

Chapter 5

MERCY DEATH OR KILLING

One of the most acute issues in current medical ethics is the problem of euthanasia. This term originally comes from the Greek word that originally meant “a good death” (*eu*—well, *Thanatos*—death). Needless to say that in every discussion about life and death we hold the a priori assumption that “life is good and that existing life should be preserved as a matter of course, unless some overriding principle supersedes the innate value of an ongoing life.”¹ This assumption is one of the reasons for the immense difficulties of the discussion about “good death.” The issue of euthanasia became extremely complicated during the 20th century due to rapid technological progress that enabled maintaining the lives of terminal patients, even unconscious terminal patients, for extended periods of time. However, while we may possess powerful life-prolonging medical technology, on the ethical level “we are unable to find meaning in death or to bring our lives to a meaningful close.”² Thus, death as a whole, and euthanasia in particular, have become complex and painful issues in modern society.

The discussion in the current chapter deals with three different meanings that are usually accorded to the term “euthanasia.” However, all three forms of euthanasia assume that the bedridden person under discussion has an acute, terminal, chronic illness that medical treatment cannot hope to cure or even ameliorate. In such a situation we tend to believe that if something “is taken from a dying person, it is nothing he wants to keep and the act is one of giving rather than taking.”³

¹ Whiting Raymond. *A Natural Right to Die*. Greenwood Press, Westport, Connecticut, p. 171. The emphasis is in the original.

² Hardwig John. “Dying at the Right Time: Reflections on (Un) Assisted Suicide.” In: LaFollette Hugh. (ed.), *Ethics in Practice*. Blackwell Publishers, Cambridge, Massachusetts, 1997, p. 64.

³ Barrington, Mary Ross. “The Case for Rational Suicide.” In: Downing A. B. and Smoker Barbara (eds.), *Voluntary Euthanasia*. Peter Owen Publishers, London, 1969, p. 247.

The first type of euthanasia is usually called “allowing someone to die.” This type refers to the desire of terminally ill persons, who are no longer helped by medical treatments, to be allowed to die naturally, in peace and dignity, rather than be kept on life support. The crucial distinction of this form of euthanasia is that no active termination of life is carried out, but only an abstention from additional medical treatment that only lengthens patients’ lives but does not improve their health condition or quality of life. The main point of this type of euthanasia is not to artificially lengthen life through modern technology when technology cannot cure the patients or improve their condition. Instead, the patient only receives drugs or treatments to relieve pain or discomfort.⁴

The second type is called “mercy death” and refers to direct actions to terminate the lives of terminally ill patients that explicitly request to die. We can consider this a kind of assisted suicide, but not in the sense of “preemptive suicide.” The usual term of “preemptive suicide,” as C. G. Prado uses it, does not refer to cases of “escaping actual, intolerable circumstances, but avoiding foreseen demeaning decline and needless suffering.”⁵ I use mercy death to refer to terminally ill persons who suffer and cannot put an end to their lives by themselves and so they must ask someone else to assist them to die, usually by painless means or methods. Here the patients make an autonomous decision to choose death over their currently painful lives, and need someone else to help them carry out their own desires.⁶ An equivalent term to mercy death is *voluntary active euthanasia* (VAU), or euthanasia at the request of the patient.⁷ Those who support this doctrine believe that just as “a free and autonomous person can renounce and relinquish any right, *provided only that his choice is fully informed, well considered, and unforced*, that is to say, *fully voluntary*,”⁸ one can relinquish his right to life, and have voluntary active euthanasia.

The third type of euthanasia is also a form of “mercy killing” that takes direct actions to terminate a patient’s life. However, unlike the previous type, here it is carried out not only without the patient’s explicit request, but even without the patient’s consent. In this type, the decision that the patient’s life is no longer meaningful is taken by someone else, assuming that if the patient could express his/her desire or will, he/she would ask others to put an end to his/her life. This type of mercy killing is also called *non-voluntary active euthanasia* (NVAU), which refers to cases where “euthanasia preformed on those who do not have the mental ability to request euthanasia (such as babies or adults with advanced

⁴ See Thiroux Jacques. *Ethics: Theory and Practice*, Sixth Edition. Prentice Hall, Upper Saddle River, NJ, 1995. p. 213.

⁵ Prado, C. G. *The Last Choice*. Greenwood Press, Westport, Connecticut, 1998, p. 2.

⁶ See Thiroux Jacques. *Ibid*, p. 213.

⁷ See Keown John. *Euthanasia, Ethics and Public Policy*. Cambridge University Press, 2002. p. 9.

⁸ Feinberg Joel. *Rights, Justice, and the Bounds of Liberty*. Princeton University Press, Princeton, 1980, p. 250.