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ON THE ASSUMED MORAL SUPERIORITY OF PASSIVE OVER ACTIVE EUTHANASIA

Abstract: Since the inception of the euthanasia debate, the differentiation between active and passive euthanasia – distinguishing between "letting die" and "actively killing" – has emerged as a central point of contention. In this paper, we will contend that: a) the boundary between active and passive euthanasia is inherently nebulous, b) there exists no morally substantive disparity between active and passive euthanasia, and c) if such a disparity could be admitted, it would probably favor active euthanasia over passive. We will seek support for this final claim of ours in the three principal traditions of normative ethics, namely deontology, utilitarianism, and virtue ethics.
Keywords: act, omission, euthanasia, active, passive, virtue ethics, Kantian ethics, utilitarian ethics

I. INTRODUCTION

All matters pertaining to the deliberate termination – or deliberate allowance of termination – of another person's life are inherently morally contentious and highly debated. Consequently, any stance taken on these issues must be supported by robust and compelling reasoning,

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as the gravity of such actions demands thorough consideration.[3] The decision to end a life, or to permit such an end, requires exceptionally compelling justifications, given that life is universally regarded as the highest good, whether viewed as a divine gift or as the foundation of all virtues. Conversely, death is generally perceived as an unfortunate or even tragic occurrence, either due to the loss it entails or in its own right. Deliberately causing or permitting death is typically considered morally permissible or justifiable only under extraordinary circumstances in human existence, such as acts of self-defence or in the context of warfare.

Euthanasia, referring to the deliberate ending of the life of a terminally ill patient experiencing extreme agony and suffering, upon their persistent and informed request with the sole aim of alleviating their intolerable pain,[4] presents compelling arguments in its favor. Central to these arguments are principles such as respect for patient autonomy,[5] the recognition of their so-called "right to die,"[6] and their right to privacy,[7] as well as the ethical imperative to treat them as an end in themselves rather than merely a means to an end.[8] Moreover, proponents of euthanasia often argue for achieving an optimal balance between the patient's perceived gains and losses.[9]

3 The debate on euthanasia is undeniably fraught with the historical baggage of Nazi Germany's infamous euthanasia program and the atrocities of the Holocaust, as well as social Darwinism and the eugenics movement that preceded it. For an insightful discussion on this topic, see Chousou, Dimitra, Daniela Theodoridou, George Boutlas, Anna Batistatou, Christos Yapijakis, and Maria Syrrou, "Eugenics between Darwin's Era and the Holocaust," *Conatus – Journal of Philosophy* 4, no. 2 (2019): pp. 171-204, doi: https://doi.org/10.12681/cjp.21061.

4 McLean, Sheila, "End-of-life Decisions and the Law," *Journal of Medical Ethics* 22, no. 5 (1996): p. 262.

5 Nowell-Smith, Patrick, "Euthanasia and the Doctors – A Rejection of the BMA's Report," *Journal of Medical Ethics* 15, no. 3 (1989): p. 128. For a Foucaultian approach concerning authonomy and biopower, see Tsiakiri, Lydia, "Euthanasia: Promoter of Autonomy or Supporter of Biopower?" *Conatus – Journal of Philosophy* 7, no. 1 (2022): pp. 125ff, doi: https://doi.org/10.12681/cjp.25088.

6 Robertson, John A., "Cruzan: No Rights Violated," *Hastings Center Report* 20, no. 5 (1990): p. 9.

7 Humphry, Derek, and Ann Wickett, *The Right to Die – Understanding Euthanasia*, Bodley Head, London 1986, p. 68.

8 Bix, Brian, "Physician Assisted Suicide and the United States Constitution," *Modern Law Review* 58, no. 3 (1995): p. 411.

9 Dyck, Arthur J., "Physician-Assisted-Suicide: Is it Ethical?" *Trends in Health Care, Law, and Ethics* 7, no. 2 (1992): p. 21.

Indeed, these considerations provide justification, at least *prima facie*, for regarding euthanasia as a morally viable option for individuals facing such dire circumstances, with the expectation that others should either honor their wishes or present equally persuasive moral arguments to the contrary. However, the ongoing debate surrounding euthanasia underscores the presence of equally compelling arguments on both sides, highlighting the complexity of the issue.

Nevertheless, when the discourse shifts from whether euthanasia may be morally justifiable under certain circumstances to how it should be carried out, there appears to be less contention among ethicists. The prevailing consensus among most ethicists is that if euthanasia were to be permitted, it should be executed passively rather than actively. It is this consensus that we aim to challenge. Before delving into our critique, however, it is essential to delve further into this distinction.

II. THE ETHICS OF ACTIVE AND PASSIVE EUTHANASIA

Active euthanasia typically involves administering a lethal drug to the patient, though alternative methods exist. However, the injection of a lethal substance is commonly favored due to its efficiency, perceived humanity, and relative lack of drama compared to other methods.[10] Conversely, passive euthanasia often entails ceasing life-sustaining interventions, such as removing a respirator, external heart pump, or hemodialysis machine, or even withholding food and water.[11]

Critics of active euthanasia often denounce it on moral grounds, arguing that it constitutes killing and is thus morally unjustifiable.[12] In contrast, the withdrawal of life support is often viewed as allowing the patient to die naturally and is considered less morally objectionable than actively ending a life.[13]

10 Munson, Ronald, *Intervention and Reflection: Basic Issues in Medical Ethics*, Wadsworth, Belmont 1983, p. 181.

11 Stewart, Gary T., William R. Curter and Timothy J. Demy, *Suicide and Euthanasia,* Kregel, Grand Rapids 1998, p. 23.

12 Beauchamp, Tom L., *Intending Death: The Ethics of Assisted Suicide and Euthanasia*, Prentice Hall, New Jersey 1995, p. 3.

13 Beauchamp, Tom L., and James F. Childress, *Principles of Biomedical Ethics*, Oxford University Press, Oxford 1994, p. 220.

In the case of active euthanasia, the individual administering it actively intervenes in the patient's life, directly causing their death. On the other hand, in passive euthanasia, the individual allows the patient to die by refraining from intervention, essentially allowing nature to take its course.[14] This distinction leads to the belief that while actively killing someone is morally wrong, failing to prevent their death is not inherently wrong. However, we find this approach arbitrary and morally untenable.

Acting and omitting to act according to common sense – as well as in the eyes of the law – usually fall under distinct categories. In ethics, however, this is rarely the case.[15] Consider, for instance, the scenario where A falsely accuses you of murder with the explicit intention of securing your conviction. A's actions are clearly blameworthy and morally unjustifiable, as they entail purposeful deception aimed at causing harm. Now, contrast this with a situation where false charges are levied against you by the state, charges that could easily be disproven if individual B, the sole person capable of providing an alibi, were to promptly confirm it without any personal repercussions. However, B chooses not to intervene, knowingly allowing you to be wrongfully convicted. While A actively seeks to harm you in the first case, B's inaction in the second scenario results in the same outcome. Despite the difference in their actions – A's intentional deception versus B's deliberate omission – both individuals ultimately intend to harm you. Consequently, B's failure to testify for your innocence is just as morally reprehensible as A's actions aiming for your conviction, as their intentions remain identical: to inflict harm upon you.[16]

A similar principle applies to euthanasia: intentionally allowing someone to die when it's within your power to save them is no less morally blameworthy (or praiseworthy) than intentionally causing

14 Baird, Robert M., and Stuart Rosenbaum, *Euthanasia: The Moral Issues*, Prometheus Books, New York 1989, p. 12.
15 Rachels, James. "Active and Passive Euthanasia," in *Applied Ethics*, ed. Peter Singer, Oxford University Press, Oxford 1986, p. 31.
16 The thought experiment appears in Protopapadakis, Evangelos D., "Why Letting Die Instead of Killing? Choosing Active Euthanasia on Moral Grounds," in *Proceedings of the 23rd World Congress of Philosophy*, ed. Konstantinos Boudouris, 85-90, Philosophy Documentation Center, Charlottesville 2018, doi: https://doi.org/10.5840/wcp232018394.

their death. In both cases, the agent's intentions, purposes, and the consequences of their choices remain unchanged. The distinction lies solely in the means employed to achieve the desired end – that is, the relief of the terminally ill and suffering patient, according to their own freely made and informed decision. In essence, in the context of euthanasia, whether the moral agent acts or refrains from acting is merely a matter of tactical strategy, rather than a significant moral distinction. The moral imperative remains consistent for both options: ideally, the individual who brings about death has decided to alleviate the patient's unrelenting agony. In our perspective, there can be only a minimal, if any, morally significant disparity between active and passive euthanasia.[17]

Furthermore, in the context of euthanasia and considering the typical methods employed in both scenarios, distinguishing between action and omission is often exceedingly challenging.[18] Consider, for instance, the scenario of administering a lethal injection compared to the withdrawal of a respirator. It becomes challenging to discern why the former is considered an action while the latter is not.[19] One doesn't need to be a proficient philosopher to recognize that injecting someone is undeniably an action, just as shutting down a machine is.[20] However, in the context of euthanasia, the act of discontinuing a respirator is often categorized as an omission rather than an action. The reasoning typically provided is that the respirator is an artificial life-sustaining device; without its intervention, the patient would have succumbed long ago.[21] In essence, attaching a patient to a life-support machine is viewed as an action taken to sustain their life, while disconnecting them is seen as an omission aimed at allowing nature to take its course. However, this justification for withdrawing a respirator is no more valid than denying a patient any other modern medical service on the

17 Cf. Foot, Philippa, *Virtues and Vices and Other Essays in Moral Philosophy*, University of California Press, Berkeley 1978, pp. 34-35.

18 Prado, Carlos G., and Sandra J. Taylor, *Assisted Suicide: Theory and Practice in Elective Death*, Humanity Books, New York 1999, p. 11.

19 Foot, Philippa, *Virtues and Vices and Other Essays in Moral Philosophy*, pp. 48-49.

20 For a thorough discussion on the moral differences between act and omission in the case of euthanasia, see Protopapadakis, Evangelos D., *From Dawn till Dusk: Bioethical Insights into the Beginning and the End of Life* (Berlin: Logos Verlag, 2019), pp. 174ff.

21 Callahan, Daniel, "Pursuing a Peaceful Death," *Hastings Center Report* 23, no. 4 (1993): p. 34.

grounds that it interferes with the natural course of life. For instance, consider a scenario where a car accident victim urgently requires surgery but is denied this service under the rationale that surgeries, being human inventions, artificially prolong life. Every medical instrument, like any other human invention, could not have existed until someone created it. However, this does not justify refraining from using it when it becomes available and beneficial. In any other circumstance, if a doctor were to deny a patient access to a respirator, they would be swiftly accused of wrongful action and dereliction of duty. Yet, in the case of passive euthanasia, the same decision is perceived as refraining from action. However, it's challenging to identify a morally compelling reason to accept this discrepancy.[22]

Besides these considerations, there appear to be compelling reasons to favor active euthanasia over passive euthanasia in any scenario. Given that euthanasia is inherently a humanitarian response to a dying patient's agony, a closer examination of the patient's experience in each method of euthanasia reveals why passive euthanasia may not necessarily result in a "good death" at all.

Passive euthanasia, typically achieved through withholding food or water or withdrawing life-sustaining machines, often leads to a slow and undignified death due to dehydration, starvation, suffocation (in the case of disconnecting a respirator), or gradual intoxication (if detaching from a hemodialysis machine), among other possibilities. The prolonged agony associated with passive euthanasia raises questions about why such a death is deemed acceptable or preferable to the natural course of dying.

In contrast, active euthanasia, often administered through a lethal injection, ensures a swift and relatively painless death, allowing the patient to depart from life in a humane and dignified manner, in accordance with their expressed wishes. If this is the case, one may wonder why passive euthanasia is typically favored over its active counterpart.

In our view, the preference for passive euthanasia may primarily stem from the perception that its legal consequences for the individual performing euthanasia are less severe compared to those associated

22 For an excellent analysis see Quiñones, Jose Luis Guerrero, "Physicians' Role in Helping to Die," *Conatus – Journal of Philosophy* 7, no. 1 (2022): 79-101, doi: https://doi.org/10.12681/cjp.29548.

with active euthanasia, if any.[23] Opting for passive euthanasia does not necessarily ensure an easy or dignified death for the patient; rather, it primarily serves to shield the doctor who performs it from any potential legal consequences. Passive euthanasia is not inherently designed to prioritize the best interests of the patient but rather serves the interests of those involved in the decision-making process. Opting for passive euthanasia over active euthanasia may appear to be a morally correct decision (assuming euthanasia is ethically permissible in the first place), but it essentially involves resorting to an unethical means to achieve the desired end.

III. THE UTILITARIAN PERSPECTIVE

It is often assumed that allowing a patient to die is morally neutral, while intentionally ending their life according to their wishes is morally burdensome.[24] However, if we consider that euthanasia, although always a difficult decision for any doctor, is nonetheless made based on their pragmatic moral judgment, weighing the potential outcomes of each option available at the time of decision-making, we can view their choice to perform euthanasia as utility-based.[25]

When a doctor agrees to a patient's request for euthanasia, they affirm that ending the patient's life would lead to a better outcome not only for the patient but also for their family and everyone else affected by the patient's suffering. Since the doctor's decision to perform euthanasia is rooted in a utilitarian approach, which considers the impact of each available option – whether to end life or not – on the patient, their relatives, hospital staff, and society as a whole, the selection of

23 Battin, Margaret, "The Least Worse Death," *Hastings Center Report* 13, no. 2 (1983): pp. 13-16.

24 While Utilitarian ethics does not unanimously advocate for euthanasia, as it must weigh long-term consequences and potential risks, generally, Utilitarians are more inclined towards euthanasia compared to, for instance, Kantians. For a comprehensive discussion on slippery slope concerns with regard to euthanasia, and especially with regard to the risk that its legalization might become the "thin edge of the wedge," see Andorno, Roberto, and George Boutlas, "Global Bioethics in the Post-Coronavirus Era: A Discussion with Roberto Andorno," *Conatus – Journal of Philosophy* 7, no. 1 (2022): pp. 191ff, doi: https://doi.org/10.12681/cjp.27999.

25 Swales, J. D., "Medical Ethics: Some Reservations," *Journal of Medical Ethics* 8 (1982): pp. 117-119.

the appropriate method for terminating the patient's life should also be evaluated on utilitarian grounds.

In other words, one must assess how and to what extent opting for passive euthanasia can produce the best possible outcome for all parties involved in the process. Before proceeding, it would be beneficial to distinguish between the two primary formulations of utilitarianism: act-utilitarianism and rule-utilitarianism.

Act-utilitarianism posits that an act is deemed morally right if, and only if, its actual consequences yield at least as much utility as any other available act open to the agent. Alternatively, in a different formulation, an act is considered morally right if, and only if, its expected utility is at least as great as that of any alternative action.[26] Let us suppose, solely for the sake of argument, that both active and passive forms of euthanasia are legally permissible and morally justifiable options available to the moral agent – be it the medical staff or the patient's family members. In this hypothetical scenario, the only decision left for the doctor to make is how to expedite the patient's death. Let us further assume that the doctor adheres to act-utilitarianism, meaning that she must evaluate the expected impact of her choice between active and passive euthanasia on all parties involved.

It becomes evident that, for the terminally ill patient, active euthanasia – such as administering a lethal injection – offers a swift and dignified death. Conversely, in the case of passive euthanasia, where death may be prolonged, the patient's family and close associates are spared the emotional anguish of witnessing their loved one suffer needlessly.

Moreover, the doctor and medical staff, who often develop strong bonds with chronically ill patients, will also experience relief from the emotional burden of watching their patient endure prolonged suffering. They may feel a sense of fulfillment in knowing they have done everything possible for the patient, even though they were unable to save their life. Additionally, the resources, staff, and medical care dedicated to the deceased patient can be promptly reallocated to other patients, potentially enhancing their chances of survival. In light of these unfortunate circumstances, it appears that active euthanasia benefits

26 Hooker, Brad, "Rule-Utilitarianism and Euthanasia," in *Ethics in Practice*, ed. Hugh LaFollette, Blackwell, Malden 2002, pp. 24-25.

everyone involved – the patient, their family, the medical staff, and society as a whole.

However, turning our focus to passive euthanasia, let us consider the anticipated outcomes for all involved parties, beginning with the patient. As previously argued, passive euthanasia may result in an agonizing, undignified, and protracted death – a scenario that few would willingly choose for themselves if given the option to enforce their own will. Starvation, intoxication, or death from thirst hardly qualify as dignified or peaceful deaths, although they may be deemed preferable to enduring prolonged extreme pain.

Likewise, it is reasonable to expect that the family of the deceased would not find solace in the decision to opt for passive euthanasia. Instead of sparing them from witnessing their loved one's prolonged suffering, they are forced to endure the very agony they sought to avoid. The distressing images of their dying relative may linger in their minds for an extended period, haunting them long after the event.

For the medical staff, the burden remains the same, as previously outlined. They must continue attending to a patient for whom life has become a harrowing ordeal – one that not only fails to be alleviated by their efforts but may even be exacerbated by them. Moreover, valuable resources and specialized personnel are unnecessarily tied up in the treatment of a patient who no longer desires treatment, prolonging their suffering and diverting attention and resources away from others in need.

In sum, death resulting from starvation, intoxication, or thirst unfolds slowly, needlessly occupying precious resources and skilled medical personnel in the intensive care unit, while failing to provide comfort or dignity to the suffering individual.

Considering all these factors, if our hypothetical act-utilitarian doctor were to employ Bentham's renowned calculus of utility,[27] it is likely that she would opt to terminate her patient's life actively rather than passively. This decision would be based on the anticipated consequences of each option, considering factors such as certainty, imme-

27 Bentham, Jeremy, *Principles of Morals and Legislation*, eds. Robert Baird and Stuart Rosenbaum, Prometheus Books, New York 1988, p. 30.

diacy, productivity, purity, and extent.[28] In terms of act-utilitarianism, active euthanasia appears to offer more favorable outcomes for everyone involved when evaluated through Bentham's framework of utility calculation.

Rule-utilitarianism diverges from act-utilitarianism by evaluating not individual acts based solely on their utility, but rather by assessing acts within the context of rules, and rules in terms of their utility. In essence, it posits that an act is morally permissible if and only if it conforms to the rules that, when consistently followed, would yield the greatest expected utility.[29]

Therefore, to apply rule-utilitarianism in the context of active and passive euthanasia, one must first identify the rules under which each option falls, and then evaluate which of these rules, if consistently followed, would lead to the greatest expected utility. It is crucial at this juncture to determine the most appropriate rule for the given situation, as actions and omissions often intersect with multiple rules simultaneously.

In our assessment, the general rule that aligns most closely with active euthanasia would be one dictating: "Whenever you have the ability to benefit your fellow human either by acting or by refraining from acting, you should act in their best interest." Conversely, passive euthanasia could be justified by a contrasting moral maxim: "Whenever you have the ability to benefit your fellow human either by acting or by refraining from acting, you should refrain from acting." However, both these rules appear to overlook the potential consequences of each option on the individuals involved, as well as on everyone else engaged in the situation.

Given that passive euthanasia appears to impose greater burdens on everyone involved, as previously argued, both rules would be more accurately descriptive of the situation if they incorporated this fact. This would lead to a modification of both rules as follows: "Whenever you have the ability to benefit your fellow human either by acting or by refraining from acting – where acting is significantly more beneficial not only for your fellow human but also for everyone else involved in

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28 For a thorough analysis of Bentham's *utility* or *felicific calculus* see also Mitchell, Wesley C., "Bentham's Felicific Calculus", *Political Science Quarterly* 33, no. 2 (1918): pp. 161-183.

29 Hooker, Brad, "Rule-Utilitarianism and Euthanasia," pp. 24-25.

the situation, and refraining from acting is significantly less or even slightly less beneficial – you should act/refrain from acting."

Since rule-utilitarianism seeks moral justification for rules based on achieving maximum general utility and overall happiness, and given that active euthanasia appears to maximize utility and happiness for everyone involved when compared to passive euthanasia, it would be contradictory within the framework of rule-utilitarianism to prefer a course of action that adheres to a rule resulting in lesser utility or happiness. Therefore, rule-utilitarianism would appear more inclined to justify active euthanasia over passive euthanasia.[30]

IV. THE KANTIAN PERSPECTIVE

For those who lean towards deontology, particularly under the influence of Kantian ethics, euthanasia may not be considered an option in either its active or passive forms. This is because both forms would appear fundamentally contradictory, akin to suicide, as they would entail "willing the existence and the non-existence of the same thing" – namely, using one's autonomy to terminate one's own autonomy.[31]

Furthermore, this perspective implies that certain forms of life are deemed unworthy of living – which to Kantian ethicists sounds as an equally contradictory notion. In general, according to Kantian ethics, the intentional termination of life cannot be formulated as a universal law and thus should be categorically rejected as an option altogether. Indeed, some of the staunchest opponents of euthanasia adhere to the Kantian tradition. However, it is important to note that not everyone within this tradition opposes euthanasia entirely. Many philosophers and bioethicists, particularly those in the Kantian camp, believe that euthanasia could be compatible with the autonomy of the dying per-

30 Also, rule-utilitarianism would favor the rule "it should be up to people to decide how much suffering they experience," rather than the opposite. On this, see Savulescu, Julian, and Evangelos D. Protopapadakis, "'Ethical Minefields' and the Voice of Common Sense: A Discussion with Julian Savulescu," *Conatus – Journal of Philosophy* 4, no. 1 (2019): p. 127f, doi: https://doi.org/10.12681/cjp.19712.

31 Rhodes, Rosamond, "A Kantian Duty to Commit Suicide and Its Implications for Bioethics," *American Journal of Bioethics* 7, no. 6 (2007): pp. 45-47.

son[32] and the dignity of the moral agent[33] – factors that hold fundamental importance in Kantian ethics.

Given the lack of unanimity in the moral evaluation of euthanasia within the Kantian tradition, one would be justified, at least for the sake of argument, to proceed with an assessment of the moral value of each form of euthanasia within the context of Kantian ethics. The central question for both perspectives, of course, revolves around the potential of each form of euthanasia to be formulated as a universal law.

In the *Groundwork for the Metaphysics of Morals*, Kant contends that what distinguishes a human being as a person is their autonomy, which serves as the foundation of human dignity and the singular principle of morality.[34] Kant defines autonomy, in contrast to heteronomy[35]– as the capacity of an individual to freely and intentionally establish their own moral principles for action.[36] According to Kant's perspective, laws that are freely and intentionally chosen must align completely with reason,[37] or at the very least, not contradict it. Given that such principles fundamentally adhere to the dictates of reason, they should seamlessly transition from one's personal legislation to a conceivable realm of ends, functioning as universal laws.[38] Hence, the foundational principle in Kantian ethics revolves around the directive to "Act only according to that maxim whereby you can at the same time will that it should become a universal law."[39] Kant's fundamental

32 O'Neill, Onora, *Acting on Principle: An Essay on Kantian Ethics*, Columbia University Press, New York 1975, pp. 79f.

33 Cooley, D. R., "A Kantian Moral Duty for the Soon–to–be Demented to Commit Suicide," *American Journal of Bioethics* 7, no. 6 (2007): pp. 37-44. For an exhaustive discussion on dignity, see Protopapadakis, Evangelos D., *Creating Unique Copies: Human Reproductive Cloning, Uniqueness, and Dignity*, Logos Verlag, Berlin 2023, pp. 62-96, doi: https://doi.org/10.30819/5698.

34 Kant, Immanuel, *Groundwork for the Metaphysics of Morals*, ed. and trans. Allen W. Wood, Yale University Press, New Haven and London 2002), 4:440: "Yet that the specified principle of autonomy is the sole principle of morals may well be established through the mere analysis of the concepts of morality."

35 Ibid., 4:433.

36 Ibid., 4:447: "What else, then, could the freedom of the will be, except autonomy, i.e., the quality of the will of being a law to itself?"

37 Ibid., 4:411: "… it is clear that all moral concepts have their seat and origin fully *a priori* in reason…"

38 Ibid., 4:436.

39 Ibid., 4:437.

principle, famously articulated as the first formulation of the categorical imperative, inexorably leads to the second formulation: "Act in such a way that you treat humanity, whether in your own person or in the person of any other, always at the same time as an end and never merely as a means."[40]

Before delving into the potential application of these two formulations to the case of active and passive euthanasia, it is essential to highlight a crucial implication they entail: their acceptance imposes perfect duties upon the moral agent. These duties must be fulfilled, as failing to do so would entail a contradiction with reason.[41] However, alongside perfect duties, moral agents also bear imperfect duties – ones that, if left unfulfilled, would result in a contradiction with what is in the nature of moral agents to wish that would be upheld as universal laws of nature. Setting aside this distinction for now, let us, for the sake of argument and in alignment with many Kantian bioethicists, assume that euthanasia, under very specific circumstances, aligns with the standards of the categorical imperative, and could potentially become a universal law. In this context, what form of law would euthanasia represent, and what duties would it outline for moral agents?

According to the most plausible interpretations of the first formulation of the categorical imperative, such a law might be one that demands "to treat everybody as thoughtfully and compassionately as one can," or "in a way that would allow or guarantee the maximum autonomy of one." These maxims may justifiably be seen as aligning one's own legislation with a possible realm of ends, thereby ideally making themselves into universal laws.

Consider the first proposed law: it may indeed become a universal law, as its negation would contradict the very will of the moral agent. Therefore, if one were to adopt a maxim like "do not treat everybody as thoughtfully and compassionately as you can," their will would contradict itself, as everyone naturally desires compassionate treatment and possesses an innate inclination for sympathy towards others. Hence,

40 Ibid., 4:429 and 4:436 respectively.

41 For an excellent analysis concerning the notion of perfect and imperfect duties, see Kagan, Shelly, "Kantianism for Consequentialists," in Immanuel Kant, *Groundwork for the Metaphysics of Morals*, ed. and trans. by Allen W. Wood, Yale University Press, New Haven and London 2002, pp. 128 ff.

compassionate and thoughtful treatment of others appears to be an imperfect duty for moral agents in Kant's view. Consequently, assuming euthanasia is an act of compassion and care, it appears to be an imperfect moral duty for the agent.

Now, if one asks for euthanasia and the only compassionate course of action available is to grant their request, then I am morally obliged to do so. Given that the request for euthanasia demands action rather than omission, I am morally obliged to actively terminate the patient's life, as they ask me to end their life rather than simply allow them to die.

Moreover, considering the second proposed law – that which demands treating others in a manner conducive to their maximum autonomy – accepting it would create a perfect duty for moral agents. Failing to act according to it would be self-contradictory, as the legislating human will could not reasonably wish to have its legislative powers diminished rather than increased. Therefore, treating others in a way that diminishes their autonomy cannot pass the test of becoming a universal law of nature.

In the context of euthanasia, if one were to consider which form enhances a patient's autonomy and which does not, they would inevitably conclude that allowing a patient to struggle for death, sometimes for days, is detrimental to their autonomy, while painlessly and instantly ending their life is not. Hence, assuming euthanasia is morally permissible, actively causing death seems to align with a perfect duty of the moral agent, while allowing the patient to die appears morally unjustifiable on grounds of preserving or respecting their autonomy.

Apart from these considerations, if one were to opt for passive euthanasia over active euthanasia, they would appear to contradict the second formulation of the categorical imperative, which commands treating others always as ends and never solely as means. Given that the essence of euthanasia is to benefit the sufferer by relieving them of severe pain and preserving their autonomy, and considering that passive euthanasia is a much less effective means to achieve this compared to active euthanasia, it becomes evident that there must be other motives for choosing passive euthanasia besides compassion for the patient. These motives cannot be aligned with the patient's best interests or the doer's genuine intentions.

In essence, if one opts to end the sufferer's life through passive euthanasia rather than active euthanasia, they do so not out of genuine concern for the patient or a belief that it is the most appropriate means to fulfill their request. Instead, such a choice may be driven by selfish motives, such as avoiding potential legal consequences or protecting one's professional reputation. However, this represents an unnecessary and hardly justifiable shift in one's moral approach to euthanasia: while respecting the patient's request acknowledges them as an end in themselves, selecting the means to fulfill their request treats the patient merely as a means to someone else's ends. Even for those who do not adhere to the Kantian tradition, this inconsistency may raise ethical concerns.

V. THE VIRTUE ETHICS PERSPECTIVE

Virtue ethics is another possible framework for assessing arguments related to active and passive euthanasia. As opposed to consequentialism's focus on appraising the results of an action and the deontological focus on moral duty, virtue ethics judges ethical conduct primarily by evaluating one's character as showcased by one's habitual action. Virtue ethics is commonly associated with the classical world, and in particular figures like Aristotle and Plato.[42] Virtue ethics may serve as a useful guide for navigating the topic of euthanasia. The fundamental question to ask from a virtue ethics position is this: Is the right to request euthanasia necessary for human flourishing? The concept of eudaimonia is central to Aristotle's virtue ethics, and is often thought of as "happiness." However, happiness is an incomplete term for what Aristotle means by eudaimonia. It can be more accurately understood as "human flourishing" or "well-being." According to Aristotle, eudaimonia is the ultimate purpose of human existence, and is reached when one is living his life in conformity with his rational human nature. Eudaimonia is attained via the development and practice of virtue that develops one's character. Virtues are character traits that allow people to act rationally, enhancing both their own and others' well-being.[43] For Aristotle, the good life requires a happiness that is lived out through a life of virtue developed habitually over time through the use of one's reason.[44]

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42 Compare: Kaluđerović, Željko, „Platonovo poimanje pravednosti", *ARHE* VII, No. 13 (2010): 49-71.

43 Aristotle, *The Nicomachean Ethics*, trans. H. Rackham, intro. S. Watt, Wordsworth Editions, Hertfordshire 1996, 1105b27-1106a26.

44 Ibid. 1097b12-1098a4.

One issue with looking at the topic of euthanasia from a virtue ethics perspective is that the classical philosophers did not have much sympathy for suicide. Aristotle writes in the *Nicomachean Ethics,* "But to seek death in order to escape from poverty, or the pangs of love, or from pain or sorrow, is not the act of a courageous man, but rather of a coward."[45] Courage is one of the four cardinal virtues stressed by the classical age (along with prudence/wisdom, temperance, and justice), and one of the leading expounders of virtue ethics in Aristotle clearly marks suicide as a cowardly act. Some have tried to explain away Aristotle's words by considering that Aristotle was a man of a very different time examining the self in relation to the polis, and that there are interpretations of Aristotle that would permit certain cases of suicide.[46] It can be argued that Aristotle was talking specifically about the suicide of a polis member living in Athenian society who is providing some kind of useful function to the polis. Perhaps it can be reasoned that certain illnesses and handicaps are so cumbersome for a citizen's ability to contribute to society the way he or she wants to, that a process of active euthanasia would be preferable to passive euthanasia. One would have to make the case that euthanasia is not depriving society of a person who can contribute to the polis. This is no small task because then it must be determined what qualifies as a useful function to society.

Another approach may be to agree with Aristotle's assessment of suicide, but also attempt to frame euthanasia in more favorable terms, or assert that courage must be balanced with the other cardinal virtues of wisdom, temperance, and justice. One can argue that there is more than the virtue of courage to consider in the case of euthanasia. What balance could someone with a virtue ethicist lens use when evaluating active versus passive euthanasia? The choice of relieving a suffering terminal cancer patient through active euthanasia may be a display of the virtue of prudence, or wisdom. Consider that some cancers are terminal, but death from cancer can be postponed for a much longer time today than it once could. Some cancer patients can live for years at a time thanks to modern medical care, although in a state of considerable pain. Medical care is also expensive, and resources to allocate to med-

45 Ibid., 1116a13-17.

46 Zavaliy, Andrei G. "Cowardice and Injustice: The Problem of Suicide in Aristotle's *Ethics*," *History of Philosophy Quarterly* 36, no. 4 (2019): 319-336.

ical care are scarce like any other economic good. Perhaps a heavier focus on prudence than courage can guide one's actions in regards to euthanasia. Someone with a virtue ethicist lens can argue in this way, with prudence as one's guide, that active euthanasia is preferable to passive euthanasia. If a patient has terminal cancer that is draining his savings, and he prefers to leave as much money as he can for his heirs or other charitable endeavors as opposed to spending it on medical care, then perhaps prudence and the courage to look out for his loved ones would lead him to choose active euthanasia. Passive euthanasia on the other hand would require the cancer patient to spend money on medical care services he would prefer to allocate elsewhere. Also, consider that Aristotle's opposition to suicide stems from an analysis of one's relation to the polis. If we recontextualize the spirit of the relationship away from one's responsibility towards the polis that was predominant in Aristotle's time, and instead focus on smaller connections such as one's relationship to his or her family, then perhaps it can be argued that suicide speaks for the strength of one's character in terms of it being a prudent path for those wishing to preserve the best interests of his or her family. Passive euthanasia would likely put more strain on the family members of the suffering individual, as well as cost money that the suffering person would prefer to offer to his or her heirs upon death. Meanwhile, active euthanasia would allow a suffering person to provide for their family in a way that passive euthanasia would not by freeing up money and time that would otherwise be spent in ways unsatisfactory to the suffering individual. A virtue ethicist would have to appeal to the courage and wisdom it takes for a person to recognize their current predicament in the face of death to argue that choosing active euthanasia is consistent with rightly-ordered character.

If we reframe the debate of active versus passive euthanasia in terms of it being the mark of prudent and courageous character to choose death in order to relieve one's family of considerable strife, then perhaps we can arrive at a scenario where a virtue ethicist can at least defend a policy of active over passive euthanasia. Consider how Aristotle defines courage as somewhere between recklessness and cowardice.[47] In the context of euthanasia, bravery can be defined as the willingness to confront severe moral quandaries and act in accord-

47 Aristotle, 1115b11-116a3.

ance with moral ideals, even in the face of opposition or adversity. Advocates for active euthanasia can attempt to frame active euthanasia as a courageous challenge of cultural taboos and legislative limits on end-of-life issues. Perhaps actively choosing euthanasia can also be presented as a courageous act of the patient who wants to free up resources for the greater good. After all, it may take courage to override the instant for survival that one has even when facing a terminal illness. A virtue ethicist would have to frame healthcare professionals providing euthanasia services as demonstrators of courage for advocating for their patients' preferences and preserving their right to a peaceful death. This requires bravery, particularly when there is the possibility of sweeping condemnation and legal penalties. Practical wisdom, also known as *phronesis*,[48] is a virtue that allows individuals to identify the ethically proper course of action in certain situations. It entails balancing opposing ideals through our human reason, taking into account the consequences, and making decisions that benefit ourselves and others in accordance with our nature. In the case of euthanasia, practical knowledge assists people in evaluating the particular circumstances of each patient's situation, such as their medical condition, prognosis, and quality of life. Someone looking at euthanasia from a virtue ethics perspective would have to defend active euthanasia with some appeal to the prudence of individuals who recognize their terminal condition and wish to die with dignity in a way consistent with serving their community. Perhaps wisdom in this circumstance could be interpreted in a way that frames the actions of someone who chooses active euthanasia to serve the interests of their community as something consistent with a virtuous character. Practical knowledge that recognizes the sober realities of a terminal condition can be framed as the exercise of a virtuous character, and this type of practical knowledge also encourages serious reflection on ethical concepts related to medicine such as respect for autonomy, beneficence, and nonmaleficence.[49]

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48 Massingham, Peter. "An Aristotelian Interpretation of Practical Wisdom: The Case of Retirees." *Palgrave Commun* 5, no. 123 (2019). https://doi.org/10.1057/s41599-019-0331-9. See as well: Kaluđerović, Željko, „Stagiraninovo određenje mudrosti", *ARHE* XIV, No. 27 (2017): 101-117.

49 For a full discussion of the applied ethics framework known as principlism, see Beauchamp, Tom L., and James F. Childress, *Principles of Biomedical Ethics*, Oxford University Press, Oxford 1994.

Virtue ethics cannot be discussed without reference to the aforementioned cardinal virtues, but these are not the only virtues to contemplate. Other virtues have been considered or developed over time, such as those specific to medical ethics. Consider principlism, a relatively new approach to applied ethics, particularly when compared to the philosophy of the ancient Greeks. James Childress and Tom Beauchamp's work on bioethics called *Principles of Biomedical Ethics* lists four principles in their applied ethics framework: (1) respect for autonomy (a norm of respecting and supporting autonomous decisions), (2) nonmaleficence (a norm of avoiding the causation of harm), (3) beneficence (a group of norms pertaining to relieving, lessening, or preventing harm and providing benefits and balancing benefits against risks and costs), and (4) justice (a cluster of norms for fairly distributing benefits, risks, and costs).[50] Justice reappears here from the cardinal virtues, but respect for autonomy, nonmaleficence, and beneficence are all new virtues. Principlism does not present itself as a virtue ethics approach, and there are risks to adding "new" virtues to follow that could lead to a departure from, or dilution of, traditional virtue ethics analysis.[51] However, proponents of active euthanasia over passive euthanasia may want to look at principlism's value of respect for autonomy when defending active euthanasia. Perhaps respect for autonomy can be coupled with the previously mentioned interpretations of wisdom and courage with regards to end-of-life issues in order to arrive at a formulation favoring active euthanasia over passive euthanasia. Principlism would require one to take seriously the autonomy of patients who desire a quick end to their lives, as opposed to a drawn-out, painful decline.

We are taking it for granted that euthanasia is an acceptable act for the purposes of this paper's discussion of active versus passive euthanasia, but a proponent of virtue ethics must keep Aristotle's broad condemnation of suicide in mind. Individuals must use practical wisdom to manage the ethical issues of euthanasia with deliberation and

50 Ibid., pp. 12-13.

51 Consider one criticism of "counterfeit virtues" from Dr. Edward Feser. These are values such as open-mindedness, empathy, tolerance, and fairness that Feser warns detract from true virtue if we place them higher on our value scale than the cardinal virtues. See Feser, Edward. "Cardinal virtues and counterfeit virtues," 2012. https://edwardfeser.blogspot.com/2012/11/cardinal-virtues-and-counterfeit-virtues.html.

discernment.[52] While proponents of active euthanasia view euthanasia as an expression of courage and respect for autonomy guided by practical wisdom, there may be some concerns about its potential impact on important virtues and ethical principles. From a virtue ethics viewpoint, there may be some worries about the possible degradation of fundamental values such as respect for life, honesty, and human dignity.[53] It can be argued that supporting euthanasia undermines the sanctity of life and leads down a slippery slope in which vulnerable individuals are coerced or exploited into actively choosing euthanasia. Furthermore, advocates for active euthanasia need to consider the costs that support for such a policy will have on the reputation of the medical industry. It is critical for health experts to maintain their credibility as advocates for their patients so as not to weaken or jeopardize public trust in the medical profession. These are certainly issues to keep in mind for anyone advocating active euthanasia. Virtue ethics stresses that such advocates of active euthanasia must display prudence in detecting possible cases of abuse outside of a narrow area of acceptance regarding active euthanasia. In conclusion, a virtue ethics approach based on Aristotle's ethical philosophy[54] emphasizes the need to consider an attitude towards active euthanasia consistent with what is in accordance with human flourishing arrived at through the use of reason. Virtue ethics provides a framework for wrestling with the moral and ethical challenges of euthanasia. Each person must make their own decisions through the use of rightly-ordered reason, take responsibility for one's actions, and sincerely contemplate a virtue ethics perspective which informs us about living our lives according to proper human nature. To make important decisions, a person needs to work towards developing their sense of virtue in order to discover what their role as a human being with communal ties is. Active and passive euthanasia are highly contentious issues that do not necessarily have clear boundaries. As one general practitioner writing in the *Journal of Medical Ethics*

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52 Gracia, Diego. "Ethical Case Deliberation and Decision Making." *Medicine, Health Care and Philosophy*, Volume 6, (2003), pp. 227-233.

53 For a full discussion, see Beauchamp, Tom L., and James F. Childress, *Principles of Biomedical Ethics*, Oxford University Press, Oxford 1994. Or see Hursthouse, Rosalind, *On Virtue Ethics*, Oxford University Press, 1999.

54 Consult: Kaluđerović, Željko, *Istorija helenske filozofije II*, Akademska knjiga, Novi Sad 2024, pp. 99-138.

states regarding ethical dilemmas in the medical profession, "Virtue ethicists recognise that tragic dilemmas can rarely be resolved to the complete satisfaction of all parties and that any conclusion is likely to leave some remainder of pain and regret."[55] However, a virtue ethics perspective, grounded in the cardinal virtues offers a valuable framework for navigating this complex terrain. By emphasizing character development, virtue ethics helps individuals and healthcare professionals approach end-of-life decisions with clearer thinking.

VI. CONCLUDING THOUGHTS

We are fully aware that the views presented in this brief essay are neither self-standing nor indisputably valid. On the contrary – as we have emphasized repeatedly – they hinge entirely on a foundational hypothesis: that euthanasia itself is morally justifiable. However, this assumption is far from universally accepted. Indeed, there is significant opposition to euthanasia on various grounds, and the debate surrounding it remains ongoing and heated.

Our arguments are thus intended to contribute to this ongoing debate, shedding light on certain aspects of the issue and challenging some commonly held beliefs. In this vein, we have contended that the moral distinction between purposeful action and purposeful omission is most of the times morally irrelevant with regard to euthanasia. Furthermore, we have asserted that in most cases active euthanasia – being a more humane and dignified means of departing from life – seems to be morally preferable. This view is bolstered by considerations that regard serving the patient's best interests, ensuring that the patient is treated not merely as a means, but also as an end in themselves, and being indicative of cardinal virtues such as courage, prudence, and temperance – justice could also be at issue here.

If the distinction between active and passive euthanasia is not only morally irrelevant, but also potentially harmful to the only actual beneficiary – the dying patient – then it logically follows that this distinction in the moral discourse on euthanasia only serves to mislead and confuse, and should therefore be discarded. If euthanasia is to be

55 Gardiner, P., "A Virtue Ethics Approach to Moral Dilemmas in Medicine." *Journal of Medical Ethics.* Volume 29 (2003): p. 301.

considered morally justifiable, it is only because it is a humanitarian and virtuous response to the suffering of a fellow human being, and not because it is based on dubious moral distinctions such as killing and letting die. We believe that our view would be defensible in the light of all three major moral traditions.

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O PRETPOSTAVLJENOJ MORALNOJ NADMOĆI PASIVNE NAD AKTIVNOM EUTANAZIJOM

Sažetak: Od početaka debate o eutanaziji, razlikovanje između aktivne i pasivne eutanazije – razlučivanjem „puštanja da se umre“ i „aktivnog ubijanja“ – javlja se kao središnja tačka sporenja. U ovom radu, tvrdićemo: a) da je granica između aktivne i pasivne eutanazije inherentno maglovita, b) da u moralnom pogledu nema suštinske različitosti između aktivne i pasivne eutanazije, kao i c) ako bi takva različitost mogla biti prihvaćena, verovatno bi favorizovala aktivnu eutanaziju u odnosu na pasivnu. Podršku za ovaj naš završni stav tražićemo u tri načelne tradicije normativne etike, naime u deontologiji, utilitarizmu i etici vrline.
Ključne reči: čin, propuštanje, eutanazija, aktivna, pasivna, etika vrline, kantovska etika, utilitaristička etika

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