Correspondence

Euthanasia, letting die and the pause

SIR

Euthanasia, Letting Die and the Pause, by Grant Gillett in the June 1988 issue of the journal is an intriguing effort to note some important features of practical morality and to apply them to the issue of active euthanasia. While I share Dr Gillett's basic viewpoint, that philosophical argumentation alone is inadequate to capture all dimensions of practical morality, I do not believe that he has succeeded in giving an account of why what he calls 'the pause' ought to weigh against a policy of active euthanasia. While the essay is quite complex and deserves point by point commentary, I will have space in this communication to make only a few brief remarks.

First, it is important to note that 'the pause', while a phenomenon that I think most physicians would readily recognise, cannot be said to be peculiar either to life-and-death matters or to the medical profession. I would argue that it is a feature of any moral deliberation when sensitive people anticipate significant consequences from their actions. It is worth recalling that Julius Caesar, before he crossed the Rubicon, paused at least long enough to utter a Latin epigram which we had to memorise in our high school Latin courses centuries afterwards. I would suggest that 'the pause' is best interpreted as 'I am about to take an action which has grave consequences. What if I am wrong? What if there are important factual or moral considerations that I have, in my need to feel decisive and in control, failed adequately to think about?' If this is an adequate interpretation, then the fact of 'the pause' simply means that morally sensitive agents are dealing with difficult problems, and that cannot be used by itself as an argument for one

side or the other of the argument. Indeed, Dr Gillett notes this himself, as both the physicians he mentioned opted for death of the patient after 'the pause'.

Second, it is also important to note, as alluded to just now, that 'the pause' can cut both ways in the euthanasia debate. An American psychiatrist, Stuart Youngner, encountered a very difficult patient with advanced multiple sclerosis, who requested active euthanasia to end what he took to be a miserable and helpless existence. Dr Youngner courageously made a videotape of one interview with this patient and showed it to selected medical audiences. Eventually, the patient died in precisely the state of helpless dependency that he most feared after Dr Youngner continued to withstand his requests for assistance for active euthanasia. It is quite clear that Dr Youngner shares Dr Gillett's feeling that the moral physician will not kill patients directly. I believe, however, that it is also highly likely that Dr Youngner must have experienced 'the pause' many times in wondering whether or not he was truly helping this patient in his misery. Thus, the decision to withhold active euthanasia can be just as likely to generate the same gut-level emotional reflection as does its performance. Neither fact seems adequate to establish the morality or immorality of active euthanasia.

Dr Gillett ends his article by addressing a point that he believes has not adequately been covered in the existing literature on active euthanasia. I will repay his favour by raising a point which I do not believe has been adequately addressed either. At an earlier point in his essay, Dr Gillett refers to the impact of a policy of killing on the agent. The presumption is that one cannot engage in killing without being morally corrupted in some way, or without coming to regard the object of one's attention as less worthy of effort to prolong life. The point that I think

has been generally neglected in most of the literature on active euthanasia is that this is a grave insult to all veterinarians. Veterinarians of my acquaintance (and our programme is actively engaged with them in teaching a course in veterinary medical ethics) regard active euthanasia as a legitimate tool of their professional trade. However, they give every evidence of having a deep and broad commitment to pursuing the welfare of animals whenever they can achieve this, and often go to great lengths to try to preserve the life and health of their individual animal patients. I believe they would take great offence at the idea that the inclusion of active euthanasia in their therapeutic armamentarium reduces their commitment to the welfare of their patients who can be helped by other means.

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Reply to Brody: 'The pause' and killing

In response to Howard Brody's astute and succinct critique of 'The pause' I would offer the following remarks.

On his first point; I did not argue that 'the pause', in and of itself, ought to tell against euthanasia (and throughout I will mean by this active voluntary euthanasia) but rather noted, as indeed Brody acknowledges, that the pause characterises decisions which reach deep into the structure of our moral thought. I then argued that the intuitions which feed the pause in euthanasia are generally stacked heavily against the active killing of persons (even if they sometimes urge the withdrawal of intrusive and dehumanising treatment). Thus 'the pause' indicates that something