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[Book Review of] *Euthanasia Examined*, John Keown, ed.

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Euthanasia Examined

John Keown, ed.

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The prevailing wisdom in Europe (with the exception of the Netherlands) and perhaps North America regarding Euthanasia and its legalization finds expression, I believe, in the Report of the House of Lords Select Committee on Medical Ethics of 1993-94.¹ The following seven propositions drawn from that report² summarize that wisdom or strategy:

1) Euthanasia is "the deliberate intervention undertaken with the express intention of ending life." (Section 18)³ See also Section 20 (99).

In other words, for purposes of legislation euthanasia is conceived narrowly as voluntary active euthanasia. In this respect there appears to be little difference between Dutch, English, and American proposals.

2) Euthanasia thus understood weakens "society's prohibition of intentional killing" which is the "cornerstone of law and of social relationships" and "protects each one of us impartially, embodying the belief that all are equal." (Section 237 [102]).

Voluntary passive euthanasia, conceded by almost everyone to be the moral equivalent of voluntary active euthanasia (since it is the intentional killing of another person by omission) is left in moral limbo or permitted and even encouraged under the aegis of the patient's legal (and, according to some, moral) right to self-determination or autonomy. Even the prohibition against voluntary active euthanasia is weakened by recommendations such as that in the Walton report (section 261) to abolish the mandatory life sentence for murder.

3) Although voluntary active euthanasia may be morally appropriate in some individual cases and appear to justify some

modification in the law, a legal policy that would accommodate these cases would have "serious and widespread repercussions". (Section 238) One reason for this is that "issues of life and death do not limit themselves to clear definition, and without that it would not be possible to frame adequate safeguards against non-voluntary euthanasia if voluntary euthanasia were to be legalized." (ibid) Thus it would be "next to impossible to ensure that all acts of euthanasia were truly voluntary, and that any liberalisation of the law was not abused." (ibid) Creating a legal exception to the general prohibition of intentional killing would "inevitably open the way to its further erosion whether by design, by inadvertence, or by the human tendency to test the limits of any regulation." (ibid) If these dangers were to be actualized they would outweigh any problems that decriminalization sought to address.

According to this line of reasoning, voluntary euthanasia is not always unethical. If a law could be formulated that would be so precise and strict that we could be sure that all the justificatory conditions for voluntary euthanasia were met, then there could be no objection to changing the law. Unfortunately, it is extremely doubtful that these conditions could be met. One need only point to the Dutch experience to be convinced of the merits of the slippery slope argument even in its empirical form.⁴ Partisans of this view seem willing to admit that some people's lives can be judged not to be a "benefit" or even to be harmful to them but argue on utilitarian grounds that such a benefit ought not to be legally available. And so the law ought to treat everyone as if they were equal in human dignity when in fact they are not.

4) Besides the concern that legalized voluntary euthanasia will pass over into nonvoluntary euthanasia, there is also the worry that "vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death." (section 239)

5) As for the fear some patients have of "aggressive medical treatment beyond the point at which the individual felt that continued life was no longer a benefit but a burden" (Section 240), there is now a "steadily emerging" consensus that "life-prolonging treatment may be withdrawn or not initiated." (ibid)

The Committee is not referring here to the well-known (if not always properly understood) principle that futile or excessively

burdensome treatment is not morally required. Instead it seems to be saying that although a person who feels his life is "no longer a benefit but a burden" ought not to be actively killed he ought to be allowed, *for that very reason*, to die. This clearly implies that the Committee thinks that the law ought to go along with such a person's self-estimate and that passive euthanasia, unlike active euthanasia, for some unstated reason does not violate the principle of equality in his case. In this way the Committee, as Luke Gormally points out in Chapter 10 of *Euthanasia Examined*, left untouched "the intellectually incoherent condition of the English law of homicide following the *Bland* judgement." (124) In that case, the Court agreed that "discontinuing all life sustaining and medical support measures designed to keep Anthony Bland alive" involved "the intention of bringing about Anthony Bland's death" but that it did not represent a case of murder since the doctor was under no duty to continue feeding because the feeding was medical treatment which was not in the patient's best interests. And that was so because "a responsible body of medical opinion did not regard existence in Tony Bland's condition as a benefit." (121)⁵ This means that as matters stand, the law in England (and elsewhere) is saying yes and no to nonvoluntary euthanasia - you can't intentionally kill by a positive act but you can by omission. The Walton Committee does not explicitly recommend intentional nonvoluntary euthanasia but only because the Committee's stipulative definition of euthanasia in Section 20 allows it to evade the reality of intentional killing *by omission*. Still it allows a principle to be introduced into the law according to which some people's lives may be judged, either by themselves or by a "responsible body of medical opinion", not to be a "benefit" or to be "in their best interests". Had Tony Bland written an advance directive⁶ expressing "refusal of any treatment or procedure which would require the consent of the patient if competent" (Section 263) the Committee would allow this as a legitimate exercise of personal autonomy. But, more than this, it provides no logical grounds for refusing such a "benefit" even to noncompetent patients who leave no "living wills". Gormally points out that the Commission is similarly blind to the reality of suicide by planned omission. The Report strongly endorses "the right of the competent patient to refuse consent to any medical treatment, for whatever reason". (Section 234) There is not sufficient recognition in the Report of the unlawfulness, if not the criminality, of

suicide.

Doctors who practice passive nonvoluntary euthanasia on the noncompetent such as Tony Bland are only too happy to point to those ethicists and judges who, with logical inconsistency, think it wrong to actively kill those whom they think devoid of any meaningful life but right to kill them by omission. Thus, Bryan Jennett (See Chapter 12 of *Euthanasia Examined*) points to the *Bland* case where "the judges emphasized, as had several US judges before them, that a decision to allow withdrawal of life support from a vegetative patient has nothing to do with euthanasia." (169) Jennett maintains that "the decision to let a vegetative patient die by withdrawing tube-feeding is a logical extension of what has become a widely accepted medical practice that is supported by ethicists and is not challenged by lawyers - namely the withholding or withdrawal of treatment considered of no benefit to a patient and therefore not in his best interests." (170) Naturally Jennett, like his Dutch colleagues, uses "euthanasia" to mean "an active intervention intended to bring about the death of the patient". (170) He seems to see a morally significant distinction between this and omitting treatment with the same intent, viz., to bring an end to "a life devoid of almost all the attributes of a human being..." (179) Those who think that "life of any kind is in itself a benefit" are branded "vitalists". (ibid.) Jennett puts himself on the side of what he considers a majority of people in Western countries who "believe that prolonging life in a vegetative state is not a benefit." (ibid)⁷

6) "[T]he pain and distress of terminal illness can be adequately relieved in the vast majority of cases" (Section 241) by palliative care.

7) In the "small and diminishing number of cases in which pain and distress cannot be satisfactorily controlled", analgesic or sedative drugs in increasing doses may be given to relieve pain or distress. These may shorten life but if they are given "with no intention to kill" and "in accordance with responsible medical practice with the objective of relieving pain or distress" (Section 242) they may be justified.

The preceding seven propositions seem to represent the prevailing wisdom in the matter of euthanasia and its legislation. For many they represent a "moderate" view that avoids the extreme positions of those who, on the one hand, wish to have voluntary active

and passive euthanasia decriminalized and of those who, on the other hand, wish to see it subject to criminal sanctions. Of course, this "moderate" position will be seen as inadequate by those at either so-called extreme. At bottom, what is at stake here is one's ethical position on euthanasia and how the law ought to reflect one's moral position. More fundamentally, what is at stake is one's whole way of thinking of moral and legal issues generally as well as one's understanding of the human person whose rights it is the job of ethics to discern and the role of law to protect.

Some of these foundational issues are studied in the first six chapters of *Euthanasia Examined*. John Harris (Professor of Applied Philosophy in the University of Manchester) and John Finnis (Professor of Law and Legal Philosophy in the University of Oxford) have at each other over the moral permissibility of voluntary euthanasia.⁸ Differences between the two appear already at the level of the definition of euthanasia and this difference is closely connected to philosophical disagreements which go beyond the particular moral issue of euthanasia. Finnis and Harris have different philosophies of action, different philosophical anthropologies, and different ethical and metaethical theories.

Harris defines euthanasia as the "decision that a life will end when it could be prolonged"(6). Finnis's definition is significantly different since it links the decision, not just to the event of death, but to the intention and action of killing. A person who engages in euthanasia decides to kill that person at that person's request (if it is voluntary euthanasia) on the ground or for the reason "that one's human life in certain conditions or circumstances retains no intrinsic value or dignity, or on balance no net value, so that one's life is not worth living and one would be better off dead" or "that the world will be a better place if one's life were intentionally terminated." (70) Finnis carefully distinguishes euthanasia as the intentional killing of another person (whether by commission or omission) from 1) the use of drugs which cause death as a side effect; 2) longing for death; and 3) decisions to decline life-saving or life-sustaining forms of treatment because they choose to avoid the burdens (v.g. pain, disfigurement, expense) imposed by such treatment, and accept the earlier onset of their death as a side effect of that choice.

Harris cannot agree with Finnis's understanding of the moral

significance of intention and argues that "we are also and equally responsible for the things we, voluntarily, bring about, for the things that are the consequences of our free choice..." (36-37). Finnis agrees that we are often gravely responsible for what he calls the side effects (Harris prefers "consequences") of what we do. However, he maintains that our responsibility for them is governed by moral norms different from those applicable to our intending and choosing ends and means. He would grant that a person who drinks excessively is responsible not only for getting drunk but also for the hangover or liver disease which was consequent upon getting drunk. But he would not draw Harris's conclusion that he chose not only to get drunk but also the hangover and the liver disease and that he is therefore equally responsible for both. Harris is led by such an analysis to conclude that when Parliament, for example, chooses to spend funds on education which might have been spent on life-saving surgery it is choosing and implementing a program of euthanasia (53, 54). On his analysis Parliament makes two choices - to spend money on education and (by omission) to kill people. It may intend only to spend funds on education. But that is not what is morally significant. Moral significance attaches to choice and, according to him, the choice is both to spend funds on education and (by omission) to end the lives of certain people.

That is why Harris sees no morally significant difference in the distinction drawn by Finnis between "choosing to kill someone with drugs...in order to relieve them of their pain and suffering, and choosing to relieve someone of their pain by giving drugs, in a dosage determined by the drugs' capacity for pain relief, foreseeing that the drugs in that dosage will cause death in say three days." According to Harris "in each case the drugs have been administered to control pain *and* to bring about the death which will permanently end irremediable suffering..." (38) In another context, a person who knowingly causes his own death as the result of an action that is meant or intended to save someone else's life is equally responsible for the lives saved and the life (his own) lost. His action could be accurately described as one of choosing to kill oneself (suicide) knowing that others would live or in order that others may live. Harris's analysis is consistent with the view that Jesus's and Thomas More's and Maximilian Kolbe's sacrifices of their lives were in fact noble acts of suicide. The reason is that we are

"responsible for the whole package of consequences we know will result from the choices we make. We cannot...evade responsibility by only narrowly intending some of the consequences of our choices. We are responsible for the consequences of our choices because we know the sorts of world these consequences will help shape." (40) What counts is not whether or not someone's death should be intended or merely foreseen as a consequence but "whether or not *this death is morally permissible in these circumstances however caused*". (39) As Finnis points out, this amounts to determining not whether killing is wrong but whether first and foremost the person's life is worth living or not, or at least whether the person's life has net worth, all things considered.

Harris and Finnis are also at odds regarding the nature and value of the human person. Harris defines a person as a "creature capable of valuing its own existence." (9) It is not human life or membership in the biological species *homo sapiens* that is special. There are many human beings who are not persons since they are not capable of valuing their existence, v.g., the human embryo or the newborn infant (9) and there are many human beings who have ceased to be persons, v.g., people in a persistent vegetative state because they have lost their capacity to value their existence. For all that, Harris denies that he is a dualist. In PVS the body, as in death, has ceased to be the body of a person. "It is a living human body (as in a sense it often is when brain death is diagnosed on a life-support system - it is warm, the blood circulates and so on, but it is not the living human body of a person." (42)⁹

Also, valuing one's life is not to be understood as *recognizing* a value that one's (and, presumably, by extension another's) life has independently of one's evaluation of it as such. Harris quite explicitly adopts a Sartrean metaethics of value: "The value of our lives is the value we give to our lives. And we do this, so far as this is possible at all, by shaping our lives for ourselves." (11) On this conception, our bodily being, our life, is simply raw material that must be formed or "shaped" by our choices. Without the will's bestowal of value, the human body has no personal meaning whatsoever. It is the imprint on it of our autonomous will that gives "to each life its own special and peculiar value." (11)

Respect for persons, according to Harris, comes down to respect

for their autonomy, for their ability to create their own lives out of competing conceptions of how and why to live. Concern for people's welfare, or concern for the intrinsic value of life, or respect for "critical interests" must be (if it is not to degenerate into paternalism) either subordinate to or reducible to respect for their wishes to create their own lives for themselves. My welfare, my value, my critical interests are tantamount to "[my] own conviction as to what is in [my] critical interests" (15) or "opinions about what it means for [my] life to go well." (16)

Finnis has a quite different understanding of the human person and of his value. For him, a human being does not become (or cease to be) a person when it has acquired (or lost) the *immediate* capacity to be self-conscious or to choose or to value life. A human being in its early stages is not a potential person that becomes an actual person when it acquires the immediate capacity to think and choose and speak, etc., any more than a human being in its early stages is a potential animal which becomes an actual animal when it acquires the immediate capacity to see, hear, smell, feel pain, etc. From the start the human being is a person in virtue of its *radical* capacity as the kind of being it is to develop over time its biological, psychological and intellectual volitional structures and their attendant abilities. The radical capacity characteristic of the human embryo is not the mere passive capacity of materials that can be whipped into shape either by the environment or by human intelligence. Nor is it like the more proximate but still passive capacity of sperm/ovum to become a zygote human being. By itself neither a sperm nor an ovum ever develops to become a fetus, infant, child, etc. Nor does the development of any living thing have an analogue in the technical world of human making. The early stages of any living thing are neither blueprints nor building materials. Bricks do not develop into houses and blueprints remain external to the finished product. It makes sense to see the development from zygote or embryo to fetus to infant in the same light as the development of infant to child to adolescent to adult. An infant and adolescent are potential adults, but they are not potential human beings or persons. And so the zygote or embryo is a potential infant and child and adolescent, etc., but they are not potential human beings or persons. All of these are stages in the biography of one being - the human being or person. So when Finnis says that the human embryo is *capable* of

v.g. valuing he is saying that it has "a nature of the kind whose flourishing involves such valuing, whether or not an individual or (*sic*) such a nature happens to be in a position to exercise those capacities." (48) In that sense, then, "every living human being has this radical capacity for participating in the manner of a person - intelligently and freely - in human goods." (41) Any non-dualistic account of the human person must view one's humanity as one's radical capacity "for human metabolism, human awareness, feelings, imagination, memory, responsiveness and sexuality, and human wondering, relating and communicating, deliberating, choosing and acting." (31) These quite different activities, including the intellectual volitional are *all* specifically *human*. They represent the flourishing of the singular identical human being that began to unfold autonomously from the moment of conception. As Finnis says:

...the human being's life is not a vegetable life supplemented by an animal life supplemented by an intellectual life; it is the one life of a unitary being. So a being that once has human (and thus personal) life will remain a human person while that life (the dynamic principle for that being's integral organic functioning) remains -i.e. until death. Where one's brain has not yet developed, or has been so damaged as to impair or even destroy one's capacity for intellectual acts, one is an immature or damaged human person." (31)

Of course, it is a human being's radical capacity to think and deliberate and choose that allows us to speak of it as a person. Still human bodily life is not "mere habituation, platform or instrument for the human person or spirit." (32)

Human bodily life is essentially the life of a person. A human person cannot be distinguished, let alone separated, from human bodily life. It follows that human bodily life is an intrinsic and basic personal good. Whereas in Harris's view (and, it would appear, in that of the medical ethics establishment) human life is not a good or value independently of the creative human will which alone is good and decrees what is good elsewhere¹⁰, in Finnis's "Sanctity of Human Life" ethics human life is a good or value independently of the creative human will. According to Harris, people are wronged by being killed only if they are thereby deprived of something they value. Only if their lives are lent a value by their creative wills do they deserve respect. For

Harris, suicide and voluntary euthanasia are simply the individual's attempt to create his own life by creating its ending also. (11)¹¹ Finnis and others in this volume present another consideration. It is this: both the person who asks for and the one who assists (in assisted suicide) or does the actual killing (in euthanasia) must proceed on one or both of two philosophically and morally erroneous judgements that has serious implications for others: 1) that human life in certain conditions or circumstances retains no intrinsic value and dignity (or as he makes more precise later on [70] no net value), so that one's life is not worth living and one would be better off dead or 2) that the world would be a better place if one's life were intentionally terminated. "I want to die! My life is worthless!" says the patient. "I agree! Your life is indeed worthless! You are right to want an end to it!" says, at least implicitly, the doctor (or whoever). But these judgements (whether true or false) cannot be limited to one's own case and circumstances. For example, the first judgement claims that death is no harm (indeed may be a benefit) and that being killed is no wrong. So it cannot in logic rule out non-voluntary and even involuntary euthanasia. The same holds for the second judgement.¹²

Although Finnis belongs to the so-called Sanctity of Human Life ethical human tradition and rules out as always morally wrong the intentional killing of innocent people, he is not a vitalist if by that is meant someone who thinks that there are no limits in one's obligation to prolong human life. There is, of course, a positive obligation to prolong human life, but like all positive obligations, there are limits. Thus, while it is wrong to intentionally kill people in PVS (either by commission or omission), the care to be provided them need be no more than is provided to anyone and everyone for whom one has any respect and responsibility - the food, water and cleaning that one can provide at home. To do otherwise would manifest a choice to proceed on the basis that such persons are better off dead - that their lives are not equal in value and worth with that of everyone else's and that they do not have an equal right to life. (33)¹³

In chapter 7 Kenneth Boyd, without a trace of rational argument or sense of ambiguity, tells us that he accepts "that there are some rational suicides, and by extension that some requests for euthanasia are also rational." (78) He means, I believe, that some requests for suicide and euthanasia are not only made by sane people but are also ethically

justified, although he offers no argument for either. His "modest" proposal is that a way be found for determining whether or not a particular request can be justified - a conversational method that supposedly addresses the singular, individual, unique person and his circumstances. In her case for legalizing voluntary euthanasia in Chapter 8, Jean Davies tells us that public opinion (including that of the religiously affiliated), the increased importance of personal autonomy, the demographic factor of our aging population and the continuing development of medical technology for "extending our dying" all point in the direction of changing the law against voluntary euthanasia. Davies would like to see the "sanctity of human life" principle replaced by the "respect for human life" principle as long as one distinguishes between "being alive and having a life". She cites Lord Justice Hoffman's judgement: "the stark reality is that Anthony Bland is not living a life at all." (88) As for the advances made by the hospice movement, Davies thinks that "there are still many people who do not want to go on to the bitter end and do not see why that should be required of them." (ibid) Davies would welcome the legalization of assisted suicide as a first step towards the decriminalization of "properly practised" (89) voluntary euthanasia.

In this connection she points to the "guidelines" for what she considers to be the "careful practice" of euthanasia in the Netherlands. Two of the most important provisos are the explicit and deliberate request for euthanasia on the part of the patient and the check by a second doctor of diagnosis and patient's refusal of further life-prolonging treatment. She dismisses out of hand the "barrage of ill-informed criticism" leveled at Dutch euthanasia practice.¹⁴

Against Davies, Luke Gormally argues¹⁵ with Finnis and Keown that "what bears the main weight of justifying voluntary euthanasia [viz. that death is a benefit for a person who no longer has a worthwhile life] also justifies non-voluntary euthanasia." (127) And so the voluntary euthanasia movement cannot dissociate itself from the Nazi practice of euthanasia. Their *reason to justify* (versus their *motive*) for killing the mentally ill, the handicapped, retarded and deformed children was that their lives were "not worth living" or were "devoid of value". (128)

Gormally rejects the reigning view in medical ethics (defended, for example, by Harris) that "the value and dignity associated with the

possession of basic human rights depends upon human beings first developing psychological abilities which they retain as presently exercisable abilities" in favor of the view (defended, for example, by Finnis) that "every human being - simply in virtue of being human - has the dignity and value recognition of which entails acknowledgement of their basic human rights." (115)

This equality-in-dignity of human beings is also the fundamental reason for maintaining criminal sanctions on aiding and abetting suicide as well as on euthanasia. A would-be suicide is clearly persuaded that life is no longer worth living. But the law, consistent with its moral foundation, cannot go along with that self-estimate or with the attitude of those who aid and abet suicide and who, in doing so, "in effect tell the would-be suicide that his life is indeed without value." (116) It is sometimes said that since suicide is "legal" then so ought assistance in suicide at least for those who are unable to do the deadly thing themselves. However, in decriminalizing *attempted* suicide legislators make the prudential judgement that life is better served if would-be suicides got help. To prosecute such people would undermine their prospects of recovering some sense of the worthwhileness of their lives. It would also most likely increase the number of successful attempts at suicide. As for euthanasia, the fundamental objection to it and to its legislation is an "objection to aiming to cause someone's death in order to put an end to a life judged no longer worthwhile." (116) Gormally rejects the grossly inflated claims of autonomy or choice. Human flourishing, of course, "requires that I make choices, that what I do is my doing, and what I achieve my achievement." There must also be some scope for erroneous choices. However, there are "no general grounds for respecting every kind of self- [and one could add: other-] destructive choice..." (119)

In Chapter 11, Robert G. Twycross, who has worked as a hospice doctor for over 20 years, claims that "it would be a disaster for the medical profession to cross the Rubicon and use pharmacological means to precipitate death intentionally." (164) In his work he considers himself bound "by the cardinal ethical principle that I must achieve my treatment goal with the least risk to the patient's life." Even in extreme and rare circumstances, his "*intention* is to alleviate suffering, not to shorten life." (166)

In his article (Chapter 15) Yale Kamisar seeks to hold the legal

line between letting die, on the one hand, and direct killing and assisted suicide on the other. He claims that the Supreme Court decisions in the U.S. lend no support to the right to assisted suicide. Kamisar personally thinks that a person has a moral right in certain circumstances to commit suicide (as well as to assisted suicide and euthanasia) but he argues on utilitarian lines that assisted suicide should not be legalized. Moreover, legalizing assisted suicide would surely open the way to the legalization of voluntary euthanasia. Kamisar sees the logical connections between assisted suicide for the terminally ill and assisted suicide for other seriously ill or disabled persons (who may have to endure more pain and suffering for a much longer period of time). He also sees the logical connections between assisted suicide and voluntary euthanasia. Although he does not see the logical connection between the ethical foundations of voluntary and nonvoluntary euthanasia, the empirical connection between the practice of voluntary and nonvoluntary euthanasia is sufficient to convince him that voluntary euthanasia (and its logical counterpart assisted suicide) should not be legalized.¹⁶

The final chapter by Anthony Fisher is a scriptural theological reflection on euthanasia. In that perspective, the two radical sides of the euthanasia debate seem to pit the old self-willed Adam against the new Adam sent to do the will of His Father. The temptation to become as the gods, to think of oneself as creating good and evil by one's autonomous will (Nietzsche) or choice (Sartre) seems very much alive among those who clamor for liberalization of the law in the matter of euthanasia. This religious ethical world view contrasts radically with the religious ethical world view of those who claim the second Adam as their model and who believe (not unreasonably) with Saint Paul that we are not our "own", that we "belong to Christ". The followers of Christ have to stand up to the Caiphases and Pilates of our age who wish to wash their hands clean of innocent human life.

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References

1. Also known as the Walton Report. Excerpts of this report comprise Chapter 9 of *Euthanasia Examined*, ed. John Keown. See also *When Death is Sought: Assisted Suicide and Euthanasia in the Medical Context*, New York State Task Force on Life and the Law (1994) and *Euthanasia, Aiding Suicide and Cessation of Treatment*, the Law Reform Commission of Canada, Report 20.
2. The propositions, as opposed to commentary on some of them, will be set in bold face.
3. See *Euthanasia Examined*, p.98. Hereafter page references to this volume will be found in parenthesis in the text.
4. See note 14 below.
5. Gormally is citing *Airedale NHS Trust v. Bland* [1993] Appeal Case 789.
6. Stuart Hornett gives an ethical and legal analysis of advance directives in Chapter 17 of *Euthanasia Examined*. Common law, he claims, recognizes, in principle, the two basic concepts underlying advance directives, viz., that such a patient may refuse life-sustaining treatment even if it results in death and that such a decision may take an anticipatory form and will bind a patient's doctor in the same way as any other competent decision. The courts seem to have accepted that a decision made by a competent patient is sacrosanct and may not be impugned for being unethical, v.g., by being suicidal or by abdicating responsibility for dependent third parties. Hornett is in favor of having directives inform but not bind the doctor. His reasons are the potential clinical problems occasioned by advance directives, the questionable premises upon which anticipatory decisions are given effect and the danger of ill-informed refusals being made by individuals.
7. In Chapter 13 of *Euthanasia Examined* Joseph Boyle seeks to refute those who argue that it is always morally obligatory/permissible to withdraw tube feeding from patients in PVS because such treatment provides no benefit or because the burdens of treatment are always disproportionate to the benefits. It does not follow that it is never permissible to withdraw tube feeding. There are situations where one can withdraw treatment without intending the death of the patient and without considering the patient to be a nobody. Circumstances of the particular case will be the decisive moral consideration in arriving at the moral judgement about the level of care to be provided to any patient in PVS. "The condition itself and the essential requirements for caring for people who suffer from it are not sufficient to show either that withdrawing food and water is permissible or required or that continuing to provide them is required". (198) The relevant moral rule is that "we must do what we can to care for patients in PVS, and to maintain the human ties with them which show our respect for their human dignity". This means that "a level of care which can be provided compatibly with other responsibilities is morally required". Needless to say,

Boyle comes out of a framework of moral and anthropological thinking that is foreign to Jennett. We shall have much to say about this later.

8. Chapters 8, 9, and 10 of *Euthanasia Examined* speak to how the law ought to address the specific moral issue of euthanasia. Gormally's chapter (10) is the most philosophically grounded of these essays. It contains a sketch and defense of the moral principle that ought to inform the law on euthanasia (and other human life issues).

9. Harris makes no distinction between an organically whole living human body with its vital functions and functioning and a body that has ceased to function as an organic whole but which nonetheless contains parts which function in isolation often only with the help of a machine.

10. Harris does not explain how euthanasia is compatible with respect for the valuing self given that when the evaluated *life* is destroyed the valuing *self* is destroyed as well. How is deliberate destruction of what is of "intrinsic, cosmic importance" (16) compatible with respect for it?

11. What if I should decide to de-value the lives of other human beings? Harris does not appear to be able to exclude murder in that situation. He might perhaps counter that what counts is not my valuation of other peoples' lives but their own autonomous valuing. But why should I and my autonomous will respect the autonomous valuing of others? Harris does not explain why I, who am *ex hypothesi* the creator of values, should value positively the value projects of others. Harris plays down the implications for others of his view that "[p]ersons who do not want to live are not on this account wronged by having this wish granted, through voluntary euthanasia for example". (9) To be sure, it is consistent with Harris's understanding of personhood and value that "[n]on-persons or potential persons [v.g. fetuses, infants, patient in PVS] cannot be wronged in this way because death does not deprive them of anything they can value. If they cannot have that wish to live, they cannot have that wish frustrated by being killed". (9) But do people whom even Harris would consider genuine persons (viz. those who can wish or not to live) escape the logic of his position? In other words, can Harris's view rule out non-voluntary and even involuntary euthanasia? The considerations above suggest that he cannot.

12. This argument goes beyond the "empirical" slippery slope argument (of which more later) in terms of what is likely to happen if we approve ethically or legally assisted suicide or voluntary euthanasia.

13. See note 5.

14. Hopefully Davies will read the carefully researched article of John Keown, the editor of *Euthanasia Examined*, on Dutch euthanasia practice. He finds "ample evidence from the Dutch experience to substantiate the relevance of the 'slippery slope' argument in both its forms." (263) The logical form of the argument runs that

the acceptance of voluntary euthanasia leads to acceptance of at least nonvoluntary euthanasia because the former rests on the judgement that some lives are not "worth" living, which judgement can logically be made even if the patient is incapable of requesting euthanasia. If a doctor can make this judgement in relation to an autonomous patient he can, logically, make it in relation to an incompetent patient. And if death is a "benefit" for a competent patient suffering certain conditions, why should it be denied incompetent patients suffering from similar conditions? Keown shows that there were far more cases of nonvoluntary euthanasia in Holland in 1990 than of voluntary euthanasia partly because "the underlying justification for euthanasia in Holland appears not to be patient self-determination, but rather acceptance of the principle that certain lives are not 'worth' living and that it is right to terminate them." (287) The empirical form of the argument runs that even if a line can in principle be drawn between voluntary and nonvoluntary euthanasia, a slide will occur in practice because the safeguards to prevent it cannot be made effective. In the Dutch case "...the Guidelines are simply incapable, because of their vagueness and the fact that they entrust the decision-making to the individual practitioner, of ensuring that euthanasia is carried out only in accordance with the criteria they [the courts and The Royal Dutch Association] specify." (266) The Survey done for the Rummelink Commission shows that doctors intended to accelerate death in far more than the 2,700 cases classified by the Commission as "euthanasia" and assisted suicide. "This total ignores the 1000 cases of intentional killing without request and, in addition, three further categories where there is said to have been some intention to shorten life: first, the 8,100...cases of increasing the dosage of palliative drugs; secondly, the 8,750 cases of withholding or withdrawing treatment without request and, finally, the 5,800...cases of withholding or withdrawing treatment on request. Adding these 23,650 cases to the 2,700 produces a total of 26,350 cases in which the Survey states that doctors intended, by act or omission, to shorten life. This raises the incidence of euthanasia from around 2% to over 20% of all deaths in Holland." (217) And let it be noted that 15,258 or 57.9% of these deaths were nonvoluntary. The Commission seeks to defend the 1,000 cases of nonvoluntary euthanasia it admits by stating that "active intervention" was usually "inevitable" because of the patient's "death agony". (276) As Keown notes, this attempted ethical justification amounts to little more than a bare assertion that killing without request is morally acceptable.

15. See Chapter 10 - Walton, Davies, Boyd and the legalization of euthanasia.

16. Dieter Giesen's article in Chapter 14, "Dilemmas at Life's End: A Comparative Legal Perspective", is useful for its legal scholarship. However, he does not appear up to the ethical *status quaestionis*. Here he appears eclectic rather than systematic and analytic in his approach.