Active And Passive Euthanasia Essay, Research Paper

Active and Passive Euthanasia

The objective of Rachels’ article, “Active and Passive Euthanasia”, is to have physicians question the distinction between active and passive euthanasia in relation to moral issues. He suggests that physicians should not allow the question of morality to affect their judgment when establishing medical policies and guidelines in respect to euthanasia concerns. He uses three very descriptive examples to support his arguments, which raises the issue that the difference between active and passive euthanasia is morally irrelevant.

A brief definition of the terms, in simple words Rachels defines passive euthanasia as “letting die” and active euthanasia as “killing”, Rachels argues that the distinction between the two forms of euthanasia is not always clear or even relevant.

The first example that Rachels uses is about a physician who, at the request of the patient and his family, withholds treatment for an incurable cancer of the throat. He suggests that since death will occur within days, the most humanitarian option is to terminate the patient’s suffering through active euthanasia. The active choice can then be viewed as morally superior in that the patient need not suffer in agony especially when taking into consideration the end result will be death in any case.

The physician is faced with 2 duties, the obligation to honor the clearly expressed wishes of the patient, or to protect the patients wellbeing, then prolonging his suffering may not be in the patients best interests. Even though the end result is the same the physician has to determine the rightness of each duty.

In support of his argument that the distinction between active and passive euthanasia is not always clear, Rachels presents a second example, a case of a Down syndrome child requiring surgery for an intestinal obstruction. A decision is made to withhold surgery and the child is allowed to die by means of dehydration. Rachels describes the surgeon watching the child “wither away” which is an effective method of getting his readers to feel sympathy. The narrative paints a graphic picture causing uneasiness for the reader and is effective in leading readers to question the morality of passive versus active euthanasia. The use of an infant as the patient under study, rather than a terminally ill elderly patient, successfully evokes reader sympathy. In this example, what Rachels is trying to say is that the doctorine supported by the AMA (American Medical Association) influences euthanasia decisions based on irrelevant reasons. He alleges that the intestinal blockage has little to do with the decision on whether or not to perform surgery; the medical decision is actually based on the fact that child has Down syndrome. Rachels suggests that since decisions are made on irrelevant issues, the doctrine should be rejected. The focus of the issue is removed from a decision about surgery to the quality of life a Down syndrome patient can expect. It is important to note at this point that the infant patient is unable, of course, to contribute to the life and death decision; it is up to his parents and physician to determine his future.

The third example given by Rachels has two scenarios, the first is about a 6 year old child taking a bath and if any thing happens to this child his older cousin would gain a large inheritance. So as the child is bathing the older cousin comes in and drowns the him making it look like an accident. In the second scenario the story is the same except for one minor difference, as the older cousin is coming in to drown the child, he notices the child slip and hit his head, which eventually causes the child to die. But all this time the older cousin was watching and did not do anything to help. With this example Rachel questions weather it is morally worse to kill someone rather then letting them die.

Although this example has no connection with medical issues, the link Rachels is trying to establish is that it is the intent and not the end result that is of utmost importance. The actual steps taken or avoided do not determine the morality of the situation. Instead, it is the motivation that led to those steps. Since the termination of treatment of a terminal patient causes the same result as a lethal injection, namely the death of the patient, the intention of the physician’s actions must be carefully looked at. If the intent is to relieve suffering, then the steps taken to reach that end are of little importance and have no moral significance. The principle of double effect is based on the intent of the physician and is considered to be morally acceptable. Could this principle then be used to defend a physician’s action of offering a dangerously high dose of a pain relieving medication that results in the death of a patient?

The conclusion of Rachels article concerns the doctrine in the Code of Ethics. His position regarding physician responsibility to the doctrine is decently covered. Rachels suggests that physicians should comply with the legal restrictions of the code, but ignore it when creating policies dealing with medical ethics.