

JAMES RACHELS AND THE ACTIVE EUTHANASIA DEBATE

J. P. Moreland*

The rise of advanced medical technologies, especially life-sustaining ones, has brought to center stage the importance of bioethical issues that arise in acute and long-term care contexts. The recent avalanche of bioethics committees is a witness to the importance of bioethical issues.¹ Problems about the nature and permissibility of euthanasia have been especially pressing.²

Roughly speaking, there are two major views about euthanasia.³ The traditional view holds that *prima facie* it is always wrong to intentionally kill an innocent human being, but that given certain circumstances it is permissible to withhold or withdraw treatment and allow a patient to die. A more radical view, embraced by groups like the Hemlock Society and the Society for the Right to Die, denies that there is a morally significant distinction between passive and active euthanasia that allows the former and forbids the latter. Accordingly this view argues that mercy killing, assisted suicide and the like are permissible. I want to argue against the radical view by criticizing the most articulate expression of it to date—that of James Rachels.⁴

I. IMPORTANT ETHICAL CONCEPTS

1. *The active/passive distinction.* Passive euthanasia occurs when a person is allowed to die by withholding or withdrawing a life-sustaining treatment. Active euthanasia is the direct, intentional killing of a person either by himself (suicide) or another (assisted suicide or mercy killing).

*J. P. Moreland is associate professor of philosophy at Liberty University in Lynchburg, Virginia.

¹The development of bioethics committees is well advanced in acute-care facilities but not in long-term care. For more on the nature and function of bioethics committees see *Institutional Ethics Committees and Health Care Decision Making* (ed. R. E. Cranford and A. E. Doudera; Ann Arbor: Health Care, 1984); B. Hosford, *Bioethics Committees* (Rockville: Aspen, 1986).

²For a survey of death and dying cases see R. M. Veatch, *Case Studies in Medical Ethics* (Cambridge: Harvard University, 1977) 317-347.

³For an evangelical critique of voluntary active euthanasia see M. Erickson and I. Bowers, "Euthanasia and Christian Ethics," *JETS* 19 (1970) 15-24. Erickson and Bowers consider whether voluntary active euthanasia is ever right. But they assume—correctly, in my view—that active and passive euthanasia are distinct. The major burden of the present article is to justify that distinction.

⁴See J. Rachels, "Active and Passive Euthanasia," *The New England Journal of Medicine* 292 (January 9, 1975) 78-80; *The End of Life* (Oxford: Oxford University, 1986).

2. *Intentional action and the principle of double effect.* The principle of double effect was given explicit formulation by moral philosophers and theologians of the nineteenth century, though its roots can be traced to Scripture itself.⁵ The principle stated that when an action has good and bad consequences, then the act may be performed under the following conditions: (1) The act is good or at least indifferent by its object (where "object" means the directly intended thing one is doing); (2) the good and evil effects follow immediately from the act—that is, the good effect is not obtained by means of the evil effect; (3) one only intends the good effect and merely tolerates the bad one; (4) there is a proportion between the good and bad effects—that is, the good must be at least equal to the bad.

The word "intends" has a technical meaning in condition (3). Sometimes we say that if someone intends something it was not an accident. An unintended action is one that is an accident or a mistake. This is not the meaning of the word here. Rather, it means "what one is aiming at or trying to accomplish by an action." Thus a patient in severe pain with no more than five days to live may be given an injection of morphine to relieve the pain, but due to the respiratory inhibition of morphine the patient may only live two days. The act of hastening the patient's death was intentional on the first definition but not on the second.

3. *The ordinary/extraordinary distinction.* Ethicists frequently distinguish ordinary means of sustaining life from extraordinary means. Ordinary means are all medicines, treatments and operations that offer a reasonable hope of benefit for the patient and that can be obtained and used without excessive expense, pain, or other inconvenience. Extraordinary means are those that are not ordinary—that is, those that involve excessive expense, pain, or inconvenience and that do not offer reasonable hope of benefit. Terms like "reasonable hope" and "excessive" change as medicine changes. But this fact does not relativize the distinction morally because it continues to capture a balance between risks and benefits. Further, economic expense seems appropriate when considering macroallocation issues, but not microallocation issues focusing on specific patients. At that level patient advocacy should be in focus.

II. THE TRADITIONAL VIEW OF EUTHANASIA

1. *The distinction between active and passive euthanasia.* Three reasons have been offered for the distinction between active and passive euthanasia. (1) The cause of death is different. In the former case it is the doctor or other human agent (e.g. the person himself in a suicide). In the latter case it is the disease or God himself. (2) The intent of the act is different. In active

⁵For a helpful discussion of the doctrine of double effect see B. M. Ashley and K. D. O'Rourke, *Health Care Ethics* (St. Louis: Catholic Health Association of the United States, 1982) 187–191. For references that modify the double-effect principle but retain its substance see the President's Commission report entitled *Deciding to Forego Life-Sustaining Treatment* (Washington: U.S. Government Printing Office, 1983) 80.

euthanasia it is the death of the patient. In passive euthanasia death is the (perhaps) foreseen consequence of an otherwise legitimate action whose intent may be to alleviate suffering, respect patient autonomy, cease interfering with the dying process, and so forth. (3) There is a distinction between negative and positive human (and, I would add, natural⁶) rights. The former state our obligation to refrain from harming another, and they form the basis of our correlative duty of nonmaleficence. The latter state our obligation to do something positive for another, and they form the basis of our correlative duty of beneficence.⁷ Negative rights generally take precedence over positive rights. In passive euthanasia one refrains from benefiting a person, but in active euthanasia one directly harms another.

2. *The permissibility of passive euthanasia.* The traditional view allows for withholding or withdrawing treatment in some cases where certain circumstances obtain. What are these circumstances? Two different cases arise. (1) Treatment may be withheld or withdrawn if such an action is requested by an autonomous, competent decision-maker. Thus if a person wishes to forego renal dialysis, it may be morally permissible to honor that request.⁸ (2) Treatment may be withheld or withdrawn (assuming such an action is in keeping with patient autonomy) if the patient is terminal, death is imminent, treatment is judged extraordinary, and death is not directly intended.⁹

3. *Active euthanasia is morally forbidden.* The traditional view forbids active euthanasia—the direct, intentional killing of an innocent human being. At least six reasons have been offered for this position.

(1) Active euthanasia violates a person's negative right to be protected from harm, while passive euthanasia only violates a person's positive right to have a benefit—and the former usually has a higher degree of incumbency than the latter. Rachels denies the active/passive distinction, and as a result he holds that failure to feed the hungry of the world is morally equivalent to killing them. We are, in short, murderers.

(2) A mistaken diagnosis can be reversed in passive euthanasia. If treatment is withdrawn or withheld and the patient was not as seriously ill as was thought, he will get well. But no such possibility exists if active euthanasia is

⁶On the difference between legal, human, and natural rights see J. Feinberg, *Social Philosophy* (Englewood Cliffs: Doubleday, 1973) 55–97. For a discussion of rights in general see J. W. Montgomery, *Human Rights and Human Dignity* (Grand Rapids: Zondervan, 1986).

⁷See T. L. Beauchamp and J. F. Childress, *Principles of Biomedical Ethics* (New York: Oxford University, 1983) 106–182.

⁸Cases of this kind involve weighing conflicts between the principle of autonomy and the principles of beneficence or nonmaleficence, patient competence, and the quality of life. Quality-of-life considerations can be especially perilous and abused. For different senses of the quality of life see A. R. Jonsen, M. Seigler and W. J. Winslade, *Clinical Ethics* (New York: Macmillan, 1986) 101–127.

⁹For a brief survey of living-will provisions in various states see the report of the Special Committee on Biomedical Ethics entitled *Values in Conflict* (Chicago: American Hospital Association, 1985) 67–74.

allowed. Rachels agrees with this in principle, but he argues that there are some cases where we can know that death is imminent and irreversible. In those cases active euthanasia is permissible.

(3) Some (Rachels included) justify active euthanasia by an argument based on mercy. If one is going to die very soon but is in terrible pain, it is more merciful to kill the person. You may cut his life from five more days to one day but, given the horrible agony that the person is experiencing, mercy demands a quick death with dignity.

A defender of the traditional view can point out that there are very few cases where modern medicine cannot alleviate suffering in terminal cases, and it is wrong ethical methodology to build a major ethical doctrine on problem cases.¹⁰ Further, even in cases where pain cannot be treated without a lethal injection the doctor can still intend to treat pain and not kill. Rachels rejects this suggestion because he does not think intentions are relevant to moral acts. We will analyze his reasoning later. Finally, though this can be abused, a Christian worldview implies that there can be a point to suffering.¹¹

(4) Active euthanasia violates the special duty that physicians have to patients—namely, the preservation of life. Thus it violates the very nature of the health-care profession and the special duties that constitute that profession if we allow active euthanasia. Rachels counters this by arguing that we replace the profession of “medicine” with that of “smedicine,” which is just like medicine except in cases where active euthanasia would be justified. His point is that if active euthanasia is justified, then the medical profession is built around the wrong set of duties.

(5) Active euthanasia weakens respect for human life and thus, even if it could be justified in a particular case, we could not adopt active euthanasia as a general policy. Such a move would destroy the confidence our society has in the medical profession and weaken the patient/professional relationship. This is a form of slippery-slope argument that can take one of two forms. A logical slippery-slope argument says that if a disputed act A cannot be logically distinguished from an act B, and we know that B is wrong, then A is wrong too. The logical version involves, among other things, a discussion of the significance of being a human being or a person. I will postpone discussion of this until later. A psychological slippery-slope argument says that even though a disputed act A is really different from a forbidden act B, nevertheless if we allow A it will contribute to causing people to do B, and so A should not be allowed. Rachels rightly points out that this is not a moral question but an empirical one. It is a factual question as to what effect a certain policy will have on society.¹²

¹⁰In epistemology in general, one develops criteria for knowledge from clear cases of knowledge that are then used to judge borderline cases. See R. Chisholm, *The Problem of the Criterion* (Milwaukee: Marquette University, 1973).

¹¹See Ashley and O'Rourke, *Health* 199–205.

¹²Rachels argues that active euthanasia will not have the effect of weakening respect for human life (End 171–180).

Perhaps enough has been said about the first five arguments against active euthanasia to suggest the relevant lines of debate in defending or attacking them. There is, however, one more argument against active euthanasia that is the most important one.

(6) The intentional killing of an innocent human life is simply wrong. It is wrong because human life is sacred—or, to put the point less theistically, human life has intrinsic value as an end in itself. In active euthanasia one intends and causes directly the death of a human being, and such an act violates the deontological principle that such acts are wrong. This principle is knowable from special revelation, intuition into or inference from natural law, or by a criterion such as universalizability. This is the cornerstone of the traditional view, and it forms an appropriate transition to considering the radical position that seeks to provide an alternative vision of this principle.

III. THE RADICAL VIEW

According to Rachels, the distinctions used in the traditional view are inadequate. There is nothing sacred or morally significant about being a human being with biological life. Nor is there any moral difference between killing someone and letting him die. Thus if passive euthanasia is permitted in a given case, so is active euthanasia. Two distinctions are central for Rachels' position.

1. *Biological life versus biographical life.* The mere fact that something has biological life, says Rachels, whether human or nonhuman, is relatively unimportant. What is important is that someone has biographical life. One's biographical life is "the sum of one's aspirations, decisions, activities, projects, and human relationships."¹³ The facts of a person's biographical life are those of his history and character. They are the interests that are important and worthwhile from the point of view of the person him/herself. The value of one's biographical life is the value it has for that person, and something has value if its loss would harm that person.¹⁴

Two implications follow from Rachels' view. (1) Certain infants without a prospect for biographical life, and certain terminal patients (e.g. comatose patients, or those in a persistent vegetative state), have nothing to be concerned with from a moral point of view. They are not alive in the biographical sense, though they may be in the biological sense. But the former is what is relevant to morality. (2) Higher forms of animals do have lives in the biographical sense because they have thoughts, emotions, goals, cares, and so forth. Thus they should be given moral respect because of this. In fact a chimpanzee with a biographical life has more value than a human who only has biological life.

¹³Ibid., p. 5; see also pp. 26, 33, 35, 38, 47, 49–59, 65, 76, 85.

¹⁴Ibid., p. 38.

2. *Killing and letting die.* Rachels believes that there is no distinction between killing someone directly or letting that person die. There is no morally important difference between these. He calls this the "equivalence" thesis. His main argument for it is called the "bare difference" argument. Rachels sets up two cases that are supposed to be exactly alike except that one involves killing and the other involves letting die:¹⁵

Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident. No one is the wiser, and Smith gets his inheritance. Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip, hit his head, and fall face-down in the water. Jones is delighted; he stands by, ready to push the child's head back under if necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, "accidentally," as Jones watches and does nothing. No one is the wiser, and Jones gets his inheritance.

According to Rachels, neither man behaved better from a moral point of view even though Smith killed the child and Jones merely let the child die. Both acted from the same motive (personal gain) and the results were identical (death). Thus the only difference between the two cases is killing versus letting die, and since the cases are morally equivalent this distinction is morally irrelevant.

Two implications follow from the equivalence thesis. (1) Cases where passive euthanasia is permissible are also cases where active euthanasia is permissible. (2) Situations where we let people die—for example, when we let them starve in famine situations—are morally equivalent to killing them.

IV. CRITICISMS OF THE RADICAL VIEW

1. *The biological/biographical view of life.* There are at least three problems with Rachels' distinction between biological and biographical life.

(1) His understanding of biographical life, far from rendering biological life morally insignificant, presupposes the importance of biological human life. He describes biographical life as a unity of capacities, interests, and so forth, that a person freely chooses for himself and that unites the various stages of one's life. It is even possible for a bigamist, says Rachels, to lead two biographical lives.

Now it is precisely these (and other) features of life that the Aristotelian/Thomist notion of secondary substance (essence, natural kind) seeks to explain. It is because an entity has an essence and falls within a natural kind that it can possess a unity of dispositions, capacities, parts and properties at a given time and can maintain identity through change. And it is the natural kind that determines what kinds of activities are appropriate and natural for that entity.

¹⁵Ibid., p. 112.

Further, an organism *qua* essentially characterized particulars has second-order capacities to have first-order capacities that may or may not obtain (through some sort of lack). These second-order capacities are grounded in the nature of the organism. For example, a child may not have the first-order capacity to speak English due to a lack of education. But because the child has humanness it has the capacity to develop the capacity to speak English. The very idea of a defect presupposes these second-order capacities.

Now the natural kind "human being" or "human person" (I do not distinguish between these) is not to be understood as a mere biological concept. It is a metaphysical concept that grounds both biological functions and moral intuitions. In what is perhaps the most articulate modern defense of the doctrine of substance I am presenting, David Wiggins states:¹⁶

If we ask what is so good, either absolutely or to me, about my mental life's flowing on from now into the future, the answer . . . imports what makes me dear to myself—and with it my idea of myself as a continuant with certain moral or other qualities that make me fond of myself.

In sum, if we ask why biographical life is both possible and morally important, the answer will be that such a life is grounded in the kind of entity, a human person in this case, that typically can have that life.

(2) Rachels' view seems to collapse into subjectivism. According to him the importance of a biographical life is that a person has the capacity to set and achieve goals, plans and interests that are important from the point of view of the individual himself. But if this is true, then there is no objective moral difference in the different goals one chooses for himself. One can only be right or wrong about the best means to accomplish these goals.¹⁷ To see this, consider Rachels' treatment of the 1973 "Texas burn case" where a man known as Donald C. was horribly burned but was kept alive for two years in the hospital against his will and is still alive today. Rachels believes his desire to die was rational because Donald C. had lost his biographical life. Says Rachels:¹⁸

Now what could be said in defence of the judgement that this man's desire to die was rational? I believe focusing on the notion of his *life* (in the biographical sense) points us in the right direction. He was, among other things, a rodeo performer, a pilot, and what used to be called a "ladies' man". His life was not the life of a scholar or a solitary dreamer. What his injury had done, from his point of view, was to destroy his ability to lead the life that made him the distinctive individual he was. There could be no more rodeos, no more aeroplanes, no more dancing with the ladies, and a lot more. Donald's position was that if he could not lead *that* life, he didn't want to live.

But surely some rational life plans are more valuable than others. In fact it is possible to choose goals and interests that are immoral and dehumanizing.

¹⁶D. Wiggins, *Sameness and Substance* (Cambridge: Harvard University, 1980) 152.

¹⁷Rachels, *End* 46–47.

¹⁸*Ibid.*, p. 54.

Suppose there is a woman named Xavier. Her life plan is to become the best prostitute she can be. She enjoys bestiality, group sex, and certain forms of masochism. Her life has value from her point of view if and only if she can achieve these goals. Now suppose that she is in an accident that confines her to a wheelchair such that she is in no pain, she can lead a relatively productive life in various ways, but she can no longer pursue her desire to be the best prostitute ever. Does it make sense to say that she would be rational to desire to die? Does it make sense to say that her biographical life is what gave her life value? Rachels' view would seem to imply an affirmative answer to both of these questions. But is it not clear that Xavier was dehumanizing herself? Some forms of life are "appropriate" for humans, and others are not. The difference seems to be grounded in the fact that a human being is a creature of value, and a choice of life plans can be devaluing to the sort of creature one is. Without objective material grounds that constitute a morally appropriate life plan, subjectivism would seem to follow. But one can be wrong about one's point of view.

Rachels denies that his view is equivalent to moral subjectivism. He argues that it is objectively true that something has value for someone if its loss would harm that person. But this is a mere formal principle, and the material content one gives it—that is, what it is to be harmed—will depend in large degree on what interests constitute one's biographical life. The case of Donald C. illustrates this. But since a choice of interests is subjective, Rachels' view is subjectivist.

(3) According to Rachels, people without biographical lives are no longer morally significant regarding the rule not to kill. This is because the point of the rule is to protect people with biographical lives. It would seem, then, that a person who no longer has such a life, who has no point of view, is no longer an object of a duty not to kill. There is not even a *prima facie* duty not to kill in this case. But if the person has lost the right not to be killed—for example, because he is in a persistent vegetative state—it would seem that he has lost other rights as well. It would seem that one could experiment on the person or kill him brutally if he so desired. Why? Because we are no longer dealing with an object that has relevant rights.

Rachels could respond that some other factor is relevant that would forbid killing the patient violently. Perhaps others would see the act, perhaps this would weaken respect for life, or perhaps such an act would foster hostility in the doctor's character. The difficulty with this response should be obvious. Cases can be set up where the other factors do not obtain: No one knows about the brutal killing of the patient, the doctor's psychologist has told him to express his aggression toward objects that remind him of his mother, and so on. In these cases there would seem to be no moral difference between a lethal injection or a more brutal means of killing. The patient has no life and is not an object of moral consideration and thus approaches thing-like status. If Rachels' views do in fact entail this conclusion, and if this conclusion is morally unacceptable, then Rachels' view must be mistaken.

2. *The killing/letting-die distinction.* The "bare difference" argument involving the Smith and Jones cases was an attempt to show that two different

actions—one killing and one letting die—can have the same intentions and results and thus are both morally forbidden in spite of the difference in actions. In fact, the cases are supposed to show that the mere difference between killing and letting die is irrelevant. But the cases fail to make the point. The cases have what some philosophers call a masking or sledgehammer effect.¹⁹ The fact that one cannot distinguish the taste of two wines when both are mixed with green persimmon juice fails to show that there is no difference between the wines. The taste of the persimmon juice is so strong that it overshadows the difference. Similarly the intentions and motives of Smith and Jones are so atrocious, and both acts are so clearly unjustified, that it is not surprising that other features of their situation (killing versus letting die) are not perceived as the morally determinative factors in the cases.

But this observation, valid as it is, does not take us to the heart of the problem with Rachels' bare-difference argument. The main difficulty with the bare-difference argument lies in its inadequate analysis of a human moral act. Thomas Sullivan puts his finger on the difficulty when he argues that Rachels makes the distinction between the act of killing and the act of letting die be "a distinction that puts a moral premium on overt behavior—moving or not moving one's parts—while totally ignoring the intentions of the agent."²⁰ But is the proper analysis of a human action—especially a human moral action—one that merely treats that action as a physical event? I think not.

There is an alternative analysis of human action in general, and human moral action in particular, that finds its classic expression in Aquinas' *Summa Theologica* 1,2 qq. 6–20.²¹ A human act, moral or otherwise, is a composite whole that contains various parts among which are these two: (1) the object, end, or intention of the act, and (2) the means-to-the-end of the act. As Richard M. Gula points out:

The intention of the agent and the means-to-an-end form two structural elements of *one* composite action. To determine the morality of the human action, both of these elements must be taken together. The significance of this is that the physical action itself (the material event, or means-to-an-end) cannot be evaluated morally without considering the actor, especially the intention.²²

To see this, consider the following case. Suppose a man named Jones is visited by the world's leading hypnotist. Jones is hypnotized, is told to hit the nose of the first person wearing a red shirt, and is causally determined to do

¹⁹See Beauchamp and Childress, *Principles* 117.

²⁰T. D. Sullivan, "Active and Passive Euthanasia: An Important Distinction?", reprinted in *Social Ethics* (ed. T. Mappes and J. Zembaty; New York: McGraw-Hill, 1982) 59.

²¹For recent treatments of this view see R. M. Gula, *What Are They Saying About Moral Norms?* (New York: Paulist, 1982) 61–74; J. Finnis, *Fundamentals of Ethics* (Washington: Georgetown University, 1983) 37–48, 112–120; J. Fuchs, *Christian Ethics in a Secular Arena* (Washington: Georgetown University, 1984) 75–77. See also R. M. Chisholm, *Brentano and Intrinsic Value* (Cambridge: Cambridge University, 1986) 17–32.

²²Gula, *What* 27.

so. Jones wakes up, leaves the office and strikes the first red-shirted person in the nose.

Now consider Smith. He hates his football coach because he is jealous of his good looks. His coach happens to be wearing a red shirt that day and Smith, out of hatred and jealousy and with an intent to hurt his coach, strikes him on the nose. It seems obvious that Smith's act was immoral and Jones' was not. In fact it does not seem that Jones really acted at all. What is the difference? Both acts have the same set of physical happenings or means-to-ends. The difference is that Smith intended an immoral end and Jones did not act out of intent at all.

Rachels' bare-difference cases differ in means-to-ends, but they have the same intent. Defenders of the active/passive distinction, however, do not ground the difference on mere physical happenings or means-to-ends. The acts of Smith and Jones drowning the two children differ only in physical properties. But that is just part of a human act, not the whole. Rachels leaves the intent of the two acts out of his analysis, but a defender of the traditional view would not allow such an analysis to stand.

Rachels sets up a different case to try to show that two acts can be the same with different intentions and thus intentions are not a part of an act.²³ Jack visits his sick and lonely grandmother, and his only intention is to cheer her up. Jill also visits the grandmother and provides an afternoon of cheer. But Jill does it to influence the grandmother to put her in the grandmother's will. Both of them, says Rachels, did the same thing: They spent an afternoon cheering up the grandmother. Jill should be judged harshly and Jack praised—not because they did different acts, but because Jack's character is good and Jill's is faulty.

If my analysis of human action is correct, then Jack and Jill did not do the same actions. Their actions may be identical at the level of means-to-ends, but their intents were different. Jack's action was one of loving his grandmother and cheering her up by being with her. Jill's action was one of securing a place in the will by being with her.

The inseparability of intentions and means in human action can also be seen by asking how it is possible for an action to reveal one's character.²⁴ Character is a relatively stable unity or structure of moral virtues that underlies and expresses itself in the moral acts or conduct of the person. A moral virtue is an ingrained habit or disposition of the embodied will. A habit or disposition is a tendency to act in certain circumstances. Thus character is both formed by and an expression of intentional actions. That is why one's character is revealed by one's actions and why actions shape character. On Rachels' Humean analysis, actions are separate from intentions and vice versa. If that is the case, how is it that one can infer character from one's actions? It would seem that no necessary connection exists.

²³Rachels, *End* 93–94.

²⁴For a good but relatively unknown discussion of virtues and character see G. F. Thomas, *Christian Ethics and Moral Philosophy* (New York: Scribner's, 1955) 485–521.