

# Humanist Perspective

## Euthanasia (assisted dying)

### What is euthanasia?

Euthanasia was originally an ancient Greek word that meant 'a good death' or to 'die well'. Today it is normally used to refer to the act of ending a life in order to relieve pain and suffering.

**Voluntary euthanasia** is helping someone to die when the person has made it clear that he or she wishes to die and has requested help to bring this about. This is also sometimes called **assisted dying**.

**Non-voluntary euthanasia** occurs when a person cannot express a wish to die but it is believed to be what they would have wanted (e.g. a patient in a coma or those who cannot communicate for other reasons).

**Involuntary euthanasia** is killing a person when they could but have not expressed a wish to die.

**Active or direct euthanasia** involves specific actions used to bring about death (e.g. lethal drugs or injections). This is illegal in the UK.

**Passive euthanasia** is the practice of withdrawing treatment and/or nourishment and allowing a patient to die. This practice is carried out and generally judged to be legal in the UK.

**Indirect euthanasia** is the practice of providing treatment, such as pain relief, which has the side-effect of hastening death. This is also practiced in the UK and is generally considered legal if killing was not the intention.

### The dilemma

In the past, many people who suffered from serious illness or injuries died quite quickly (and often painfully). Today they can often be treated and kept alive. However, keeping people alive does not always mean their lives are free from pain and suffering.

What should we do when a seriously ill person no longer wants to live? Do they have a right to die? What if people want to end their lives but do not have the physical strength or the means to do it painlessly? Do we have a duty to help them?



People sometimes quote the ancient Greek doctor, Hippocrates, who said doctors should 'do no harm' and 'to please no one will I prescribe a deadly drug nor give advice which may cause his death.' However, guidance from millennia ago can't always help us with 21st-century problems of medical ethics.

Today doctors follow the statement of good medical practice issued by the General Medical Council. According to this, a doctor will 'listen to patients and respond to their concerns and preferences,' and 'respect patients' rights to reach decisions with [the doctor] about their treatment and care.'

Suicide has been legal in the UK since 1961. However, assisting someone to die remains a crime, punishable by up to 14 years in prison. Today over 90% of the population believe assisted dying is acceptable in at least some situations (NatCen, 2019).<sup>1</sup>

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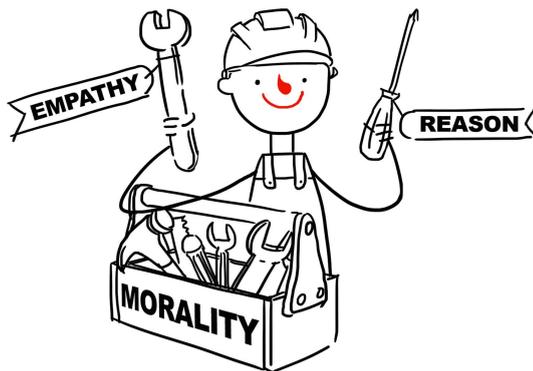
[humanists.uk/2019/03/04/public-support-for-assisted-dying-now-over-90-reveals-study](https://humanists.uk/2019/03/04/public-support-for-assisted-dying-now-over-90-reveals-study)

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### A humanist approach

Humanists have no agreed fixed response to many ethical dilemmas. They will typically try to use evidence, empathy, respect for individual autonomy and human rights, and a desire to support people's happiness and wellbeing to inform their position.



Many humanists support assisted dying for the terminally ill and for the incurably suffering if it is what the person wants. They believe that people suffering from inescapable pain or a permanent loss of those things that make life worth living should have the right to choose a painless and dignified end to their life.

Humanists typically highlight two arguments to support their position:

- 1) **Empathy and compassion:** if someone is suffering terribly, and you are in a position to help to relieve their suffering, then that is a good reason to do so.
- 2) **Autonomy:** we have the right to make decisions over our own lives. We value the freedom we have to choose how we live our lives. Should that not include the freedom to choose how we die?

Legalising assisted dying would also mean that close relatives faced with the choice of whether to support their loved ones wishes were given a legal option to do so, alleviating unnecessary suffering and fear.



'I believe passionately that any individual should have the right to choose, as far as it is possible, the time and the conditions of their death. Over the last hundred years we have learned to be extremely good at living. But sooner or later, and so often now it is later, everybody dies. I think it's time we learned to be as good at dying as we are at living.'

Terry Pratchett, author and former patron of  
Humanists UK (1948–2015)

'Dogs do not have many advantages over people, but one of them is extremely important: euthanasia is not forbidden by law in their case; animals have the right to a merciful death.'

Milan Kundera, author

'For me the most important reason to have a "right to die" law in the UK, to make it possible for someone to ask a doctor's help to end their life, is that this is a basic human right. It's a matter of personal autonomy. It's my body, my decision.'

Dr Michael Irwin,  
founder of My Death, My Decision

'I would like to have means to end my life if it becomes intolerable. Having that ability would, I think, be reassuring. I also fear not being able to action this myself. I have experienced three elderly relatives who, near the end, wished their lives to end.'

Ann Hawkins, humanist pastoral carer

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### Why does life have value?

'For humanists, what has value is not life in the abstract, but *lives*.'

Richard Norman, humanist philosopher

Some people say that to take a life is always wrong. In many situations that is clearly the case. However, many people (religious and non-religious) believe taking a life is acceptable in some circumstances, be that in war, in self-defence, or the killing of non-human animals. What about the case of supporting somebody to die who wishes to end their life?

Many humanists will avoid the phrase 'the sanctity of life' but will agree that we have a 'right to life' or that we should have 'respect for life'. They believe that life is valuable.

'Everyone has their own unique and irreplaceable life to live, their own unique individual consciousness and sequence of experiences, their own plans and hopes and aspirations for their future, and to kill them is to destroy all these.'

Richard Norman, humanist philosopher

However, for many humanists, what we value when we value human life, and when we talk about the importance of respect for human life, is not simply being alive, but *having a life*. This means having conscious experiences which add up to make a story and which include hopes and aspirations for the future.

In the case of whether it is acceptable to assist somebody to die, the important question then becomes not 'Are they alive?' but 'Do they still feel they have a life?', 'Do they still have reasons to go on living that outweigh their suffering?' and, most importantly, 'Have they reached the decision that they wish to end their life?'

The American philosopher James Rachels distinguishes between 'life' in the *biological* sense and 'life' in the *biographical* sense. When we talk about the value of life, he says, what we're talking about is not the mere biological fact of 'being alive' – something which we share with mosses and bacteria and all other living things. We're talking about 'having a life' – life in the biographical sense.

'From the point of view of the living individual, there is nothing important about being alive except that it enables one to have a life. In the absence of a conscious life, it is of no consequence to the subject himself whether he lives or dies. Imagine that you are given the choice between dying today, and lapsing into a dreamless coma, from which you will never awaken, and then dying ten years from now... in the most important sense, the choice is indifferent. In either case, your life will end today, and, without that, the mere persistence of your body has no importance.'

James Rachels, philosopher



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### Safeguards

While humanists generally support voluntary euthanasia, they also uphold the need for certain safeguards to ensure it is voluntary. These may include offering counseling; ensuring the patient has the full information; removing pressure on patients; ensuring the patient is of sound judgement; clear witnessed instructions from the patient; and the involvement of more than one doctor. They believe that legalising assisted dying would help to ensure such safeguards were in place.

Today some people travel to other countries to have an assisted death. Legalising assisted dying in the UK would mean that the option was then not only available to those well-off enough to travel. Those people who are able to travel also often do so before it is necessary as they need to be fit enough to make the journey.



### A slippery slope?

Sometimes people worry about the longer term consequences of legalising assisted dying. They say that it may lead to older people wishing to end their lives before they become a burden on others; hospitals may draw attention to the valuable medical resources they are taking up, and family members may be motivated to apply pressure for financial incentives. We would be unable to trust whether or not a person's decision is genuinely their own. Some argue that it will lead to the end of palliative care. Others that the lives of those who are mentally or physically disabled will come to be seen as of less value, and that we may even see the introduction of involuntary euthanasia.

Whether the slope really is slippery is an empirical question that can be answered by looking at the evidence. We can look at specific proposals to change the law and the built-in safeguards. We can look at the evidence from other countries. In the Netherlands, palliative care provisions have multiplied since legalised assisted dying. In Belgium, the 2002 euthanasia legalisation was passed with a Palliative Care Bill, doubling the public funding of palliative care. Both palliative care and assisted dying can be part of a patient-centered approach to end of life care.

Is the absence of a legally-sanctioned assisted death discriminatory against those who are disabled and are unable to end their lives themselves?

'It is now legal to commit suicide in the UK. It is illegal to discriminate against the disabled. But in this scenario a person who is prevented from taking their own life as a direct consequence of their disability is clearly discriminated against in a most fundamental way. This makes the law as it stands irrational.'

Diane Munday, Patron of Humanists UK

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### Some arguments and humanist responses

Argument	Possible humanist response
<p>We need to respect the <b>sanctity of life</b>. Life must never be taken before its natural time.</p>	<p>Human life is valuable and should be respected. However, we should also consider a person's <b>quality of life</b>. What is important is not 'being alive', but 'having a life' – one in which we can still enjoy pleasures and carry out our ambitions. If those things no longer exist, then we should be free to choose to end our lives.</p>
<p>Doctors should not be '<b>playing god</b>'. It is only for god to decide when people should die.</p>	<p>Humanists don't believe in a god or gods. However, many people who do are happy to use medical interventions like vaccinations or surgery to help them to live longer. For humanists, it is up to human beings to decide the answers to questions about life and death and we should respect people's personal <b>autonomy</b> to make those decisions.</p>
<p>Suicide is wrong because of its <b>effect on others</b>. It can cause great pain to those left behind. By the same logic, assisted dying must be wrong too. It will leave loved ones feeling guilty that they could not help the person.</p>	<p>We should take the consequences of our actions for others into account when we decide how to act. However, in the case of a terminally ill or incurably suffering patient, assisted suicide <b>can be a merciful release</b> for everyone involved and it can console those close to the patient that they were able to fulfil their loved one's wishes. Ideally decisions would be discussed by all parties involved before any action was taken. We could also ask whether it is right to force other people to stay alive against their wishes, just for our own sake.</p>
<p>If you permit voluntary euthanasia, involuntary euthanasia will follow. It is a <b>slippery slope</b> that will make people less concerned about the taking of life. Old people will feel they are a burden on society and we'll end up euthanising mentally and physically disabled people who do not wish to die.</p>	<p>Assisted dying has been legalised in many countries and there is no <b>evidence</b> of a slippery slope or the disappearance of a respect for life. We can design safeguards to ensure a clear distinction between voluntary euthanasia, where the patient is making an informed choice, and involuntary euthanasia.</p>
<p>There is a distinction between active euthanasia, which involves acts that cause death, and passive euthanasia, which involves merely withdrawing treatment and allowing people to die. <b>Only passive euthanasia is morally permissible.</b></p>	<p>If you accept that it is sometimes permissible to hasten death by withholding or withdrawing treatment you should also accept that assisted dying is also acceptable in some circumstances. Active euthanasia can sometimes be preferable to passive euthanasia as it can be quicker and involve potentially <b>less pain</b> for everyone involved.</p>

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### A personal perspective

Following a car accident in 1990, Paul Lamb was left with no function in his limbs apart from a little movement in his right hand. Working with Humanists UK, he campaigned for a change in UK law to allow the terminally ill and incurably suffering the choice of an assisted death.

Paul died in 2021. The below was written several months before his death.



I am paralysed from the neck down and live in a state of constant pain. In the future my suffering will inevitably become too much to bear. When that happens, I want to be able to control and choose the circumstances of my death.

Five years ago, I asked our courts to give me the right to control my own death and they told me to wait. I watched and waited as new evidence emerged and progressive countries gave millions of others the choice I asked for. And still

the UK Parliament did nothing. Last year, I felt I had no option and I asked the Court to intervene again, to help me, and many others in my position, to end this cruel and discriminatory law. Once again the Court let us down.

I believe that death is a natural part of life. It should not be looked at as though it were a fearful thing. To be able to have an assisted death at the time of my choosing would be the biggest peace of mind that I could wish for. It gives you the right to choose a death with the people around you that you want around you: the people that you love, and that love you.

While you have got quality of life, life is worth fighting for. But when the scales tip the other way then I believe we should each have the freedom to end our own lives. Many times I have been told how sympathetic others are to my situation. But I have never wanted anyone to pity me. What I want is for my choice and autonomy to be respected.

If the Court's decision is the final word on the matter, then it removes the small part of my life that I could still have some say over. I am not alone. My campaigning has enabled me to speak to many people over the years, some in worse situations than my own. If I can help, then I will. While I still have the strength, I will continue to fight for a change in the law.



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### How might a humanist approach the question?

#### Activity

A terminally ill and incurably suffering person has asked for assistance to end her life.

- 1) Should the law be changed to make this permissible?
- 2) What reasons might a humanist give to support the case for the law being changed?

Think about what you know about a humanist attitude towards:

- Shared values
- Rules
- Consequences
- Reason
- Evidence
- Empathy
- Respect
- Freedom/autonomy

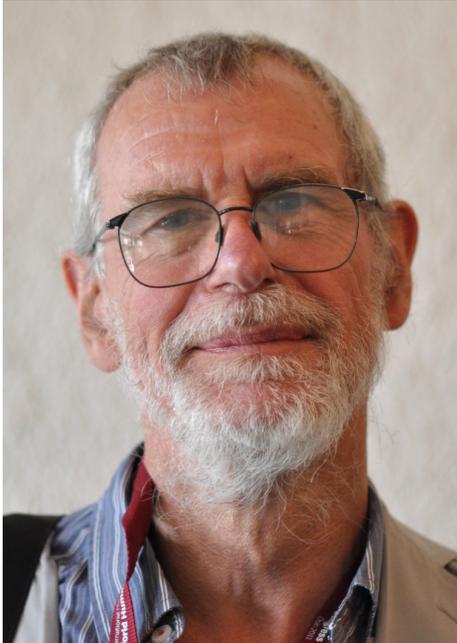
- 3) Take a look at the humanist argument by Richard Norman and consider whether you agree or disagree that this is the right approach to take to assisted dying.

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### A humanist argument

Richard Norman, humanist philosopher



A good example of how to think about a contested moral issue is the question of assisted dying. Should we change the law to make it permissible to meet the request of someone who is terminally ill, suffering unbearable pain, and asks for help to end their life?

If someone is suffering terribly, and you are in a position to help to relieve their suffering, that is a good reason to do so. Our **empathy** for the person leads us to feel **compassion**, and **reason** tells us that the compassionate response is, other things being equal, the right thing to do. This, then, is in principle a reason for changing the law. It is better that the law should enable us to do what is right rather than prevent us from doing it. The question is then whether this reason is outweighed by other considerations. In this respect our example is typical of many moral dilemmas: it's not enough just to produce reasons for or against. To arrive at a **rational** decision we also have to weigh the competing reasons against one another.

Opponents, then, might say that the case for compassion is outweighed by the value of life. A fundamental moral principle, they might say, is that it is wrong to end the life of another person. However much we might want to end someone's suffering, we cannot do so by performing a deeply wrong action. To assess this argument, then, we need to look carefully at what we mean by the value of life.

The idea is sometimes given a specifically religious formulation: life is a gift from god and as such it is not for us to dispose of. I will not examine the 'gift' analogy here (is it really always wrong to dispose of something you have been given?) but will simply emphasise that, even if a religious person is persuaded by it, it is a reason only for someone who accepts this specific religious belief. A change in the law would not compel such a person to help someone to die. And the law itself should reflect not contentious beliefs but broadly **shared human values**.

We therefore need to think about exactly what we mean by the value of life as a shared core value. What we value is not 'life' in the abstract. What we mean, I think, is that we must respect the life of each individual human being. Normally, their life is deeply precious to them; it is fundamental to all their hopes and aspirations and all the things they care about, and to deprive someone of their life is to do them a terrible wrong.

If that is the right way to understand the value of life, then we can see that the case of assisted dying is exceptional. In such a case, the person whose life is in question feels that their life has come to its proper end, and their one remaining wish is to be helped to die peacefully. If that wish is genuinely theirs, if it is their heartfelt and deeply considered choice – rather than the momentary expression of unbearable pain – then **respect** for that person's life may no

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longer be something to override our compassion for them. It has to mean respect for the person's **autonomy**, and as such it now becomes part of the reason to help them.

The two arguments so far are reasons in principle. Our task is to understand clearly what the relevant principles are, and in that way to decide whether one outweighs the other. We now need to make an important distinction between arguments in principle and arguments in practice. The so-called 'slippery slope' objection to legalising assisted dying is an objection in practice. Helping someone to die might sometimes be acceptable in principle, it may be said, but if we change the law it will in practice be abused: it will lead to pressure being put on people against their real wishes, and it will make sick or disabled people feel vulnerable.

Will it? This question is crucially different from the previous ones. It is a question about the likely **consequences** of changing the law. Here we need **evidence**. We need to look at the facts – at what has happened in other jurisdictions where assisted dying has been legalised, and at whether proposed legislation draws a clear line with reliable safeguards to prevent misuse of the law. That is the **rational** way to decide.

**Question:** What do you think about Richard Norman's approach? Does it convince you that this is the right way to think about assisted dying?

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### Read the cases below

- a) Would euthanasia in each case be voluntary, non-voluntary, or involuntary?
- b) Do you think a humanist would find euthanasia acceptable in each case? Explain why.
- c) Do you think euthanasia would be acceptable in each case? Explain why.

### Cases

- 1) Colin was in a car accident and is now in a coma. The doctors have said that it is extremely unlikely that Colin will ever recover from the coma and if he does he is likely to be severely brain damaged. Colin's family believes that the best thing to do is to switch off his life support machine. They believe it is what he would have wanted.
- 2) Claire suffers from motor neurone disease that has gradually destroyed her muscles. She is now paralysed from the neck down, fed through a tube, and has a computer attached to her chair to help her to communicate. Doctors have tried every possible treatment without success. There is no cure. Claire is in pain and knows that in the few months she has left to live, her condition can only get worse. She has asked repeatedly for somebody to assist her death.
- 3) Beth is 75 and suffering from Alzheimer's disease. Her memory is suffering and she is beginning to have difficulty communicating. Beth has said that she does not want to die. Her family, however, feels that death would be better than the life Beth will lead once her memory goes completely and think euthanasia might be the best option.
- 4) John is 66 and has chronic arthritis that leaves him in extreme amounts of pain even after he has taken pain killers. He is also going blind and suffers from severe depression. None of these conditions are terminal. John wants to end his life to release him from his pain and suffering, but he does not want to go through with the potentially painful and uncertain process of taking his own life. He therefore wants somebody to assist him with a painless death.

Humanists have no agreed fixed response to many ethical dilemmas. They will typically try to use evidence, empathy, respect for individual autonomy and human rights, and a desire to support people's happiness and wellbeing to inform their position.

Many humanists support assisted dying (voluntary euthanasia) for the terminally ill and for the incurably suffering if it is what the person wants. They believe that people suffering from inescapable pain or a permanent loss of those things that make life worth living should have the right to choose a painless and dignified end to their life.

Many humanists would therefore think that euthanasia would be acceptable in cases one, two, and four. In case three, euthanasia would be involuntary and so humanists believe it would be unacceptable.

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### Active, passive, or indirect euthanasia

#### Activity

In all the situations below, the patient has asked the doctor to help them die.

- 1) The doctor decides to stop providing a life-saving drug to the patient.
- 2) The doctor administers a lethal injection to the patient.
- 3) The doctor provides additional pain relief to the patient knowing that this will also kill them.

What was the **intention** in each situation?

What is the **outcome** in each situation?

Is there **anything morally different** between the situations?

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### Questions for discussion

- 1) Is it ever OK to help somebody to die?
- 2) Which is more important: sanctity of life or quality of life?
- 3) What is important: being alive or having a life?
- 4) Which of these is the more plausible interpretation of respect for human life?
  - o You should not deliberately end the life of another human being, even if they request it.
  - o A person's life is their own and you should respect their choice whether or not to end it.
- 5) If all the evidence pointed to there being no risk of a slippery slope, would there be any other persuasive arguments not to legalise assisted dying?
- 6) Should people be allowed to impose their moral views on other people?