# EUTHANASIA

D. Morgan Pierce

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I. VOLUNTARY EUTHANASIA

A. DEATH AND PAIN

1. Assume that a person is in extreme pain, he will soon die, and in the interim his pain will intensify. His death cannot be prevented, but his pain could be abbreviated by letting him die quickly. He has a right to life, but he also has a right to be preserved from unnecessary pain. The person’s life ought to be prolonged as far as possible because of the right to life, but the person ought to die as quickly as possible as part of his right to escape pain. It is crucial to question whether the person’s life ought to be prolonged as much as possible, despite increasing pain, because of a priority of the right to life over a right to be spared from pain. The subject does not originate his right to life by the authority of the event that he chose to have a right to life; his having that right exists independently of his acts of will. But if in a rational state of mind the subject requests to die quickly in order to escape pain, if he has a right to escape pain at that instant, he has originated that right by his act of will. The right to escape pain is an optional right; although a person has a right to be spared from pain, he does not have a duty to avoid pain; people often do voluntarily endure pain for some ulterior purpose. A person may at will rescind his right to be spared from pain, but euthanasia mounts the question whether a person sometimes has a duty to tolerate pain, or whether the right to escape pain is unconditional. If the person ought to be refused a means to die quickly, it is on the ground that he cannot rescind his own right to life because his right to life is not originally grounded in his act of will. Voluntary euthanasia is a case in which the individual’s basic right and the individual’s will come in con-
If imminent death is unpreventable, the subject may prefer to die quickly to foreshorten pain; tolerating pain has no ulterior value in view of the fact that he will not survive as a consequence of tolerating prolonged agony. A further feature of this situation is, however, that the subject is in a state of dependence; although he has the power to will to die quickly, he does not have the power to execute his will, whereas it is in the power of the clinic to keep him alive indefinitely. The clinic is able to defer to the subject’s will, or to prolong life in defiance of the subject’s will. Particularly because the subject is not able to execute what he wills, the clinic may be morally bound to defer to his will. If the clinic alters treatment so that the subject may die quickly, however, the circumstance that the clinic knowingly allows a death to take place that could have been prevented involves the clinic in the moral responsibility for the subject’s death. Since deference to the subject involves letting a preventable death occur, the clinic may be morally obligated by its bare knowledge of the conditions to do everything to keep the subject in agonizing pain as long as possible, in that its primary duty to save human life may have priority over deference to the will of the person whose life it is saving.

Under the premises that dying is the only way to escape pain, and the life in question is, as it were, in the subject’s ownership, it would appear that the subject should be entitled to rescind his own right to life because of his right to escape pain. On the other hand, since a person does not have a right to life because he has petitioned to have a right to life, his right to life may prevail over variations in his subjective attitude towards his life; insofar as the right to life is not grounded in the subject’s will, the clinic may be obligated to preserve the subject’s life against his will. It is dubious whether the clinic has a good reason to let a subject in terminal pain die
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under the condition that the subject authorizes letting himself die quickly. Although the clinic does not have a direct duty to prolong the pain of the subject as long as possible, it may have an indirect duty to prolong pain as long as possible if that is an ineluctable side-effect of keeping the person alive as long as possible.

B. PASSIVE EUTHANASIA

¶1. The primary question is whether the subject is entitled to renounce his right to life. A right to life is valuable partially because an individual has control over how he lives his life. Since throughout his life he has a right to make fundamental choices over how the future of his life will develop, it seems that the right to freedom should be even more essential to the right to life at the most crucial instance. If the value of the right to life is deeply dependent on the ability to control one’s life, and control is denied at the moment when the individual does not have the capacity to execute control, the right to life should not be binding on the subject when the essential condition which makes that right valuable to him is denied.

¶2. Secondary questions concern whether, supposing the subject renounces his right, he can authorize the clinic to let him die quickly in such a way that the clinic does not bear moral guilt for allowing a death that it could have prevented. A further question concerns whether or not differentiation in the way that the clinic participates in a voluntary euthanasia affects the legitimacy of euthanasia. If discontinuing treatment is the means of not prolonging the subject’s life, initially it appears that the clinic does not contract moral responsibility for the death it could have prevented, because the subject dies as a result of the clinic’s doing nothing. The subject dies a natural death caused by his illness rather than an artifi-
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cial death caused by clinical intervention. The distinction between natural and artificial death presupposes for its validity that dying a natural death is morally sanctioned but that an artificial death is morally unacceptable. Thus, if a subject dies from a lethal injection, the fact that the agent knowingly causes death with the injection is morally more significant than the circumstance that he defers to the subject’s will. If the agent knowingly lets the subject die by refraining from treatment that he knows would prevent death, the death is supposedly natural, despite the agent’s knowledge, because it does not ensue from his act, but from the natural progress of the affliction which causes the subject’s death. The clinic may apparently help the subject to die quickly, but escape moral responsibility for death, for as long as the subject would have died if the clinic had not existed at all. The clinic is thus morally inculpable on the ground that the patient dies from natural cause rather than from treatment on the reasoning that nothing has occurred differently from what would have occurred if there were no clinic; the clinic is not morally responsible just because it could have brought about a different result. The conventional distinction between active and passive euthanasia subscribes to the premise that whatever is natural is morally good, whereas whatever is artificial is subject to being morally bad on the ground that the artificial is within the domain of free will.

§3. The critical point in this case is that what happens naturally, unlike other natural events, is subject to free will. A subject dies a natural death by virtue of withholding treatment, but the death is therefore not natural in the orthodox sense of the postulate, that there is no moral responsibility for things which cannot be made to happen otherwise. The discrimination which operates far more crucially is whether or not there exists an effective knowing relation to the event. Regardless of the distinction between
whether an event is natural or not, moral responsibility emerges whenever there exists a knowing relation that affects an outcome, whether by action or inaction. The natural may be thought to be morally relevant in two senses. If something is natural in the sense that it is beyond human control, then whatever happens naturally must be morally condoned, even if the natural event is human behavior, in that a person cannot be morally criticized for events which are beyond his power to make happen otherwise. The other sense of the moral relevance of natural is moral criterion; it is possible to understand whether something is morally good or not by discerning whether it is natural or not. It is this aspect of the natural which comes into severe doubt. If an agent has a knowing relation to an event, and the event happens because the agent, on the basis of his knowing relation, refrains from intervention, the event may be thought to be morally good because it is a natural outcome. It is however highly questionable that the agent is not morally responsible on the ground that what happened is what would have happened if he himself had not existed, if there had existed no knowing relation to the event. It is dubious that the event is morally good because it is a natural event, because the knowing relation formed a capacity to make the event turn out otherwise. It does not seem to suffice to conclude that there could be no morally better outcome, because the given outcome is natural, and therefore no moral responsibility to reason whether a non-natural outcome might be morally better. What is common to whether the subject dies from a lethal injection or dies in consequence of withholding treatment is that the agent has a knowing relation to euthanasia. Prior to having a knowing relation there cannot be such a thing as euthanasia but once there emerges a knowing relation, assuming that nature is not the final criterion for the morally good, the agent ineluctably has the same moral responsibility for euthanasia, regardless of
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whether he uses the knowing relation to withdraw or intervene.

C. ACTIVE EUTHANASIA

1. Unless one adopts the naturalistic moral criterion that whatever is natural is good, the agent who has an effective knowing relation cannot morally justify inaction on the ground that what happens without his intervention is natural. If the naturalistic criterion is abandoned, the moral distinction between letting a subject die from a natural cause which the agent could have acted against and euthanizing him is illogical. Assume that a murderer drowns a victim in bath-water and a doctor omits to give a patient a pill. One death is active in the sense that it results from a person's act and the other death is passive in that it results from a person's omission to act. The two events seem very different because ordinary people do not have a privileged knowing relation; they share the knowing standpoint with the murderer but not that of the doctor. There is a specialist's knowledge that, without the pill, the subject's lungs will fill up with water and the subject will in effect die from drowning; the doctor then has the same knowing relation as the murderer, but the subject's death appears passive, a natural event with no moral implication on the doctor, because the doctor induces the lungs to fill up with water by withholding a pill rather than submerging the subject's head; the distinction between active and passive is an illusion due to the relativity of points of view. What is morally critical is not the physical act of the submerging of the head under water, but the knowledge of the causal sequence; without that knowing standpoint the death could be neither murder nor euthanasia, but once the necessary condition of the knowing standpoint sets in, the distinction between active and passive death as such does not make a
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moral difference. The doctor’s inaction is not morally justified by ignorance of the probable outcome, and the moral liability of his knowing relation to the death is not superseded by the fact that the death is a natural outcome. If, hypothetically, it is absolutely wrong for a doctor to induce death by treatment, it is equally wrong to induce death by withholding treatment. Indifferently to whether euthanasia is active or passive, the crucial ground of justification must consist in a more fundamental question, whether it is unconditionally morally best to keep a human being alive as long as possible.

¶2. The main argument against the thesis that a human being ought to be kept alive as long as possible is that it is good to die early to be released from pain. If it is good to die because freedom from pain is more valuable than life, active euthanasia is usually morally preferable to passive euthanasia. It is inconsistent to hold that withholding treatment is the only morally justifiable form of euthanasia and to hold that escape from pain is the only moral justification for euthanasia. Since dying is left up to the natural progress of the affliction, passive euthanasia is a highly inefficient means to escape pain. If euthanasia itself is justified on prior grounds independently of the grounds for the distinction of active and passive euthanasia, any ground that justifies the preference for passive euthanasia which contradicts the prior ground that justifies euthanasia would be invalid. If the essential justification for euthanasia is escape from pain, any type of euthanasia which hinders escape from pain would fail its justifying ground. The only aspect of withholding treatment that relieves pain is death, but death may not result from withholding treatment. If death were to result immediately, there would be no substantive moral difference between active and passive euthanasia, and it would be trivially correct to prefer passive euthanasia. But in so far as a delay in death does make the distinc-
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tion between active and passive euthanasia morally significant, the delay takes away the justification for passive euthanasia. The subject may be suspended in a condition of agony for a prolonged period because it is unpredictable how long natural progress to death by withdrawal of treatment will take. Furthermore, the immediate effect of arresting treatment is, against intention, to intensify pain, since the treatment which keeps the person alive may be essentially bound to the only means for suppressing pain. If on the other hand the subject is narcotized or otherwise supported while fostering a natural death, then the treatment is either not euthanasia, insofar as the treatment prolongs life, or if treatment effectively abbreviates life, it is an instance in which the distinction between active and passive euthanasia is morally trivial, since active euthanasia would conceivably include a penultimate phase in which pain is suppressed and life is prolonged. If the object of euthanasia is to release the subject from pain, the moral justification of death is usually better accomplished by actively causing death than by withholding treatment. If the clinic is equally morally liable for inducing death or letting the subject die, the only moral exoneration for euthanasia must consist in fidelity to the objective of euthanasia, so that in many cases the clinic could have moral justification only by means of active euthanasia.

D. THE CATEGORICAL IMPERATIVE AGAINST KILLING

§1. At the root of the supposed moral distinction between active and passive euthanasia is the principle that all killing is murder. The categorical condemnation of killing in effect reduces individual freedom; the individual is not only wrong to kill, but wrong even to presume to make personal judgements about whether it would be right to kill someone. The evil of
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death is supposed to far outweigh the evil in the partial sacrifice of personal freedom. If any motivation or reason an individual has for killing does not exempt him from this absolute limitation on his personal freedom, opportunities to prevaricate over justifications to kill do not promote the tendency to kill because the wrongness of killing is insusceptible to qualifications from the agent's subjective judgement. The distinction between active and passive euthanasia protects the integrity of the principle that all killing is wrong. If it could be consistently maintained that passive euthanasia is not killing because a death of passive euthanasia results from natural causes, passive euthanasia would provide a way to use death as an escape from pain without therewith challenging the principle that all killing is murder. If, as argued above, there is no substantial moral difference between active and passive euthanasia, the affirmation that euthanasia is sometimes good vitiates the principle that killing is wrong. If certain conditions make euthanasia morally good, then there are conditions when killing is morally good. If a judgement of a specific instance can justify killing in the case of euthanasia, it establishes a precedent for conditions under which personal judgement would justify killing in other specific instances. Since euthanasia would establish the precedent that a specific instance of killing may involve circumstances not adequately provided for by the categorical condemnation of killing, the allowance for euthanasia may imply that circumstances are possible in which subjective judgement has priority over the categorical condemnation in determining that it is morally good to kill. Since it is logically impossible for a law or maxim to appreciate the circumstances of a specific instance, the admission that there possibly could be circumstances when the result of the imperative would not be best, it opens up a dangerous expansion of personal freedom.

¶2. Once the pretended distinction between active and passive is discount-
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ed, euthanasia compels consideration of why killing a human being is morally bad. If killing is always wrong and there is no substantial difference between active and passive euthanasia, euthanasia is always murder; but such a conclusion collides violently with the intuition that in certain circumstances it would be monstrous to prolong a state of agony for as long as possible. The distinction between euthanasia and murder appears valid because most cases of killing are malevolent, whereas a death in the right intentions of euthanasia is motivated from benevolence; a murder presumes that death is an evil for the subject, but euthanasia presumes that death is a benefit for the subject. While this sort of distinction accounts for the moral difference that is felt between murder and euthanasia, it is highly unattractive as a part of the justification for euthanasia because it jeopardizes the principle that killing should not be a prerogative of personal judgement. If euthanasia is morally acceptable partially because the agent performs it with a benevolent intention, then in a domain other than euthanasia a person who kills with a benevolent intention towards the subject would thereby have a presumptive justification. Since the benevolent intention can involve a misjudgment of what is truly benevolent, since furthermore a murderer can dissemble a benevolent intention for his act, and finally since it is notoriously difficult to verify assertions of intention, the distinction between benevolence and malevolence in final analysis undermines a moral justification of euthanasia.

§3. The justification for euthanasia must abstract from distinctions in the intention of killing and confine itself to reasons which make it objectively good for the subject to be dead. Such an analysis necessarily involves explicating the reasons for why killing is murder. However, explicitly isolating the reasons which are valid for the distinction between euthanasia and murder may cut across the conventional distinctions between killing and
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letting die and between murder and euthanasia, such that if certain types of euthanasia are morally good, certain types of killing which are conventionally condemned as murder may be comprised in the same moral justification. If the reasons which cogently make killing wrong are silent on the conditions of some forms of killing and letting die, the justification of euthanasia may entail recognition that some forms of non-euthanasic killing are justified.

II. THE WILL OF THE SUBJECT IN EUTHANASIA

A. REFUSAL OF TREATMENT

¶1. The moral problematic of euthanasia concerns a conflict between the value of personal will and categorical moral values of death which override subjective judgement. In the paradigm case of euthanasia a person who is terminally ill but whose pain is interminable requests, reasonably, to die prematurely. The primary justification of entitlement to euthanasia may be thought to be the intolerable and interminable pain, or it may be the subject’s will in itself. It may appear that the will is decisive only because of the presumption that objective grounds converge with the will of the subject, so that in reality it is the objective ground which is decisive. This has intuitive support from the fact that a person is denied euthanasia whose reasons are deluded. On the other hand it appears intuitively evident that the will of the subject, not the objective grounds, is preeminent, in that euthanasia is never enacted against the subject’s will when the objective grounds support euthanasia.

¶2. Initially, the will of the subject seems to be a necessary component in the concept of euthanasia, because euthanasia is conceptually distinct from
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murder by virtue of the feature that euthanasia, but not murder, respects the right of the subject to have willful domain over whatever is wholly his own. However, the instability of subjectivity suggests that there are compelling conditions that discount the will of the subject from the reasons that could validly justify euthanasia. Although the will of the subject may be a necessary condition for the legitimacy of euthanasia, it may not be a sufficient ground because of conditions which limit when the will of the subject is a rational ground. A request to die quickly may not count as euthanasia simply under the condition that the subject would die if he goes without treatment. Euthanasia may be defined to entail not only the will of the subject and premature death, but also the condition that death is inevitable and imminent. There are however contrary considerations which strongly argue that the will of the subject is a sufficient entitlement to euthanasia in spite of objective grounds against it. The subject may express a will to euthanasia if he does not want to live in the condition in which he would survive vitally necessary treatment. He may for instance express an undivided will for euthanasia in the situation that he is not about to die and is not in acute pain, but may have to tolerate dizziness or nausea for the rest of his life. He may request euthanasia not because he would suffer pain for the rest of his life, but may have to suffer a non-painful debilitation such as immobility, dementia, or blindness. Even in the case that death is valued as the only escape from pain, euthanasia may be wrong if it is in some way valuable for a person, against his will, to die a slow, painful death rather than a quick painless death, or to live a debilitated, humiliating life against his will.

¶3. The distinction of active and passive euthanasia partially obscures the determination of whether a willed premature death of which inevitability and imminence are not part of its conditions can be termed euthanasia. If
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in the paradigm case of ineluctable death the will of the subject is a moral factor, it may be inferred that it is also a moral factor in circumstances in which the subject has an undivided will to euthanasia, but an attenuated capacity to express his will. Under present conventions a subject who faces an undesirable life is prohibited from active euthanasia, but has an indirect entitlement to passive euthanasia in that he has a right, no matter how trivial his reasons, to refuse medical treatment necessary to save his life. If a subject who abhors impending dementia or some other disability can refuse vitally necessary medical treatment in order to induce premature death, it is thinkable that the subject’s will should have a moral force which is correlative with the conventional right to refuse medical treatment, in the circumstance that the subject cannot refuse treatment because he has become unable to express his will. If for instance a person has advanced so far into senile dementia that he cannot mentally entertain his previous resolve to die before total dementia, or if a subject becomes severely retarded as the result of an accident, it is thinkable that a proxy should be licensed to express the subject’s will, within the proviso that the proxy represents what he imagines the subject would will.

¶4. The proviso that a proxy is legitimate only if he represents what the subject would think, if the subject were able to think, has its moral force by sustaining the motivational difference of egocentric malevolence and compassion in the distinction between murder and euthanasia. The proviso that the proxy represents the will of the subject as he imagines it should limit euthanasia to benevolence, precluding euthanasia when it is unimaginable what the subject would wish. Thus a living will in effect constitutes a stringent condition that guarantees the accuracy in imagining what the subject would want. The proxy is presumed to be acting in the interest of the subject if he advocates the will of the subject as it was most recently
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expressed. However, the will of the subject could be construed to mean what the subject actually wishes in his best interest, or what he ought to have wished in his best interest, if he had been ideally rational. Thus, the fidelity of the proxy to the wishes of the subject is still an insufficient criterion, because it is ambiguous whether the proxy should represent what the subject actually wished or should represent what is the subject's real interest, regardless of whether the subject accurately captured this interest in his expressed wish.

§5. Assuming that being dead is better than being alive is the principle for euthanasia, the most plausible criterion for euthanasia is the prospect that the subject could forego premature death only by continuing in a state of interminable suffering. Setting aside the question of certainty, the validity of this criterion also depends on whether suffering necessarily involves pain, or whether loss of dignity, without pain, should be construed to be a state of suffering. The concept of euthanasia is distinct from murder only if death is intended in the best interests of the subject. If the subject is in a coma or some other painless state, the proxy cannot legitimately represent the subject's desire for euthanasia on the basis of the subject's putative desire to escape pain. If the subject's will is a moral factor in suicide only when the objective ground of the will is to escape from pain, the proxy's representation is invalid even when it correctly expresses the subject's will. If suffering is defined to involve pain, putting a comatose person to death could not be euthanasia; if however suffering does not necessarily involve pain, there may be a broader criterion for when the proxy legitimately represents the will of the subject.
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B. PASSIVE DEATH

¶1. Because compassion may signify rigid fidelity to the wishes of the subject, or adherence primarily to what is in his best interests, regardless of how the subject happens to conceive of them, it is ambiguous how compassion distinguishes euthanasia from murder. It is plausible that a proxy may act against the subject’s will out of compassion. *Dignity of life* is an extremely treacherous instance of this ambiguity. The most plausible initial strategy is to find a point where these two values converge, by formulating criteria of rationality to test when a subject’s wish represents a correct conception of his best interests. If a legitimate proxy relation entails fidelity to the subject’s will, it is conceivable that euthanasia which does not prevent pain is justifiable on the ground of dignity of life; if *dignity of life* is ruled out because the concept is too vague, any assisted death which did not prevent physical pain would not be euthanasia because it would not be in the best interests of the subject, regardless of the will of the subject.

¶2. The conventional prerogatives of terminally ill subjects presuppose that it is not the objective ground of the subject’s will, but the will itself which sets a moral entitlement to passive euthanasia. At first it appears that this is not so, because a person who is not going to imminently and inevitably die is not eligible for euthanasia. The primary instance of euthanasia comprises the condition that the patient is inevitably going to die soon regardless of treatment; passive euthanasia in this instance is understood to involve deprivation of some form of care without which the patient will die almost immediately. However, the relation of indirect volition to euthanasia suggests that, in reality, the imminence of death is not a necessary condition for entitlement to passive euthanasia. Most people who
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use refusal of treatment to bring about their deaths would not inevitably
die regardless of whether or not they received treatment; passive euthana-
sia and passive suicide are apparently names for almost the same thing in
different contexts, except that refusal of treatment is a kind of euthanasia
because it necessarily involves a cooperative and knowing relation of anoth-
er person to the subject's refusal of treatment.

3. The ineluctable imminence of death is not the only possible operative
element in the justification of passive euthanasia. If a subject would be able
to live a long time without pain after treatment, he may nevertheless claim
a right to "death with dignity" if he thinks that the quality of life after

treatment would destroy his dignity. The criterion underlying the refusal of
treatment is not the imminence of death, but an indirect volition to die. The
formulation of indirect volition conveys that the subject does not principally
desire to die when abstracting from specific circumstances, but does desire
death under the conditions entailed in continuing to live. A subject thus
normally has a right to premature death; a person is not coerced to receive
treatment absolutely necessary to protract his life. A person has a right, for
example, to expose himself to an impending heart-attack from which he
will die. In this instance the subject's bare will does not entitle him to
active euthanasia, but does establish a right to an "indirect euthanasia" in
correspondence to indirect volition; a subject's right to refuse medical treat-
ment necessary for survival is not contingent on his explanation for his
refusal. The dominance of the subject's will in such a case implies that the
moral force of his will does not depend on its objective ground. Let us sup-
pose that a certain person thinks that being bald for the rest of his life
would be too undignified. If he refuses life-saving treatment because it
would make him go bald, it is the subject's bare will rather than the rea-
sons informing the subject's will which obligates the clinic to refrain from
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treatment. The subject’s refusal of treatment is inviolably determined by
his own perception of his interests; his right to refuse treatment is not con-
tingent on whether his perceived interests coincide with his real interests.
§4. If the subject’s will suffices for indirect euthanasia, it should also suf-
fice for something analogous in the case of impending dementia. Since a
subject in a normal case of terminal illness has the right to die prematurely
by refusing treatment, a person submerging into dementia would have the
same right to induce premature death by refusing treatment, if at that
stage he had the capacity to refuse treatment. But since in advanced
dementia the subject becomes incapable of expressing or having a will, he
receives treatment as if he desired to stay alive, rather than as if he had
that same will as he did at the last stage at which he still had the capacity
to refuse treatment. If a person normally has a right to die prematurely by
refusing treatment, it is plausible that he should have the same right to
indirect euthanasia in the case that part of the disease is the incapacity to
consciously sustain a former resolution. If the subject is entitled to refuse
treatment even when his reasons are stupid, a person sinking into com-
plete dementia, who thus has a very cogent reason for premature death,
should be entitled to effect his will even though part of the disease is the
incapacity to have a will. The circumstance that the subject becomes inca-
pable of recognizing that his will is betrayed is not a morally significant
excuse for contravening his request, supposing that at the penultimate
threshold of dementia the subject requests euthanasia.

C. DEATH WITH DIGNITY

§1. Indirect euthanasia in effect obliterates the moral distinction between
active and passive euthanasia. It is normally a variety of passive euthana-
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sia, since it involves a right to refuse treatment or indulge in habits that are known to be mortally dangerous. But if a person sinking into dementia requires an analogous freedom to let himself go, it must take on the form of active euthanasia, since the subject is no longer mentally present to refuse treatment. A rational subject who faces a prolonged state of pain or helplessness may refuse treatment on the ground that he wants a death with dignity, but even so much is overstated. He has a right to refuse treatment without any ground; a person is never forced to prolong his life with medical treatment. Since a dignified death may motivate the subject to refuse treatment, but does not entitle him to active euthanasia, the comatose or demented subject apparently receives equal treatment if he (1) can refuse medical treatment, but (2) cannot receive active euthanasia. Rights in the two cases seem to be equal because they are identical, but are very unequal because of the different conditions in which the demented and the terminally ill subjects could utilize their rights. The demented person cannot enact the first conjunct, since he does not have the rational faculties to refuse treatment. His only use of the first conjunct is through the negation of the second conjunct; to "refuse treatment" he must be entitled to receive active euthanasia within the time that he has the rational capacity to judge over euthanasia. At the critical moment when he would judge that it is rationally appropriate, he does not have the capacity to exercise the right which he nominally has, to passively die by refusing treatment. Assuming that the moral distinction between active and passive euthanasia is dubious and that the right to refuse medical treatment is virtually equivalent to passive euthanasia, the subject should have a right to a deferred active euthanasia when conditions incapacitate the right to refuse treatment. Insofar as the subject does not have the capacity to refuse treatment at the moment when his physical condition would make passive euthanasia possi-
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ble, the subject should have the most closely equivalent right to active euthanasia in the time that he is still capable of volition.

¶2. The approximation of the conventional right to refuse treatment with a hypothetical right to passive euthanasia enables the transition to a right to active euthanasia, but the chain of implication may just as easily forestall the right to active euthanasia by challenging the convention that an individual is entitled to refuse medical treatment. The right to choose a premature death by refusing treatment carries the assumption that the right to life does not comprise a duty to keep oneself alive. Either a right to refuse life-saving treatment calls for parallelism in situations concerning active or passive euthanasia, or reasoning about the right to life should be revised to entail that all medical treatment which could prolong an individual’s life should be compulsory. The denial of active euthanasia to a person edging into dementia is inconsistent with the conventional right to refuse treatment. Even though he is nominally entitled to prefer a premature death by refusing medical treatment, his right is effectively violated by negligence of the conditions that incapacitate his opportunity to effect the right. If a person ought to have a right against being forced to live longer, a person should have a right to active euthanasia whenever the right to refuse medical treatment does not satisfy the right against having one’s life coercively prolonged.

¶3. Consistency could be alternatively restored by holding that the conventionally accepted right to choose premature death by refusing treatment is immoral, that in fact a person who refuses life-saving treatment should be coerced. As an initial analogy, a person is not entitled to rescind his right to freedom in a situation in which it would be advantageous for him to sell himself into slavery and his being a slave would harm no other person. The analogy suggests that a subject’s preference cannot override his
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own right to life; accordingly a person should not have a right to induce premature death by refusing treatment. If a component of the right to life is a duty to keep oneself alive, life-saving treatment should be forced upon any subject who does not want to have his life saved. This supposition, that a person does not have a right to euthanasia, because he has a right to life, presupposes that the right to do $x$ entails a duty to do $x$, so that a person who has the right to do $x$ and can do $x$ is always morally wrong not to do $x$. Such an interpretation of euthanasia would necessitate an independent justification for this interpretation of a basic right.

§4. The fact that a person does often mistakenly desire what is harmful to himself makes it appear reasonable that a basic right to do $x$ should entail that the subject be not free not to do $x$, especially since a basic right presumably protects the things of the greatest intrinsic value. Thus the life of a person who does not perceive value in his life may still have intrinsic value. It would accordingly be immoral to let a person enact a deluded and self-destructive desire when he fails to recognize the irreversible harm the desire would bring about. Even under the condition that his act does not harm others, the supposition that a person should have a right to sell himself into slavery or refuse to live is intuitively repulsive. If a person can rescind his basic rights, he would have a right to slavery or premature death even when he uses bad judgement. A subject who is wrong in judging that his life is no longer worth living would nevertheless be entitled to euthanasia. The construction that a type of right to do $x$ entails that the right holder must do $x$ seems to be correct if it is the only possible account of basic right that accounts for how a basic right can protect a subject from himself.

§5. The conception of whether a basic right should be conceived as a mandatory right, a right which is binding on the subject himself, therefore
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hinges on whether this is the only interpretation of basic right that would account for protecting a subject from deluded desires. The premise underlying the subject’s presumed right to premature death or euthanasia is that a person has a basic right not to be forced to live. Semantic consistency seems to require that having a right to do $x$ cannot entail that the subject is forbidden not to do $x$; a person who has a right to do $x$ has, for that reason, a right not to do $x$. A person’s right to life would not imply that the subject has no right to induce premature death by refusing treatment. To obtain the conclusion that a person cannot have a right to euthanasia because of his right to life, it would be necessary to conceive “right” to life not as a right, but as a moral imperative. The only conception of right that is cogent, especially in this context, is that a right is fundamentally a protection of the subject from other people. It would for instance be incongruous to interpret the right to life to enjoin on the subject a duty to keep himself alive on the ground that the right to life, being a basic right, is unconditional. Since the desire to live is overwhelmingly more motivating than a duty to stay alive, once the enormous power of desire fails as a motivation, it is fatuous to suppose that a sense of duty to stay alive could have any rational grounding. Instead of assuming that a right to life obligates the subject to keep himself alive because the right is unconditional, it would be apposite to suppose, hypothetically, that a subject has a right to premature death or euthanasia, and then examine whether it is coherent to deny that he has such a right on the ground that the right to life is unconditional.

6. It is easy to conceive that a person does not have a right to do what he wills when doing $x$ would infringe on rights of others; it is however very difficult to conceive how a person cannot have a right to do whatever $x$ he wills when doing $x$ does not infringe what others have rights to. If a basic right is unconditional in the sense that it is a right against others, whatev-
er right or interest another person may have cannot be a sufficient justifica-
tion to infringe on the subject’s freedom to do x. If the sense of an un condi-
tional right is that the subject is free to do x utterly regardless of the dis-
position of others, a right to x could not be a duty to do x; the subject would
have a second-order right not to do x whenever he would prefer not to do x.
A right to life could be invoked in all circumstances against the invasions of
others, but insofar as it would be absurd to protect the subject’s desire from
the subject’s desire, the right to life, though unconditional, would remain
an arbitrary right whenever it concerns the subject’s preference to die.

7. If a right is fundamentally a protection of the subject, the object of the
right should coincide with the object of volition; the object of a right cannot
be coherently interpreted to frustrate the subject’s object of desire unless a
subject’s right can be interpreted to be for the sake of something other than
the good of the subject. The subject’s will is usually limited by moral imper-
atives, but that is because the subject’s desire comes in conflict with what
other people have rights to, not because it is in conflict with the subject’s
rights. If a type of right has the special property that the subject’s right
overrides his will, either the right is not fundamentally a protection of the
right-holder, or a basic right must be understood to protect the subject’s
real interest in distinction from what the subject believes his interest to be.
By analogy, the right to freedom (right to do x) entails a prohibition on
slavery (right to do x entails no right not to do x) either because the right to
freedom protects something more important than the subject’s well-being,
which is achieved by sustaining the subject’s well-being, or the right is to
protect the subject’s well-being primarily, but supposes that a person who
wants to sell himself into slavery mistakes his real interest. On the one
hand, if there is something intrinsically wrong about slavery, even when
slavery raises the person’s well-being, it is mysterious what it is that is
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intrinsically more valuable than well-being. On the other hand, if the basic right forces on the subject what he does not want when his desire does not serve his real interest, the subject's well-being becomes an ambiguous term.

III. RATIONALITY OF JUDGEMENT CONCERNING EUTHANASIA

A. OBJECTIVITY OF THE RIGHT TO LIFE

¶1. The distinction between perceived and real interest puts pressure on the legitimacy of a euthanasic proxy relation. Euthanasia, unlike suicide, necessarily involves the consciousness and complicity of another person. The relation between the subject and the proxy constitutes a legitimate relation of euthanasia only under the condition that the proxy represents the subject's will; for the relation to be a proxy it must preserve the autonomy of the subject. But while this proxy is essential to euthanasia, it will almost necessarily impair the autonomy of the subject. The act of representing involves that the proxy make a subjective interpretation of the subject's will. The proxy may believe that he understands the will of the subject, but the proxy can interpret what the subject wants only by imagining what a subject ought to will, or would be likely to will, if he himself were in the position of the subject whose desire he is trying to represent. The proxy must have a concept of the real interest of the subject in order to interpret the desire that the subject is expressing. But by using objective criteria to discern whether his understanding of the subject is adequate, the act of euthanasia inevitably focuses more on the objective criteria for whether life is worth living rather than on the subject's personal conception of whether
his life is worth living. If the subject's perceived interest does not coincide with what the proxy's concept of the subject's real interest should be, then the proxy is in a dilemma. Either the euthanasia could be inauthentic because the act faithfully reflects the subject's perceived and expressed interest, but that interest is deluded; or, the act is inauthentic because it does correspond to the subject's real interest, but therefore does not faithfully represent the subject because it rebels against the subject's expressed desire. The dilemma suggests that the expressed desire of the subject is an insignificant factor when it conflicts with the objective valuation of the subject's life.

¶2. Since there is necessarily a proxy relation in every case of euthanasia, if the legitimacy of the proxy relation is fundamentally unreliable, the legitimacy of euthanasia itself would be unreliable. Euthanasia is like murder in that it necessarily involves the consciousness of another person, but should be distinct from murder in that euthanasia accomplishes the best interest of the subject, or at least the will of the subject. Ambiguity over whether the subject is fully rational makes it ambiguous whether any proxy relation is authentic and whether any premature death is an authentic instance of euthanasia. If the proxy abets the will of the subject when the subject is irrational, then in effect the proxy is not enacting the will of the subject, and the euthanasia is indistinguishable from murder. Since euthanasia is distinct from murder only if the act proceeds from the will of the subject, euthanasia is possible only under the condition that the subject's decision is the expression of a rational will. The act is a conceptually legitimate instance of euthanasia only if the proxy accurately understands the subject's will and ascertains that the subject is rational. Euthanasia therefore entails a criterion for distinguishing rational from irrational will.
§3. An arbitrary right to premature death does not necessarily entail that such a right would be unconditional. Even disregarding the dimension of infringement of others’ rights, the distinction of rationality and irrationality may limit when the subject can use his arbitrary right to die prematurely. The premise that a person should sometimes be forbidden premature death does not entail that the right to life is mandatory, obligating the subject to keep himself alive. Without inconsistency a person who has an arbitrary right to life may be subject to conditions under which he can arbitrarily decide to die prematurely, or under which he may be forced to live. Preliminarily, if others judged that the subject’s life would be worth living in the conditions in which he could survive, but the subject did not believe that his life in those conditions would be worth living, the subject may not be entitled to premature death. As an initial hypothesis of the limits of an arbitrary right to life, a person is unentitled to premature death or euthanasia if his reasons for wanting euthanasia are stupid, but does have a right to refuse treatment or receive euthanasia if his reasons are intelligent. The normal semantics of a right would hold, i.e. that the right to do x comprises a right not to do x, under the condition that his reasons have valid objective reference. Presumably the basic right does not reflexively bind the right-holder when the reason for which the subject chooses euthanasia is the same as the reason for which any person has the right to life, and the right to life fails its own intent when it preserves life in that context. A subject’s reason does not have validating objective reference when enactment of the right to life would accomplish the reason for the sake of which the right exists, and the subjective reason for choosing euthanasia would accomplish something of lesser value than what enactment of the right to life would accomplish. This argument is valid only if it is coherent for the
object of a basic right to have an instrumental value. If the right to life can be construed to protect some ulterior value by means of preserving life it would be conceivable that a person has a reflexive duty to preserve his own life. But this is implausible. The supposed instrumental value of the right to life bears on whether a person's having a right to do x entails that he has no right not to do x, when his not doing x does not impinge on the rights that others have. If the ulterior value served by preserving life is a transcendent value which is ultimately indifferent to the well-being of the subject, the objective reference for the reason to stay alive would fail.

4. To establish the precedence of a basic right over personal will, underlying the thesis that a person is not entitled to renounce his basic rights ad libitum, it would be necessary to discover a valid distinction between rational and irrational reasons. As a minimal condition to abjure one's right to life, suppose that the reason must be rational. The distinction between stupid and intelligent reasons can consist solely in a distinction between what the subject mistakenly believes he desires and what he really desires. The subject should be entitled to reverse his right to life only if he is not mistaken in his belief that dying would accomplish what he wants most. If there is no criterion for what makes life worth living, it is impossible to distinguish whether a person's reason for euthanasia constitutes a deluded or a veridical belief about what he desires. The present hypothesis proposes that a basic right overrides the preference of the right holder when the right-holder's avowed desire would do more harm to his real interest than the reflexive enforcement of the right. Since subjective intelligence of any given situation is fragmentary and imperfect, a basic right should protect the subject from irremediable consequences of imperfect judgements.

5. This solution seems inadequate because the generality in which a mandatory right is formulated excludes the details of specific instances.
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Only individual intelligence of the immediate situation can determine whether the application of the general principle would serve its intent. The formulation that the arbitrary will overrides the right to life is ambiguous. It could mean that the individual, for whatever idiosyncratic reason, is entitled to renounce his right to life and die prematurely even when exercising the right to life would satisfy its intent. Alternatively, it could mean that the individual is free to renounce the right to life, and die prematurely, just because he recognizes from his subjective intelligence of the immediate situation that the right to life, if exercised, would not accomplish its intention. The ambiguity is a distinction between whether the subject can renounce his right to life, even for an irrational desire, so long as his act does not infringe rights of others, or whether the individual's arbitrary will is limited to determining whether the right, in its general formulation, has valid application to the situation he faces. If the right to life is interpreted to be inflexible, the object of the right to life must be interpreted to be the preserving of life, with no qualification that only certain features make it valuable to be alive. If being alive is valuable for some reason, a mandatory right to life would be irrational because it would indiscriminately obligate a person to remain alive in situations where the reasons for valuing life have failed.

¶6. The capacity of subjective intelligence to discern whether the features of the concrete instance make living his life valuable suggests that personal will has priority over his right in the limited sense that the subject must judge whether the general right, understood in connection with its intent, has valid application to his immediate situation. The entitlement of a subject to override his basic right in this sense nevertheless depends on whether there is a capacity to ascertain whether a reason is rational. If the individual does not have a criterion to govern the rationality of his own rea-
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sons, the subject's having a "reason" would not be a sufficient ground to justify euthanasia, in that the criterion for the rationality of his reason would have to be publicly governed. The distinction is trivial, since only a publicly governed criterion of rationality would suffice to confirm that an individual criterion of rationality was sufficient. If the individual is left to his own criterion for determining whether his reasons are rational, the principle would be tantamount to abandoning rationality as a criterion. If on the other hand it is interpreted that basic rights should not have the property of protecting the agent from himself, arbitrary will, regardless of the degree of its rationality, should be entitled to transcend basic rights, so long as infringement of others' rights is not involved.

¶7. Since the rationality of euthanasia presupposes a criterion for when it would be better for a person to be dead, it entails a clarification of what makes a life worth living. A standard for when life is worth living establishes the capacity to judge whether a person's desire to die prematurely is rational, both in the case that the subject has the capacity to think, and in the case that another person acts as a proxy when the subject does not have the capacity to think. In the first case the concept of a life worth living would be necessary to establish the rationality of the subject, and in the second case, it would be necessary for ascertaining whether the third person's participation is a legitimate proxy relation.

**B. HAPPINESS AS THE CRITERION OF RATIONALITY**

¶1. The notion of happiness accounts for the interpretation that the object of the right to life is not life, but life contingent on some feature which makes life valuable: happiness might initially serve as the reason why it is valuable to be alive. A subject might be judged to be rational if he judges
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that his life is not worth living, and he correctly reasons that he could not be happy; he is irrational only if he is wrong to judge that he could not be happy. Accordingly, if a person judges correctly that he has no prospect of happiness, he would be entitled to transcend his right to life because his judgement is rational. He would be unentitled to premature death if he is irrational, and he would be irrational under the condition that his prediction that he has no chance of happiness is deluded. The subject's capacity to correctly judge whether the future of his life could be happy would be the criterion of rationality for his entitlement to make decisions about euthanasia. If it were impossible for the subject to discern whether the remainder of his life could be happy, he would not be entitled to euthanasia or premature death.

2. Happiness as the criterion of rationality is attractive because it sustains both the common sense intuition that a highly irrational person should be restrained from cutting his life short and the thesis that the right to life is arbitrary, i.e. that in principle an individual should not be forced to live against his will. If however no proposed criterion for happiness is valid, preempting a person's arbitration over euthanasia on the ground that he is irrational would be unjustifiable. The initial use of happiness as a criterion for whether a person is rational consists in determining whether he has the capacity to judge correctly whether his life is worth living. Unless happiness is used equivocally, however, it is too narrow to be a criterion of rationality. Resuming the point that the criterion for rationality must ultimately be public, it appears that only objective judgements are rational, inasmuch as objective judgements are those capable of interpersonal confirmation. If what is publicly accessible about happiness is the balance of pain and pleasure, the only type of judgement about happiness that can be rational is one which concerns pain and pleasure.
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3. However, this conception of happiness appears to be too narrow a criterion of rationality, because a person can make a rational judgement about euthanasia without dependence on the premise that the remainder of his life could not be pleasant. Convinced that the remainder of his life would probably be pleasant, the subject may prefer euthanasia, for instance, if he recognizes that he would prolong the misery of others by continuing to live. He may prefer to die quickly if he judges that others could be happier if he were dead. It would be difficult to regard such a judgement, when its premises are correct, as irrational. The subject may be "happier", in an equivocal sense, if he cut short the remainder of a pleasant life in order to relieve others of the burden of his existence. A calculation of the balance of pain and pleasure would fail to rationalize such a preference, so either happiness must be rejected as the criterion of rationality, or a wider construal of happiness must accommodate situations in which the subject would be "happier" with a life that has more pain than pleasure than with a life that has more pleasure than pain.

4. How it feels to live one’s life, as a criterion for whether it is worth living one’s life, is much broader than the consideration of whether it is pleasant to live one’s life. The present construal of happiness discounts the balance of pleasure and pain, but in common with the narrow criterion of happiness excludes whether a life is worth living because of its objective value, its utility for others, in order to focus on the subjective value, the value of living the life for the subject. Thus a life may be objectively worth living, because of its utility for others, even when the life is not worth living to the subject himself, or conversely, but neither the objective value of the life nor the balance of pleasure and pain necessarily determines how it feels to live one’s life. Assume that the pleasure in the subject’s life greatly outweighs its pain. An objective judgement may capture the fact that the subject’s life
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will be preponderantly pleasant, but fail to determine whether his life is worth living. Even when the utility of living a life is excluded, it does not follow that a life is worth living to the subject whenever it is pleasant or not worth living whenever it is painful.

\[5\] Initially it is easy to suppose that the non-equation between the subjective value of life and the balance of pleasure and pain is merely apparent, due to the privacy of experience. It is impossible to know what it is like to be the person who is living that life, because another person cannot occupy the consciousness of the subject. It is therefore plausible that the subjective value of life is rigidly equivalent with the balance of pleasure and pain, although observational judgements sometimes fail to capture the correlation between the balance of pain and pleasure and how the subject experiences his life. But this is a false inference stemming from an equivocation; it is possible for a person to experience his life as mostly painful, but believe that it is worth living. Assume a person is having a painful experience. Pain could connote any experience which the person is averse to having; it would be contradictory to describe an experience as painful and assert that the person wants to have the experience. However, pain may equivocally mean either physical pain, or any experience that the person would refuse to accept. In the narrow sense of physical pain it is not contradictory to suppose that a person is having a painful experience which he wants to have; another component in that experience makes the person tolerant of the pain in the experience. Impersonal values, which themselves never emerge as physical pleasure, may be components in painful experiences which make the person’s life worth living. The subject may want to live until the day his high-school ping-pong team wins the tournament, even if he dies on this day and the recognition of this event does nothing to change his life.
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¶6. Rationality as a criterion for a person's entitlement to euthanasia may fail because possible objective judgements may be too narrow to determine his rationality, whereas subjective judgements, although comprising relevant aspects, fail because they elude interpersonal confirmation. If physical pain and pleasure are the only material for an objective judgement on the value of living a life, no objective judgement decisively intersects with the subjective value of being alive. Life may be worth living to a subject for whom life is painful, or life may not be worth living for someone whose life is pleasant. An objective judgement about the subjective value of life for an animal is possible because objective judgements capture how pleasant its life is. If how it feels to live a life consisted nothing more than how pleasant the life is, an objective judgement about the subjective value of a life could override the subject's judgement about the value of living his life. If the subject judged that his life was not worth living but it were ascertained that his life was pleasant, the irrationality of his judgment would disentitle him to euthanasia.

¶7. Whereas a human's objective judgement about his life can be overridden- an objective judgement about the amount of pleasure and the progression of events in his life can be mistaken- his subjective judgement is incorrigible; how he appraises the subjective value of his life is beyond contradiction. A conclusive objective judgement over the subjective value of an animal's life is possible, however, because the degree of pleasure in its life is not contingent on what the animal thinks about its life. The animal's life cannot have a broader subjective value that transcends the verdict of the pleasure-pain balance exactly because the animal is not capable of subjective judgement. Since a human is capable of subjective judgements about whether his life is worth living, the question of whether the life is worth living eludes judgement about the balance of pleasure and pain in that life.
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It is unproblematic to suppose that an animal which could never escape intense pain would be better off not living. It is however imaginable that a human may believe that his life is worth living even if it is suffused with unrelenting and irremediable suffering. Impersonal values may make a life worth living even after life's value as the condition for feeling pleasure has been discounted. A painful life may be worth living because the subject may appreciate its objective utility or some impersonal outcome as a positive subjective value. Whether the life is worth living is ultimately contingent on whether the subject believes his life is worth living, and the rationality of some elements in that belief may not be accessible to objective appraisal.

C. THE RATIONALITY OF SUBJECTIVE JUDGEMENT

¶1. Reiterating the argument: limits could be placed on a subject’s entitlement to euthanasia according to whether his self-regarding reasoning is rational or irrational. Happiness was posited as the criterion for determining whether a subject’s reasoning about euthanasia is rational. But the definition of happiness in terms of a balance of pain and pleasure disregards many rational elements in the motivation towards premature death. If happiness is defined to connote whenever the subject thinks life is worth living, regardless of pain and pleasure, the concept of happiness is too indistinct to support the efficacy of objective judgements. If objective judgements, no matter how accurate and reliable, cannot conclusively determine whether a subject’s judgement about whether his life is worth living or not worth living is rational, there can be no justification for intervening against the subject’s judgement on the ground that he is irrational.

¶2. Restriction of happiness to connote only pleasure and pain would be a
false criterion for the rationality of euthanasia because it discounts too many relevant considerations, but a wide connotation which accommodates those elements may be so indistinct that it cannot distinguish entitlement and disentitlement to euthanasia. Unless the wide connotation accommodates a decisive distinction between rational and irrational, it would be the subject's unlimited and arbitrary will, not the reasons in his will, that is the ground of entitlement to euthanasia. It is thinkable that euthanasia is wrong, for instance, if its motive is to pass an inheritance to relatives or to spare them from providing care, but it is not evident that such a person is irrational because his motive is not the avoidance of pain. It would on the contrary be irrational to deny entitlement to euthanasia to a person who insists he would be happier with an alternative which is motivated by some reason other than the avoidance of pain. If, however, the broad connotation of happiness does not convict him of irrationality for requesting euthanasia to save others from inconvenience, it may likewise fail to convict a person of irrationality whose reason for unhappiness is that he has not won a bingo game in the last year. If the balance of pain and pleasure is the only dimension susceptible to interpersonal confirmation, and aspects about the value of one's life transcend consideration of the amount of pain and pleasure in it, the only kind of objective judgement that is pertinent is too narrow to corroborate whether a subjective judgement over euthanasia is rational. Since a well-informed subject may affirm that a life which is mostly painful is worth living or that a life which is mostly pleasant is not worth living, what is susceptible of interpersonal confirmation falls short of determining whether the subject is rational. His subjective judgement about whether his life is worth living is not ipso facto irrational if the judgement he makes in the face of those objective features is abnormal.

§3. Inasmuch as subjective judgement accommodates features which are
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not publicly accessible, the objectivity of a situation does not provide a criterion to determine whether a person opting for euthanasia is rational. If congruity with objective judgements is not a criterion for the rationality of a subjective judgement, the attempt to characterize subjective judgements as rational or irrational may be a type of category mistake. If a decision over euthanasia must be a subjective judgement, rationality would not provide defensible limitations on euthanasia. If, however, the truth of a subjective judgement cannot be verified, it is not objective in the sense that it cannot be determinately true or false. But if a subjective judgement is neither true or false, it is enigmatic how it can be termed a judgement at all, or how it can be accorded any authority in a practical decision. To preempt this conclusion it may be proposed that objective judgements can in principle falsify subjective judgements, in particular value judgements, even though the decisive intersection between objective and subjective judgements is often inaccessible. A person's happiness in something may be irrational in the sense that he is mistaken about what the probable outcome would be. Even if his judgement is subjective in the sense that he claims the validity of the judgement only for himself, it could nevertheless be irrational if all the features which make his judgement private, valid only for himself, are exhaustively correlated to factual judgements which do admit interpersonal confirmation. The privacy of subjective judgement may be due to the circumstance that only the subject occupies the standpoint to which infinitely complex factual details are visible, although the factual details constituting the value judgment are not different in type from factual judgements which do submit to public confirmation. His subjective judgement would be irrational only because of the simplistic condition that he makes mistaken judgements about the factual features of his situation, although such a subjective judgement remains incorrigible just because no
other person would be capable of discovering the factual matters in which
he is mistaken. The rationality of an evaluation may exceed objective
judgement just because not all the factual features in such a judgement are
publicly accessible.

¶4. Assume as a thesis that any subjective judgement is nonrational
because, since it is not determinately true or false, it cannot be an implica-
tion of any proposition. The thesis may further convey that, so long as acts
ensuing from his decisions do not harm anybody, a person is entitled to act
on his subjective judgement, since no objective judgement can impugn a
subjective judgement. Since the validity of a subjective judgement is
immune to factual contradiction, the subject is entitled to euthanasia
despite abnormality. The subject must be regarded as rational if he makes
the same interpersonal confirmations as others about the objective features
of his life; the subject is rational for so long as his judgement about
whether his life is worth living does not presuppose false objective judg-
ments. Under this condition another person is unable to ascertain whether
the subject is right or wrong when he judges on whether his life is worth
living. Alternatively, the thesis could imply that a subjective judgement is
never a justification because it is only a spurious judgement; specifically, a
person who judges that his life is not worth living is not entitled to
euthanasia because such a subjective judgement is incapable of verifica-
tion. The antithesis for these positions is that some subjective judgements
are irrational. The rationality of a subjective judgement is indeterminate
not because its truth is uncoupled from all objective features, but because
pertinent objective features of the judgement are hidden. A subjective
judgement is irrational only when it is in contradiction with objective fea-
tures of the situation, impugning the person’s freedom to act on the judge-
ment, but such a judgement is rational, and entitles the person to act on it,
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when it is not in contradiction with any objective feature.

D. RATIONALITY OF IMPERSONAL VALUES

¶1. If the balance of pleasure and pain made it possible to determine whether a person's judgement about whether his life is worth living is rational or irrational, objective judgement could determine the subject's rationality, because all of the components of the subject's judgement would be capable of verification. A subjective judgement is subject to rational appraisal by objective judgements under the premise that a person is "happy" according to the balance of pleasure and pain; if a subject had the same set of objective judgements as others would have in his position, but preferred the opposite of what others would choose, he would be irrational. However, the narrow conception of happiness establishes a correlation between the notions of happiness and rationality only at the cost of discounting major elements in the motivation of euthanasia, because people are often motivated by a desire for "happiness" which flouts the balance of pain and pleasure. The wide conception of happiness accommodates impersonal values at work in the subject's personal history, which do not so much make the subject's life more pleasant as override his interest in the balance of pain and pleasure. Even if the privacy of experience did not make it impossible to discern whether a person's life as he experienced it was pleasant or painful, it would be possible to determine whether a subject's evaluation of his life is rational or irrational only if his attachment to impersonal values is susceptible to objective evaluation.

¶2. The thesis and antithesis may be formulated in terms of vicarious satisfaction; the subject may find vicarious satisfaction in the outcome of his practical judgement. The notion of a vicarious satisfaction tests the thesis
that the subjective judgement is irreducible to objective judgements; since a vicarious satisfaction does not consist in any immediate benefit to the subject, if any value judgement is immune and insusceptible of objective analysis it would be a vicarious gratification. Under the condition that the agent endorses the same interpersonal confirmations as others about the objective features of his situation, it is problematic whether he should be considered rational or irrational if he finds a vicarious satisfaction where others would not. Even though a person's judgement is idiosyncratic, in that it expresses a vicarious satisfaction which others in that situation would not feel, the sole condition, that his objective judgements are not deluded, may suffice to legitimate the subject as fully rational. If his objective judgments about his situation are comprehensive, true, and internally coherent, his decision to execute or forbear euthanasia would be rationally cogent, even though from the same set of objective judgements people would normally prefer the contrary. The notion of vicarious satisfaction suggests that a subjective judgement is ultimately irreducible to objective judgements, so that, unless the subjective judgment presupposes an objective judgement which contradicts what is factually the case, no objective judgement can falsify the subjective judgement.

§3. *Happiness* was supposed to clarify the conditions under which life is worth living and thereby serve to determine whether a person's desire to go on living or to die is rational, thereby determining whether the subject should have discretion over euthanasia. The subject who decides on $x$, when $x$ would augment his happiness, is rational, whereas a person who decides on $y$, when $y$ would curtail his real possibilities for happiness, is irrational. However, if a feeling of happiness in something can in itself be rational or irrational, and it is furthermore impossible to determine whether it is rational or irrational for a person to feel happiness in something, happiness
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would fail as a criterion for determining the rationality of a decision over euthanasia. If *happiness* is understood to include vicarious satisfaction (dissatisfaction) with certain impersonal outcomes, objective judgements about the balance of pain and pleasure in a person’s life fail to determine whether or not it is rational for a person to feel happiness in something. If a person *correctly* assesses an impersonal outcome connected with his dying or his continuing to live, and he judges that he would be happy (unhappy) at this outcome, the balance of pleasure and pain could not establish that any decision he makes about premature death is irrational. A determination of the subject’s rationality in this case would be possible only if an objective judgement could ascertain whether it is rational for the subject to feel happiness in a given impersonal outcome. Although happiness has been originally proposed as the final criterion of rationality, the introduction of vicarious satisfaction as a source of happiness establishes that happiness in itself may be rational or irrational, and therefore not a sufficient criterion for rationality.

¶4. The role of impersonal values in a person’s decision over whether his life is worth living makes it necessary to determine whether it is possible to formulate a criterion for the rationality of happiness. Equivocation of the term *irrational* may be the cause of ambiguity. The subject would be irrational in a manner that would disentitle him to euthanasia if his happiness is invested in a false apprehension of the objective features of the situation, to the effect that the impersonal outcome is other than he believes it to be. But it is problematic whether a person is irrational if he is *not* mistaken about its objective features, but forms from them an abnormal preference. The agent may clearly recognize that the objective aspects of his situation do not normally prompt a preference for premature death, but feel rationally justified in seeking premature death for subjective reasons. A million-

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aire, like Tolstoy, in good heath, with a lifetime of achievements and honors, a happy family and friendships, and a stimulating career may appreciate all these features, but nevertheless judge that his life is too painful to continue living. If he is cognizant of the value of the objective features of his life, it is dubious that such features prove that his preference for premature death is irrational. Likewise a person who exists in extreme pain with no chance of survival, such as in a concentration camp or a slow cancer death, may do everything to prolong his existence. Insofar as he acknowledges the intolerable pain and hopelessness of his situation, it is problematic to infer that his effort to protract his life is irrational.

¶5. A subjective practical judgement which does not presuppose a false objective judgement may be irrational, therefore not authoritative, if it is conceptually possible for the subject to be mistaken about how it feels to live his own life, or if it is conceptually possible for the subject to be mistaken that an impersonal outcome in which he feels satisfaction is rationally worthy of vicarious satisfaction. If it is in turn possible to determine in a token instance whether the subject is mistaken in either respect, it would be possible to determine whether the subject’s judgement should be authoritative. The present example posits that the subject knows with certainty that he will die and exist in pure agony until he dies. Under these premises it may be meaningful, or nonsensical, to assert that the subject’s effort to prolong his life is irrational. The most plausible account for the possibility that a subject’s judgement is irrational, but not deluded, consists in supposing that the subject’s emotions add indistinct aspects to the recognized objective features of his situation, so that the subject would feel the normal vicarious gratification in the absence of those emotions, or so that anyone who knew the additional facts conveyed in those emotions would feel the same abnormal vicarious gratification in that situation as the subject.
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§6. Subjective judgements may appear to transcend the rationality-irrationality distinction because the overt objective judgements about the subject’s life do not penetrate deeply enough into personal history to intersect with every moment implicated in the subjective judgement. If it is impossible to discern how a situation in which a person finds vicarious satisfaction relates to the features of his personal history, it may be rational for him, although not for anyone else, to feel vicarious satisfaction in an impersonal outcome, where that satisfaction is unaccountable by any of the objective judgements overtly present. A supplemental set of objective judgements would give a complete rational account for idiosyncratic vicarious satisfaction if they were known, but the practical judgement remains apparently irrational because the situation, as it is objectively known, is superficially identical with situations which would not prompt the same vicarious gratification. The impossibility of determining whether it is rational or irrational of the subject to feel vicarious satisfaction is not because objective judgement does not in principle intersect determinately with every subjective position, but because the set of objective judgements is insufficient. The fact that the overt incongruity of objective and subjective judgement fails to establish the irrationality of the subjective judgement does not imply that any subjective judgement is rational, just because it is subjective; the circumstance that incongruous objective judgements do not refute a subjective judgement does not prove that the rational-irrational distinction cannot characterize subjective judgements. When a judgement to prolong or foreshorten life appears irrational because the life objectively appears to be worth living or not worth living, the objective judgement does not override the subject’s authority over euthanasia because, since the set of objective judgements is open ended, hidden objective features may establish the deep rationality of what appears superficially to be an irrational
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decision.

§7. Since objective judgements concerning personal history have no closure it is impossible to determine what makes a dignified human life, and therefore one which ought to be prolonged. It remains plausible that the subject makes false judgements about whether his life is worth living, but the subject must nevertheless be presumed to be rational for so long as the proxy cannot ascertain that any component in the subject's judgement about the value of living his life is mistaken. The proxy would not be entitled to override the subject's decision on euthanasia. The subject's arbitrary right to euthanasia cannot be limited by the criterion of rationality, not because it is impossible for such a subjective decision to be irrational, but insofar as nothing except factual error can establish that it is irrational.

§8. The argument from the non-closure of objective judgements nevertheless fails to prove that the presumptive rationality of the subject's decision over euthanasia is unassailable. Although causal explanation from the subject's life history gives a flawlessly rational account for why the subject feels an idiosyncratic vicarious satisfaction at an impersonal outcome, it does not follow that the subject who adopts this gratification is therefore rational. Since every event necessarily has a sufficient causal explanation, behavioral explanations of rational and irrational persons will be equally rational. Hidden features of a personal history may give a rational account for idiosyncratic vicarious satisfaction in something, in that people who knew these facts would make interpersonal confirmations that this subject, uniquely, would feel vicarious gratification. But if the motivation by these features of his personal history is not cognizance of them, the subject is irrational in that he has no reasons, or attributes to himself false reasons, for his vicarious gratification. If knowledge of personal history enables
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another person to understand a subject’s real interest better than the subject himself, delusion is a ground for setting limits on entitlement to euthanasia. Vicarious satisfaction satisfies the criterion of rationality only under the condition that the subject understands the motivating features of his personal history and none of the partial judgements in this understanding is false. If the judgements are true and in the light of these the vicarious gratification is still abnormal, certain hidden features of the personal history are not comprised in the judgement.

IV. INVOLUNTARY EUTHANASIA

A. PHENOMENOLOGICAL PREROGATIVES
   OF EUTANASIA

1. The wide connotation of “happiness” in whatever outcome one expects from one’s death can accommodate all of the motivations of a decision over euthanasia and it appears to be susceptible to a criterion of rationality, but it is nevertheless questionable how the legitimacy of the proxy relation in euthanasia can be derived from this. Objective knowledge of when a particular life is or is not worth living may determine whether a person’s desire to die is rational, but it is debatable whether the subject should lose his right to live or his right to die when his desire is irrational, or whether the right to die is valid regardless of whether it is rational or irrational. If the criterion of rationality determines that the subject’s desire to live or to die is bad judgement, it would follow that the proxy should force the subject to go on living or force the subject to die on the ground of a distinction between the subject’s perceived interest and his real interest. The prevailing convention is roughly that, if the subject’s desire to die is irrational, he
should be forced to live, i.e. denied euthanasia; but if the subject’s desire to live is irrational, he should not be forced to die. Even if the subject’s judgement about the value of continuing his life is patently false, his will would override the objective judgement determined from the criterion of rationality. It is similarly questionable whether, if the subject’s desire not to live is irrational, his irrationality is always a valid ground to deter him from euthanasia or premature death.

¶2. The inconsistencies insinuate that the rationality of the subject’s desire to die does not have conclusive practical value for determining legitimate proxy relations. Under the condition of vicarious gratification, the rationality of the subject’s will may be irrelevant to his entitlement or dis-entitlement to euthanasia. Suppose three conditions obtain, that a subject feels happiness in a certain impersonal outcome, that it is irrational for the subject to feel happiness in this outcome, but that the decisions ensuing from his happiness in this do not harm others; it is essential to ascertain whether the subject’s arbitrary decision should be abrogated because it is irrational, or whether his decision should be respected because it satisfies his sense of happiness, despite the fact that his feeling happiness in the connected outcome is irrational. If the irrationality of the feeling of happiness in an impersonal value does not make it wrong for him to act on his decision, he would be entitled to premature death for the sake of his happiness in some connected impersonal outcome.

¶3. The crux of this problem concerns the conditions of the presupposition that a true objective judgement about the value of living a life can be obligating. A true objective judgement that the subject is riding a bicycle is unchallenged, for instance, by what the subject believes he is doing, perhaps he believes he is flying; if a practical consequence follows from the fact itself, the judgement is obligating and overrides the practical judgement.
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that follows from what the subject believes he is doing. However, an objective judgement which attempts to assert that what it feels like to the subject to be riding a bicycle is to be riding a bicycle, would be incoherent; even if the subject is deluded, a supposedly objective judgement asserting what it feels like to be having an experience \( x \) cannot falsify what the subject believes what it feels like to himself to be having that experience \( x \). If a practical consequence validly follows not from \( x \), but from what the subject believes about \( x \), the practical consequence that would follow from the objective judgement would not override the practical consequence that follows from the subject’s belief. Although experiences involve true objective descriptions in such a way that the subject of the experience can be mistaken about what he is experiencing, he cannot make a false judgement about how his experience is being felt. If practical judgement can validly follow not from the experience but from how the experience is being felt, there are conditions under which a true objective judgement about the value of living a life would not obligate the subject to continue living.

\[ \text{¶4. Since objective judgements are not agent-relative, whatever a subject thinks about the objective value of his life, its utility, is corrigible; if the rationality of euthanasia depended on the objective value of a life, an objective judgement could determine the rationality of the subject. However, forcing a person to live or to die according to the utility (disutility) of his life would be a form of slavery, in that it would subordinate the subjective to the objective value of a life. If however the subjective value of life is prior, a true objective judgement cannot override the person’s judgement over whether his life is worth living because objective judgements do not reliably capture all the rational elements in the subjective value of life. The priority of the subjective value of life therefore implies that the right to life should be construed as a right against the interests of others. Having a} \]
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right to life does not obligate a person to go on living against his will, regardless of the value his life has for others; but a person who feels subjective value in his life has an unconditional right to continue living, despite the disvalue his life has for others. The privacy of subjective value implies that the value of life is transcendent with regard to other people, but not to the subject himself; the subject’s judgement over his life is prior because the subjective value of life is indefeasible by objective judgement. The hiddeness of the value of a life consists in the possibility of its value despite the objective appearance of its misery, or its worthlessness despite the objective appearance of enviability.

§5. The construal of the right to life as a right against others thus presupposes that the subject desires to live; the right to life does not entail that the subject is obligated to stay alive if he does not want to. If he judges that his life has a negative subjective value, it may nevertheless be rational to continue the life because of its objective value. However, if the only rational ground in forcing a person to continue living is the utility of his life, the right to life would amount to a justification of slavery, inasmuch as the subjective value of the life is subordinated to its utility. If not utility, however, the only rational ground to justify forcing a person to live or die is the presumption that his judgement of the subjective value of his life is irrational. As long as the person can make subjective judgements about how it feels to live his life, however, objective judgments about the subjective value of life are largely defeasible, inasmuch as objective judgements do not penetrate to all the rational elements in a subjective judgement. If how it feels to be living one’s life determines whether a life is worth living, it is impossible to judge from all the objective features of a person’s life whether his life is worth living. Even supposing that a proxy’s objective judgement of the prospects of the subject’s life is more accurate, the hidden
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vicarious gratifications and value commitments in a subjective judgement supply rational elements that remain undiscovered in the proxy's judgement.

B. DEMENTIA

¶1. The conditions that the subject is rational and that his will is accurately reflected do not necessarily justify euthanasia or its forbearance. Subjective judgement may continue to have priority over objective judgement about the value of a life long after the subject's capacity for subjective judgement has ceased, or the subjective value of life may be immune to objective judgement only for as long as the subject can consciously entertain abstract value commitments and vicarious gratification. Objective judgement of the balance of pleasure and pain may conclude that a subject reduced to the mental level of a three month old baby has a right to life because his life, such as it is, is pleasant; if however a human vegetable is in constant pain, and is not attached to life from abstract value commitments, the balance of pleasure and pain may be a conclusive criterion for the rationality of euthanasia. A transference of the wish of the subject when he was still capable of coordinating value commitments with objective judgements may, however, establish an obligation to keep a human vegetable alive as long as possible, even though it senses mostly pain, or euthanize a happy human vegetable, even though it feels mostly pleasure. It is ambiguous whether the proxy should represent the will of the subject prior to dementia, or the will of the subject in the intermediate stage of deterioration, or whether the will of the subject is not binding on the proxy once the subject's consciousness has completely vanished.

¶2. Preliminarily it appears that such a proxy relation is morally legiti-
mate only if the proxy simulates what the subject would think if he were able to think about his existence in the present state of dementia; what is primarily important is not whether the demented subject is in a state of pain or pleasure, but what the subject would think about himself being in this state. But this creates a dilemma. Because of abstract value commitments, for instance a desire to preserve dignity, the subject prior to dementia may will euthanasia upon submerging into dementia. But in an intermediate phase in which mental deterioration erodes the capacity for abstract value commitments but inflames tendencies to paranoia, the subject may abhor euthanasia. Once consciousness has vanished, the only criterion for the subject as demented is the balance of pleasure and pain; if the proxy represents, for instance, the subject’s distaste at existing in a state of idiocy, the proxy is representing a different subject, namely the subject who preexisted the dementia. From the priority of objective judgement the proxy would be obligated to sustain the life of a subject whose mentality has regressed to that of a three month old baby, since in this case subjective value can comprise nothing more than the balance of pleasure and pain. If however a legitimate proxy relation must represent an authentic subject, i.e. one who can make subjective judgements, the proxy would be bound to represent the will of the subject when he was last able to make subjective judgements, namely the subject of the person prior to dementia.

3. There may be conditions under which euthanasia does not correspond to the subject’s will, and yet is properly called a justified euthanasia. The previous construal of the right to life implies that subjective judgement prevails when subjective and objective judgements conflict on whether a life is worth living. It further implies that a proxy’s objective judgement about the value of living a life must represent subjective to the exclusion of objective value. The subject’s judgement dominates that of a proxy because sub-
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jective judgement is the immediate expression of subjective value. When the subject is totally demented, however, this argument fails: although a conflict may persist between subjective and objective value, there can no longer be a conflict between subjective and objective judgement because there is no subjective judgement. First, subjective value does not depend on a capacity for subjective judgement. Second, the priority of subjective over objective judgement is not because objective judgement can apprehend only objective value, but because its apprehension of subjective value is deficient. Although the proxy relation can no longer derive its legitimacy from protecting the autonomy of the subject, its legitimacy continues to depend on whether the value it protects is subjective. With the extinction of consciousness, impersonal value and vicarious gratification fall from the subjective value of life, but the value relevant to euthanasia does not therefore switch from subjective to objective value. Objective judgement is competent to determine whether a life is worth living because what remains of subjective value, the balance of pleasure and pain, is the element of subjective value that objective judgement can completely apprehend. Since only the objective viewpoint remains, the balance of pleasure and pain is the only standard for judging whether the subject’s life is worth living.

C. LIMITS OF INVOLUNTARY EUTHANASIA

1. A final question concerns whether a concept of euthanasia is coherent in which the proxy does not pretend to represent the subject’s will and death is for the sake of utilitarian value. The motivation for euthanasia in the case of irremediable dementia or coma cannot be subjective value, since there is no consciousness to support suffering or feelings of pain, so the only motivation is the utilitarian concern that the prolongation of the sub-
ject's life causes too much suffering for the family or caretakers. Voluntary euthanasia is distinct from murder in that it is led by the subjective value of life, whereas murder is guided by the objective value of the life, the utility of the subject's death. But this distinction is incoherent without the premise that the subject has consciousness. The formulation that the right to life does not obligate a subject to continue living if he does not want to live suggests that a person who can never become conscious does not have a right to life, because desire to live is a presupposition of having that right. But since the value of involuntary euthanasia is its utility for the family, not for subjective value, it remains ambiguous whether there remains a coherent distinction between murder and euthanasia, or whether euthanasia is a misleading term in the expression involuntary euthanasia.

¶2. Assume that a subject who has no possibility of recovering consciousness could stay alive for tens of years. The right to life may signify that he must be kept alive for as long as possible, or, since the right to life is underwritten by the presupposition that the subject wants to live, the extinction of consciousness could signify that there is no moral duty to sustain the subject's life. If involuntary euthanasia is classified as euthanasia, it apparently distorts the meaning of euthanasia because the moral ground for voluntary euthanasia requires exclusion of the objective value of a life. The ground that the subject is totally incapable of a normal life, and is in need of constant care, is not a justification according to the criteria for voluntary euthanasia. If an extremely disabled person is euthanized on the ground that sustaining his life is an intolerable hardship on whoever is compelled to take care of him, the ground for euthanasia would be the objective, not the subjective, value of his life; euthanasia would be ostensibly justified by the utility of the subject's death. Since the value of murder is based upon the objective, rather than the subjective value of the person's
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life, euthanasia would not be distinct from murder. If involuntary euthanasia is classified as murder, certain cases of euthanasia involving extreme hardship for the caretakers force the question of whether there are good murders, challenging the position that murders are categorically bad.

¶3. Involuntary euthanasia ambiguously comprises the cases of applying euthanasia either without the subject’s participation or against the subject’s will. It may be supposed furthermore either that euthanasia is authentic only if the subject participates, or that an authentic euthanasia is possible in which there is no relation to the subject’s will or interest. Incurability is not a valid ground for involuntary euthanasia when involuntaryness connotes that it is against the subject’s will, but may be a valid ground for euthanasia without the subject’s will. Voluntary euthanasia is distinguished from murder by virtue of the transmission of the subject’s will through the proxy. A person who is extremely and incurably disabled would be entitled to receive euthanasia if he requested it, but the extreme burden of sustaining his life would not justify euthanasia against his will, since by virtue of being conscious the subjective value of his life has priority over any utilitarian value. But the same ground may justify euthanizing a person whose consciousness is irretrievably extinct in that such a euthanasia would be without the subject’s participation rather than against his will. Under the premise that there is no conscious life, an objective judgement of the balance of pain and pleasure is a fully competent assessment of the subjective value of the person’s life. Since the subject is incapable of having an opinion about whether his life is worth living, the circumstance that pain overwhelmingly surpasses pleasure would be a compelling ground for involuntary euthanasia. The extreme burden of sustaining a person’s life is not a justifying ground for euthanasia, because the utility of a life is never a valid criterion. However, since the subjective value of a life
is a valid criterion for involuntary euthanasia, the burden of caretaking can become a factor in the consideration of involuntary euthanasia when the life no longer has a positive subjective value.

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