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Euthanasia: Some Points in a Philosophical Polemic¹

Luke Gormally

The author is director of The Linacre Centre for the study of the ethics of health care, located in London, England. Gormally says, "The following text is a very lightly revised version of a talk given at a national conference on Euthanasia held in London, England on 11th March, 1989. The talk sought to develop, for a large general audience, some points in a philosophical polemic, against the background of contemporary British debate about euthanasia. I am grateful for advice in revising the text to John Finnis, to my colleagues Fred Fitzpatrick and Agneta Sutton, and especially to Mary Geach."

In most societies there is an admixture of civilization and barbarism: the legal and political institutions of a society more or less adequately embody recognition of those principles which help to secure ways of living consistent with human dignity and the destiny of man. But every society falls short of securing, in its governancy of human relationships, that every human being be protected against arbitrary exercises of power.

Our society is well-advanced on the road to systematic rejection of principles for the protection of human life which rest on a recognition of the dignity of every human being. This rejection is most conspicuously embodied in the legalization and widespread practice of abortion, and in a defense policy, adopted on our behalf by successive British governments, which depends on the conditional intention to murder innocent civilians. I shall argue in this talk that acceptance of the practice of voluntary euthanasia in our society would be a significant further step in the direction of barbarism, i.e. a state of affairs in which human beings, at times of great vulnerability, are no longer protected by the canons of justice, but are increasingly at the mercy of the arbitrary exercise of power. Civil authority, of course, exists to prevent this, not to promote it.

Christian Vocation to Witness Truth

Every Christian has a vocation to witness to that truth about man which is knowable through the works of creation as well as that which is revealed in the word of God. In face of the contemporary assault on human dignity,

it is urgent that Christians collaborate insofar as they can in this task of witness.

My assignment, however, is not that of reflecting on revealed truths—the theological task undertaken by Dr. Cameron—but of offering on the topic of euthanasia some reflections which one would hope any man of good will could recognize as true without the benefit of revelation. The philosophical literature on euthanasia is beginning to be voluminous, so I shall have to be very selective about the points I cover in the time at my disposal. I have confined myself to a limited number of points in what one might call a philosophical polemic against euthanasia. In consequence a number of important issues are not addressed.

I shall begin by focusing on *voluntary* euthanasia partly because the legalization of voluntary euthanasia is the immediate objective of the euthanasia movement. I shall seek to identify the fundamental reason which is made to bear the burden of justifying the killing of patients who ask for euthanasia. I will then go on to ask whether this is an acceptable reason for killing people, and whether, as a society, we can accommodate such killing consistent with the fundamental assumptions of our legal system. I shall argue that we cannot, and that not even the high value placed on autonomy in the liberal political tradition provides reason for legalizing voluntary euthanasia. Finally, I offer some reflections on the effect the practice of euthanasia would have on the practice of medicine.

Definition of 'Voluntary Euthanasia'

Let me begin by defining what I mean by "voluntary euthanasia". By "voluntary euthanasia" I mean the intentional causing of a patient's death or, more plainly, the intentional killing of a patient in the course of medical care, when the killing is carried out at the patient's request, and the patient is believed by a doctor to have good reason *to be killed* because of his or her present or foreseeable mental condition and quality of life.

There are four elements to this definition of voluntary euthanasia.

(1) First, it involves *intentional killing*: in other words a doctor aims to bring about a patient's death either by something he does, for example, by a lethal injection of a toxic substance, or by something he deliberately omits to do, precisely with a view to bringing about death.¹ He may, for example, fail to give a patient the nutrition he or she needs precisely in order to bring about his/her death; in other words, he may starve him/her to death (this is done to handicapped babies). Or he may withhold necessary life-prolonging treatment, which he had an obligation to provide, precisely in order to bring about death. So one can intentionally kill someone by deliberate omissions, by deliberate failures to act, just as much as by positive deeds. We should be clear that, in one way or another, euthanasia involves intentional killing. Euphemisms like "easing the passing" and "helping to die" are linguistic devices of the devil (or Orwellian "newspeak") designed to prevent clear thinking.²

(2) The second element in the definition of voluntary euthanasia is that the killing of the patient is *in the course of medical care*. Clearly people *other* than doctors can kill patients for euthanasiast reasons. But proponents of voluntary euthanasia are particularly interested in having doctors kill patients *as an accepted part of clinical practice*. If we may judge by the evolution of abortion practice, it seems clear that nurses will come to be expected to play a prominent role in the execution of euthanasia.

(3) The third element in the definition of voluntary euthanasia is that the killing is carried out at the patient's request. Proponents of voluntary euthanasia place great emphasis on the importance of the free, rational choice of the patient; and some of them insist that they have no wish to promote nonvoluntary euthanasia [i.e. the killing of patients, like babies, incapable of giving consent] or involuntary euthanasia [i.e. the killing of patients contrary to their wills]. But whatever the present attitudes of some proponents of voluntary euthanasia, I shall argue that if there are good grounds for regarding it as acceptable clinical practice then the most important objection to nonvoluntary and involuntary euthanasia will have been undermined.

(4) The fourth and final element in the definition of euthanasia is that the patient is believed by a doctor to have good reason to be killed because of his or her present or foreseeable mental condition and quality of life.

The existence of the request suggests that the *patient* believes she has good reason to be killed by a doctor. But it is the doctor who is to do the killing. It is the doctor, therefore, who needs to be satisfied that he has good reason to kill the patient.

Erroneous View of Prognosis

Requests for euthanasia, as is well known, may be prompted by a patient's erroneous view of her prognosis, or by depression that a doctor can readily see to be transient. So it is quite common for doctors who have no principled objection to euthanasia to nonetheless reject such requests. The mere fact of a request cannot itself provide a good reason for carrying out euthanasia.

Some requests, however, seem to proponents of voluntary euthanasia to be rational, and to provide good reasons for doctors to kill patients. Typically, they have in mind the kind of patient who finds intolerable her extensive physical degeneration, perhaps involving immobility, and double incontinence. Her sense of worth and dignity has perhaps been closely tied up throughout her life with the independence she has enjoyed. Extreme dependence on careers makes life seem no longer worthwhile.

There is a variety of conditions which can lead some people to think they no longer have worthwhile lives, and thus lead them to want others to end their lives. Does a patient's present or future quality of life provide a doctor, or, as it may come to be, a nurse, with good reason for killing that patient? Further, is it the kind of reason which our society should

recognize as acceptable either through a reform of the law designed to legalize voluntary euthanasia, or through the acceptance of a code of practice conformity to which, on the part of a doctor carrying out euthanasia, would ensure freedom from prosecution? These are the key questions.

Throughout the history of human societies, certain types of killing have been thought to be justified. In the Western tradition of common morality, which has been deeply influenced by Jewish and Christian moral norms, a distinction is made between justified and unjustified killing. This distinction is fundamental to the legal framework of our societies, and in particular to the criminal law protecting the lives of all citizens.

Underpinning the traditional distinction between justified and unjustified killing is the belief that all human beings are *equal* in dignity. What makes us equal in dignity is simply our humanity: all that we have in common is the fact that each of us is a human being. We vary enormously in capacities and achievements. But our fundamental rights do not depend on how well-endowed with talents we are nor on the level of ability we achieve. Unless it is the case that there is a *basic dignity attaching to our humanity*, then it becomes a matter of choice whom we treat in accordance with the requirements of justice. If human dignity is not believed to attach to our humanity but is made to be a matter of ability or achievement or a particular quality of life, then we hand a "carte blanche" to the powerful to define which lives are not worthy of protection.

Dignity of Every Human Being

A society which wants to uphold justice in the treatment of *all* its members needs above all to hold on to an understanding of the fundamental dignity of *every* human being, and to resist any changes which would, in practice, subvert that understanding.

The long-established belief that some forms of killing are morally acceptable relies on justifications consistent with upholding the dignity of *every* human being, whatever his or her conditions or circumstances. For the defense of killing in a just war, justly conducted, and the defense of capital punishment, after a properly conducted trial, rely on the proposition that those to be killed must *in some sense deserve death*. Now there are those who believe that death can never truly be deserved, as well as those who, while holding that it might in principle be deserved, object that it is not deserved by most soldiers in the army of an unjust aggressor or by certain criminals found guilty of capital offenses. But the important point to grasp for present purposes in considering the question of whether there ever can be justified intentional killing is this: the traditional defense of some forms of killing does *not* serve to undermine human dignity. Paradoxically, as it may seem, it assumes a very strong belief in human dignity. Only a man who *knowingly* and *willingly* does grave wrong can be held answerable for it and can be said to deserve death. On the traditional

view of human dignity, human beings have a special dignity precisely because of the capacity inherent in human nature for knowing the difference between good and evil and for freely choosing which to do.

Now let us remind ourselves again what is involved in involuntary euthanasia. One person, a patient, asks another person, a doctor, to kill him or her. The mere fact of the patient's asking does not provide a good reason for complying with the request. What is supposed to provide a good reason is a patient's well-founded claim that she is suffering or expects to suffer serious degeneration, together with the belief that this degeneration is intolerable and incompatible with her sense of having a worthwhile life, a life of dignity as she has understood it. Such a patient has come to the view that she no longer has a worthwhile life, that such natural life as may be left to her will be devoid of dignity.

Doctor's Two Questions

There are two questions for a doctor confronted with such a request:

— the first is: Is he prepared to agree that his patient, along with other patients, have not got worthwhile lives, that their lives are devoid of dignity?

— the second question is: Does he think the judgment that a patient has not got a worthwhile life justifies him in killing that patient?

If the doctor is ready to say "yes" to the first question then he has, as far as belief is concerned, jettisoned what is essential to the foundations of justice in our society: for the foundations of justice, as we have seen, rest on the belief that *every* human being, just by virtue of being human, possesses an inalienable dignity. And that dignity stands in the way of one ever killing another human being for reasons other than the requirements of justice; that is for reasons which amount to a denial of the human dignity of that human being.

If a doctor says 'Yes' to the second question and acts on that 'Yes' — in other words if he kills a patient because he agrees that she has not got a worthwhile life — then in the most decisive way possible he has made his own the view that not every human being enjoys a dignity which prevents us disposing of their lives for reasons of convenience.

It is clear, I think, that what has to bear the burden of *justifying* killing in voluntary euthanasia is the judgment that a patient lacks a worthwhile life, lacks value. If you subscribe to *that* judgment, you effectively *deny* that every human being has an inalienable dignity, just in virtue of his or her humanity.

Members of the Euthanasia Movement are more or less clear-headed in recognizing that the justification even of voluntary euthanasia rests ultimately on the claim that some lives lack value. I have elsewhere published an analysis, which I shall not even summarize here, of the false understanding and false valuation of human life which underpins the Euthanasia Movement.³ What I am now concerned to draw attention

to is that propagandists for euthanasia require us to jettison what is indisputably fundamental to the legal framework of our society: the view that all men are equal in dignity.

Members of the Euthanasia Movement are not all clear-headed about the implications of their position. Some are disinclined to acknowledge that the justification of the killing they wish to see carried out in clinical practice must be a judgment on the value or worthwhileness of the patient's life. They protest that the doctor is merely accepting the patient's valuation of her own life.⁴ But the question which has to be answered is: Is the doctor right to accept that valuation and so to kill the patient? One reason why some people clearly think that such a doctor would be right is because they believe that human life has indeed no *given* objective value; the value of each human life is to be determined by each individual human being. The belief of many euthanasiasts about a patient requesting euthanasia is that "If she says her life is worthless, then it is worthless."

It is not necessary for present purposes to show why that view is gravely mistaken. I merely draw your attention to two of its implications. First, were the view taken really seriously in the practice of medicine, it would leave psychiatrists with little reason for seeking to prevent suicides. The second and more important implication is that if we have not got an objective worth given with our humanity, then all men are not equal in dignity. Do people in our society wish to embrace such a view?

Since the real onus for justifying voluntary euthanasia is borne by the judgment that a patient has not got a worthwhile life, it is clear why voluntary euthanasia is a halfway house to non-voluntary and involuntary euthanasia. If a sufficiently powerful and influential group can define some people in society as lacking worthwhile lives, what good reason is there to prevent the killing of those unfortunates? No doubt there are some people in the Voluntary Euthanasia Movement who wish to halt at the halfway house; but there are others who want to move on to the elimination of the senile, the subnormal, and the seriously handicapped. Support for paediatric euthanasia, for example, is considerable. Enthusiasm for these grim ends is not an aberration in the Euthanasia Movement; it merely spells out the real logic of support for voluntary euthanasia. Once you begin to behave as if you have good reason to kill people when you judge they no longer have worthwhile lives, then why limit killing to those who ask for death? When you think that some human beings are lacking in all dignity, why should you respect their lives when you have power over them? As Chesterton perceptively observed many years ago: "Some are proposing what is called euthanasia; at present only a proposal for killing those who are a nuisance to themselves; but soon to be applied to those who are a nuisance to other people".

Political Liberal's Argument

The political liberal may persist in arguing that a man should be at liberty to satisfy any of his desires providing that in doing so he causes

no harm to his fellow human beings. Such liberty, it is claimed, is the precondition for, if not the substance of, autonomy and self-determination.

I confine myself to three observations on this claim.

The first is that voluntary euthanasia is not an exercise of autonomy or self-determination. The habit of thinking that it is is much encouraged by the deceptive expression "assisted suicide." But voluntary euthanasia is never a case of someone killing himself, but always a case of someone being killed by another person. And when we are asked to legalize it, we are being asked to accept that killing of one private citizen by another may be justified on the grounds that a human being's life lacks value, is not worthwhile.

The second observation is that we do not value political freedom or liberty as a freedom to satisfy whatever desires people just *happen* to have. Our sense of the value of freedom arises from our sense of the importance of developing in such a way that we come to be able to distinguish between intrinsically worthwhile desires and worthless desires. "Satisfaction of some desires makes for human fulfillment, satisfaction of others for human misery. Insofar as human beings are able to identify with intrinsically worthwhile desires and to engage in stable commitments and projects in pursuit of the realization of those desires, they show themselves to be human beings who have achieved autonomy or a state of genuine self-determination. Political freedom is valuable in providing opportunity for the exercise of autonomy in this sense.

"But this ideal development could not have been achieved without the existence of institutions (such as the family, the school, the university) which impose constraints conducive to the formation of genuinely autonomous persons. So the existence of autonomous agents *presupposes* constraints Now, clearly, one of the institutions whose constraints are conducive to the formation of the autonomous individual is the criminal law. Knowledge that one lives in a society governed by norms of justice provides a sense of elementary security, without which there cannot be that sense of belonging to a community which is so conducive to nurturing autonomy. It would be radically destructive of this arrangement if it became lawful to kill a person because 'he did not have a worthwhile life' So a true sense of the requirements of autonomy ought to lead us to reject the legalization of voluntary euthanasia."⁵

My third comment on the political liberal's plea that a man should be at liberty to satisfy any of his desires providing that in doing so he causes no harm to his fellow human beings, is that satisfaction of the desire to be killed by a doctor does incalculable harm to the doctor and thereby to the practice of medicine. The harm done to the doctor is that his character is deeply corrupted by his euthanasiast decision.

Why should this be so? The practice of medicine necessarily exposes doctors to horrible things and obliges them to make tragic decisions. Why should the addition of euthanasia to a doctor's repertoire make such a difference to men who are in any case obliged, for instance, to balance the

likely death resulting from a treatment against the pain and trouble caused by withholding it? The explanation lies in a distinction of quite fundamental importance for understanding the moral life, a distinction which, however, is widely regarded by utilitarian philosophers as opaque. The distinction is between what I intentionally bring about and what I bring about as the foreseen consequence of what I intend. In general, what I intend to do is precisely what I choose to bring about, either as the end I am aiming to achieve or as the means necessary to secure my end. Choice is of quite central importance in our lives. One's choice of ends and of means manifests the dispositions of one's will — the directions in which one is inclined to move in life. And in making choices and commitments, one shapes and establishes dispositions, as well as giving expression to established dispositions. The dispositions which we form in ourselves through our choices may be dispositions of a kind which better enable us to flourish as human beings in the way we are meant to flourish, or they may be destructive of our capacities to flourish, serving to head us in false directions in life. An example. In response to the invitation of the organizers of this conference, I chose to give this talk. In order to give the talk, I chose to prepare a text. My chosen end is making some contribution to your enlightenment. My chosen means is preparing and delivering the text. Both choices serve to give expression to, and perhaps even to deepen, a commitment to convey certain important truths, of which I think I have some understanding.

But among the foreseeable consequences of my choices — all too foreseeable, I fear — are that I will induce bafflement in some, boredom in others, and others will go away with misunderstandings I did not seek to convey. Now, of course, I am not committed to achieving any of these results, nor others, such as tiredness in myself. They are results I will foreseeably produce, but they are not results which could count as evidence of what I *want* to achieve. They do not show the fundamental dispositions of my will, or shape those dispositions in desirable or undesirable directions.

Avoiding Consequences

That does not mean, of course, that the boredom, bafflement and misunderstandings which arise in consequence of what I say are outside my control. Perhaps if I performed better, some of these consequences could be avoided. But let us suppose that I am speaking as well as I can speak about matters like this, but boredom, bafflement and misunderstandings are nonetheless consequences, and foreseeable consequences, of what I am saying. It would still be the case that it would be within my control to avoid these consequences: by abandoning my choice to give the talk.

The example illustrates the general distinction I have been seeking

to explain. Some of the things I bring about in acting I *intend* to bring about: they are the object of my choice. The objects of my choice are what in a full-blooded sense I *want*. What I want in this full-blooded sense both manifests and shapes those fundamental dispositions which constitute my character, a character which either enables me to flourish as a human being or disables me.

Other things I bring about in acting, like most of the foreseeable consequences of what I do, I do not want in the same sense that I want my chosen end and means. The fact that I bring such consequences about — as boredom, bafflement and misunderstandings — does not serve to shape my dispositions of character. There is, however, a sense in which it may be said that I am *willing* they should come about: for I am aware that I could *avoid* bringing them about if I were to abandon my chosen end and means.

The distinction between what I intend to bring about and what I am willing to allow to happen (as a consequence of actions which I have good reason to do) is of very great importance in medical ethics. Sometimes death is a consequence of what one does, not in the sense that it is the object of one's choice in a way which would make one into a killer, but rather in the sense that one is willing that death should occur because one had good reason to do, or refrain from doing, something in consequence of which death is foreseeable.

The doctor who carries out euthanasia makes the death of the patient the object of his choice, at least in the sense that the death of the patient is the chosen means to end a life believed no longer worthwhile. But in making the death of the patient the object of his choice, the doctor profoundly shapes — and corrupts — his own dispositions. He makes his own the belief that some human beings lack dignity so that their lives may be disposed of without considerations of justice, and he acts on that belief: he becomes, morally speaking, a murderer.

There is, by now, a substantial body of historical scholarship showing the connection between the practical acceptance, by many German doctors in the 1920s, of the belief that there are lives without value, devoid of dignity, no longer worthwhile, which issued in the practice of voluntary and non-voluntary euthanasia, and the subsequent complicity of many members of the medical profession in the more extensively murderous practices of the Nazis. The connection is simply that many of those doctors had already made themselves murderers: there was little or nothing in their beliefs, attitudes and character to stand in the way of such complicity.

It is only an insane hubris, which feeds on illusions of moral respectability, which could induce us to believe that our own doctors could not be corrupted as those German doctors of the 1920s and 1930s were.

Loss of Sense of Dignity

The loss of a sense of the dignity of every human being is deeply corrupting to the practice of medicine and nursing. Human beings have

a claim on skilled care just because they are human beings and not because of status or achievement. Nor do they lose that claim because of debility or degeneration.

Propaganda for euthanasia, when it adopts the rhetoric of political liberalism, when it speaks of everyone being entitled to the satisfaction of his desires in the name of autonomy, is symptomatic of the predicament of our age and the predicament of medicine in our age. The rhetoric of political liberalism is the voice of a culture of atomic individuals. The atomic, isolated individual — the condition of increasing numbers in our society — experiences degeneration and increasing dependency as tantamount to a radical loss of dignity. People in that state of mind do not think it possible they could be cherished and esteemed, whatever their condition.

Human beings who believe that their dignity is essentially tied up with a particular quality of life need, when they ask for euthanasia, to be cared for in ways which affirm their dignity and humanity, a dignity and humanity recognized in the face of debility, decay and dependency. In this way, some of them may be restored to a recognition of that truth about themselves from which they have been too long alienated: the deepest source of their dignity lies not in an ultimately fragile capacity for independence, but in the humanity they share with all other men and women. This dignity we receive in being created, so it rests not on our fragile capacity for independence but on a radical and unbreakable dependence on the one who created us. Our human task is to cherish each other in the consciousness of that common dependence and our common dignity.

Because we live in a society which is characterized by profound moral differences, medicine as an institution is no longer sustained by a shared understanding of its proper and limited goal. In the consequent confusion, many doctors are tempted to see themselves merely as possessors of a range of technical skills to be placed at the disposal of patients for the satisfaction of whatever desires patients want satisfied.

In this perspective, euthanasia can become the final technical “fix” in the doctor’s repertoire. Confronted by the demand for euthanasia from patients who are experiencing a profound loss of self-esteem, the doctor who is willing to offer it is in effect saying: What you *now* think is correct; your lives are worthless, useless, without dignity. Better to end them.

But this is not the truth about human beings. Even ‘in extremis’, in dependency and degeneration, they may yet glimpse the truth about their own dignity which has been hidden from them for the whole of their lives. Dying can be a time of truth if we accept, rather than revolt against, the dependency that goes with dying. Medicine should not aspire to rob us of this opportunity by offering, as its final technical “fix”, killing which is premised on a radical rejection of human dignity.⁶

References

1. A lawyer at the Conference was heard (by another lawyer) to dismiss the belief I here express that there can be intentional killing by omission. There is no doubt that in English law there can be murder by a course of omissions intended to cause death. In the text of the talk, I speak of such omissions as chosen "precisely with a view to bringing about death". This, in fact, represents too narrow an understanding of what is required in law for murder by omission, as will be evident from the following direction approved by the Court of Criminal Appeal in *R. v Gibbins and Proctor* (1918) 13 Cr. App. R. 134 at 137-8:

"... if you think that one or other of these prisoners wilfully and intentionally withheld food from that child so as to cause her to weaken and to cause her grievous bodily injury, as the result of which she died, it is not necessary for you to find that she intended or he intended to kill the child then and there. It is enough if you find that he or she *intended to set up such a set of facts by withholding food or anything as would in the ordinary course of nature lead gradually but surely to her death.*" (Emphasis added.)

The Court in *Gibbins and Proctor* was aware of many earlier directions to like effect, and specifically approved that given in *R. v Bubb and Hook* (1850) 10 Cox C. C. 455 at 459. The concept of murder by omission is fully confirmed by the Infanticide Act 1938, s. 1(1), and the Homocide Act 1957, s. 2(1).

(I am indebted for the foregoing to an unpublished paper by Prof. J. M. Finnis, 'Murder and Paediatric 'Holding Operations' ".)

The applicability of the direction in *Gibbins and Proctor* in *Regina v Arthur* (1981) was strangely and conspicuously overlooked by the judge in that case. But it will be recalled that in a written answer to a question about that case the then Attorney General, Sir Michael Havers, concluded: "I am mindful of the desire of many people to understand clearly what the legal position is in relation to cases such as gave rise to the prosecution of Dr. Arthur. I therefore say that I am satisfied that the law relating to murder and attempted murder is the same now as it was before the trial; that it is the same irrespective of the age of the victim; and that it is the same irrespective of the wishes of the parents or any other person having a duty of care to the victim. I am also satisfied that *a person who has a duty of care may be guilty of murder or attempted murder by omitting to fulfill that duty, as much as by committing any positive act.*" (*Hansard*, 9 March 1982, col. 349; emphasis added.)

The most noteworthy oversight in the Report of the British Medical Association's Working Party on *Euthanasia* (London, BMA 1988) is its failure to recognize that an intention to kill may be accomplished by planned omissions. Paragraph 92 of the Report understands decisions to terminate someone's life as essentially involving "an act or intervention which causes death". The Report's failure to recognize "intentional killing by omission" is directly connected with what, in my view, is the clearly euthanasiast recommendation (in paragraph 134) on what to do about babies with severe defects who may succeed in being "lingering survivors": "Hydration should be provided and the patient should not be deprived of the normal cuddling that expresses a fundamental human concern"; in other words, it is acceptable to deprive the child of normal nutrition in order to ensure that it does not succeed in being a "lingering survivor". Paragraph 134 reveals a glaring Achilles heel in the BMA Committee's supposed opposition to euthanasia. It is clear from paragraphs 172-175 that some of the decisions taken in some UK paediatric units are euthanasiast: but this fact about present practice is not acknowledged by the Working Party. For a fuller discussion of these matters see The Linacre Centre Working Party Report, *Euthanasia and Clinical Practice: trends, principles and alternatives* (London, The Linacre Centre 1982), especially pp. 5-10, 32-34, 50-53, 55-61, 63-66.

2. The chairman of the Voluntary Euthanasia Society has sought to argue that to describe voluntary euthanasia as killing betrays a blindness to conceptual distinctions: the distinction is as obvious, she says, as the distinction between rape and "making love". (See Jean Davies, "Raping and making love are different concepts: so are killing and voluntary euthanasia", in *Journal of Medical Ethics* 14 (1988), 148-149.) "Making love" is itself a morally ambiguous euphemism, often employed in our society to describe sexual

intercourse whether in a marital relationship, in an adulterous relationship, or as fornication. Rape is defined as "unlawful sexual intercourse with a woman without her consent". It is distinguished from marital intercourse, adulterous intercourse and fornication by the absence of consent. But what it has in common with them is its being an act of sexual intercourse. Similarly, judicial execution of a man for a capital offense and euthanasia have it in common that they are acts of killing. The question of which of the acts, if any, is justified is not settled by the description of them as "killing", any more than a similar question is settled about acts which can all be described as "sexual intercourse" *by the mere use of that description* (nor, for that matter, would it be settled if all the acts were euphemistically describable as "making love").

3. See Luke Gormally, "A Non-Utilitarian Case against Voluntary Euthanasia", in A. B. Downing and B. Smoker (eds.) *Voluntary Euthanasia*, London, Peter Owen 1986, 72-95.

4. For a position of the kind referred to, see the letter from Mrs. Jean Davies, chairperson of the Voluntary Euthanasia Society, in *IME Bulletin*, No. 48, (March 1989), p. 2; see my reply in *IME Bulletin*, No. 50, (May 1989), p. 2.

5. In these two paragraphs I repeat something of what I say at pp. 84-85 of the article cited in Note 2.

6. After my criticism of the BMA Report in Note 1 above, I should like to acknowledge that the Report contains paragraphs which finely express the profound inappropriateness of euthanasia as a solution to the human predicament of *adult* patients who are dying in pain and distress. Particularly notable among these paragraphs is 146:

It is precisely because human life has depths, and a value that may take fresh and unexpected form, even up until the moment of death, that it must not be cut short. This commitment to the preservation of life must be tempered with a sensitivity to the wishes and experiences of the dying patient. That sensitivity, indeed reverence, may be blunted, as medical sensitivities so often are, when there is an accepted "treatment to be offered rather than an ethically demanding situation to be confronted. Opting for a "treatment" — voluntary euthanasia — which can be administered given certain indications precipitates the danger of substituting a technique (which draws on professional skill) for a human response in the midst of a deeply human experience which, above all, requires us to draw on our full character as human beings. This implies that a reference for persons, and for the way that we ought to relate to persons in need and for the kinds of persons we want our doctors to be, tells *against* rather than *for* euthanasia."