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Euthanasia, Benemortasia, and the Dying

William E. May

The phenomenal advances in biomedical technologies are responsible for looking with renewed urgency at the question of the care of the dying. Because of the various procedures that can now be taken to prolong life, it is necessary to ask, as Kieran Nolan does in his essay on "The Care of the Dying", "whether the medical assistance being provided to some patients is really

In this article, William May distinguishes between the two ethics of death to provide fresh answers to the eternal question: what constitutes a good or happy death?

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helping to preserve their lives or whether it is simply prolonging their death."¹

The proper care of the dying is allied with the debate over euthanasia, and it is imperative to begin a discussion of this subject by making some remarks about terminology. Some writers, among them the redoubtable Joseph Fletcher, distinguish between two kinds of euthanasia, *positive* and *negative*, or *direct* and *indirect*. The first con-

sists of direct actions, or acts of commission, designed to terminate the life of an individual for humane reasons. The second does not involve any direct acts that would bring the individual's life to an end but rather consists in omitting actions or discontinuing procedures that maintain or might maintain the individual in existence.

Many other writers, among them Paul Ramsey and Arthur Dyck and most Roman Catholic moralists, vigorously reject this two fold division of euthanasia. They do so because they believe (and one of the major purposes of this paper is to show why their belief is soundly based) that lumping into the one general category of *euthanasia* both acts that directly terminate life and acts that are not, of themselves, directly destructive of life is to confuse matters horribly and to beg the question in discussing intelligently the issues raised in the proper care of the dying. Ramsey, for instance, argues that the term *euthanasia* has acquired a meaning now similar to the meaning of "mercy killing." Because of this identification of euthanasia in common speech with mercy killing he proposes to use the term *agathanasia* to indicate a happy or good death and to use this term to describe activities that

Fletcher and others would call "negative euthanasia."²

In similar fashion Dyck points out that the term *euthanasia* originally meant a painless or happy death, without any reference to whether such death was induced. Although this definition still appears in modern dictionaries, the meaning of this term that has become prevalent in our culture is that it is "an act or method of causing death painlessly so as to end suffering."³ Accordingly he proposes a new term, *benemortasia*, to designate a happy or good death. Dispute can then take place over what constitutes a good or happy death.⁴

With these remarks about terminology in mind, we can now seek to isolate the basic issue at stake between those who advocate euthanasia, whether this be direct or indirect, positive or negative, and those who vigorously oppose positive euthanasia yet defend a policy of benemortasia or agathanasia. The basic issue lies in the validity of the distinction between actively terminating a human life or causing death and allowing or permitting a person to die.

On the one hand, one group of moralists (Fletcher, for instance) and lawyers (Glanville Williams, for example) maintain that the distinction is meaningless at best and dishonest at worst, for in the end everything turns out the same: a human being dies. Since the result is the same Williams feels justified in writing: "There is no logical or moral chasm between what may be called shortening life and accelerating death. Once admit the principle

that a physician may knowingly, for sufficient reason, shorten a patient's expectation of life — which cannot be denied — and one is compelled to admit that he may knowingly, for sufficient reason, put an end to his patient's life immediately."⁵

The Ethics of Euthanasia

Before commenting on William's opinion and the validity of the distinction between causing death and allowing a person to die, it is instructive to look somewhat more closely at what can rightly be called the ethics of euthanasia. By doing this we will be able to see more clearly why many writers advocate voluntary euthanasia (no one, at least not yet, seems to be calling for mandatory or obligatory euthanasia), the reasons they advance in its support, and the presuppositions or beliefs that undergird their position.

The justification of voluntary euthanasia has been vigorously argued by Joseph Fletcher, who speaks of the "right of spiritual beings to use intelligent control over physical nature rather than to submit beastlike to its blind workings."⁶ He continues: "Death control, like birth control, is a matter of human dignity. Without it persons become puppets. To perceive this is to grasp the error lurking in the notion — widespread in medical circles — that life as such is the highest good."⁷ It is instructive to note that Fletcher locates opposition to the direct killing of human beings for compassionate reason in the belief that "life as such is the highest good." It is also instructive to note that *some* of the elements leading Fletcher to his ad-

vocal of voluntary euthanasia — a high priority assigned to man's rational control of his life, a somewhat pejorative evaluation of man's biological processes, and locating opposition to the direct killing of human beings in a belief in the absolute inviolability of life, in regarding it as a *summum bonum* — are reflected in an influential and very perceptive essay by Daniel C. Maguire, a Catholic moralist of unusual ability.⁸ Although some individuals may oppose euthanasia because they believe that human life itself is the highest good, it is an oversimplification to maintain that this is the major reason why thinking men oppose the ethic of euthanasia. One need not, indeed *ought* not, maintain that life is the highest good in order to oppose direct euthanasia. One need only maintain that life is a real human good, a good just as basic and just as human as intelligence or rational control, in order to argue that its deliberate and direct destruction inevitably means that one is turning against a basic human good and making it something *evil*, something to be exterminated, here and now.

The arguments for euthanasia, as Dyck notes, "focus on two humane and significant concerns: "compassion for those who are painfully and terminally ill; concern for the human dignity associated with freedom of choice. Compassion and freedom are values that sustain and enhance the common good."⁹ To these positive considerations is linked the denial that there is any legitimate moral distinction "between those where a patient or a physi-

cian chooses to have life shortened by failing to accept or use life-prolonging techniques and those instances in which a patient or physician shortens life by employing a death-dealing chemical or instrument."¹⁰ They maintain that nothing of crucial moral significance is at stake in distinguishing between directly killing someone and indirectly permitting him to die. Their reason for discounting this distinction, it seems, is that the result or consequence of the acts involved is the same: a human being dies. At the risk of oversimplification, I suggest that the ethics of euthanasia is what can be called an *ethics of intent*; it is an ethics in which the major determinant (in some waters e.g. Fletcher, the *sole* determinant) of the rightness or wrongness of what one does is the good or evil that is both intended by the agent and results from the action that he undertakes.

In his perceptive article Dyck lists four presuppositions that he believes are operative in this ethics of euthanasia. These can be summarized in my paraphrase of Dyck's work as follows:

1. An individual human being's life belongs to him to dispose of entirely as he or she wishes.
2. The dignity of personhood is rooted in personal freedom, a freedom that demands the freedom to take one's own life.
3. There is such a thing as a life not worth living, whether by reason of distress, illness, pain, or whatever.

4. The only absolute or supreme value is "human dignity," which consists in the human being's capacity to choose and control life and death.¹¹

The Ethics of Benemortasia

Those who, like me, oppose an ethics of euthanasia and advocate an ethics of agathanasia or benemortasia share the concern of the advocates of euthanasia for the values of compassion and human freedom. They reject the view, set forth by some doctors, that the medical profession and society has a moral obligation to pursue relentlessly and aggressively every possible means of maintaining life until the matter is finally beyond every human control. They reject, in other words, the "save and care" ethics as this is understood, for example, by such writers as Gerald Leach.¹² They reject this view because it, like the view of the advocates of euthanasia, regards the distinction between directly causing death and allowing a person to die as morally insignificant, a "moral quibble."¹³

Those who advocate an ethics of benemortasia argue that the distinction cited previously is valid and that far more than a "moral quibble" is at stake. What is at stake is the meaning of human existence as a moral existence. Not only are compassion and freedom human values, *how* we achieve these values is equally important, for it tells us something about our worth as moral beings. In other words, an ethics of benemortasia is as concerned with means as it with ends; it is not simply an ethic of intent but an *ethics of*

intent — *content*. By this I mean that it does not regard the good consequences intended by an agent as a sufficient justifier of his deeds; the meaning or significance of the deeds whereby he achieves his good purposes is also a determinant of their morality. For an ethics of benemortasia a human deed not only gets something *done*, that is, has consequences or results, but it also gets something *said*, that is, it has something to tell us about the meaning of our lives.¹⁴ An ethics of benemortasia, consequently, recognizes that human freedom is not an absolute but has certain constraints, constraints that enable human beings to be *humanly* compassionate and *humanly* free.

One of the constraints limiting human freedom and enabling human beings to exercise compassion and freedom humanly is the constraint objectified and articulated in the commandment "Thou shalt not kill." What this constraint means has been well expressed by Professor Dyck. "The injunction not to kill," he writes,

is part of a total effort to prevent the destruction of the human community. It is an absolute prohibition in the sense that no society can be indifferent about the taking of human life. Any act, insofar as it is an act of taking a human life (and this is why euthanasia, as an activity directly terminating life, is) is wrong; that is to say, that taking a human life is a wrong-making characteristic of actions. To say, however, that killing is a *prima facie* wrong does not mean that an act of killing may never be justified. For example, a person's efforts to prevent someone's death may lead to the death of the attacker. However, we can morally justify that act of intervention only because it's

an act of saving a life, not because it is an act of taking a life.¹⁵

Perhaps we could put it this way. One human being ought not *directly* take human life, either his own or another's, because no human being exists apart from other human beings. And not only is human existence a coexistence, not only is being human a being *with*, it is also a being *for*. We human beings exist *with* and *for* one another; each of us holds his life at the mercy of his fellowmen. I think that something of profound Christian meaning is at question here. As Christians we believe that human beings are the images of God, his living ikons as it were. And just as the living God, the only God, is an Emmanuel, a God who, as Karl Barth has noted, exists "neither *next* to man nor *above* him, but *with* him, *by* him, and *above* all *for* him,"¹⁶ so we, his ikons or created words, exist with and for one another.

But what about the distinction between taking a life, causing death directly, and permitting a person to die? Is this a valid ethical distinction? Reflection on the human significance or meaning of our deeds, I believe, solidly supports this distinction. Obviously some kind of human choice and human action is involved in both types of activity, but there is a vast moral difference, a genuine chasm in the way the action is related to the identity of the agents responsible — the way the deed shapes or forms the moral being of the agent. As Dr. J. Russell Elkinton has noted with respect to allowing a patient to die,

"it is morally decisive that the patient dies not from the act but from the underlying disease or injury. To put it differently we can cite the words of Dr. C.B. Giertz, "No step is taken with the object of killing the patient. We refrain from treatment because it does not serve any purpose . . . I cannot regard this as killing by medical means: death is already won, despite the fight we have put up."¹⁸

More positively, we can say, with Ramsey,¹⁹ that the decision not to administer certain life-sustaining technologies or to cease employing them is a decision to *care* for the dying person, to minister to his needs as a human being in the process of dying and to make his act of dying an act where human presence and human concern are of greater value than tubes inserted into noses, rectums, other openings of various sorts and so forth.

Ordinary and Extraordinary A Distinction

Traditionally medical ethics has distinguished between *ordinary* and *extraordinary* means of preserving life: the first have been regarded as mandatory or obligatory, whereas the latter have been regarded as elective. This distinction between ordinary and extraordinary means is crucial to understanding the difference in mentality between an ethics of euthanasia and an ethics of benemortasia. The ethics of benemortasia, as noted already, shares the concern for compassion and freedom reflected in an ethics of euthanasia, but this concern is fo-

cussed on the *care* given to the dying person. Ramsey expresses this very eloquently:

The difference between only caring for the dying and acts of euthanasia is not a choice between indirectly and directly willing and doing something. It is rather the important choice between doing something and doing nothing, or (better said) ceasing to do something that was begun in order to do something that is better because more fitting. In omission no human agent causes the patient's death, directly or indirectly. He dies his own death from causes that it is no longer merciful or reasonable to fight by means of possible medical interventions. Indeed, it is not quite right to say that we only care for the dying by an omission, by "doing nothing" directly or indirectly. Instead, we cease doing what was once called for and begin to do precisely what is called for now. We attend and company with him in this, his very own dying, rendering it as comfortable and as dignified as possible.²⁰

Although giving a patient a fatal dose of medicine and turning off a respirator are both deliberate acts and result in the same end — the death of the patient — there is a significant difference between them as *means* or *human acts* (with Germain Grisez²¹ I maintain that in the moral order a means to an end is either one human act or series of acts and not a partial aspect of an act). Administering a fatal drug is to take life from the patient; stopping procedures that have no reasonable hope of success in enabling the patient to carry on his vital functions with some degree of spontaneity and simply provide a mechanical way of sustaining life processes is to allow the patient to complete his own dying and more positively to permit his family and friends to take

appropriate caring actions to fulfill their obligation to care for the patient as a human person.

The distinction between ordinary and extraordinary means, or mandatory and elective procedures, must not (as many moralists and Pius XII have noted frequently) be misunderstood. The distinction is not, as Maguire says,²² "facile," nor is it some gimmick to save consciences. It is a difficult distinction to make, but it is one that good medicine can and must make. The terms "ordinary" and "extraordinary" are to be taken in their moral sense, and this need not coincide with their medical meaning in a *technological* sense. A procedure that may be ordinary in the medically technological sense (e.g., intravenous feeding, the use of a heart pacemaker, etc.) because they are *commonly* used may be extraordinary in the moral sense. The terms have a great deal of relativity, not because of any kind of moral relativism, but because they are *relative to the condition of the patient*, to the morally significant reality-making factors that give them their moral meaning. An intravenous feeding that is indeed ordinary and mandatory for a patient of a certain age, with a particular kind of disease or injury and reasonable hope of recovery might be extraordinary — indeed might constitute a senseless and brutal prolongation of an individual's own dying processes — for a ninety-five-year-old person in a coma, suffering in addition from bone cancer and pneumonia. Among the factors that are reality-making in determining the condition of the patient are his

own freedom to die the death that he is in fact dying and the fact that he has already begun the process of dying. Although it is no easy task to determine what, in fact, the condition of the patient is — and this means that the distinction between ordinary and extraordinary is surely not “facile” — this is a task at the heart of the care that physicians and medical science can and must extend to fellow human beings.

Human Deeds

An ethics of benemortasia or agathanasia opposes an ethics of euthanasia not only on the grounds that human freedom is limited in its exercise by constraints rooted in justice (and in Christian love), not only on the grounds that the distinction between directly killing a human being and allowing him to die is valid and not some kind of facile gimmick, but also on the grounds that a human being makes his moral being or achieves his moral identity in and through his deeds. Because of this an ethics of benemortasia insists on a truthful analysis and description of human deeds and argues that any action rightly described as an act of direct killing is one that human beings ought not to do, because it means that human being has taken on, as part of his moral identity, the identity of a killer, of a person who repudiates the goodness and worth of human existence.

But when is a human deed properly and truthfully describable as an act of killing, as an act whereby the doer inevitably incorporates into

his moral being — whether he wants to or not — the identity of a killer? After reflecting seriously on important articles bearing on this topic by Ramsey,²³ Grisez,²⁴ J. G. Gray,²⁵ and Thomas Aquinas²⁶ (on whom, incidentally, both Grisez and Ramsey depend in many ways), I think that it can be said that a person accepts the identity of a killer if he intends the death of another human being and he cannot not intend that death if his act is itself directed against the life of that person so that his death is the proper “target” or “end” of the act itself.

Assume now that one comes on the scene of an automobile wreck and discovers a person trapped in a flaming car and being slowly roasted to death and finds it impossible either to release him or to extinguish the flames? Would one be taking on the identity of a killer if, in a case of this kind, he were to shoot the person being roasted to death? (This case would fall under the second “qualification” suggested by Ramsey in his important study on our obligation to care for the dying.²⁷) Could I shoot someone in a situation of this kind, foreseeing that he is going to die as a result of my act, and still claim truthfully that I am not killing him and killing him directly? I believe that certain discernible features or reality-making factors make it possible for one to say that he is not, in this type of case, engaged in an act of killing and is not directly intending death in and through his act. A comparison of this kind of case with the defense of another human being from an assailant bent on killing him is helpful to show why

I have come to this belief. One who rescues a fellow human being from an assailant of this kind may, of course, be engaged in an act of killing — but he may also be engaged in an act of justifiable defense. If he does intend the death of the assailant, his act is an act of killing; the assailant's death is itself the *means* to his end of rescuing the other person, and his action is targeted upon his life. His action, in other words, is an act of killing; its thrust or direction is against the life of the assailant; this is the *finis operis* and is inescapably an element in the *finis operantis*. However he may not intend the death of the assailant (while clearly foreseeing that the assailant will die), and his action, although it results in the assailant's death, is targeted not upon his life but upon the *force* that the assailant is bringing against his victim.²⁸

In similar fashion, it can, I believe, be argued, in the case of the person being slowly roasted to death in an automobile wreck, the *action* is not directed against the *life* of the person but upon the agonizing pain the person experiences in being roasted to death — somewhat in the way that an aspirin is directed against the pain of a headache.

The analysis offered here is of a very rare type of case — a case that is not any “exception” to our obligation to love life and to share life with our fellow men, but is rather a case in which factors intrinsic to the action as a network of relations between human beings inherently change the species of the action.²⁹ The analysis, I believe, is truthful. Admittedly it may never occur in

medical practice (the “qualification” Ramsey proposes may, he says, be a class without members), but it could occur in life.

Conclusion

In concluding this paper, I think it worthwhile to note the presuppositions of an ethics of benemortasia or agathanasia, inasmuch as the presuppositions of an ethics of euthanasia have already been noted. According to Professor Dyck an ethics of benemortasia, an ethics concerned with means as well as ends, with the content or significance of our activities as well as with their intended results, are the following (again, I am paraphrasing slightly Dyck's formulation):

1. An individual human being's life is not solely at the disposal of that person; every human life is part of a human community that is held together in part by a respect for life and by a love of the lives of its members.
2. The dignity of the person by reason of his freedom of choice includes the freedom dying persons have to refuse non-curative, life-prolonging interventions, but does not extend to taking one's life or causing death.
3. Every life has some worth.
4. The supreme value is goodness itself to which the dying and those who care for the dying are responsible.³⁰

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1. Nolan, Kieran, "The Care of the Dying", in *Abscrites in Moral Theology?*, edited by Charles E. Curran (Washington: Corpus, 1968), p. 249.
2. Ramsey, Paul, "On (Only) Caring for the Dying", in his *Patient as Person* (New Haven: Yale University Press, 1971), pp. 113-164, particularly pp. 149 ff.
3. *New World Dictionary*, College Edition (New York: World, 1962), "euthanasia".
4. Dyck, Arthur, "An Alternative to the Ethic of Euthanasia", an article scheduled for publication in *To Live or To Die: When, How, and Why?* edited by Robert H. Williams. Professor Dyck has kindly sent me an advance copy of the manuscript, from which citations in this paper are taken and to which page references are made. See pp. 8-9.
5. Williams, Glanville, *The Sanctity of Life in Criminal Law* (New York: Knopf, 1962), p. 288.
6. Fletcher, Joseph, "The Patient's Right to Die", in *Euthanasia and the Right to Death*, edited by A. B. Downing (New York: Humanities Press, 1971), p. 69. Fletcher has recently reaffirmed his stance in his "Ethics and Euthanasia", *American Journal of Nursing* (April, 1973), a paper that is also to be included in the Robert H. Williams' anthology noted above, note 2.
7. *Ibid.*
8. Maguire, Daniel C., "The Freedom to Die", *Commonweal* (August 11, 1972) and reprinted in *New Theology No. 10*, edited by Martin E. Marty and Dean G. Peerman (New York: Macmillan, 1973), pp. 186-199 (page references in this paper are to the text in *New Theology No. 10*). In saying that some aspects of Fletcher's approach are shared by Maguire I am by no means saying that Maguire is as disposed to euthanasia as is Fletcher or that Maguire is offering what I call an ethic of euthanasia. Nevertheless Maguire, like Fletcher, links death control to birth control and asks, rhetorically, "whether, in certain circumstances, we may intervene creatively to achieve death by choice or whether mortal man must in all cases await the good pleasure of biochemical and organic factors and allow these to determine the time and the manner of his demise" (p. 188). My point is that both Fletcher and Maguire appeal to man's rationality, his ability to control his life, in their approach to the question, and Maguire certainly thinks it morally right to kill and to kill directly in specific instances. I am not denying man's rationality, but I think that there is a tendency in both Fletcher and Maguire to identify it with man's ability to control, to manage. His intelligence includes this ability but it is far richer than this.
9. Dyck, *art. cit.*, p. 4.
10. *Ibid.*, p. 5.
11. See *ibid.*, pp. 7-8. My summary is a paraphrase.
12. Leach, Gerald, *The Biocrats* (Baltimore: Pelican, 1970); see the chapter on Birth Defects.
13. For instance, D. C. S. Cameron, M.D., writes as follows: "actually the difference between euthanasia and letting the patient die by omitting life-sustaining treatment is a moral quibble." Cited in Ramsey, *op. cit.*, pp. 146-147. The statement originally appeared in Cameron's *The Truth About Cancer* (Englewood Cliffs, N.J.: Prentice-Hall, 1956), p. 116.
14. On this point see Herbert McCabe, *What Is Ethics All About?* (Washington: Corpus, 1969), pp. 19-25.
15. Dyck, *art. cit.*, p. 10.
16. Barth, Karl, *An Introduction to Evangelical Theology* (New York: Holt, Rinehart, and Winston, 1962), p. 11.
17. Cited by Ramsey, *op. cit.*, p. 145.
18. *Ibid.*, p. 151.
19. *Ibid.*
20. *Ibid.*
21. Grisez, Germain, *Abortion: The Myths, the Realities, and the Arguments* (New York: Corpus, 1970), pp. 321-335; see also his "Toward a Consistent Natural-Law Ethics of Killing", *The American Journal of Jurisprudence* 15 (1970) 64-96.
22. Maguire, *art. cit.*, p. 192.
23. Ramsey, Paul, "On (Only) Caring for the Dying", *loc. cit.*, and his many articles on abortion, in particular his "Abortion: A Review Article", *The Thomist* 37 (January, 1973), 165-226.
24. See material cited in note 21.
25. Gray, J. Glenn, *The Warriors: Reflections on Men in Battle* (New York: Harper Torchbooks, 1968). Gray has some magnificent passages describing the difference between men who had become professional killers and the ordinary soldier, who may have shot the enemy and killed him, but who did become a killer by so doing.
26. Aquinas, Thomas, *Summa Theologiae*, II-II, 64, 7.
27. In his important essay on our obligation to care for the dying Ramsey suggests two possible qualifications to the constraint that one human being ought never to take the life of another human being through his direct action. The first qualification is present "whether it is entirely indifferent to the patient whether his dying is accomplished by an intravenous bubble of air or by the withdrawal of useless ordinary natural remedies such as nourishment." The second holds when "there is a kind of prolonged dying in which it is medically impossible to keep severe pain at bay." (pp. 161, 162). The position that I am suggesting here differs from Ramsey, but it seems to me that it is reconcilable with his. In fact, in a more recent article ("Abortion: A Feature Review") Ramsey agrees with Grisez that "any killing of man by man must be 'indirect'" (p. 220), and I think it is indirect in the way I have tried to describe it toward the close of this paper.
28. I suggest that the analysis I am offering here be compared with Thomas Aquinas' analysis of an act of self-defense in *Summa Theologiae*, II-II 64, 7 and with Grisez's analysis of killing in warfare in his article in the *American Journal of Jurisprudence*, noted in note 21.
29. On this see Ramsey, "The Case of the Curious Exception," in *Norm and Context in Christian Ethics*, edited by Gene Outka and Paul Ramsey, (New York: Scribners, 1968), pp. 66-135.
30. Dyck, *art. cit.*, pp. 23-24.

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