

The intentional termination of the life of one human being by another—mercy killing—is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association.

The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family.

Notes: Rachels and Sullivan on Euthanasia

- A) Importance of maintaining mindful respect with a topic like this
- B) Distinguishing issues:
 - a. Is euthanasia permissible?
 - b. Is there a legitimate moral distinction drawn in the AMA position?

Rachels and Sullivan are, first and foremost, addressing (b). An investigation of this *may* entail some claims about (a), but it doesn't need to.

Rachels

The AMA fails to make a legitimate distinction

Why? B/c it amounts to the claim that "active euthanasia" is permissible, while "passive" is not. Since this distinction makes no moral sense, the AMA distinction makes no moral sense.

Why is the active/passive distinction illegitimate?

- Arg. 1: It allows wanton cruelty, which is obviously impermissible
 - We could allow a baby to die of dehydration over a period of days and it would be ok, while it wouldn't be ok to take active measures to terminate further suffering.
 - This is bad because it we *should* do whatever best alleviates agony.

- Arg. 2: The distinction leads to decisions made on morally irrelevant grounds, which is illegitimate.
 - Consider the case of a Down's baby born with an obstructed GI tract. We could save it with surgery, or we could "let it die".
 - Cost shouldn't be a relevant factor here: It's not too tough to perform this surgery.
 - The decision should really made on the basis of whether the baby's life is worth saving or not.
 - If it's worth saving, then the operation is no factor
 - If it's not worth saving, then the GI tract is no factor
 - The AMA distinction turns on these irrelevant reasons, rather than allowing us to focus on the one that counts.

Obj: Killing is worse than letting die!

Rachels: Not necessarily. There's no *intrinsic* difference between these two (Smith and Jones cases)

If *this* is what the AMA is really concerned with, then their distinction is untenable

What should matter is *intention*: *Why* are we pursuing the course of action that we have chosen?

Obj: To lethally inject is to be the *direct cause* of death, while to allow the baby to die of natural causes is not to cause death directly

Rachels: 2 points.

- a. The doctor *does* something to bring about the baby's death in the latter case—he lets the baby die
 - a. The only sense in which this differs from 'actively' killing the baby is morally irrelevant, as illustrated by the Jones case and the Singer case

Sullivan:

Conc: Rachels has missed the boat entirely. He attacks the AMA distinction because he thinks it's about "killing" vs. "letting die". But this isn't what the AMA distinction is really about, so his arguments shouldn't bother the AMA.

(weird pt: Sullivan thinks it is 'clear' that Rachels favors euthanasia. Is this true?)

So what is the distinction about?

I think Sullivan is confused, and offers two possible interpretations:

1. It's about *intention*. Any medical act is wrong if it is primarily *aimed* at bringing about death.
 - a. **Problem:** His "intention" distinction only seems to make sense if we talk about cases where death is the *primary* aim
 - i. **"The traditional view is that the intentional termination of human life is impermissible, irrespective of whether this goal is brought about by action or inaction. Is the action or refraining aimed at producing a death? Is the termination of life sought, chosen or planned? Is the intention deadly? If so, the act or omission is wrong."**
 - b. But *no* real cases of physician assisted suicide can be plausibly described in this way. Sullivan thinks this 'traditional view' rules out lethal injections, but he's wrong. Lethal injections are not primarily aimed at causing death, but rather at alleviating suffering.
2. It's about *extraordinary* vs *ordinary measures*. The AMA only says it's ok to remove extraordinary measures. This doesn't entail that isn't

not ok to use ordinary measures to expedite the alleviation of suffering. And look at how ordinary measures are defined!

- a. "Ordinary means...are all medicines (etc) which offer a reasonable hope of benefit for the patient and which can be obtained and used without excessive expense, pain, and other inconveniences."
 - i. Worthwhile question: *whose* inconvenience?
- b. So anything that fails either of these criteria can be removed.
 - i. But look! Lethal injections *meet* these criteria! From the perspective of the patient (whose perspective is, really, the only one that should matter) the injection does offer hope of benefit, and it's cheap painless and easy.

What to conclude? Maybe the AMA has made no legitimate distinction at all. Maybe we're faced with the possibility that if euthanasia is permissible, it's *always* permissible, and if it's not, then it's *never* permissible.