

# Nasty Uncles and Swedish Truckers: Killing, Letting Die, and the Ethics of Euthanasia

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Euthanasia can be controversial, and much of the controversy centers on the difference between active and passive euthanasia (Rachels 225). In order to explore the difference between actively killing and passively letting die, James Rachels, in "Active and Passive Euthanasia," uses the cases of two uncles motivated to kill (227). Scrutiny is called for with a controversial topic of interest or concern in law, medicine, and ethics. Thus I examine whether the distinction between active and passive euthanasia is morally relevant and whether euthanasia is equivalent to killing or letting die. I argue that the distinction between passive and active euthanasia is a false dichotomy. So the controversy regarding active and passive killing does not apply, making euthanasia less controversial. I argue that euthanasia, by definition, is different from the kinds of active or passive killing in the cases of the nasty uncles (Taylor, Section 4.B.ii). I use the case of the Swedish truck drivers supplied by Helga Kuhse (241) in "Why Killing is Not Always Worse and Sometimes Better—Than Letting Die" to illustrate the difference between euthanasia and motivated killing. In other types of motivated killing, the agent who brings about the death benefits most in some way, but euthanasia intends to benefit the patient who receives the death. With that distinction clarified, the controversy between active and passive forms of euthanasia becomes essentially meaningless, and with it, so does much of the controversy surrounding euthanasia itself. Since euthanasia is materially different from other types of killing, the moral prohibitions against killing do not apply to the same extent. To illustrate that point, I briefly describe possible deontological arguments against euthanasia and how those same arguments can support euthanasia of the type seen in the Swedish trucker case and modern medical contexts. I conclude that with the controversy of the false dichotomy of active and passive euthanasia resolved, euthanasia becomes morally acceptable and much less controversial.

Euthanasia can be defined as an intervention in the life of a person "who is reasonably considered to be terminally, or irreversibly, ill or injured for the express purpose of causing the imminent death of that patient, normally for reasons of mercy" (Taylor § 4. B. ii). In James Rachels' classic work, he quotes a definition of euthanasia from the American Medical Association,

defining it as the intentional ending of a life in the form of a "mercy killing" (225). Rachels calls attention to the controversy surrounding euthanasia and points out that the critical ethical issue is the distinction between the passive and active forms of euthanasia (225). Rachels states that this distinction is important because letting someone die may be morally acceptable, but killing someone is much worse (227). This distinction, and its importance, has been called the "difference thesis" (Nesbitt 235).

Active euthanasia is simply euthanasia in the form of committing an action, and passive euthanasia is brought about by not committing a certain action (Taylor § 4. B. ii). Rachels explores that difference using the cases of two uncles and the deaths of their nephews. In one case, an uncle actively drowns his nephew; in the other, the uncle intends to drown the nephew but finds that the drowning has already begun by accident, so the uncle does not have to do the work directly. Critically, in both cases, the uncles are motivated by gain for themselves and the best interests of the nephews are either ignored or acted against. We may call examples of this type "motivated killings" to distinguish them from cases fitting the given definition of euthanasia, where it is in the best interests of the person who dies, which is the primary concern, in the form of mercy. Returning to our definition of euthanasia, we can see that the cases of the two uncles do not represent euthanasia. Euthanasia is not just the ending of a life; it is motivated by mercy, meaning that the intent is to benefit the person whose life is ended. Rachels makes this point explicit, stating that cases of euthanasia (customarily performed by doctors) do not involve personal gain for the doctors (227).

At this point, we may ask, if the cases of the nasty uncles do not represent euthanasia, what does? Moreover, what if the euthanasia is not performed by a doctor? Helga Kuhse answers these questions in response to the Difference Thesis. In contrast to motivated killing and euthanasia performed only by a doctor, Kuhse provides the case of the Swedish truckers (241). In this case, one truck driver is trapped and burning to death after an accident, who then asks a second trucker to shoot him. The second trucker does so, which would almost certainly seem merciful from the driver's point of view. On the surface, one trucker shooting another to death seems wrong (a point addressed later below), but what is critically important is Kuhse's point that the trucker acted out of compassion to benefit the driver and that intuition indicates there is nothing morally wrong in this case (241).

The trucker's death was inevitable and irreversible, so the death itself cannot be the morally relevant point. What is relevant is how that death occurs. Rachels and Nesbitt might bring up the Difference Thesis at this point, so we should examine the sequence of events in the Swedish truckers' case. The relevant facts are: 1) a person is reasonably considered to be in the process of dying, 2) a second person weighs what might be in the best interests of the dying person, 3) the second person carries out a sequence of actions accomplish those best interests, 4) those actions lead to the biological cessation of the dying person's life. The Swedish truck driver who is trapped and burning to death indicates they wish to die immediately; a second person concludes that would be merciful and gets a gun, uses it on the driver, and the gunshot wound quickly causes a biological chain reaction that ends the trucker's life with a minimum of suffering. This could be characterized as "active" euthanasia, but it is directly comparable to cases of passive euthanasia since they would follow the same pattern. Consider another case raised by Rachels: a doctor with a patient who will die from incurable throat cancer within days (225-226). The doctor could choose to passively let the patient die, which would involve the doctor weighing the options and carrying out a course of (non-lethal) treatment, and the biological chain reaction of cessation of life (eventually) follows. Therefore, it is clear that there is no real morally relevant difference between active and passive euthanasia; it is a false dichotomy. With that "crucial" difference rendered meaningless, much of the controversy of euthanasia is resolved. What remains is whether euthanasia is in the best interests of the dying person.

The definition of euthanasia excludes motivated killings and cases like the Nasty Uncles involving the death of persons against their best interests. This leaves cases like the Swedish trucker or the terminal cancer patient, where the primary factor seems to be the amount or length of suffering before their approaching death. With all else being equal, a reasonable person would agree that less suffering is virtually always in a person's best interests. This is a consequentialist perspective, and Nesbitt (235) and Kuhse (242) raise the point that different moral theories might lead to different stances. Major objections might include the sort that a deontologist like Kant would raise.

Kant might object that killing a person will always be wrong no matter the context or consequences since it would violate the categorical imperative regarding the irrationality of willing a world where people can go around killing each other (Jankowiak § 5.b), or would violate the categorical imperative in treating a person (or treating oneself if euthanasia is a kind of suicide) as merely a

means to an end (De Jong slide 13). These objections rest on what Kant emphasizes as the two things at the foundation of duty-based ethics: human rationality and autonomy. A deontologist might argue that killing another person would violate their autonomy and be irrational and that euthanasia as suicide would be the same. However, Stephen Luper presents a case that responds to these objections from a deontological perspective.

Luper's case is of a patient named Diane with terminal leukemia whose doctor assists with a prescription that would allow Diane to overdose intentionally, in other words, the sort of euthanasia that might be called suicide. From the doctor's perspective, he takes steps to verify that Diane retains her rational faculties, clarifies her autonomous informed consent, and allows Diane to make a choice about her life freely. From the perspective of Diane, she follows Kant's imperative to act in a rational way that respects and preserves her autonomy and dignity: taking steps to maintain her ability to choose and act on her own, both in the face of a condition that will certainly degrade her capacity in the future and in a way that she could will others to behave as a universal maxim: if dying of an incurable disease, die in a way that maximizes dignity and autonomy.

There remains the Kantian concern that Diane (or her doctor, who facilitated the euthanasia) was only treating her as an object, a means to an end (a merciful death) instead of maintaining Diane's dignity as a rational, autonomous human being. However, that is the whole point; Diane's condition was already reducing her to an object: stripping her of her dignity by taking away her autonomy and, in her final overwhelmingly painful or pharmaceutically dulled hours, her rationality. The Kantian duty of Diane and her doctor was to preserve that rationality and autonomy, to prevent a dignified person from being reduced to a "heteronomous" object ruled by pain and cancer. In the end, the doctor and Diane agreed that euthanasia or doctor-assisted suicide was the best way to allow her to face her inevitable death with maximum dignity and rational control. The case of the Swedish truckers puts an even finer point on it. The driver used his rationality and autonomy to decide his last moments: dying with the minimum pain that could be respectfully given to a human in that situation and without being reduced to an inhuman state by the terror, agony, and protracted torture of being trapped burning to death.

Having seen how deontological objections might actually support the reasons for euthanasia, we can conclude (following Rachels) that opposition to euthanasia probably focuses on the controversy regarding the morality of active or passive ending of life. However, I have argued that there is no morally relevant difference between active and passive euthanasia.

Therefore, I conclude that with the crucial opposition and controversy addressed on their terms, if only in cases excluding motivated killing and meeting the definition of euthanasia, it must be accepted that euthanasia is morally acceptable.

## Works Cited

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