



# Philosophy



## Annotated Example

The third year Philosophy essay on the following pages was written in response to the question:

*“Although we are sometimes justified in withdrawing or withholding life-sustaining treatment from someone who is terminally ill and suffering, we could never be justified in killing such a person.”*  
Critically discuss the claim.

## OUTLINE

### Thesis

- Statement of issue and definition of terms
- Outline of first argument for passive euthanasia
- Outline of counter argument.

### Point 1

For the issue: passive euthanasia is already an acceptable medical practice:

- supporting information: due to limited resources; end the suffering of terminally ill patients.

### Point 2

For the issue: for passive euthanasia but against active euthanasia:

- supporting information: examples
- explanation of doctrine of ‘double effect’
- the moral importance of differentiating between ‘killing’ and ‘letting die’.

### Point 3

Transition to counter argument: there is no real moral difference between killing and letting die:

- examine previous evidence from the perspective of motivation
- sub argument: agent’s motivation should decide the morality, not the method. (refute counter argument).

### Point 4

Argument against the distinction between killing and letting die:

- example (include counter argument and refutation).

### Conclusion

Summary of arguments for and against. Conclusion: there does not seem any real distinction between active and passive euthanasia

Recommendation (validity of maintaining distinction).



## ANNOTATIONS TO THE ESSAY

The annotations in the right-hand column below highlight significant features of the essay, such as structure and how evidence for the argument is incorporated, and referencing conventions.

### Example: student essay

Withdrawing or withholding life-sustaining treatment from a terminally ill and suffering patient seems more easily justified than killing such a patient. This appears to be accepted by the majority of the medical profession, and is reflected by present laws in NSW. These prohibit the killing of a terminally ill and suffering patient (active euthanasia). However, they sometimes permit withdrawing or withholding life-sustaining treatment (passive euthanasia), something which is already practised in many cases. There are two ways of arguing that passive euthanasia can be justified while active euthanasia cannot. The first relies on the intuition that killing someone is morally worse than letting him or her die. It is argued that a doctor who kills a patient directly causes the death, but a doctor who withdraws or withholds treatment merely allows that death. The doctor is differently responsible for the two deaths, and this justifies viewing the methods differently. However, many argue that there is not any real morally significant difference between the two. Choosing not to act is itself an action, and we are equally responsible for this. Indeed, as there is no morally significant difference, active euthanasia may sometimes be preferable. The second way of arguing that active euthanasia is never justifiable involves conceding this point. However, it is said to be in our best interests to maintain this fallacious distinction. Permitting active euthanasia would undermine our belief in the sanctity of human life, and start us sliding down a "slippery slope" that would end with a Nazi-like policy of 'euthanasing' anyone seen as a threat to or burden on society. In its most sensational form, this argument is easy to rebut, but we must carefully consider possible negative consequences of justifying active euthanasia, and the respect for personal autonomy that it displays is sufficient justification for such a program.

*Thesis statement identifies the issue*  
*briefly defines key terms*  
*indicates first key point in argument about passive vs active euthanasia*  
*supports claim with example*  
*concludes point: passive euthanasia is justifiable*  
*indicates second point in argument*  
*counter-point*  
*concludes counter-point: active euthanasia may be justifiable*

## LANGUAGE FEATURES

- discipline-specific terms (bio-ethics) eg *euthanasia; terminally ill patient; withdrawing or withholding life-sustaining treatment*
- complex nominal groups, to condense information: eg *Withdrawing or withholding life-sustaining treatment from a terminally ill and suffering patient seems*
- evaluations: eg *we 'must' carefully; possible; threat, burden, consequences, sanctity, justification*

### Example: student essay cont'd

Passive euthanasia refers to withholding or withdrawing treatment that might have delayed the death of a terminally ill and suffering patient. Active euthanasia refers to intentionally bringing about the death of such a patient, for example, by administering a lethal injection. It is often argued that doctors are justified in allowing their patients to die, by withdrawing or withholding treatment, but not justified in killing them. This difference in attitudes in active and passive euthanasia seems generally accepted by the medical profession.

*background information*  
*restates definitions*  
*establishes context*



### Example: student essay cont'd

Neurosurgeon Wilder Penfield, for example, reflects that: "Positive action to take a life is not permitted. But the negative decisions that ease and shorten suffering have always been ours to make" (as cited in Strauss 1968, p. 159) his distinction is also reflected in the law of NSW, suggests Catherine Armitage (1922) who says:

The Profession is guided by legal opinion – from the NSW Crown Solicitor, among others – which holds that a doctor must never do anything actively to kill a patient, but nor is he/she bound to fight for the patient's life forever.

Passive euthanasia, already an acceptable medical practice in some situations, (Foot 1979, p. 3) and permissible by the law of NSW, seems obviously justifiable in some circumstances. Practical considerations of limited resources, if nothing else, warrant this. There will always be people who die because resources are inadequate to save them. And it seems logical to divert resources from people who have no hope of surviving to those who might. There is no need for a doctor to invest heroic amounts of time and effort trying to prolong the life of someone whose injuries or illnesses are so severe they will be dead after merely an hour, or day, or week. We do not continue chemotherapy on a patient dying of the last stages of cancer, for example. Passive euthanasia prevents us futilely wasting resources, and frees them to be reallocated where they can do more good. However, passive euthanasia is also advocated as a means of reducing the suffering of the terminally ill patient because it, if properly regulated and administered, expresses respect for individual autonomy. It is hard to see how one could argue that this is never justified.

Proponents of active euthanasia, however, often meet fiercer opposition. We seem to intuitively believe that killing is worse than merely letting die. We feel stronger condemnation for a murderer than we do for someone who refrains from acting to prevent a murder, even when they could have saved the victim. Kitty Genovese was stabbed to death on a New York street while 38 people heard her screams and failed to act. We condemn them for their cowardice and selfishness, and find their failure to act reprehensible, but we do not bring murder charges against them, and we do not view their actions as morally equivalent to those of her killer (Steinbeck 1980, p. 1).

This "intuitive" difference between killing and allowing to die can be explained in many different ways. The former involves actually initiating the sequence of events that leads to someone's death. The latter, however, only involves refraining to intervene in an already established course of events leading to death (Kuhse 1993, p. 297). And death is not necessarily guaranteed. The patient might still recover, if they were given an incorrect prognosis. We are merely "letting nature take its course". Gay-Williams (1991) argues that refraining to treat a patient, when the treatment cannot reasonably be expected to save his/her life, is not euthanasia at all. The patient is not killed, but dies of whatever disease s/he is suffering from. And the patient's death is not aimed at by the person who does not treat them. Instead, the decision is a medical judgment about the value of continuing a course of treatment that aims to avoid further pain, indignity and expense for the patient and his/her family and friends (Gay-Williams 1991, p. 100).

This sort of argument revolves around the doctrine of double effect. This distinguishes the intended result of an act from any foreseen but undesired consequences it may have. A decision to increase literacy rates is generally a good thing. However, this is often accompanied by increased suicides. This does not mean that it is bad to increase the literacy rate, or that anyone attempting to do this is responsible for increasing the frequency of suicides (Sullivan 1993, p. 263). Likewise, there is a difference between merely foreseeing the death of a

*quote within essay question*

*NB: how to cite secondary sources such as Penfield*

*quotes authority to support point*

*quotes legislation to support point*

*topic sentence (first main claim of the argument)*

*supporting information*

*Illustrative example*

*further supportive information*

*topic sentence (beginning second point in argument)*

*supporting information*

*explains difference between key concepts*

*explains key concept: 'double effect'*



### Example: student essay cont'd

patient, and intending that death. Refraining from continuing with a pointless course of treatment, to avoid further pain and suffering for the patient, has unfortunate consequences, in that the patient dies. But the doctor is not held responsible for this.

Indeed, not accepting there is a difference between killing and allowing to die could lead to some very strange results. By neglecting to send donations to World Vision, we may be as responsible for the deaths of those dying of famine as we would be if we had sent them poisoned grain (Foot 1980, pp. 161-162). The difference between killing and allowing to die is “morally important” because it “sets limits to an agent’s duties and responsibilities to save lives” (Kuhse 1993, p. 297). It is argued that it would be wrong to hold someone as responsible for what they allowed to happen as for what they made happen. It is relatively easy to live your life without killing anybody. It takes an effort to save lives. The former is the basic minimum required of decent people. People who do the latter, however, are often seen as saints. We are generally not as responsible for allowing a death as we are for killing. Consequently, while we may be justified in withdrawing or withholding treatment from a terminally ill and suffering patient, we could never be justified in killing them. The explanations detailed above are said to reflect significant moral differences between active and passive euthanasia that make the latter permissible, and the former impermissible.

However, it can also be argued that while we may sometimes intuitively sense a moral difference when offered examples of “killing” and “allowing to die,” this is due to other morally relevant features:

Intuitions...are inevitably subjective and unreliable simply because it is impossible to consider it (an act) apart from its context...We are...liable to jump to conclusions about differences by failing to take it into account (Ladd 1979, p.167)

We can concede that Kitty Genovese’s murderer is more morally responsible for her death than those who failed to help her. However, there are other significant differences in this case. The motivations of the murderer and the bystanders are completely different. Likewise, the motivations of the person who fails to save the life of someone dying of starvation in Africa are completely different to those of the person who sends them poisoned grain. Perhaps these, or other differences, account for the differences in our moral judgments. Phillipa Foot, for example, suggests that the difference between the two is that they are both contrary to different virtues. The murder of Kitty Genovese, she might say, goes against justice. She had a right to life, and this was violated. Refraining from assisting her, however, only violates charity (Foot 1979, p. 25). These examples do not illustrate differences in the way we judge killing and letting die. Rather, they are examples of killing that happen to be morally wrong, and examples of letting die that are, merely coincidentally, not so morally wrong.

James Rachels (1991) presents us with a more relevant example involving two shady characters, Smith and Jones. Both will gain a large sum of money if their 6-year-old cousin dies. Smith drowns his cousin in the bathtub. Jones, however, walks in just as his cousin slips, hits his head, and falls facedown into the water. He would quite happily have drowned him, but has no need to. If we see Jones’ and Smith’s actions as being equally morally reprehensible, then, Rachels argues, we should likewise see no moral difference between the actions of a doctor performing active euthanasia and a doctor performing passive euthanasia (Rachels 1991, p. 105).

*explains  
relevance of the  
concept to the  
argument*

*new point –  
difference  
between active  
and passive  
euthanasia is  
morally  
significant*

*concludes point  
transition to  
counter-point: no  
moral  
significance/  
difference  
between active  
and passive  
euthanasia*

*re-examines  
examples from  
different  
perspective  
point: the  
difference  
between types of  
euthanasia is  
motivation  
illustrative  
example to  
support the point  
concludes point*



## Example: student essay cont'd

However, Rachels' opponents argue that this example, also, contains other morally relevant differences that cloud his case. It is not clear that our views about the similarity of the actions of Jones and Smith should be applied to the Euthanasia debate. To these people I offer an alternate example. It involves a doctor, who is the only person able to treat a patient who, while not terminally ill, requires medical care to recover. In scenario one, they refuse to treat the patient, and gleefully watch as they die. In scenario two they administer a lethal injection. I do not believe there is a morally significant difference between the two cases. Only the means by which they cause their patient's death is different, and both should be seen as guilty of murder. In this example the doctor is just as culpable for an omission as for an act. As Beauchamp (1982, p. 253) argues:

Killing is sometimes right, sometimes wrong, depending on the circumstances, and the same is true of letting die. It is the justifying reasons which make the difference to whether an action is right, not merely the kind of action it is.

Where doctors believe they are acting in their patient's best interests, and the end result is the same (the death of the patient), I do not believe the methods used make any difference to the morality of euthanasia. This seems to be compatible with our intuitions in the case outlined above. I think the arguments of people like Gay-Williams are sheer sophistry. A doctor who discontinues a course of treatment because it is not believed to be in the patient's best interests, and foresees the patient will die because of this, does not intend his/her patient's death. Yet the doctor ceases treatment knowing that the patient will die. And the doctor has made an informed decision that this is the better course of action. The doctor who knows this, and nevertheless ceases treatment has hastened the death of the patient just as much as the doctor administering a lethal injection. It is unreasonable to separate the decision to stop treatment from the realisation that a patient will die when it is ceased. Often unwelcome consequences prevent us doing something we want to do, and we are unable to avoid responsibility for these by saying we wanted only the positive effects (Singer 1993, p. 210). Why should we accept such excuses in the euthanasia debate, when we do not elsewhere?

This distinction is not only irrelevant, but it can also lead to some terrible results. Being allowed to die can be an incredibly painful process. A lethal injection, however, is less painful. Assuming a terminally ill patient decides he or she does not want to continue to suffer, and a doctor agrees to assist the patient terminate his/her life, surely consistency demands that the least painful form of euthanasia, intended to reduce suffering, is used (Rachels 1991, p. 104).

Finally, Rachels (1991) argues that accepting that there is a distinction between active and passive euthanasia will result in decisions about life and death being made on irrelevant grounds. He offers the example of two Down's Syndrome babies, one born with an obstructed intestine, and one born perfectly healthy in all other respects. In many cases, babies born in such a condition are refused the simple operation that could cure this, and die. It does not seem right that an easily curable digestive ailment should determine whether the baby lives or dies. If a Down's Syndrome baby's life is judged to be not worth living, then both babies should die. If not, they should both be given medical treatment sufficient to ensure their survival. Accepting a distinction between active and passive euthanasia results in unacceptable inconsistencies in our treatment of such babies, and it should thus be abolished (Rachels 1991, p. 104).

Some philosophers who accept the arguments outlined above nevertheless believe that this distinction, however fallacious, should be maintained in public policy and law. They believe that consequentialist arguments justify this. If we permitted active euthanasia, it is argued that this would undermine our

*further example to support counter-point*

*quotes authority to support point*

*new point: motivation, not method, should decide morality of euthanasia*

*refutation of counter-point*

*new point: the moral distinction is damaging*

*supports point with more information and example*

*concludes the point*

*New point: need to clearly differentiate between types of*



### Example: student essay cont'd

belief in the sanctity of human life. This would begin our slide down a “slippery slope” that would end with us ‘euthanasing’ anyone seen as a threat or burden to society, as happened in Nazi Germany. If we look at this argument logically, it seems difficult to see how permitting voluntary active euthanasia, for compassionate reasons, and respect for individual autonomy, could change attitudes to killings that do not demonstrate these qualities. As Beauchamp (1982) argues, if the principles we use to justify active euthanasia are just, then any further action inspired by these principles must also be just (Beauchamp 1982, p. 251). And if we examine what really happened in Nazi Germany, the facts do not seem to support this sensational claim. A totalitarian system and racial prejudice were more responsible for those tragic events than was any acceptance of euthanasia. In any event, we qualify our moral prohibitions of killing by allowing the exceptions of self-defence and wars. Why not accept euthanasia as another exception? Beauchamp replies by saying that the difference with euthanasia is that it entails making the judgment that a life can be not worth living, whereas the others only justify retaliating against a morally blameworthy aggressor (Beauchamp 1982, pp. 252-253). However, the ancient Greeks and Romans practised infanticide, while Eskimos killed their aged parents. And despite their apparent acceptance that there were lives not worth living, they do not appear to have less respect for other lives in general (Burgess 1993, p. 171). In any event, if there really is no difference between passive and active euthanasia, views incorporating this distinction must be wrong. Rather than maintaining such incorrect attitudes, we should try to find a less vulnerable position that more accurately reflects our attitudes.

*euthanasia in law*

*supportive information*

*counter-point: supportive information for counter-point*

*concludes point*

However, possible negative consequences to justifying active euthanasia should be considered. It might have negative effects on health care workers who see their duty as preserving life, not destroying it. It might result in widespread use of active euthanasia, pressuring unwilling patients to accept it because it is expected of them. Patients who might have recovered could be killed. Doctors might try to hide their mistakes by claiming they merely ‘euthanased’ patients. People might use euthanasia to get rid of burdensome relatives.

*points against active euthanasia*

*examples*

However, I believe that some of these objections are unwarranted, and legislative safeguards can be implemented to minimise other negative consequences. Health care workers who disagree with euthanasia should not be obliged to perform it. However, many doctors are amongst those advocating active euthanasia. 43% of South Australian doctors admitted in a 1992 survey that they had already actively assisted patients to die (‘Prof opposes euthanasia law change’ 1992).

*counter-points*

Surely justifying active euthanasia, with adequate legislative safeguards, would be better than allowing such actions, presently illegal, to continue behind closed doors. Furthermore, the empirical evidence does not seem to support arguments that euthanasia is likely to become the norm. In mid 1991 it was reported that an American Federal Statute was introduced, obliging health care workers to inform their patients about “living wills,” because legislation enabling passive euthanasia had not been used as widely as expected (Scott 1991, pp. 46-47). I believe that requiring more than one doctor to diagnose the patient as terminally ill and give his/her approval, and stringent consent procedures will minimise the risks of permitting active euthanasia. And I believe that the suffering it prevents, and the respect for personal autonomy it entails, is sufficient justification for it. I thus believe that both passive and active euthanasia can be justified.

*point to justify active euthanasia*

*counter-point*

*conclusion of the point and recommendation*



### Example: student essay cont'd

It is often argued that withdrawing or withholding treatment from a terminally ill patient can be justified, while actively killing such a patient to relieve his/her suffering cannot. The alleged distinction between the two is supported by intuitions that suggest killing is morally worse than allowing to die. However, examples used to demonstrate this often contain other morally relevant differences that make it appear this way. In reality, there does not seem to be any morally significant difference. Deciding to refrain from treating a patient is morally equivalent to administering a lethal injection. The motivations and end result are the same, and the only difference between the two cases is the means used to achieve death, which does not justify viewing them differently. It can be argued that we should nevertheless accept this distinction because it has beneficial consequences. But this is uncertain, and surely we should instead try to clarify our views of killing and find a less vulnerable position that better reflects our true feelings. We already permit passive euthanasia in some circumstances. Since active euthanasia seems morally equivalent, I believe that they can both be justified in some circumstances. And while permitting the latter might have some unwelcome consequences, I believe that legislative safeguards will minimise these, and the suffering it avoids justifies its adoption.

*Conclusion of essay:  
restates the issue  
summarises main points in argument*

*Recommendation*

*Insert a new page  
before including  
your Reference  
list ...*



## Example: student essay cont'd

### References

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... this is an alphabetical list that includes ALL of the relevant publication details of ONLY the sources that you have in-text referenced in the body of your paper (NB: this particular list, as well as the in-text references, use the current UOW Harvard style of referencing).

**NB: use of secondary sources** - they should NOT be given in this style of Reference list. For example, Penfield (see above in-text reference that states, "as cited in Strauss 1968, p. 159" on page 3) is NOT here. Only **Strauss'** details should be given.

### NOTE

This essay is of course only one possible response to the question.

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