

February 1977

## A "Natural Law" Reconsideration of Euthansia

Lisa Sowle Cahill

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

---

### Recommended Citation

Cahill, Lisa Sowle (1977) "A "Natural Law" Reconsideration of Euthansia," *The Linacre Quarterly*: Vol. 44 : No. 1 , Article 8.  
Available at: <http://epublications.marquette.edu/lnq/vol44/iss1/8>

After reviewing both traditional teaching and traditional Christian thinking on positive euthanasia, the author attempts to establish a Christian basis for positive euthanasia in highly selected circumstances. The author and editor publish this with the intention of inviting comment rather than settling an issue.

Ms. Cahill is a member of the religion department of Boston College.



## A 'Natural Law' Reconsideration of Euthanasia

Lisa Sowle Cahill

Respect for the value of human life and care for its preservation in a state of physical well-being have traditionally motivated the practice of medicine in Western societies. Because of the relatively recent but very rapid advancement of medical technology, it has become commonplace to observe that the proper affirmation of that respect and the adequate fulfillment of that care are perplexing ethical issues. It is often no easy matter for the physician to determine how best to honor his obligation "to render service to humanity with full respect for the dignity of man."<sup>1</sup>

Some of the moral uncertainty which surrounds our current perceptions of the relation of the sick to the healthy (especially to members of the health care professions) and to alternative courses of treatment, might be alleviated by careful reflection upon the meaning of "the sanctity of life" and its implications for action. Difficult questions about life and death ought to be considered in light of the totality of the human person to whom this principle has reference. Biological life is said to be "sacred" because it is a fundamental condition of human meaning. But physical existence is not an *ab-*

*solute* value for the human person. What are some conflict situations in which other values are foremost? What kinds of acts are compatible both with respect for life and with the recognition that it is not an absolute? Ought direct euthanasia or "mercy-killing" always to be excluded from such acts, even in cases of severe terminal suffering or permanent unconsciousness?

The conviction that human life has a value and commands respect not comparable to that of lower forms of life can be expressed variously and rests upon a broad base of support from diverse ethical traditions. The Judaeo-Christian communities have endorsed the principle of the sanctity of life because it is consistent with a religious belief in a God Who creates and preserves human life, and Who imposes a moral obligation of life to life, consisting in its preservation and protection. The Roman Catholic tradition of Christianity in particular has attempted in the realm of medical ethics to supply this rather abstract principle with appropriate moral content. Only God has full "dominion" or right of control over human life; man's dominion over his own life is limited. "God is the creator and master of human life and no one may take it without His authorization."<sup>2</sup> Although religious belief in a Divine Maker Who loves and sustains personal life provides a strong warrant for respect, the principle of the sanctity of life can also be defended

on philosophical grounds, by an appeal to common human experience. Many an atheist or agnostic humanist would agree that since life is the fundamental and irreplaceable condition of the experience of all human values, it is a basic, or *the* basic, value and must not be destroyed without grave cause.<sup>3</sup>

In Catholic medical moral theology, the principle of the sanctity of life has been affirmed not only because it is compatible with biblical anthropology, but because it is part of the natural moral law. As such, it indicates a universal ethical obligation, known to all men and women, not to Christians only. In the natural law moral theology of Catholicism, the principle has been given two primary expressions, one negative and one positive. First, we may consider the negative prohibition of the violation or destruction of life, patterned on Thomas Aquinas's arguments against murder. It is often formulated as, "It is always wrong directly to kill an innocent human being."<sup>5</sup> This has been the basis for the Church's stance against abortion (as murder) and euthanasia (as suicide or murder or both).<sup>6</sup> Second, we have the positive affirmation of respect for the integrity of human personhood, also rooted in Aquinas.<sup>7</sup> It is called "the principle of totality," the standard medical formulation of which proclaims the proper subordination of an organ to the good of the body as part to whole. This

affirmation of the value of life has provided a framework within which to justify surgical mutilation of the body (e.g., excision of a diseased organ) in order to further its total well-being.<sup>8</sup> The intention of the principle of totality is to respect and safeguard the integrity and welfare of the whole human being.

The referent of the principle of totality has usually been the life of the human individual considered as a physical organism. However, it can be argued that the fullest meaning of this principle, as it is actually used by Catholic theologians writing on medical ethics, includes the subordination of the physical aspect of man to the whole "person" which also includes his spiritual aspect.

During his pontificate, Pius XII addressed himself repeatedly to contemporary problems of ethics confronting the medical professions. These teachings are significant both because they are expressions of "natural law" thinking about medical morality and because they were promulgated as authoritative (although not infallible) for members of the Catholic Church. The principle of totality is frequently used in Pius's analyses of the medical-moral issue of which he speaks, and it is his formulations of that principle which are most often invoked by Catholic theologians. Pius XII delivered a now well-known speech on medical research to the First International Congress of the Histopathology

of the Nervous System convened in Rome on September 13, 1952. Therein he declared that since "the parts exist for the whole," it is true of any physical entity that "the whole is a determining factor for the part and can dispose of it in its own interest."<sup>9</sup> Therefore, "the patient can allow the individual parts to be destroyed or mutilated when and to the extent necessary for the good of his being as a whole."<sup>10</sup>

Consideration of the principle of totality in its abstract version leads us to ask whether the "totality" of a person's "being as a whole" can be adequately defined in terms of the "physical organism" here mentioned by Pope Pius XII. On the contrary, Catholic teaching does in fact provide a strong basis for describing human personhood as a totality which is essentially constituted by the integration of both physical and *spiritual* aspects. The Pope himself states in his encyclical *The Mystical Body of Christ* that "the whole of man" is not "encompassed within the organism of our mortal body."<sup>11</sup> Perhaps his most forthright statement on the matter is given in an address to the International College of Psychoneuropharmacology on September 9, 1958. Speaking of medical experimentation, the Pope affirmed that "there must be added to the subordination of the individual organs to the organism and its end the subordination of the organism itself to the spiritual end of the person."<sup>12</sup>

An expanded and perhaps more technical version of the Pope's view of human personhood is given in a 1958 address to a Congress of the International Association of Applied Psychology. The self is explicitly described as a "totality" having "parts." Says Pius, "We define personality as 'the psychosomatic unity of man in so far as it is determined and governed by the soul'..."<sup>13</sup> Thus in an address to the International Union Against Cancer, in 1956, the Pope feels constrained to warn that "before anything else, the doctor should consider the whole man, in the unity of his person, that is to say, not merely his physical condition but his psychological state as well as his spiritual and moral ideals and his place in society."<sup>14</sup> The question to be asked is whether Pius's strong concern for the "whole man" is consistent with his absolute prohibition of euthanasia.<sup>15</sup> If the body is a "part" of the total person, are there any circumstances in which it may, through a direct act, be sacrificed for the good of the whole? This problem will bear reflection which goes beyond the past prohibitions of such acts.

### Considering Life and Death

It is certainly essential to a Thomistic version of Roman Catholic moral theology to consider human life and death in view of the final end of the human person. Consequently, it would seem most inconsistent

for any theologian who sensibly stands within that tradition to interpret moral dilemmas according to a principle of human "totality" which neglects not only man's supernatural goal, but his natural goal of nature integration of body and spirit. It is this total human nature which contemporary Catholic theologians want to give its proper due in considerations of medical ethics. This concern is related specifically to the practice of medicine in the current *Ethical and Religious Directives for Catholic Health Facilities* which maintains that a Catholic hospital has a "responsibility to seek and protect the total good of its patients." This good is not just a physical one. "The total good of the patient, which includes his higher spiritual as well as his bodily welfare, is the primary concern of those entrusted with the management of a Catholic health facility."<sup>16</sup> Kieran Nolan, a priest and theologian involved in pastoral care of the sick, reminds us that if euthanasia is to be morally acceptable, it must be a sign of "the deep Christian respect for the integrity of the individual."<sup>17</sup> According to the positive sense of the sanctity of life principle, the good of the totality of an individual's human personhood must be foremost in all deliberations about his welfare and the obligations of others to him in his living and his dying. As Nolan significantly puts it, "The Christian concern must be to provide for human survival

and not for mere biological preservation."<sup>18</sup>

Why is it that the protection of biological life is usually considered to be an essential factor in respect for the whole human person? Both the negative and the positive versions of the sanctity of life principle express an insight into the human "right" to life and the concomitant human "duty" to protect it. An individual is not to be unjustly deprived of his life, and, furthermore, his total personal well-being is to be promoted. These insights are based on the judgment that life is the fundamental condition of all other human values and is therefore to be preserved itself insofar as it can ground those values. The foremost human value is the love of God achieved at least in part through love of other persons. This Christian view of the meaning of life as the condition of personal love has been given consistent expression in the context of Catholic medical ethics. Pius XII, in "The Prolongation of Life," mentions the ultimacy of a "higher, more important good," the good of love for God, over bodily life.<sup>19</sup> Thomas J. O'Donnell, S.J., observes that life as a "relative good" is valuable because it is a context for other values which contribute to the "absolute good," man's pursuit in charity of his supernatural end, God.<sup>20</sup> Recently, Richard A. McCormick, S.J., has employed a very similar line of argument in discussing the life prospects of defective newborn chil-

dren. He states that life is to be preserved only insofar as it can ground the highest human good of loving relationships with other persons. A meaningful life is one in which the individual has relational consciousness and is free from physical pain or suffering so severe that the sheer effort to survive distracts the person from the primary human good, love.<sup>21</sup>

Because the Christian affirms the transcendence of full human personhood over sheer biological existence, life is for him never an *absolute* value, a value to be salvaged at all costs. Sometimes continued life does not constitute a good for a certain individual because it cannot offer him the conditions of meaningful personal existence. Sometimes the continued life of an individual is incompatible with the preservation of other values which also claim protection. In such instances, the Christian does not deny that human life is a value to be respected. However, he realizes that under the finite and sinful conditions of historical moral choice, he is called upon responsibly to mediate between conflicting values and the rights and duties which are devolved from them. Occasions of moral choice do not always involve clear-cut issues and alternatives neatly organized into a hierarchy of ethical preferability.<sup>22</sup> While this does not remove from us the obligation to choose, it does forestall false confidence in the finality of particular moral judgments and in the ability of the



moral agent to avoid responsibility for the undesirable consequences of a difficult moral choice. At times, decisions about life and death necessitate arbitration among competing values which cannot all be actualized in a given instance.

Classical examples of ethical dilemmas in which this reality must be acknowledged are war, self-defense, and capital punishment. In these three cases, the "right to life" of one individual conflicts with the right of another individual, or even of the community, to life itself, or to the pursuit of goods still more valuable than life, for which life may be sacrificed. If we recall the standard prohibition of killing, we will observe that each instance can be exempted from the range of the prohibition because the object of the act of direct killing can be said in some sense not to be "innocent."<sup>23</sup>

Even the lives of the innocent, however, are not absolutely inviolable goods. In consistency with its concern for the "total good" of the person, the Catholic moral tradition affirms that preservation of the life of even the just man is sometimes not the highest value to be maintained in a situation of conflict. It is clear, however, that in the past only indirect killing of the innocent has been considered to be justifiable. For instance, the martyr may allow his physical welfare to be negated in order to testify to the highest good of love for God in Christ. Here the

individual permits (but does not directly cause) his own death in order to protect a greater value. The frequent distinction in medical ethics between "ordinary" means of life support (as mandatory) and "extraordinary" means (as elective) is given similar warrants. Death may be permitted (or "indirectly caused") withholding treatments which do not serve the best interests of the patient. According to the current definition, a means is not obligatory if it is difficult to maintain or use, or if it will probably not offer much benefit to the patient in terms of either quality or duration of life. A treatment need not be used if it will not restore an individual's life to a state in which it can support the development of life's highest (spiritual) goods or which will prevent it from furnishing such support in the future.<sup>24</sup> On the other hand, a human life is indeed worth prolonging if it can provide an opportunity to enjoy forgetfulness of self in love of others. Personal relations are that for the sake of which life is to be sustained.

#### Direct/Indirect Causes of Death

When an innocent person is involved, an act of killing falls outside the sphere of efficacy of the sanctity of life prohibition if it may be described as "indirect."<sup>25</sup> The martyr neither wills nor directly causes his own death; it is an undesired consequence of his steadfast faith commitment. Similarly, to omit to provide extraordinary life support to a

patient is not to directly cause his death, but to permit it to occur as a result of disease. The decision is made in light of the judgment that the active pursuit of life's continuation is not consistent with concern for and protection of the total welfare of that person. His right to life and the physician's concomitant duty to preserve it must, in this particular instance of conflict, be subordinated to his "right to die." Life for him no longer provides the sufficient conditions for the fruitful development of loving relationships, both with other humans, and through them, with God. When extraordinary or ultimately useless treatments are not used, recognition is given to the patient's right to be freed from physical and spiritual deterioration and suffering and to the physician's duty to care for his patient's physical well-being within the larger context of human personhood. This is not to say that the patient no longer has a right to life or that he may be deprived of his life against his will or for the good of any other person or of society. Both the right to life and the right to death must be subsumed under the promotion of the welfare of the whole human person himself. In situations where the values of life and of death conflict, the patient or his proxy may prefer to exercise voluntarily the right to die as most appropriate to the patient's own total well-being.

"Respect" may be shown to a person both by acting in ways

which express esteem for his or her dignity and by not acting in ways which express contempt for or indifference to his or her dignity. What does "respect for life" as an ethical principle now mean, demand, require in choices about death in medical practice? There is consensus in theological ethics (though perhaps not always in medicine) that respect for life does not always entail its indefinite prolongation. Sometimes respect is most adequately conveyed by a refusal to intervene or to continue intervention in the progress of the human organism toward biological death. This is the main argument of Pius XII in "The Prolongation of Life"; it is not a new one in Christian or philosophical ethics.

The "hard question" remains and at this juncture unrelentingly confronts us: Can respect ever mean *direct* intervention to end the life of a patient? (We now move from the consideration of the morality of an act of omission to that of one of commission, to use the technical language of moral theology.) It is clear that the magisterial Roman Catholic rejoinder to this specific question has been negative.<sup>26</sup> Life-sustaining treatments may be omitted, but death may not be hastened directly. It must now be asked whether this position in fact meets the test of consistency with other values explicitly upheld and protected by the Church, such as the value of the dignity and welfare of the whole human person.

It will be recalled that the sanctity of life principle in Catholic theology has been given two ethically normative expressions. Its prohibitive form supplies warrants for condemning voluntary euthanasia. Its affirmative form supplies warrants for respecting and promoting the integrity of the individual. But can both of these conclusions from the more generally valid principle of respect for life be observed together in every particular situation? Can the obligation not to cause death directly and the obligation to respect the goods and proper goals of human personhood ever be in conflict? If a conflict should arise in medical practice, which obligation should be given preference on the basis that it best fulfills the grounding principle of life's sanctity?

Let us consider a possible case, one which is very frequently mentioned in discussion of euthanasia because it appropriately frames decision-making about causing death in a context of personal agony, both for the performer and the recipient of the act. A patient with terminal cancer is in "the dying process."<sup>27</sup> The best medical judgment offers a prognosis of only a few days' life. He is undergoing extreme personal suffering, involving both physical and "spiritual" aspects. Bodily pain is intimately related to mental stress, to one's total outlook on life and to one's ability to make the most of biological existence as the condition for fully human

meaning, centered on personal relationships. The physical pain of our patient cannot be effectively alleviated by the use of analgesics (this may be either because of the nature of a particular disease, or because of the state of medical practice in the locale in which he is receiving treatment). The integrity and maturity of personality which he has acquired as the goal of his lifetime thus far is slipping rapidly away as he endures the demoralizing experience of physical and mental deterioration. He acknowledges that the life which was once a good to him is now approaching its conclusion. He is reconciled to death and perhaps hopes for peace or joy in an existence beyond death. He requests that his physician hasten his progress toward death and out of his unbearable suffering. He asks that this be done not only out of mercy, but out of respect for his claim to freedom from severe threats to his personal integrity and to the achievement without undue delay of the appropriate goal of this now dying life.

The first objections which will be raised against a physician's compliance with this request will be directed at the very possibility of describing a case in these terms. Some will argue that there is always chance of a wrong diagnosis; examples are recounted of "miracle recoveries" in which an unexplained remission ensued upon the diagnosis of a "hopeless case" of cancer. Anyone who

reflects upon human moral experience must grant the fallibility of all creaturely decision-making. Human persons must act, nonetheless, on the basis of strong probabilities, acknowledging that while outside possibilities do exist, they do not provide a reasonable basis for action in the face of far more persuasive evidence.

### Other Objections

Others may object that no human being ever has a true desire to die, and with the assistance of a supportive medical team and family, will cherish even the last few hours of his or her existence. Elisabeth Kübler-Ross, M.D., has offered plentiful evidence on the basis of clinical experience that terminal patients are able to achieve acceptance of and readiness for death.<sup>28</sup> When this information is combined with an appreciation of the fact that critical suffering cannot in all circumstances be alleviated, one is able to envision more readily a patient who desires death after he has realistically assessed his prospects for human fulfillment during the short span left to him. Although most patients may be able to live meaningfully even during terminal illness, this does not negate the responsibility to consider the situation of the one who is not able to do so.

The moral character of such a case, admittedly exceptional in medical practice, may be examined in terms of the two expressions of the sanctity of life prin-

ciple. The first furnishes the traditional prohibition, which describes voluntary euthanasia as a direct act to kill a man (oneself or another) who is "innocent."<sup>29</sup> If one views the moral act through the lens of this principle, the only legitimate killing is that in which either the term "direct" does not apply to the act, or the term "innocent" does not apply to the object of euthanasia.<sup>30</sup> This is certainly not to say that a dying patient is "guilty." The real question to be considered is whether the context of innocence and guilt is an appropriate one within which to ponder the moral character of voluntary euthanasia.

How ought we to interpret the negative phrasing of the natural law command to protect the individual's right to life? In Thomas, the adjective "innocent" refers primarily to the man who is "righteous" in the sense that he has *not forfeited* his right to life so that he may be deprived of it by lawful authority. To have lost one's innocence means to have injured the common good.<sup>31</sup> Thus the command not to kill the innocent seems fundamentally to be a prohibition against the deprivation of another's life against his will, unless that other has somehow forfeited his right to protection. The phrasing of this prohibition envisions correlative exceptions such as war, capital punishment and self-defense. The terms of the prohibition make an awkward context within which to



approach suicide and euthanasia, where the "innocent" person is willing.<sup>32</sup>

More importantly, since in the latter cases the argument is made that death is in the better interests of the person, the language of "innocence" vs. guilt, forfeiture, and deprivation is not really applicable. The "innocent" man is one whose rights, among them the "right to life," must be respected. What about another right also belonging to the "righteous man" leading a God-oriented moral life, the "right to death"? Sometimes this right contravenes the importance of the first right. When this is so, it makes little sense to apply the word "innocent" out of its original context of forfeiture and punishment. The individual may be "innocent" in the sense of "legally or morally blameless," but what is the moral relevance of this fact?

It can be granted that the dying individual is innocent. However, it is the duty of those who care for and about him to consider that with which he has a right to be provided, as well as that of which he has a right not to be deprived. There may exist a positive duty to support his desire to die, *if* no conflict exists with other overriding rights and duties. The central problems are deciding, first, whether the duty to sustain life or the duty to end life is in the concrete case more important, and second, what are the morally legitimate means of upholding the predominant right.

In care of the sick, the obligation to prolong life is foremost until that point at which an individual's life no longer offers to him or her the opportunity to nurture relationships as life's central endeavor. It has traditionally been granted that "hopeless cases" have, in such circumstances, a right to die which it may be the duty of others to support by withholding or withdrawing extraordinary means of treatment. Can the right to die ever justify direct killing? Does a terminal patient have a right to death which in some cases entails a duty on the part of those entrusted with his care to hasten positively its arrival?

#### Principle of Life's Sanctity

This brings the discussion to the affirmative expression of the principle of life's sanctity. What does it mean to respect and protect the life of a dying person? First, Kieran Nolan has remarked that a patient in the last phases of a terminal illness may be said to be oriented toward death as the appropriate goal of his existence, just as the healthy are appropriately oriented toward continued life.<sup>33</sup> Death is also the natural end of the biological organism. Although the death of a human as a personal being is not a good in itself, it still may be understood as a mediate and necessary goal of the Christian in his hope for eternal life in God. Secondly, the terminal patient who may be a candidate for euthanasia is one who is suffering both physically and spiritually or

even "morally" in the sense of proximity to sin. In the first place, personal integration is threatened with degeneration. Physical pain, accompanied by mental exhaustion or sedation, often makes it difficult to sustain a vital concern for the needs of loved family members and friends. Furthermore, as Pius XII has stated, "suffering can also furnish occasion for new faults."<sup>34</sup> Nolan concurs that prolonged physical and mental torment can conduce to rebellion against God or despair.

Death for the Christian is never an unambiguous good, but it is sometimes a lesser evil than the evil of suffering, and is for the Christian a good in a limited but positive sense.<sup>35</sup> If in the light of these considerations, it is agreed that death is a good for a particular suffering and dying patient here and now, and if death will not follow quickly if treatment is ended, then can voluntary euthanasia ever constitute a legitimate moral option? From the evidence thus far (evidence which must be verified in every case from consideration of the situation of a particular individual), it would seem so. Life is not a value to be preserved absolutely. Sometimes it must yield to greater values. If death is for this person the better alternative, there exists sufficient reason for causing it.<sup>36</sup> Deliberately-caused death is not so great an evil that it can never be outweighed by greater goods.

The usual and most well-founded argument against voluntary euthanasia in even exceptional cases is made in terms of social consequences. It is not based on the alleged immorality of the individual act. The act itself may be conceded to result in desirable consequences for the patient, consequences which it would, in fact, be the responsibility of others to hasten directly, were it not for the evil long-range effects of such an act. However, it is argued that it is wrong to commit any act which, while good in itself, would lead to eventual consequences whose evil character would be disproportionate to the initial good. This venerable rejoinder is called the "wedge argument," a contemporary proponent of which is Richard McCormick.<sup>37</sup>

McCormick agrees with those who are convinced that "the direct causing of death involves dangers, especially for the living, not associated with conservative procedures. . . ." <sup>38</sup> Thus he gives a "prudential validity" to a rule against euthanasia of a "virtually exceptionless" sort. Direct killing as a premoral evil would be justified were there sufficient reason, but the reasons in favor of euthanasia in concrete cases are outbalanced by the reasons against instituting euthanasia as a general practice. McCormick believes that an immediate act, perhaps morally justifiable "in itself," is to be refrained from because of consequences such as an attitude

dinal decrease in mercy and sensitivity on the part of the hospital staff, or the ambiguities inherent in the procedures of ascertaining consent, etc.

This argument is a forceful one, but it need not signal the end of the discussion. Although McCormick has enumerated real dangers, he has not eradicated the problem with which any proposed wedge argument must deal, i.e., whether the long-term effects of an act ought to have the same moral importance as the immediate effects of an act. In cases where the latter are very certain and unavoidable, the former may be relatively uncertain because further moral choices (by others who share responsibility) will have to intervene in order either to actualize or to prevent the anticipated danger.

Traditional Catholic morals have held that it is always wrong to cause a moral evil in order to achieve a moral good or to prevent another moral evil even if it is greater. We also have a responsibility to try to avoid even that moral evil for which we are not directly responsible. Some ethicists have suggested that, at least in some cases, to refuse to hasten the death of a grossly suffering terminal patient is to permit, if not cause, in extreme cases, a moral evil — the despair of the dying man or woman.<sup>39</sup> Even in less severe cases, there is frequently present the clear spiritual, or personal, evil of mental enervation and distress, and of

inability to escape the circle of suffering which encloses a patient. It limits all efforts to transcend oneself in concern for others. This is not moral evil in the sense of sin, but it is a clear disvalue for the whole human person as composed of both body and spirit." It is a violation of the purpose and meaning of human existence.

Aquinas distinguishes between a certain and an uncertain moral evil; there exists a greater responsibility to avoid the former than the latter.<sup>40</sup> In the case of euthanasia, there are two possible dangers of moral evil, that to the patient if the act is not performed, and that to future generations if it is performed. In addition, there is the more realistic threat to personality, not to the personal spirit, not to mention the physical evil of bodily degeneration. Does the avoidance of an uncertain future evil actually constitute a proportionate reason for permitting a present evil, which, while of much narrower scope, is of much greater certainty? Is the failure to avoid an immediate moral evil, such as a loss of faith in the ultimate meaning of life, or even excruciating and prolonged spiritual and physical evil, such as conscious suffering or unconscious degeneration, sufficiently justified by the "proportionate reason" of avoidance of the danger (not the certainty) of future moral evil? In fact, this future evil seems more than the present one to be described most accurately as "permitted" rather

than "caused." This is to say that our moral responsibility for the attitudes toward death of future physicians, etc., is more indirect than is our responsibility for the total personal distress (moral, mental, and physical) of our neighbor suffering here and now and immediately dependent upon our care.

I believe the usual criticism of the wedge argument has force against its use in the condemnation of euthanasia. The opposing contention is that each act must be judged right or wrong primarily *in itself* and only secondarily in its relation to other acts. "In itself" does indeed include effects, and it is admittedly difficult to draw a line around the more "immediate" ones. But the range of effects of an act cannot be extended indefinitely or the very meaning of a discrete "occasion of moral choice" is dissipated to the point of disappearance.

In addition, the social effects of the wedge will more likely be cut short where there is a standard by which to differentiate the first case from other similar but morally distinct cases.<sup>41</sup> The stipulation that a candidate for euthanasia be "in the dying process" is such a standard, and a relatively clear one, though its application is not in every case entirely unambiguous. There is a marked difference between euthanasia for those dying and in pain and euthanasia for the sick but not dying, for the socially useless, for the insane, etc.,

which can be judged by a relatively objective standard. Where such a criterion is available we must at least say that the "future danger" becomes more "uncertain." Another standard is the one McCormick offers as a justification for permitting death to occur, that of relational consciousness. Such a standard might apply also the patient with a grossly damaged neocortex, whose vital functions are still maintained spontaneously by the brainstem. The prolonged and meaningless physical deterioration of a permanently comatose individual can be construed as an insult to his or her total personhood. In such a case, as well as that of the dying person, euthanasia may present a viable moral option. Once a patient is in the terminal stage of a fatal illness or is permanently comatose, it may become evident that his or her life is past the point of possible restoration to a quality which would support significant pursuit of the highest human values.

### Christian Respect for Life

This discussion of moral responsibilities of and toward the dying does not represent a comprehensive grasp of the problem but rather an indication of appropriate ways to think about it. Through a consideration of Christian respect for the sanctity of human life, which is ultimately a concern for the good of the total person, I have tried to indicate that some relatively limited number of cases may constitute an arena of moral choice



about euthanasia.<sup>42</sup> Life can fail to constitute a sufficient condition for the fulfillment of human value in either the presence of gross suffering or the absence of consciousness. These circumstances are predictably permanent if one is in the dying process or is irretrievably brain-damaged. It is at this point that the prospect of a choice about euthanasia arises. Such choices would involve only terminal or comatose patients for whom it is impossible to continue to pursue those human values for which the Creator intended life to serve as the condition. Every such choice must be informed by an authoritative respect for the dignity of human life as God's image and by the intent to protect that dignity. It is essential to remember that no such choices can be free from ambiguity, since death is never an unambiguous good. In particular, it is necessary to repudiate any attempt to define circumstances in which there always exists a moral obligation to perform an act of euthanasia. There is no definable "class" of patients for whom euthanasia is the only morally responsible alternative.

Most importantly, it must be made clear that there weighs on the community of fellow human beings, of which the dying patient is a member, the obligation to exhaust every resource in an effort to make the last phase of that patient's life positively meaningful. This obligation especially impinges upon the

Christian, if love is in any sense to be taken as normative for conduct. At least it must be conceded that euthanasia ought always to be a final resort, not an option to be considered before all others have been explored. It goes without saying that such a stipulation ensures that authentic candidates for euthanasia will be few. We may say with confidence that euthanasia would be morally wrong where it is an act which deprives an individual of a real opportunity to live with self-offering relationships to others. In such a case, euthanasia would not be in the best interest of the patient, since life could be of further value to him or her.

In general, euthanasia is to be avoided or rejected on the basis of what is commonly termed "the sanctity of life principle." Human life has an inherent claim to respect. In certain circumstances, however, other considerations come into play which may influence persons to manifest respect by causing death. Life may cease, in some sense, to be a "good." It may inhibit or prevent the pursuit of human values instead of providing conditions conducive to their fulfillment. In addition, the continuation and development of a personal life history may lose considerable weight as a real alternative among others if terminal illness promises to critically abbreviate the life in question. A positive "choice" to end life in such a case is not a choice of significant continuation of life or of death

but a choice of immediate death or of a wait for impending death. In such situations, the positive value of death may gain the ascendancy over the negative value, although both are always co-present. It must be said that euthanasia may not be justified because death is ever a value, right, or goal which can clearly cancel out the value of life. It must be said that euthanasia is never justified because the obligation of the living to the dying, or of the individual to attempt to live meaningfully, is ever ended.

In the resolution of these conflicts of value, the overriding concern must be the good of the patient himself or herself, who is the primary subject concerned. When conditions preclude the patient's voluntary selection of an option, that selection must be made on the basis of his or her own benefit and inferred interests. If these interests are assessed on the basis of a Christian anthropology which views the human being as a body-soul entity, then the primary consideration in life and death decisions in medical practice will be the good of the whole human person, not simply the perpetuation of physical existence.<sup>43</sup> Since the distinctive and controlling element of human nature is the personal self or spirit, then according to the principle of totality, the body which is a "part" may in some cases be sacrificed for the good of the "whole" body-soul entity. Even direct intervention as a final op-

tion will not necessarily entail diminishing communal protectiveness toward human life's sanctity, if death is encompassed reluctantly and with a profound (and Christian) reverence for the personal existence within which it is an event.

## REFERENCES

1. A.M.A., "Principles of Medical Ethics," *Journal of the American Medical Association*, 226 (1973), 137.
2. Kelly, Gerald, S.J., *Medico-Moral Problems* (St. Louis, 1958), p. 62.
3. For an extended discussion of the sanctity of life principle as a basis of consensus in matters of life and death, see Daniel Callahan, "The Sanctity of Life," *Updating Life and Death*, ed. Donald R. Cutler (Boston, 1968), pp. 181-250.
4. Aquinas, Thomas, *Summa Theologica*, II-II. Q 64, especially article 6.
5. Cf., Kelly, pp. 62, 117.
6. Cf., *Ethical and Religious Directives for Catholic Health Facilities* (St. Louis, 1971), Directives 10, 11, 28, 29.
7. Aquinas, *Summa*, I. Q 61, a5; II-II. Q 64, a 2, 5, 6, Q 65; I-II. Q 17, a 4, Q 2, a 8; and *Summa Contra Gentiles*, Book 3, Chapter 112.
8. Kelly, "The Morality of Mutilation," *Theological Studies*, 17 (1956), 322-344; *Medico-Moral Problems*, pp. 8-11, 246-248; "Pope Pius XII and the Principle of Totality," *Theological Studies*, 16 (1955), 373-396. Cf. *Ethical and Religious Directives for Catholic Health Facilities*, Directives 4, 5, 6, 33.
9. Pius XII, Pope, "Moral Limits of Medical Research," *The Major Addresses of Pope Pius XII*, ed. Vincent A. Yzermans (St. Paul, 1961) I, 233.
10. *Ibid.*, p. 228.
11. Pius XII, Pope, *The Mystical Body of Christ* (New York, 1943), p. 36.
12. Pius XII, Pope, "Tranquilizers and Christian Morals," *The Pope Speaks*, 5 (1958), 8-9.

13. Pius XII, Pope, "Applied Psychology," *The Pope Speaks*, 5 (1958), 10.

14. Pius XII, Pope, "Cancer: A Medical and Social Problem," *The Pope Speaks*, 3 (1957), 48.

15. Pius XII, Pope, *The Mystical Body of Christ*, p. 55; and "Anesthesia: Three Moral Questions," Address to a Symposium of the Italian Society of Anesthesiologists (1957), *The Pope Speaks*, 4 (1957), 48.

16. *Ethical and Religious Directives for Catholic Health Facilities*, pp. 3, 1.

17. Nolan, Kieran, O.S.B., "The Problem of Care for the Dying," *Absolutes in Moral Theology?*, ed. Charles Curran (Washington, D.C. 1968), p. 249.

18. *Ibid.*, p. 249.

19. Pius XII, Pope, "The Prolongation of Life," An Address to an International Congress of Anesthesiologists (1957), *The Pope Speaks*, 4 (1958), 396.

20. O'Donnell, Thomas J., S.J., *Morals in Medicine* (Westminster, Maryland, 1959), pp. 71-72.

21. McCormick, Richard A., S.J., "To Save or Let Die," *America*, 30 (1975), 6-10.

22. Cf., Karl Rahner, *The Christian of the Future* (West Germany, 1967), pp. 42-44, 62-63; McCormick, *Ambiguity in Moral Choice*, The 1973 Pere Marquette Theology Lecture (Milwaukee, 1973), p. 106.

23. Cf., Aquinas, *Summa*, II-II. Q 40, Q 64. An individual may be killed who presents a grave material danger, even if he is not morally guilty of an intended offense against the rights of another. Examples are the killing of enemy soldiers in war and the killing of an insane person who threatens one's life.

24. Kelly, "The Duty of Using Artificial Means of Preserving Life," *Theological Studies*, 11 (1950), 204; Pope Pius XII, "The Prolongation of Life," p. 396; McCormick, "To Save or Let Die," p. 9. Such would be the theological justification for refusing or withdrawing treatments such as a respirator from patients whom responsible medical prognosis designates as "hopeless."

The well-publicized case of Karen Ann Quinlan recently decided by the New Jersey Supreme Court is in point. Legal ramifications as to Pius's address provides more than a moral ethical justification for allowing death to occur by removing life-sustaining equipment. In general, "ordinary" means of life support (oxygen, food, and water) are those which can be obtained and used without excessive expense, inconvenience, or difficulty or repugnance for the patient, and which offer a reasonable hope of benefit to his or her total condition.

25. Thomistic natural law morality uses the language of direct and indirect acts to define the degree of responsibility which the agent has for a particular moral act. Since a direct human act is one performed in the use of reason and free will, the agent is not fully responsible for any act to which he does not fully consent. For a standard definition of "indirect effect," see Kelly, *Medico-Moral Problems*, pp. 13-14.

26. Cf., the prohibition of euthanasia by the Congregation of the Holy Office, December, 1940, cited in full by Kelly, *Medico-Moral Problems*, pp. 116-117.

27. Cavanagh, John R., M.D., describes the "dying process" as "the time in the course of an irreversible illness when treatment will no longer influence it. Death is inevitable." "Bene Mori: The Right of the Patient to Die with Dignity," *Linacre Quarterly*, 30 (1963), 65.

28. Kübler-Ross, Elisabeth, *On Death and Dying* (New York, 1969). *Questions about Death and Dying* (New York, 1974), and ed., *Death: the Final Stage of Growth* (Englewood Cliffs, New Jersey, 1975).

29. Cf., Kelly, *Medico-Moral Problems*, pp. 117-118.

30. A case can also be made for the inapplicability of the word "direct." Space does not allow me to pursue that argument at length here. I will mention only that Aquinas defends killing in self-defense because, even

though the act is directly willed and performed, the intention of the agent does not terminate in the death for its own sake, but in self-protection. Similarly, an act of euthanasia is "indirectly" intended (although directly performed) in that its final object is not the death of the patient for itself but for the sake of his protection from suffering.

31. Aquinas, *Summa*, II-II. Q 64. a 2, 6.

32. Direct voluntary euthanasia for the terminal patient is a subclass of suicide, but differs from suicide in general in that the end of the person's lifespan is imminent because of reasons beyond human control.

33. Nolan, p. 256.

34. Pius XII, Pope, "Anesthesia: Three Moral Questions," p. 46.

35. Thomas Aquinas prohibits suicide in order to avoid suffering because he sees death as "the ultimate and most fearsome evil of this life" (II-II. Q 64. a 5. r. obj. 3). I cannot agree with this and do not think it is consistent with Thomas's own anthropology. St. Thomas states many times that a properly ordered view of human nature places the good of the spiritual aspect of man over that of the physical. Spiritual evils far outweigh bodily ones, even when the latter include death. (Cf., *Summa*, II-II. Q 25. a 7, 12, Q 26. a 4; *Summa Contra Gentiles*, Chapter 121.)

36. Aquinas has stated that "evil must not be done that good may come" (II-II. Q 64. a 5. r. obj. 3). But this is only true when the good violated by the "evil" act is equal to or greater than the good pursued. In *Ambiguity in Moral Choice* (p.55), Richard McCormick has suggested that death may be caused directly for sufficient reason, since death is a physical and therefore a "pre-moral" evil. Life may be overridden by other goods. The only sort of evil which may never be directly caused is the spiritual and moral evil of sin. (McCormick himself does not find "proportionate reason" to justify euthanasia, not because causing death is an evil which outweighs all

goods, but because he envisions disastrous social consequences of a policy of euthanasia.)

37. McCormick, "The New Medicine and Morality," *Theology Digest*, 21 (1973), 308-321. For a classical use of the "wedge argument" against euthanasia, see Joseph V. Sullivan, S.J., *The Morality of Mercy Killing* (Westminster, Maryland, 1950), pp. 54-55.

38. McCormick, "The New Medicine and Morality," p. 319.

39. Nolan, p. 257; Antony Flew, "The Principle of Euthanasia," *Euthanasia and the Right to Death*, ed. A. B. Downing (Los Angeles, 1970), p. 33; Joseph Fletcher, *Morals and Medicine* (Boston, 1954), p. 175; cf., Daniel Maguire, *Death by Choice* (New York, 1974), p. 155; Pope Pius XII, "Anesthesia: Three Moral Questions," p. 46.

40. Aquinas, *Summa*, II-II. Q 64. a 5.

41. This is important, since the telling point in arguments for and against euthanasia (e.g., the present author in contrast to McCormick) is whether one believes that the future danger is so probable and so serious that it outweighs harm done or permitted in the present instance, or whether it in fact represents the "lesser evil." Such an estimation is more a product of moral insight into human nature and moral responsibility than of rational deduction with probative force. We can only hope to persuade the opposition, not dismantle it!

42. Of course, the practical medical and legal circumstances of such choices remain to be specified, an important task not easily to be accomplished.

43. Religious faith is not a necessary precondition for arguing that the total human person is more than physical existence. An atheist or agnostic might agree that human life has a spiritual dimension which transcends the body. Even if the spirit is believed to die with the body, it may be the key element in one's concept of human dignity. Thus, when living becomes destructive to personal integrity, one may have a right to die.