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### **Euthanasia: Active and Passive**

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#### **Abstract:**

*The use of Euthanasia in Medical-Science ethics is a very controversial issue till date. In this article I have tried to address the type of euthanasia is morally preferable if it is to be practiced. The connotation of the term “Euthanasia” is “good or happy death”. In other words, in cases of prolonged, terminally illness and pains, often euthanasia is practiced to give the patient a freedom from pain and die painlessly. However, in this article I have tried to address the moral justification of active euthanasia and passive euthanasia. Here comes the question of “passive duty” vs the “negative duty”. In the opinion of some philosophers, social scientists and medicos, the process of passive euthanasia by gradually withholding the medical support systems for a perpetually critically ill patient, who has no chance of recovery, that process is called passive euthanasia. Here what is obvious that the “passive duty” pursuing from the actions of medicos and patient party although exists, but it is weaker than the negatively that is associated with the process of “active euthanasia” where direct poisons are injected to relive the pain of a dying patient. However, the argument finally foils down to the fact that there is a ethically non-justifiable issue associated with active euthanasia, as it is not clear to anyone, that what should be the exact stage of illness when a dying patient can be allowed to get an active euthanasia. Thus the entire discussion foils down to the use of “passive euthanasia” when needed.*

**Key-words:** Definition of euthanasia, active and passive euthanasia, killing and letting die, advantage and disadvantage of euthanasia, problem doing active euthanasia, passive euthanasia.

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**Introduction:** To practise “euthanasia” is a very controversial issue in Medical ethics. There is a moral question about euthanasia that is – is it ethical to kill a terminally ill patient or to let him dying? But here, I do not deal with that question. Though euthanasia itself is questionable, yet I accept its moral justification. And I am here concerned with the question that – “What kind of euthanasia is morally preferable – Active or Passive?”

The term “euthanasia” originally means “good or happy death”. It comes from Greek words “eu” and “Thanatos”. In moral science by euthanasia we mean not to prolong the terminally ill patient’s pain needlessly. We practise euthanasia either to let the patient die or to kill him. First is called ‘passive euthanasia’ while other is ‘active euthanasia’. Now I

defined both kinds of euthanasia, passive and active. Passive euthanasia means allowing a dying patient to die a natural death without interference from medical science and technology, i.e., simply withdrawing the life-saving devices for give a patient who is terminally ill, natural death. On the other hand, active euthanasia consists in taking a direct action to terminate a patient's life, i.e., directly kill the patient by pushing a lethal dose. Both cases must involve the permission of patient and his family – either voluntarily or non-voluntarily.

Let us now consider a genuine problem – suppose a cancer patient who is in terrible pain and whose life is matter of days' even if present treatment is continued does not want to go living. So he requests his doctor of his family to end this unbearable pain. At this stage there are two options; either he withholds treatment or he takes a direct action by pushing a lethal dose, i.e., either he is doing active euthanasia or passive euthanasia.

Now the question is what kind of euthanasia is morally permissible – active or passive. Ordinary people, physician and some philosophers do feel that to withhold treatment and allow a patient to die is somehow permissible, then to take any direct action to kill the patient. Some philosophers argue that, people die is not as bad as killing them, because in general our “passive duty” to give aid is weaker than our “negative duty” not to do harm. More clearly, when we think that many people are dying of starvation while we spend money on trivial things, we feel a bit guilty, but certainly we do not feel like murderers. I also feel that passive euthanasia is better than active, or more precisely, passive euthanasia is morally permissible, but not the active euthanasia. Because the fundamental reason for accepting such view is that, there are significant differences between active and passive euthanasia. It is however not too easy to prove that passive euthanasia is better than active; there are many arguments in support as well as against this view. And James Rachels cites very strong counter arguments to prove that there is no moral significant difference between active and passive euthanasia. To prove that only passive euthanasia is morally permissible. I first cite its counter arguments which are strongly advocated by James Rachels and then repute these arguments and prove my view.

To advocate active euthanasia Rachels in his paper “Active and Passive Euthanasia” employs such an argument –

1. There are circumstances in which it is permissible to allow someone to die.
2. Allowing someone to die is morally indistinguishable from killing them.

In this argument second premise is very important. If we are able to show the falsity of the second premise, then whole argument becomes invalid. But first we give those arguments which Rachels cites to prove active euthanasia.

Rachels first argument is that, active euthanasia will serve the purpose of euthanasia better than passive euthanasia. He argues that suppose P is suffering from throat cancer and the pain is unbearable. And according to all available medical knowledge his death is a matter of days. At this situation, P does not want to prolong his pain and requests for the end of it. And his family also agrees with him. As a result of this the doctor withholds

treatment and allows P to die. Rachels says that this is the case of passive euthanasia and many of us would agree with the view that this should be done at this situation. The reason behind this permission is that since P is going to die anyway, it is morally wrong to prolong his suffering needlessly. Rachels argues that if one simply withholds treatment, just because, he does not prolong patient's death, then it is better to do active euthanasia. Because if we more direct action by given lethal injection, then patient's death comes very soon than passive euthanasia. And if the patient dies quickly then we get relief quickly from suffering. So, if the initial decision not to prolong patient's pain has been made, active euthanasia is actually preferable to passive euthanasia rather than the reverse.

After citing the above argument Rachels, therefore, proceeds to show that there is no morally significant difference between killing and letting die and that killing by itself is no worse than letting die. He cites two examples which are similar in all relevant respects except that one involves killing and other involves letting die. Let us consider following two cases –

1. Smith stands to gain a large property in case of his six years old cousin's death. One day while the child has taking his bath, Smith sneaks into the bathroom, drowns the child and arranges things to look like accident.
2. In other occasion everything is same and differ only in this respect that when Jones enters the bathroom, he finds that child sleeping in the tub and drawing. The child raises his hands for help but Jones does nothing and simply allow him to die.

Considering both the cases one would deny that both these cases are equally morally reprehensible. Similar is to be said about active and passive euthanasia. If active euthanasia is morally wrong for killing, then passive euthanasia is equally bad.

It has not been also argued that, in killing someone, we are doing something – namely killing him, whereas, in letting someone die we are nor not do anything. The difference is between action and inaction and somehow, this is supposed to make a moral difference.

To answer this objection Rachels argues that, it is misleading to say, that in letting die we do not nothing. But there is one very important thing that we do: we let someone die is different in some ways, from other sorts of actions, mainly in that it is an action we perform by way of not performing other actions. So in passive euthanasia doctor definitely does something he lets his patient die. His passiveness is also morally worse than guilty if killing. So we can certainly be morally blamed worthy for not doing things as well as for doing things. Therefore, there are no morally significant differences between active and passive euthanasia. Rachels believes in the principle of negative responsibility. According to this principle, one is just as responsible for the consequence of one's inaction as for the consequences of one's action. What important is the consequences of one's action or inaction, nor how one acts.

But sometimes it happened that the result is bad, but the action is not wrong e.g., a doctor may push an injection to get a better result but unfortunately patient fails to accept it. So, here result is not good, but we can never say doctor's action is also bad. This is because

although the doctor's intention is good, but he fails. Therefore, the intention with which an action is done or not done is relevant to its moral worth. Theta means, the intention of one's action or one's inaction are not irrelevant to deciding whether the action is right or wrong.

Though in case of active euthanasia the doctor is the cause of his patient's death and the disease is the cause in case of passive euthanasia, still the intention or motivation of the person committing the act are not different is no worse than letting die.

Trammel argues that "optionality" is a moral relevant difference between killing and letting die. Here what is importance is, if we fail to save someone, we leave open the option for someone else to save him whereas if we kill, the victim is dead and that is that. But as against of this argument Rachels says the "optionality" may mark a difference between killing and letting die. If X fails to save Y, it does not follow that Y dies; someone else may come along and save him. But if X lets y die, it does follow that Y dies, Y is died and that is that. Therefore, according to Rachels there are no significant moral differences between killing and letting die.

But those who advocate passive euthanasia do not accept the above view. Because if it is true that killing and letting die have no difference, then everybody and every moment we let many people die and which should be considered as bad as killing. But this is not the case, in our world many people die due to starvation, but we are doing nothing for them, just let them die. Still in this case we never feel as guilty as killing. So killing and letting die do not have some moral status or we can say that killing is worse than letting die.

To answer this objection Rachels argues that, we think that killing is worse than letting die, not because we overestimate how hard it is to kill, but because we underestimate how hard it is to let die. Suppose, there was a starving child in the room where Mr. X is now, hollow eyed, and belly bloat and so on. And Mr. X has a sandwich, which he does not need. Of course at this situation X would be horrified and would give her the sandwich, or better take her to a hospital. If X doing so, then in his, there is nothing special, he would not expect any special prize for it. But on the other hand if X did not do so and let the child die, then his action should be considered as immoral one. Similarly, we could easy save some of those starving people, but we do not and they die. Si letting die must be considering as bad killing.

The opposition may argue that there is difference between Mr. X's position and ours. The person X lets die is in the same room with him, while the people we let die are mostly far away. But Rachels did not accept this view. The special location of the dying people hardly seems a relevant consideration. He argues that location of the starving people makes a difference psychologically. If there were a child in the same room with us, we could not avoid realizing her suffering. Faced with this realization our consciousness probably would not allow us to ignore the child. But if the dying is far away, it is easy to think of them only abstractly, or to put them out of our thought altogether.

We can also argue that there are millions of people who need feeding and none of us has the resources to care for all of them and in that for any starving person we could help there are millions of other affluent people who could help us as easily as we.

The answer this objection Rachels argued that it is true that no one of us could possibly save all the starving people, because there are too many of them, and none of us has the resources. This is fair enough, but all that follows is that, individually none of us is responsible for saving everyone. We may still be responsible for saving someone, or as man as we can.

The second point that for any starving person we could help, there are millions of other affluent people who could help us easily as we some are in an even better position to help since they are richer. But by and large these people are doing nothing. This also helps to explain why do not feel especially guilty for letting people die due to starve. If we are surrounded by who regularly sacrificed to feed the starving and we did not feel ashamed. But because our neighbor does not any better than we, we are not so ashamed. Rachels argues that, this does not imply that we should not feel guiltier or ashamed than we do. A psychological explanation of our feelings does not imply moral justification of our conduct. So we must help as many as possible.

Though the above justification is true and we also argue with the fact that we should always try to save those people who are dying due to starving and not let them die, yet I do not accept the point the letting die is as bad as killing. If we are not able to help those people who are starving and for this reason if we kill them by any direct action, this action should be more immoral than let them die. If anyone let such a starving person die, then there is possibility than another one can save him, but if he kills him, then there is no possibility for him to survive.

Now I cite those arguments which are given by Pushpa Misra to establish that there is morally significant difference between active and passive euthanasia is only morally justifiable. She argued that Rachels argument that active euthanasia serves the purpose of euthanasia better than passive is wrong. Rachels argues that when the patient certain to die within a few days since the pain is unbearable. So he asks his doctor for an end to it and his families join in the request. At this stage active euthanasia is better because it is bringing a quick end to the pain of the patient. And this is the advantage of active euthanasia over passive euthanasia. But it also has the disadvantage of bringing a quick end to the patient's life. In passive euthanasia the pain can still be taken care of by giving pain killing medicine but it has the advantage of not ending the patient's life so quickly. Death is irreversible. Passive euthanasia at least keeps a possibility of open for reversibility e.g., the patient may change his mind or his relatives may change their minds. And we also can't deny the possibility of any miracles may be as the last moment there is a possibility, that the medicine of any incurable disease (e.g., cancer) is discovered, and then we can save the patient. So, passive euthanasia has at least some theoretical advantage over active euthanasia.

From the above discussion it follows that there is problem is doing active euthanasia. And most important of these problems is – how to decide at what stage active euthanasia should be carried out? If we depend upon the wish of patient, it is possible that the patient might want to die because of the severity of pain, while a little more treatment might provide him some relief from pain. And the another question is that, should the wishes of the patient's family be the deciding factor, without satisfactory answer to this question active euthanasia cannot be morally supported.

Rachels may argue that avoiding death is not the purpose of euthanasia. If active euthanasia is reflected on the ground that it is a case of killing, then passive euthanasia should be rejected on the same ground. It is a case of intentional termination of the life of one human being by another.

But according Pushpa Misra, Rachels claim is mistaken and a case of passive euthanasia is significantly different from case of intentional killing. In case of passive euthanasia doctor does not intend to bring about the death of the patient. He simply intends not to prolong his pain and miserly needlessly. The only passive way in which this objective can be achieved is by hooking him off the medicine and kept nature take the course. Death comes as an inevitable consequence of the measures adapted to bring about this aim, but death is not intended.

Suppose the doctor hooks P off the medicine with the almost certain knowledge that P is going to die. But by some miracle the patient seems to be suddenly improving. Now if the doctor had intended the death of P, he would probably try to suffocate P with a pillow. But he does not do that. Almost invariably he will do just the opposite, namely, will help the patient in restoring to life. Thus he does not intend the death of P. but the act of giving a lethal injection or giving a lethal dose of sleeping pill is done with very purpose of bringing about the death of P. therefore, there are significant moral differences between active and passive euthanasia. If it is only in the last stage when the pain is unbearable and the doctor is sure that P is going to die anyway within few days, then he doing passive euthanasia, that is stopped the extraordinary needlessly. All through the disease there is always the hope that the disease may take a better turn in spite of all he pain and misery P is undergoing.

Pushpa Misra says that, Rachels is mistaken, when he asserts that there is no morally significance between active and passive euthanasia. We can say that sometimes we fail to help someone let him die but this action is completely different from the action that unable to help the person I kill him. Rachels also cites two examples of Smith and Jones and trying to prove that active and passive euthanasia has same moral status. But the Beauchamp in his 'A reply to Rachels- on active and passive euthanasia' has pointed out that Rachels has successfully shown that sometimes there is no moral significant difference between killing and letting die, not that this is always the case. We discuss before that those people who are dying due to starvation this is our moral duty to help them. But if we are unable to help them, then we let them die, this is also worse. If we kill them, then there will be no chance for anyone to save them. It is also to be noted that 'not to kill' is an almost unconditional

moral duty (with the possible exception of self-defense) but not to let people die is subject to certain condition.

There are also other difficulties with active euthanasia. That is, a doctor or a nurse has been trained to save life, not to take it away. It may be morally a very difficult last for him to break this moral barrier.

Sometime it is objected that, euthanasia itself is bad, so passive euthanasia is also bad, because the consequence of it is only the death. In all cases where the content of experience is painful without exception and where there is practically no hope of ever regaining the state of good experience, death cannot be considered bad. But here we do not claim that it is the duty of everyone to practice euthanasia, we just simply claiming that under certain circumstances it is morally permissible. According to Pushpa Misra there are some conditions under which euthanasia is permissible, that these are----

1. The disease I am suffering from is incurable according to the person-state of medical knowledge.
2. The disease I am suffering from has reached a stage where I am constantly suffering from excruciating pain or I am in state of irreversible coma.
3. If the treatment is withdrawn I am not expected to survive long.
4. I have expressed my desire for the withdrawal of extraordinary treatment.
5. If I am unable to give my consent, my nearest relatives will be entrusted with the task of making decision on my behalf on the basis of facts they know about me and my preference.
6. The manner of death should such that death is brought about as painlessly as possible.

There seems to be no logical difficulty for the universalizability of euthanasia under the given conditions. We have to assume that other also would accept euthanasia under these conditions. But this assumption may be false, because there may be people who would still prefer to live a painful life rather than accept euthanasia. And there is also difficulties when relative are making a decision on the behalf of the patient. Because there is always a theoretical possibility that certain relevant facts about the person may not be known even to the nearest relative. The only solution that can be suggested is that in case of any doubt the principle should always be to let the person live rather than to practice euthanasia. But if we practice euthanasia, then we must practice passive euthanasia, not active.

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