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The Good Samaritan Ideal and Beneficent Euthanasia: Conflicting Views of Mercy

Arthur J. Dyck

The debate over mercy killing involves quite different understandings of what it means to show mercy. Indeed, Webster's *New World Dictionary* attaches at least two quite different meanings to the word mercy. On the one hand, mercy refers to a constraint against acting in certain ways. Mercy defined in this way is "a refraining from harming or punishing offenders, enemies, persons in one's power, etc."¹ To kill someone is a commonly recognized form of harm, so that refraining from killing someone,

particularly someone in one's power, can be seen as being merciful. The association between "mercy" and "failing to kill or be killed" is rendered explicit when the dictionary further defines mercy as "a fortunate thing; thing to be grateful for; blessing (a mercy he wasn't killed)."²

On the other hand, the dictionary defines mercy in still another way, as "a disposition to forgive, pity, or be kind" and as "kind or compassionate treatment; relief of suffering."³ What would constitute relief of suffering is not



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specified. The way is opened to consider killing as an act of mercy if, under certain circumstances, it is seen as the only or best way to relieve suffering. Thus one has come to speak of killing in certain instances as mercy killing.

Increasingly the word "euthanasia" is being used as a synonym for mercy killing. Originally the Greek word euthanasia meant painless, happy death. This meaning still appears as one definition of the term. However, a second meaning is added which specifies that euthanasia is an "act or method of causing death painlessly, so as to end suffering; advocated by some as a way to deal with persons dying of incurable, painful diseases."⁴ In the light of current usage and for purposes of this essay, I am using "mercy killing" and "euthanasia" as synonyms for "the deliberate inducement of a quick, painless death."

The problem I wish to pose in this essay is whether or not the desire and obligation to be merciful commits us to a policy of euthanasia. Some have claimed that there is a moral obligation to be merciful or beneficent and that beneficent euthanasia is, therefore, not only morally justifiable but morally obligatory. This is a claim that deserves the careful scrutiny of any morally conscientious person. After evaluating certain arguments for beneficent euthanasia, I will then consider the possibility of an alternative notion of how an obligation to be merciful can be fulfilled in those situations where some would ar-

gue that mercy killing is morally justified or even obligatory.

The Ethic of Beneficent Euthanasia

One of the most compelling cases for beneficent euthanasia has been offered by Marvin Kohl.⁵ According to Kohl, all of us have a *prima facie* obligation to act kindly. For the purposes of indicating when euthanasia would be an act of kindness, he specifies the following sense in which an act can be described as kind:

... an act is kind if it (a) is intended to be helpful; (b) is done so that, if there be any expectation of receiving remuneration (or the like), the individual would nonetheless act even if it became apparent that there was little chance of his expectation being realized; and (c) results in beneficial treatment for the intended recipient. The Boy or Girl Scout helping an elderly man or woman cross the street, or the proverbial Good Samaritan, are paradigm cases of kindness.⁶

From this definition of kindness, Kohl argues that

the necessary, and perhaps sufficient, conditions for beneficent euthanasia are that the act must involve a painless inducement to a quick death; that the act must result in beneficial treatment for the intended recipient; and that, aside from the desire to help the recipient, no other considerations are relevant [a combination of conditions (a) and (b)]⁷

To further clarify precisely what he means by beneficent euthanasia, Kohl offers the reader two paradigm cases. The first case involves patients: (1) suffering from an irremediable condition like cancer (disseminated car-

cinoma metastasis); (2) with severe pain; (3) clearly dying as a result of their condition; (4) voluntarily in favor of some means of "easy death;" and (5) that apart from the desire to help such patients, no other circumstances are relevant. Kohl cites another type of case as a paradigm: children who are severely handicapped, for whom death is not imminent and who are not suffering pain. These two types of cases are quite different in Kohl's mind except in two important respects: both involve serious and irremediable physical conditions and arouse in others a wish to help. Kohl argues that in both types of circumstances, induced death would probably be considered an act of kindness by most persons. Kohl underlines the importance of this claim because

if true it means that considerations of free choice, the imminence of death, and/or the existence of pain are not always relevant, at least not to judgments of kindness.⁸

With these paradigms in mind and on the assumption that societies and their individual members have a *prima facie* obligation to treat one another kindly, Kohl infers quite logically that beneficent euthanasia, because it is a species of kindness, is a *prima facie* obligation. This conclusion seems obvious to Kohl but he realizes that it is not obvious to everyone, given certain objections that have been raised against euthanasia. Kohl, therefore, feels constrained to take up three such objections and offer what he takes

to be refutations of them:

- (1) Against "edge of the wedge" claims, he argues that a policy of beneficent euthanasia will result in minimizing suffering and maximizing kindly treatment;
- (2) Against claims that homicide is intrinsically unjust, he argues that beneficent euthanasia satisfies a fundamental need for human dignity; and
- (3) Against those who argue that we are not obligated to kill, even out of kindness, he argues that failure to give help in the form of beneficent euthanasia is a failure to live up to the Good Samaritan ideal.

(1) The "Wedge" Argument

Kohl interprets the "wedge" as claiming that if beneficent euthanasia is morally justified, then euthanasia that cannot be considered to be beneficent will come to be practiced and justified. He sees "wedge" arguments as based upon two assumptions, first that all theories of euthanasia ultimately rest upon a principle of utility, and second, that all theories of utility are the same as those held by the Nazis, the implication being that great cruelties rather than kindness will result from such theories.

Kohl disassociates himself from any view that would advocate euthanasia for economic purposes. He distinguishes utility from beneficence. The duty of bene-

fidence is in his view the duty to minimize suffering and to maximize kindly treatment. If there is a "slippery slide" that results from policies of beneficent euthanasia, it will be in the direction of minimizing suffering and maximizing kindly treatment. Secondly, he distinguishes between the kindest way of doing X and the kindest way of treating a human being as a human being. Beneficent euthanasia has for its objective not merely death with dignity, but living and dying with dignity. Again the goal is to minimize suffering and to maximize kindness.

In dealing with the "wedge" argument, Kohl has not yet confronted it in its most powerful form. A "wedge" argument does not have to predict that certain practices will follow from another. A "wedge" argument is concerned with the form or logic of moral justifications.

Consider, for example, Kohl's point that it is morally justifiable and obligatory to practice beneficent euthanasia in some cases where the person killed does not choose death, is not dying, and is not in pain. It is very difficult to see why this would not justify involuntary euthanasia. Suppose, however, that Kohl is not bothered by this, as indeed he should not be. The next question that arises is that of procuring agreement as to the narrowness or broadness of the categories of persons to be appropriate candidates for mercy killing. Presumably the criterion that would for Kohl keep

the category of cases narrowly defined is that of preserving the dignity of human beings. A child born without limbs, sight, hearing, or a functioning cerebral cortex, although not in pain and not dying, is for Kohl lacking in dignity or, in any event, will be treated with dignity when painlessly put to death.

Some people have argued that mongoloids, however happy and however in some instances educable, are also lacking in dignity so that their lives need not always be sustained even when they could be. What the "wedge" argument is saying is that there is no logical or easily agreed upon reason why the range of cases should be restricted to Kohl's paradigm or why it would not be beneficial to extend the range even beyond the retarded. For example, we have instances where quadriplegics who are fully conscious and rational are not asked whether they wish to live or die but are drugged and deprived of life support so that they die. The justification for this is logically the same as the justification for beneficent euthanasia in the case of the severely retarded. The physicians consider the life of a quadriplegic to be undignified or one of suffering or, at least, a life not worth living. These physicians certainly see themselves as acting out of kindness.

The point of the "wedge" argument is very simple. Killing is generally wrong. It should be kept to as narrow a range of exceptions

as possible. The argument for beneficent euthanasia, unlike arguments for killing in self defense, applies logically to a wide range of cases and the reasons for keeping the range of cases narrow are not reasons on which people will easily agree. In short, arguments for beneficent euthanasia apply logically to either a narrow or a wide range of cases. Whether beneficent euthanasia will be applied to a narrow range of cases does not depend simply on how kind a society is. It will depend also on the various notions that are held as to what constitutes a dignified or meaningful human life. About this there will be widespread differences of opinion, many of them based on implicit or explicit theological assumptions.

Furthermore, the "wedge" argument would warn against adopting a principle of minimizing suffering and maximizing kindness. It sounds right but its logical implications go far beyond the intentions of a Marvin Kohl. If minimizing suffering is linked with killing, we have the unfortunate implication that killing is a quicker, more painless way to alleviate suffering than the provision of companionship for the lonely and the long-term care for those who are either dying or recuperating from long-term illnesses.

Clearly, Kohl does not want to minimize suffering by resort to killing but only by resort to killing out of kindness. The question

remains, then, whether killing out of kindness can be maximized without involving a much wider range of cases than Kohl envisages. I shall come back to the question about whether mercy killing restricted to a narrow range of cases in accord with Kohl's paradigms is something that should be justified despite the very telling difficulties raised by the "edge of the wedge" argument.

(2) Euthanasia as Unjust

Kohl argues that beneficent euthanasia is consistent with justice because it meets a basic need for dignity and self-respect. Such dignity is clearly exercised when people ask for a quick and painless death in circumstances where they see only pain and suffering as their lot. But Kohl does not want to restrict euthanasia to instances where consent can be obtained. Sometimes, he contends, neither justice nor dignity is served when the misery of an individual increases and consent is not possible.

Here again we see that there are instances in which Kohl would claim the inducement of a painless, quick death confers dignity where otherwise there is none. As we noted previously, it is difficult to know how wide a range of cases should be included among those where dignity is obtained through a non-voluntarily induced, painless death. Those who induce this death will no doubt have varying notions as to what kind of misery and how much of it renders a life

undignified. This is precisely what the "wedge" argument is worrying about. If euthanasia is practiced on others by someone like Kohl, it will be used as a last resort. If, however, there is a general policy of considering beneficent euthanasia a moral obligation and hence also existing laws that permit people to live up to their obligations, the practices may be quite different from those that Kohl would envisage and sanction. This would not be true because killing is contagious (Kohl has quite properly objected to that argument) but because the notion of dignity is open to a very wide range of meanings. It is also true as we noted previously that agreement as to what confers dignity is difficult to obtain. In any event, those who advocate beneficent euthanasia should clearly specify what they mean by dignity and how they justify their invocation of that term.

(3) The Obligation to Avoid Killing

Kohl recognizes that there are some who can argue that one is not obligated to help the suffering in every way possible, particularly if such help entails killing. On Kohl's view, an important assumption in that argument is that cruelty is to be avoided. Kohl contends that beneficent euthanasia also seeks to avoid cruelty. The difference between opponents and proponents of euthanasia here is over the meaning of what constitutes cruelty and whether or not avoidance of cruelty is

morally sufficient. Kohl argues that those who oppose euthanasia on grounds that it is cruel interpret cruelty in a narrow sense to mean deliberately causing unnecessary pain or harm. They do not use the broader sense of the term cruelty which refers to deliberately causing or allowing needless pain or harm. As a consequence, Kohl argues, these opponents of euthanasia are too prone to tolerate or excuse human misery.

Kohl calls this desire to avoid cruelty a "taboo" morality. It tells us what not to do but not what to do. A society that avoids cruelty is admittedly better than one that does not. However, this "taboo" morality is contrary to the ideal of the Good Samaritan who, unlike those who walk past the injured or the sick, seeks to help. Aversion to cruelty may not harm anyone, but it is not a sufficient principle of action if it does not include the obligation to help and be beneficent to others.

These arguments by Kohl are rather uncharacteristic of his usual fairness to opponents. Those who oppose euthanasia because it is an act of killing share with the Good Samaritan the concern to care for somebody who is or may be dying. That is surely one of the major reasons for opposing euthanasia, namely to care for people who are still alive and to help them to make the most of life, relieving pain and suffering as much as is possible without purposely killing them. Kohl is

assuming that the Good Samaritan ideal of practicing mercy views what is merciful in exactly the same way as he does in advocating beneficent euthanasia. Presumably, if the dying man on the road to Jericho had asked the Good Samaritan to help him by making his death painless and quick, the Good Samaritan would have been obligated to do so, depending upon whether he felt that the injured man was indeed dying.

We see then how we have come about full circle. In effect, Kohl is taking the position that only proponents of euthanasia wish positively to exercise mercy whereas opponents of euthanasia are simply trying to avoid doing something wrong and are so bent on it that they are not willing or able to be merciful. Whether or not one favors euthanasia and whether or not it is considered an obligation would seem, then, to depend on one's notion of what is merciful. The very understanding of a powerful paradigm case of mercy, the Good Samaritan ideal, is in dispute. Does the Good Samaritan ideal expect mercy of us in the form of mercy killing as Kohl argues? I think not. Within the space allotted, it is not possible to do more than sketch some of the main contours of a policy that accepts the Good Samaritan ideal of mercy as a moral obligation but rejects beneficent euthanasia or mercy killing as a form of it.

The Good Samaritan Ideal: An Ethic of Benemortasia

Because euthanasia no longer functions as a merely descriptive term for a happy or good death, it is necessary to invent some term for this purpose. I have chosen the word "benemortasia" which is derived from two familiar Latin words, *bene* (good) and *mors* (death). What *bene* in benemortasia means depends upon the ethical framework that one adopts in order to interpret what it is to experience a good death or at least what would be the most morally responsible way to behave in the face of death, either one's own or that of others. The ethic of benemortasia being suggested in this essay is one such ethical framework built upon a conception of mercy that suggests policy alternatives to beneficent euthanasia.

The ethic of benemortasia I wish to commend to the reader recognizes mercy or kindness as a moral obligation. Mercy is understood in at least two ways: First, it is merciful not to kill; secondly, it is merciful to provide care for the dying and the irremediably handicapped.

The injunction not to kill is part of a total effort to prevent the destruction of human beings and human communities. It is a universal 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, is wrong, that is to say, taking a human life

is a wrong-making characteristic of actions.⁹

Within the history of the West, the necessity for a prohibition against killing was recognized under intensely dramatic circumstances. A band of slaves finds itself in the midst of a desert, having escaped from oppression. These slaves must pull together or perish together under the most harsh conditions. As the very basis of their community, these slaves, now free, chose to unite themselves around certain definite constraints, including the pledge not to kill one another. The acknowledged leader of this community was characterized as one who heeds the cries of the oppressed and delivers from oppression. Those who have been liberated from their bondage now pledge themselves not to injure one another in the form of stealing, bearing false witness, infidelity, or killing. This newly formed community bound together by what has come to be known as the Mosaic Covenant placed itself under the judgment of the most powerful force for justice that they could imagine, so strong was the devotion to justice and to the mercy that delivers the powerless from the powerful.

In the story of the Good Samaritan, a lawyer allegedly confronted Jesus with a question, namely, "what must I do to inherit eternal life?" In other words, what must I do if I am to attain a complete life, one in which I realize myself to the utmost? Jesus

inquired whether he knew the law and the lawyer said he did. To show that he did, the lawyer provided Jesus with a summary of the law well known to Jesus at that time: "You shall love the Lord your God with all your heart and all your might, and your neighbor as yourself." The lawyer did not recite the whole Mosaic Covenant, but there is no question that the summary that he gave included and was meant to include the notion that one should not kill one's neighbors. (The sentences in quotation marks in this and the next paragraph are paraphrases from Luke 10:25-37.)

What is often forgotten about the story of the Good Samaritan is that Jesus is reportedly completely satisfied with this reply by the lawyer. In effect he tells him that he is in great shape. "You know the law, you know you are not supposed to kill or steal, and you know that you are on the side of rectifying injustice. If you live in accord with this, you have got everything a person could ever want, nothing less than eternal life." Within the context, then, of this incident, Jesus in no way questions the Mosaic Covenant or its applicability as a form of kindness to one's neighbor. "If you wish to love your neighbor, do not kill him."

But the lawyer seems to be a very contemporary figure because he asks the question that keeps getting asked over and over again today: who is my neighbor? Who are the ones that I am to love by

restraining myself against acts of killing, stealing, and the like?

It is at this point that Jesus introduces the well-known story about the Samaritan who while on the road to Jericho, unlike others who pass by, stops to aid a person who is half dead, having been robbed, beaten, and left to die. There is no suggestion in this story that one should think in the least about whether the dying person qualifies for care. Indeed, after telling the story, Jesus asks the lawyer who was the neighbor to the one who was in need. The lawyer grasps the point of the story and says it was the Samaritan as contrasted with those who had walked by without caring at all for the wounded person. In short, neighbors are people who care. As the story puts it, the Samaritan was the one who showed mercy.

The Good Samaritan ideal, therefore, understands mercy in two ways: as a pledge not to kill one's neighbor, and as a pledge to be the kind of person who provides care for those who need it. There is nothing in the story that suggests that there is anyone who is beyond our care or that one can claim that someone in need does not qualify for it. And certainly there is nothing in the story that suggests that killing is a form of mercy.

Advocates of beneficent euthanasia would generally agree that one should not kill innocent people, particularly those who are as powerless to defend themselves as the dying and the handicapped,

and also that people in need should receive care. They are skeptical about the kind of care that can and will be provided to relieve pain and suffering by those who reject mercy killing. Our ethic of benemortasia offers at least the following kind of care to patients who are considered to be imminently dying: (1) relief of pain; (2) relief of suffering; (3) respect for patients' rights to refuse treatment; and (4) provision of health care regardless of ability to pay.

(1) Relief of Pain

There is widespread agreement among those who oppose beneficent euthanasia but who believe in mercy that pain relief should be made available to patients even when it means shortening the dying process. This is not considered killing or assisting in a killing because the cause of death is the terminal illness of the patient, and the shortening of the dying process has to do with a choice on the part of patients to live with less pain during their last days. All of us make choices about whether or not we will seek pain relief. While we are not terminally ill, we also make choices about the kind of care we do or do not seek. There is no reason to deny such freedom to someone who is dying. Indeed, there is every reason to be especially solicitous of a person whose days are known to be numbered. There is no legal or moral objection to the administration of pain relief provided it is for that purpose and not for the purpose of killing someone. This

means that one does not knowingly give an overdose of pain relief, but rather concentrates on dosages that are sufficient for relief of pain, knowing that at some point the final dose will be administered. Official Roman Catholic hospital regulations in this country explicitly permit hastening the dying process through the administration of pain relief.

(2) Relief of Suffering

Suffering is not the same as pain although in instances where pain is extremely excruciating, it is virtually impossible to avoid suffering. We know, for example, that physicians can relieve suffering in a variety of ways. There is some evidence that patients who know they are dying generally suffer less and are less inclined to ask for pain relief than those who do not know that they are dying. We know also that one of the major sources of suffering of dying people can come from loneliness and lack of companionship. Our ethic of benemortasia would consider it not only merciful but part of good care in the strictest medical sense to make provision for companionship, whether with medical, para-medical, or other kinds of persons brought to the hospital expressly for this purpose. Churches and other voluntary organizations often assist in these ways. Elisabeth Kubler-Ross,¹⁰ who is an opponent of beneficent euthanasia but a staunch proponent and practitioner of mercy in the form of relief of suffering, has provided one

important model of care for dying persons.

(3) Patients' Rights to Refuse Treatment

Dying patients are also living patients. They retain the same rights as everyone else voluntarily to leave the hospital or to refuse specific kinds of care. Indeed, this right is legally recognized. No new law is required to allow patients to exercise their rights. One of the important good effects of the whole discussion of euthanasia is that all of us, including health professionals, are becoming more sensitive to this right to refuse care. Given the concern not to kill, one would continue to expect that physicians who hold there is some hope of saving a life, would usually presuppose consent of their patients to strive for their lives even where such patients may be expressing a wish to die. Many desperately sick people have despaired of life temporarily but are later grateful to be alive and well.

Those who are irreversibly comatose or those who as in Kohl's paradigm have no functioning of the cerebral cortex, no use of muscles, etc., pose special difficulties both for an ethic of beneficent euthanasia as well as an ethic of benemortasia. We are dealing in these instances with very tragic circumstances. No decision we make is totally satisfactory from a moral point of view. From the standpoint of our ethic of benemortasia, there is a strong presumption to continue to

support the irreversibly comatose and the severely brain-damaged until there is no reasonable hope of sustaining life apart from measures that go far beyond ordinary care. There comes a point where the decision to stop useless interventions can be made out of mercy and also out of the recognition that for the irreversibly comatose, death is inevitable, and that for the severely brain-damaged child, it will be merciful to withdraw from more than ordinary care in the face of the next serious bout of illness where such episodes will be frequent and devastating. The difference between beneficent euthanasia and our ethic of benemortasia is that whereas the former would deliberately induce death, the latter as a last resort, after making every effort to save and repair life, mercifully retreats to simple care in the face of death's inevitability.

(4) Universal Health Care

In order to be merciful as well as just in the provision of care for dying and severely handicapped people, no single person or family should have to bear alone the burden of extensive medical costs. It is notorious that poor people are more often and much sooner let go as dying persons than those who have ample financial resources. Those concerned with mercy should also bear in mind that the much higher rates of maternal and infant death suffered by blacks is one of the more subtle, systemic ways in which a society permits euthanasia. It is

difficult to imagine that one could call such subtle forms of euthanasia in any sense merciful or beneficent. Discussions of beneficent euthanasia should not overlook these injustices to people in need of care.

So far in discussing our ethic of benemortasia, we have stressed the ways in which mercy can be extended to patients without inducing death. However, the proponents of beneficent euthanasia would not be completely satisfied in all cases with the form that mercy takes in our ethic of benemortasia. Kohl emphasizes a *quick*, painless death. Our ethic of benemortasia emphasizes erring on the side of the protection of life while still minimizing suffering. In order to understand this remaining difference between beneficent euthanasia and our ethic of benemortasia, it is necessary to see that they differ with respect to their notions as to what constitutes human dignity.

Proponents of beneficent euthanasia, including Kohl, tend to rest their case on the following kinds of presuppositions:

- (1) That the dignity that attaches to personhood by reason of the freedom to make moral choices demands also the freedom to take one's own life or to have it taken when this freedom is absent or lost;
- (2) That there is such a thing as a life not worth living, a life which lacks dignity, whether by reason of dis-

tress, illness, physical or mental handicaps, or even sheer despair for whatever reason;

- (3) That what is sacred or supreme in value is the "human dignity" that resides in man's own rational capacity to choose and control life and death.

Our ethic of benemortasia as outlined here presupposes the following kinds of presuppositions about human dignity:

- (1) That the dignity that attaches to personhood by reason of the freedom to make moral choices includes the freedom of dying people to refuse non-curative, life-prolonging interventions when one is dying, but does not extend to taking one's life or causing death for someone who is dying because that would be unjustified killing;
- (2) That every life has some worth;
- (3) That notions of dignity are judged on the basis of what is right, merciful, and just, obligations which the dying and those who care for the dying share. Less than perfectly good beings, human beings, require constraints upon their decisions regarding those who are dying. No human being or human community can presume to know who deserves to live or to die.

From a religious perspective, some would leave that kind of decision to God.¹¹

There are two very critical differences in these two sets of presuppositions. Whereas in the ethic of beneficent euthanasia, life of a certain kind or life having dignity is what has value, in our ethic of benemortasia, life as such retains some value whatever form it takes. The dying or handicapped person is always worth caring for.

Another critical difference between the two ethical views we are comparing is that the notion of mercy in our ethic of benemortasia is controlled by what is considered right, particularly the injunction not to kill on which a wide moral and social consensus exists. The notion of mercy in an ethic of beneficent euthanasia as depicted by someone like Kohl and also Joseph Fletcher¹² is controlled by the conception of human dignity. One of the reasons that Kohl and Fletcher insist upon inducing death and making it come quickly is that certain lives are quite undignified and only become dignified in death. It is for this reason that someone like Fletcher can speak of a right to die.

It is precisely this appeal to some notion of dignity to justify killing which evokes "wedge" arguments. As I indicated previously, there are serious and widespread differences among people as to what constitutes human dignity. If who shall live and who shall die is made contingent upon

these widely divergent views of human dignity, moral and legal policies that justify mercy killing can in principle justify a very narrow and/or a very wide range of instances in which it will be claimed we as a society are obligated to kill someone.

The debate concerning what constitutes human dignity is not one that can be easily resolved. There are deep philosophical and religious differences that divide people here. The injunction not to kill is not divisive in this way. A great deal of the emotion generated by the debate over euthanasia finds its source precisely in the understandable and deep uneasiness of a great number of individuals when they are asked to move away from a stringent notion of refraining from acts of killing regarding which there is widespread agreement, and to make judgments about who shall live and who shall die on the basis of conceptions of human dignity regarding which there are deep religious, ethnic, philosophical, and other differences. To argue for beneficent euthanasia is to invite and stir up religious controversy and to threaten human trust and cooperation. To argue for the Good Samaritan ideal is to affirm the very basis of human community, namely, mercy that refrains from killing and that extends care to those who need it. The ethic of the good death (benemortasia) is also the ethic of the good life.

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9. See Chapter 2 of W. D. Ross, *The Right and the Good* (London: Oxford University Press, 1930), for a discussion of right- and wrong-making characteristics of actions. To say that killing is a wrong-making characteristic does not mean that an act of killing may never be justified. For example, a person's effort to prevent someone's death may lead to the death of the attacker. However, we can morally justify that act of intervention because it is an act of saving a life, but not because it is an act of taking a life. If it were simply an act of taking a life, it would be wrong.
10. Kubler-Ross, Elisabeth, *On Death and Dying* (New York: Macmillan, 1969).
11. See Arthur J. Dyck, "An Alternative to the Ethic of Euthanasia" (in R. H. Williams, ed., *To Live and To Die: When, Why and How?*, New York: Springer-Verlag, 1973, pp. 98-112) for a fuller discussion of the way in which these presuppositions emerge.
12. See the two articles by Marvin Kohl listed in footnote 5 above, and "The Patient's Right to Die" by Joseph Fletcher in A. B. Downing (ed.), *Euthanasia and the Right to Death* (New York: Humanities Press, 1971).