

## Is Death Really All That Personal?

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When discussing MAiD, the legal-moral definition of morality is often left ambiguous. In this paper, I argue that personal autonomy is a useful concept in bioethics and MAiD by exploring the underlying tension between two accounts of autonomy: one rule-utilitarian, and one deontological. Despite some tensions between these two normative ethical theories, I argue that both deontology and rule-utilitarianism would find the current legislation in Canada regarding MAiD justifiable. After outlining these theories, I will consider arguments put forth on this topic by Beauchamp, Hooker, and Velleman. Finally, I will respond to a counterargument from the view that claims MAiD cannot be endorsed by rule-based ethical theories.

Before discussing the relevant tensions between rule-utilitarianism and deontology, it is important to define some key terms regarding MAiD. First, voluntary euthanasia pertains to the idea that one voluntarily seeks assistance in dying, whether self-inflicted or administered by a physician. Active euthanasia refers to the actions of actively administering medication (by oneself or a physician) to end one's life. Finally, passive euthanasia entails intentionally letting one die by means of withholding treatments. MAiD or, Medical Assistance in Dying, is the term that the Canadian legislature has given to the practice of legalized physician-sanctioned euthanasia.

Seeing as legislation is, in its essence, a series of rules put forth and enforced by the government and elected officials, it naturally follows that rule-oriented philosophical moral theories such as rule-utilitarianism and deontology would have a considerable opinion on this topic. Under rule-utilitarianism, it is believed that individual acts of murder, promise-breaking, etcetera, can be wrong even when they produce more good than harm in that instance, unlike act-utilitarianism. Additionally, this branch of utilitarianism tries to maximize individual utility through a set of generally internalized rules--that is, utility as accepted by the general majority. Deontology refers to ethics as it

pertains to rules, meaning the merit of something being good or bad must conform to a set of rules rather than based on the consequences of an action.

In the article *Against the Right to Die* by J. David Velleman, it is argued that the term autonomy is central to deontological beliefs and should be used in the scope of which it is defined by Kant (2020). Kant states that autonomy is to be bound by one's own will, and not of any other. Velleman argues that the question of assisted suicide should be balanced against the Kantian notion of dignity, stating that morality expects us to respect the dignity of each person (Velleman, 2020). Velleman believes, then, that there are cases where dignity can justify suicide – suicide as respect for one's person, one's self-regard (Velleman, 2020). Specifically, Velleman emphasizes the importance to remember that the true virtue of a person is their rational nature in connection with their autonomy, making it inappropriate to make or implement decisions for another person unless it is unavoidable.

A rule-utilitarian approach to the importance of autonomy and its associated rights is used to conclude that individual autonomy in MAiD could have enormous benefits for said person, according to Brad Hooker in his article *Rule-Utilitarianism and Euthanasia* (2014). This is supported by Hooker's definition of autonomy, which is defined in simpler terms than the Kantian version. Hooker defines autonomy in vague terms, yet commonly accepted by society: to have control over one's own life (Hooker, 2014). Namely, he argues that the practice of voluntary euthanasia exists to increase personal autonomy. Furthermore, the rule-utilitarian view does not rely solely on the concept of increased pleasure or well-being, as in traditional utilitarianism, where the pleasure or pain stemming from a certain decision renders it right or wrong (Hooker, 2014). Instead, autonomy can take precedence over the aforementioned concepts of pleasure, and actions can be based around the maximizing of personal autonomy as maximizing utility.

Velleman and Hooker both agree that autonomy is a focal point of the discussion on MAiD. Thus, I draw on the distinction that free will and one's right to make their own decisions regarding the quality and continuation of their life do justify a right to MAiD.

It is often agreed that one should have control over themselves and their own decisions, meaning that reasonable active or passive requests for MAiD or denials of treatment are taken seriously and protected by law. The term 'reasonable' is relevant in this application because in law it is necessary to establish the reasonable limits to which law is applied. Similarly, in ethics, many issues either fall or rise on the idea that it is reasonable within a specific moral context. In both cases, personal autonomy does justify a right to MAiD insofar as the restrictions and benefits that are laid out are within the legislation, as summarized below.

My main disagreement with the articles cited above is that both assume that when the person of authority (either the patient or an authorized individual) chooses euthanasia for the patient, it occurs almost instantaneously. This thereby allows opportunities for guilt or doubt to arise from what could be argued is an act of impulse, which would cause harm after the fact. Within the Canadian legislation, however, there are necessary mental and physical examinations that are mandatory before the patient is permitted to access MAiD. The individual is also required to write a letter with at least two witness signatures, and wait for at least ten days to reflect upon, and solidify or change their decision. Moreover, if any form of indication of refusal is shown at any time leading up to the MAiD procedure's execution, it will not proceed. This enforces both of the moral normative views of autonomy, as it allows full control over the situation, even in circumstances where the patient decides to stop the procedure. As proof of the desired autonomy that we crave as individuals, it was reported in Canada that reasons for exercising the right to request MAiD included "inadequate control of pain," which was cited in 53.9 percent of cases, followed by "loss of dignity" in 53.3 percent of cases (Canada, 2020). With autonomy and dignity being deciding factors in the majority of Canadian's minds for this course of action, the results prove that the justification for assisted suicide is in general internalization, as well as in individual cases. For these reasons, personal autonomy is indeed respected morally and legally through the MAiD

legislation, negating the arguments that one would have guilt or doubts about their decision to continue with the official procedure.

The common denominator between Hooker and Velleman is that, although the request or refusal for MAiD is morally acceptable, none of them are able to condone it as a policy. Philosopher Beauchamp also speaks about the issues of autonomy and morality around physician-assisted deaths, where it can be morally permissible but not endorsable as a matter of law. I find this quite striking, as Beauchamp himself admits that if one does not help an individual in their right to euthanasia, it may “cause them harm, indignity, or despair” (Beauchamp, 2020). Beauchamp goes on to say that the key argument surrounds justifiable actions, where killing is wrong when it causes unjustifiable harm to an individual. Beauchamp thus agrees with Hooker and Velleman that the benefit of physician-assisted death is on a situational basis.

The consensus between Beauchamp, Hooker, and Velleman is that some circumstances may allow for physician-assisted deaths, however, legitimizing it as a legal right might result in an abuse of legislation, leading to negative long-term effects in society, even if it can be found morally permissible in some cases. However, the point of euthanasia as defined by the Canadian legal system is to aid in circumstances of irreversible and gruesome pain. This addresses the issue posed by these philosophers, as it fulfills autonomous and rational patient decisions, and signifies the end of the pain that families and suffering patients are faced with. Therefore, the use of client background information, such as their mental and physical abilities, together with consideration of the patients’ autonomy all support the fact that the Canadian legal system’s legislation on MAiD is morally permissible. There exist many safeguards in the entire process of MAiD to prevent this exact worry that is extended by all three philosophers.

One main counterargument used by all three philosophers when contesting the point of legalization; the MAiD procedure might fall victim to the ‘slippery slope fallacy.’ This is to say that MAiD sets a dangerous precedent going forward for individuals who may become victims of unjustified harm due to the increased use of euthanasia, which

may increase the possibility of abuse of the procedure by external individuals who wish to end the life of someone in the position of being able to accept MAiD. I disagree that MAiD falls victims to this fallacy, as the legislation that has been put in place does not leave enough 'wiggle room' for abuse, which is to unjustifiably end another's life prematurely. For argument's sake, if there ever are deaths where an individual has fallen victim to this abuse, there is an available legal action that the individual's family could take if the death was found to go against the individual's wishes. Although it might sound morally troubling, the rare instance where such a rare circumstance might come into play (and there is no guarantee that it will at all) does not outweigh the benefits that MAiD provides to those suffering in exercising their autonomy.

As a final note, this argument of legislative abuse does not take into consideration that someone having malicious intent and motivation to end a life can find many other ways to go about doing it, likely with fewer ramifications. I say this because, when one has taken on the decision of ending another's life on their behalf, there is a process in which a patient or an authorized person's identification needs to be confirmed and written consent is given. All of these occur in the very public setting of a hospital. While there might be a common perception that it seems like this would be an easy death to 'pull off,' I disagree--no intentional death is an easy one to 'pull off' unless there was previous malicious intent present in the person. Perhaps it is possible in a rare circumstance, such as a long-term comatose patient with an heir that has become greedy and is tempted to end this person's life to acquire their estate. Nevertheless, if someone would be okay with intentionally ending another's life prematurely and causing them harm, it is not the presence of MAiD that is at fault, but the person. To assume that MAiD is at fault is the same as to assume that a vehicle is at fault for a collision, rather than the irresponsible driver.

In conclusion, the Canadian legalization of MAiD is not only morally permissible but serves as an aid to the patient, allowing them to have a final opportunity to utilize their personal autonomy and maintain their dignity. The moral and legal frameworks

support each other well and offer solace to individuals with irremediable and grievous conditions. With many of these individuals confined to hospital beds, the knowledge that their suffering will cease when MAiD is performed brings comfort to themselves and their families in their final moments.

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