Rachels: ‘Active and Passive Euthanasia’

abstract: the consensus view is that passive euthanasia is sometimes morally permissible while active euthanasia is never morally permissible. Indeed, this is the official view of the American Medical Association. Rachels sets out to argue that if you believe that passive euthanasia is morally permissible at times, then you must believe that active euthanasia is permissible at times as well.

I. Argument 1: the same moral justification given for passive euthanasia supports in some cases active euthanasia over passive euthanasia.

Case: Jones has terminal throat cancer and is suffering tremendously. His treatment will neither cure him nor ameliorate his suffering. However, if continued, it would extend his life some. He chooses to have his treatment withheld so that he may die more quickly. (This is passive euthanasia by withholding extraordinary measures.)

P-1: What justifies passive euthanasia in cases like these is the notion that maintaining treatment unnecessarily prolongs the suffering of patients who will inevitable die anyway.

P-2: When compared to actively euthanizing the patient, passive euthanasia or ceasing the treatment prolongs the suffering of a patient.

P-3: Hence, the very justification given for passive euthanasia does not merely support active euthanasia, but would make active euthanasia morally preferable.

P-4: To say that only passive euthanasia is justified in this case is to endorse the option that leads to more suffering for the person, and this contradicts the very justification given for passive euthanasia itself.

C: Hence, one could not say that merely passive euthanasia is justified, but must say that active euthanasia is justified too, and that it is, in fact, morally preferable.

**Few people would back out of this by saying that passive euthanasia is never justifiable; surely it is morally permissible for someone with terminal cancer to choose to discontinue treatment which will minimally extend her life.

II. Objection to Argument 1: “Yes but the difference between the two is that when you passively euthanize someone you are not killing her, but when you actively euthanize someone you are--and killing is, in itself, more wrong then letting someone die”.

III. Answer to objection or Argument 2: the act of killing, considered in itself, is no more wrong than the act of letting someone die, considered in itself.

P-1: If killing really were intrinsically worse than letting die, then, if we were given two cases, identical in every last detail except for that in one a person is killed by another and in the other a person is left to die by another, then we should think that the person who left the other to die behaved better than the person who actually killed.

P-2: see cases of Jones and Smith on pgs. 148-149

P-3: The behavior of Jones and Smith are equally reprehensible even though one let a child die and the other killed him.

C: Hence, there is no intrinsic moral difference between the act of killing and the act of letting die; any moral difference that we find in our daily lives between the two comes from the circumstances surrounding the act--e.g. the motive--and not the act itself.
Objection to argument 1 is answered: given that there is no intrinsic moral difference between killing and letting die, and the justification given for letting die actually supports killing in the case of terminally ill and suffering patients, then active euthanasia will be, in such cases, the morally preferable option.

IV. Strengthening the Case or Argument 3: Killing couldn’t always be Worse than Letting Die--The Case of Down Syndrome Babies

Case: One in 600 babies in the US are born with down syndrome. Most are healthy but some are born with intestinal obstructions that are such that, if they are not removed, the babies will die. The intestinal obstructions are unrelated to the Down syndrome and can be easily removed. However, some parents choose not to remove the intestinal blockage and let the babies die.

P-1: It is accepted medical practice to let down syndrome babies with intestinal blockage die instead of performing a relatively easy life-saving medical operation.

P-2: Babies who die in this way die absolutely miserable and torturous deaths: their bodies are ravaged by dehydration and infection until they whither away and die.

P-3: Letting a baby be ravaged by dehydration and infection to die a torturous death rather than quickly and painlessly ending its life is patently cruel.

P-4: Clearly, the hierarchy of morally acceptable options is this: (1) perform the operation to save the child, (2) actively euthanize the child, (3) let the child die a miserable death.

P-5: If (3) is a common practice because it is morally permissible, then, not only should (2) be a common practice as well, but it should clearly be the morally preferable option over (3): if letting a child torturously whither away and die from dehydration and infection is a morally permissible medical practice, how couldn’t ending the life quickly and painlessly not be a morally permissible action?

P-6: Hence, since the medical community thinks that (3) is a morally permissible action, then they ought think not only that (2) is so as well, but that (2) should be morally preferable over (3).

Clearly, Rachels thinks that NEITHER passive nor active euthanasia are morally permissible in this case; his point is, rather, that it is absurd for the medical community to think in a case like this that letting die is okay while killing isn’t. Clearly, this is a case where killing is a better option then letting die--even if neither option is the best option.


P-1: Some down syndrome babies are passively euthanized when they have intestinal blockage; if they didn’t have intestinal blockage, they wouldn’t be passively euthanized.

P-2: Hence, in practice the life or death issue arises only when these babies have intestinal blockage.

P-3: But removing the intestinal blockage is an easy and unharmful procedure.

P-4: Hence parents who choose to let those babies die are not so choosing because saving the babies is impossible or difficult; rather, what they must really be thinking is that a life with down syndrome is not worth living.

P-5: But whether a life with down-syndrome is worth living is a question that can be asked for every down syndrome baby, intestinal blockage or not.

P-5: Hence, intestinal blockage is, in fact, irrelevant to the question of whether these babies should live or die.
P-6: What makes intestinal blockage seem relevant is the moral distinction between passive and active euthanasia--for according to that view, the baby may be left to die because it has intestinal blockage but it could never be killed if it had no intestinal blockage.

C: So the moral distinction between passive and active euthanasia leads us people to make life and death decisions on irrelevant grounds--a fact that should count against keeping that distinction around.

VI. The “Do Nothing:” some people object to active euthanasia on the grounds that doctors would actually be “doing something” to bring about the patient’s death, whereas when doctor’s passively euthanasia someone they are not doing anything but are letting their ills cause their death. Rachels argues that doctor’s are doing something when they passively euthanizing someone—they are letting him die. And, just like any other action, letting someone die is subject to moral assessment. (If, for example, a doctor lets a patient die from a curable illness, we would say his actions were wrong even though he merely let the patient die.) So the maneuver that passive euthanasia is okay because it is not doing anything, but active euthanasia is wrong because it is doing something, simply does not work. And Rachels would say that what we are doing when we let a patient die is needlessly prolonging his suffering.

VII: Conclusion: since passive euthanasia is clearly acceptable at times, and there is no moral distinction between passive and active euthanasia--and, in fact, the latter is sometimes morally preferable over the former--then active euthanasia must be a morally permissible practice. We should therefore bite the bullet and change the way we view this issue, no matter how far it may be from our traditional way of looking at things.