

End-of-Life Issues

Question 35: What is euthanasia?

The term *euthanasia* literally means “good death,” but it has largely come to mean “mercy killing.” *Mercy* here refers to alleviating suffering. The thought is that it would be merciful to kill those who would prefer to die rather than endure a state of physical or mental incapacity.

The call to legalize euthanasia is a call to legalize practices that intentionally kill innocent human beings. The Congregation for the Doctrine of the Faith has stated: “By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used.”¹

Direct euthanasia refers to killing a patient intentionally as a means or as an end. Direct euthanasia can be done by either commission or omission. In euthanasia by commission, or active euthanasia, someone takes an active measure, such as lethal injection, to kill a patient. In euthanasia by omission, or passive euthanasia, someone responsible for providing care omits morally obligatory treatment in order to kill the patient. (In question 37 we will explain when it is morally permissible to withhold or stop treatment and simply let the dying process take over.) The

Church reserves the term *euthanasia* for intentional killing, whether by commission or omission; thus it teaches that both active and passive euthanasia are morally wrong.

Voluntary euthanasia refers to a situation in which a patient asks to be killed; *nonvoluntary euthanasia* refers to a situation in which a patient has not indicated whether or not he or she desires to be killed; and *involuntary euthanasia* refers to a situation in which a patient is killed against his or her will.

Almost everyone agrees that killing an innocent person against that person's will is wrong, whether one does it by directly killing the person or by allowing a person to die when one could save that person with a reasonable amount of effort. For instance, there is no moral difference between directly drowning someone (say, holding his or her head underwater) and standing by and letting someone drown when one easily could rescue the person. Neither is there a moral difference between giving someone a lethal injection and refusing reasonable care, such as not putting a tourniquet on someone who is bleeding profusely in order to kill him.

It is difficult in our culture to explain why it is not morally permissible to kill someone who wants to die, unless one understands the true value of human life and our responsibilities to each patient no matter how ill (see questions 38 and 41). It is also difficult sometimes to determine the difference between the morally impermissible act of passive euthanasia, which involves withholding morally obligatory treatment with the intention that someone die, and the morally permissible act of withholding optional treatment even though death is foreseen. We shall address

this issue in the section on ordinary and extraordinary means (question 40).

Question 36: Is there an ethical difference between *active* euthanasia (intending the death of the patient by some act) and *passive* euthanasia (intending the death of the patient by some omission)?

In terms of morality, there is no essential moral difference between passive and active euthanasia, since both involve the intention to kill an innocent person, either by commission or by omission. Consider two examples. Suppose Joe and Burt both want their wives to die so that they can collect insurance money. Following dinner, Joe strangles his wife to death. Burt also plans to strangle his wife after dinner, but after her first bite of fish, she begins to choke on a fishbone. Although Burt knows the Heimlich maneuver and easily could save her, he simply watches as she struggles for breath and dies.

Is there an important difference between Joe's action and Burt's inaction? Joe performed an action intending to kill; Burt by omitting an action intended to kill. They both did wrong; they both killed intentionally.

In active euthanasia an action is done with the intention of killing, such as lethally injecting a patient. In passive euthanasia someone does not perform a life-saving action that one should, such as doing the Heimlich maneuver in the example above. Both the act and the omission are means of killing an innocent person, and both are wrong.

Question 37: Is it always wrong to let someone die?

Not necessarily. “Letting someone die” means allowing someone who is dying from some underlying condition to die. One foresees that the individual will die but decides not to take means to prolong the dying person’s life. Letting someone die is morally permissible when one does not intend to bring about the patient’s death and when one does not withhold some ordinary, obligatory treatment (see question 40).

To understand the distinction between passive euthanasia on the one hand and the morally permissible act of letting someone die on the other, we must understand the importance of the distinction between intending an effect and merely foreseeing that some effect will result without intending it. Common sense holds that there is an important moral difference between the two.

Imagine two dentists, Emma and Frank, who are seeing patients with a similar dental condition. Emma foresees that the needed tooth extraction will cause pain but knows that if the tooth is not extracted, the patient will suffer even more in the future. Frank, on the other hand, enjoys seeing his patients writhe in pain and so makes sure that he removes the tooth in the most painful manner possible. Emma foresees but does not intend pain, while Frank intends the pain. There is a world of moral difference between them.

To articulate the principle at issue, it is wrong to intend an evil effect—such as pain or death—for the sake of inflicting harm, whereas at times it is moral to perform some action or omit some action although one foresees that

an evil effect will result. In these latter instances the evil must not be intended. Applying this to the issue at hand leads to the distinction between euthanasia (intending to kill the innocent) and letting someone die.

An extremely important factor in trying to understand the moral legitimacy of letting someone die is that death, though not in itself good, can lead to good things. For instance, death frees some people from terrible pain and suffering. For martyrs death is a part of their glory. What is key for our consideration is that Catholics understand death to be a point of passage to eternal life. We are not to hasten our death, but we are to accept it as a natural part of the human condition.

There are times when, in fact, attempting to prolong one's life would be immoral. For example, denying one's faith to save one's life is wrong, and paying enormous sums of money to pursue untested treatments may be an immoral use of funds. When a medical treatment promises little benefit but great burden, the treatment need not be administered, even if it is foreseen that omitting it leads to someone's death.

Understanding when it is moral to let someone die requires explanation of the difference between ordinary treatment, which we are obliged to provide a dying patient, and extraordinary treatment, which is optional. It is moral to refuse extraordinary treatment (see question 40).

Question 38: Is life always a good, even when it involves great suffering?

Life is intrinsically good for every person (see questions 1 and 2), even when we encounter intense physical, psycho-

logical or spiritual suffering. We must remember that sometimes good things make evil possible, and sometimes evil makes good possible (see question 7 for an explanation of the word *evil*). For instance, the good of eyesight makes possible the evil of painful sun glare. The evil of harming another person makes possible the goods of repentance, forgiveness and reconciliation.

The fact that an evil may come from a good and a good may come from an evil, however, does not mean that evil *becomes* good or good *becomes* evil. Good is good and evil is evil, even in cases where they are intertwined.

If someone is kidnapped and forced to live on bread and water without communicating with another person for a year, he or she may emerge from this captivity more compassionate, thoughtful and dedicated to the eradication of injustice. But none of that changes the fact that kidnapping the individual was wrong, a moral evil.

Conversely, the good of having eyesight and intelligence may lead to the evil of seeing for oneself an ugly truth that causes deep emotional pain. But although we may not like what we see or come to know, eyesight and intelligence are goods for human beings, and to lack them is an evil.

Suffering terrible pain is not in itself a good, but it does not follow from this that those who suffer greatly have “wrongful life” or have lost their dignity. In a culture that considers pleasure to be the number one priority, to be in pain—to be debilitated or depressed or psychologically disturbed, indeed, to be suffering in any way—can seem to rob a person of dignity. The most fundamental form of dignity, however, is intrinsic to the human person and cannot

be lost. Every human being possesses this dignity from the very beginning of life, through all stages of life and until death, regardless of ability or disability.

Fortunately, at least in developed countries, for the most part it is possible to control physical pain. Indeed, we have never in human history been so able to treat and alleviate physical pain, although not all physicians may be as informed about pain management as they should be. Moreover, although pain management can relieve physical suffering, sometimes it results in a patient's loss of consciousness. Psychological pain and spiritual pain are really of no less concern than physical pain. We have made great progress in developing drugs and therapy that help alleviate even these kinds of suffering.

Relieving the physical, psychological and spiritual pain of others is an extremely important human challenge. But we should strive to eliminate these problems through all feasible means rather than resort to killing persons suffering from them.

Nonetheless, we should not lose sight of the fact that great good can and does come from suffering (see question 3). In fact, we can advance our human dignity through suffering. Those who continue to live in accord with the truth and do not circumvent the moral law in seeking alleviation of their troubles grow in virtue. Many have found meaning in a life of suffering—a life perhaps marked with severe disabilities, imprisonment and pain. These people focus on serving God and neighbor heroically despite and through their suffering. Some find through suffering a reason to deepen their spiritual lives, to strengthen love relationships and to reconcile damaged relationships. And for

Christians, all suffering is an opportunity to ponder more deeply the great gift that Christ gave us in his passion. He refused to do anything immoral to escape an agonizing death. We need to pray for the strength to witness to the truth to the last.

The dying process itself often entails considerable suffering—for the patient certainly and also for the patient’s loved ones. Yet those who care for the dying often speak of the great peace that patients and their loved ones gain through dealing with the dying process as an opportunity for spiritual growth. Indeed, many dying individuals experience a profound sense of God’s love for them, a sense that he is waiting for them.

Finally, the suffering that our loved ones undergo sometimes makes it easier for us to let them go.

Question 39: What is the Christian view of the relationship of the soul to the body, and how does it influence the moral evaluation of end-of-life treatments?

What is the relationship of the body and the soul? What am I really, and what are you?

Some argue that we are just minds that occupy bodies as vehicles for the mind, much like an engine in a car. They think that who we are is simply our minds, our consciousness and our thoughts. Another view is that we are just matter, and there is no spiritual element to us at all.

A third view—that of many philosophers and of the Church—is that we are a unity of body and mind: the body is the matter, and the soul is its vivifying “form.” We are bodily spirits; spiritual bodies; unions of body and soul, matter and mind.

Let us first address the view that we are simply matter.

The great ancient pre-Christian philosophers, such as Plato and Aristotle, argued that we cannot understand man unless we acknowledge that there is a spiritual element in us. That spiritual element they called the soul. The soul is the principle of life. What necessitates its being spiritual is that, being rational, it is able to understand all things. A material soul could not understand all things, since matter is limited.

A philosophical analysis of human experience and our experience of knowing (and even our emotional lives) indicate that we could not be simply matter alone. For instance, when we know something, we have in some sense “united” with the thing we are knowing. But these things do not exist in our minds in a material way. For instance, when someone knows a human being, there is not a tiny human being in his or her brain. Our spiritual minds, with the help of the senses, grasp all the material features of a thing and its essence as well; if our minds were material they could not do this amazing task.

Ancient philosophers also argued that the human soul is immortal because only material things are corruptible, so since the human soul is spiritual—that is, immaterial—it is incorruptible. Christians have an additional reason for believing in the existence and immortality of the soul (and body): Christ himself assured us that we are destined for eternal life. So both philosophy and faith reject the claim that human beings are only matter.

Let us next examine the view that human beings are merely minds and that the body is not an essential part of human identity. Those who hold this view say that bodies,

biological lives, are merely what enable thinking beings to exist. Some religious thinkers who hold this view believe that it is our souls that make us who we are, and our souls are understood to be our minds. In this view, when consciousness is no longer possible, the *patient* has died, and the soul is no longer present. The person someone once was is no longer there. The body that the soul inhabited may continue to exist, just like a car whose battery has died, but since the conscious “I” is no longer in existence, there is nothing of value remaining.

This view contradicts the gospel and reason itself. In his encyclical *Veritatis Splendor*, Pope John Paul II wrote:

This moral theory does not correspond to the truth about man and his freedom. It contradicts the *Church’s teachings on the unity of the human person*.... The spiritual and immortal soul is the principle of unity of the human being, whereby it exists as a whole—*corpore et anima unus* [one in body and soul]—as a person. These definitions...point out that the body, which has been promised the resurrection, will also share in glory. (48)²

In every human person, body and soul form the unity that is that person. The body alone is not the person; the soul alone is not the person. In *Evangelium Vitae* Pope John Paul II wrote of “the inseparable connection between the person, his life and his bodiliness” (81).

In other words, our body, our biological life, is an essential aspect of who we are, not merely something that we use or occupy like a car or a suit of clothing.

Philosophically speaking, to claim that you and I are merely our minds, our consciousness or memories and that our bodies are not an essential part of who we are makes it difficult to explain commonsense intuitions.³ If someone