

Passive Euthanasia and Suicide: Is there a Moral Difference?

A white paper by Nathaniel J. Erickson, PhD.

Introduction

In a 2012 article on CNN, Steve Kastenbaum highlighted the case of a 28-year-old Korean woman with terminal brain cancer who wanted to cease her treatment and die. Her father, an evangelical minister, convinced her that turning off the machine was suicide. If she turned off the machine she would, in effect, be damning herself.¹ Ignoring for the time being the loaded assertion that suicide results in damnation, an important question remains: “Is refusing potentially life-saving medical treatment equivalent to suicide?” I will argue, “no.” Which raises a related question: “Is refusing life-saving medical treatment an ethical option for Christians?”

Overview

I will argue two points: (1) that it is morally acceptable to refuse life-saving medical treatment, often called *passive euthanasia*, and (2) that *active euthanasia*, commonly called physician-assisted suicide, is not morally acceptable. There are good reasons to maintain that *active* and *passive euthanasia* are in different moral categories.

To begin, I will acknowledge that there are some reasons, especially within a biblical worldview, to suggest that *passive euthanasia* is immoral. After addressing these issues, I will move on to detail why I believe *passive euthanasia* fits within a robustly biblical worldview. Finally, I will show why *active* and *passive euthanasia* are not morally equivalent.

The alert reader may notice that nothing in this line of argument addresses the emotional difficulties tied up with end-of-life decision making. I will not address such difficulties as making the decision to remove medical support on behalf of another, if-and/or-when to make personal choices to forgo medical interventions, dealing with the personal and emotional difficulties, or dealing with the difficulties—emotional, spiritual, practical—of someone else’s choice to forgo medical treatment. These are freighted and real emotional difficulties. However, they are outside the scope of this treatment. In this paper, I am exploring the focused question: “Is *passive euthanasia* moral, within a biblical worldview?”

Concerning Passive euthanasia

Within the Christian worldview, there are some reasons which suggest that *passive euthanasia* (removing or not beginning life-saving medical treatment) is equivalent to suicide, thus immoral.

¹ Steve Kastenbaum, “Letting Death Happen, Is It Suicide?” CNN, Oct 11, 2012.
<<http://cnradio.cnn.com/2012/10/11/letting-death-happen-is-it-suicide/>>

The argument that *passive euthanasia* is immoral

Death is tragic, and medically attenuated painful deaths more so. The natural human reaction to alleviate suffering leads many people to claim that it is merciful to cease medical treatment and palliate until a patient dies rather than elongate life via treatment. Within a biblical worldview, some argue that *passive euthanasia* is suicide because intentionally choosing to die when life-sustaining/saving treatments are available is suicide. The basic argument for this position can be laid out as follows:

1. Human life ought to be maintained whenever possible (taken as axiomatic or argued from Scripture);
2. The intentional cessation of life is wrong as it runs contrary to (1) (except in extenuating circumstances such as war);
3. Allowing death when it is possible to intervene and maintain life is equivalent to the intentional cessation of life and is thus wrong as it violates (2);
4. Suicide is the intentional cessation of one's own life, thus always wrong, as per (2);
5. Therefore, refusing life-saving medical treatment is suicide and is morally wrong.

The validity of this argument hangs on (3). If it is true that it is always wrong to allow death when a life-sustaining/saving intervention is possible, then *passive euthanasia* is immoral, since *passive euthanasia* is choosing to allow death when it would be medically possible to intervene and, at the very least, prolong life. Within the biblical worldview and its high value on human life, this line of argument has obvious appeal.

Various arguments can be marshaled to defend the fundamental presupposition of this argument that allowing death when possible to intervene is morally equivalent to the intentional cessation of life. Three significant arguments are: (A) God places a high value on human life, (B) the physical processes in our bodies strive toward maintaining life, and (C) *passive euthanasia* is a decision-ending decision, rejecting the desirability and possibility of the continuation of life.

Concerning (A), we note that God places a high value on human life, therefore we should not let it go lightly. While 'It is appointed for man once to die' (Hebrews 9.27), death should only occur once all options of sustaining life have been exhausted. We do not know when we will die, and it is only appropriate to seek to continue living until our death happens despite our best efforts. It is not appropriate to choose a path which leads to death.

Point (B) notes that the physical processes in our bodies strive towards the maintenance of life. That is, when working well, our bodies stay alive. Current medical technology enables us to maintain these processes, even in situations where they would otherwise fail. Given the value which God places on life and the natural tendency of our bodies towards life, we should utilize medical technologies to sustain life as long as possible, consonant with our natural worth and drives.

Finally, point (C) notes that the choice to allow death (*passive euthanasia*) is a decision-ending decision. As such, it is equivalent to suicide because it rejects the desirability and possibility of the continuation of

life into the future. *Passive euthanasia* decides against both current life-sustaining/saving treatments *and* the possibility of natural recovery or a cure being developed.

Points (A)-(C) support the argument above that *passive euthanasia* is the intentional cessation of life, which is suicide, and is thus morally wrong. If this argument is valid, then Christians must avoid *passive euthanasia* because suicide is a tragic act against God's intentions for human life.

Laying out this argument, we can see that equating *passive euthanasia* with suicide hinges on maintaining a moral maxim of maximally elongating life: it is wrong to make any choice that leads to death, regardless of whether it is actively taking one's life or refusing treatment that could save/elongate one's life.

The argument that *passive euthanasia* is moral

While the arguments aiming to equate *passive euthanasia* with suicide are laudable for their intent to preserve life, they are misguided. *Passive euthanasia* is not immoral. The argument laid out in the prior section fails because (1) it cannot establish that there is a moral mandate to maximally elongate life. The maximal elongation of life is the hinge for the entire argument; without it, the argument falters. Further, it is not possible (2) to live life following such a principle to its logical conclusions. Finally, the argument fails to show (3) that *passive euthanasia* is equivalent to suicide since it ignores the difference in the intentionality between the acts.

First, the underlying premise behind the argument for *passive euthanasia* being equivalent to suicide is that there is a moral mandate to maintain life as long as possible. On this view, premature cessation of life (choosing or allowing death when staying alive is possible) violates the moral mandate. If such a mandate exists, we can agree that there is a moral requirement for everyone to use all available medical treatments to maintain life as long as possible. This mandate, however, does not exist.

While God clearly values life, you would search the Scriptures in vain for a command to maximally elongate life. Death is part of the world we live in. Birth launches us on a trajectory towards death. The choice to allow death instead of clinging to life tenaciously seems in some ways analogous to deciding to sleep because you are tired. Maintaining life indefinitely, or mandating the maximal extension of life, is unnatural and wrong.² People have to die at some point.

In addition to recognizing that there is no biblical mandate to maximally extend life, some reflection shows that it is impossible to live life following the general principle of maximally elongating life. Our normal habit of life only allows intentionally intervening with the possibility of death whenever it is *pragmatic*. For instance, it is certainly more likely that you will die prematurely if you drive a car than if you do not. Even with this heightened possibility of death, we choose to drive cars because it is pragmatic. If someone dies in a car accident, it would have been possible to prevent the death by

² Within the scope of biblical theology, we can rightly say that death is unnatural and wrong, the great enemy of humanity (1 Cor 15.26). However, within the normal circles of this world, death is the natural endpoint for all human lives until Christ returns and reigns in triumph. A key distinction is that God is the one who will defeat death. Trying to defeat death on our own is punching above our weight. It is one of the long list of ways that humanity attempts to usurp God's rights as God.

intervening and not allowing them to drive. This seems to be what a moral mandate to maximally elongate life would require. A consistent application of the logical outworking of this rule would require that we live in such a way as to always minimize the chance of death from our activities—which is not a possible way to live life.

Finally, it is important to stress that there is a difference in intentionality between suicide and *passive euthanasia*. Suicide is when an individual intentionally ends their own life. Dying in an accident or being murdered is not suicide. The key distinction is the individual intention. A death is only suicide if an individual intentionally kills themselves. For example, if an individual gets in a car and drives (which is the most dangerous thing most people ever do), goes a little too fast for conditions, loses control, and dies in a crash, this is not suicide. Even though their own actions of choosing to drive and driving in a certain matter directly led to their death, their intention was not to kill themselves.³ This is analogous to the difference between suicide and *passive euthanasia*. In *passive euthanasia*, the intent is not to die in a car accident but to drive the car normally, knowing the risk of death. Suicide, by contrast, is equivalent to intentionally driving a car into a light post. The intent of *passive euthanasia* is to live life until death, not to end life intentionally.⁴

These considerations demonstrate that *passive euthanasia* differs from suicide. There is no biblical mandate to hang on to life at all costs. *Passive euthanasia* is consistent with living normal life—we make many pragmatic decisions which place us at a greater risk of imminent death. More importantly, *passive euthanasia* has markedly different intentions than does suicide.⁵

Moral Distinction between *Passive* and *Active euthanasia*

The final concern to address here is the relationship between *passive euthanasia* and *active euthanasia*, or physician-assisted suicide. Some argue that the distinction in terminology is just a meaningless label change.⁶ If that is the case and there is no material distinction between *active* and *passive euthanasia*,

³ This same difference in intentionality stands behind the legal distinction in the US between murder (intentionally killing someone) and manslaughter (unintentionally killing someone).

⁴ One could counter this example by arguing that *passive euthanasia* is akin to choosing to drive a car with critical maintenance issues making it highly likely that it will fail catastrophically while driving, resulting death. We could then assert that this is immoral because driving the car with a high likelihood of crashing and dying is equivalent to driving with the intention of dying. I would counter by saying that, even in this new analogy, the choice to drive or not to drive is a pragmatic choice, not a moral choice. It is not (inherently) immoral to put oneself in dangerous situations in life; indeed, it is often laudable. Likewise, it is not inherently immoral to put oneself at a heightened risk of death by choosing the more dangerous situation of refusing medical treatment when sick with a life-threatening illness.

⁵ One might argue that the category of *passive euthanasia* is created by necessity in the modern medical era. Prior to intensive life support systems and other life-sustaining medical interventions, people in major medical need simply died. The possibility to elongate life through medical intervention makes “just dying” more difficult in many cases. *Passive euthanasia* is the choice to “just die” instead of utilizing every possible medical intervention.

⁶ James Rachels, “Active and *Passive euthanasia*,” in *The Moral Life: An Introductory Reader in Ethics and Literature*, 4th ed., Eds. Louis P. Pojman and Lewis Vaughn (New York: Oxford UP, 2011), 851-858. Rachels argues that

then all the arguments supporting the morality of *passive euthanasia* also support *active euthanasia*. *Active euthanasia* is a procedure carried out with the express purpose of bringing a planned and immediate cessation of life. Since *active euthanasia* is carried out with the intention of ending life, within a biblical worldview it is a moral equivalent of murder.⁷ Thus, it is important to maintain that *active* and *passive euthanasia* are not morally equivalent.⁸

In arguing that *active* and *passive euthanasia* are morally equal, one point rises to prominence: the outcome of each is functionally the same. On this view, it is argued that intentionally drowning a child and intentionally letting a child, whom you could save, drown, are functionally equivalent acts. While the first instance required active involvement in the drowning, the second was also active—you could have saved the child but actively chose not to. Thus, intentionally inflicting death or intentionally allowing death are morally equivalent. It would follow that if *passive euthanasia* is morally acceptable, *active euthanasia* is also.

Against this argument, I maintain that *active* and *passive euthanasia* are morally different. *Passive euthanasia* is morally acceptable; *active euthanasia* is immoral. Two reasons support this distinction: (1) the abnormality of medical treatment and (2) the difference in intentionality.

First, although through long habituation we are used to medical treatment, in a real sense it is abnormal. From the moment of conception human beings are in the process of dying. The biological processes of cellular reproduction begin accumulating the errors which, eventually, lead to our demise (if we don't die sooner of an unnatural death). There are times when the dying process is more visible, but everyone

there is no meaningful difference between passive and active euthanasia and that the traditional distinction maintained, specifically by the American Medical Association, is based on fallacious assumptions.

⁷ Speaking of the command to not murder (Exodus 20.13; Deuteronomy 5.17), Old Testament scholar John Walton writes:

“Many people have read the sixth saying and concluded that it prohibited all killing. Such an interpretation misunderstands the Hebrew vocabulary. The Hebrew word used here is *rāṣaḥ*, and it is properly translated as “murder.” It therefore does not pertain to any other sort of killing, such as capital punishment, war, suicide, or killing of animals for food. All those are fully acceptable in Israel, even at times required, and therefore do not stand as contradictory to this saying or to the preservation of order in the covenant community of Israel.” John H. Walton and J. Harvey Walton, *The Lost World of Torah: Law as Covenant and Wisdom in Ancient Context* (Downers Grove, IL: IVP Academic, 2019), 255.

Murder, in the biblical tradition, is essentially equivalent to how we understand murder today. The key move the physician-assisted suicide movement is attempting to make is to take the patient's expressed wish to be killed as morally normative. If someone wishes to die, then killing them is allowable, under certain conditions spelled out in the law. This position raises a great many moral and ethical difficulties of its own.

⁸*Active euthanasia* involves the willful decision on the part of the patient to die and it involves the willful action on the part of the administer of the *active euthanasia* to bring an end to the life of the patient. This intentional cessation of another individual's life is murder. I could see a further layer of complexity coming in the future if—and I deem it fairly likely—some sort of “assisted-suicide” industry arises with various robotic products designed to remove a human physician from the act of ending the life of the patient.

who is alive is in the process of dying. Medical interventions are an abnormal intervention in the dying process. That is, they are products of human thought and ingenuity, not part of the natural process of biology. Since medical interventions are an abnormal (although very helpful) intrusion into the dying process, they can be forgone or ceased if the patient desires to return to the normal human status of progressing towards death unimpeded. This natural progression towards death is distinct from the abnormal infliction of death via *active euthanasia*.

Second, there is a valid distinction in intentionality. The intention in *passive euthanasia* is to return the individual to the normal process of dying and facilitate as peaceful of a death as possible. The intention of *active euthanasia* is to proactively end the patient's life in as peaceful a manner as possible. These intentions are markedly different.

On the basis of these two distinctions—the abnormality of medical intervention and the difference in intentionality—I submit that it is both possible and necessary to maintain a moral distinction between *active* and *passive euthanasia*.

Conclusion

Modern technology brings with it many blessings, along with many curses. These technologies thrust many difficult moral questions upon us, with more to come in the future. The ability to treat many diseases and sustain life through medical interventions raises the question of when it is morally allowable to stop trying to sustain life and get on with dying in an unhindered manner. I have argued that Christians can morally choose to forgo potentially life-saving medical treatments, if desired, and that this action is not morally equivalent to suicide. All people, Christians included, are free to die of natural causes, whenever that happens to be, and are not morally bound to elongate their lives maximally.