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## Euthanasia: Continuing the Conversion

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There continues to appear in the *Linacre Quarterly* evidence of lively interest in debating the possible justifiability of direct euthanasia. Judging by his recent article, Richard Sherlock (5/80) even considers my own contribution to that discussion (2/77; 11/77) to be worthy of further attention. I appreciate his constructive criticism of my suggestion that euthanasia might be morally legitimate in some rare cases, as I have been of the previous responses of Profs. James G. Colbert (8/77; 5/78) and Robert J. Comiskey (5/77). It might nonetheless be helpful to clarify a few points with regard to which there may be some misunderstanding.

First, I would concur with Sherlock that there is no private realm in which agents bear no responsibility for the effects of their actions on the common good. By indicating (e.g., in response to Comiskey) that there is a distinction between the question of the moral justifiability of euthanasia and that of public policy regarding it, I meant only to suggest that the acts of individuals and public policies may have *different* impacts on the common good, both qualitatively and quantitatively. The question of prudent legislation generally is related to but distinct from that of the morality of the sorts of acts which the law regards. To take a less controversial illustration, most would agree that it is morally acceptable to refuse or withhold life-prolonging treatment under certain conditions. Yet, even among those who grant this possibility, there is discussion of whether it would be prudent or imprudent to make the "Living Will" a legally binding document. Would legislation enforcing the Living Will lead to more abuses than it would prevent, or would the opposite be true? To conclude that it is preferable to leave adherence to Living Wills to the discretion of family members and medical staff is not to say that decisions about

prolonging the lives of terminally ill patients have no impact on the common good, but only that any additional impact which might be had by general laws regarding these decisions ought to be considered prudently before the laws are enacted. Thus, even though I would in principle justify exceptional instances of euthanasia, I would at least hesitate before recommending that family, physicians, etc., ought to be legally protected in their performance of such acts. This is a question which bears further discussion.

Second, Sherlock clarifies the fact that Thomas Aquinas (to whom I appealed in support of my original argument) rejects suicide, of which voluntary euthanasia can be considered a subcategory. I have not intentionally suggested the contrary. However, I would say that although suicide in general is rejected by Thomas, direct killing of the innocent in certain narrowly defined cases, not explicitly considered by Thomas, is not inconsistent with his general principles. In particular, I think some relevant premises of Thomistic ethics are that human nature is characterized by rationality and freedom, that the highest goods for persons are spiritual goods, that the only "absolute" is God, and that the only evil "absolutely" prohibited is moral evil or sin, a deliberate turning away from God. My basic argument is that while the killing of the innocent is *usually*, even almost always, a sin, it may not be a sin *without exception* if a good even higher than life is at stake. (This, of course, is not to claim that Thomas himself would agree with the way I have interpreted "Thomistic" principles or applied them to the case at hand.)

To reply a little differently, I do not think that the fact that Thomas prohibits suicide necessarily entails that he considers life an "absolute," as suggested by Sherlock and Colbert. I would define an "absolute" as something which must be sought absolutely, something which commands human effort unconditionally, in any and all circumstances, whatever other goods are at stake. At least as far as I can determine, "life" in the temporal and physiological sense has never been an absolute in the Christian tradition. This is apparent from the fact that the duty to preserve life always has been a limited one. Thus I judge that Thomas's rejection of suicide is not equivalent to his absolutizing of life. Rather, it is a statement about what means may legitimately be used to terminate life, or what the justifying reasons for causing death might be. My difference with the specific conclusions drawn in the *Summa Theologiae* (II-II, Q. 64, a. 5) are on this level (can direct killing ever be a justifiable *means* of bringing about death of an "innocent" patient? For what cause?) rather than on the issue of whether life is an "absolute."

Thirdly, I would like to distance myself from any equation or confusion of a "quality of life" standard with a "social usefulness" standard, whether for withdrawing treatment or for direct euthanasia. I consider this a most important point, and one which needs to be

brought to the foreground of this series of exchanges. To say that continued physical existence is no longer of appreciable value to *the patient* is not to say that the patient is no longer of any value, or no longer has the dignity which makes his or her interests and rights (including life) worthy of perfection. Rather, it is to ask what action is now in the best interest and most protective of the dignity of this individual. This distinction is one which, following Richard McCormick, I have made and repeated before. I would say that the very possibility of deciding to discontinue life support (to withdraw "extraordinary means") depends on the possibility of making such a decision. In some cases, it becomes necessary to decide whether continued life really is in keeping with the dignity and interests of a certain patient. This does not strike me as an area of particular controversy. The real controversy is over whether direct killing can ever be an acceptable *means* of seeking death.

It seems neither necessary nor usually justifiable to say that those who argue (like myself and McCormick) that continued life is sometimes not "worthwhile" to *the patient*, are also arguing that the person in question no longer has dignity and "worth" in *himself or herself*, or even (quite secondarily), to others. I take it that Pope Pius XII is making the same point in "The Prolongation of Life," i.e., that life can at some point cease to be of sufficient quality, judged from the patient's point of view, to ground an obligation to preserve it. He amplifies his statement that it is obligatory only to use "ordinary" means because "a more strict obligation would be too burdensome," by adding that "life, health, all temporal activities are in fact subordinated to spiritual ends" (*The Pope Speaks* 4 [1957], p. 394). Pope Pius, of course, never would have allowed that direct killing could be a licit means of terminating life. That is where I am making a departure and a different argument, one which must be considered on its own merits, not on the merits of utilitarian evaluations of the protection due the terminally or chronically ill.

Although I have expressed reservations about certain interpretations of my article, I remain receptive to colleagues such as Colbert, Comiskey, and Sherlock who are willing to engage in conversation about this very serious issue, and am open to criticisms or refinements of my own position. The familiar observation of St. Thomas, that "although there is necessity in the general principles, the more we descend to matters of detail, the more frequently we encounter defects" (*ST*, I-II, Q. 94, a. 4), continues to inspire succeeding generations of ethicists to proceed in a modest and irenic frame of mind.