

# Relativism and Medical Ethics

Exploring the Nature of Truth & Euthanasia



"Your Honor, my client pleads not guilty by reason of cultural relativism."

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## When in Rome, Do as Romans Do

### *What is Relativism?*

Relativism grounds the truth of something in the individual. So that, when we want to know whether or not something is right or wrong, who has the final say so? The individual. One of the major goals of relativism is that it seeks to take away harsh judgment and replace it with tolerance and peace.

## Some Positive Aspects About Relativism

Living in America, our culture is a melting pot. Relativism reminds us that we should not take our standards as being obvious for others. Relativism can raise the question of whether or not we believe something because it's actually true, or just because we are comfortable with it.

Another example could be that we should not think of ourselves as morally (or in any other way) superior because of our technological advances. The temptation may be that we look down on primitive tribes as being simple and uneducated. However their convictions and beliefs run as deep as ours.

There are many kinds of relativism. Ultimately, the main tenants of relativism are that:

1. There are no objective truths.
2. Objective truths are those truths which are true even if no one wants to believe it.
3. Relativism says that because all truths are determined by themselves, their cultures, language, etc. that objective truths are actually an illusion.
4. Even truths such as  $2+2=4$  isn't necessarily truth, other than the fact that we have all agreed historically that it is true.

- Because of this, "Man is the measure of all things". No one person's ethics is better than another's. But with this we have to mean that my ethics is no better than someone who lived 1500 years ago in another country. One is no better than the other, just different. A Buddhists' ethics are equal in merit to an American atheist.
- Culture is responsible for the way we see and experience the world, including our morality. Thus, we never really see things as they really are, we always place our interpretation on reality. No absolute standard for how we should act can be given because we are not in a position to know (because knowledge of universal truths is impossible) which system is "better." There is no "better" - only different.
- As we will see, many ethical systems refer to some sort of absolute "yardstick" to ground the correctness of their view. As we have seen, relativism rejects any yardstick altogether. In relativism, we are not burdened with trying to defend any sort of ethical system. Instead we look at a common practice within a society.
- However, we should not conclude that just because there are no moral absolutes, that therefore we should never make moral judgements. For order and stability in our lives, we need rules, and we life is best when we work together. This is why, for example, it is okay in one culture to cut off the hand of a thief, while in another, to simply issue a fine.
- Yet again, just because we can make moral judgements, we must be very careful to no impose our morals on others. D.Z. Phillips says, "If I hear that one of my neighbors has killed another neighbor's child, given that he is sane, my condemnation is immediate...but if I hear that some remote tribe practices child sacrifices, what then? I do not know what sacrifice means for the tribe in question, what would it mean to say I condemned it when the "it" refers to something I know nothing about. If I did condemn it I would be condemning murder, but murder is not child sacrifice.

# Moral Relativism?



## Some Difficulties with Relativism

### **Principles vs. Action:**

While someone would have to live a very sheltered life to think that there is no variation in how moral practices are carried out from culture to culture, perhaps we need to look at the deeper question of how such principles come about.

Consider a culture where it is wrong to eat cows. This may even be a poor culture where there is not enough food; still the cows are not to be touched. Such a society would appear to have very different values than our own. But does it? We have not yet asked *why* these people do not eat cows. Suppose it is because this society believes that when humans die they inhabit the bodies of animals, especially cows, and therefore this cow may be someone's grandmother. Now do we want to say that their values are different than our own? No, the difference lies elsewhere. The difference is in our belief systems, not in our values. We all agree that we do not want to eat grandmother, but we may disagree as to whether or not that cow is grandmother.

Basically, perhaps we need to look past *what* a culture does, and ask the deeper question to *why* they do it. The why question concerns the principles behind the action. The what question only deals with how the principles are carried out.

### **No Moral Progress:**

According to relativism, there are no better or worse off cultures - just different. But does that put all of us on par with Roman executioners or slave owners prior to the civil war? Well, yes. But this makes effort for moral progress of those like Abraham Lincoln and Martin Luther King Jr. Not to mention everyday heroes that seek to stop Chinese foot binding, child labor, not to mention child prostitution rings, mutilation and so forth, simply futile, saving Tibet, saving species or the environment. These efforts aren't done in the name of what is right, because we cannot know what is right for other cultures.

### **Self-Refuting:**

Relativism works off of two very problematic principles:

1. There are no universal Truths, and;
2. Intolerance is wrong

But, let's say that there is an absolutist society, a society that believes that its ethics are not only universally true, but should be followed by everyone. And let's say that one of their rules is that everyone should abstain from food on Tuesdays. If someone breaks that law, the punishment is death.

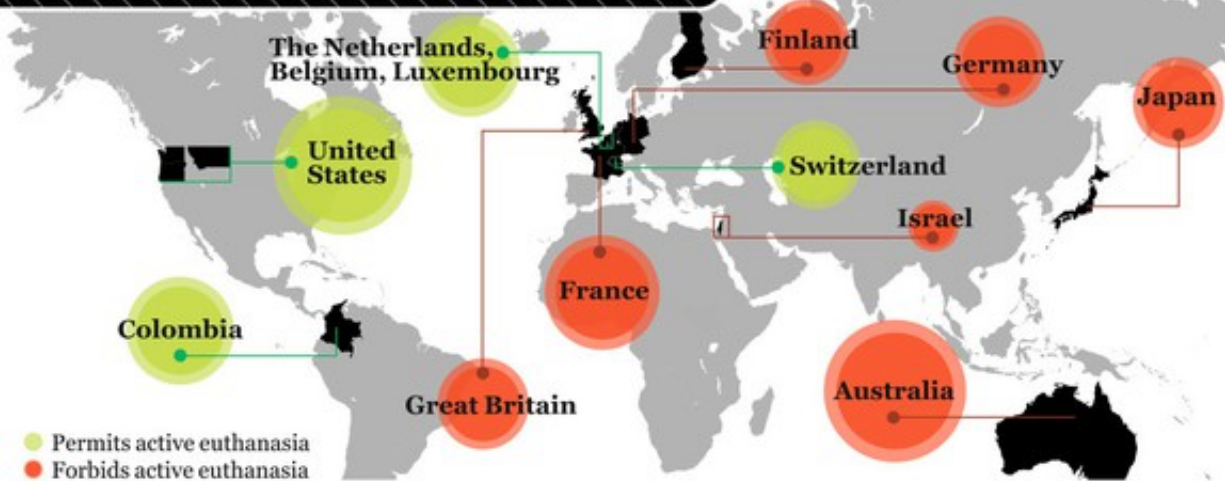
### **Contradictory Options:**

- They cannot condemn the society because there is no universal standard to judge this society.
- On the other hand, this society can be condemned by the relativist because this society is imposing its ethics on everyone.
- It must tolerate this society because Intolerance is wrong.
- Yet, the relativist can call them wrong because they are an intolerant society.

Propositionally, relativism collapses: "There are no universal truths" is not a culturally supported ideal. But even if it were, the claim is being stated as a universal truth that the relativist is trying to convince us of. As well, "Intolerance is wrong" is being intolerant against those who are intolerant.

## Medical Ethics and Euthanasia

## Euthanasia laws around the world



### Japan

Only "passive" euthanasia is permitted (non-prolongation of life) for patients who have been in a coma for more than three months

### Germany

Euthanasia is defined as murder, due to the large number of cases under the Nazi regime

### Finland

Passive euthanasia is permitted for anyone who has declared a desire for it in advance

### France

A stormy debate erupted a few years ago following the suicide of a patient who had conducted a public struggle for her right to euthanasia

### The Netherlands, Belgium, Luxembourg

Assisted suicide is performed by doctors based on a patient's request while he or she is still conscious

### Australia

Euthanasia was approved in the northern district in 1995, but the decision was overturned shortly afterwards by the central government

### Great Britain

The legislature has rejected any initiative on the issue

### United States

In Washington and Oregon, a doctor can prescribe a substance that the patient can purchase in a pharmacy

### Colombia

Euthanasia was approved in 1997; due to pressure from the church doctors could perform assisted suicide starting in 2012

### Switzerland

The only country that permits euthanasia for foreign citizens

## Defining Our Terms

Euthanasia comes from the greek words "eu" which means good or happy (remember eudaemonia – happy spirit). "Thanasia" comes from "thanatos" which means death.

### Brief Arguments For and Against Euthanasia

#### What Are the Central Issues?

The issues begin because of the rise of medical technologies, especially life sustaining ones. The question of whether it is morally permissible to take someone else's life because they desire it has always been debate.

Because individuals can now be kept alive against their wishes or in states of pain and other sorts of suffering such as loss of control, fatigue, depression, and hopelessness arises the

question of whether we ought to continue to support these lives in this state or refrain from assisting support. We are now also able to keep people alive in a coma or in a persistent vegetative state.

- Coma – a condition where the eyes are closed, the person cannot be aroused, and there is no wake/sleep cycle.
- A vegetative state – a condition where there is no awareness including awareness of pain and suffering, no rationality or emotionality, the eyes are usually open, and there is a wake sleep cycle.

### **What Are the Major Life Sustaining Interventions Involved?**

Cardiopulmonary resuscitation (CPR): This refers to a range of interventions that restore the heartbeat and maintain blood flow and breathing following a cardiac or respiratory arrest, for example mouth to mouth resuscitation and electric shock to restore the heart to its normal pacing.

- Mechanical ventilation: The use of a machine to assist in breathing and in regulating the exchange of gases in the blood.
- Renal analysis: an artificial method of sustaining the chemical balance of the blood when the kidneys have failed.
- Antibiotics: a number of drugs used to protect a patient from various types of life-threatening infections.
- Nutritional support and hydration: this refers to artificial methods of providing nourishment and fluids. This usually involves the insertion of a feeding tube which delivers nutrition directly into the digestive tract or intravenous feeding which delivers nourishment directly to the bloodstream. There is debate over whether we should consider hydration and feeding as medical treatments.

### **What Are the Two Major Views Concerning Euthanasia?**

1. Traditional view: holds that it is always wrong to intentionally kill an innocent human being, but that given certain circumstances it is permissible to withhold or withdraw treatment and allow a patient to die.
2. Libertarian view (Hemlock society and Society for the right to die): denies there is any moral significant distinction between passive and active euthanasia that would allow the former to forbid the later. Mercy killing, assisted suicide and the like are permissible.

### **A Closer Look at the Ethical Distinctions**

Two different ways to construe the term euthanasia:

1. *Narrow construal of euthanasia (mercy killing) corresponds* – if a doctor injects a patient with some kind of drug with the intent to kill the patient, that would be an act of euthanasia (sometimes called active euthanasia); if the doctor allows the patient to die by withholding some excessively burdensome treatment, that does not count as an example of euthanasia (sometimes called passive euthanasia).
2. *Broad construal of euthanasia (more widely accepted definition)* – includes within its definition of euthanasia both the active euthanasia and the passive euthanasia.

### **Active and Passive Distinction**

- Passive euthanasia (negative euthanasia) – refers to the withholding or withdrawing of a life-sustaining treatment when certain justifiable conditions obtain and allow the patient to die.
- Active euthanasia (mercy killing or positive euthanasia) – refers to the intentional or direct killing of an innocent life (no injustice committed) either by that person or by another.

### [Current Statistics on Euthanasia](#)

### **Withholding vs. Withdrawing Treatment**

- Withholding – a treatment is not started on an individual. (One refrains from moving body parts – I never turn on the respirator).
- Withdrawing – a treatment is removed from an individual. (one moves body parts – I turn off the respirator and stop the heart beat).

Now many times people's emotions are involved in the decision making process when having to make these big decisions. So often times you have people who emotionally feel as if it is morally preferable to withhold treatment rather than to withdraw a treatment.

However, ethically speaking it is difficult to see the relevant difference. If it is morally permissible to withhold treatment because the treatment is pointless, then they question whether it would not also have been permissible to withdraw the treatment, and vice versa.

We need to make a few more distinctions between voluntary/nonvoluntary/ and involuntary euthanasia



- Voluntary euthanasia occurs whenever a competent informed patient autonomously requests it.
- Non-voluntary euthanasia occurs whenever a person is incapable of forming a judgement or expressing a wish in the matter (a comatose adult or defective newborn).
- Involuntary euthanasia is when a person expresses a wish to live but is nevertheless killed or allowed to die.

All of these can be combined with the former passive active distinction.

### **Intentional Action and the Principle of Double Effect**

When we evaluate someone's moral action we take into account the intention of the person who acted. If a person drives recklessly through a residential area and kills someone they are guilty of manslaughter. However, if a person drives recklessly through a residential area with the purpose of killing someone we would consider that person more morally culpable, guilty of murder. Morally speaking our intentions make a difference.

When we evaluate one's action we take into account one's intentions and whether they pursue an immoral means to accomplish some end that may be morally good or neutral. You can rebuke an alcoholic in public because you hate him and reform his action by embarrassing him but you accomplish a good end by evil means (malicious behavior). However if you rebuke him in public because you love him and want to correct his action and reform him then you accomplish a good end by means of a good act. This is what is often called the law of double effect (when an action has good and bad consequences, the actions may be performed under the following circumstances:

The act is good or at least indifferent regarding the end that one directly intends.

- The good and evil effects follow immediately from the act; that is, the good effect is not obligated by means of the evil effect.
- One only intends the good effect but merely tolerates the bad effect, even if that bad effect was foreseen prior to the act.
- There is a proportion between the good and bad effects; that is, the good must be at least equal to the bad.

The principle of double effect expresses the importance of the intentions, means to ends in moral actions which are all central to the debate over euthanasia.

Let me give you an example:

Let us suppose that Ryan, Jeremy, and Melody are all relatives and they all have a grandmother who will be leaving behind a large inheritance. Each visits her grandmother on a Saturday afternoon and brings her a cherry pie (all the actions are the same).

Ryan does it motivated out of a respect for his relative, and intends to love his grandmother by means of being with her for an afternoon and giving her a cherry pie. Jeremy motivated by greed, intends to secure a place in her will by means of being with her for the afternoon and giving her a cherry pie. Kari motivated by hate for her grandmother intends to secure an inheritance by means of giving her grandmother a cherry pie with poison in it.

Each person has a motive and an intention for why they are acting the way they are acting to accomplish that intent.

- A motive is why one acts.
- An intent is what one is intending to do
- A means is how one acts the steps one takes to accomplishing one's intent.
- Now lets evaluate the motives and intentions and means:
- Ryan had a good motive and good intent and a good means
- Jeremy had a bad motive and bad intent but good means.
- Melody had a bad motive a bad intent and bad means

This example is intended to show the issues relevant to assessing the moral worth of an action and the principle of double effect attempts to capture these and other important issues. It also expresses the priority of intention for determining the nature and morality of an action.

## Evaluating the Two Views on the Morality of Euthanasia

### **The Libertarian View**

The most philosophically articulated proponent of this view is by James Rachel's of the University of Alabama. This is the minority view amongst philosophers. Basically the traditional view is inadequate (which we will address in a little bit) on this view there is no sacred or morally significant distinction between killing someone and letting someone die. If passive euthanasia is permissible so is active euthanasia and vice versa but they place the burden of proof on those arguing for passive euthanasia.

Rachels argues that there is no morally relevant distinction between killing someone intentionally and letting someone die. This is called the equivalency thesis.

Two implications follow from this view:

1. Cases where passive euthanasia is permissible are also cases where active euthanasia is permissible.
2. Situations where we let people die – starve from famine – are morally equivalent to killing them.

### **Problems with this view:**

The bare difference argument involving Smith and Jones case was an attempt to show that different actions – one killing and one letting die – can have the same intentions and results and thus, are both morally forbidden in spite of the difference in actions. But they fail to make the point on a few accounts:

They have a masking or sledgehammer effect. The fact that the taste of two wines cannot be distinguished when both are mixed with persimmon juice fails to show that there is no difference between the wines. Similarly the intentions and motives of Smith and Jones are so atrocious, and both acts are so clearly justified, that it is not surprising that other factors of their situation are not perceived as the morally determinative factors in the cases.

Second, it is an inadequate analysis of a human moral act. Rachel's makes the distinction between the act of killing and the act of letting die be "a distinction that puts moral premium on overt behavior, moving or not moving one's parts while totally ignoring the intentions of the agent." By the principle of double effect we saw that the moral acts are not defined merely in terms of the movement of body parts taken to secure an end. A moral act is made up of such parts as motive and intent and means to an end

### **Five Main Arguments for the Libertarian Position**

*The Autonomy argument:* biological life is not the real moral issue then life is not intrinsically valuable because it is a human life. The important thing is one's biographical life and this involves a person's ability to state, formulate and pursue autonomously chosen interests, desires and so on. If a person autonomously chose to end his life or have someone else assist him in ending his life then such action is morally permissible. One should be free to do as one chooses as long as no harm is done to the others.

*The equivalence argument:* there is no morally relevant distinction between active and passive euthanasia. Passive euthanasia is sometimes morally permissible. Thus active euthanasia is morally permissible.

*The Mercy argument:* it is cruel and inhumane to refuse a plea of a terminally ill person that his or her life be mercifully ended in order to avoid unnecessary suffering and pain.

*The best interests argument:* if an action promotes the best interests of everyone concerned and violates no one's rights then that action is morally acceptable. IN some cases, active euthanasia promotes the best interest of everyone concerned and violates no one's rights. Therefore, in those cases active euthanasia is morally acceptable.

*The Golden rule argument:* moral rules ought to be morally universalizable. If I don't want someone to apply a rule to me I shouldn't apply it to them. And vice versa. Suppose I was given two ways to die: First I could die quietly and without pain, at the age of eighty from a fatal injection. Second, I could choose to die at eighty and a few plus days and an infliction of pain so painful that those few days I would be reduced to howling like a dog with my family standing hopelessly by. Since I would choose the former others should be able to choose it as well.

### **Objections to These Arguments:**

The mercy argument (four responses):

1. There are few cases where modern medicine cannot alleviate pain and suffering. It is wrong ethical methodology to build an ethical doctrine on a few problem cases. There is too much weight placed on an argument which applies to a small number of situations.
2. Though this can be abused, there can be a point to suffering. One can grow through it; one can teach others how to a wise virtuous person handles life's adversities including suffering and death. One can also show how one cares for his or her's membership in community with others and that it is not right to withdraw from one another in time of need. Further, one can affirm the fact that people have value and purpose beyond happiness, the absence of pain, or the ability to pursue autonomously chosen goals.
3. Even in cases where death is immanent and pain cannot be minimized or eliminated, active euthanasia is not the only option. A doctor can give enough pain medication with the sole intent of alleviating pain and not killing, even if it can be foreseen that such action will hasten death. In this case death is a foreseen, tolerated, but intended goal.
4. Life is a gift and we are not the sole owners of our life. Active euthanasia is a rejection of

the gift of life, and fails to trust the providentially care provided and the possibility of lessons one can learn from suffering. The strength of this argument depends on ones view of teleology and one's metaphysics one adopts.

### **The Golden Rule or Best Interests Argument:**

The argument begs the question against the sanctity of life view in favor of the quality of life view. If life is sacred or if persons have intrinsic value simply by being human and thus ends in themselves, then active euthanasia inappropriately treats a person as a means to an end. Not everything a person takes to be in ones own interests are morally acceptable. Similarly, not everything one would wish to have done to him or her is morally appropriate (Jeffery Dahmer). Quality of life judgments are often subjective and morally unacceptable.

It may not be in ones best own interests to die or in the best interest of others. When this occurs if I still wish for others to perform active euthanasia on me, I am mistaken in my perspective and leaving out morally relevant information.

### **The Biological Life or Autonomy Argument:**

The first concerns their understanding of biological life and again what comes to be central to this argument is the importance of making a distinction of what a person is and they have a misconception of what a person is. So the argument is simply question begging.

Second this view comes dangerously close to subjectivism. The importance of biological life is that a person has the capacity to set and achieve goals, plans and interests form the point of view of the individual himself. But if this is true there is no objective moral difference in the different goals one chooses. One can only be right or wrong about the best means to accomplish these goals. Without a morally appropriate set of parameters for circumscribing an appropriate life plan, subjectivism would seem to follow. But a person it seems can be wrong about his or her point of view.

Third people without biological lives are no longer morally significant regarding the rule not to kill. This is because the point of the rule is to protect people with biographical lives. It would seem then that a person who no longer has such a life who has no point of view is no longer covered by the duty not to kill. But if the person has lost the right not to be killed, it would seem that other rights would be lost as well, since the right to life is basic to other rights. IN this case, it would be morally permissible to experiment on such a person or kill him brutally. Why? Because we are no longer dealing with an object which has the relevant rights.

## The Traditional View

- The distinction between Active and passive euthanasia
- The two distinctions have been offered for a couple of reasons
- The direct cause of death is different. In the former it is the doctor or the human agent. In the latter it is the disease itself.
- The intent of the act is different. In active euthanasia it is the death of the patient either as an ultimate end or as a direct means to some other end. In passive euthanasia death is a foreseen consequence of an otherwise legitimate action whose intent may be to alleviate suffering, respect patient autonomy, cease interfering with the dying process and so forth.

## The Permissibility of Passive Euthanasia

The traditional view allows for withdrawing and withholding treatment in some cases where certain circumstances obtain for instance where the patient is terminal, death is imminent, treatment is judged as extra-ordinary and death is not directly intended or cases where the patient autonomously requests such action.

### **Active euthanasia is morally forbidden.**

*Five arguments for the position:*

- Active euthanasia violates a persons negative right to be protected from harm (death), while passive euthanasia only violates a persons positive right to have a benefit (continued treatment)
- *Response:* this denies the distinction between active and passive euthanasia
- A mistaken diagnosis can be reversed in passive euthanasia (the person can get well if the disease is not as serious as was thought), but no such possibility exists in active euthanasia.
- *Response:* there are very few cases where there is a mistaken diagnosis and in those cases active euthanasia is permissible.
- AE violates the special duty to the physicians have to patients, namely, the preservation of life.
- Active euthanasia weakens respect for human life, and thus, even if it could not be justified in a particular case, we could not adopt active euthanasia as a general policy
- The intentional killing of an innocent human life is simply wrong. AE violates this fundamental principle.

Respirators do not directly cause the death but permits the previously existing pathology to run

its course and it is extraordinary treatment. You are not denying the person of air to deny a person of air is to stick a plastic bag over their heads. Here you are simply not administering air and the disease or collapse of the lungs is what is continuing its course resulting in the death of the person. The removal of natural air is morally non-permissible but artificially it is permissible given certain circumstances

- Food and Water (basic need to human life) to be removed can be considered active euthanasia when it is naturally removed and even can be artificially also however there are certain cases where it is permissible.

If they would not prolong life activity (the person would die in a short time span whether or not he had nutrition or hydration).

- Death is not intended or directly caused

The means of administering them to a terminal patient was itself excessively burdensome and extraordinary.