

Review Article

Is there a moral difference between killing and letting die in healthcare?

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Received: 5 November 2014, **Revised:** 30 November 2014

Accepted: 16 December 2014

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ABSTRACT

The purpose of this review is to prove that there is no moral difference between killing and letting one die in healthcare. It is important to be aware of the moral equivalence of killing and letting die. The doctor that allows the patient to die without providing life saving measures, and the doctor that administers a lethal injection both have the same outcome. The patient dies in either case. The Abrahamic religions; Islam, Christianity, and Judaism, all argue for the sanctity of life. The world's major religions; Islam, Christianity, and Judaism all have doctrines concerning the sanctity of life; and they support the main arguments of this study that there is no moral difference between killing and letting die. In relation to patient autonomy and the patient's right to die, it is very important to highlight that doctors have a moral and legal responsibility to save lives. In addition, we discuss the distinction centres on the true definition of patient autonomy, and who is responsible for defining the "quality" of life. The intention and foresight are critical points that support the thesis statement that killing and letting one die are one in the same. Intention is the intentional killing of a human being, however, the when one refers to foreseen, it brings to mind images of a doctor and a patient's family that is taking into consideration the entire different variables that they must deal with in order to decide whether or not to terminate life sustaining measures. They are trying to foresee what type of life the patient will have if life prolonging treatment is withdrawn. The acts and omissions doctrine as described in this review shows that there is no moral difference to kill a person or to let him die. The end result is the same, and someone is dead. Finally, we extensively discussed the various viewpoints regarding whether or not there is a moral difference between killing and letting die. The evidence reveals that there is no moral difference between the two. There is no doubt that the debate over killing and letting die will continue for years to come. It is critical that the issue be addressed at this particular time in history with the advent of modern medical technology.

Keywords: Euthanasia, Patient autonomy, Intention, Foresight, Acts and omissions

INTRODUCTION

The purpose of this review is to prove that there is no moral difference between killing and letting one die. We are going to explore various arguments related to the main research question of this review. It is very important to focus on the distinction between the active and passive euthanasia in order to present different arguments between killing and letting die. When a patient has

decided that he or she no longer wishes to live because of some life threatening, or life altering illness, that person may have a directive that a lethal injection is desirable. If a doctor complies with the patient's wishes (that is if the law allows the doctor to perform active euthanasia) then the act of administering the desired lethal dose to the patient is considered active euthanasia. An example of passive euthanasia is simply letting a patient die without

providing necessary treatment to save or prolong that patient's life.¹

There are several other types of euthanasia. They include voluntary, involuntary, and non-voluntary euthanasia.² A voluntary euthanasia is often associated with phrases such as "patient autonomy," or "the right to die." Non-voluntary euthanasia refers to cases where the patient is not privy to the decision making process involving his or her life. For example, a fetus has no say in such matters. In instances of involuntary euthanasia, the views of the patient are entirely disregarded.²

The doctor that allows the patient to die without providing life saving measures, and the doctor that administers a lethal injection both have the same outcome. The patient dies in either case. The patient has ceased to exist, or has died. The outcome of the actions of both doctors is that a life has ended. Regardless of the reasons for withholding treatment that would save a patient's life, or administering a lethal injection, since both result in the extinguishing of a human life. Therefore, it is important to be aware of the moral equivalence of killing and letting die. Once reasons are provided to excuse a practitioner from providing the best possible care to a patient, that person is in danger of being sued for malpractice.³ It is not only the legal issues that are important. Rather it is the fact that it is not in keeping with the Hippocratic Oath to "take the life" of a patient. A doctor swears to do everything within reason to save a person's life. There are no extenuating circumstances or exceptions.

This review provides an overview of the different opinions on the morality of letting one die and actively killing someone. Euthanasia, both passive and active are relevant, as indicated above to this conversation. In order to show that there is no morally relevant difference between killing and letting die, we are going to discuss the following sections in this review: the sanctity of life, respect for patient autonomy, distinction between intension and foresight, and the doctrine of acts and omissions.

THE SANCTITY OF LIFE

This section introduces the morality of killing. The principle of the sanctity of life is highlighted, along with the social attitudes about euthanasia. This section shows the religious perspectives about sanctity of life doctrine within the Abrahamic religious traditions which include Islam, Christianity, and Judaism. Social attitudes towards the morality of killing or euthanasia differ from one end of the spectrum to the other.

There are some pundits who believe that killing and allowing someone to die are moral equivalents, and that is what is argued in this review. However, there are different views, and equally as many theories to back up those views.

In opposition to the argument that killing and allowing one to die are moral equivalents is the argument that they are not. In other words, there are some that argue that actively killing someone is worse than not interfering with the death of that person. For example, those who take this particular stance point to various instances where this is the case. The act of a man who puts a gun to another person's head and pulls the trigger is more morally reprehensible than the person who stands by and does nothing to prevent the shooting.⁴

The Abrahamic religions; Islam, Christianity, and Judaism, all argue for the sanctity of life. Christianity holds a strict doctrine of the sanctity of life by taking a pro-life stance on abortion. The Roman Catholic Church is a particularly strong advocate against abortion.⁵ Many of the popes have taken very public and controversial stances on abortion. The "personhood" issue has recently developed in the United States. Personhood is the belief that life begins at the moment of conception; therefore, a human embryo is protected under the law as a "person." This would rule out even first trimester abortions, and it does not provide a provision in the cases of rape or incest. Staunch supporters of this position include the far-right, conservative wing of the Republican Party, among them the recent Presidential hopeful, Rick Santorum.⁶

Additionally, both Christianity and Judaism acknowledge the Old Testament as Holy Scripture. There are some parts of the Old Testament that are strictly embraced by adherents to Judaism, and not those of Christianity. However, the point remains that both religions treat the Ten Commandments as a direct revelation from God to Moses. The commandment, "thou shall not kill," is self-explanatory. Under no conditions should killing take place. That is why strict adherents to Judaism and Christianity are not willing to make an exception for abortion in the cases of rape and incest. It also explains the personhood position.

According to the teachings of Islam, abortion and any type of euthanasia is strictly prohibited by Allah, mercy killing is not an option.⁷ Muslims believe that only Allah can determine when a person's sojourn on this earth will end, and not another human being. Therefore, directives by patients who do not want any life support to be provided are considered null and void. In fact, the physician who complies with these types of directives will lose his or her license to practice medicine. Islam teaches that life takes its own course which is directed by Allah, and that killing of any kind is a sin.⁷

Judaism is more lenient with its sanctity of life doctrine when it applies to abortion than to other issues.⁸ A rabbi is consulted, and each case of a potential abortion is taken into consideration. Although the taking of a life is strictly forbidden under Jewish doctrine, in cases where the life of the mother is at risk, the fetus can and should be aborted. The reason for this is that Judaism places a higher priority on the life of the mother than on the life of

the fetus.⁸ A fetus is considered to have little value during the first forty days of pregnancy. This does not, by any means, diminish Judaism's contempt for the taking of a life.

The Torah teaches that killing is immoral. The deliberate act of taking the life of a fetus is not condoned, but it is accepted in cases when the life of the mother is in jeopardy. The Quran teaches that all acts of killing are murder, and violate the wishes of Allah. The Bible never mentions the subject of abortion. In fact, infanticide and murder are recurring themes throughout the Bible.

Outside of religious attitudes towards the active taking of the life of another, and letting that person die without intervening on his or her behalf, there are obviously a wide range of opinions. The question that this review study attempts to address is whether or not killing is the same as letting someone die. The best way to present this is by way of examples.

One opinion is that killing and letting one die are not morally equivalent. This is contrary to the view presented in this review that the two are the same. The argument from this side is as follows. A terminally ill patient has a directive that if his disease progresses to the point where he has no chance of survival, and can only look forward to endless pain and suffering, that all life sustaining procedures are to be terminated. The patient's doctor is put into a moral, and in some cases, a legal dilemma.⁹ Perhaps, in this case, the patient's family wants to continue life support. The doctor is faced with a situation where the choice is either to honour the patient's wishes, or to appease the family by allowing the patient to die of natural causes. One argument is that it would be more morally reprehensible to dishonour the patient's dignity by not complying with his final directive regarding the termination of life support than to let him die a miserable death of natural causes. The sanctity of life, under this scenario is based on the "quality" of the patient's life.²

The opposite can be argued, yet still support the position that killing someone is not the moral equivalent of letting that person die. The reasoning is if the doctor follows the final directives of the patient, that doctor is "actively" killing the patient. In other words, the doctor is hastening the natural life progression of the patient.

Therefore, allowing the patient to suffer is not as morally reprehensible as "actively killing" the patient. In this case, the patient is robbed of his or her dignity because the final directives were not followed. The quality of life issue does not come into play under this scenario, and that is where the argument fails.

To sum up, the world's major religions; Islam, Christianity, and Judaism all have doctrines concerning the sanctity of life; and they support the main arguments of this review that there is no moral difference between killing and letting die.

RESPECT FOR PATIENT AUTONOMY

This section focuses on patient autonomy. It presents arguments about a patient's right to withdraw life support equipment. This was touched on briefly in the previous section. Evidence will show the difference between patient autonomy to withdraw sustain life equipment and euthanasia. The question of whether or not there is a difference between withdrawal of life support and euthanasia, as far as 'respect for patient autonomy' is concerned will be answered.

It has been argued in many religious traditions that a human being's life is preordained. This conviction is also held but those outside of religious circles. In the case of patient autonomy, he or she bases the decision to either continue or discontinue life support. The final directive of patient should be taken into serious consideration by health professionals.² It is not up to the health professionals to decide when to terminate the life of a patient, regardless of that patient's final requests.

Therefore, the medical community is in a serious dilemma. Should the patient's vital wishes of terminating life sustaining measures, in cases where it is obvious that the patient is destined to die prolonged and agonizing death, be honoured? Or should the medical professional in charge of the patient's care allow the patient to suffer? These two questions are consistently on the minds of health professionals that have to deal with the terminally ill on a regular basis. There are legal and ethical considerations involved.³ A doctor could lose his or her license if patient autonomy is granted. On the other hand, the ethics of letting someone suffer may outweigh the legal repercussions.

In cases where the patient has given a final directive, and the doctor carries out that directive, on behalf of the patient, he or she is euthanizing the patient. It makes no difference whether or not the patient "asked" to die. The doctor is actively killing the patient. The administration of a lethal injection may be more humane than letting someone live out his or her life in agonizing pain, but it is still the same as actively killing rather than letting someone die. It could be argued then, that, under these circumstances, actively killing and letting the patient die are equally reprehensible. In other words, there is no moral difference between withdrawal of life support and euthanasia, as far as 'respect for patient autonomy' is concerned.

The desire to live is the most motivating instinct of the human race.¹⁰ Patient autonomy and final directives may not appropriately reflect the way that a person is feeling when the question of whether or not to continue life support is presented to healthcare professionals. Studies have shown that people want to live, regardless of a diminished quality of life.¹⁰ If a doctor essentially euthanizes a patient because a final directive says to terminate all life sustaining procedures, and the patient

desires to live, but cannot verbalize this desire to the doctor then the patient's wishes are not being honoured.

For example, a patient who is suffering from Lou Gehrig's disease may have written up a directive to have all life support procedures discontinued once the disease progresses to a certain point. Once again, quality of life is the main issue. Considering the patient's diminished capacity as a result of the disease, the question remains whether or not the disease has affected that person's ability to choose life or death. In one case, a patient that was suffering from the disease decided at the last moment, to continue life support, to the surprise of his spouse and immediate family. This patient is on a ventilator that allows him to breathe. He is currently off of the ventilator, and can breathe on his own.¹⁰

If patient autonomy had been given the priority, this patient would be no longer alive. It was extremely fortunate for the patient that he was able to communicate his wishes before it was too late. If the doctor had "respected patient autonomy," and followed the direction of the original directive, that doctor would have essentially euthanized the patient against the patient's will. However, the doctor had no idea or indication that the patient wanted to live. Obviously, if the doctor had known this, he would not have euthanized the patient.

There is still the moral and ethical question about whether or not euthanasia is the same as honouring a patient's autonomy. In other words, if a patient does not want to live if his or her quality of life is poor, does the act of not providing life support amount to euthanasia? On the surface, the answer seems obvious. Yes. The two are one in the same. However, once one goes beneath the surface of the argument, there is a distinction between the two.

The distinction centres on the true definition of patient autonomy, and who is responsible for defining the "quality" of life. One person's definition of a quality lifestyle may differ from another's opinion on the same matter. In the case of the person afflicted with a terminal disease, but is able to live a long life with the advent of modern medicine, he or she may decide to maintain all life support procedures in the event of an emergency.¹⁰ This person believes that his or her life is worth preserving. Healthcare practitioners must respect the autonomy of people who want to live as well as people who no longer wish to continue life.

Doctors, however, are not bound to respect the wishes of someone who does not want to be kept alive by extreme measures. A doctor has a moral and legal responsibility to save lives. It is not the responsibility of the doctor to see that a patient's right to die is honoured, he must do everything humanely possible to keep that patient alive.³ A patient who has a final directive that indicates that he or she does not want life supporting procedures to be performed to prolong his or her life is essentially asking

the doctor to participate in euthanasia. Euthanasia is not simply compliance with patient autonomy, or his or her right to die. Euthanasia is actively killing another person. Thus, there is a distinction between the two.

DISTINCTION BETWEEN INTENTION AND FORESIGHT

If a patient decides to refuse treatment then this is not intentional killing. This applies to voluntary euthanasia. A person's choice to refuse medical treatment protects that patient from unwanted interference from others, and it does not give that person the right to die.⁹ The person does not have the right to die based on doctrine of sanctity of life that was mentioned in the beginning of this review. Another example of something that is not the intentional ending of someone's life is when continued treatment will not improve the patient's quality of life. Rather, the treatment brings the patient more discomfort than the disease.

Cancer patients are good examples of this. Cancer specialists generally believe that if a patient responds well to a treatment, that treatment should be continued. If the patient is showing rapid signs of exacerbation of the disease, the treatment may cause more discomfort to the patient than the treatment warrants. Usually, this is the stage at which the patient is undergoing treatments such as chemotherapy, radiotherapy, or possible surgery.¹¹ These three treatments may cause the patient unnecessary suffering with no chance of slowing down the progression of the cancer. Once again, the human will to survive plays a vital role in the administration of the active therapies that are mentioned above.

If a patient's condition stabilizes, and it appears that any of the above three active therapies could help further improve his or her condition then chemotherapy, radiotherapy, or surgery many once again be recommended.¹¹ Even if the therapy would only be effective in improving a patient's quality of life for a short time, remission or a few more days of life are often more desirable to the patient than his or her earlier decision to end anticancer treatment.

A patient's decision to no longer continue anticancer treatment is not the intentional termination of life, nor does it indicate that the patient will die from lack of the anticancer treatment.⁹ Instead, the doctor is tasked with providing the best possible treatment for the patient at that particular time. It could be argued that the cessation of the anticancer treatment is the intentional termination of life. This is incorrect. If anticancer treatment is discontinued because it will only prolong the life of a patient who is anticipate to have a poor quality of life regardless of the treatment, there is nothing that suggests that withholding anticancer treatment was an attempt to actually kill the patient. If the anticancer treatment will bring more discomfort to the patient than the cancer,

there is not much of a chance that the patient will have a beneficial experience.¹¹

The situation where anticancer treatment is prolonged even though the disease is continuing to progress and the patient is experiencing more pain and discomfort from the anticancer treatment is called extraordinary treatment.¹¹ Obviously, what is considered extraordinary in one case may not be considered extraordinary in another case. In a case where a patient is placed on a respirator while he or she is recovering from a nonterminal respiratory disease is not considered an extraordinary measure. However, if a patient that has sustained a severe brain injury, and has no hope of living any type of life without breathing assistance then keeping that patient on a respirator is an extraordinary measure.¹¹

This is the distinction between intention and foreseen. In other words, intention is the intentional killing of a human being. When one refers to foreseen, it brings to mind images of a doctor and a patient's family that is taking into consideration the entire different variables that they must deal with in order to decide whether or not to terminate life sustaining measures. They are trying to foresee what type of life the patient will have if life prolonging treatment is withdrawn. The family certainly cannot be called murderers if their son has a severe brain injury that will render him dependent on a respirator for the rest of his natural life, and they decide take him off life support. The family foresees that their son's quality of life will be akin to death, and that the son would not have preferred to live the rest of his days out lying in a hospital bed, and relying on a respiratory to breathe for him. Only the family members and the doctor can determine what is best for the patient, if the patient is in such a compromised position where he is unable to speak for himself.

The argument of whether or not it is better to let the son die, or to remove him from the respirator is a focal point that should be discussed. Letting one die and killing someone are moral equivalents. The intent and foreseeability are critical points that support the thesis statement that killing and letting one die are one in the same. The person who is charged with making that life altering decision of whether to continue treating a patient that is obviously going to die of a disease, or to withhold treatment because the treatment is more painful than the symptoms of the disease, has to be able to foresee what the results of his or her decision will be, and what kind of impact that decision will have on the family of the loved ones.

A doctor who performs an abortion in order to save the life of the mother is directly acting to "kill" the fetus. The abortive act of the doctor, in some jurisdictions, makes that doctor a criminal under the law. The moral dilemma that the doctor faces is unimaginable. The doctor is responsible for saving the life of both the mother and the fetus.⁹ However, when presented with the choice to either

end the life of the fetus, or allow the mother to die, the decision that the doctor makes has the same moral implications. Regardless of the reasons for either allowing the fetus to live, or aborting it to save the life of the mother, a human life has ended. This is the main argument of anti-abortionists, that all killing is a violation of human rights. In the case where the doctor aborts the fetus to save the life of the mother, he has intentionally and actively killed a fetus. Had he chosen to let the fetus live, he would have also chosen to let the mother die. The two potential actions are moral equivalents because someone was going to die. The fetus was intentionally killed because it was foreseeable that the mother would die if the pregnancy was brought to completion.

ACTS AND OMISSIONS

The doctrine of acts and omissions further expands upon the example of the doctor's choice between two life altering decisions in the previous paragraph. One widely held assumption in the medical community is that a doctor can never kill his or her patient, but is permitted, under certain circumstances; to allow a patient to die.¹² The acts and omissions doctrine describes this distinction. Under the acts and omissions doctrine, it is morally impermissible to do something that will actively cause bad results, but it may be morally permissible to allow an event to occur that produces the same bad results.¹²

One example of the doctrine of acts and omissions is the treatment of newborns that have been diagnosed with Down's syndrome, or spina bifida.¹³ The doctor may decide to withhold life sustaining treatment to newborns with severe birth defect with spina bifida. Life sustaining treatment is often withheld from newborns with Down's syndrome too. According to the doctrine of acts and omissions, the doctor is not actively killing the newborn by withholding life sustaining treatment.¹⁴ Therefore, the doctor is not acting in a morally reprehensible manner, although some would argue that the doctor was participating in malpractice by withholding treatment from these impaired newborns.

One can perform an act that will kill someone, as in the case of a lethal injection to a terminally ill patient who no longer wishes to live with the dreadful symptoms of his or her terminal disease, or that same person can chose not to provide any life sustaining measures that could save that person's life. Both are moral equivalents, and that is the argument of this review. It makes no moral difference to kill a person or to let him die. The end result is the same, and someone is dead. The person who does not intervene with life sustaining actions that will keep the patient alive is just as much culpable for the death of the patient as the doctor who euthanizes a patient.

In the case of a newborn that has been diagnosed with Down's syndrome, the parents may be presented with the choice of whether or not to allow the baby to undergo a surgery that could enhance the child's future quality of

life. The parents may decide to forgo the surgery because the quality of life that would be afforded to the child, if the operation were successful, is not sufficient enough for them to send that child to surgery. Rather, the parents decide to let that infant die of natural causes. If the deformity is severe enough to cause the infant to die in a short matter of time, the decision to forgo the surgery is not as reprehensible as actively killing the infant.

The argument is that the “act” on the part of the parents mentioned in the above scenario where they elect not to send their newborn child through a surgery that may or may not extend the newborn’s lifespan and quality of life, is actually an act of omission. This act of omission brings about the same bad result as the active killing of the newborn.¹³ In both cases, once again, a human being is dead. Whether or not the infant is killed or allowed to die of natural causes is morally equivalent. However, the doctrine of acts and omissions makes a distinction between the moral equivalency of the two actions. The parents who decide to withhold surgery because, in their judgment, that child would not have a high quality of life, those parents are not acting as morally reprehensibly as the parents that choose to abort the fetus once they knew it had a disease such as Down’s syndrome, or spina bifida.

The distinction that is made in the doctrine of acts and omissions is based upon the judgment of the doctor whether or not to continue life sustaining treatment to a terminally ill patient. It is left to the doctor, unless family members are involved, to decide what constitutes a “good and acceptable” quality of life for that patient. Those medical professionals that hold to the argument that letting one die of natural cause is not the same as killing someone cite this quality of life issue. The question remains, how does one determine if a particular person’s quality of life would be acceptable to that person if he or she were allowed to live?

The problem with the doctrine of acts and omissions is that it essentially leaves out the wishes of the patient. There is no getting around this situation if the patient is an infant or in a coma. Would that person want to live if given the chance? This question has been answered with examples that were presented earlier in this review. The human being’s desire to survive against all odds is a formidable trait. This trait is often ignored by doctors, who, by their acts or omissions, deprive an individual of his or her basic right to life.

This fundamental right to life is what drives the “right to life” movement. Proponents of the right to life movement are vehemently opposed to abortion, although there are sects within the movement that make exceptions in the case of rape or incest. Additionally, euthanasia is equally as disdainful to the people in the pro-life, or right to life movement. Any form of taking a human life is murder. Even in the case where the life of the mother is in danger, a fetus is killed. In the minds of the right to life

advocates, a person has been murdered. The argument that it is morally acceptable to let one die, and it is not morally acceptable to kill someone cannot be sustained by this line of reasoning. The end result is the same. A human being is dead.

ARGUMENTS FOR MORAL EQUIVALENCE BETWEEN KILLING AND LETTING DIE

Bernward Gesang questions whether or not there is a difference between active and passive euthanasia. He says that there is a grey area between active and passive euthanasia.¹⁵ The example, which is one that is often cited because of its applicability to the discussion about the moral difference between allowing one to die and killing someone, is the situation with the young man on the respirator.

A patient is on a respirator, and without the assistance from the respirator, this patient will die. Gesang uses this example to explain the perceived difference between active and passive euthanasia. The doctor in this situation is faced with a moral dilemma. The doctor is not willing to participate in active euthanasia. This is because active euthanasia involves physically pulling the plug of the respirator, which results in the death of the patient.¹⁵

Instead, the doctor decides that when it is time to administer the required higher doses of oxygen that will allow the patient to continue to live, the doctor neglects to administer the lifesaving dose. In the mind of the doctor, he has not killed a patient; he has allowed the patient to die. The latter is less morally reprehensible than the former. Gesang argues that both are morally equivalent because the end result in both active and passive euthanasia is the same; someone is dead.¹⁵

Daniel Callahan states that the central argument about euthanasia is the principle of self-determination. Self-determination simply says that people have their own best interests in mind when deciding on matters related to their health.¹⁶ Self-determination is usually guided by a person’s belief system. Callahan, however, questions the relevance that the self-determination principle has on the debate over euthanasia. He says that euthanasia does not solely involve the person making the self-determination to die. Rather, two people are involved, the person who wants to be euthanized, and the person who is supposed to do the killing.¹⁶

Callahan questions whether or not it is morally right to kill a person just because he or she has been given permission to do so. Callahan argues that it is not permissible to give the right to kill someone to another person, and this includes that person’s doctor. People cannot simply waive their right to life, and give that power to a doctor to take that life.¹⁶ Therefore, according to Callahan, euthanasia is wrong, regardless of the circumstances. The thesis of this review is supported by his argument because neither the killer (doctor), nor the

victim (the person who is euthanized) has the right to take away or waive the right to life. It is morally reprehensible to kill whether that person's wish to die is ignored, or whether that person's wish to die is honoured. The result, once again, is the same. A human being is dead.

Edward Verhagan and Pieter Sauer discuss the situation in the Netherlands where newborns are killed at an alarming rate because of perceived deficiencies. These deficiencies and deformities are determined by doctors to be so life altering that the baby will never be able to live a normal life.¹⁷ Many of these cases involve infants that have such abnormalities that there is no hope that the condition can be corrected. This reason for euthanizing these infants is to relieve suffering.

The two doctors (Edward and Pieter) point out that although infants cannot verbally express their suffering, they do have other methods of showing that they are in distress. Some of these include reactions to feeding, heart rate, and crying.¹⁷ The authors note that euthanasia has been legal in the Netherlands since 1985. However, this is only applicable to competent person over the age of sixteen. The obvious question that the doctors present in the article is whether or not it is morally permissible to euthanize infants who are unable to express their own free will.¹⁷

The authors point out that the number of infants that are euthanized is under reported, or not reported at all. They advocate for a system where doctors are required to accurately report the number of newborns that they euthanize. The reasons that the authors say that an accurate accounting of the number of newborns that are euthanized is required, is to prevent unjustified and uncontrolled euthanasia.¹⁷ This article is used in this review to show that even in countries where euthanasia is legal, it is still considered unethical. The doctors that participate in euthanizing newborns are just as culpable as the doctors that allow a newborn to die of a dreadful disease. The two are moral equivalents.

The debate over euthanasia came to the forefront with the Terri Schiavo case. It involved a young woman who was severely injured in a car accident that left her paralyzed. Miss Schiavo did not leave any final directives or a living will.¹⁸ A living will in the state of Florida is a document that a patient voluntarily signs instructing what he or she wants in the instance of a life emergency.¹⁸ In the living will, the patient can choose to refuse all life sustaining measures if he or she is injured to such an extent that he or she will have little or no quality of life.

Miss Schiavo did not have a living will; therefore, it was left to her husband to decide whether or not to remove her from life support.¹⁸ Her husband chose to take his wife off life support because he knew that his wife would not want to live as a vegetable. Miss Schiavo's parents, however, wanted to keep Miss Schiavo on life support. A court battle between Miss Schiavo's husband and her

parents ensued. The ultimate outcome was that Miss Schiavo was taken off life support, and she died of starvation.¹⁸

This case is relevant to the thesis of this review that there is a moral equivalence between killing and letting die. By letting Miss Schiavo die of natural causes after life support was withdrawn, the result was that she died a horrible death of starvation. She was "killed" by the directives of the government. It is impossible to know what Miss Schiavo's wishes would have been. However, it is doubtful that she would have wanted to die of starvation. Allowing her to die from starvation was the moral equivalent of killing her. The ends result is the same, and Miss Schiavo is no longer alive.

The above case illustrates the ethical dilemma with physician assisted suicide. It is unimaginable to think that a doctor would want to assist in the ending of a human life. However, as has been evidenced in this review different doctors have various views on euthanasia. When there is no living will or final directive from a patient, it is typically decided by the immediate family what the patient would have wanted. It appears that the reasons that some immediate family members chose for their loved one to remain on life support is to keep that person with them. The family holds out hope that the patient's condition will improve. Most of the time, the patient does not improve, and slowly succumbs to the complications from his or her injuries.

Dan Brock questions whether or not there is a difference between physician assisted suicide and euthanasia. He describes physician assisted suicide as a doctor injecting a patient with a lethal dose of medication at the patient's request.¹⁹ Voluntary active euthanasia occurs when the patient is the one who administers the lethal dose of medication. In other words, the patient is actively participating in killing himself or herself.

The main difference between the two is the person who administers the dose. Regardless of who administers the final dose, the doctor is still actively taking part in the ending of a patient's life.²⁰ This is the crux of Brock's argument; there is no moral or ethical difference between the two acts. This article by Brock is highly relevant to the thesis that killing and letting die are moral equivalents. There are a vast number of ways that a human life can end. However, any form of purposefully shortening the natural life span of a human being results in the death of that person.

ARGUMENTS AGAINST MORAL EQUIVALENCE BETWEEN KILLING AND LETTING DIE

It is prudent at this particular juncture of the discussion about the moral equivalence between killing and letting die to discuss the view that is contrary to the thesis of this review study. This review argues that there is no moral difference between killing and letting die. There is

another side that argues the opposite. A few of these arguments are presented, and refuted in this section.

Proponents of a patient's right to die cite patient autonomy as a reason for the moral distinction between killing and letting die. The argument is as follows. Patient A has signed a final directive instructing healthcare providers to refrain from all "unnecessary" life sustaining procedures in cases where that person is not expected to recover from disease or serious injury. James Rachels says that the argument that it is okay to let a person die is centuries years old, in fact, it predates the Christian era.²¹ During these times, killing was zealously opposed while allowing one to die was morally acceptable.

Rachels points out that with the advent of the modern era, there are many more areas to take into consideration. Treatment has become increasingly sophisticated. People are kept alive with intravenous feeding, respirators, and heart-lung machines. These people are kept alive with the assistance of these machines even though they will always be "human vegetables".²¹ The morality of keeping someone alive by artificial mean, according to James, is questionable.

People who argue that there is a moral distinction between killing and letting die use active and passive euthanasia as an example. If a doctor causes the death of a patient with a lethal injection, that is considered active euthanasia. If the patient is allowed to die, that is passive euthanasia. Passive euthanasia, according to those who propose that killing and letting die are not moral equivalents, is not as morally reprehensible as active euthanasia.²¹

Nancy Dickey points out that the debate over euthanasia has survived the centuries. Restrictions against the practice pre-date Hippocrates. In recent years, with new life support technology available, the debate seems to have moved in favour of euthanasia. Euthanasia or assisted suicide is viewed, by some in the medical community, and in other circles, as a compassionate way to end needless suffering.²²

Dickey also says that the debate has moved from the medical community to the public sector. Since it is up to the doctor to determine what would be considered prolonged and unconscionable suffering, the choice to end a person's life lays in the hands of the doctor.²² The doctor has sworn in the Hippocratic Oath to save and preserve as many human lives as possible. Therefore, the physician is presented with the age old ethical dilemma, when is life no longer worth living, and who decides such a thing?

The consequences of the physician's decision to either end the patient's suffering by actively assisting the person to die, or to let that same person suffer unbearable pain for the rest of his or her natural life will have grave effects on the patient and the patient's family. Obviously,

the patient will die one way or the other. The argument that proponents of the idea that letting die and killing are not moral equivalent say that physician assisted suicide is more humane than allowing that person to slowly die of a painful disease of which there is no cure.

Dickey points out the argument that the patient's dignity is dependent upon the doctor complying with the patient's right to die.²² If a patient does not want to continue living in misery then that person has the "right to die." The physician is acting, according to those who argue that there is a difference between killing and letting die, in a compassionate manner, with the blessing of the patient.

Summy reviews Gail Tulloch's book on euthanasia. Tulloch says that every person has the right to die with dignity. In a liberal society, the person who is suffering should be the one to decide when to end his or her own life, and not the government. Tulloch contends that personal liberty is allowed to the fullest extent in a liberal society as long as that personal liberty does not infringe on the liberty of others.²³

Tulloch is a staunch supporter of the notion of personal choice, and does not believe that the government has the right or authority to act on behalf of another person. In other words, there can be no government legislated morality or religion. Tulloch talks about the different types of euthanasia and why they are all superior choices over letting one die an agonizing death.²³ Therefore, it is more morally acceptable to kill rather than to let one die.

These arguments from Rachels, Dickey, and Tulloch support the notion that killing and letting die are not moral equivalents. All three of these arguments are based upon personal liberty, the right to choose, and patient autonomy. The main problem with using only the patient's viewpoint is that no one can be certain what the patient actually wants. The patient may have left a final direction, but could change his or her mind when presented with a real life situation. Earlier in this discussion, the example of the young man suffering from Lou Gehrig's disease was used to illustrate the fact that a patient can change his or her mind about quality of life issues.

A young, athletic man may decide in the prime of his life that he would never want to live out his days in a hospice, or be a burden on his loved ones. This is his mindset while he is in peak physical condition. However, if that very same young man is involved in a serious car accident, and suffers injuries that render him severely injured, he may still want to live because he can live a good quality of life even with his injuries. The human will to survive outweighs any final directives that were written prior to the accident. Even in circumstances where the person becomes a paraplegic, that person, with the advent of modern medical technology, can live a decent quality of life. Of course his or her quality of life

will not be what it was prior to the accident, but he or she can still function.

If the doctor would have decided to take the young man in the above scenario off life support, the doctor would have been actively killing that individual. Although the doctor was complying with the wishes of the patient, the wishes of the patient may have changed since the directive was written. It is impossible for a doctor to be able to second guess what a patient would want to do under any given circumstance.

The ending of one's own life is also a moral dilemma for the patient. The patient has been brought up with a belief system, and may have struggled with his or her decision to forgo all life sustaining measures. In all the World's three major religions, Islam, Judaism, and Christianity, it is a sin to take a life. This includes one's own life and the life of another. There is no moral difference, according to the doctrines of these great religions, between killing and letting one die. Both are murder, the former by an act, and the former of an omission. Both are moral equivalents and the end result is the same because a human being has died.

The argument for personal liberty is fruitless because proponents of this stance say that a patient has the right to die in dignity. This right is guaranteed in a liberal society. Regardless of how liberal a society is, the point remains that personal liberty is not without consequences. Others are affected by the choices that people make in exercising their personal liberty. The doctor has the personal liberty to choose not to carry out the assisted suicide, thus denying the patient of his or her right to die. Therefore, the argument falls flat that euthanasia is acceptable because free societies should allow people to do what they want to do as long as they do not hurt others in the process. Everyone in society is affected by one person's death. A human life has ended.

Proponents of the position that there is a moral difference between killing and letting die point out how inhumane it is for a disease to run its natural course. In some instances, allowing the patient to live has bought that patient more time while a cure is being explored. If a doctor complies with a patient's final directive to stop all life sustaining measures, and a cure is discovered later within the timeframe when the person would have still been able to live, that doctor has essentially committed murder, and possibly malpractice. Therefore, there is no difference between killing and letting die under these circumstances.

CONCLUSION

This review has extensively discussed the various viewpoints regarding whether or not there is a moral difference between killing and letting die. The evidence reveals that there is no moral difference between the two. Various aspects of the debate were analysed which

included the sanctity of life, respect for patient autonomy, the distinction between intention and foresight, and the doctrine of acts and omissions. All of these variables were examined from both sides of the debate.

Those who say that there is a difference between killing and letting die cite the very same reasons to buttress their arguments as their opponents. Their opponents support the thesis of this review that killing and letting die are moral equivalents. The sanctity of life is a religious and moral concern, not an issue about personal liberty. Christianity, Judaism, and Islam believe in personal liberty, yet God's rule reigns supreme. In all three religions, killing and letting die are moral equivalents.

The argument that a doctor should respect patient autonomy falls flat because a patient is apt to change his or her mind if presented with a life threatening illness. That person may decide that continuing life in a state different from before the illness or injury is still a decent quality of life. Most people do not purposely choose to die. This review has pointed out instances where people have changed their minds and have chosen life rather than assisted suicide at the last moment. This is an example of the power of the human will to survive. Taking that person's life under an original directive is murder because that patient would have wanted to continue to live regardless of his or her impairment.

The intentional taking of a life is still a life taken regardless if the person killed desired to die.²⁴ Physicians are complicit to murder if they assist a patient to die. On the other hand, they are still responsible for the patient when that doctor allows the disease to run its deadly course. The former involves a doctor actively killing a patient. While the latter does not involve active involvement, the doctor simply lets the patient die. Both are morally reprehensible.

There is no doubt that the debate over killing and letting die will continue for years to come. It is critical that the issue be addressed at this particular time in history with the advent of modern medical technology. The technology aspect of this argument is important because many people can now survive serious injuries and illnesses. This was not always the case, particularly in early years. Euthanasia is becoming more accepted, and in countries like the Netherlands, it is legal.²⁵ Even infants are euthanized who are born with deformities or Down's syndrome. These babies have no choice in the matter of whether they live or die.²⁶ It is just as morally reprehensible to kill these babies as it is to let them die of natural causes.

With all of the conflicting opinions and viewpoints on the matter, the argument that there is no moral difference between killing and letting die holds the most weight. This applies even in today's liberal society. A society must stand up for the right to life as well as the right to die. A constitution and a government may guarantee

personal liberty, but what happens to the liberty of the patients who are unable to voice their own opinions? These people fall through the cracks of medical ethics. That is why this topic is significant and important to discuss on all levels.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

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DOI: 10.5455/2320-6012.ijrms20150101

Cite this article as: Alanazi MR, Alanzi MM. Is there a moral difference between killing and letting die in healthcare? *Int J Res Med Sci* 2015;3:1-10.