

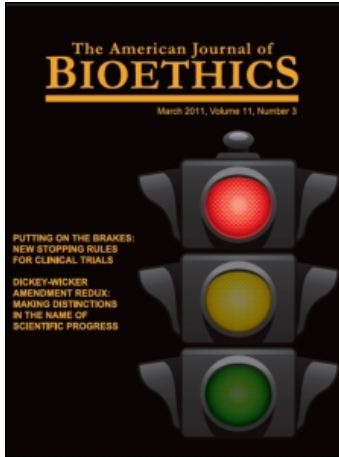
This article was downloaded by: [Australian National University Library]

On: 19 April 2011

Access details: Access Details: [subscription number 907447645]

Publisher Taylor & Francis

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



The American Journal of Bioethics

Publication details, including instructions for authors and subscription information:

<http://www.informaworld.com/smpp/title~content=t713606739>

A Moderate Zero Line Approach: Opposing Thresholds Beyond the Zero Line

Yen-Chang Chen^a; Yen-Yuan Chen^b

^a Australian National University, ^b National Taiwan University College of Medicine,

First published on: 18 February 2011

To cite this Article Chen, Yen-Chang and Chen, Yen-Yuan(2011) 'A Moderate Zero Line Approach: Opposing Thresholds Beyond the Zero Line', The American Journal of Bioethics, 11: 2, 41 – 42, First published on: 18 February 2011 (iFirst)

To link to this Article: DOI: 10.1080/15265161.2010.541548

URL: <http://dx.doi.org/10.1080/15265161.2010.541548>

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.informaworld.com/terms-and-conditions-of-access.pdf>

This article may be used for research, teaching and private study purposes. Any substantial or systematic reproduction, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

A Moderate Zero Line Approach: Opposing Thresholds Beyond the Zero Line

Yen-Chang Chen, Australian National University

Yen-Yuan Chen, National Taiwan University College of Medicine

Despite overwhelming controversies regarding where and how to set a threshold, Wilkinson's proposal (2011) arguably can be grounded on a threshold deontological theory—namely, that violating a deontological norm (e.g., “thou shall not kill,” or “do no harm”) is permissible if the consequence of abiding by the norm exceeds a stipulated threshold and so becomes dire (Alexander 2000). However, regardless of how tenable the arguments considered by Wilkinson were, we should not suppose that the Zero Line View and the Threshold View are the only two possible approaches to this issue. Other possibilities do exist. In this commentary we present an alternative approach, called the Moderate Zero Line View. Before we do so, however, we argue that the Threshold View advocated by Wilkinson is untenable.

REJECT THE THRESHOLD VIEW

Even if thresholds are determinable and applicable in practice, there is no ground for ignoring reasons why we decide to continue or withdraw life support. This is so because whether a decision is morally permissible depends upon whether the underlying reasons for the decision are morally justifiable or not. We usually want to know the reasons why the parents or medical caregivers of an infant decide to withdraw (or continue) their baby's life-support treatment. We feel more comfortable whenever a decision is made for good reasons (e.g., for the baby's best interests), whereas we feel less comfortable when the underlying reasons for a decision are immoral. However, Wilkinson seems to suggest that insofar as the future life of a newborn infant is restricted, it is morally permissible to allow the newborn infant to perish (or live), regardless of the reasons that are provided for such a decision. Given that many would intuitively regard a treatment decision as being morally wrong if its underlying reasons are immoral, the Threshold View would have counterintuitive implications because it can consider a decision being made for immoral reasons (e.g., the parents just want their baby to die so that they can receive a large sum of money) morally permissible. Therefore, we have a predilection toward the view that no matter how restrictive a life would be, we still need to know the reasons supporting or opposing a decision to withdraw or continue treatment.

Knowing the reasons for making a treatment decision is particularly important when decisions made by parents, doctors, nurses, ethics consultants, and/or judges are divergent and hence conflicting. When a newborn infant is predicted to experience a restricted life, the Threshold View is not of much help in resolving this sort of decision conflict (e.g., the father of the baby decides to withdraw treatment, but the mother of the baby wants it to continue) because both of the two decisions—i.e., withdrawal and continuation—are deemed morally permissible by the Threshold View. Another case that requires us to know the reasons proposed by a decision maker arises when the decision made by the decision maker and the decision suggested by principles, such as the Threshold View, are divergent—for instance, the net well-being of a case is above the (upper) threshold, but the decision maker decides to withdraw the life support. In cases like these, one reasonable way to justify a decision from a moral point of view is to evaluate the reasons proposed by the decision maker. Thus, if we miss the reasons, we miss the most crucial moral point.

Some may argue that thresholds are drawn based upon reasons, and the reasons Wilkinson used to support the Threshold View are reasons that should be used to determine where a threshold should be placed. Thus, it might well be argued that the Threshold View does take reasons into consideration. However, if this is the case, the question then is: Why must we use reasons to determine a threshold first and then make/justify a decision based upon the threshold? Why can't we just appeal to reasons to make/justify a decision? It seems self-evident that we can appeal to reasons when making/justifying a decision. It is also more straightforward to make/justify a decision based upon reasons than upon thresholds. Finally, since where the threshold should be is an extremely intricate and overwhelmingly controversial issue, and since we still need to know the underlying reasons for a treatment decision (even if the decision can be justified by the Threshold View), the method of determining a threshold first and then using it to make/justify a decision just generates more problems in practice. To sum up the line of this argument, it is more plausible to use reasons to make morally permissible

Address correspondence to Yen-Yuan Chen, National Taiwan University College of Medicine, Department of Social Medicine, No. 1, Rd. Ren-Ai Sec. 1, Taipei, 100, Taiwan. E-mail: chenyy.mdmph@gmail.com

decisions than to use reasons to set a threshold as a precondition for treatment decision making.

PROPOSING THE MODERATE ZERO LINE VIEW

In contrast to Wilkinson's proposal for adopting the Threshold View to justify decisions to continue or withdraw life support for newborn infants, we present a Moderate Zero Line View that rejects specifying any additional lines or thresholds beyond the zero point. The Moderate Zero Line View stipulates that at no point is the continuation or withdrawal of life support absolutely obligatory. In particular, the more a life is worth living, the stronger must be the reasons given to justify withdrawing the life support from that life. Likewise, the less a life is worth living, the stronger must be the reasons given to justify continuing the life support of that life. Inasmuch as convincing reasons requiring us to do the opposite are meager or outweighed, a life deemed worth living can be morally allowed to perish and continuing life support for a life deemed not worth living can be morally acceptable through the lens of the Moderate Zero Line View. In what follows, we give reasons for why the Moderate Zero Line View is the better approach to making treatment decisions for newborn infants.

The Moderate Zero Line View avoids the critique of absolutism and provides a better match for our commonsense moral intuitions. Without thinking of a newborn's future quality of life as an *absolute* value to consider, the Moderate Zero Line View takes the net well-being of the newborn concerned as a *moderate* value that can be outweighed by other considerations upholding various values (e.g., the autonomy/liberty of the parents, the interests/utility of the family and the society, the fairness/equality issues regarding the distribution of socioeconomic and medical resources). That is, net well-being is only one of the values that must be considered when determining whether the life support of the newborn concerned should be withdrawn or continued. As such, even if a life is deemed to be worth giving, this does not necessarily entail that we have an absolute duty to make every effort (which may involve sacrificing something extremely valuable) to sustain the life. And this approach, we argue, is a better fit with our commonsense moral intuitions.

Unlike the Threshold View, which attempts to justify decisions for a group of newborn infants, the Moderate Zero Line View takes *every* decision more seriously for *every* case

concerned. The Moderate Zero Line View recognizes that some reasons for a treatment decision are morally weightier than others because the values they uphold possess certain intrinsic properties (e.g., saving life or preventing death can be weightier because it is more universal and fundamental). However, through the perspective of the Moderate Zero Line View, the moral importance of a value can change as the context varies, meaning that the same reason proposed in different cases will require different considerations. Decisions, therefore, should be made on a case-by-case basis by asking how the decision in question can be justified by considering the reasons proposed, but not by thinking how the decision concerning a group of cases can be justified. In the first fictitious case, for instance, the Moderate Zero Line View will then consider Henry as an individual and a unique case, whereas the Threshold View demarcates a threshold to differentiate cases like Henry (or whoever has a restricted life) from the other cases. However, given that no cases will be identical in all of the details that matter for decision-making, it arguably is practically more feasible to make treatment decisions for disabled newborn infants in a way suggested by the Moderate Zero Line View.

CONCLUSION

In the context of decisions regarding the treatment of newborn infants, there must be more that needs to be clarified for the Zero Line, Threshold, and Moderate Zero Line views. In this brief commentary, we do not have enough space to draw the panorama of the Moderate Zero Line View. Neither can we deal with the possible objections to it. However, given that our Moderate Zero Line approach has stronger theoretical plausibility in claiming that treatment decisions can and should be justified by convincing reasons rather than thresholds, the practical necessity of specifying thresholds to allow a newborn infant to die or survive should no longer be a concern. ■

REFERENCES

- Alexander, L. 2000. Deontology at the threshold. *San Diego Law Review* 37(4): 893–912.
- Wilkinson, D. 2011. A life worth giving: The threshold for permissible withdrawal of life support from disabled newborn infants. *American Journal of Bioethics* 11(2): 20–32.