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**Review Article**

# Moral dilemma: is there a moral difference between killing and letting die in healthcare?

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## ABSTRACT

The purpose of this paper was to prove that there was no moral difference between killing and letting one die in healthcare. It was important to be aware of the moral equivalence of killing and letting die. The Abrahamic religions; Islam, Christianity and Judaism, all argue for the sanctity of life. The world's major religions Islam, Christianity and Judaism all have doctrines concerning the sanctity of life and they support the main arguments of this paper that there is no moral difference between killing and letting die. In relation to patient autonomy and the patient's right to die, it is very important to highlight that doctors have a moral and legal responsibility to save lives. In addition, we discussed the distinction centres on the true definition of patient autonomy and who was responsible for defining the quality of life. The intention and foresight were critical points that supported the thesis statement that killing and letting one die were one in the same. The acts and omissions doctrine as described in this paper showed that there were no moral difference to kill a person or to let him die. Finally, we extensively discussed the various viewpoints regarding whether or not there was a moral difference between killing and letting die. There is no doubt that the debate over killing and letting die will continue for years to come. It is critical that the issue be addressed at this particular time in history with the advent of modern medical technology.

**Keywords:** Euthanasia, Patient autonomy, Intention, Foresight, Acts and omissions

## INTRODUCTION

The purpose of this paper was to prove that there was no moral difference between killing and letting one die. We explored various arguments related to the main research question of the paper. It was very important to focus on the distinction between the active and passive euthanasia in order to present different arguments between killing and letting die. An example of passive euthanasia was simply letting a patient die without providing necessary treatment to save or prolong that patient's life.[1]

There are several other types of euthanasia. They included voluntary, involuntary and non-voluntary euthanasia.[2] A voluntary euthanasia is often associated with phrases such as patient autonomy or the right to die. Non-voluntary euthanasia refers to cases where the patient is not privy to the decision-making process involving his or her life. For example, a fetus has no say in such matters. In instances of involuntary euthanasia, the views of the patient are entirely disregarded.[3]

The doctor that allows the patient to die without providing life saving measures and the doctor that administers a lethal injection both have the same outcome. The patient dies in either case. The patient has ceased to exist or has died. The outcome of the actions of both doctors is that a life has ended. Regardless of the

reasons for withholding treatment that would save a patient's life or administering a lethal injection, since both result in the extinguishing of a human life. Therefore, it is important to be aware of the moral equivalence of killing and letting die. Once reasons are provided to excuse a practitioner from providing the best possible care to a patient, that person is in danger of being sued for malpractice.[4] It is not only the legal issues that are important. Rather it is the fact that it is not in keeping with the Hippocratic oath to take the life of a patient. A doctor swears to do everything within reason to save a person's life. There are no extenuating circumstances or exceptions.

This paper provided an overview of the different opinions on the morality of letting one die and actively killing someone. Euthanasia, both passive and active were relevant as indicated above to this conversation. In order to show that there was no morally relevant difference between killing and letting die, we were going to discuss the following sections in this paper: the sanctity of life, respect for patient autonomy, distinction between intension and foresight and the doctrine of acts and omissions.

***The sanctity of life***

This section introduced the morality of killing. The principle of the sanctity of life was highlighted, along with the social attitudes about euthanasia. This section showed the religious perspectives about sanctity of life doctrine within the Abrahamic religious traditions which included Islam, Christianity and Judaism.

The act of a man who puts a gun to another person's head and pulls the trigger is more morally reprehensible than the person who stands by and does nothing to prevent the shooting.[5]

The Abrahamic religions Islam, Christianity and Judaism, all argue for the sanctity of life. Christianity holds a strict doctrine of the sanctity of life by taking a pro-life stance on abortion. This would rule out even first trimester abortions and it does not provide a provision in the cases of rape or incest. Staunch supporters of this position include the far-right, conservative wing of the Republican party, among them the recent presidential hopeful, Rick Santorum.[6]

Additionally, both Christianity and Judaism acknowledge the old testament as Holy Scripture. There are some parts of the old testament that are strictly embraced by adherents to Judaism and not those of Christianity. However, the point remains that both religions treat the ten commandments as a direct revelation from God to Moses.

According to the teachings of Islam, abortion and any type of euthanasia was strictly prohibited by Allah, mercy killing was not an option.[7] Muslims believed that only Allah can determine when a person's sojourn on this earth will end and not another human being. Therefore, directives by patients who did not want any life support to be provided were considered null and void. In fact, the physician who complied with these types of directives will lose his or her license to practice medicine. Islam taught that life took its own course which was directed by Allah and that killing of any kind was a sin.[7]

Judaism was more lenient with its sanctity of life doctrine when it applied to abortion than to other issues.[8] A rabbi was consulted and each case of a potential abortion was taken into consideration. Although the taking of a life was strictly forbidden under Jewish doctrine, in cases where the life of the mother was at risk, the fetus can and should be aborted.

One opinion was that killing and letting one die were not morally equivalent. This was contrary to the view presented in this paper that the two were the same. The argument from this side was as follows. A terminally ill patient had a directive that if his disease progressed to the point where he had no chance of survival and can only look forward to endless pain and suffering, that all life sustaining procedures were to be terminated. The patient's doctor was put into a moral and in some cases, a legal dilemma.[9] The sanctity of life, under this scenario was based on the quality of the patient's life.[10]

The opposite can be argued, yet still supported the position that killing someone was not the moral equivalent of letting that person die. The reasoning was if the doctor followed the final directives of the patient, that doctor was actively killing the patient. In other words, the doctor was hastening the natural life progression of the patient. Therefore, allowing the patient to suffer was not as morally reprehensible as actively killing the patient. In this case, the patient was robbed of his or her dignity because the final directives were not followed. The quality of life issue did not come into play under this scenario and that was where the argument failed. To sum up, the world's major religions Islam, Christianity and Judaism all have doctrines concerning the sanctity of life and they supported the main arguments of this paper that there was no moral difference between killing and letting die.

***Respect for patient autonomy***

This section focused on patient autonomy. It presented arguments about a patient's right to withdraw life support equipment. This was touched on briefly in the previous section. Evidence will show the difference between patient autonomy to withdraw sustain life equipment and euthanasia. The question of whether or not there was a difference between withdrawal of life support and euthanasia, as far as respect for patient autonomy was concerned will be answered.

The medical community was in a serious dilemma. Should the patient's vital wishes of terminating life sustaining measures, in cases where it was obvious that the patient was destined to die prolonged and agonizing death, be honoured? Or should the medical professional in charge of the patient's care allow the patient to suffer? These two questions were consistently on the minds of health professionals that have to deal with the terminally ill on a regular basis. There were legal and ethical considerations involved.[11] A doctor could lose his or her license if patient autonomy was granted. On the other hand, the ethics of letting someone suffer may outweigh the legal repercussions.

In cases where the patient had given a final directive and the doctor carried out that directive, on behalf of the patient, he or she was euthanizing the patient. It made no difference whether or not the patient asked to die. The doctor was actively killing the patient. The administration of a lethal injection may be more humane than letting someone live out his or her life in agonizing pain, but it was still the same as actively killing rather than letting someone die. It could be argued then, that, under these circumstances, actively killing and letting the patient die were equally reprehensible. In other words, there was no moral difference between withdrawal of life support and euthanasia, as far as respect for patient autonomy was concerned.

The desire to live was the most motivating instinct of the human race.[12] Patient autonomy and final directives may not appropriately reflect the way that a person was feeling when the question of whether or not to continue life support was presented to healthcare professionals. Studies have shown that people want to live, regardless of a diminished quality of life.[13] If a doctor essentially euthanized a patient because a final directive said to terminate all life sustaining procedures and the patient desired to live, but cannot verbalize this desire to the doctor then the patient's wishes were not being honoured.

There was still the moral and ethical question about whether or not euthanasia was the same as honouring a patient's autonomy. In other words, if a patient did not want to live if his or her quality of life was poor, does the act of not providing life support amount to euthanasia? On the surface, the answer seemed obvious. Yes. The two were one in the same. However, once one went beneath the surface of the argument, there was a distinction between the two.

The distinction centres on the true definition of patient autonomy and who was responsible for defining the quality of life. One person's definition of a quality lifestyle may differ from another's opinion on the same matter. In the case of the person afflicted with a terminal disease, but was able to live a long life with the advent of modern medicine, he or she may decide to maintain all life support procedures in the event of an emergency.[14] This person believed that his or her life was worth preserving. Healthcare practitioners must respect the autonomy of people who want to live as well as people who no longer wish to continue life.

Doctors, however, were not bound to respect the wishes of someone who did not want to be kept alive by extreme measures. A doctor had a moral and legal responsibility to save lives. It was not the responsibility of the doctor to see that a patient's right to die was honoured, he must do everything humanely possible to keep that patient alive.[15]

***Distinction between intention and foresight***

If a patient decided to refuse treatment then this was not intentional killing. This applied to voluntary euthanasia. A person's choice to refuse medical treatment protects that patient from unwanted interference from others and it did not give that person the right to die.[16] The person did not have the right to die based on doctrine of sanctity of life that was mentioned in the beginning of this paper. Another example of something that was not the intentional ending of someone's life was when continued treatment will not improve the patient's quality of life. Rather, the treatment brought the patient more discomfort than the disease.

If a patient's condition stabilized and it appeared that any of the above three active therapies could help further improve his or her condition then chemotherapy, radiotherapy or surgery many once again be recommended.[17] Even if the therapy would only be effective in improving a patient's quality of life for a short time, remission or a few more days of life were often more desirable to the patient than his or her earlier decision to end anticancer treatment.

A patient's decision to no longer continue anticancer treatment was not the intentional termination of life, nor does it indicate that the patient will die from lack of the anticancer treatment.[18] Instead, the doctor was tasked with providing the best possible treatment for the patient at that particular time. It could be argued that the cessation of the anticancer treatment was the intentional termination of life. This was incorrect. If anticancer treatment was discontinued because it will only prolong the life of a patient who was anticipated to have a poor quality of life regardless of the treatment, there was nothing that suggested that withholding anticancer treatment was an attempt to actually kill the patient. If the anticancer treatment will bring more discomfort to the patient than the cancer, there was not much of a chance that the patient will have a beneficial experience.[19]

This was the distinction between intention and foreseen. In other words, intention was the intentional killing of a human being. When one referred to foreseen, it brought to mind images of a doctor and a patient's family that was taking into consideration the entire different variables that they must deal with in order to decide whether or not to terminate life sustaining measures.

They were trying to foresee what type of life the patient will have if life prolonging treatment was withdrawn. The family certainly cannot be called murderers if their son had a severe brain injury that will render him dependent on a respirator for the rest of his natural life and they decided take him off life support. The family foresaw that their son's quality of life will be akin to death and that the son would not have preferred to live the rest of his days out lying in a hospital bed and relying on a respiratory to breathe for him. Only the family members and the doctor can determine what was best for the patient, if the patient was in such a comprised position where he was unable to speak for himself.

The argument of whether or not it was better to let the son die or to remove him from the respirator was a focal point that should be discussed. Letting one die and killing someone were moral equivalents. The intent and foreseeability were critical points that supported the thesis statement that killing and letting one die were one in the same. The person who was charged with making that life altering decision of whether to continue treating a patient that was obviously going to die of a disease or to withhold treatment because the treatment was more painful than the symptoms of the disease, had to be able to foresee what the results of his or her decision will be and what kind of impact that decision will have on the family of the loved ones.

***Acts and omissions***

The doctrine of acts and omissions further expanded upon the example of the doctor's choice between two life altering decisions in the previous paragraph. One widely held assumption in the medical community was that a doctor can never kill his or her patient, but was permitted, under certain circumstances, to allow a patient to die.[20] The acts and omissions doctrine described this distinction. Under the acts and omissions doctrine, it was morally impermissible to do something that will actively cause bad results, but it may be morally permissible to allowed an event to occur that produced the same bad results.[20]

One can perform an act that will kill someone, as in the case of a lethal injection to a terminally ill patient who no longer wished to live with the dreadful symptoms of his or her terminal disease or that same person can chose not to provide any life sustaining measures that could save that person's life. Both were moral equivalents and that was the argument of this paper. It made no moral difference to kill a person or to let him die. The end result was the same and someone was dead. The person who did not intervene with life sustaining actions that will keep the patient alive was just as much culpable for the death of the patient as the doctor who euthanized a patient.

In the case of a newborn that had been diagnosed with Down's syndrome, the parents may be presented with the choice of whether or not to allow the baby to undergo a surgery that could enhance the child's future quality of life. The parents may decide to forgo the surgery because the quality of life that would be afforded to the child, if the operation were successful, was not sufficient enough for them to send that child to surgery. Rather, the parents decided to let that infant die of natural causes. If the deformity was severe enough to cause the infant to die in a short matter of time, the decision to forgo the surgery was not as reprehensible as actively killing the infant.

The problem with the doctrine of acts and omissions was that it essentially leaves out the wishes of the patient. There was no getting around this situation if the patient was an infant or in a coma. Would that person want to live if given the chance? This question had been answered with examples that were presented earlier in this paper. The human being's desire to survive against all odds was a formidable trait. This trait was often ignored by doctors who, by their acts or omissions, deprived an individual of his or her basic right to life.

This fundamental right to life was what drove the right to life movement. Proponents of the right to life movement were vehemently opposed to abortion, although there were sects within the movement that make exceptions in the case of rape or incest. Additionally, euthanasia was equally as disdainful to the people in the pro-life or right to life movement.

***Arguments for moral equivalence between killing and letting die***

Gesang questioned whether or not there was a difference between active and passive euthanasia. He said that there was a grey area between active and passive euthanasia.[21] The example, which was one that was often cited because of its applicability to the discussion about the moral difference between allowing one to die and killing someone, was the situation with the young man on the respirator.

A patient was on a respirator and without the assistance from the respirator, this patient will die. Gesang used this example to explain the perceived difference between active and passive euthanasia. The doctor in this situation was faced with a moral dilemma. The doctor was not willing to participate in active euthanasia. This was because active euthanasia involved physically pulling the plug of the respirator, which resulted in the death of the patient.[22]

Callahan stated that the central argument about euthanasia was the principle of self-determination. Self-determination simply said that people have their own best interests in mind when deciding on matters related to their health.[23] Self-determination was usually guided by a person's belief system. Callahan, however, questioned the relevance that the self-determination principle had on the debate over euthanasia.

Callahan questioned whether or not it was morally right to kill a person just because he or she had been given permission to do so. Callahan argued that it was not permissible to give the right to kill someone to another person and this included that person's doctor. People cannot simply waive their right to life and give that power to a doctor to take that life.[23] Therefore, according to Callahan, euthanasia was wrong, regardless of the circumstances. The thesis of this paper was supported by his argument because neither the killer (doctor), nor the victim (the person who was euthanized) had the right to take away or waive the right to life. It was morally reprehensible to kill whether that person's wish to die was ignored or whether that person's wish to die was honoured. The result, once again, was the same. A human being was dead.

The two doctors, Edward and Pieter pointed out that although infants cannot verbally express their suffering, they do have other methods of showing that they were in distress. Some of these included reactions to feeding, heart rate and crying.[24] The authors noted that euthanasia had been legal in the Netherlands since 1985. However, this was only applicable to competent person over the age of sixteen. The obvious question that the doctors presented in the article was whether or not it was morally permissible to euthanize infants who were unable to express their own free will.[24]

Brock questioned whether or not there was a difference between physicians assisted suicide and euthanasia. He described physician assisted suicide as a doctor injecting a patient with a lethal dose of medication at the patient's request.[25] Voluntary active euthanasia occurred when the patient was the one who administered the lethal dose of medication. In other words, the patient was actively participating in killing himself or herself.

The main difference between the two was the person who administered the dose. Regardless of who administered the final dose, the doctor was still actively taking part in the ending of a patient's life.[26] This was the crux of Brock's argument; there was no moral or ethical difference between the two acts. This article by Brock was highly relevant to the thesis that killing and letting die were moral equivalents. There were a vast number of ways that a human life can end. However, any form of purposefully shortening the natural life span of a human being resulted in the death of that person.

***Arguments against moral equivalence between killing and letting die***

It was prudent at this particular juncture of the discussion about the moral equivalence between killing and letting die to discuss the view that was contrary to the thesis of this paper. This paper argued that there was no moral difference between killing and letting die. There was another side that argued the opposite. A few of these arguments were presented and refuted in this section.

Proponents of a patient's right to die cited patient autonomy as a reason for the moral distinction between killing and letting die. The argument was as follows. Patient A had signed a final directive instructing healthcare providers to refrain from all unnecessary life sustaining procedures in cases where that person was not expected to recover from disease or serious injury. Rachels said that the argument that it was okay to let a person die was centuries years old, in fact, it predated the Christian era.[23] During these times, killing was zealously opposed while allowing one to die was morally acceptable.

Dickey pointed out that the debate over euthanasia had survived the centuries. Restrictions against the practice pre-date Hippocrates. In recent years, with new life support technology available, the debate seemed to have moved in favour of euthanasia. Euthanasia or assisted suicide was viewed, by some in the medical community and in other circles, as a compassionate way to end needless suffering.[15]

Dickey also said that the debate had moved from the medical community to the public sector. Since it was up to the doctor to determine what would be considered prolonged and unconscionable suffering, the choice to end a person's life laid in the hands of the doctor.[15] The doctor had sworn in the Hippocratic oath to save and preserve as many human lives as possible. Therefore, the physician was presented with the aged old ethical dilemma, when was life no longer worth living and who decided such a thing?

Dickey pointed out the argument that the patient's dignity was dependent upon the doctor complying with the patient's right to die.[22] If a patient did not want to continue living in misery, then that person had the right to die. The physician was acting, according to those who argued that there was a difference between killing and letting die, in a compassionate manner, with the blessing of the patient.

Summy reviewed Gail Tulloch's book on euthanasia. Tulloch said that every person had the right to die with dignity. In a liberal society, the person who was suffering should be the one to decide when to end his or her own life and not the government. Tulloch contended that personal liberty was allowed to the fullest extent in a liberal society as long as that personal liberty did not infringe on the liberty of others.[11]

Tulloch was a staunch supporter of the notion of personal choice and did not believe that the government had the right or authority to act on behalf of another person. In other words, there can be no government legislated morality or religion. Tulloch talked about the different types of euthanasia and why they were all superior choices over letting one die an agonizing death.[11] Therefore, it was more morally acceptable to kill rather than to let one die.

These arguments from Rachels, Dickey and Tulloch supported the notion that killing and letting die were not moral equivalents. All three of these arguments are based upon personal liberty, the right to choose and patient autonomy. The main problem with using only the patient's viewpoint was that no one can be certain what the patient actually wanted. The patient may have left a final direction, but could change his or her mind when presented with a real-life situation. Earlier in this discussion, the example of the young man suffering from Lou Gehrig's disease was used to illustrate the fact that a patient can change his or her mind about quality of life issues.

Proponents of the position that there was a moral difference between killing and letting die pointed out how inhumane it was for a disease to run its natural course. In some instances, allowing the patient to live had bought that patient more time while a cure was being explored. If a doctor complied with a patient's final directive to stop all life sustaining measures and a cure was discovered later within the timeframe when the person would have still been able to live, that doctor had essentially committed murder and possibly malpractice. Therefore, there was no difference between killing and letting die under these circumstances.

## CONCLUSION

This paper has extensively discussed the various viewpoints regarding whether or not there is a moral difference between killing and letting die. The evidence reveals that there is no moral difference between the two. Those who say that there is a difference between killing and letting die cite the very same reasons to buttress their arguments as their opponents. Their opponents support the thesis of this paper that killing and letting die are moral equivalents. The argument that a doctor should respect patient autonomy falls flat because a patient is apt to change his or her mind if presented with a life-threatening illness. That person may decide that continuing life in a state different from before the illness or injury is still a decent quality of life. Most people do not purposely choose to die. This paper has pointed out instances where people have changed their minds and have chosen life rather than assisted suicide at the last moment. This is an example of the power of the human will to survive. Taking that person's life under an original directive is murder because that patient would have wanted to continue to live regardless of his or her impairment. There is no doubt that the debate over killing and letting die will continue for years to come. It is critical that the issue be addressed at this particular time in history with the advent of modern medical technology. The technology aspect of this argument is important because many people can now survive serious injuries and illnesses. This was not always the case, particularly in early years. Euthanasia is becoming more accepted and in countries like the Netherlands, it is legal. Even infants are euthanized who are born with deformities or Down's syndrome. These babies have no choice in the matter of whether they live or die. It is just as morally reprehensible to kill these babies as it is to let them die of natural causes. With all of the conflicting opinions and viewpoints on the matter, the argument that there is no moral difference between killing and letting die holds the most weight. This applies even in today's liberal society. A society must stand up for the right to life as well as the right to die. A constitution and a government may guarantee personal liberty, but what happens to the liberty of the patients who are unable to voice their own opinions? These people fall through the cracks of medical ethics. That is why this topic is significant and important to discuss on all levels.

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