Active and passive euthanasia

SIR,
Dr Richard Nicholson in his article, 'Should the patient be allowed to die?' writes: 'Euthanasia, literally a "well, or good death", may be voluntary or involuntary; it may also be either active or passive, these terms in practice being used synonymously with positive or negative euthanasia. Active, or positive, euthanasia involves the use of treatments designed to promote death sooner than would otherwise be expected. Passive, or negative, euthanasia is a failure to use therapies that would prolong life in a patient with a terminal illness.'

We are writing to you jointly, one of us a supporter and the other an opponent of legalized voluntary euthanasia, in the hope of checking the spread of the expression 'passive euthanasia'. In this and other English-speaking countries the established usage of 'voluntary euthanasia' refers only and precisely to what Nicholson calls active voluntary euthanasia. Furthermore, 'good terminal care', which Nicholson regards as synonymous with passive euthanasia, is anything but passive or negative.

The effect of introducing his distinction must be harmfully divisive. If the avoidance of 'furor therapeutica' comes to be thought of as a form of euthanasia, then those who are against euthanasia will be inclined to support 'furor therapeutica'. This is a result which both the present writers, and Nicholson too, would deplore.

A. G. N. FLEW
University of Reading
R. G. TWYCROSS
St Christopher's Hospice, London

Dialogue between Marshall Marinker and Ivan Illich

SIR,
As a lawyer surreptitiously present at the London Medical Group conference on iatrogenic disease, I was aware of partaking in a function not only of medical significance, but of a deeper philosophical, even theological, importance. The real dialogue of the day seemed to me to be between Marshall Marinker and Ivan Illich.

Illich I was prepared to be disappointed in or impressed with. Marinker I did not know of. Both their contributions were articulate and compelling, and I was impressed with both. But it is only through the benefit of time for thought that I have identified, for myself at least, the area in which they are unable to meet. It is the area of priesthood.

Illich articulated the concept of the area of man's autonomous self control. As he was talking of medicine he was constantly in fear of appearing to glorify the miseries of human suffering. He carefully picked his way through the dangers of holding a brief for the ultimate value of human responsibility, whether for your bank balance or your death.

Marinker seemed to me the almost perfect apostle of enlightened contemporary society. He was concerned to justify historically what he called the 'clinical transaction'. The ghastliness of the term did not deter me from the intellectual substance of his position. He saw the doctor as something more than a mere technician: he saw him as the senior partner in an almost metaphysical relationship.

Now it is that point that identified for me, at least, the reason why Illich caused a greater spiritual empathy. Man does need to be cared for and to believe, but it is not the doctor but the priest who has traditionally fulfilled this role. Marinker was wrong when he said: 'History suggests that the fact of the dialogue will not be changed'. Even his delightful reference to the historical Ivan Illich betrays the point. This man's question whether his condition is "dangerous or not" does not indicate a man seeking a personal spiritual relationship. On the contrary, he is a man seeking information about the physical parameters of his existence. Certainly there is no indication from the reply of the doctor — "mind your own business" — that he is aware of this need for a relationship. On the contrary he is aware of a purely technical superiority, independent of any transcendent spiritual communication. The Ivan Illich of history on hearing that his condition was fatal would be far more likely to satisfy his economic commitment to the doctor and then seek the priest for the arrangement of his deeper spiritual relationships.

As I understand Illich — and I don't pretend he is easy to understand — he is trying to assert the value of man breaking free from the institutionalized provision of his
Correspondence

needs. By implication man's need for caring, healing relationships cannot be supplied by technical institutions. Marinker's claim to fulfil such a role is part of the wider modern claim of institutionalized society to fulfil an increasing area of man's inevitable need for spiritual satisfaction. Illich, along with many, denies the ability of human institutions to fulfil such a role adequately or legitimately.

It is this last point presumably that Marinker would dispute: undoubtedly a certain brand of modern sociology would. According to this view man's increasing competence in physical matters entitles and enables him to fulfil every aspect of human aspiration and need. God is dead. As far as I personally am concerned such a view of spiritual need being scientifically supplied is as bogus as many other aspects of modern society. But I cannot presume to convince others of this position.

PATRICK STEWART
Barrister at Law

P Stewart

*J Med Ethics* 1975 1: 153-154
doi: 10.1136/jme.1.3.153-a

Updated information and services can be found at:
[http://jme.bmj.com/content/1/3/153.2.citation](http://jme.bmj.com/content/1/3/153.2.citation)

**Email alerting service**

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Notes**

To request permissions go to:
[http://group.bmj.com/group/rights-licensing/permissions](http://group.bmj.com/group/rights-licensing/permissions)

To order reprints go to:
[http://journals.bmj.com/cgi/reprintform](http://journals.bmj.com/cgi/reprintform)

To subscribe to BMJ go to:
[http://group.bmj.com/subscribe/](http://group.bmj.com/subscribe/)