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A CRITIQUE OF JOSEPH FLETCHER'S POSITION ON THE MORAL DEBATE IN FAVOUR OF EUTHANASIA

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Abstract

Euthanasia is one of the bioethical issues that have perennially been subject of passionate debate in legal, religious and philosophical milieus over time. It also gave rise to ethical discourses pertaining to patients' moral right to ask for euthanasia and care givers moral obligation to protect life by all means. This paper discusses moral debates concerning various types of euthanasia. It focuses on Fletcher's arguments in support of euthanasia particularly the involuntary euthanasia and the counter argument against his position which sees euthanasia as merciful and painless release from suffering and pain, followed by evaluation and conclusion. Thus, to achieve all these, this paper employs analytical method because it enhances the critical evaluation of Fletcher's position on euthanasia.

Keywords: Critique, Joseph Fletcher, Morality, Debate, Euthanasia.

Introduction

Euthanasia has evoked legal, medical, philosophical as well as religious debates. It is defined as "the act or practice of painlessly putting to death persons suffering from incurable conditions or diseases" or "merciful release from incurable suffering" (Fletcher, *Morals and Medicine* 172). Euthanasia when performed without the consent of the terminally ill patient is an act of suicide or murder. Its acceptance in western cultures dates back to the time of ancient Greece. Pythagoras, Plato, and Aristotle all accepted it in cases of incurable disease, and Epictetus advocated the right to die painlessly (Gillon 173-174). Lecky reports that the Roman Seneca asked, "If I can choose between a death of torture and one that is simple and easy, why should I not select the latter? Why should I endure the agonies of disease…when I can emancipate myself from all my torments?" (174).

Several cultures and religions accommodate suicide under certain circumstances but over the years, it has generated serious moral debates. This is because traditionally, for an act to be moral it needs assessment from established moral paradigms; and the most general and dominant normative ethical theories for the task are Christian or religious ethics, of which according to Fletcher has not satisfactorily answered the question of the moral status of euthanasia. It is within the perspective of the moral assessment of action such as euthanasia that Fletcher's situation ethics enters the argument for an improved moral theory that is different from the traditional legalistic methodologies of utilitarianism, deontological and traditional Christian ethics. According to Fletcher, none of these traditional moral perspectives can adequately and satisfactorily answer the question regarding the morality of

euthanasia because they both do not take serious consideration of the unique circumstance or situation of the moral agent.

Therefore, Fletcher's view, *Situation Ethics,* otherwise known as the *New* Morality is such states proposes that, in every moral decisive situation each individual is responsible for reviewing the rules, norms and guidelines for action, then implement or set aside these rules so that love can be best served. In view of this, Outka states that situation ethics accords morally decisive weight to particular circumstances in judging whether an action is right or wrong (Outka 798). In the same vein, Benson referred to situation ethics as "a circumstantial ethics that appropriates and utilizes the prevailing factors at a time in the determination of a piece of action (Benson 49). Hence situation ethics affords Fletcher the opportunity to argue succinctly for the moral permissibility of euthanasia for love purpose.

Fletcher's View on the Moral Debate of Euthanasia

Terminologies such as, *voluntary* which could be *passive* or active, or the other hand *involuntary*, involuntary and no voluntary used in describing euthanasia have generated issues of concern in the "academic milieu" (Clouser 787) and philosophical sphere. While the prefixes vary, the distinction is generally accepted that the former group describes "allowing a patient to die by withholding treatment (passive), or (active) which involves taking measures to directly cause a patient's death" Singer, in (Bilal S. H. and Majd Mr.32) like administration of lethal injection by the physician. However, both are usually instances wherein the patient whose life is the balance or immediate family consented. The latter group particularly (involuntary euthanasia), indicates the performance of some affirmative conduct which directly results in the taking of life. It usually includes that taking of life without consent or even against the will of the person whose life is in question (Leake 1-5), or when the agreement is unavailable because of a patient's coma (Bilal S. H. and Majd M. 32). Regardless of whatever specific concepts used to define euthanasia, one common cord that ties them together is that euthanasia involve ending of human life, irrespective of its motivation, or whether it is a direct act or omission.

However, Fletcher left the debate on the merits of "voluntary" euthanasia, and forged ahead to moral justification of "involuntary" euthanasia in which decision is taken on behalf the patient in extreme suffering and pain. He supported his position on involuntary euthanasia arguing that "it is harder morally to justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him to escape from such misery" (Fletcher 73). He arrives at this conclusion because, for him, recent technological advancement has are mandated an adjustment to the traditional ethics that sees life and sacrosanct and it has on another hand enables euthanasia to be justified as a reasonable means to achieve the termination of life that is or has become useless.

Thus, Fletcher's "new ethics" is one which emphasizes the quality of life, and the essence of his argument against sanctity of life is to prove that the end of putting useless life to death, justifies -the means euthanasia, because the positive value of the end, that of terminating useless life, outweighs the negative value of the means (60). Hence, this new thesis necessarily raises provokes some fundamental questions as to; who determines when a life has become valueless? How will the value of that life be determined? Thus, these questions cause him little difficulty as he readily admits that scientific change has enabled us to "play God," and

argue that the "real question is now is: Which or who's God are we playing?" (59-60). Meaning that role of determine the values of live and power of death assigned to God, man according Fletcher now has the power to the same through scientific and technological advancement. And so, because we are playing God, we can morally justify evaluating the quality of life exhibited by other human beings and, if we find it useless, we can therefore justify ending it (Fletcher, *Indicator of Humanhood*1).

Fletcher's position is an extension of his former position which goes in favour of "involuntary" euthanasia when he once believed that "consent is a common ethical consideration in all medicine…and while it should never be perfunctory but it will always have to be substantial rather than perfect" (Fletcher, *Our Shameful Waste of Human Tissue* 16-17). He now de-emphasizes the importance of consent in determining who should die. Though, he once argued that "we might choose death for ourselves more rightly than we can choose it for others" as such, he would now have it chosen for all who are "useless" or "defective." (6-7).

Summarily, Fletcher closes his admission on "involuntary" euthanasia with the prediction that the day will come when people will be able to carry a card, notarized and legally executed, which explains that they do not want to 'be kept alive beyond the human point, and authorizing the ending of their biological processes by any of the methods of euthanasia which seems appropriate (Fletcher, *Ethics and Euthanasia* 59).

Thus, to profoundly assess Fletcher's position on the moral debates or moral permissibility of euthanasia, it is apt to reflect on Physician Assisted Suicide otherwise known as (PAS) which described 'the situation where a doctor intentionally helps a person to commit suicide by providing drugs for self-administration, at that person's voluntary and competent request. Though, according to Best, in this instance, the doctor is not doing the action directly but morally he is involved because the motive, intention and the outcome are the same. Therefore, in this case, can the doctor's action be said to be morally wrong bearing in mind the professions ethics of the doctor that states life must be saved, protected and preserved by all means.

But, from the perspective of relief and love purpose of Fletcher, he would argue that, it is morally right since the patient is in deep pains and such, useless to himself and the family, the most loving thing for the doctor to do at that particular situation is to assist the patient to die. Hence, in Fletcher's opinion assisting the patient in extreme pains and suffering to procure death will help in releasing such a patient from pains and also relief the family of their distress. In this way, the professional ethicsthat commands the doctor to protect and preserve life has to be set aside for maxim love for the patient and the family. In other words, the care-giver is requires to set aside thehis or her profession ethics to act paternalistically to assist a patient whose life is useless as result of pain to die painlessly which according to the situationists is the most loving decision.

In addition, the Fletcher argued that euthanasia may be good option for the person who is really in a severe pain in other to relief the patient of the severe pain and the family from

financial and mental distress. But at the same time, the he maintains that it may be dangerous if advantage is taken for other motive other than love. Accordingly, he argued that it should or must be done with in the command of maximum love for the patient, the family and the community. This therefore suggests that Fletcher recognizes the fact that euthanasia has social and moral implications on the society, patients, and their families and it can be criminalized. This is why for him, euthanasia is a choice of patient's decision that must or should be respected in order to alleviate suffering. In view of this, Fletcher propounded some arguments to support his view on moral justification of euthanasia as means to ending pains and suffering but motivated by love decision.

Argument from Extreme Suffering as sufficient reason for Euthanasia

Suffering is an emotional response to significant pain or distress (William 80). The argument from suffering is premised on the value of human well-being. According to Fletcher, Life, the good that makes all other goods possible, may become a burden or worthless on account of suffering extreme, all-consuming pain, or suffering intractable distress at the loss of control and dignity, death may become the only deliverance. Judging another's well-being, or whether life is worth living, or death desirable, is not merely a matter of considering objective facts, such as medical information about diagnosis and prognosis. It also requires considering the subjective values, projects, preferences and experiences of the person whose life and well-being is at issue. Therefore, it means that if a competent person freely judges that death is the only escape from suffering, then assisting that person to die would not be wrong or harm him or but it will be in his or her interest. On the contrary, refusing to assist patients or persons in extreme suffering to die would harm them because it frustrates their projects and preferences. Hence for Fletcher, it would be crueler and less merciful than assisting them with a gentler, more dignified death.

The counter-argument usually maintains that the suffering caused by pain or distress is controllable by means of comfort care. Again, to maintain that pain medication, coupled with a conventional dosage of sedative, would keep patients asleep until they die naturally ignores their legitimate preferences not to die in a state of palliative or terminal sedation. And it does not address suffering induced by distress at the loss of dignity.

Another counter-argument contends, from a religious point of view, that God has a purpose with suffering and that we would frustrate his will when we remove suffering by hastening death. Not all religious believers would accept this interpretation of God's will. Moreover, for what sound ethical reason would we wish to relieve others' suffering throughout their lives, but retreat if suffering occurs when death is imminent and relief of suffering may hasten death?

There is another argument that patient's voluntarism is a necessary for euthanasia. But patients who are incompetent and non-autonomous as a result of medical conditions or who never were competent or autonomous due to age or other medical issues, may nevertheless be suffering in ways in which a merciful death is desirable, even though they cannot ask for it or agree to it. Yet if a patient is competent to make decisions, killing them against their will violates other necessary criteria for euthanasia (kindness, mercy, preservation of dignity, and

avoidance of distress). Furthermore, euthanizing a patient who is capable of making a decision and refuses euthanasia is prohibited by other primary ethical principles, such as respect for autonomy, beneficence and non-maleficence.

Some authors have coined yet other terms such as "voluntary euthanasia" for patients who are competent and agree to be euthanized; "non-voluntary euthanasia" for those who have never been competent; and "involuntary euthanasia" for which a competent or previously competent patient's wishes are unknown (Davidson 9). While commonly used, these terms add nothing to a simpler definition of euthanasia (as a morally neutral term) that requires, in the case of competent patients, that their permission be obtained and, in the case of incompetent patients, that deliberation is undertaken by the appropriate surrogate decision-makers after review of the patient's advance directive.

Fletcher's argument against Sanctity of life

Evident from Fletcher's arguments is that, the value of human life is determined in relation to situation or circumstance and therefore not absolute. Fletcher is suggesting here that euthanasia is morally right and justified if it serves the purpose of distributing maximum love to the patient, the family and community. And the implication of his argument is that the value of life depends on situation or circumstance and that, life can be taken at will or that euthanasia is the only solution for patient in severe pains and suffering.

Hence, if this is allowed in view of situation ethics, it may leads to indiscriminate killings because euthanasia can be misused or abused all in the name of serving the maxim love to patient in pains, the Down syndrome and their families. In addition, if we are to reject the sanctity of life just as Fletcher did, human life will become valueless and meaningless. And if the value of life depends on circumstance as claimed by Fletcher, then moral command of saving and preserving life by all means becomes a mirage.

Fletcher's argument from Personhood

Fletcher argues in support of euthanasia from the perspective of personhood. This argument states that to be human is to be self-aware, consciously relate to others and capable of rationality in a measure a least to support some initiative. In view of this, he maintains that "there is a difference between a man and a brute, even if it is a difference of degree; it is still a difference" (Bard and Fletcher 7).

Here Fletcher is saying that there is the need to make "a medical distinction between idiots, cretins and morons". Though, to dispose such persons of those categories of humans might be a dreadful thing to do, but it is rational and carries no guilt according to him because, true guilt should only arise from offences towards a person. A person with Down-syndrome for instance is not a person according to (Fletcher 7) but instead fitting the medical description of an idiot, cretin or moron. Fletcher then states further that "there is far more reason for real guilt in keeping alive a Down's or other kind of idiot, out of a false idea of obligation or duty, while at the same time feeling no obligation at all to save that money and emotion for a living learning child" (7).

Critique of Fletcher's Position

From Fletcher's argument against personhood and non-sacredness of life, it is evident the value of life becomes a question of quality because his conception of personhood depends on the quality of life which for him is an important factor for granting an individual certain attributes that accord him or her moral subject. This is why Fletcher would argue that, an individual with down-syndrome lacks personhood (Fletcher 8). But, in view of (Fagerberg, 29) remarks, his argument from personhood has nothing whatsoever to do with euthanasia. Even, if we agreed with the definition of euthanasia that regards it as a painless way for shortening a painful life which has been international accepted, for me is still has nothing to do with lack of personhood. Not even if we accept Fletcher's idea of personhood as criteria for being a moral subject because, lack of personhood is not in any direct sense a cause for pain because the definition of euthanasia by Fletcher cannot include a person diagnosed with Down- syndrome.

Another point against Fletcher's position on euthanasia is that, once we start using it on a certain type of individual, it can be abused or becomes an easy way of escape for parents and family of down-syndrome persons. As such, death and killing are not like lying and other common moral rules that can be broken and possible to reverse. When someone is dead he or she cannot come back to life because death is an actual end and irreversible.

More so, using a situation ethics theory to justify euthanasia could be problematic because the criteria for determining persons that really need euthanasia if at all, is always difficult and it involves stringent approach. The simple reason is that, we have to formulate a rule to ascertain which person truly needs euthanasia and who does not. For example, if we use personhood as a criterion, at what stage "a child with certain characteristics or deformities can and should be euthanatized? What are those characteristics that determine a child to be euthanatized or not? Should we euthanatize a victim of car crash in terrible condition or elderly persons and infants with serious deformities as result of their conditions? Most probably, many like me would say no to this question because such decisions do not seem influenced by agape love which Fletcher himself tends to prescribe. This is why in our contemporary time full of negative tendencies, the use of legalistic approach to make rational decisions concerning the issues of euthanasia or mercy killing seems to be reasonable. More so, it is necessary because Fletcher's position makes moral decision making on euthanasia an open ended venture that is dependent on individual circumstance and choice and this for me can be misapplied.

Furthermore, from all indications, it is crystal clear that Fletcher's point on euthanasia favours active and involuntary euthanasia in the case of down-syndrome persons or infants born with serious deformities. The active euthanasia for him painlessly hastened the death of patient while the passive euthanasia allows the patient to die slowly with pains and suffering. But then both are means to the same end which is termination of life

With regard to moral permissibility of euthanasia, Fletcher based his argument on love end and relief or release from pain and financial burden. This therefore portrays man as a means to end and not an end in itself. As Vaughn righty argues: "deontological theories say that the rightness of actions is determined not solely by their consequences but partly or entirely by their intrinsic nature" (Vaughn 35). Therefore, in order to act morally, one must follow one's moral duties. This is appropriate for the specific case of euthanasia because its nature is

dependent upon the patient's consent. On the other hand, it is rights-based rather than duty-based, but deontological in the sense that one must analyse the act itself, not its consequences, to determine its rightness or wrongness. Thus, this again explains why Kant's principle of autonomy which states that humans must never be used as mere means to another's end (Kant's *Groundwork* 419). Kant's principle of autonomy is particularly useful to all bioethical issues, especially euthanasia because it promotes the principle of respect for persons which includes; never treating a person as mere means; acknowledging that people have inherent value and not that value is bestowed upon them. The inherent value of persons "derives from their nature as free, rational beings capable of directing their own lives, determining their own ends, and decreeing their own rules by which to live" (Vaughn 38). Although Kant would believe that euthanasia is morally impermissible, but his principle of autonomy makes it pertinent to argue that euthanasia is morally permissible when the patient by his autonomy and free choice has consented.

No doubt, though Fletcher recognizes that the patient's consent, right and free choice are very important in euthanasia, but did not give priority to patient's autonomy and consent. His argument favours active euthanasia than passive. The dilemma is this: if the patient's autonomy takes precedence over physician's choice in cases of euthanasia, then how does one reconcile if the physician does not want to be the one to allow a patient to utilize euthanasia? Is it morally permissible to give a physician a specific duty that he must follow through with the patient's consent simply because the patient's autonomy is preferential?

The way to address this issue, physician should not be legally required to condone euthanasia in any case. I mean if a physician vehemently disagrees with either active or passive euthanasia, that they should be forced to offer it as an option to their patients for the purpose of considering their autonomy. Rather, if a patient chooses this route to end his or her life, the physician should have the choice to choose either to assist in the process or not since is under the oath to protect life by all means. In this way, the physicians can uphold the principle of beneficence and paternalism in their practice. That is, if they are respecting patient's autonomy when offering euthanasia as a viable option, they are upholding the principle of beneficence by truly meeting the needs of their patient. On the other hand, if the physician has acted paternalistically by providing the patient with all of the information and the options for the medical plan have been discussed, it is then left for the patient to decide what to should do.

A physician imposing their own beliefs about what is best for the patients (in this case, telling them not to end their life) though it is paternalistic but according to Kant, it disrespects the patients and impedes their freedom. Yet upholding the autonomy of patient by the physician does on the other hand inhibit their freedom. Thus, a recommendation can be made, but ultimately the physician should preserve the patient's autonomy and yet, he or she must preserve life according to it professional oath. In addition, a physician has no method for quantifying suffering and has no justification for evaluating a patient's reasons for wanting to utilize euthanasia; therefore, the physician can never truly know what is best for the patient so, it is very unreasonable to justify imposing their judgments on the patient.

Conclusion

From all analyses, it is clear that the dilemma concerning the moral debates on euthanasia hover around the conflicts between the autonomy of the patient and the professional ethics (oath) of the care givers (physicians) to protect life by all means. It is also about how to differentiate between voluntary and involuntary or active and passive euthanasia. This is why Fletcher's opinion, those who condemn euthanasia of both kinds would call the involuntary form murder and the voluntary form a compounded crime of murder and suicide if administered by the physician, and suicide alone if administered by the patient himself. Hence, due to the controversies surrounding euthanasia, some would like to conclude that its utilization as option must be properly guided by legal means and strictly done with the consent of the patient to prevent its abuse. However, those with the position should be made to realize that it is good to respect the sacredness of life; human life is a gift from God which no one has any right to terminate in the name of euthanasia. Again, the one who celebrates the autonomy of the self should appreciate the theonomy of the self.

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