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Comment on Cahill's "Reconsideration of Euthanasia"

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The basic principle that permits Lisa Sowle Cahill to reevaluate euthanasia is a shift in the definition of "human." The human life is protected (or not), is valuable (or not) in the light of "the dignity and welfare of the whole human person."¹ McCormick has formulated this (and after him, Cahill) saying that the life worthy of respect is the life that "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 pain and suffering so severe that the sheer effort to survive distracts the person from the primary human good, love."² I take it that the difference between Cahill and tradition is not the abandonment of the negative principle that innocent human life should not be taken, but the substitution of the concept of "meaningful life" — which involves actual capacity for certain actions rather than nature, essence and ontological (or for that matter, biological) status.

The traditional view of human life is sometimes called "essentialistic," whereas that of some recent authors is termed "existentialistic." Now the first concept is certainly essentialistic as perhaps any good definition is. "Existential" has a certain emotional appeal. One could also say that the new mentality is Platonic in that it thinks of real and less real human life — of really, real humanity. "Platonic" presently has a negative impact. I mention the point simply to underline the unimportance of such labels.

In addition to the change in the criteria for humanity, the application of the criteria, the decision about meaningfulness, shifts. "There is no definable 'class' of patients for whom euthanasia is the only morally responsible alternative."³ This is intended by Cahill to exclude compulsory euthanasia, but it would, I think, also greatly expand the area of licit euthanasia. The arbiter of meaningfulness would be, where possible, the patient's own judgment of whether life is still valuable.⁴ This is the philosophical counterpart of Charles Curran's "prayerful and thoughtful consideration" legitimizing dissent

from the Church's magisterium (in a formally theological context, of course).⁵

It seems to me that the way of deciding meaningfulness of human life brings a tremendous element of subjectivity into the problem, which is dangerous for the patient or family, and no help at all for the doctor or hospital as a serious ethical criteria.

At this point McCormick's wedge argument becomes operative. Cahill is very emphatic about limiting her reflections to terminal patients, but there is no reason why her principles should be applied in the extremely cautious way they are. The mentally retarded or insane cannot develop the highest human relationships, and the wedge can be driven in as far as one pleases. At the extreme, one can imagine an academic snob observing that medical men are so harried and overworked that they lack the leisure to develop true human relationships. Ultimately, however, although the wedge rebuttal is cogent, it only serves as a kind of *reductio ad absurdum*. The problem remains that euthanasia, abortion, or extermination of the insane are illicit, not whether the criteria allowing one allow the rest.

Something of an answer can be found in the *Summa Theologica* IIa IIae, q. 64, art. 5, where Aquinas discusses suicide. I would weigh St. Thomas's remarks somewhat differently from Cahill, and emerge with an explanation of the traditional flat prohibition. As she points out,⁶ Aquinas sees death as the final evil and *maxime terribile* of this life. Cahill disagrees with Aquinas. Now I take it that Aquinas is not primarily speaking psychologically or experientially. It would be unnecessary to discuss the licitude of suicide if this action were always *seen* by man as causing that which is the most terrible of all things. I take it that Aquinas is speaking primarily ontologically and, by derivation, psychologically.

To put the matter differently, Aquinas does not perform some sort of utilitarian calculus of evils and goods in the third response of his article on suicide, in order to come up with the end balance that suicide is wrong. I submit that when he says that death is the most terrible and final evil, he is saying that life, innocent life, is an absolute. Physical integrity is not an absolute; hence, if life is threatened by a diseased limb, we may amputate; otherwise not, because physical integrity is a relative good. There are other moral absolutes; one cannot sacrifice one to another, even if it means taking a risk. A grasp (mistaken in my view) of the principle, leads some people to be pacifists. Recalling St. Paul, Aquinas insists that one may not do evil that good may come, especially if the good is less than the evil — *especially* but not just *if* as a utilitarian calculus would have it.

In the body of article five and again in the third response, Aquinas states that life is a divine gift to man, so that killing and letting live are a divine option. The transition to a happier life is not under the free will of man, but under divine power.

Now that is possibly a rather primitive way of putting the matter, which is perhaps appropriate, because death is certainly a primitive factor in our lives. I believe that the position can be stated in more sophisticated and less theological terms, just as Cahill's can.⁷

There is a related empirical matter which I mention with some diffidence because it involves technical problems in which I have no competence. A great deal of the suffering and especially the degradation of the terminally ill which so rightly troubles Cahill, comes from the particular stage in the development of medical technique. By drawing out final agony, we create problems. Whatever difficulties exist in practice for applying the rule of thumb about not having to take extraordinary means to prolong life, that distinction too would seem to depend on the state of medicine rather than the problem of life or death itself. On the other hand, one may clearly withhold or reject a treatment which holds no hopes of cure. To call this "passive euthanasia" seems to me to confuse two significantly different situations. Even the blurred distinction between ordinary and extraordinary means, and the clearer but harsher distinction between means with and without probability of success, save us, in principle (at least), from taking positive action to end life, which is not licit, and both in principle and in practice save us from asking which human life is meaningful, which in this context is not licit either.

REFERENCES

1. Cahill, Lisa Sowle, p. 53, "A 'Natural Law' Reconsideration of Euthanasia," pp. 47-63, *Linacre Quarterly*, Feb. 1977, vol. 44, no. 1.
2. *Ibid.*, p. 51.
3. *Ibid.*, p. 60.
4. *Ibid.*, p. 60-61.
5. Curran, Charles, p. 28, "The Catholic Hospital and the Ethical and Religious Directives for Catholic Health Facilities," pp. 18-36, *Linacre Quarterly*, Feb. 1977, vol. 44, no. 1.
6. Cahill, *op. cit.*, note 35, p. 63.
7. *Ibid.*, note 45, p. 63. Incidentally, Grotius in *The Law of War and Peace*, Bk. II, ch. XXI, 11 and 14 likewise argues against the right of anyone to take his own life or to yield the right to do so to another, because the right of dominion over life and death is God's alone. Grotius is only secondarily interested in suicide here, but the principle is the same as that of Aquinas.