



STATEMENT DE197-2

THE EUTHANASIA DEBATE: ASSESSING THE OPTIONS
(Part Two in a Two-Part Series on Euthanasia)

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In Part One of this series I examined two central aspects of the euthanasia debate. First, several important background concepts in ethical theory were explained. Second, the main features of the libertarian and traditional views of euthanasia were set forth.

The libertarian view, advocated by philosopher James Rachels, states that there is no morally relevant difference between active and passive euthanasia. Moreover, Rachels says, it is *biographical* life (which includes a person's aspirations, human relationships, and interests), not *biological* life (being a human being), that is important from a moral point of view (*see* Part One, p. 13). And if passive euthanasia is morally justifiable in a given case, then so is active euthanasia, since there is no relevant distinction between them.

The traditional view affirms that there is a clear, moral difference between active and passive euthanasia. The former involves the intentional, direct taking of an innocent human's life. The latter involves foregoing treatment (through either withholding or withdrawing treatment) and allowing the natural dying process to run its course. According to the traditional view, active euthanasia is morally forbidden, but passive euthanasia is morally permissible *if certain conditions are present*: the patient is terminal, death is imminent, treatment is judged extraordinary, and death is not directly intended or caused, but merely foreseen.

At this point we are prepared to assess the options. In what follows, I will (1) critique the libertarian view, (2) defend the traditional view, (3) address the issue of foregoing artificial food and water, and (4) place the euthanasia debate in the larger context of broad, world view issues.

A CRITIQUE OF THE LIBERTARIAN VIEW

Arguments for the View

There are five primary arguments for the libertarian view.¹ The first two are related to the biological/biographical and the active/passive distinctions discussed above.

Argument 1: The Argument from Autonomy. Since biological life (being a human being) is not the real, moral issue, then life is not intrinsically valuable or sacred *simply because* it is human life. The important thing is that one has *biographical* life — and this involves a person's ability to state, formulate, and pursue autonomously chosen interests, desires, and so forth. If a person autonomously chooses to end his or her life or have someone else assist him or her in doing so, then it is morally permissible. One should be free to do as one chooses as long as no harm is done to others.

Argument 2: The Equivalence Argument. There is no morally relevant distinction, the libertarian view says, between active and passive euthanasia. Passive euthanasia is sometimes morally permissible. Thus, active euthanasia is sometimes morally permissible. The Smith and Jones cases, described in Part One of this article, were presented by Rachels as an illustration of his view that active and passive euthanasia are morally equivalent.

Argument 3: The Argument from Mercy. It is cruel and inhumane, it is said, to refuse the plea of a terminally ill person that his or her life be ended to avoid unnecessary suffering and pain. Allowing such a person to terminate his or her life is an act of mercy.

Argument 4: The Best Interests Argument. If an action promotes the best interests of everyone concerned and violates no one's rights, the libertarian view maintains, then that action is morally acceptable. In some cases, active euthanasia promotes the best interests of everyone concerned and violates no one's rights. Therefore, in those cases active euthanasia is morally acceptable.

Argument 5: The Golden Rule Argument. Moral principles, it is argued, ought to be *universalizable*. In other words, if I don't want someone to apply a rule to me, I shouldn't apply it to others. Similarly, if I want someone to apply a rule to me, I ought to be willing to apply it to others. Now, suppose I were given a choice between two ways to die. First, I could die quietly and without pain, at the age of eighty, from a fatal injection. Or, second, I could choose to die at eighty-plus-a-few-days of an affliction so painful that for those few days before death I would be reduced to howling like a dog, with my family standing helplessly by. The former death involves active euthanasia, and if *I* would choose it under such circumstances, I should be willing to permit *others* to choose it too.

CRITICISMS OF THE VIEW

Since the first two arguments above are so central to the libertarian viewpoint, they require special treatment. Before we consider these, let us briefly examine arguments three, four, and five.

The Argument from Mercy

Critics of the libertarian view have responded to the argument from mercy in at least four ways. First, there are very few cases where modern medicine cannot alleviate suffering and pain. It is wrong ethical methodology to build an ethical doctrine on a few problem cases. Libertarians violate this principle by placing too much weight on an argument that applies only to a small number of situations.

Second, though this can be abused, value can be found in suffering. One can grow through it; one can teach others how a wise, virtuous person handles life's adversities — including physical suffering and death; one can show that one cares for his or her membership in community with others and that it is not right to abandon being present to one another in time of need (e.g., a conscious, dying patient can signal his or her commitment to community by not giving up on life; the community in turn can continue to value and care for the dying patient); and one can affirm the fact that people have value and purpose beyond happiness, the absence of pain, or the ability to pursue autonomously chosen goals.²

Third, even in cases where death is imminent and pain cannot be minimized or eliminated through normally accepted dosages of medication, active euthanasia is not the only option. A doctor *can* give the necessary pain medication if the intent is solely to alleviate pain and not to kill, even if it can be foreseen that such an action will hasten death. In this case death is a foreseen, tolerated, but *unintended* effect.

Finally, critics of the argument from mercy who are theists point out that life is a gift from God and that we are not the sole, absolute owners of our lives. Thus, active euthanasia is an act of rejecting life as a gift from God and it fails to trust the providential care of God and the possibility of good that can result from suffering (*see* point number two above). The strength of this argument depends on whether one accepts theism and on the version of theism one adopts. For example, views of God which picture Him as removed and uncaring will not be relevant here, but the existence of the biblical God is very relevant to this argument.

The Golden Rule Argument and the Argument from Best Interests

Two responses have been offered that apply equally to the Golden Rule argument and the best interests argument. First, both arguments beg the question against a sanctity of life view in favor of a quality of life view. If (in theological language) life is sacred because humans are made in the image of God, or if (in philosophical language) persons have intrinsic value simply by being human and thus are ends in themselves, then active euthanasia inappropriately treats a person as a means to an end: a painless state of death. Even if we grant that a painless state is a good end, it is immoral to accomplish even a good end by an evil means. Intentionally taking the life of an innocent human being is wrong, regardless of the end it accomplishes. Such an act is dehumanizing because it treats a human being (which has intrinsic value and is an end in itself) as a mere thing (which merely has instrumental value and is a means to an end).

Not everything people take to be in their own best interest is morally acceptable. Similarly, not everything people would wish to have done to them is morally appropriate. Quality of life judgments are often subjective and thus can be morally defective. Put differently, people can dehumanize themselves — and actually do so in active euthanasia by intentionally killing themselves (or by others intentionally killing them). The strength of this argument hinges on the debate about the relative importance of biological and biographical life (more will be said about that debate below).

Second, it may not be in my own best interests or in the best interests of others for me to die. If I am willing to allow others to perform active euthanasia on me (and, by the Golden Rule argument, I'm willing to do so to them), I am mistaken in my perspective and leaving out morally relevant information.

For example, I may miss the opportunity to learn things through suffering. Even if a person is not conscious, he or she can contribute to the community an example of courage in the face of adversity. This could happen in at least two ways. First, a person could leave an advanced directive prior to reaching a state of unconsciousness. Such a directive could express the fact that no heroic means need to be administered if the person becomes terminal and death is imminent, but that the person wishes to be kept alive if he or she is not terminal as an expression to the community of the intrinsic value of human existence. Second, the family and the rest of the community is given a chance to show courage in the face of adversity by sacrificially caring for someone when nothing can be given back in return. These lessons are extremely important, given our current narcissistic culture with its emphasis on personal peace and comfort. Therefore, the chance to teach these lessons and exemplify these values should be factored into our thinking about how we should approach the subject of our own deaths. Hence when one engages in active euthanasia, one abdicates one's privilege and responsibility to live out one's life in community with others (and, theists would add, with God).

Problems with the Biological/Biographical View of Life

As noted earlier, a central feature of Rachels's argument from autonomy is the distinction between the biological and biographical views of life. Here I will address three critical problems with this distinction.

(1) Rachels's understanding of biographical life, far from rendering biological life morally insignificant, *presupposes* the importance of biological human life. His libertarian view describes biographical life as a unity of capacities, interests, and so forth that a person freely chooses, and that unites the various stages of his or her life. Now it is precisely these (and other) features of life that philosophers try to capture in the notion of an *essence* or *natural kind* (e.g., humanness). It is because an entity has an essence and falls within a natural kind that it can possess a unity of dispositions, capacities, parts, and properties at a given time and can maintain identity through the various stages of its biographical life. And it is the natural kind that determines what sorts of activities are appropriate and natural for that entity.

Thus, falling under a natural kind — being a *human being* in this case — is a necessary condition for (1) having a biographical life in the first place, and (2) having the possibility of a *sort* of life appropriate for the kind of organism a thing is. (For example, Smith ought to learn math and ought not to learn to bark because Smith is a human and not a dog.) Now, the idea of the natural kind "human being" is not to be understood as a mere biological concept. Rather, it is a *metaphysical* concept that grounds both biological functions and moral intuitions.

In sum, if we ask why biographical life is both possible and morally important, the answer will be that such a life is grounded in the kind of entity — a human being in this case — that typically can have that life. And the natural kind "human being" is not merely a biological notion, but a metaphysical notion that includes moral properties. Human beings have both biological *and* moral properties and thus are objects of intrinsic value simply as humans.

(2) Rachels's libertarian view seems to collapse into subjectivism. According to him the importance of a biographical life is that a person has the capacity to set and achieve goals, plans, and interests that are important from the point of view of the individual him/herself. But if this is true, then there is no objective moral difference in the different goals one chooses. One can only be right or wrong about the best means to accomplish these goals.³

To better grasp this, consider Rachels's treatment of the 1973 "Texas burn case" where a man known as Donald C. was horribly burned but was kept alive for two years in the hospital against his will, and is still alive today. Rachels

believes this man's desire to die was rational because he had lost his biographical life. Says Rachels:

Now what could be said in defense of the judgment that this man's desire to die was rational? I believe focusing on the notion of his *life* (in the biographical sense) points us in the right direction. He was, among other things, a rodeo performer, a pilot, and what used to be called a "ladies' man." His life was not the life of a scholar or a solitary dreamer. What his injury had done, from his point of view, was to destroy his ability to lead the life that made him the distinctive individual that he was. There could be no more rodeos, no more aeroplanes, no more dancing with the ladies, and a lot more. Donald's position was that if he could not lead *that* life, he didn't want to live.⁴

But surely some rational life plans are more objectively valuable than others. If a woman has a life plan to be the best prostitute in America, but has an accident that confines her to a wheelchair such that she is in no pain, can lead a relatively productive life in various ways, but can no longer pursue her desire to be the best prostitute, that person could want to commit suicide. Does it make sense to say that she would be rational to desire to die? Does it make sense to say that her biographical life is what gave her life value?

Rachels's view would seem to imply an affirmative answer to both of these questions. Contrary to Rachels, however, it is clear that this woman was dehumanizing herself. And it is a moral strike against her community that they allowed her to reach the point of formulating such a biographical life plan in the first place. The simple fact is that people can dehumanize themselves by choosing biographical life plans that are morally wrong, and Rachels's view cannot account for this fact.

Some manners of life are morally appropriate for humans and others are not. The difference seems to be grounded in the fact that a human being is a creature of value, and a choice of life plans can be devaluing to the sort of creature one is. Without objective content which sets limits for what counts as a morally appropriate approach to living versus approaches that are trivial, immoral, or dehumanizing, subjectivism would seem to follow. For Rachels, *any* life plan is acceptable for me as long as I have freely chosen it and it doesn't harm others. But a person can be wrong about his or her point of view.

Rachels denies that his view is equivalent to moral subjectivism. He argues that it is objectively true that something has value for someone if its loss would harm that person. But this is a mere formal principle. At best, it only gives us a necessary condition for a moral principle. But moral principles must have enough content to serve as action guides (principles with enough teeth to tell us

what to do and not do). Action guides need material content, and, in Rachels's view, the material content one gives it — that is, what it means to be harmed — will depend in large degree on what *interests* constitute one's biographical life (the case of Donald C. illustrates this). But since a choice of interests is subjective in Rachels's view, his denial of subjectivism fails to be convincing.

(3) According to Rachels, the rule not to kill is no longer morally relevant to people without biographical lives. This is because the point of the rule is to protect people with biographical lives. It would seem, then, that a person who no longer has such a life — who has no point of view — is no longer included in our duty not to kill. But if the person has lost the right not to be killed, it would seem that *other* rights would be lost as well, since the right to life is basic to other rights. In this case, it would be morally permissible to experiment on such a person or kill him or her brutally. Why? Because we are no longer dealing with an object that has the relevant rights.

Rachels could respond that some other factor is relevant that would forbid killing the patient violently. Perhaps others would see the act; perhaps such an act would weaken respect for life; or perhaps the act would bring out hostility in the doctor's character. The difficulty with this response should be obvious. Cases can be set up where these factors do not obtain: No one knows about the brutal killing of the patient; the doctor's psychologist has told him to express his aggression toward objects that remind him of his mother; and so forth. In these cases there would seem to be no moral difference between a lethal injection or a more brutal means of killing. The patient — who has no life and is not an object of moral consideration — approaches thing-like status. If Rachels's libertarian views do, in fact, entail this conclusion, and if this conclusion is as morally unacceptable as it would seem to be, then Rachels's views must be mistaken.

The Killing/Letting Die Distinction

The "bare difference" argument involving the Smith and Jones cases (*see* Part One) was an attempt to show that two different actions — one killing and one letting die — can have the same intentions and results, and thus are both morally forbidden despite the difference in actions. In fact, the cases are *supposed* to show (as presented by Rachels) that the difference between killing and letting die is irrelevant. But the cases fail to make the point.

First, they have what some philosophers call a masking or sledgehammer effect. The fact that the taste of two wines cannot be distinguished when both are mixed with green persimmon juice fails to show that there is no difference between the wines. The taste of the persimmon juice is so strong that it overshadows the difference. Similarly, the intentions and motives of Smith and Jones are so atrocious, and both acts are so clearly unjustified, that it is not surprising that other factors of their situation (*doing* something versus *refraining* from doing

something) are not perceived as the morally determinative factors in the cases.

Second, the main difficulty with the bare difference argument lies in its inadequate analysis of a human moral act. Thomas Sullivan put his finger on the problem when he argued that Rachels makes the distinction between the act of killing and the act of letting die be "a distinction that puts a moral premium on overt behavior — moving or not moving one's parts — while totally ignoring the intentions of the agent."⁵

In our discussion of the principle of double effect (*see* Part One), we saw that moral acts are not defined merely in terms of the movements of body parts taken to secure an end. Rather, a moral act is a whole with a *motive*, *intent*, and *means-to-an-end* as parts of the act. Only the latter involves overt body movement and it is really the component of intent that defines the essence of a moral act.

The importance of intent can be seen as follows. Suppose a mad scientist places a remote control device in a person's brain that programs the person to hit the first person he sees after the operation. After the patient wakes up someone comes in to see him and is hit on the nose. Contrast this with a second person who strikes someone on the nose because of hatred and jealousy. Both acts involve the same set of physical occurrences or means-to-ends (moving body parts to strike someone). But the first person's behavior was causally determined by an implanted device and he acted out of no intent at all. The second person acted out of a clear intent to harm. The second act is immoral in a way the first one is not and the difference lies in the presence or lack of a morally relevant intention.

Rachels's bare-difference cases differ in means-to-ends, but they have the same intent. Contrary to Rachels, defenders of the active/passive distinction do not ground the difference on mere physical occurrences or means-to-ends. The acts of Smith and Jones drowning the two children differ *only* in physical movements. But, as we have seen, that is just part of a human act, not the whole. Rachels leaves out the *intent* of the two acts in his analysis. A defender of the traditional view would not allow such an analysis to stand.

Rachels sets up a different case to try to show that two acts can be the same with different intentions and, thus, intentions are not a part of an act.⁶ Jack visits his sick and lonely grandmother, and his only intention is to cheer her up. Jill also visits the grandmother and provides an afternoon of cheer. But Jill does it to influence the grandmother to include Jill in her will. Both of them did the same thing: they spent an afternoon cheering up the grandmother. Jill should be judged harshly and Jack praised, not because they did different *acts*, but because Jack's character is good and Jill's faulty.

But if the traditional analysis of human action is correct, then Jack and Jill did not do the same actions. Their actions may be identical at the level of means-to-

ends, but their intents were different. Jack's action was one of loving his grandmother and cheering her up by being with her. Jill's action was one of securing a place in the will by being with her.

In view of these factors, it is clear that the libertarian view of active euthanasia, expressed by perhaps its most articulate exponent, is inadequate.⁷ Most philosophers agree with this assessment and hold to the traditional view of euthanasia. Some of their reasons will become clearer as I elaborate on this view.

A DEFENSE OF THE TRADITIONAL VIEW

At least five arguments have been offered in support of the traditional view of euthanasia. Let us now briefly examine all five.

Argument 1: Active euthanasia violates a person's negative right to be protected from harm (death), while passive euthanasia only violates a person's positive right to have a benefit (continued treatment). The former usually has a higher degree of incumbency than the latter, especially when the negative right being violated involves death itself.

Two responses have been offered to this argument. First, some deny the distinction between active and passive euthanasia. (We have already looked at this and found reasons to uphold the distinction.) Second, it has been pointed out that the difference between positive and negative rights is too small to justify a denial of the former and an acceptance of the latter. It does seem that judgments about the relative importance of negative and positive rights can be somewhat subjective, so — taken by itself — argument one is a weak one.

Argument 2: A mistaken diagnosis can be reversed in passive euthanasia (the person can get well if the disease is not as serious as was thought), but no such possibility exists in active euthanasia. The basic response to this argument is that there are a small number of cases where there is a serious possibility of a mistaken diagnosis, and only in those cases should active euthanasia be forbidden. When the diagnosis is clear, active euthanasia is permissible. This response seems to shift the moral debate about euthanasia to other issues. For example, is active euthanasia ever permissible, mistaken diagnosis or not? Thus, argument two is best understood as a warning against active euthanasia and a principle that severely limits its applicability.

Argument 3: Active euthanasia violates the special duty that physicians have to patients, namely, the preservation of their lives. Rachels counters this by arguing that if active euthanasia is justified, then the medical profession is built around the wrong set of duties. So we need to come up with a more adequate definition for medicine that allows for the practice of active euthanasia. For the sake of

argument, says Rachels, let's call this newly defined practice "smedicine." The only difference between "smedicine" and "medicine" is that the former allows and the latter forbids active euthanasia. Rachels's question, then, is this: Why should we prefer "medicine" over "smedicine"? In his view, we should not.

Two points can be offered by way of rejoinder. First, the medical profession did not materialize out of thin air. Rather, it represents the accumulated wisdom and virtue of several generations. Thus, the burden of proof is surely on anyone who would recommend a change in one of its foundational values. Second, certain values seem to be necessary as presuppositions before we can make sense out of medicine itself, and these values run counter to the practice of "smedicine": the intrinsic value of each human being beyond mere autonomy, the need to be a caring presence to one another in difficult times, and the need to use suffering and death as opportunities to teach lessons about life. Thus, smedicine is not a minor adjustment in medicine, but a radical alternative that should be rejected.

Argument 4: Active euthanasia weakens respect for human life; thus, even if it could be justified in a particular case, we could not adopt active euthanasia as a general policy. This is a slippery slope argument that can take two forms. A *logical* slippery slope argument says that if a disputed act A cannot be logically distinguished from an act B in a morally relevant way, and we know that B is wrong, then A is wrong too. A *causal* slippery slope argument says that even though a disputed act A is really different from a forbidden act B, nevertheless, if we allow A it will contribute to causing people to do B, and so A should not be allowed. Argument four is a causal slippery slope argument. Its force needs to be settled by factual, sociological data because it is an empirical question: What impact on society will a certain practice have?

Argument 5: The intentional killing of an innocent human life is wrong because human life is sacred. Because human beings are made in the image of God, they have intrinsic value as ends in themselves by virtue of their membership in the natural kind "human being." Active euthanasia violates this fundamental principle. This is the cornerstone of the traditional view. Advocates of the libertarian view, however, reject this principle and put a premium on biographical life, individual liberty, private rights, and autonomy.

FOREGOING ARTIFICIAL AIR, NUTRITION, AND HYDRATION

At this point in our discussion, a word needs to be said about the current debate regarding the moral appropriateness of foregoing artificial air, nutrition (food), and hydration (water). Because most of the current discussion is centered on food and water, we will focus on these. But what is said about them could be equally applied to air.⁸

Some believe that food and water should be viewed as any other treatment, and

cases where passive euthanasia would be justified in general — cases, for example, in which it would be appropriate to stop renal dialysis — are cases where foregoing artificial nutrition and hydration would be justified. On the other hand, there are those who argue that artificial food and water should not be foregone (except in very rare cases stated below) in cases like those listed above. Three reasons are offered for this.

First, ethically speaking, artificial food and water are in a category different from life-sustaining medical treatments. The latter clearly function to treat some specific disease or to assist some diseased bodily function. But food and water do not have as their direct or immediate intention the cure of any pathological condition whatsoever. They are not therapeutic *treatments* at all, much less extraordinary ones. Rather, food and water are means used to meet basic human needs for life and to provide comfort. Life-sustaining interventions can be foregone on the grounds that they are extraordinary treatments, but food and water (and air) are almost never either extraordinary or treatments, so their withdrawal cannot be justified in this way.

Second, when an extraordinary treatment is foregone, then death may result. But such a death need not be directly intended as a final end for the person or as an immediately caused means to some end (e.g., a painless state that death brings). It is the disease itself that actually causes death directly. However, if food and water are withdrawn or withheld, then death is intentionally brought about directly and immediately by that act itself. In such a case, disease does not directly kill; the act of foregoing treatment directly kills. Thus, a decision to forego artificial food and water is a decision to commit active euthanasia.

It might be helpful to compare food and water (which are almost never means of treatment) with air administered by a mechanical respirator (which *is* a means of treatment). Artificial food and water are different from, say, a mechanical respirator. Respirators *assist* the breathing functions of the body, but artificial nutrition and hydration *replace* the natural bodily functions. Thus, when a respirator is withdrawn, a person usually goes on breathing. If the person does die, the removal of the respirator does not *directly cause* death but merely permits an existing pathology to run its natural course. Furthermore, a respirator can be an *extraordinary* artificial means of treatment and its removal can be morally justified on this grounds: a respirator can be foregone when a patient is terminal and death is imminent because (1) death is not intended or directly caused, and (2) it can be an extraordinary artificial treatment.

When food and water are withdrawn, however, this act itself brings about a new and lethal situation for the person, namely, a starvation or dehydration situation. The removal of food and water is morally identical to denying a patient air by placing a plastic bag over his or her head because they both directly and intentionally bring about death in a very short time and they deny the patient ordinary, natural resources needed to sustain life. Thus, food, water, and air

should not be foregone when such an act intentionally or directly causes death and when it denies the patient a natural resource for life.

There is another reason that food and water are morally different from an extraordinary life-sustaining treatment. If we forego an extraordinary life-sustaining treatment, we are focusing on the *quality of the treatment itself*, and our intention is to spare a person an unduly burdensome means of medical intervention. On the other hand, if we forego food and water, we are focusing on the *quality of the patient's life itself*, not the treatment. We are not considering ordinary/extraordinary *treatments*, but valuable/unvaluable *lives*. In the latter case, we make a judgment that the life of a person who is in a certain situation is no longer morally valuable and we violate our duty to respect human life.

Does this mean that there are no cases where it would be morally permissible to forego food and water? No, it does not. The only ethically justifiable reasons for such an act in this view would be those that would also justify the removal of air: (1) if the food and water would not prolong life perceptibly (the person would die in a short time span whether or not he or she had nutrition or hydration); (2) death is not intended or directly caused (e.g., nutrition and hydration are judged extraordinary treatments given to a dying patient); and (3) the means of administering the food and water to a terminal patient is extraordinary and excessively burdensome. In this latter case, if the means used to give food and water is, say, excessively painful or dangerous, then the administration of the means itself places an undue burden on the terminal patient and can thus be foregone. These situations are in the minority, but they do arise.

A CHRISTIAN WORLD VIEW OR MINIMALISTIC ETHICS?

A world view is a person's overall philosophy of life. It includes a person's beliefs about what is real and true, right and wrong, rational and irrational.

While there are exceptions to the rule, many moderns advocate a secular world view that has these features:⁹ First, we live in a pluralistic society and cannot agree about the good life; that is, about our view of what is important and morally right, what the purpose of life is, and what types of persons and communities we should try to become. Thus, the most important function of ethics and law is to keep us from harming one another. The most important ethical principle is the principle of autonomy. If a person has certain wishes regarding his or her life, then those desires should be honored unless they significantly harm another. We have no moral right to tell others how to live and die.

Second, I do not exist for morality; rather, morality exists for me. The whole point of morality is to protect my individual rights, preserve my individual happiness, and maintain a well-ordered society within which I can seek

happiness in whatever way I define happiness (provided, of course, that I do not harm others). The main purpose of life is happiness, and pain and suffering are to be avoided whenever possible. My own goals and purposes are what give my life meaning, and when I cannot pursue those goals and purposes in a way that satisfies me, my life is no longer meaningful.

Third, secularists say, my loyalty to my community is a much lower priority than is my loyalty to myself. Communities exist for the individual, not vice versa. And when community loyalties require me to sacrifice personal pleasures in a way that is not in my own self interest, then I have no obligation to the community.

Fourth, the time and manner of my death is basically my own business and others have little right to intervene when it comes to my decisions in this area. My life is my own, death is an act that I must undergo alone, and I have the moral right to end my life in whatever way I rationally and autonomously choose.

In a number of ways, a Christian world view diametrically differs from the minimalistic, secular one just presented. First, there are true moral principles that all men and women ought to know, and there are duties that we have to live by morally *even when we don't want to do so*. The principle of autonomy is an important moral principle, but it is not the *only* or *most important* one in all cases. A person can autonomously choose to treat him/herself in a trivial and dehumanizing way. If a person wants to cease an ordinary life-sustaining treatment simply because he or she can no longer play the piano or do some activity that was once his or her primary source of satisfaction, then that person may still be making a moral mistake. Why? Because the person should never have received his or her whole meaning in life through engaging in that activity in the first place.

Second, while happiness is important, it is not *the* point of life. The main point of life is to glorify, enjoy, and serve the living God, and a primary feature of a life well lived is morality. Morality does not merely exist to make me happy. Rather, part of the very meaning of life is that I should seek to become a virtuous person who models a morally sensitive life.

Furthermore, while we should not glorify pain and suffering, they can have meaning. I can grow through them and I can teach others to value life, as well as give them hope by my example of appropriately coping with pain and suffering and not giving up on life. Thus, when I am trying to decide what to do with a painful situation, my consideration should not only be trying to avoid the pain. I should also try to consider the opportunity pain gives me to grow, teach others, trust God, and model a concern for a virtuous, moral life.

Third, while I am certainly an individual with rights, I am equally a member of

my community, and I have duties and responsibilities to that community. I must make my individual moral decisions in light of how they will affect those around me.

Finally, life is not my own to do with as I please. Rather, my life is a gift from God, and I should face my own death as I believe He would have me face it. This may be difficult to determine in some cases, but I should at least raise these considerations when deliberating about when and how I wish to die.

There is one final point that should be made. The modern secular world view has abandoned the doctrine of the image of God in man. Thus, it does not have the resources to ground the dignity of a human being. Indeed, many secularists claim that the belief that someone is special just because he or she is human is *speciesism* — an unjustified bias toward one's own species.¹⁰ In place of the image of God in man, the "value" of life is justified by the possession of one or more of a number of criteria: biographical life, rationality, the ability to use language, possession of a self concept, and so forth. These become criteria either for personhood or for a meaningful quality of life.

But these surrogates for the image of God in man fail because they are possessed by different humans in different degrees, and some higher primates can have them to a greater degree than, say, a defective newborn or elderly human. Thus, these secular substitutes have difficulty (1) justifying the view that all humans have equal rights and dignity; (2) justifying the view that humans have more value than animals; and (3) avoiding the conclusion that advanced creatures on another planet or humans developed by genetic engineering have more value than current humans, and thus, *anything* we wish to do to develop better humans (e.g., experimenting on present humans) is *prima facie* justified.

In a very real sense, the euthanasia debate is yet another crucial battle in an ongoing cultural war of world views. As the debate accelerates in coming years, it is critical that Christians be involved, for the stakes are truly high.¹¹ Indeed, it is literally a matter of life and death — for countless individuals and perhaps for our society as well.

NOTES

¹ Some of these are listed in James Rachels, *The End of Life* (Oxford: Oxford University Press, 1986), 151-67. See also, Sidney H. Wanzer, et. al., "The Physicians Responsibility toward Hopelessly Ill Patients: A Second Look," *The New England Journal of Medicine* 320 (30 March 1989):844-49.

² Cf. Benedict M. Ashley and Kevin D. O'Rourke, *Health Care Ethics* (St. Louis, MO: The Catholic Health Association of the United States, 1982), 199-205; Stanley Hauerwas, *Suffering Presence* (South Bend, IN: University of Notre Dame Press, 1986).

³ Rachels, 46-47.

⁴ *Ibid.*, 54.

⁵ T. D. Sullivan, "Active and Passive Euthanasia: An Important Distinction," reprinted in *Biomedical Ethics*, eds. Thomas A. Mappes and Jane S. Zembaty (New York: McGraw-Hill, 1986), 390.

⁶ Rachels, 93-94.

⁷ Cf. J. P. Moreland, "Review of The End of Life," *The Thomist* 53 (October 1989):714-22.

⁸ A fuller treatment of this debate can be found in Joanne Lynn, ed., *By No Extraordinary Means* (Bloomington, IN: Indiana University Press, 1986).

⁹ Cf. Daniel Callahan, "Minimalistic Ethics," *Hastings Center Report* 11 (October 1981):19-25; Hauerwas; Tim Smick, Jim Duncan, J. P. Moreland, Jeff Watson, *Eldercare for the Christian Family* (Dallas: Word Publishing, 1990).

¹⁰ Cf. Helga Kuhse and Peter Singer, *Should the Baby Live?* (Oxford: Oxford University Press, 1985), chapter 6; J. P. Moreland and Norman L. Geisler, *The Life and Death Debate* (Westport, CT: Praeger Books, 1990), chapter 3.

¹¹ For more on the relationship between God, morality, and world view, see J. P. Moreland, *Scaling the Secular City* (Grand Rapids: Baker Book House, 1987), chapter 4; J. P. Moreland and Kai Nielsen, *Does God Exist? The Great Debate* (Nashville: Thomas Nelson Publishers, 1990), part two.

This article first appeared in the Spring 1992 issue of the Christian Research Journal.