

Euthanasia, Or Death Assisted to (Its) Dignity

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Motto:

*“The person who really loves me
will be the one who helps me die”.*

Dialogue from Alejandro Amenábar’s motion picture entitled *The Sea Inside (Mar Adentro)*.

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Abstract: The paper attempts to conceptualize the “ancient” issues of human death and human mortality in connection to the timely and vital subject of euthanasia. This subject forces the meditation to actually consider those ideological, ethical, deontological, legal, and metaphysical frameworks which guide from the very beginning any kind of approach to this question. This conception – in dialogue with Heideggerian fundamental ontology and existential analytics – reveals that, on the one hand, the concepts and ethics of death are originally determined by the ontology of death, and, on the other hand, that, on this account, the question of euthanasia can only be authentically discussed in the horizon of this ontology. It is only this that may reveal to whom dying – our dying – pertains, while it also reveals our relationship to euthanasia as a determined human potentiality or final possibility. Thus euthanasia is outlined in the analysis as the possibility of becoming a mortal on the one hand, while on the other hand it appears in relation to the particularities of its existential structure, which essentially differ from the existential and ontological structure of any other possibility of dying. This is why it should not be mixed up with, or mistaken for, any of these.

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I. Obstacles of thinking about euthanasia

Already in its original meaning the Greek term of “euthanasia” meant “good death”. However, the way in which people conceived death, or what they regarded at all as death, or especially “good” death, has changed continuously throughout the ages, cultures, and civilizations. To begin with, in Greek culture and philosophy, for instance, one of the basic and almost constant meanings of philosophy or philosophizing was the *meléte thanátou*, the actual practice of preparing oneself for a dignified death. This also renders the meaning of “good death” as it was

understood by the Greeks. In spite of this the Hippocratic Oath forbade even at that time the active participation of the physician in ending one's life.

In opposition to this, Christianity seems to refrain from its very beginnings from conceiving of any kind of "good death". The primary reason for this is probably not even the fact that it would reject the attachment of any kind of positive attribute – the attribute of goodness – to something as utterly negative as death. Much rather, the reason is that in Christian mentality death is implicitly and *sui generis* connected to the original sin, and therefore it is indeed impossible to relate it to any qualities of "good-ness". According to Old Testament Judaism and later Christianity, the "certain" death springs from sin, and it is nothing else than the payment, the punishment for sin. Thus it cannot possibly be anything that should be made better or easier.

Consequently, it is not so much the inner negativity of the act of dying, but rather its state of punishment which induces Christianity to essentially and *a priori* reject euthanasia. At any rate, this induces it more directly than, say, its convictions related to the sacred, divine origin of life or its reverence, as Christianity itself has eliminated quite some "lives" in the course of time, or even today any civilized Western army hardly ever marches into a war – that is *killing* – without the reassuring assistance of the camp ministers.

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It has become a bibliographical commonplace by now that the Greek word *euthanasia* was first used in early modernity in a medical-healing context by a philosopher, the Englishman Sir Francis Bacon in his study *The Knowledge of Man's Body*, where he formulated his personal opinion that a physician's task is not merely to restore health, but also to ease one's passage from life when the time has come. This is stated also in the title of a subchapter of this book: *De euthanasia exteriore*, which is distinguished, *within brackets*, from the spiritual preparation (preparation of the Soul) for death, for dying.¹ But why did Bacon use the Greek

¹ See: Lord Bacon's Essay Continued in Twenty Seven Chapters Translated from this Lordship's Treatise De Augmentis Scientiarum. By William Willmott, Volume the Second, London, 1720. p. 209-210 (<http://books.google.ro/books?id=ry8CAAAAQAAJ&pg=PA209&dq=Francia+Bacon+Euthanasia&hl=ro&sa=X&ei=VzVzT8-QPMfVsgbrynrDQ&ved=0CFoQ6AEwBw#v=onepage&q&f=false>) (Downloaded 30 March 2012) and even more precisely: *De euthanasia exteriore* : "Nay further, I esteem it the office of a physician not only to restore health, but to mitigate pain and dolors; and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage: for it is no small felicity which Augustu Caesar was wont to wish to himself, that same Euthanasia; and which was specially noted in the death of Antoninus Pius, whose death was after the fashion and semblance of a kindly and pleasant sleep. So it is written of Epicurus, that after his disease was judged desperate, he drowned his stomach and senses with a large draught and ingurgitation of wine; whereupon the epigram was made, Hinc Stygius ebrius hausit aquas; he was not sober enough to taste any bitterness of the Stygian water. But the physicians contrariwise do make a kind of scruple and religion to stay with the patient after the disease is deplored; whereas, in my judgment, they ought both to enquire the

word *euthanasia* in a text originally written in Latin when there had already been several books written in Latin, and also translated into other languages, about the Christian meanings and “practices” of “good death” (*mors bona*) and the art of dying (*Ars moriendi*)?

Most importantly, Bacon must have tried to emphasize the human-bodily as well as the medical aspects of things and thoughts connected to this issue, focussing meanwhile not so much on the questions of a Christian’s preparation for death, but on the actual problems, pains, sufferings of dying. Also, possibly with regard to the fact that in matters of dying and agony the ruling Christian mentality of the age was not so much interested in the sufferings of the dying person but much rather by the fact that, as a result of “constitutive” human weaknesses, these pains and sufferings can be a doorway for the workings of the devil. Who, of course, is lurking, ready for action, especially in real moments of crisis, such as dying. These must be fended off by appropriate, step-by-step practices, in order to reach salvation, which is highly dependable on the events of the last moments before one’s death.¹

skill and to give the attendances for the facilitating and assuaging of the pains and agonies of death.“ In Francis Bacon, *Selected Writings*, with an introduction and notes by Hugh G. Dick (New York, The Modern Library & Random House, 1955), Book 2, 277–278. and: “... etiam plane censeo ad officium medici pertinere, non tantum ut sanitatem restituat: verum etiam ut dolores et cruciatus morborum mitiget: neque id ipsum solummodo, cum illamitigatio doloris, veluti symptomatis periculosi, ad convalescentiam faciat et conducatur; imo vero cum abjecta prorsus omni sanitatis ipse, excessum tantum praebat e vita magis lenem et placidum. Siquidem non parva est felicitas pars (quam sibi tantopere precari solebat Augustus Cesar) illa euthanasia; quae etiam observata est in excessum Antonius Pius, quando non tam mori videretur, quam dulci et alto sopore excipi. Scribitur etiam de Epicuro, quod hoc ipsum sibi procuraverit: cum enim morbus ejus haberetur pro desperato, ventriculum et sensus, meri largiore hausto et ingurgatione obruit; une illud in Epigrammate:Hinc Stygius ebrius haustit aquas (vino felicitet stygii laticis amaritudinem sustulit). At nostris temporibus, medicis quasi religio est, aegrotis, postquam deplorati sint, affidere; ubi meo iudicio, si officio suo atque adeo humanitati ipsi deesse nolint, et artem edificere et intelligentiam praestare deberunt, quam animam agentes, facilius et mitius e vita demigrent. Hanc autem partem, inquisitionem de euthanasie exteriori (ad differentiam ejus euthanasia quae animae preparationem respicit) appellamus, eamque inter desiderata reponimus.” Source: Francisci Baconi, Baronis de Verulamio, *De Dignitate et Augmentis Scientiarum dans Novum Organum* (1623), Wirceburgi, Jo. Jac. Stahel, (1779), 292–294, <http://books.google.ca/> (source: http://agora.qc.ca/thematiques/mort.nsf/Dossiers/Euthanasie_Terminologie: Francis_Bacon, (downloaded 30 March 2012), and Ian Dowbiggin, *A Concise History of Euthanasia: Life, Death, God, and Medicine* (Rowman & Littlefield Publishers, Maryland, 2007), 23–24. <http://books.google.ro/books?id=CNigO7gMGkUC&pg=PA23&lpg=PA23&dq=euthanasia+and+Francis+Bacon&source=bl&ots=Q2vOF69Ei5&sig=wqOR8gNiWYVZPZz5PWQv5> (downloaded 30 March 2012)

¹ It may suffice to mention: *Ars Moriendi ex variis scripturarum sententiis collecta cum figuris ad resistendum in mortis agone diabolicae sugestioni*, ed.. Johan WEISSENBURGER, (Landshut, 1514). [http://www.digitale-sammlung.de/~db/0001/bsb00011658/images/FIDES Digital Library](http://www.digitale-sammlung.de/~db/0001/bsb00011658/images/FIDES_Digital_Library) <http://digital.fides.org.pl/Content/525/page1.html> (downloaded 5 April 2012), or a Hungarian edition, Frances M. M. Comper, ed., *Ars Moriendi: A meghalás művészete*, trans. László Virág (Budapest: Arcticus, 2004). Both of these clearly prove that

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It is also true however, that “euthanasia” was used in the Nazi Germany as an excuse for unimaginable genocides. That is, in this country the mentally or physically disabled people or those suffering from degenerative illnesses were simply gassed in the name of “euthanasia” and in reference to “racial hygiene”,¹ as “lives without life-value”. This is why Germans are still reluctant today to call the subject of this paper “euthanasia” in their own language, choosing to use the term *Sterbehilfe*, or more precisely *aktives Sterbehilfe* instead.

Presumably it is because of similar reasons that the Hungarian language also bewares of the term “euthanasia” and in its stead uses the term “gracious death”, much more condescendingly than the German *Sterbehilfe*. An expression, that is, the meaning of which, instead of validating certain ontological situations or contingent “rights”, explains such a death – such dying – as a benign and condescending practice of some kind of “grace”... However, the situation is quite similar in English as well, as shown by the term *mercy killing*, which also denotes something merciful, gracious, or an act of benefaction – and what is more, it also means “killing”...

These terminological inconsistencies, groping hesitations and ambiguities are in fact very telling in their own ways. They betray the fact that, despite the ancient, original, and universal nature of the phenomenon of death, we people have failed to face from the very beginning the serious and manifold possible complexity of death’s particular potentiality and its also particular pertinence to us, people. This situation is probably the explanation of the fact that we hardly have any **words** even today to express and conceive of that what the ancient Greek name of euthanasia tried to paraphrase. This happened even then in multiple directions, because of which the term still stands in the wide and contradictory polyvalence of its history, so much so that it is almost impossible to attribute some kind of deep and particularly outlined meaning to it.

The major problem apparently is that in our languages any kind of “privation” from “life” mostly, directly, and simply qualifies as “killing”. And the term “killing” primarily means “the act of killing” in reference to a generally understood human or even *animal* “life”...² With no regard whatsoever to any kinds of circumstances – for instance, the quality of life, etc.

Clearly, under such conditions, euthanasia, despite all its endeavors to goodness, inevitably remains only a kind of “killing”, that is, a kind of negativity and negation which is related to the indissoluble negativity which dying is to us. In this way euthanasia – inevitably and necessarily – seems something which hurries to present itself in a deceitful and definitely suspicious way as a kind of “good killing”!

Nonetheless, the penury of language always hides the penuries of existence and, naturally, of thinking! That is, it hides existential and historical insufficiencies,

the primary stake of the Christian care for dying – or, more precisely, the dying person – is to fend off the “suggestions”, temptations of the devil, and nothing else!

¹ Cf. Philippa Foot, “Euthanasia,” *Philosophy and Public Affairs* 2 (1977): 85–112.

² Cf. *A magyar nyelv történeti-etimológiai szótára* (Hungarian Language Dictionary of Historical Etymology), ed. Benkő Loránd (Budapest, 1967).

more precisely, the insufficiencies which occur in a man's *history of existence* as he faces his own mortality and death. In fact, it grasps and formulates in a most radical and serious way precisely the Heideggerian statement that the man is still not a mortal even now and even today, although his life is finite, so he always dies. Actually, what is primarily implied here is the fact that in the course of millennia the man has mostly thought of (his) mortality or (his) death without considering his own dying.

Therefore, the reason why we have *no words in our languages* by which we can conceive of "euthanasia" in a serious, open, and indeed consistent way is that we are still lacking the essential conception of the act of dying – the factual finiteness of human life! It is by this that we humans – that is, "conscious" beings with a finite life – could actually *enable* for ourselves our (doubtless) mortality, (our) death, and especially (our) dying.

In spite of this people generally still think of death as a kind of usually confusing termination of life. That is, as the end of life. It is only in this aspect that there is any sense in speaking about a "good death", of something, that is, which is supposed to end a "good life" in a "good" way, or which, by its peculiar kind of **pertinence to life** (by the very ending of it) deserves some kind of special attention. And which, therefore, can or must be "good" in itself, in its own nature.

However, as far as the recent **actuality** of the problematic theme of euthanasia is concerned, it is multiple even today. The most ostentatious is in this case too the fashion- and journalism actuality of the subject. We see almost daily that the yellow press and all kinds of "media" strenuously pick up, as if in a campaign, all the cases of and references to euthanasia, about which, certainly, all mentalities and the representatives of all the institutions and organizations "embodying" them express their irrevocable and unflinching standpoints and declarations. However, the mediocre voices of all these standpoints also intrude into the theory of the question, to such an extent that they usually define and outline it.¹

Still, this is not why we are interested here and now in the problem of euthanasia. But, simply and concisely, re-emphasizing the problem in a first person singular form: *I am interested in the subject of euthanasia because I know and fear myself to be mortal, and naturally those too, who stand close to, or on the contrary, quite far from me!* Primarily this is why, *as far as possible*, I wish to understand the problem and subject of euthanasia, which, I repeat, is not one "outside" me, but one which belongs into my world as a heavy and oppressing *potentiality*.

Then, because of this, the expression "as far as possible" used above should be understood literally, as it supposed to mean that I will try to grasp my death or death in general as a particular, yet at the same time effective **possibility**, pertinent to myself and my world, by the possibility and challenges of euthanasia.

¹ One of the most telling examples in this respect is Raphael Cohen-Almagor's book: *Euthanasia in the Netherlands: The Policy and Practice of Mercy Killing* (Boston, Dordrecht, London: Kluwer Academic Publishers, 2004), 195.

II. Thinking and inquiring euthanasia...

In fact, euthanasia itself is, above all, a *possibility*. As such, and as all possibilities: it is *questionable*. That is, euthanasia should not only be accounted for as only a “potentiality” or “virtuality”, an accidental, yet actual “possibility”... but it is essentially questionable, as a consequence of its particularly outlined potential nature; or rather: it actually is a *question*, what is more: an *existential question*!

But, in the end, *whose* question is the question of euthanasia? Who else’s could it possibly be than the mortal man’s? That is: whose question could the question of euthanasia possibly be than that of the being who, while existing, questions himself, his own existence – and thus necessarily his own death as well – **by** this question? And who, because of this, by the peculiar problematic nature of death, discloses, outlines, weighs and sketches for himself the questionable possibility of euthanasia. I repeat: expressedly as a question.

There are several reasons why the case of euthanasia has only recently – mainly after the Second World War – become an unavoidable center of interest. It was exactly this period when the circumstances of the ending of people’s lives – *recte*: their *dying* – have considerably changed. Primarily, due to the development and spreading of medical care and public sanitation, in parallel with the increase of general living standards, the people’s average life expectancy has considerably increased. Additionally, there have been important changes in the reasons of dying as well as the structure and ways of dying. While in the 1940s most people died as victims of acute illnesses or accidents, today the major reason of the death of most people in the civilized countries is chronic, that is, long-lasting and evolving-degenerative illnesses,¹ which, naturally, also influence the quality and dignity of aged people’s lives. Thus, for instance, the reason for half of the suicides of people in their 50’s, and 70% of the suicides of people in their 70’s has been identified to be the suffering caused by chronic diseases, and the loss of any kind of perspectives and dignity connected to it.²

As a consequence to all this, recently *dying itself* has increasingly become the focus of thinking, mentality and care about death. More precisely, the focus is on *how* and *when* we/people die? These questions are entangled into more and more emphatic and unavoidable challenges for all the traditional modes of dealing with death,³ including their dominance defined mainly by mentality. This shows in fact

¹ See: Rommel W Meckelprang and Rommel D. Meckelprang, “Historical and Contemporary Issues in End-of-Life Decisions: Implication for Social Work,” *Social Work* 50 (Oct. 2005): 315–325.

² *Ibid.*

³ The discussions connected to euthanasia and “medically assisted” suicide became harsher following the legalization in 1997 of the “medically assisted suicide” in the state of Oregon, and in 2002 the acceptance of euthanasia in the Netherlands and Belgium. The analysis of the application and effects of these laws is going on today, in parallel with possibilities of extending it to, e.g., incurable diseases which cause unbearable suffering and certain death, to infants born with serious handicaps, and to underage children. Moreover, the jurisdiction of the European Union prioritizes the harmonization of national laws on euthanasia with the European laws in formation. See also: Sissel Johansen, Jacob Chr. Holen, Stein Kaasa, Jon Havard Loge, and Lars Johan Matersvedt, “Attitudes toward, and wishes for, euthanasia in

the extent to which traditions in their actual novelty are able and willing to accept the “bio-ethical”, medical, deontological, and especially “thanatological” problems occurring in this way, and again, to radically rethink the problem of death urged or compelled by these traditions.

Euthanasia – as mentioned above – is primarily, still, a possibility. A possibility, which is particularly articulated within the particularly human and present – at the same time ontological and existential – possibility and potentiality of death. Meaning, in the late Heideggerian terminology, that euthanasia is exactly one of the particular, determined, and factual possibilities of “*becoming a mortal*”.

As such, obviously euthanasia is primarily a possibility connected directly to *dying* itself. And “within” this, to *how* and – indirectly – to *when* do we die? Thus not even the mere name of euthanasia can be conceived without the conception of a thematic *anticipation* of (one’s own) death – or, more precisely, dying. Actually, euthanasia articulates nothing else than *death pertaining to the dying person as his own*, usually together with its whole, seriously and effectively oppressive and problematic nature.

Hence euthanasia is a disputed possibility. The most common debates primarily concern various ethical (including also deontological) and ideological, and in strong connection to these, legal and political issues,¹ often in a philosophical approach. However, the exclusively ontological-existential approaches are almost completely missing.

Nevertheless, it is quite problematic to see from the very beginning the extent to which these ethical, deontological, ideological and political approaches are aware of *their own* original and ontological *determination* by death. Even more problematic it is, however, to see in what degree they acquire, interiorize and validate their original, radical, and once again, ontological determination by death.

advanced cancer patients at a palliative medicine unit,” *Palliative Medicine* 19 (2005): 454–460.

¹ The politicians of the legislative bodies are in fact always dependent not only on the automatic constraints of their own ideological convictions, but also on the prejudices of *public opinion* – manipulated by all kinds of influences and continuously determining the results of elections – which they mostly have to take into consideration. However, it is important to be aware of the fact that this public opinion is actually completely prone to change and formation. The opinions of public opinion do not spring from themselves, but they are cultivated and bred! It is this kind of breeding of opinion in which the public ideas are formed and thrive according to which the possibility of euthanasia is a kind of – naturally “unnatural”, “superficial”, and “intolerable” – liberty in relation to the ways of dying similar to the naturalness of the liberty with which people choose, say, the street-car that they take... “Naturally”, no word is spoken about the fact that – as opposed to street-cars – death cannot be chosen or changed, nor transferred... The only thing which could be chosen to some extent is the way it should happen... But even so the well-bred public opinion usually pictures euthanasia as if it meant that, let’s say, on gloomy Sunday afternoons the people more depressed than usual are assisted in a nearby euthanatological bistro to pass over all the difficulties of life for a reasonable price or directly as a social insurance service... However, despite all this, the surveys frequently show that the decisive majority of people support some modality of euthanasia.

However, beyond its direct existential – that is, directly *vital* – importance, the actual philosophical distinction of the question of euthanasia primarily stands in the fact that it can return ethics, law, ideologies, philosophies and naturally the people dealing with these *to the roots of the effective and essential ontological origins lying in their own deaths, in human mortality!* And, obviously, to the explicit historical unfolding and acceptance of this origin.

At the same time, this recognition may lead to the admission of the fact that this origin can never become completely surmountable or manageable for any kind of ethics, deontology, legal system, ideology, etc. On the contrary, it is only the exclusively philosophical examination of this origin which can provide that historically changing, appearing, and always re-questioning disclosure on the basis of which all these existential regions, again continuously questioning, can now truly re-connect to their actual historical (ontological) roots and origins. Also, with the additional possibility or perhaps necessity of the recognition that in the course of the analysis of the ontological roots of euthanasia it is not “life in general” that one should initially start from, but *death*, respectively its *pertinence to life* as specifically – one’s own – *dying*.¹ Euthanasia is connected to nothing else than precisely the *life just dying*, and to the peculiar “experience” of dying; more precisely: this is exactly what euthanasia means! Because it is *not life*, but the *living* what dies, and only thus does the perspective of the *death of life* have its gravity and articulated meaning.

Therefore the ontological-hermeneutic specificity and basic situation of euthanasia is the ontological specificity of the life and the living being just dying or reflecting upon – usually his own – dying. That is, we are not speaking about the “conceptual” – and mostly contrary – specificities of a general (conceptual) “life” or an also general (conceptual) “death”, the various definitions of which (ethical, deontological, legal, ideological, etc.) we would then try to sort out. Instead, we are speaking about the recognition that it is only mortal beings for whom the rules, the “imperatives”, or any kinds of duties or problems of relationships have a meaning or a real weight in advance! Referring of course to both the observance and the violation, and accordingly the rewarding or punishment of these.

In opposition to this, at a closer look one might see that the term “immortal”, which for some reason always comes up in connection to “death”, necessarily has in mind something which – at least according to definition – is *untouchable* in reference to the existence of the living. So a more thorough analysis of “immortality”, also because of more traditional metaphysical reasons, would do no harm.

A “lifeless” dead can only be someone who had previously lived. Stones, though lifeless, are not dead. Consequently death and the lifelessness of death also pertain to life, naturally, as the loss of life. Well, the case with immortality is somewhat similar.

This is so because the so-called metaphysical “eternal beings” (*aei ontá*, as Aristotle calls them) are not necessarily “immortal” as well. It could well be that they had never been alive – that is, they never live. Immortal can only be something which has been alive and which is consequently still alive continuously and/or

¹ And not from some kind of framework-like “right” for “self-determination”.

eternally. Such a thing is called “immortal” because we think of it as something which is – while alive! – deprived of death. That is, as something which, eternally-living – is. It is therefore the being-alive – more precisely the “sheer life” – of such a thing which does not “depend” on, and cannot be touched by, anything. Its being-alive is thus in no way connected to Nothing.

This way the undestroyable and unbreakable How-being of everything which is “immortal” can necessarily, primarily and completely be nothing else at all than *indifferent*! That is: it could be “this way” or “that way”, or it could also be “like this” or “like that”, but all these can only be *incidental* and actually only *indifferent* possibilities. But these could never be real and thus serious (*alive*-) *existential possibilities* connected to its being-alive within its existence, such that would deeply and hazardously influence its being-alive in an existential way...

Nothing can ever present any risk for the life, the being-alive of something immortal. Its eternal, deathless, being-alive life cannot be put to risk even by itself. Everything – how it is, how it is like – is utterly, existentially and necessarily weightless or indifferent to it – everything that we, people would refer to as “immortal” in a quite thoughtless way. Because everything immortal exists in such a way from its very beginning that it always is (alive). Actually, it is always impossible for it not to be alive, or to be not alive. Regardless also of How? it is alive... always ... or rather ... just...

In a serious way of thinking: no other definite quality can be conceived as related to the immortal than a kind of constant – that is, in fact eternal – living quality. In opposition to this, *any kind* of (other) qualities can be related to it at *any time* on a constant – that is, eternal – basis... That is, only incidentally and only weightlessly... and in the end with a tracelessness and weightlessness of existence that disappears into eternity, into the eternal being-alive.

Therefore any kind of “striving” of such a thing to justness or rightfulness – and especially the “constancy” or “regularity” of such strivings – is completely incomprehensible and meaningless, too – if not an absurdity!

At any rate, the immortal is completely and eternally “on this side” of any “good” or “evil”, “fair” or “unfair”, “right” or “wrong”, etc. And it cannot ever possibly reach them – it can never reach beyond “good” and “evil”. That is, not only is it impossible for it to stand at the basis of ethics, legal systems, ideologies, etc., but it cannot even judge those. Because, in a nutshell: it has no possibility to become mortal! Not even as an accidental eventuality!

Therefore things like “ethics”, “deontology”, “law”, or rightfulness only have meaning, weight, significance and accessibility for entities which, as a consequence of their existence, are also somehow forced to have a meaning, a weight and some significance to the quality of their lives. Those entities which are mortal and can die!

Meaning is also created of course by interpretation, and all interpretations are actually projections upon the possibilities. The horizon of the possibilities is most deeply disclosed – in a questionable and factual way – by the possibility of *impossibility*. And it is also factually and questionably articulated by the same thing: namely, by death itself.

Death and dying deeply articulate thus, in and from the depth of existence, all kinds of ethics, ideologies, deontology, law, politics and, what is more, also philosophy and metaphysics with an ontological reference to their origin and meaning, although in a non-thematic way. And it does not harm ethics, legal systems, ideologies, politics, deontology, and of course metaphysics to be aware of this. Especially at a time when they judge death from above – that is, their very basis, source and roots!

Naturally, the meditation on euthanasia could be a distinguished occasion of applied philosophy to acknowledge these aspects. And these recognitions ought also to guide the commentaries on euthanasia.

Our approach to euthanasia depends in fact on the ontology of death, that is, the factual metaphysics of death, and only indirectly and secondarily on how it can be fitted into the *a priori*, ready-made and hardly questionable frameworks of certain ideologies, metaphysics, ethics, deontology, or legal systems, or their current “developments” and “updates”.¹

III. The ontological metaphysics of death and euthanasia

The ontological, existential and hermeneutical placement of euthanasia is thus primarily defined by the “parameters” of the approaches discussed above. It also belongs to this same placement that – as previously mentioned – euthanasia is also a directly *thematizing* advancement to the also thematized death, understood directly as (one’s own) *dying*. Which is thus revealed and reveals itself in its existential closeness and definite pertinence to that what advances, as directly and clearly its own death. The How? and – derivatively – When? of which is not indifferent, as this very “thing” forms the problematic subject of a decision connected to these questions!

There is thus no kind of “negation” of, and no “turning away” or fleeing from death, as here we are clearly speaking about a mortal human being, who is usually dying. That is, it is not merely – or generally – someone for whom, although aware of the finiteness of his life, the name of the end of his life remains a “concept”, the concept of death which does not – or may not – necessarily mean his own dying as well...

In this way euthanasia is an advancement or projection not “generally” to death or the particular potentiality of death, but much rather to *one’s own imminent dying*! So, actually, euthanasia is an articulated advancement and protruding projection of one’s own dying, which at the same time “brings forth” (one’s own) dying, while it stands face to face with it (its own dying), grasped by it.

In this respect euthanasia seems to only achieve that which – also seemingly – is about to happen anyway (and also soon). A dying man’s state of dying, of being in the final stage means in fact: to be in dying, to be just dying... Since euthanasia, technically as well, means the medical or medically assisted intervention by which an incurable and physically and/or psychologically and/or existentially seriously

¹ So it must be noted here that euthanasia pertains to the ontology and metaphysics of death and dying *without* the ontological and theological sketches of, say, the ideas of natural law.

suffering human being is quickly and painlessly put to death on account of piety or the interest of the dying person.¹

This definition refers of course to the real, willingly intended, so-called “active” euthanasia, that is, that form of euthanasia which – incorrectly – is called “medically assisted suicide”. Beside this form, there is an indirect, passive kind of euthanasia² – also technically speaking – which primarily consists in the ignoring or interruption of certain otherwise possible medical procedures.³

However, euthanasia is in the first place that active or passive medical procedure which is initiated or “failed” on the specific request or decision of the diseased. The definition must be completed by the fact that such a request or decision implicitly reveals the overwhelming and unbearable physical, psychological, or cognitive-existential sufferings of the (incurable) diseased, as well.

It frequently happens however that this request or decision is not made by the diseased, but by one of his or her relatives or an authorized person, as the diseased is unable to make decisions or – as in case of underage children – is legally not “competent”. This may indeed imply several ethical, legal, and deontological problems, but the ontological and existential significance of the subject is still the fact that it bears witness to the mortality of the “environment” as well. It is in this respect that the connection is made between the existential decision and the personal death of a dying person unable to make a decision.

From this point of view the second philosophical-existential distinction of the thematization of euthanasia lies in the fact that the question of euthanasia always implies and asks the question of the “mortality of the environment”. This is so precisely because in order for euthanasia to happen, the person who needs it will always require the assistance of other people. These people can only consider and undertake authentically the unique meaning of the actual request if they project and anticipate it to mortality in general, and indirectly to their own mortality and the similar possibilities of their own death.

Thus, if euthanasia is an explicit possibility and way of becoming a mortal, then it does not only mean and imply the mortality of an isolated “individual” or an “Ego” closed within itself, but also the mortality of a world structured in a definite way and latitude!⁴ In any case: it is now merely death and dying itself which can be grasped as unavoidable and imminent in euthanasia, but also its provisioned modality, as well as the anticipated time of dying! Precisely of *this* death, *this* dying

¹ See: Enikő Školka, *Aspecte ale asistenței bolnavului aflat în stadiul terminal – Posibilități, limite și dileme fundamentale* (Aspects of terminally ill patients assistance – Possibilities, limits, and fundamental dilemmas) (Cluj-Napoca, 2004), 23.

² Anita Hocquard rightfully notes that such kinds of “classifications” usually initially correspond to ethical and legal criteria, therefore it is doubtful whether it is possible at all to clarify the ethical and legal state of things on the basis of these. Even more so because these criteria can be understood differently in different cultures or countries. See: Anita Hocquard, *L'euthanasie volontaire* (Paris, 1999), 11.

³ See: Školka, *Aspecte ale asistenței...*, 109–110.

⁴ In this sense the “theoretical” or some initially decided legal, deontological or ethical restraints of euthanasia always reveal the problematic nature of the mortality of this legal, deontological, or ethical world!

of *this* particular person and of his or her human life, and the possible human dignity pertaining to his or her (present) being, or more exactly the well-defined universality – that is, the reflective reference to the world – of this pertinence. This means a human dignity which receives a special emphasis by the human universality of death in the very act of dying. Because here we are never speaking of a temporary loss of dignity, but of a kind which involves the termination of life and as such it existentially reflects back– meanwhile! – on the entirety of life.

These are the issues raised – though rather externally – when discussing the problems connected to the insurance of the right to death beside the right to life. If we seriously grasp death as a special something connected to life – that is, life’s actually experienced end –, then the dignified ending of human life pertains indeed to the humane dignities of human life. Or at least should pertain!

Euthanasia is thus first of all a possibility. This also means that it has no “unconditioned validity”. It is not and indeed cannot be the exclusive and “universal” way of dying. Nevertheless, euthanasia is essentially such a possibility which is articulated within the particular ontological-existential potentiality of death. Again specifically, of course.

Death’s particular potentiality has probably been revealed and analyzed in the philosophically most serious and clear way by Martin Heidegger. According to him, the first existential and ontological particularity of the potentiality of death is the fact that the possibility of death is a **certain** possibility. It is impossible that it might not be, that it might not happen... Thus death is also an *intransgressable* potentiality.¹

In the knowledge of all these it is clear however, that by euthanasia one actually grasps or reveals both the certainty and the unavoidability of death, while there is a quite well articulated effort to diminish or even eliminate the *indefinedness*² of death. Actually, even according to Heidegger the indefinedness of death’s potential nature directly refers to the fact that it is exactly the time of death which is undefined and usually also indefinable, too. In relation to this Heidegger primarily suggests that in everyday reality – exactly because of this actual indefinability – the *Dasein* tends to *escape* death and the definition of the time of death... But if euthanasia really and exactly means expressed decision over, and action towards, the modality of death, then it necessarily touches upon the anticipated time of dying as well, in a rather articulated or “predictable”, and indeed “calculated” way.

That is, the potentiality of death articulated through euthanasia in the possibility of dying retains and strengthens its certain and unavoidable nature on the one hand, while on the other hand it eliminates its indefinedness, with reference to both the time, and primarily the modality of death! This way euthanasia can never be regarded as a kind of *inauthentic* or “escaping” relation to death, which should not be “regulated” but only prohibited comfortably and punished...

¹ See Martin Heidegger, *Being and Time*, Translated by John Maquarrie and Edward Robinson (Oxford: Basil Blackwell, 1973), 294.

² *Idem*, 295.

On the contrary, euthanasia is precisely the explicit acceptance of the *unreferentiality*¹ of the particular potentiality of death. Because the person or persons who make the decision stand indeed at the termination of life² as a defined and factually final potentiality – and as an explicit “ability of being”. Which, above this, must be “taken onto himself alone” as exactly dying! - with a clearly outlined unambiguousness.³

At this point “death does not only “belong” to its own *Dasein*, but *lays claim to it as to a singularity*.”⁴ Here one’s own death is also revealed and *accepted* as the *most particular* potentiality,⁵ which pertains explicitly to the dying person (to myself) in general.

The unreferentiality of death and dying, as well as the related circumstance that death lays claim to the *Dasein* as a “singularity” does not mean at all – and neither does it for Heidegger – that it might not have any kind of *interpersonal* meaning or significance... On the contrary!

But these interpersonal meanings cannot influence or eliminate that basic and essential reference to myself that it is only I who can and must take my own death and dying upon myself, and I cannot under any circumstances transfer it to anything or anybody else.

That is: I have to take my death upon myself as exactly dying. Such thing happens of course in those existential modalities of self-anticipation which directly thematize and validate it, such as, for instance, the testaments and decisions connected to a possible euthanasia or “more innocent” burial ceremonies and modalities.⁶

But on what basis can such testaments or testament-like decisions be *actually* applicable for *others*, involving and even *compelling* them? Is it not so that even the legal validity of testaments originates from, and prevails only and solely on the basis of the above discussed ontological foundations? On what basis would the others, the caretakers accept as valid my last wishes related to my own dying – or euthanasia – or simply the “organization” of my own funeral if not on the basis of their acceptance and recognition (though “interpersonally”) of the fact that this issue – my death, my dying, and the related problems – essentially, although not exclusively, *pertain on(to) me*?! And also on this account would they feel – probably painfully, overwhelmingly, yet essentially – compelled to utmostly fulfill and comply with my dispositions and decisions!

¹ Ibid.

² Idem, 295–296. The Heideggerian analyses presented here also show that even Heidegger did not confer an adequate and specific existential analytical potentiality to the particular problem of dying itself. This can be explained mainly by the fact that Heidegger primarily – and rightfully – tried to prove that the *Dasein* should not actually “become mortal” only in this final and “incurably ill” stage of its life, but with regard to its own possible complete existence.

³ Idem.

⁴ Ibid.

⁵ Ibid.

⁶ That is, to be buried where, how, in what state (e.g., burnt, cremated, or not), with what kind of – “secular” or “religious” ceremonies or with no ceremonies, etc.

Hence derives, primarily and precisely, the most significant conclusion, that after all also the so-called interpersonal references related to death, to dying, can only be determined in fact based on, and in terms of, the otherwise universal ontological *nonreferentiality* of death, of dying! Exactly “interpersonally”! So, in essence, this is what determines the *imperative* character – for others: the doctor, the thanatological caretaker, the notary, the lawyer, the close relative etc. – and also the essential validity of the – nonreferential! – choices and decisions of the dying person, related to (his or her own) death. This, rather than a “valid” moral customary system or juridical system of regulations. And this is reacted to and “epiphenomenalized” e.g. by the general respect for the “unconditioned” validity of the wishes expressed on the deathbed!

Thus, dying itself is, on its own, *nonreferential*... hence, the decision related to it of the mortal or dying person bears a special and real *interpersonal* significance, validity and structure, also for *the other(s)*, – mainly for the close people, for those around him or her (e.g. caretakers, doctors, family members etc.). Otherwise, such a thing would rather be some kind of “negotiation” – remaining “external”, at least partially, anyway. Instead, the matter is that it is not possible to pay regard to such – disposing – decisions and to remain in a mere relation of non-involvement with them!

And this is the same reason why, in the case of incapability of decision-making, it is the interpersonality of close relatives that is put in charge of making such a decision, as it always and concretely manifests and represents a *phronesis*-like form of biographical interpersonality. A form of interpersonality which, based on, and in the sense of, the nonreferentiality of the dying person, and, on the other hand, stemming from the biographical relatedness, thematically gains existential – thus not necessarily “legal” – *right* and ground for him/her or them to assume and to make the decision, as well as to achieve – depending on the possibilities – that the respective decision should then be really and actually performed as such.

IV. Euthanasia and interpersonality

However, the interpersonality that is necessarily constituted under the circumstances of euthanasia is certainly not restricted to the above mentioned references. Moreover, it is mostly factually related to the person who “carries it out” or assists it.

In relation with this, it is important to repeatedly emphasize the fact that also this interpersonality is completely, expressedly *reflective*! As the authenticity condition of such factual interpersonality is that these people – also personally! – should be in a relationship, endeavoring to authenticity, with *their own mortal nature*, with their own death, expressedly and factually foreshadowed as dying – though not “current” for the time being! It is only in this context that they can actually meet and *understand* the other, dying person’s claim of euthanasia!

In this respect euthanasia means – in this basic sense – nothing else than a determined *meeting* of existences in their own – and each other’s – mortal nature, which is certain, unavoidable and never controllable in advance – and, because of this, nonreferential! Euthanasia is a meeting, in which all of them, all of us must expressedly and actually become “mortal”.

This is why the “decision itself” – especially the final decision – never derives from the framework of the external, already existing – or nonexistent – legal, deontological etc. dispositions, but only from those ontological-existential sources from which, in a concealed, invisible, not openly assumed manner, any kind of regulation stems, and from which these acquire their actual validity and authenticity.

Certainly, this does not mean at all that the people taking part in the decision-making and in its community-meeting, which always proves to be interpersonal, with respect to its final condition – because of the radical differences of situations and “roles” –, should be present with equal importance! After all, always, only the death of “one of them” is in question at that moment!

It does not mean either that merely externally codified “deontological” obligations of other people (e.g. the doctor, the close family members etc.) could be assigned to the externally outlined personal rights – let us say, to the right of the frequently debated “dignified death”.

On the contrary, we should rather speak here about an essential, substantial, qualitative *meeting* of personal rights and obligations, as, when the right to dignified death is in question, then we do not only – and never! – refer to the right of the dying person claiming his or her right to euthanasia, but also to the personal involvement of the doctor or the codifier as well. On the other hand, as we have already mentioned, it should also be discussed that euthanasia – occurring as an interpersonal question – also implies unavoidably the outlined possibility of everyone’s attitude, whether authentic or not, to their own mortal nature and their own dying. And this personally involves the other person, the doctor or the close relative.

This is why it is basically wrong to place the medical deontological question and, together with it, the doctor’s person in the centre of the so-called “problem of euthanasia”.¹ As no one else should be in the focus of the question of euthanasia but the dying person claiming his or her dignified death through euthanasia!² The one who is helped by euthanasia to die under circumstances of supposed dignity.

¹ Not to mention that in this way the person of the “doctor” also remains totally abstract. As the possible “executor” of euthanasia is mostly not “any kind” of doctor – e.g. not a dentist, not a dissector, not a plastic surgeon etc. –, but primarily one who is specialized – by the way, based on his or her own *decisions* – in the treatment of those diseases, in the case of which the occurrence of incurable cases is very likely, or which, according to the present state of medicine, are considered as incurable. And the treatment of which is not curing, but only the treatment of symptoms or experimental research. On the other hand, it is also problematical whether the deontological considerations are themselves automatically moral. As the codifications of the deontological considerations formulate their regulations in an *abstract, impersonal* way, in this way their agent is a general executor rather than a particular medical expert who pursues his or her profession in a personal concrete manner.

² It was Cecília Lippai’s Master’s degree dissertation entitled *Eutanázia, jelenvalólét és necro-philía (Euthanasia, Dasein and Necrophilia)* that most convincingly drew my attention to the fact that it is mistaken to place the person of the doctor and the deontological questions in the focus of the matter of euthanasia (manuscript).

In any case, the debates and considerations related to euthanasia must/should in fact be only and exclusively oriented by the considerations related to the specific ontology, existentiality and metaphysical facticity of death, of dying. As this – and only this! – can reflect on the questions of *who death belongs to*, how one belongs to his or her own death, and how one's own death belongs to one's own self.

Certainly, such an approach also determines the areas and possessors of competence of the “decisions” related to death, to one's own dying! In short: actually and primarily everyone, anyone can make ontologically and existentially “grounded”, and in this way interpersonally meaningful and valid decisions, exclusively related to their own death, to their own dying. The interpersonal validity of these decisions can only mean that in fact, in connection with the decision of the only competent decision-maker, the other people do not have and cannot have any other “ethical”, “deontological”, “legal” etc. responsibilities or pondered obligations, than putting it forward – also taking into account and weighing their own mortal nature. Even in the form of not interfering into the – momentary, as we cannot speak of any other form – impeding of the person's death.

This is what the actual competence of any “death-ethics”, “thanatological deontology” and legal codification endeavoring to authenticity is – essentially – confined to, and beyond this, only restricted to prevention from the possible abuses of euthanasia.

However, the possibility of abuses of the euthanasia is not a reason for refusing it. But of course neither for accepting it. Especially as such a thing – in other words, “the abuse of euthanasia” – is not at all euthanasia, but mostly real murder. With respect to this euthanasia must also be regulated and controlled as well.

It is also here that we should include the so-called “pedagogical” functions of death. Regarding its “usefulness”, we people – also listening to the exhortations of philosophers – could at last accept death as our “master”. In other words, in these “functions” the regulators and the supervisors could assist also pedagogically, so that the human beings with a limited mortal span should anyway become really mortal. Including the present and future generations.¹ And us as well.

But the ethical worriers, the metaphysical thinkers, the deontologists, the legal experts as well as the fulminating propagators of ideologies – still – are mortal themselves. Sooner or later, by facing their own dying, they also have to account for their ethical, ideological, legal etc. “systems” – ontologically! – grounded by, and – again ontologically! – stemming from, death and dying.

¹ As far as thanatological education is concerned, it equally refers to the work to be carried out in any kinds of educational institutions, schools, universities ... Including the training of “professionals” as well, as “taking care” of people being in the last stage of their lives requires special skills and competences, both on the part of professionals and close relatives. It is considered an educational task to inform, to provide counselling etc. for the latter ones. However, it also includes information and education by means of the media. In this respect, the endeavours existing for years, initiated by the BBC and the *Discovery Channel*, namely the broadcast of so-called “thanatological” films, are very interesting. These films have a scientific and documentary value, they are not just “popularizing” creations.

Especially as there is no immediate “sociological” relationship between the spreading of such a pedagogy – supported by more and more people – and the prospective statistical increase of the claims for euthanasia. As this “depends” more directly on several other factors, for example, on how many people get into the final stage of their lives, whose diseases cause sufferings that prove to be unbearable and unworthy of them etc....¹ Or on when, where and to what extent are the suffering, ill people informed on the nature of their diseases, on its actual “stage”, on the possible outcome of their diseases, and in connection with these, on the prospective consequences – again and essentially worthy of the patient’s “informed” knowledge –, which affect human dignity.²

¹ Although it is not advisable and not proper to get involved in “statistics” and “percentages”, still, we can mention that the research in this matter, carried out in the Netherlands, clearly proves that the change of the requests for euthanasia mainly depends on the efficiency of palliative care, that is, the efficient care of unbearable symptoms. (Of course, it is possible to carry out such “real” research in the Netherlands, as there euthanasia is permitted in a legally codified way. Of course in places where there are no such regulations or permissions, it is not even possible to study the matter of euthanasia. This also means that every ban on euthanasia actually results in the *lack* of its concrete study. As under such circumstances there is not what and how to study. What is more, beyond the “opinion inventories” such a thing perpetuates these situations.) See: Jean-Jacques Georges, Bregje D. Onwuteaka-Philipsen, Gerrit van der Wal, Agnes van der Heide, and Paul J. van der Maas, “Differences between terminally ill cancer patients who died after euthanasia had been performed and terminally ill cancer patients did not request euthanasia,” *Palliative Medicine* 19 (2005): 578–586. Other research led to similar results. See also: Johansen, Sissel, Jacob Chr. Holen, Stein Kaasa, Jon Havard Loge, and Lars Johan Matersvedt. “Attitudes toward, and wishes for, euthanasia,” 454-460.

² In several countries – e.g. in Romania, but not only here –, of course among widespread deontological worries, it is not considered as one of the medical obligations to directly and honestly inform the patient on his or her health condition. Of course, this is the case of incurable, degenerative diseases causing immediate death. “Information” is mostly restricted to informing the family members and close relatives, putting them, their insight and “competence” in charge of the possible information of the patient. Under such circumstances, of course, the “question” and “possibility” of euthanasia can emerge in a “specific” way. See also: Dominique Thouvenin, *Le secret médical et l’information du malade* (Lyon: Presses Universitaires de Lyon, 1982), 167–198. On the contrary, in the United States of America, in Canada, in Japan etc. it is a medical obligation to immediately and personally inform the patients, and one consequence of this deontological mentality has been the establishment and continuous development of the so-called *hospice-system*. However, this is not at all an “alternative” to euthanasia! Moreover, in this system not even the suicide of the patients was directly impeded. There it is previously made clear, who is the person empowered by the patient to make decisions related to the patient’s life and condition, in case the outcome of the disease should undermine the patient’s decision-making capacity. However, until then, the *hospice*-patients can record in writing their will regarding the circumstances under which no more treatments prolonging their lives should be started, or the existing “treatments” should be stopped. See: Školka, *Aspecte ale asistenței...*, 103–104. “By choosing the *hospice*-system, the patient accepts the unavoidability of his or her death, and accepts that there will be no more trials to stop the disease.” In: *Ibid.*, 103.

At any rate, what essentially distinguishes euthanasia from murder is that it is carried out on the basis of the decision of the actually dying person – on death’s doorstep, existentially advancing to his or her own imminent mortality¹ –, or on his or the empowered person’s expressed request – not only with his agreement, but actually on his determined initiative. As opposed to murder, euthanasia suspends by no means the possibilities of a nonreferential facing of one’s own death.²

What essentially distinguishes euthanasia from suicide is that euthanasia does not eliminate the concept of the metaphysical fact of death, of dying, and does not change it – as suicide does – into a *brutum factum*.³ Even if one way of euthanasia is named – figuratively and erroneously in fact – “medically assisted suicide”. As in these cases the matter is, on one hand, only that the medicine itself which induces death, and its effective “doses” are established with the professional expertise of a doctor; on the other hand, that the respective patient administers it by himself/herself. In this case we cannot speak about an isolating-isolated suicide, but rather about an explicitly determined, special interpersonal euthanatological *communication* and assistance.

Independently of this, the presence of euthanasia – as self-preceding and as immediate presence – is mostly the presence of the already – incurably – ill person being in the “last stage” of the illness and of life. The person is not – “specifically” – “death-ill” in the Kierkegaardian sense, but most of the time actually ill, a dying person, at death’s doorstep. The “patient” by all means. Not anyone else.

But not Anyone! As the presence of euthanasia involves assuming one’s own mortal nature and dying: one existentially decides upon this!

In this respect euthanasia – as we said – is a possibility. As such, it does not have any “unconditioned validity”. However, it is a real, factual possibility. It may already be obvious that the real-factual possibility of euthanasia is in essence similar to what Aristotle – and after him also Hans-Georg Gadamer – interpreted as *phronesis*.

But *phronesis* is exactly that basic, essential moral-practical discretion which always aims at the concrete situation in fact, and as such, it cannot dispose of the previousness of acquirable knowledge.⁴ The matter itself always requires “negotiation with ourselves”.⁵ In this respect, understanding stands at the basis of,

¹ There is and there can be nothing extraordinary about the fact that if a person, still in “good health”, thinking of the possibility that he or she will suffer from an incurable disease which will threaten and undermine his or her capacity of making a decision, should dispose “in advance” in connection with the circumstances of his or her future euthanasia.

² In what follows, we will analyze in detail the differences between euthanasia and murder.

³ This is the essential “difference” between euthanasia and suicide, rather than the fact that in the “case” of the self-murderer, the existence of the illness cannot be established, as some doctors doing research in the question think. See for example: Kyriaki Mystakidou, “The evolution of euthanasia and its perception in Greek culture and civilization,” *Perspectives in Biology and Medicine* 1 (2005): 95–105. Certainly, in what follows, we must return to these aspects of the question as well.

⁴ See: Hans-Georg Gadamer, *Truth and Method*, trans. Joel Weinsheimer and Donald G. Marshall (London: Continuum, 2004), p. 18

⁵ *Ibid.*, 309 and Martin Heidegger, *Being and time*.

and inside, *phronesis*. We have seen that understanding is essentially a projection. A projection and an opening towards the possibilities, which are always directed by the “possibility of the impossibility”.

In the present context, these considerations primarily mean, of course, that in fact we can never acquire in advance the knowledge related to how it is “ethical”, how it is “correct”, “advisable” to die, how one must die etc. Dying has no acquirable, transmittable, teachable *know how*, it is impossible for it to have one. Not even the name of “euthanasia” – meaning “good death” – interprets death as being “good” in the sense of acquisition or technical “transmission”, “practice” or “pursue” in some kind of a learning process. Instead, it problematically refers to dying, exactly to the particular case of the particular dying person.

In connection with this matter, it is in fact not possible to oppose “one opinion to another”. As the opinions, the “standpoints” in essence do not refer – cannot refer – to the same “thing”. For the same reason the sentences of the present paper certainly do not take a stand, either for, or against euthanasia.

But they stand for one’s possibility to take a stand for his or her own death – or his or her own dying –, to make a decision – *for* or *against* – in this matter.

Certainly, the same considerations should in fact orientate the medical, deontological or juridical approaches to this matter as well. However, the original medical oath, the Hippocratic Oath, which, to everyone’s knowledge, forbids euthanasia and “medically assisted suicide”, simplifies rather than takes on the actual *moral* – and not only “deontological”, but in essence really *phronesis*-like – question, concealing the ontological references and aspects.

In this respect euthanasia is – repeatedly and essentially – a possibility. It is a possibility which directly, explicitly alludes to the *sui generis* potentiality of death, of human death itself. Certainly, this allusion is factually essential, as it refers back, it makes us reflect on the fact that man is mortal “all the time”...

One does not become mortal merely when getting closer to death, reaching the last stage of one’s life, or at the point of dying! Eventually, “being mortal” means dying “in some way” at the existential end of life – as actually, existentially ending it.

However, the advancement to death, to one’s death, to which Heidegger also attaches such a great importance, remains a mere mirage until – in spite of the really existing possibility or danger of everydayness or non-actuality – it does not refer “at all” to the *nature of some kind* of death interpreted as dying!

As a consequence of this, dying – my own dying! – can be “like this” or “like that”, or even “different”!¹ And it can be something that – as a consequence of the fact that death, our own death existentially belongs to us, and in spite of its undetermined nature – is probably never *indifferent* for existence.

In this way, the possibility of reaching and advancing to death, in terms of becoming mortal, “naturally” and organically also means – or may mean – the self-preceding, forward-pointing advancement, as far as the expressed “How?” of our

¹ And because of this the “immortal” and “immortality” – which we had to touch upon at the beginning of the present discourse – has “nothing to do with” or no “competence” regarding the questions of death and dying!

death is concerned.¹ As the ontological and existential meaning of the previous and horizon-like, but still well determined decision is that this is actually the self-preceding, the advancing to death, to dying itself, or, to be more precise, the always expressed and thematic – not only implied or merely generally “presupposed” – advancement. In which there are totally different “dispositions”, such as the ones related to possessions in connection with which the “right” of making a will is usually not questioned.

In other words, the possible euthanasia can (also) be decided upon or disposed of. So clearly, that it is possible that, depending on the actual situation, the decision itself will prove to be useless and void. As the actual “circumstances”, which are previously always uncontrollable, may or will be also different.²

In any case, it may have become obvious from what has been said that actually it is necessary first to *think over* the ontological investigations related to *death*, if we want then to really understand and “appreciate” the ethical and moral – generally called “ethical”, but mostly only ideologically determined –, and legal, deontological, and thanatological considerations, references (also) related to *euthanasia*, as well as the actual – that is, really “legitimate”! – “competences” related to it! It is only based on these that we will be able then to reflect upon “ideologies” in a legitimate way! In other words, not only on what these “ideologies” aim to *see*, but also on what they actually have in *view*.

As there is a difference – an essential difference – between “killing” regarded as, generally speaking, the extermination of the “living being” in general or in particular,³ or its deprivation of its life, and its meaning in terms of the expectations of the dying person, becoming mortal, and hopelessly suffering, through his or her biographical interpersonality, also openly expressed as its consequence, to help him or her die in dignity. Certainly, even in a way that, ignoring the medical deontological and other moralizing considerations, we do not

¹ Although ending human life as a consequence of a decision – similar to the death of victims of accidents, murders or suicides – can indeed hardly be considered as “natural” death. Whereas any kind of death resulting from some kind of “civilization disease” is mostly unproblematically regarded as “natural” ... However, we rarely ask whether *life*, full of chemicals, plastic, medicines, environmental pollution and all kinds of stress ... can still be accounted for as “natural”. In other words, even nowadays we rarely ask why a more and more unnatural – but not necessarily more “inhuman” – life should by all means be ended in a way considered – of course, artificially – as “natural”. Obviously, this fact betrays much about the real profoundness of “natural law” approaches. About what these approaches regard in connection with the fact that, only because man is by *nature* mortal, he can build up and end his life also in any kind of unnatural way.

² For example I can make a will in advance regarding the circumstances and questions related to my euthanasia ... then it may happen that actually I will die as a victim of a sudden heart attack. However, I can also avoid the worries of such a will that looks ahead, without avoiding the possibly totally “inhuman” and unworthy miseries of torturing death, and the actual challenging-trying experience of these... As it also happened to Tolstoy’s Ivan Ilyich.

³ Language – at least the Hungarian language – uses the same word for killing a man and killing... a pig!

artificially prolong the dying process of the suffering, dying person, who wants to die, on behalf of prolonging “life” or expecting a miracle.

As in these cases in fact it is not the person’s “life”, but the process of dying that is “prolonged”.

Based on these, and summing up what has been said so far, we can go further with reflections, as we can now more precisely determine the ontological-hermeneutical specificity of euthanasia – treated at the beginning of the study –, taking into account its existential ontological *structure*.

As a result of our investigation so far, it has been made clear that euthanasia is in fact *one* specifically structured (regarding its expressed and existential structure) – certainly also existential ontological – *possibility* of becoming mortal, on the one hand, and on the other hand that of dying itself. Obviously, as any possibility, the possibility of euthanasia is constituted and structured by certain well determined *conditions*. In the sense of, and depending on, these conditions, it may be obvious now that euthanasia is in fact nothing else but a possibility of one’s becoming mortal and of one’s dying, outlined and structured by *decision, communication, dialogue* and *cooperation*!¹

Based on all these results, and with the help of all these possibilities, we can now undertake to outline the specific ontological-existential structure of euthanasia. At the same time the merely formal and doubtful-obscure level of “treating” and reflecting on this subject can be surpassed.

According to these: although the euthanasia turns the fact of the process and events of death, of dying, into an *act*, still its ontological-existential structure basically *differs* from any other factual or possible type of dying! Primarily it differs from the existential-ontological structures of murder (killing a man) and suicide, which euthanasia, in spite of this, is so frequently and thoughtlessly mistaken for.

As for example suicide, though it “contains” the decision of the person to die, he or she is short of dialogue and communication with others, of cooperating with others while carrying out, committing the act. As far as the murder, the expressed act of killing the other person is concerned, in it the *victim* never takes part in his or her own dying, in the sense of a decision made by himself or herself in this respect; and certainly the dialogue-communication, as well as the cooperation with the murderer is missing from the ontological-existential structure of murder. What is more, it is to be remarked that it is the decision itself that is always missing from the existential-ontological structure of the so-called “natural” death.

Consequently, as compared to all the other possibilities and ways of dying, the existential-ontological structure of euthanasia indicates basic differences and specificities, which means that it is not possible to mistake it for these forms with such superficiality and carelessness.

Based on all these considerations, it has hopefully been made clear enough that euthanasia – though it is an act that directly brings forth death in most cases – is by no means murder. As, though it is one’s own decision regarding his or her own

¹ In order to avoid misunderstanding, it must be made clear that here the matter is not the impossibility of constitutive communication of dying itself, but rather the communication related to *becoming mortal* and related to *making the decision*.

death – or the decision of another, expressedly or biographically implicitly empowered person –, the dying person, whose death is the consequence of dialogue, communication and cooperation – in a dialogical sense –, is indeed a victim, however, *not* the victim of the other person carrying out the euthanasia, assisting his or her death, but exclusively the victim of his or her own disease and state.

Thus what happens to one, brought forth by himself or herself, during the act of euthanasia, is by no means murder, it is in fact an assistance to dignified dying and death, which not only makes possible, but also presupposes the dying person's facing his or her own mortality, what is more, his or her own constitutive death, and expressedly assuming one's death. As such, it is not only a well-determined way of making explicit the expressed reasons for life and death, but also their *interpretation* in form of *application*!

It is such an interpretation and such an expressed way of grasping meanings, with regard to the ontological-existential structure of the phenomenon, which – due to its specific situation – even “deontologically”! – results in the constituting and opening up of the – certainly also essentially ontological-existential – *obligations* of the very determinations and horizons of the meanings! Thus it essentially differs from the exercise of some patronizing or merciful “graces”.

The fact that criminal law systems as well as the deontological constructions have hardly any knowledge of all this, reveals those existential insufficiencies and inadequacies, which were mentioned at the beginning of the study.

Indeed – in the stream of tradition deriving from Roman law – each and every way of depriving people from their life, of causing human death, is juridically regarded – most of the time, but not in every case¹ – as some kind of murder, which has to be reacted to and treated – punished – according to *criminal law*. To such an extent that the deprivation of life with one's own hands – even suicide itself – is considered, at least linguistically, as “murder”.²

In the meantime criminal law claims that it defends not only people's lives, physical safety and health, but beyond this, it protects their freedom, dignity and honesty – as moral personalities – as well.³ Obviously, not in what concerns their relationships to themselves, but especially in their interpersonal, social relations.

However, neither the juridical – e.g. criminal – nor the medical deontological *status quo* obliges the philosophical analysis of things to anything! As this latter one always focuses on the “things themselves”, and, certainly, mainly not from the perspective of the prevailing *status quo*, but from that of the authenticity horizons of the *possibilities*. In this respect, the supposed matter and tendency is that – as it used to be in the case of suicide – the various legal systems and legal practices – as well as the medical deontologies – are prone to admit and to assume the essential ontological-existential position of dying and of becoming mortal, as

¹ For example euthanasia is no longer considered murder in the Netherlands.

² If there is anybody left to be punished ... Those who tried to commit suicide were held responsible by criminal law in many places for a long time. Not to mention the punishments of the church – also affecting the dead –, which are still existent.

³ See: George Antoniu, “Ocrotirea penală a vieții persoanei,” (The criminal defence of personal life), *Revista de Drept Penal* 1 (2002): 9.

well as the aura and weight of the possibilities of these. In other words, what can be analyzed and pointed out only by philosophy. As – among other aspects – philosophy can make exactly such things clear, and, also among other things, this is what the assigned and applied dignity of philosophy lies in.

It is often said about philosophy that it does not result in any real and factual knowledge. It is also said that the insights of philosophy cannot be applied, “used” in fact in anything. However, a possible result of the above reflections would be to **refute** this belief, by the analysis of a really “current” (euthanasia), and always “vital” question, that is, the question of death.

By such an approach it becomes “possible”, and utterly factual for us to actually face, on the one hand, the challenge of the matter of euthanasia, on the other hand, to actually become aware of our own mortal nature and death, and in the third place, to encounter the questions and reinterpretations of philosophy by means of philosophical thought, and – why not – of the power of philosophizing.

These reflections point out the fact that the problems related to euthanasia essentially and factually derive from man’s mortal nature, an existentially problematic issue from the very beginning, and they allude back and forth to these questions. Also from this perspective, reflecting on the problem of euthanasia is a true philosophical and existential – historical existential – chance.

It is such a challenge and such an opportunity which has to be faced with a proper attitude as it is not all the same either from the perspective of our own death or of the further development of the history of existence! And eventually, as this is the very *stake* of the matter!