

## Debate

# Prolonging dying is the same as prolonging living – one more response to Long

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### Authors' abstract

*In earlier publications, we had argued that Paul Ramsey is inconsistent because he simultaneously asserts that (i) 'all our days and years are of equal worth' and (ii) 'that it is permissible to refrain from prolonging the lives of some dying patients'. Thomas Long has suggested that we have not shown that Paul Ramsey is inconsistent. Ramsey and we, he holds, start from incommensurable metaphysical views: for Ramsey, the dying process has religious significance – God is calling his servant home. While it is normally a good thing to keep a patient alive, it would, for Ramsey, show deafness to God's call to keep a dying patient alive. It is true we do not share Paul Ramsey's religious views. It is, however, not necessary to rely on any particular metaphysical views to refute Ramsey's position. For Ramsey's view to be internally consistent, Ramsey would have to be able to distinguish between dying and non-dying patients. We examine some of Ramsey's examples and show that his practical judgements do not allow us to draw this distinction. This means that, contra Long, we hold fast to our charge that Ramsey's view is inconsistent.*

In an earlier article, Thomas A Long has argued that the debate over the mortality of infanticide may be irresolvable when the disputants start from 'incommensurable metaphysical views' (1). To develop his claim, Long examined an argument put forward by us (2) according to which there is a contradiction in Paul Ramsey's views when he simultaneously asserts the following: (i) that 'all our days and years are of equal worth whatever the consequences', and (ii) that it is permissible to refrain from prolonging the lives of some dying patients (3). Long thinks it is possible to reconcile (i) and (ii) and that the disagreement we have with Ramsey occurs at a metaphysical level.

In our response to Long, we agreed that there are aspects to our position which draw upon metaphysical views different from those of Ramsey; but, we argued, we do not need to rely on those views in order to refute Ramsey's position. Once Ramsey's position is spelled out more fully, we said, it becomes clear that it is not

possible simultaneously to assert both (i) and (ii) above. Whilst it is true that Ramsey wants to restrict permissible instances of foregoing life-sustaining treatment to those which 'merely prolong dying', we pointed out that to 'prolong dying' is also to prolong life. Hence, if all our days are of equal worth, it would seem to follow that the dying days of a person would need to be prolonged no less vigorously than any of her other days. After all, to speak of treatment which 'prolongs dying' is really a misleading way to speak of treatment which prolongs life. Hence, we argued, Ramsey can avoid a contradiction only by this misleading use of language (4).

Not accepting defeat easily, Long once again put pen to paper (5). He charges us with failing to see that what we regard as a contradiction can be explained in terms of Ramsey's metaphysical starting point. For Ramsey, Long suggests, life is a gift from God: 'This means that the irreversible ebbing away of this gift (dying) has a religious significance' (6). It is, in Ramsey's words, 'a sign that God is calling his servant home'. Hence, when a Tay-Sachs infant 'has entered upon the process of dying', then 'only caring' attention is proper (7). This is so, Long suggests, 'because the attempt to prolong the infant's life would be an impious intrusion into a process that is *essentially sacred*: it would be to exhibit hubristic deafness to God's call' (6).

On this interpretation of Ramsey's views, there is, according to Long, no contradiction between (i) and (ii): it would be possible to affirm the equal value of life and, at the same time, reject life-prolonging treatment for the dying on religious grounds – as an action that would portray 'deafness to God's call'.

We agree, once again, that Ramsey may well start from a metaphysical position different from our own; but, again, we do not think that we need to refute this metaphysical position to show that Ramsey's view cannot be sustained.

The problem lies, as we said before, in Ramsey's distinction between prolonging life and prolonging dying. Let us sharpen the point. Use of this distinction presupposes that we can distinguish between those patients who are dying and those who are not. Ramsey does not tell us how this should be done, but we can glean the following from his discussion of the Karen Ann Quinlan case (8).

### Key words

Infanticide; severely handicapped infants.

Karen Ann Quinlan was permanently comatose. She could be kept alive indefinitely with the help of a respirator. If the respirator were turned off, it was believed she would die 'in a matter of minutes' (9). In a case such as this, Paul Ramsey thought it permissible to discontinue life-sustaining treatment because 'treatments that were potentially life-saving (or reasonably believed to be so) when first begun have now become means of aimlessly prolonging Karen's dying'. Whilst such treatments can keep a patient alive, they 'will affect the still living patient's condition in no significant respect except to prolong dying' (10).

In arguing for the permissibility of allowing Karen Ann Quinlan to die, Ramsey thus relies on the distinction between dying and non-dying patients. Karen is assigned to the category of the dying. But why should this be so? Permanently comatose patients can live for many years (as Karen Ann Quinlan did), and many patients whose medical condition is not significantly affected by treatment (polio victims supported by iron lungs, diabetics supported by insulin) are nonetheless not considered to be dying. Hence, to decide to allow a permanently comatose patient to die (whilst keeping those other patients alive), would seem to be a judgement based not on any distinction between dying and non-dying patients, but rather on a distinction between the different and lower value accorded to permanently comatose life (11).

The case of Karen Ann Quinlan illustrates quite clearly, we think, the inconsistency in Ramsey's view. The same point could be made by focusing on Ramsey's example of infants suffering from incurable Tay-Sachs disease. In Tay-Sachs disease an infant appears normal for the first six months of its life and enjoys life as much as any other six-month-old baby would. But, Tay-Sachs babies are, in Ramsey's words, 'born destined to die'. Some time after six months, a process of irreversible degeneration sets in, and from some point in the dying process, treatment that 'can do no more than prolong dying' should, according to Ramsey, not be given and the infant should be allowed to die (12).

Again, the question is: How does Ramsey distinguish between a 'dying' and a 'non-dying' Tay-Sachs baby? Presumably, he would think that an infant who contracted, say, pneumonia during the first six months of its life was not dying and ought to be treated with a life-saving course of antibiotics. On the other hand, if an infant contracted pneumonia somewhat later, once the 'irreversible degenerative process' had begun, it ought, presumably, not to be treated. The

question is why? Are we not all, from the first moment of our existence, entered upon a degenerative process, upon dying? Moreover, it would be odd to say that the second baby 'is dying' and the first is not. Both babies might die from pneumonia if not treated; and both might survive the bout of pneumonia when treated. Why, then, treat one but not the other – IF all of a baby's days are of equal worth?

Long's reference to Ramsey's metaphysical position – that treating a dying patient would exhibit a hubristic deafness to God's call – can thus do little to help him out of this dilemma. To know when we should, and when we should not, be heeding God's call, we need to know when a patient is 'dying' and when she is not. But God, and Ramsey, are silent on this point. And until someone speaks to us with a convincing voice, we hold fast to our charge that Ramsey cannot simultaneously assert (i) and (ii): he stands convicted by his own examples.

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## References

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- (6) See reference (3): 146–147, 191–192.
- (7) See reference (5): 96.
- (8) Ramsey P. Prolonged dying: not medically indicated. *Hastings Center report* 1976; 6: 14–17, see also reference (3): 268–300.
- (9) See reference (3): 268.
- (10) See reference (8): 16.
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- (12) See reference (3): 191–192.