religion is a way of life; and as we know, we live in a world of freedom of religion and thought. Everybody has a world view, and to try to

\textsuperscript{70} The Humanist association of Northern Ireland (www. nireland.humanists.net)
exclude one particular world view would be quite an unfair way of trying to suppress human freedom, and this will be unjust. Any body can have either a deistic, theistic, atheistic or agnostic world views. To this Derek Humphry would say: *There are millions of atheists and agnostics, as well as people of different religions, degrees of spiritual believes, and they all have rights to choices in abortion and euthanasia.*

In the same way, neither can Christianity authoritatively impose its opinion on mankind too; since not everyone is a Christian. To this David Nicholls would say:

“Your religion is your business and no one else’s. It follows that I attach very little importance or interest in arguments over religious dogma. My personal view is that when you make your religion an issue, you drag it into the political domain and tarnish it...You are entitled to follow your religious beliefs, but you are not entitled to demand by legislation that everybody else does the same.”

So I will like to conclude this way: Does suffering glorify a person? Is suffering, sharing in Jesus Christ’s passion, and a way of the preparation for meeting God? Are you merely a steward of your life, which is a gift from God, which only he may take away? Is human life intrinsically valuable? Can one recover on a terminal illness on account of miracles? If your answer to these questions is yes, then you should not be involved in any form of euthanasia. However, there are millions of atheists, as well as people of differing religions, and they all have rights, too, to their views and convictions. Ours is a free world. But yet, it should not prevent the church from exercising its prophetic duty.

So, in conclusion, I will not forget to say that, this question of Euthanasia is what I may call an “open-ended issue”. More ideas are welcome. And for me, the issue should rather clamour for more dialogues, than these unending controversies, divergencies, and enduring “war of words”.

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71 Humphry D., www.finalexit.org
72 Nicholls D., www.atheist.foundation.org.au
BIBLIOGRAPHY

BOOKS


17. The Sacred Congregation for the doctrine of the faith: *Instruction on respect for human life in its origin and on the dignity of procreation; replies to certain questions of the day*, February 22, 1987.

**ARTICLES**


**DICTIONARIES**


**INTERNET SOURCES.**


