The Troublesome Transition

Reassessing...

Let's divide our checklist into three categories:

- General theoretic virtues (consistency and determinacy)
- Normative virtues (applicability and intuitive appeal)
- Interdisciplinary virtues (external support and overall explanatory power)

What we want from an ethical theory:

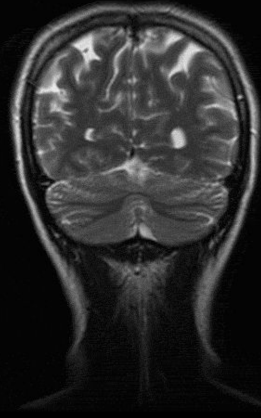
- ❑ Consistency
- ❑ Determinacy
- ❑ Applicability
- ❑ Intuitive appeal
- ❑ Explanatory power
- ❑ External support (mind sciences)
- ❑ External support (social sciences)

Since…

Every theory ought to have the general theoretic virtues of consistency and determinacy, we won't specifically focus on those.

Instead, we'll focus on normative virtues in Unit II and interdisciplinary virtues in Unit III.

In the end, we will hopefully at least have a theory that is the least wrong.



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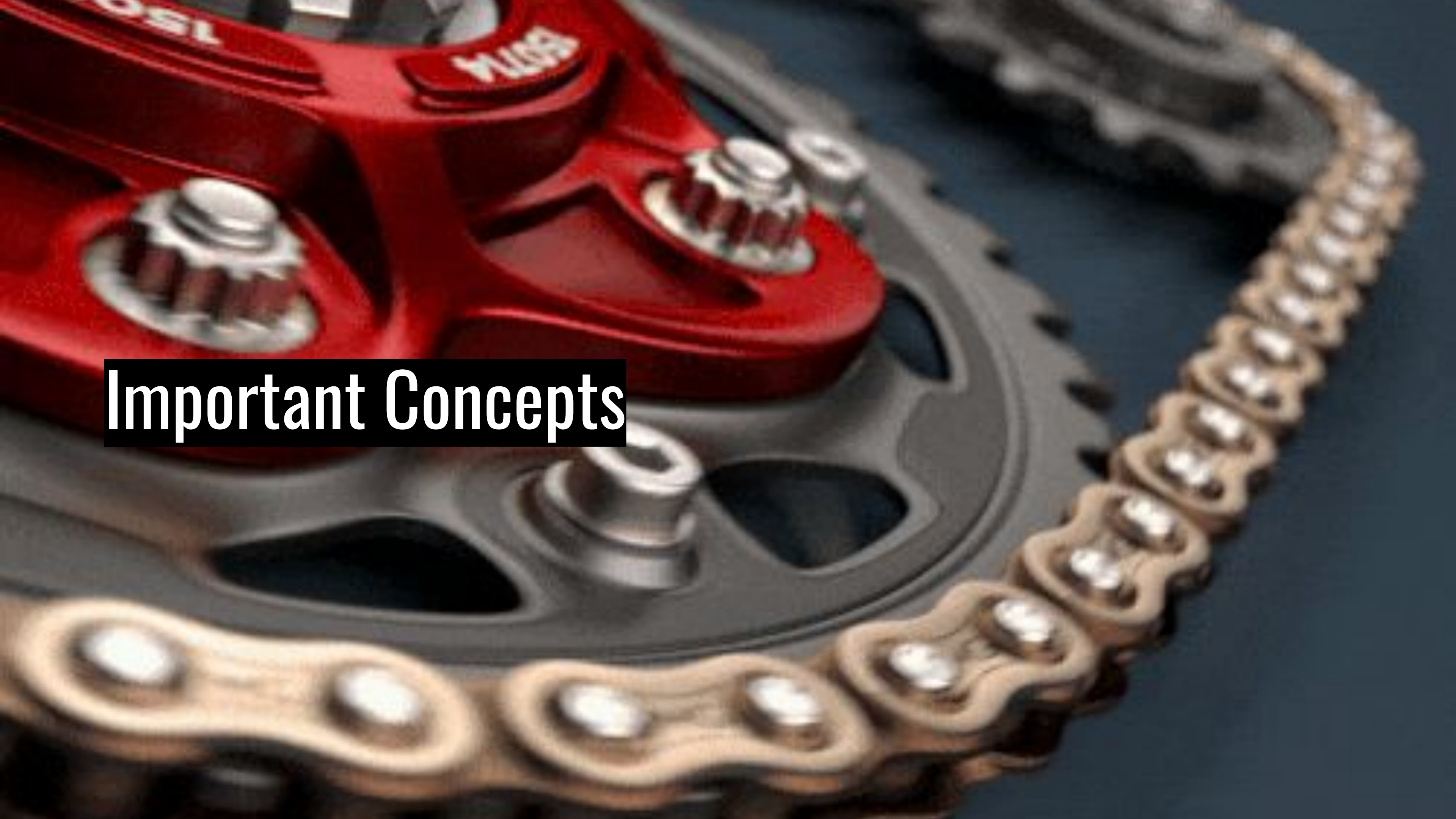


Important Concepts

Applied Ethics

Applied ethics is a subdivision of ethics concerned with understanding the moral value of particular acts and practices; e.g., questions like “Is abortion ever morally permissible?”, “Is capital punishment wrong?”, etc.

“Ethical theories have two main aims:

The first is *enumerative*: identify those acts that we ought (or ought not) to perform.

The second is *explanatory*: provide an account as to why we ought (or ought not) to perform the acts identified” (Cahn and Forcehimes 2018: 4; emphasis in original).

We will see which actions our ethical theories endorse and oppose and assess how they line up with our **moral intuitions**...

Moreover, a theory will be considered stronger if it is commonly used in **moral arguments**, signifying (perhaps) that it has a high degree of **applicability**…

Voluntary Active Euthanasia: Important Concepts

Passive Euthanasia

Passive euthanasia (PE) is the act of suspending aid to a mortally wounded or terminally ill person for the purpose of ceasing suffering; i.e., passively *letting* someone die.

Active Euthanasia

Active euthanasia (AE) is the active and intentional termination of a life for the purpose of ceasing suffering; i.e., a mercy killing.

Question:

Is voluntary active euthanasia, often referred to as physician-assisted suicide, morally permissible?

Rachels (1975) argues that...

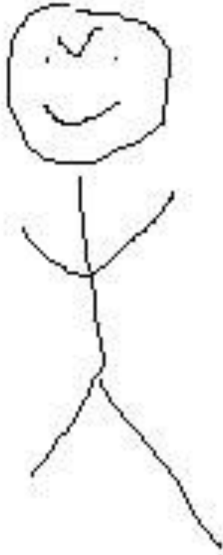
Current practices, which do not allow active euthanasia, are based on a problematic doctrine, which Rachels calls **the conventional doctrine**.

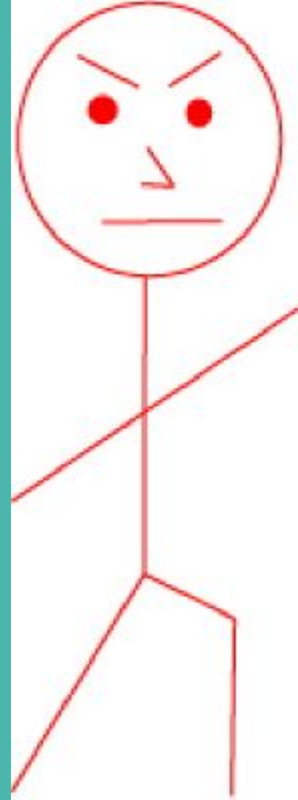
We should allow active euthanasia, Rachels argues, because this would decrease the hardship of those with terminal diseases.

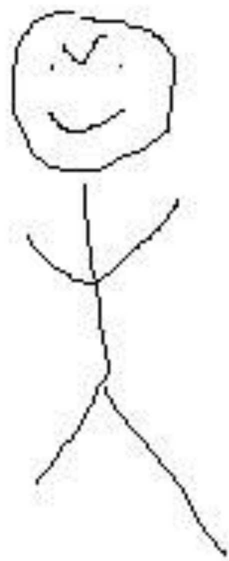
The Conventional Doctrine

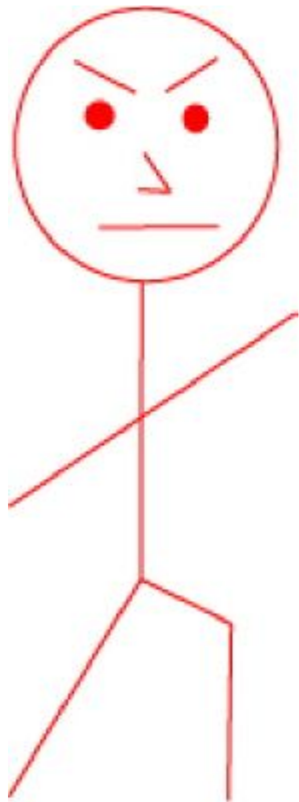
It is permissible to discontinue treatment resulting in ending someone's life but *not* permissible to actively aid someone in ending their life.

Rachels:
Consider the case of Smith and Jones…









Rachels' Modus Tollens

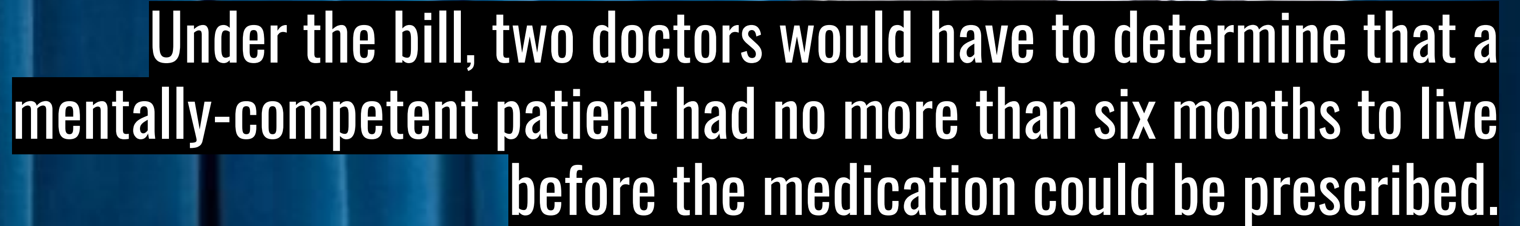
1. If the conventional doctrine is true, then Jones behaved better than Smith.
2. But Jones did <u>not</u> behave better than Smith;
   i.e., it seems that both did something morally wrong.
3. Therefore, the conventional doctrine is false.

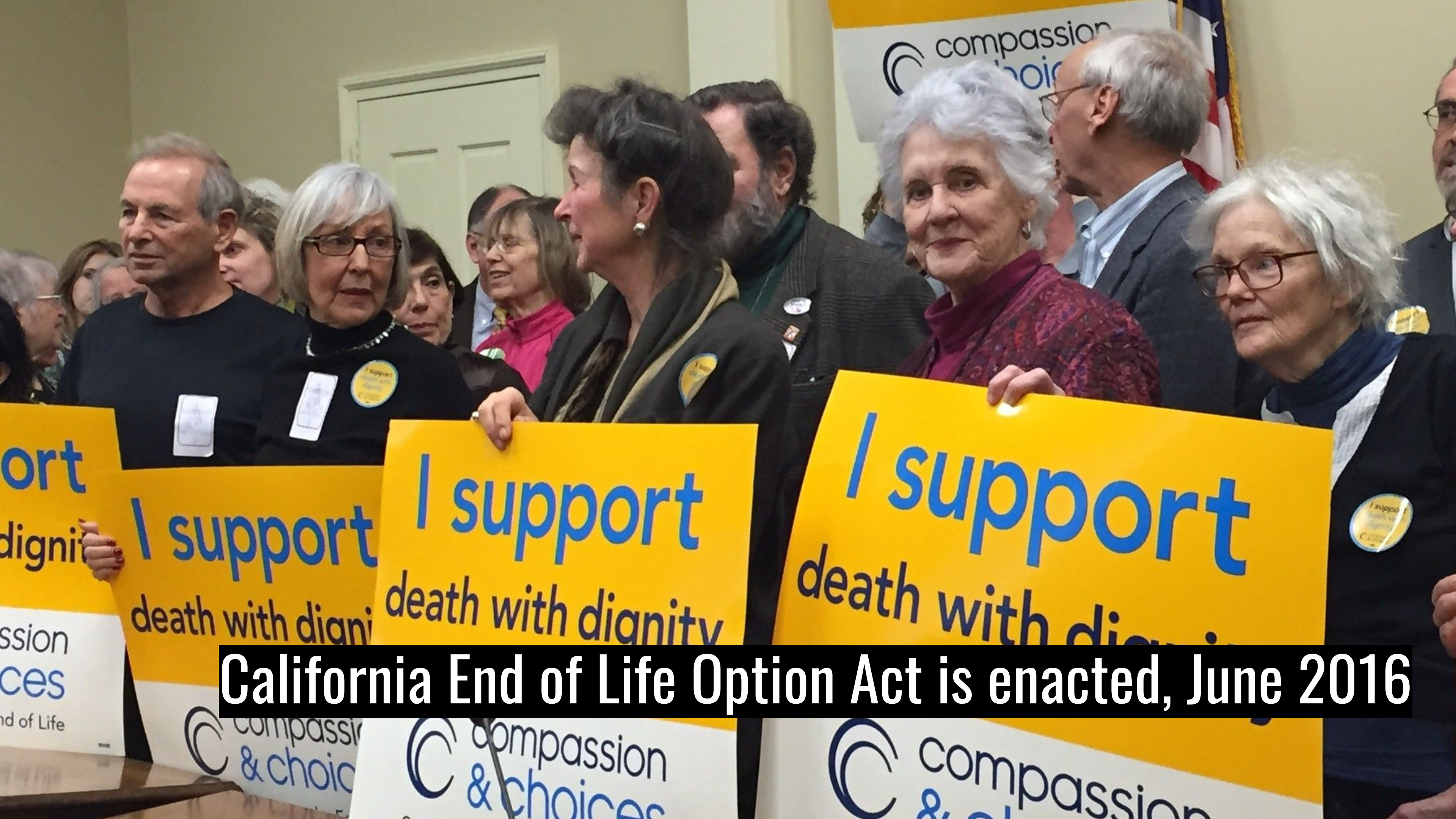
Argument from Transitivity (p. 2)

1. If, for a given patient, PE is morally permissible *and* AE would further decrease suffering, then AE is morally permissible.
2. In some cases where PE is OK, AE *would* further minimize pain.
3. Therefore, (in those cases) AE is morally permissible.

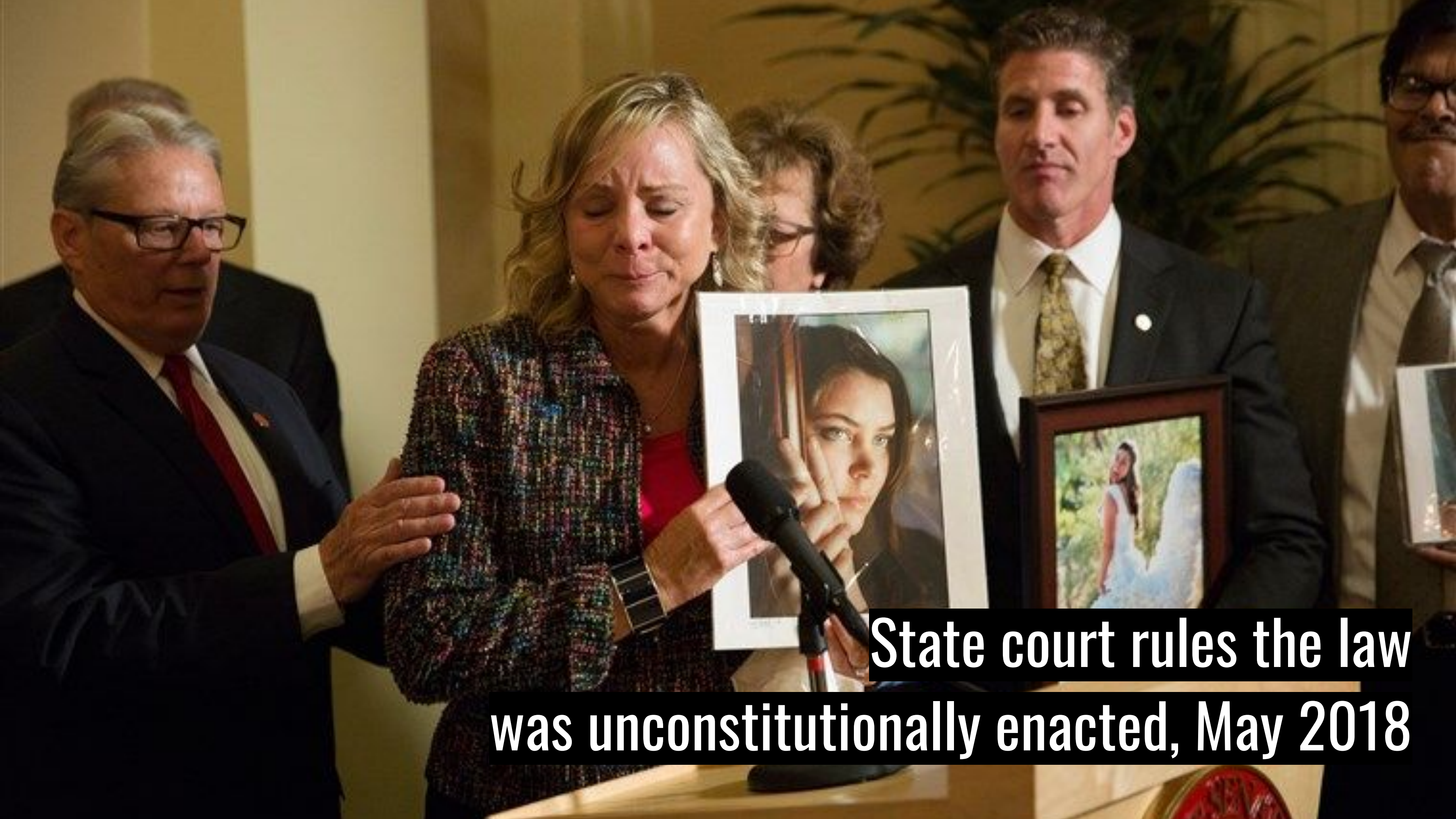
Storytime!

California Governor Jerry Brown signs
“Death with Dignity” legislation, 2015


Under the bill, two doctors would have to determine that a
mentally-competent patient had no more than six months to live
before the medication could be prescribed.



California End of Life Option Act is enacted, June 2016


State court rules the law
was unconstitutionally enacted, May 2018

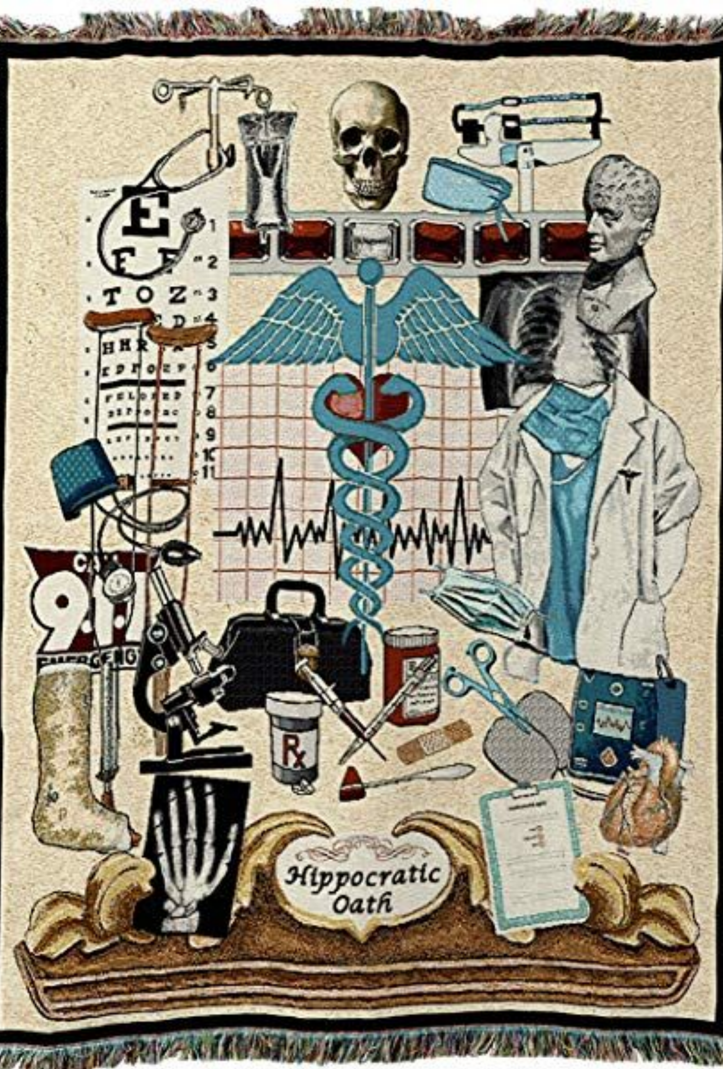
The law is reinstated by a state appeals court, June 2018

Objections

"Alexandra Snyder, an attorney with Life Legal Defense Foundation and critic of the law, said... [t]here's no way to determine whether a patient was **coerced** into taking the drug... 'It's really tragic that doctors are now thinking that **the best they can do** for a patient is to give them a handful of barbiturates and leave them to their own devices'" (Karlamangla 2017; emphasis added).

Another objection is that the cost may be **prohibitive for some**. In other words, not all who qualify would be able to afford the End of Life medication (McKenzie 2017).

Relatedly, advocates for seniors and the disabled argued it could make people **vulnerable to greedy relatives** (or guilty consciences) since the End of Life medication might be cheaper than life saving treatment.

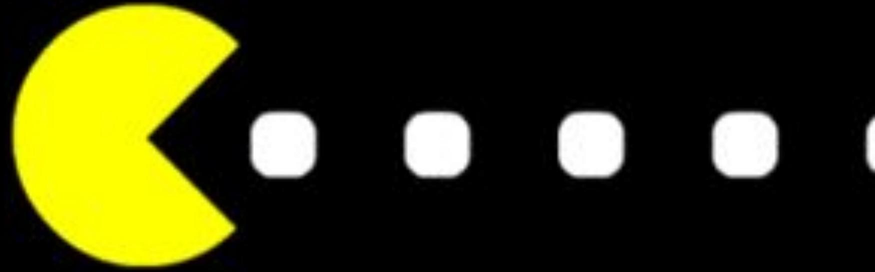


Lastly, some object that physician-assisted suicide is counter to what the function of a doctor is.

Potential Response

One’s autonomy is a fundamental good.

To deny one the right to assisted suicide is to deny one their autonomy.



Food for thought...

Proponents of assisted suicide assert that autonomy is a fundamental good that must be protected, yet they advocate an act that extinguishes the basis of autonomy.

Question:
Are they being inconsistent?

John Stuart Mill probably thought they were...

“The same conundrum prompted John Stuart Mill, a stalwart champion of individual liberty, to favor legal proscription [i.e., banning] of voluntary slavery.

Mill claimed that an individual cannot freely renounce his freedom without violating that good.

Similarly, autonomous acts of assisted suicide annihilate the basis of autonomy and thereby undermine the very ground of their justification” (Safranek 1998: 33; interpolations are mine).

Kant definitely thought they were...

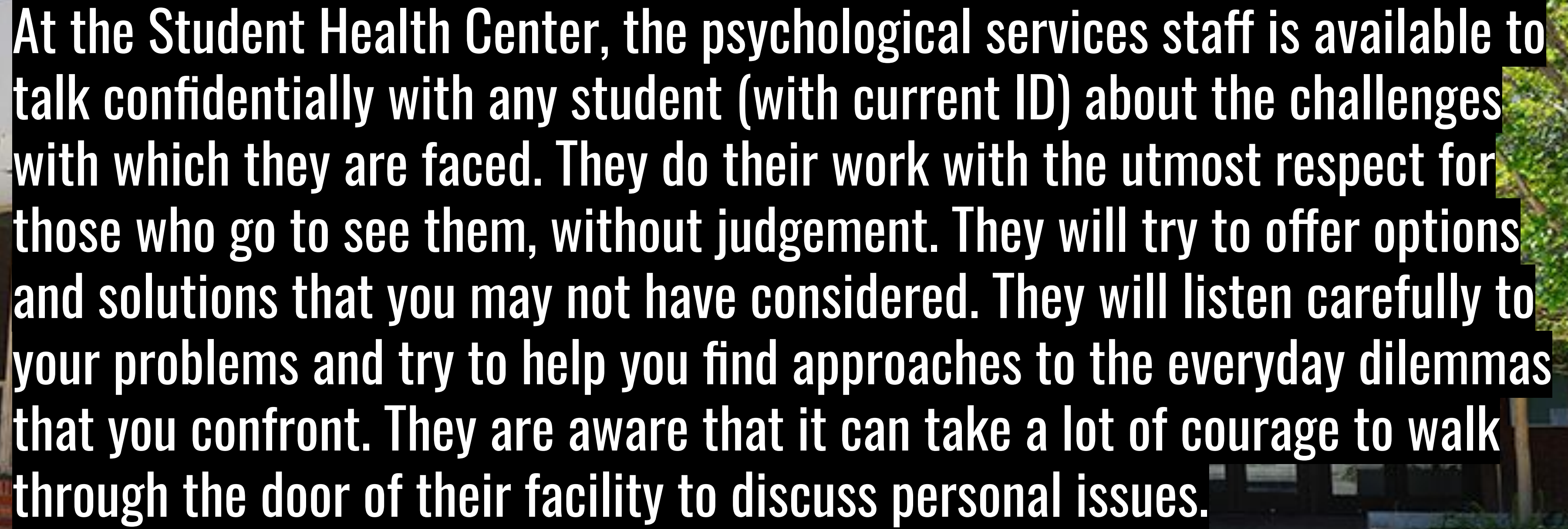
“When discussing how the formula of humanity entails the perfect duty to refrain from suicide, Kant writes:

[T]he man who contemplates suicide will ask himself whether his action can be consistent with the idea of humanity as an end in itself. If he destroys himself in order to escape from a difficult situation, then he is making use of his person merely as a means so as to maintain a tolerable condition in life. Man, however, is not a thing and hence is not something to be used merely as a means” (Manninen 2006: 102).

Hume thought otherwise...

Although he argues that to leave behind any dependants in a vulnerable state is not permissible, he generally thinks that "A man who retires from life does no harm to society: he only ceases to do good, which, if it is an injury, is of the lowest kind."

He also stresses, however, that "small motives" are not sufficient for someone to "throw away their life."



At the Student Health Center, the psychological services staff is available to talk confidentially with any student (with current ID) about the challenges with which they are faced. They do their work with the utmost respect for those who go to see them, without judgement. They will try to offer options and solutions that you may not have considered. They will listen carefully to your problems and try to help you find approaches to the everyday dilemmas that you confront. They are aware that it can take a lot of courage to walk through the door of their facility to discuss personal issues.

Click here for helpful links.

Taking stock…

The fundamental premise for the first argument for active euthanasia was the minimization of suffering.

This is consequentialist reasoning.

Argument from Transitivity (p. 2)

1. If, for a given patient, PE is morally permissible *and* AE would further decrease suffering, then AE is morally permissible.
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Taking stock...

The objections to active euthanasia were varied:

- Some had to do with coercion or feeling coerced (a loss of autonomy).
- Others had to do with making sick people vulnerable to greedy relatives (being used as a means to an end).
- Others had to do with unequal access (lack of universalizability).
- And some were about violating the function of doctors.

Taking stock...

Concerns over loss of autonomy, being used as a means to an end, and lack of universalizability are deontologic concerns.

In other words, these are violations of Kant's categorical imperative.

Concerns over violating the function of a doctor are Aristotelian concerns. In other words, bringing a life to an end is not conventionally seen as an action flowing from a good doctor.

Round 1