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Dignity, Pet-euthanasia, and Person-euthanasia

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Abstract

Challenging the standard argument for euthanasia, G. E. M. Anscombe holds that euthanasia does not comport with human dignity interpreted in terms of self-determination. For, were self-determination to ground any killing it would justify self-killing, not being killed by another. I articulate reasons for thinking that she correctly identifies the dissonance of self-determination with euthanasia. Additionally, I argue that the same holds, less obviously, for physician-assisted suicide (PAS, which she does not explicitly consider).

Moreover, Anscombe suggests that what actually occurs in euthanasia in effect equates a person to a humanely euthanized dog and, thereby, trivializes and degrades human lives and deaths. In response to advocates of euthanasia and PAS who think that our practice of pet-euthanasia positively recommends euthanizing our fellow humans (or assisting in their suicides), I develop Anscombe's suggestion and show why euthanasia comports with the nature of animals while degrading humans (as does PAS).

Keywords: euthanasia, VAE, physician-assisted suicide, PAS, dignity, self-determination, animal-euthanasia

DIGNITY, PET-EUTHANASIA, AND PERSON-EUTHANASIA

In *Murder and the Morality of Euthanasia*, G.E.M. Anscombe (2005) – in a characteristically intriguing passage – considers dignity and the euthanizing of both humans and other animals. She writes:

The drive to get doctors killing people and to have this accepted in medical ethics ought to be regarded as sinister even by those who regard suicide in face of terminal suffering as justified and worthy of a human being. If the ground for this opinion is the dignity of human freedom and self-determination, it is inconsonant with this to ask someone else to do so grave a thing. At this point it is often said that people who would kill themselves if they could are rendered unable to do it by physical incapacity. This is less often true than may be supposed, as it is usually possible to stop eating; though the point is not of interest to Christians, who would not be recommending suicide in any form. But with the plea ‘Kill me: I need death but cannot kill myself’ it becomes clear that it is not the dignity of human self-determination that is in question. What is demanded is that such suffering people be treated as we treat the other animals. The impulse ‘to put an animal out of its misery’ is an impulse of sympathy with a creature that resembles us. The attitude is mistakenly called mercy or care: you cannot take care of something by destroying it. But you can judge it worth not preserving, and sympathy makes it feel indecent to put up with its gross suffering, and may even incline one to terminate a reduced and pathetic existence.

But men, being spirit as well as flesh, are not the same as the other animals.

Whatever blasphemes the spirit in man is evil, discouraging, at best trivialising, at worst doing dirt on life. Such is the considered recommendation of suicide and killing in face of suffering. (p. 269)

Here, Anscombe makes a number of thought-provoking claims – almost as asides. In this paper, I develop two.

First, that doctors killing patients (or euthanasia, to be more precisely defined, shortly) is, “inconsonant with,” “the dignity of human freedom and self-determination.” One cannot ground euthanasia upon dignity insofar as one interprets that, as is customary, in terms of self-determination. For, (Anscombe suggests) self-determination would argue for self-killing (which she clearly opposes, while implying that it, at least on the face of things, comports with self-rule), not being-killed-by-another as occurs in euthanasia. In addressing this point, I consider whether the same holds for a physician’s assisting a patient to kill himself, or PAS. (PAS is legal in, e.g., Oregon and Washington. See, for example, “The Oregon Death with Dignity Act,” or Oregon Ballot Measure 16 (1994). Washington’s legislation follows Oregon’s in all important respects.)

The second Anscombian claim I articulate is that euthanasia equates, “suffering people,” to other animals undergoing, “gross suffering,” whom we decently kill. By contrast, so to kill humans does, in her inimitable words, “dirt on life.” Again, I consider whether the same holds for PAS.

Inconsonance of Self-determination with Euthanasia (and PAS)

Consider Anscombe’s first point. Concerning the jarring juxtaposition of a doctor and the killing of a patient, she (2005) writes:

The drive to get doctors killing people and to have this accepted in medical ethics ought to be regarded as sinister even by those who regard suicide in face of terminal suffering as justified and worthy of a human being. If the ground for this opinion is the dignity of human freedom and self-determination, it is inconsonant with this to ask someone else to do so grave a thing. (p. 269)

One requires only a passing familiarity with the literature advocating euthanasia and PAS to know that self-determination – also commonly referred to as ‘patient autonomy’ – almost entirely grounds the arguments for the ethical and legal acceptability of these practices. (For one of the standard arguments, see, e.g., Brock (1992, p. 11).) Thus, Anscombe’s point – made almost entirely in passing – has significance. For if she correctly notes that euthanasia clashes with self-determination (and, as I will now argue, so too does PAS), then the principal argument for those practices proves defective. With the import of her claim in mind, let us examine it.

First, let us define our terms. As is customary, by ‘euthanasia’ I refer (and I understand Anscombe does, also) to voluntary active euthanasia, or VAE. (Henceforth, I will use ‘VAE’ and ‘euthanasia’ interchangeably.) VAE refers to that practice by which a physician lethally injects a competent (adequately screened, for example, for clinical depression) terminally ill patient (diagnosed as having six or fewer months to live) at her own considered request. Voluntary active euthanasia contrasts with non-voluntary active euthanasia of a currently incompetent patient. (I address non-voluntary active euthanasia at the end of this paper.)

PAS refers to that practice by which a physician writes a prescription for a lethal drug at the considered request of a patient (relevantly similar to the patient involved in euthanasia) who

then fills the prescription and takes the lethal drug when he chooses to do so.¹ For our purposes, the two practices principally differ in terms of who, proximately, causes the death. Clearly, this difference bears on our current concern – the compatibility (or incompatibility) of self-determination with VAE and PAS. Before addressing that topic, consider the terms ‘autonomy’ and ‘self-determination’.

Autonomy refers, of course, to the concept of one’s self (in Greek ‘autos’) as giving the law (in Greek ‘nomos’) that one follows or in accordance with which one acts. Needless to say, the concept admits of extensive treatment into which I will not enter. Briefly, in the modern intellectual period, one traces it to Immanuel Kant. However, insofar as he emphasizes the role of reason in the law that one lays down for one’s self, his account differs significantly from what many currently mean by autonomy.

¹I describe both practices in terms of a successfully completed case. Of course, a patient who opts for PAS need not fill the prescription nor take the drug. However, this fails to illustrate the practice. A patient who does not fill the prescription or one who does not take the prescribed drug does not exemplify PAS just as an unused firecracker does not instance fireworks. That is, just as one does not see fireworks by looking at a firecracker one does not commit (or assist in) PAS by only requesting (or writing) a prescription. Rather, a patient completes an act of PAS when he requests a lethal prescription, receives it, fills it, takes the lethal drug, and, thereby, dies. A patient has not committed PAS nor has a physician assisted a patient’s suicide unless a suicide by lethally prescribed drug actually occurs. Moreover, PAS legalizes precisely such an act, not merely the physician’s writing or the patient’s receipt of a prescription for a lethal drug.

As currently employed, ‘autonomy’ characteristically amounts to something like getting to do what one wants as long as one does not harm others. I take Anscombe’s use of ‘self-determination’ to be closer to what most people actually do mean when they argue for PAS and VAE than a historically accurate Kantian concept of autonomy. Of course, ‘self’ is an English pronoun denoting the individual while ‘determination’ comes from the Latin meaning to ‘lay down a boundary’. The boundary being the terminus, from ‘term’ for ‘peg’ or that which marks the limit of a land parcel. In what follows I will use ‘autonomy’ and ‘self-determination’ interchangeably. While there are important differences between the two, I do not take them to be relevant to the current argument.²

With the above terminological preliminaries in place, let us turn to consider Anscombe’s singular claim that the, “dignity of human freedom and self-determination,” do not jibe with VAE. We will then consider the relevance of this claim to PAS. Because it is both what she explicitly maintains and the easier case to make, consider VAE first.

Prima facie (and *ultima facie*, as I now argue) VAE strikes a discordant note with patient

²As Kant himself emphasizes, ‘autonomy’ brings to mind the rule of law and, thereby, of reason as law is a, “rule of reason,” as Aquinas notes (*Summa theologiae*, IaIIae, q. 90).

‘Self-determination’, by contrast, brings to mind ownership, the boundaries of one’s parcel, and, thereby, one’s possessions, one’s body, one’s life. I am inclined to think that, as the English root ‘self’ indicates, self-determination is more at issue in, e.g., the U.S. debate concerning PAS and VAE. That is, that the life in question belongs to me and I get to dispose of it as I see fit, as if it were my property. Regardless, the inconsonance remains on either account.

autonomy. Indeed, so much so that a number of advocates of PAS oppose VAE as they consider it a threat to autonomy.³ For in VAE the physician kills the patient. To be put to death by another is not to determine one's own self. Indeed, in VAE another literally determines one's final terminus in various ways including time, place, manner, and so on. Let us consider just one way in which this is true; namely, with respect to when one actually dies. I do so because the time of one's death by definition bears on self-determination as one's death-date is one's terminus. Thus, not to lay this down is definitively not to de-terminine one's self.

Imagine the following patient (as advocates of PAS who oppose VAE no doubt do). Call him 'Joe'. Joe has gone through the process to be granted recourse to VAE. Once approved, what comes next for Joe? Well, scheduling a doctor's-appointment, of course. Let us say that Joe decides he wants to be euthanized on his birthday – to bring things full circle, as it were. On his birthday he enjoys himself and feels decent, indeed, euphoric. The doctor arrives; it is time. Yet, Joe does not want to recur to euthanasia right now. What happens? One need not have an overly active imagination to think that this scenario can play out in numerous ways. Consider three. In one case, the doctor shares cake with Joe, Joe's family and friends, and happily reschedules. In another, the physician foregoes cake and grudgingly reschedules. In another scene, Joe reluctantly acquiesces to his own putatively self-determined euthanasia at the hands of a young man in a hurry who has little time for cake and no patience for rescheduling.

³E.g., Timothy Quill, M.D. (1994) considers VAE a threat to patient-autonomy as it puts the act of killing into the physician's hands. Quill advocates PAS; indeed, he (illegally) assisted a patient to kill herself (1991).

Upon brief reflection, one readily understands why both advocates of PAS and Anscombe regard VAE as incongruent with self-determination. Being killed by another – even at one’s own request – does not instance self-lawing. Indeed, being killed by another contradicts the self so conceived. Thus, Anscombe’s claim concerning the incompatibility of self-rule and VAE stands. Indeed, as noted, advocates of PAS concur with her on this claim – the credibility of which one readily sees.

What of PAS (which Anscombe herself does not address)? Certainly, it appears to harmonize well with an individual’s self-government. For in PAS she will be the agent of her own death. In Anscombe’s questioning the accuracy of the claim, “Kill me: I need death but cannot kill myself,” she implies that suicide, literal self-killing (while never to be counseled or countenanced) at least appears to comport with self-sovereignty. The argument above concerning VAE’s incompatibility with autonomy does not appear to scathe PAS. So, does PAS congrue with self-rule? Let us now consider this question.

Prima facie, PAS comports with self-determination. For in PAS, unlike VAE, the patient kills herself. The doctor only writes her a prescription for a lethal drug. Indeed, she alone decides whether even to fill the prescription. Having filled it, she decides whether to take the deadly drug. She is the agent of her own demise, she lays down the time, place, witnesses (if any), and contingent circumstances of her death. Unlike Joe, she will not confront a disgruntled young doctor in a hurry were she to change her mind concerning when, where, before whom, or whether she dies by a lethal drug. Presumably, for these and allied reasons, advocates of patient autonomy have greater ease with PAS than with VAE.

Of course, and here we come to the rub between autonomy and PAS, the above picture of

PAS, while accurate in all details, lacks salient, less autonomy-friendly features. For, in addition to wanting death competently, the patient must both have and act on account of an acceptable reason. Here we find the opposition Anscombe notes between self-dominion and euthanasia also bearing on PAS.

To see this, consider another patient, Mary. Mary wants a physician's assistance in her self-killing. Following the currently accepted guidelines for PAS (e.g., in the U.S. States of Oregon and Washington), the physician will want to know of Mary if she has adequate medical grounds for wanting to kill herself. So, for example, she must be ill such that her prognosis suggests that she will be dead within six months. Note that if she expects to die within eighteen months, she prematurely wishes to exercise her autonomy. She must wait a year; hardly a robust instance of self-determination.

Further, say that Mary does have a medically acceptable good reason and will, indeed, likely be dead within six months because of a disease (confirmed by two physicians independently, etc). May she be assisted? One would think so. Note, however, that in addition to having the medically acceptable good reason for wanting assistance in killing herself, Mary also must want to kill herself *for this good reason*. More importantly for our purposes, she cannot want to kill herself for a reason that is not medically acceptable. That is, she not only must have the medically acceptable good reason, she must seek out, pursue, and be motivated to kill herself for this reason and not for a non-medical reason. Admittedly, this might seem an odd remark. Allow me to flesh it out.

Say, for example, that in addition to being a terminally ill patient, Mary is an important leader of her people as was Cato who resorted to suicide rather than become a pawn in Caesar's

machinations. Were Mary not to kill herself, her nemesis would manipulate her to serve political ends she abhors. For patriotic reasons, Mary wishes to kill herself. Her terminal illness only serves as a convenient cover. Or, perhaps less fantastically, Mary wants to kill herself because she is lonely after her husband Joe's death. A childless widow, Mary wants to kill herself because she is, "horribly alone," and, again, not because she has a terminal illness.

One could go on with permutations of the core example. By now, however, the point ought to be clear. Mary's autonomy does not ground her recourse to PAS. Rather, Mary may recur to PAS only if she determines herself along medically acceptable lines. She may exercise only the autonomy of a patient, not of a self defined in any terms other than those dictated by medicine, physicians, and legislators. In effect, prior to exercising self-determination, she must subordinate herself to all these authorities. Thus, PAS instances a less obvious and, therefore, more insidious medicalization of the self and autonomy than that which occurs in VAE. Indeed, one sees its deceptive character in the rejection of VAE by autonomy-friendly-advocates of PAS who less readily see that it, too, profoundly suborns the self.

Accordingly, Anscombe's point holds concerning the more obvious case of VAE and the initially counter-intuitive case of PAS. Both strike discordantly upon the strings of autonomy. Truly, both, in her remarkable words, "ought to be regarded as sinister even by those who regard suicide in face of terminal suffering as justified and worthy of a human being." If, then, in the plea, "Kill me: I need death but cannot kill myself," we do not encounter the, "dignity of human freedom and self-determination," what, precisely, do we face?

Anscombe proposes that we come upon a request that we treat our fellows, "as we treat the other animals." Is she correct? In contrast to a dignified stoic demand for self-killing, are we

looking at a request to be treated as we treat Fido or Tabby? Let us now turn to that topic.

I begin, first, with the analogy often made by proponents between, on the one hand, VAE and PAS and, on the other, the widely accepted practice of animal euthanasia. Ironically, many advocates of euthanasia and PAS enthusiastically liken them to our euthanizing of animals without reflecting on the pejorative implications Anscombe sees (correctly, I argue) in that equation. That is, VAE and PAS trivialize and degrade human lives and deaths by equating them with those of brutes.

The Common Claim

Initially, one might understandably consider Anscombe's claim tendentious. Who other than a staunch opponent of euthanasia would see it as tantamount to our widely accepted practice of animal-euthanasia? Has she not erected a straw-man? Surprisingly, she has not. As will become evident, one finds numerous advocates of VAE and PAS asserting that, in killing them, we treat our dogs and cats better than we treat one another (in not permitting recourse to PAS and VAE).

E.g., consider the words of Timothy Quill, a physician and proponent of PAS who wrote in the *New England Journal of Medicine* (1991) about assisting the suicide of Diane, a terminally ill patient. After publicizing his story about assisting her, Quill (1994) received many letters which, he approvingly notes:

commented that we treat our pets better than we treat ourselves and our families. We would never allow our pets to be put into a coma so they could die of dehydration over a ten-day period, particularly if they could tell us that they were ready to die. It would be cruel to torture them prior to death. We love them too much to allow this to happen. (p.

113)

Lest one think that Quill's sentiment is unique to U.S. medical doctors, one notes that the Canadian physician Gifford-Jones (2009) proposes that Canadians need:

to start 'The Society for the Prevention of Cruelty to Humans', an organization that would ask legislators to pass laws similar to those used in Holland and Switzerland where lethal injection is controlled and allowed.

Doctor Gifford-Jones favors the approach of veterinary medicine to end-of-life care, saying:

if I were allowed a committee to oversee my final hours I'd want a veterinarian to be part of that group. I'm hoping he or she would treat me the same way as Debbie [a polar bear euthanized by zoo-keepers], or a loving pet.

Nor is this attitude exclusive to North Americans or physicians, for that matter. We find A.C. Grayling (2009), a Professor of Applied Philosophy at the University of London, holding that:

the motive behind efforts ... to have physician-assisted suicide legalised is a simple one: it is a human impulse of kindness, based on the realisation that we are gentler to our pets than to our fellow humans in facilitating an ultimate release from suffering when it is needed.

He considers this a, "scandal."

Again in Britain, we find the animal-rights activist and novelist Brigid Brophy proposing that, "euthanasia is the one exception when we are nicer to animals than we are to humans" (Linzey, 1999, p. 21). Along similar lines, former Australian Senator Peter Baume (2009) holds

that it is not fair to prohibit euthanasia to people while not letting, “dogs and horses suffer as we allow humans to.”

Finally, we find a (former) registered nurse Ms. Lesley Martin, author of the book *To Die Like a Dog*. In this work, she recounts her act of killing her terminally ill mother for which she served a prison term of 7 ½ months. She subsequently founded a New Zealand group advocating the legalization of euthanasia, organizing a “Dignity Dog Walk” to, “highlight the inconsistencies between the treatment of sick humans and animals. It [being] ... illegal to keep a suffering animal alive, but the reverse ... [applying] ... for people.” Ms. Martin notes that, “eight out of ten people that I speak to invariably have a story of their own about a family member and the second thing they say is ‘if we treated our dogs like this or other animals like this, we’d be in court’” (Wood, 2009).

Clearly, as the above quotes from physicians (some who have practiced PAS), a professor of applied philosophy, a novelist, an animal-rights’ advocate, a legislator, and an actual euthanizer (and former R.N.) indicate, Anscombe has identified a mentality operative amongst those who propose (and some who practice) PAS and VAE. She has not fashioned a straw-man. Proponents actually do consider the comparison of animal-euthanasia to VAE and PAS as casting a favorable light upon the latter practices.

The tendency of advocates to offer our customary treatment of dying animals as an argument for PAS and VAE deserves consideration, if only because of the frequency and apparent naturalness with which the analogy comes to their minds. Do we treat our pets better than our fellow humans as they lay dying? Do we need a society for the prevention of cruelty to humans to insure they receive the options of PAS and VAE at the end of life? Ought we to be in

court for not euthanizing our family members? Do we love our pets more than ourselves and our families? Or, by contrast, as Anscombe contends, do VAE and PAS trivialize the gravity of homicide while treating persons like dogs and, thereby, do, “dirt on life”?

Pet-euthanasia

Given both the widespread familiarity with pet-euthanasia and the noted tendency to employ that experience in support of PAS and VAE, in what follows I focus on pet-euthanasia.⁴ Along the lines suggested by Anscombe, a deeper consideration of the decency of animal euthanasia has troubling implications for the supposed humaneness of PAS and VAE.

Very briefly, consider the history leading up to our widespread acceptance of pet-euthanasia.⁵ Thanks to the efforts of individuals such as William Wilberforce – a member of parliament in the late-eighteenth and early-nineteenth centuries, fierce opponent of slavery, devout Christian, and one of the original founders of the Society for the Prevention of Cruelty to Animals (SPCA) – we have come to regard the infliction of unjustified pain upon animals as wrongful, even deserving of punishment. (For more on the admirable Wilberforce, see Metaxas (2007)). While considering the killing of animals for food as legitimate, society has come to

⁴Lest my comments seem unaware of their own parochiality, I note that they bear on a first-world context. *Mutatis mutandis*, the same points could be made in other contexts; however, and importantly, those things in need of changing would need to be changed.

⁵Some question people’s readiness to euthanize a pet. For a thoughtful reflection on the tendency of some to euthanize a pet prematurely and its import for treatment of the disabled, see Andre (2003).

abhor gratuitous harm to animals. The SPCA was founded in 1824 partially to support and enforce an 1822 act of the British parliament preventing the cruel treatment of cattle. Of course, we often violate norms against cruelty to animals in, for example, factory-farming practices such as confining animals to cages no larger than themselves. Although much animal-husbandry falls short of our ideals, many societies legally forbid wanton cruelty to animals, especially the more common pets such as dogs and cats.

While such statutes prohibiting cruelty to animals do not positively require that people alleviate their pain, those who have pets and many others have come to abhor allowing a pet to undergo pain at the end of life. Accordingly, this has led to the widespread humane practice of euthanizing a pet at the end of its life, or mercy killing (in, e.g., the U.S.).⁶ What does this

⁶I agree with Anscombe that one cannot care for a pet (or anything, for that matter) by destroying it. However, one can by killing it thereby act with a qualified (metaphorical but nonetheless real) mercy towards it. Care and mercy differ. Care sustains a being and is, therefore, incompatible with destruction of that entity. Mercy involves a heart-felt (*cor*, Latin for ‘heart’) feeling of sorrow (*miserum*) at the harm another suffers. Hence, in Latin, *misericordia* or sorrowful-heart. Indeed, her statement that, “sympathy makes it feel indecent to put up with its gross suffering,” suggests that she is amenable to considering what goes on in animal euthanasia correct affectively. It is a sympathetic, decent, humane, and, I would say, tender-hearted, merciful act towards the being that cannot rise above pain and distress such that, for it, what it bears always remains gross suffering. Speaking most precisely, one can exercise the charity mercy instances only towards another human being. However, metaphorically, we can and do correctly speak of

practice indicate about our regard for animals? In what follows, I attend to four salient implications of this custom.

First, implicitly present in pet-euthanasia one finds that we consider animals subordinate beings towards whom we have obligations. We can be good or bad pet-owners. ‘Owner’, however, does not precisely capture the relationship between the pet and the person. For, unlike ownership of a thing, such as a car, the owner may not ethically or legally treat the pet however she wants. The pet, unlike the car, is a moral and legal patient; it admits of being treated unethically and illegally. Indeed, were its owner to treat the animal cruelly, in many jurisdictions she would be subject herself to fines, the loss of the pet, and even to criminal penalties, including incarceration. (In many jurisdictions in the U.S., animal cruelty amounts to a felony, subject to a year or more in jail.) Perhaps it would be better to speak of the person as a steward or guardian of the pet to convey that she does not exercise absolute dominion over it. While she does not exercise ownership over the pet as she does over things, the pet does belong to her. She may determine what becomes of it, within the ethical and legal boundaries of being a good caretaker. That she ought (in some circumstances) euthanize her pet indicates her dominion over it.

Second, pet-euthanasia suggests that we do not regard the pet’s decline and death as valuable to the pet (or to anyone else, for that matter). That is, we act well, decently, worthily in

mercy towards animals. This includes mercy-killing of pets. For a consideration of the treatments of charity and mercy upon which these comments depend, especially the metaphorical character of the mercy we show towards pets, see Aquinas, *Summa theologiae*, IIaIIae, q. 25, a.3 (regarding the metaphorical character) and q. 30, a.1. (for the specific treatment of mercy).

killing the animal, in taking measures to end its, “reduced and pathetic existence.” We correctly consider the pet’s pain, symptoms, and distress as entirely negative, to be foreshortened and avoided. The pet gains nothing from its experience of death. It is, in Anscombe’s words, “gross suffering.” Why?

The pet’s suffering is gross because the brute animal naturally cannot rise above and reflect upon what it bears. Instead, we find the pet entirely immersed in its pain and afflictions. Accordingly, the pet has nothing to gain, no new insights to derive from experiencing its own mortality. In fact, it does not experience its own mortality; it simply labors under a burden. Unlike the pet, we understand this burden and its name: mortality.

The poet Gerard Manley Hopkins, S.J. imagines a young child Margaret sorrowing over, “Goldengrove unleaving,”: “It is the blight man was born for, It is Margaret you mourn for” (1985, in the poem entitled *Spring and Fall*). Similarly, when our dog dies, we grieve both at our own loss of the beloved dog’s life and at the dog’s loss of life (and, thus, we experience mercy metaphorically). The animal, however, remains dumb and mute even at the end of its life, a terminus that it neither comprehends nor contemplates. Indeed, partially for this reason, it is pathetic. It merits pity. No good can come of the animal’s endurance of its ending. In light of this we humanely kill a pet whose life holds no prospects for growth as it ends.

Third, just as the animal cannot rise above its own mortality, it cannot kill itself. This follows as a close corollary to the second point and instances another salient element in the pitiable character of the animal’s wordless suffering that partially justifies pet-euthanasia. The pet is the kind of being that cannot effect, bring about, or cause its own death. Indeed, its inability to kill itself flows from its incapacity to understand and, thereby, transcend its own death. The

possibility of outstripping its mortality by causing its own death remains out of the pet's reach. Its being the kind of being that cannot kill itself partially renders our killing of it decent when, otherwise, it would suffer dumbly.

Fourth, and finally, in euthanizing a dog we also find an intimation of the replaceability of the dog. I struggle to make this point; language does not precisely capture the idea I hope to convey. On the one hand, a dog is not a thing such as a car that (when destroyed) we replace with an identical thing. On the other hand, it is not a person, an entirely irreplaceable and non-fungible being. Simply put, persons cannot be exchanged. A person's death instances an irretrievable loss. Pets fall somewhere between the exchangeability of things and the uniqueness of persons. Pets are, in large part, replaceable. Their replaceability reflects, not the shallowness of our capacity for relationships with animals, but, rather, the appropriate way of relating to pets. Thus, euthanizing an animal suggests the nature of the animal's life as, for the most part, fungible.⁷

In summation, we euthanize our pets as an act of (metaphorical) mercy towards 1) subordinate beings in light of their dual inability 2) by reflection to derive any further benefit from or 3) to themselves end 4) a replaceable life now characterized by pain and distress. How

⁷A personal anecdote illustrates the point. Upon the death of our family dog, my parents acquired another dog of the same breed, giving it the same name. My siblings and I quickly overcame our adolescent sorrow at the death of our beloved dog and immediately fell in love with our new pet. By contrast, had we lost a sibling, our parents could not simply replace him or her with another person. For persons cannot be exchanged, one for another, while animals, albeit not entirely fungible, largely share in the replaceable nature of things.

does this custom and these reasons for it relate to VAE and PAS? As noted, many take animal-euthanasia as an obvious analogy justifying VAE and PAS. One might put their point thus: “since we humanely kill our pets who do not request euthanasia, all the more ought we to kill (or assist) our loved ones who at times actually request us to do so.”

Pet-euthanasia’s Import for VAE and PAS

In what follows, I argue that the four above-noted reasons in accordance with which we appropriately euthanize pets do not apply to persons such that we would aptly resort to VAE and PAS. I now articulate and reflect upon these four bases for justified animal-euthanasia and their deficiency *vis-à-vis* justifying VAE and PAS. I do so in the following order: first, inferiority of the killed; second, irreflexivity or immersion in sensation; third, inability to kill self; and fourth, fungibility.

First, when we consider the pet’s subordination indicated by our euthanizing it we confront Anscombe’s point concerning the implicit degradation of humans present in VAE and PAS. The properly ordered killing of any other being (plant, animal, or human) depends upon the killed somehow being below, subordinate, for the sake of, or defective to the killer. One does not justifiably kill another’s exact equal. Thus, for the killing of a human to be just, some superiority must exist between the killer and the justly killed, be it that the killer does not (unjustly) threaten while the killed does (in self-defense), or the killer is the whole (the state) while the killed has acted unjustly and is a part (in the death penalty), etc. Put in other words, in a just killing the killed is less than the killer.

Animals are below us; at times, we justly kill them. Pet-euthanasia instances such a killing. Because the euthanizing of a human would constitute an erroneous subordination of one

human to another, we must reject it. For it betrays the radical equality of all humans. While I do not wish to sound alarmist, one notes that the Nazis euthanized people whom they regarded as defective and, thereby, “unworthy of life,” (in German, *lebensunwerten Lebens* (Friedlander, 1995, p. 81)). This way of speaking indicates that the Nazis regarded the subject, an individual human being, as not being worthy of the property of being alive. The killing of a human tends to incorporate such a sentiment. The same point holds for assisting in another’s killing. One must judge the life of the one whom we assist in self-killing as meriting death and, thereby, as below our own life which we (of course) preserve. (For a consideration of the precedents to the Nazi program of euthanasia, see Friedlander (1995); see also, Burleigh (1994), pp. 11-90. For the bearing of the Nazi euthanasia program on the current debate, see Cavanaugh (1997).)

Second, as noted, animals, unlike humans, cannot significantly reflect upon their own experience. I do not wish to deny that we humans share many important similarities with our pets. (Indeed, our similarities ground our relationships with them.) Those who would deny thinking or communicating or emoting to animals insufficiently know and appreciate animals and their abilities. We differ most pronouncedly with animals not in what we do and what they do not do, but, rather, in what we do concerning what we do and in what they do not do concerning what they do. In other words, our own acts themselves provide extensive material for our further actions while animals do little and some nothing at all respecting their own actions. We might say that while both we and animals are conscious and act as conscious beings do (sense, desire, emote, communicate, think) we also have robust consciousness about our consciousness. We, unlike they, have deep self-consciousness and all that this entails: beliefs about beliefs, desires about desires, knowledge about knowledge, and, most generally, actions concerning our actions.

For the purposes of this paper, most importantly, we, unlike they, can rise above our own deaths, contemplate them, and derive benefits and insights from them. We can contemplate and attempt to understand our own mortality, sickness, pain, suffering, and impending deaths. This truth about us dramatically contrasts animal from human dying. For an animal's death holds out no potential insights for it. By contrast, our deaths promise opportunities available to us only at the end of life. (Indeed, as the passage from Hopkins indicates, we, as does Margaret, learn from the deaths of all living things, even a tree-grove's loss of leaves.)

In the words of Ira Byock, M. D. (1997) (a hospice physician and past President of the American Academy of Hospice and Palliative Medicine), we have, "prospects for growth at the end of life."⁸ Animals do not; in part, for this reason, we justifiably euthanize them. Because we can and animals cannot make sense of pain, distress, and the ending of life, we cannot extrapolate from justified animal-euthanasia to the euthanizing of humans. What one does appropriately to a pet one errs in doing to a fellow human – even at that fellow's request.

⁸In his extensive experience as a hospice physician, Byock proposes that growth occurs typically in a dying person's request for forgiveness, granting forgiveness, expressing both gratitude and love, and, finally, saying goodbye (1997; see also, Byock, 2004). Amongst other reasons for opposing PAS and VAE, Byock thinks that such practices would dramatically curtail these opportunities. Moreover, the practices would do so unnecessarily, as we can adequately manage pain and symptoms at the end of life, even, if necessary, sedating patients to manage otherwise intractable pain (terminal sedation). Byock (1997, pp. 209-216) recounts the passing of one of his patients who required palliative sedation – the use of which he endorses.

As an elaboration upon this point, consider Kant's famous analysis of suicide. In his *Groundwork for the Metaphysics of Morals*, Kant proposes that one who resorts to suicide errs.

For, Kant says:

If he destroys himself in order to escape from a difficult situation, then he is making use of his person merely as a means so as to maintain a tolerable condition till the end of his life. Man, however, is not a thing and hence not something to be used merely as a means; he must in all his actions always be regarded as an end in himself. (1993, p. 36)

No doubt, Kant misunderstands the distraught situation of many in despair who resort to suicide. Consider not that deficiency in his account, however, but, rather, how his analysis bears on VAE and PAS when proposed as rational solutions to distress at the end of life.

Kant understands putative rational human suicide as involving the mistake of regarding one's life only as a means to pleasure. The account (which Kant rightly rejects) holds that once one's life lacks pleasure, or involves too much suffering, burdensome symptoms, and the loss of control over one's bodily functions, one may destroy one's self (or be destroyed by another). We find such thinking present in right opinions about pet-euthanasia and mistaken ones concerning VAE and PAS.

Certainly, this represents how we correctly think about euthanizing our pets. Typically, sensory experience constitutes the entirety of their consciousness. Once that is onerous and not likely to improve, we kill them. To do so acknowledges their actual relationship to sensual pleasure. Basically, their lives merit preservation to the extent to which they contain pleasure. My dog is, literally, a pleasure-hound. Were his life devoid of pleasure, he would no longer be what he is; at that time I will mercifully take his life.

Because dogs in the throes of death cannot comprehend pain and thereby get beyond it, we appropriately kill them when so immersed. We err profoundly, however, when we propose thus to act concerning humans who by nature do rise above pain and thereby transcend it, showing that their lives are not the sum of their sensations.

Third, humans, unlike pets, can kill themselves. Here we register a signal difference between the plight of the animal we mercifully kill and that of those to be killed via PAS and VAE. Namely, as Anscombe notes, the characteristic falsity of the plea: “‘Kill me: I need death but cannot kill myself.’” Many who would have recourse to VAE actually can (otherwise) kill themselves – similarly, for PAS. More importantly for the present purposes, as beings of certain kinds, humans can and animals cannot kill themselves. (Shortly, I will address this point as it bears on those humans who occurrently cannot kill themselves.)

Fourth, and finally, the (for the most part) fungible character of animal life indicated by euthanasia suggests that the practice does not comport with human dignity. For by ‘dignity’ we attempt to capture the notion of humans as irreplaceable, without price. Dignity excludes replaceability. The life of a being that has dignity cannot be exchanged for another being and, for this reason, neither can it be taken in exchange for the cessation of pain and distress.⁹

⁹Of course – as Anscombe herself clearly indicates elsewhere (and as noted previously in the reference to the physician Ira Byock’s recourse to palliative or terminal sedation in the care of terminally ill patients) – we can honor our commitment never to euthanize while also taking aggressive measures to relieve pain and distress at the end of life, even when doing so does effect death concomitantly as a foreseen but not intended side effect. Here is Anscombe (1981, pp.

The most incompetently alive. As noted, points two and three above concerning humans' ability, unlike pets, to comprehend their own suffering and to effect their own deaths bring up an earlier mooted point concerning humans who here and now (or, occurrently) can neither contemplate their own deaths nor kill themselves. As we will see, Anscombe refers to such persons as, "the most incompetently alive." Perhaps we ought to euthanize such persons as we do our pets who can neither kill themselves nor rise above their own deaths to comprehend them? (Obviously, the question does not arise concerning PAS.) Before concluding, I want to address euthanasia as it bears on people so situated.

There is a lot of territory to treat of here; space does not permit an extensive treatment of the relevant issues. I do, however, want to limn an argument. Before doing so, one must distinguish different forms of euthanasia. Thus far we have been speaking of VAE, voluntary active euthanasia that concerns a currently competent patient. By contrast, non-voluntary active

54-55) on palliative sedation (which she endorses as ethical):

And in the case of the administration of a pain-relieving drug in mortal illness, where the doctor knows the drug may very well kill the patient if the illness does not do so first, the [I/F] distinction is evident; the lack of it has led an English judge to talk nonsense about the administration of the drug's not having *really* been the cause of death in such a case, even though a post mortem shows it was." (original emphasis)

Of course, terminal sedation instances a classic case of double effect – concerning the development of which Anscombe serves as a central contemporary figure. On double effect's use in end-of-life care and more generally, see Cavanaugh (2006).

euthanasia concerns three categories of patients similar to the VAE-patient, but for competency. First, we have the once-competent but now no longer competent person who previously asked us to euthanize him. Second, we have the once but now no longer competent person who never opined concerning euthanasia one way or the other. Third, we have the never-competent person.

Concerning all three I have two points. First, each is a human being, and, thereby, a person (an individual of a rational nature) equal to any and all other human persons.¹⁰ That which belongs to a human being belongs to each of them. In this respect the three noted patients do not importantly differ from a currently competent patient while they radically differ from a pet. This essential characteristic they all have: they are equally human. For this reason, not one of them can be regarded without serious (ontological/metaphysical) error as adequately similar to the dog euthanized appropriately, in light of its nature. This holds without respect to their disabilities – occasional or permanent. Indeed, to cite a person’s inability as a basis for killing him adds grievous insult to the injury that incapacity instances in his life. Only a being to whom, e.g., understanding naturally belongs can suffer from the absence of understanding. One perversely singles such a person out for killing rather than caring.

Second – and I will conclude my treatment of this topic with this point – that a person lives with or without consciousness itself indicates that person’s desire to live. Consider Anscombe’s observation in the same paper from which our topic arises:

The human heart and will are set on amenity; they may also be set on what is just: that is

¹⁰Aquinas, *S.t.*, Ia, q. 29, a.1, approvingly quoting Boethius, “*persona est rationalis naturae individua substantia.*”

(when it comes to dying) set in acceptance of life — which is God’s gift – and of death, as it comes from him. This goes even for the most incompetently alive in whom the will is manifested mainly in the vital operations. (2005, p. 270)

Elsewhere, Anscombe (2000, p. 68) famously says that the, “primitive sign of wanting is trying to get.” Can we not, with her, assert that even the, “most incompetently alive,” do want to live and evidence their desire by living? To deny the evidence of this desire is to embrace a dubious dichotomous duality between body and psyche.

Paraphrasing Pascal’s, “*le cœur a ses raisons, que la raison ne connaît point*” (1963, p. 552) may we not say that, “the body has its reasons which reason does not understand”? Certainly, the readiness of some to kill humans incapable of performing characteristically human acts depends upon a metaphysics that does not withstand scrutiny. For it reduces the real to what occurs, thereby denying kinds. With this (admittedly brief) treatment of the, “most incompetently alive,” let us conclude.

In summation, what conclusions do the preceding arguments warrant?¹¹ Three merit

¹¹Respecting what has not been shown, two points bear remark. First, neither this paper nor Anscombe’s own comments show suicide to be incompatible with self-determination broadly construed. Second, both this paper and Anscombe’s comments that prompt it imply that this needs to be shown. For, *prima facie*, suicide seems compatible with autonomy. I note in passing, however, that in diverse times and places we find highly regarded secular thinkers – such as Socrates and Jefferson – broadly rejecting self-killing so as to exclude PAS and VAE while at the same time evidencing sympathy, even championing self-rule. While Socrates would not be

repetition. First, both VAE and PAS do not comport with self-determination. Second, both practices equate a person to a pet. Third, so to equate a grandmother, grandfather, father, mother, uncle, aunt, wife, husband, son, daughter, sister, brother, niece, nephew, cousin, friend, neighbor, stranger, or any fellow human being with a dog or cat both trivializes human death and does dirt on human life.

entirely at home with the individualism latent in modern conceptions of self-government, Jefferson can certainly be counted amongst its advocates. In *Phaedo*, Socrates holds that even in dire straits – such as his condemnation to death by the Athenians – one ought not to kill oneself. For one’s life is not entirely one’s own (Plato, *Phaedo*, lines 61c-62d.). Over two millennia later, we find Jefferson writing of, “inalienable rights,” in the *Declaration of Independence*, amongst which he numbers the right to life. Of course, an inalienable right cannot be separated from the individual, not even by the individual him or herself. Thus, according to the account Jefferson advances and that one finds at the founding of the U.S. Republic, one may not legitimately kill oneself.

References

- Andre, L. (2003). Disability culture meets euthanasia culture: lessons from my cat. *Disability Studies Quarterly*, 23 (3/4).
- Anscombe, G. E. M. (1981). War and murder. In Anscombe, *The collected philosophical papers of G. E. M. Anscombe* (Vol. 3) (pp., 51-61). Oxford, UK: Basil Blackwell.
- Anscombe, G. E. M. (2000). *Intention* (2nd ed.). Cambridge, MA: Harvard University Press.
- Anscombe, G. E. M. (2005). Murder and the morality of euthanasia. In Geach, M., & Gormally, L. (Eds.), *Human life, action and ethics: essays by G. E. M. Anscombe* (pp. 261-277). Exeter, UK: Imprint Academic; St. Andrews Studies in Philosophy and Public Affairs.
- Aquinas, Thomas (1962). *Summa theologiae. Roma, IT: Editiones Paulinae.*
- Baume, P. (2009, February 4). *The Sydney Morning Herald.*
- Brock, D. (1992). Voluntary active euthanasia. *The Hastings Center Report*, 22 (2), 10-22.
- Burleigh, M. (1994). *Death and deliverance: "euthanasia" in Germany 1900-1945.* Cambridge, UK: Cambridge University Press.
- Byock, I. (1997). *Dying well: prospects for growth at the end of life.* New York, NY: Riverhead.
- Byock, I. (2004). *The four things that matter most: a book about living.* New York, NY: Free Press.
- Cavanaugh, T. A. (1997). The *Nazi!* accusation and current U.S. proposals. *Bioethics*, 11 (3/4), 291-297.
- Cavanaugh, T. A. (2006). *Double-effect reasoning: doing good and avoiding evil.* Oxford, UK: Clarendon.
- Friedlander, H. (1995). *The origins of nazi genocide: from euthanasia to the final solution.*

Chapel Hill, NC: The University of North Carolina Press.

Gifford-Jones, W. (2009, February 7). *The Toronto Sun*, p. 27.

Grayling, A. C. (2009, March 31). *The Times* (London), p. 26.

Hopkins, G. M. (1985). *Gerard Manley Hopkins: poems and prose*. New York, NY: Penguin, p. 50.

Jefferson, T. (1776). *Declaration of Independence*.

Kant, I. (1993). *Grounding for the metaphysics of morals*. (J. Ellington, Trans.). Indianapolis, IN: Hackett.

Linzey, A. (1999). Worse than death. *The Animals' Agenda*, 19 (4).

Metaxas, E. (2007). *Amazing grace: William Wilberforce and the heroic campaign to end slavery*. New York, NY: Harper Collins.

Oregon Ballot Measure 16. (1994).

Pascal, B. (1963). *Pensées*. In *Œuvres complètes* (pp. 493-641). Paris, FR: Macmillan, *Éditions du Seuil*.

Plato (2002). *Phaedo*. In *Five dialogues* (pp. 93-154). (G.M.A. Grube, Trans.). Indianapolis, IN: Hackett.

Quill T. (1991). Death and dignity – a case of individualized decision making. *New England Journal of Medicine*, 324, pp. 691–694.

Quill, T. (1994). *Death and dignity*. New York, NY: Norton.

Wood, S. (2009, May 16). *The Dominion Post* (Wellington, New Zealand), p. 6.