

## 7 ACTIVE AND PASSIVE EUTHANASIA

### Killing and letting die

The idea that it is all right to allow patients to die is an old one. Four centuries before Christ Socrates said of a physician, with approval, 'bodies which disease had penetrated through and through, he would not have attempted to cure . . . he did not want to lengthen out good-for-nothing lives'. In the centuries that followed neither the Christians nor the Jews significantly altered this basic idea: both viewed allowing to die, in circumstances of hopeless suffering, as permissible. It was killing that was zealously opposed.

The morality of allowing people to die by not treating them has become more important as methods of treatment have become more sophisticated. By using such devices as respirators, heart-lung machines, and intravenous feeding, we can now keep almost anybody alive indefinitely, even after he or she has become a 'human vegetable' without thought or feeling or hope of recovery. The maintenance of life by artificial means is, in such cases, sadly pointless. Virtually everyone who has thought about the matter agrees that it is morally all right, at some point, to cease treatment and allow such people to die. In our own time, no less a figure than the Pope has reaffirmed the permission: Pius XII emphasized in 1958 that we may 'allow the patient who is virtually already dead to pass away in peace'. The American Medical Association policy statements quoted in the preceding chapter are in this tradition: they condemn mercy-killing, but say it is permissible to 'cease or omit treatment to let a terminally ill patient die'.

Thus the medical community embraces, as part of its fundamental code, a distinction between active euthanasia and what we might call 'passive euthanasia'. By 'active euthanasia' we mean taking some positive action designed to kill the patient; for

example, giving a lethal injection of potassium chloride. 'Passive euthanasia', on the other hand, means simply refraining from doing anything to keep the patient alive. In passive euthanasia we withhold medication or other life-sustaining therapy, or we refuse to perform surgery, and so on, and let the patient die 'naturally' of whatever ills already afflict him. It is the difference between *killing people*, on the one hand, and merely *letting people die* on the other.

Many writers prefer to use the term 'euthanasia' only in connection with active euthanasia. They use other words to refer to what I am calling 'passive euthanasia'—for example, instead of 'passive euthanasia' they may speak of 'death with dignity'. One reason for this choice of terms is the emotional impact of the words: it *sounds* so much better to defend 'death with dignity' than to advocate 'euthanasia' of any sort. And of course if one believes that there is a great moral difference between the two, one will prefer a terminology that puts as much psychological distance as possible between them. But nothing of substance depends on which label is used. I will stay with the terms 'active euthanasia' and 'passive euthanasia' because they are the most convenient; but other terms could be substituted without affecting my argument.

The belief that there is an important moral difference between active and passive euthanasia has obvious consequences for medical practice. It makes a difference to what doctors are willing to do. Consider this case: a patient dying from incurable cancer of the throat is in terrible pain that we can no longer satisfactorily alleviate. He is certain to die within a few days, but he decides that he does not want to go on living for those days since the pain is unbearable. So he asks the doctor to end his life now, and his family joins in the request.

One way the doctor might comply with this request is simply by killing the patient with a lethal injection. Most doctors would not do that, for all the reasons we have been considering. Yet, even so, the physician may sympathize with the dying patient's request and feel that it is reasonable for him to prefer death now rather than after a few more days of suffering. The active/passive doctrine tells the doctor what to do: it says that although he may not administer the lethal injection—that would be active euthanasia, which is forbidden—he *may* withhold treatment and let the patient die sooner than he otherwise would. It is no wonder that this simple

idea is so widely accepted, for it seems to give the doctor a way out of his dilemma without having to kill the patient, and without having to prolong the patient's agony.

I will argue, against the prevailing view, that active and passive euthanasia are morally equivalent—there is no moral difference between them. By this I mean that there is no reason to prefer one over the other as a matter of principle; the fact that one case of euthanasia is active, while another is passive, is not *itself* a reason to think one morally better than the other. My argument will not depend on assuming that either practice is acceptable or unacceptable. Here I will only argue that the two forms of euthanasia are morally equivalent: either both are acceptable or both are not. They stand or fall together. Of course, if you already think that passive euthanasia is all right, then you may conclude from this that active euthanasia must be all right, too. On the other hand, if you believe that active euthanasia is immoral, you may want to conclude that passive euthanasia is also immoral. Obviously, I prefer the former alternative; however, nothing in the argument of this chapter will depend on that.

#### **Practical consequences of the traditional view**

I will discuss the theoretical shortcomings of the traditional view at some length. However, I also want to emphasize the practical side of the issue. Employing the traditional distinction has serious adverse consequences for patients. Consider again the man with terminal cancer. Basically, the doctors have three options. First, they can end his life now by a lethal injection. Second, they can withhold treatment and allow him to die sooner than he otherwise would—this will take some time, however, so let us say that he would die in one day. And third, they could continue treatment and prolong his life as long as possible—say, for five days. (The exact numbers do not matter; they are merely for the purpose of illustration.) The traditional view says that the second, but not the first, option may be chosen.

As a practical matter, what is wrong with this? Remember that the justification for allowing the patient to die, rather than prolonging his life for a few more hopeless days, is that he is in horrible pain. One problem is that, if we simply withhold treatment, it will take him *longer* to die, and so he will suffer *more*, than if

we administered the lethal injection. Why, if we have already decided to shorten his life because of the pain, should we prefer the option that involves more suffering? This seems, on the face of it, contrary to the humanitarian impulse that prompts the decision not to prolong his life in the first place. I think I can understand why some people oppose euthanasia in any form—the view that prefers option three is mistaken, in my opinion, but it has a certain kind of integrity. A preference for the first option is also understandable. But the view which makes option two the top choice is a 'moderate' position that incorporates the worst, and not the best, of both extremes.

The cruelty lurking in the distinction between killing and letting die may also be illustrated by a very different kind of case. Down's syndrome (mongolism) is sometimes complicated by duodenal atresia (blocked intestine), and the unfortunate infant cannot obtain nourishment. In such cases, the parents and doctors have sometimes decided not to perform the surgery necessary to remove the blockage, and let the baby die. Here is one doctor's account of what happens then:

When surgery is denied [the doctor] must try to keep the infant from suffering while natural forces sap the baby's life away. As a surgeon whose natural inclination is to use the scalpel to fight off death, standing by and watching a salvageable baby die is the most emotionally exhausting experience I know. It is easy at a conference, in a theoretical discussion, to decide that such infants should be allowed to die. It is altogether different to stand by in the nursery and watch as dehydration and infection wither a tiny being over hours and days. This is a terrible ordeal for me and the hospital staff—much more so than for the parents who never set foot in the nursery.

This is not the account of a doctor who opposes the practice he is describing. On the contrary, Dr Anthony Shaw, the author of this account and one of the most frequently cited writers on the subject, supports the morality of letting these infants die. He is troubled only by the 'ordeal' he seems to think is necessary. But why is the ordeal necessary? Why must the hospital staff 'stand by in the nursery and watch as dehydration and infection wither a tiny being over hours and days'? What is gained from this, when an injection would end its life at once? No matter what you think of the lives of such infants, there seems to be no satisfactory answer. If you think that the babies' lives are precious and should be protected, then of

course you will oppose killing them *or* letting them die. On the other hand, if you think death is a permissible choice here, why shouldn't you think the injection at least as good as letting the infant 'wither'?

Let me mention another, even more bizarre, practical consequence of the traditional doctrine. Duodenal atresia is not part of Down's syndrome; it is only a condition that sometimes *accompanies* it. When duodenal atresia is present, a decision might be made to let the baby die. But when there is no intestinal blockage (or other similar defect requiring surgery), other Down's babies live on. Let us focus on this fact: *some Down's infants, with duodenal atresia, die, while other Down's infants, without duodenal atresia, live.* This, I wish to suggest, is irrational.

To bring out the irrationality of this situation, we may first ask *why* the babies with blocked intestines are allowed to die. Clearly, it is not because they have blocked intestines. The parents do not despair, and opt for death, over this condition which often could easily be corrected. The reason surgery is not performed is, obviously, that the child is mongoloid and the parents and doctors judge that because of *that* it is better for the child not to survive. But notice that the other babies, without duodenal atresia, are *also* mongoloid—they have the very same condition which dooms the ones with the blocked intestines—and yet they live on.

This is absurd, no matter what view one takes of the lives and potentials of such infants. Again, if you think that the life of such an infant is worth preserving, then what does it matter if it needs a simple operation? Or, if you think Down's syndrome so terrible that such babies may be allowed to die, then what does it matter if some babies' intestinal tracts are *not* blocked? In either case, the matter of life and death is being decided on irrelevant grounds. It is the Down's syndrome, and not the intestines, that is the issue. The issue should be decided, if at all, on *that* basis, and not be allowed to depend on the essentially irrelevant question of whether the intestinal tract is blocked.

What makes this situation possible, of course, is the idea that there is a big moral difference between letting die and killing: when there is an intestinal obstruction we can 'let the baby die', but when there is no such defect there is no choice to be made, for we must not 'kill' it. The fact that this idea leads to such results as deciding life or

death on irrelevant grounds is one reason, among others, why it should be rejected.

### **The Bare Difference Argument**

The Equivalence Thesis, as I will call it, says that there is no morally important difference between killing and letting die; if one is permissible (or objectionable), then so is the other, and to the same degree. More precisely, it is a claim about what does, or does not, count as a morally good reason in support of a value judgement: the bare fact that one act is an act of killing, while another act is an act of 'merely' letting someone die, is not a morally good reason in support of the judgement that the former is worse than the latter.

It is compatible with the Equivalence Thesis that there may be *other* differences between such acts that are morally significant. For example, the family of an irreversibly comatose hospital patient may want their loved one to be allowed to die, but not killed. In that case, we have at least one reason to let the patient die rather than to kill him—the reason is that the family prefers it that way. This does not mean, however, that the distinction between killing and letting die *itself* is important. What is important is respecting the family's wishes. (It is often right to respect people's wishes even when we think those wishes are based on false beliefs.) In another sort of case, a patient with a painful terminal illness may want to be killed rather than allowed to die because a slow, lingering death would be agonizing. Here we have reason to kill and not let die, but once again the reason is not that one course is intrinsically preferable to the other. The reason is, rather, that the latter course would lead to more suffering.

I will argue that the Equivalence Thesis is true. It should be clear, however, that I will *not* be arguing that every act of letting die is equally as bad as every act of killing. There are lots of reasons, such as those I have just mentioned, why a particular act of killing may be morally inferior to a particular act of letting die, or vice versa. All I will argue is that, whatever reasons there may be for judging one act worse than another, the bare fact that one is killing, while the other is letting die, is not among them.

The Equivalence Thesis is one of those airy, abstract sorts of philosophical claims that may seem impossible to 'prove' one way

or the other. But I think it is possible to give some fairly convincing reasons for accepting it. The practical considerations adduced in the previous section should go some way towards making the thesis plausible; yet those considerations do not add up to a rigorous argument. What follows is an attempt to provide something more compelling.

In the sciences we often want to know what influence is exerted by one element of a complex situation. The familiar procedure is to isolate the element of interest by studying cases in which everything else is held constant, while that one element is varied. Children are taught this idea in school by having them perform simple experiments. For example, does the colour of a combustible material affect whether it will burn? Children can see that it does not by trying—and succeeding—to burn bits of paper of different colours. Does the presence of air affect combustion? Most of us will remember placing a candle in a bell-jar and watching it go out after the oxygen is consumed, while a similar candle outside the jar continues to burn. By varying one element, we see what difference it makes.

We may try a similar 'experiment' with the distinction between killing and letting die. We may consider two cases which are exactly alike except that one involves killing where the other involves letting die. Then we can ask whether this difference makes any difference to our moral assessments. It is important that the cases be *exactly* alike except for this one difference, because otherwise we cannot be confident that it is *this* difference which accounts for any variation in the assessments. Consider, then, this pair of cases:

Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident. No one is the wiser, and Smith gets his inheritance.

Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip, hit his head, and fall face-down in the water. Jones is delighted; he stands by, ready to push the child's head back under if necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, 'accidentally', as Jones watches and does nothing. No one is the wiser, and Jones gets his inheritance.

Now Smith killed the child, while Jones 'merely' let the child die. That is the only difference between them. Did either man behave better, from a moral point of view? Is there a moral difference between them? *If the difference between killing and letting die were itself a morally important matter, then we should say that Jones's behaviour was less reprehensible than Smith's.* But do we want to say that? I think not, for several reasons.

First, both men acted from the same motive—personal gain—and both had exactly the same end in view when they acted. We may infer from Smith's conduct that he is a bad man, although we may withdraw or modify that judgement if we learn certain other facts about him, for example, that he is mentally deranged. But would we not also infer the very same thing about Jones from his conduct? And would not the same further considerations also be relevant to any modification of that judgement?

Second, the *results* of their conduct were the same—in both cases, the cousin ended up dead and the villain ended up with the money.

Third, suppose Jones pleaded, in his defence, 'After all, I didn't kill the child. I only stood there and let him die.' Again, if letting die were in itself less bad than killing, this defence should have at least some weight. But—morally, at least—it does not. Such a 'defence' can only be regarded as a grotesque perversion of moral reasoning.

Thus, it seems that when we are careful not to smuggle in any further differences which prejudice the issue, the bare difference between killing and letting die does not itself make any difference to the morality of actions concerning life and death. I will call this the 'Bare Difference Argument'.

Now it may be pointed out, quite properly, that the cases of euthanasia with which doctors are concerned are not like this at all. They do not involve personal gain or the destruction of normal, healthy children. Doctors are concerned only with cases in which the patient's life is of no further use to him, or in which the patient's life has become a positive burden. However, the point will be the same even in those cases: the difference between killing and letting die does not, *in itself*, make a difference, from the point of view of morality. If a doctor lets a patient die, for humane reasons, he is in the same moral position as if he had given the patient a lethal injection for humane reasons. If the decision was wrong—if, for example, the patient's illness was in fact curable—then the decision

would be equally regrettable no matter which method was used to carry it out. And if the doctor's decision was the right one, then the method he used is not itself important.

### Counter-arguments

Our argument has brought us to this point: we cannot draw any moral distinction between active and passive euthanasia on the grounds that one involves killing while the other only involves letting someone die, because that is a difference that does not make a difference, from a moral point of view. Some people will find this hard to accept. One reason, I think, is that they fail to distinguish the question of whether killing is, in itself, worse than letting die, from the very different question of whether most actual cases of killing are more reprehensible than most actual cases of letting die. Most actual cases of killing are clearly terrible—think of the murders reported in the newspapers—and we hear of such cases almost every day. On the other hand, we hardly ever hear of a case of letting die, except for the actions of doctors who are motivated by humanitarian concerns. So we learn to think of killing in a much worse light than letting die; and we conclude, invalidly, that there must be something about killing which makes it *in itself* worse than letting die. But this does not follow, for it is not the bare difference between killing and letting die that makes the difference in these cases. Rather, it is the other factors—the murderer's motive of personal gain, for example, contrasted with the doctor's humanitarian motivation, or the fact that the murderer kills a healthy person while the doctor lets die a terminal patient racked with disease—that account for our different reactions to the different cases.

There are, however, some substantial arguments that may be advanced to oppose this conclusion. Here are three of them:

1. The first counter-argument focuses specifically on the concept of *being the cause of someone's death*. If we kill someone, then we are the cause of his death. But if we merely let someone die, we are not the cause; rather, he dies of whatever condition he already has. The doctor who gives the cancer patient a lethal injection will have caused his patient's death, whereas if he merely ceases treatment, the cancer and not the doctor is the cause of death. According to some thinkers, this is supposed to make a moral difference.

Ramsey, for example, urges us to remember that 'In omission no human agent causes the patient's death, directly or indirectly.' And, writing in the *Villanova Law Review*, Dr J. Russell Elkinton said that what makes the active/passive distinction important is that in passive euthanasia 'The patient does not die from the act [that is, the act of turning off a respirator] but from the underlying disease or injury.'

This argument will not do, for two reasons. First, just as there is a distinction to be drawn between being and not being the cause of someone's death, there is also a distinction to be drawn between letting someone die and not letting anyone die. It is certainly desirable, in general, not to be the cause of anyone's death; but it is also desirable, in general, not to let anyone die when we can save them. (Doctors act on this precept every day.) Therefore, we cannot draw any special conclusion about the relative desirability of passive euthanasia just on these grounds.

Second, the reason we think it is bad to be the cause of someone's death is that we think death is a great evil—and so it is. However, if we have decided that euthanasia, even passive euthanasia, is desirable in a given case, then we have decided that in *this* instance death is no greater an evil than the patient's continued existence. And if this is true, then the usual reason for not wanting to be the cause of someone's death simply does not apply. To put the point just a bit differently: There is nothing wrong with being the cause of someone's death if his death is, all things considered, a good thing. And if his death is *not* a good thing, then *no* form of euthanasia, active or passive, is justified. So once again we see that the two kinds of euthanasia stand or fall together.

2. The second counter-argument appeals to a favourite idea of philosophers, namely that our duty not to harm people is generally more stringent than our duty to help them. The law affirms this when it forbids us to kill people, or steal their goods, but does not require us in general to save people's lives or give them charity. And this is said to be not merely a point about the law, but about morality as well. We do not have a strict moral duty to help some poor man in Ethiopia—although it might be kind and generous of us if we did—but we *do* have a strict moral duty to refrain from doing anything to harm him. Killing someone is a violation of our duty not to do harm, whereas letting someone die is merely a failure

to give help. Therefore, the former is a more serious breach of morality than the latter; and so, contrary to what was said above, there is a morally significant difference between killing and letting die.

This argument has a certain superficial plausibility, but it cannot be used to show that there is a morally important difference between active and passive euthanasia. For one thing, it only seems that our duty to help people is less stringent than our duty not to harm them when we concentrate on certain sorts of cases: cases in which the people we could help are very far away, and are strangers to us; or cases in which it would be very difficult for us to help them, or in which helping would require a substantial sacrifice on our part. Many people feel that, in *these* types of cases, it may be kind and generous of us to give help, but we are not morally required to do so. Thus it is felt that when we give money for famine relief we are being especially big-hearted, and we deserve special praise—even if it would be immodest of us to seek such praise—because we are doing more than we are, strictly speaking, required to do.

However, if we think of cases in which it would be very easy for us to help someone who is close at hand and in which no great personal sacrifice is required, things look very different. Think again of the child drowning in the bathtub: *of course* anyone standing next to the tub would have a strict moral duty to help the child. Here the alleged asymmetry between the duty to help and the duty not to do harm vanishes. Since most of the cases of euthanasia with which we are concerned are of this latter type—the patient is close at hand, it is well within the professional skills of the physician to keep him alive, and so on—the alleged asymmetry has little relevance.

It should also be remembered, in considering this argument, that the duty of doctors towards their patients *is* precisely to help them; that is what doctors are supposed to do. Therefore, even if there were a general asymmetry between the duty to help and the duty not to harm—which I deny, and which I will discuss in more detail in the next chapter—it would not apply in the special case of the relation between doctors and their patients.

Finally, it is not clear that killing such a patient *is* harming him, even though in other cases it certainly is a great harm to someone to kill him. For we are going under the assumption that the patient

would be no worse off dead than he is now (otherwise, even *passive* euthanasia would be unthinkable); and if this is so, then killing him is not harming him. For the same reason we should not classify letting such a patient die as a failure to help. Therefore, even if we grant that our duty to help people is less stringent than our duty not to harm them, nothing follows about our duties with respect to killing and letting die in the special case of euthanasia.

3. The third counter-argument appeals to a consideration that has often been mentioned by doctors. Allowing a patient to die is, normally, a rather impersonal thing, in the sense that the physician does not feel 'involved' in the death—the cancer, or whatever, causes the death, and the doctor has nothing to do with it. So, there is no reason for him to feel guilty or responsible for the death. But if the physician were to give a lethal injection, *he* would be responsible, and feelings of guilt would be inevitable.

I do not wish to minimize the importance of the psychological situation in which doctors and other health-care professionals may find themselves. No doubt, many people who are comfortable enough letting die would find it psychologically impossible to kill—they just couldn't bring themselves to do it, and if they did, they would be haunted by feelings of remorse. But, important as this is for the people involved, we should be careful not to infer too much from it. We are trying to figure out whether mercy-killing is *wrong*, and whether it is *morally different* from letting die. So, we should ask: If someone feels guilty about mercy-killing, is that evidence that it is wrong? Or, if someone feels guiltier about mercy-killing than about letting die, is that evidence that it is worse?

Guilt feelings may, of course, be irrational. Someone may *feel* guilty even when he has not done anything wrong. Thus, we should not conclude that something is bad simply because someone feels, or would feel, guilty about it. We must *first* decide whether the conduct is wrong, on the basis of objective reasons; and then, if it is wrong, we may view the feelings of guilt as justified. But if it is not wrong, the feelings of guilt are irrational and we may encourage the person suffering them not to feel so bad. At any rate, feelings of guilt and the judgement of real guilt are different matters, and we cannot validly argue that a form of conduct *is* wrong, or that one type of behaviour *is* worse than another, because of feelings of guilt or innocence. That gets things the wrong way round.

about Nietzsche are from her article 'Immoralist', *New York Review of Books*, 17 February 1966, p. 8.

57 Edward Johnson's discussion of whether mental complexity matters is in his paper 'Life, Death, and Animals', in *Ethics and Animals*, edited by Harlan B. Miller and William H. Williams (Clifton, NJ, 1983).

#### 4 'Innocent Humans'

For additional information about the case of Baby Jane Doe, including excerpts from Dr Koop's testimony, see Peter Singer and Helga Kuhse, 'The Future of Baby Doe', *New York Review of Books*, 1 March 1984, pp. 17 ff; and *Should the Baby Live? The Problem of Handicapped Infants* by the same authors (Oxford, 1985).

63 The quotation from Patrick Buchanan is from the *Birmingham News*, 16 November 1983, p. 11a.

69 The quotations from Kelly and Sullivan are from Gerald Kelly, SJ, 'The Duty of Using Artificial Means of Preserving Life', *Theological Studies* II (1950); and Joseph V. Sullivan, 'The Immorality of Euthanasia', in Marvin Kohl, ed., *Beneficent Euthanasia* (Buffalo, NY, 1975).

73 The *locus classicus* of the animal-rights discussion is Peter Singer, *Animal Liberation* (New York, 1975). Tom Regan's *The Case for Animal Rights* (Berkeley, 1983) is the fullest and most recent treatment. On the question of whether extraterrestrials might have equal rights, see Eando Binder, 'The Teacher From Mars', in *My Best Science Fiction Story*, edited by Leo Marguiles and Oscar J. Friend (New York, 1949).

74-6 Nozick's views about the importance of being human are expounded in his 'About Mammals and People', *New York Times Book Review*, 27 November 1983.

#### 5 Suicide and euthanasia

79, 84 The quotations from Barney Clark's doctors are taken from Associated Press reports widely carried in newspapers, for example in the Memphis, Tennessee *Commercial Appeal*, 5 December 1982, p. c2.

81 Beauchamp's definition of suicide is taken from his essay 'Suicide', in *Matters of Life and Death*, edited by Tom Regan (New York, 1980), p. 77.

81 The case of Captain Oates is discussed by R. F. Holland in 'Suicide', *Talk of God: Royal Institute of Philosophy Lectures Volume II* (London, 1969). The quotation from Scott is from *Scott's Last Expedition* (London, 1935), Vol. i, p. 462; quoted by Holland. Holland is an example of a philosopher who takes the second of the two approaches to explaining what suicide is.

#### 6 Debunking irrelevant distinctions

88, 90-1 The 1973 American Medical Association policy statement, 'The

Physician and the Dying Patient', was distributed by the AMA in a reproduced typescript, available upon request from their central office. The 1982 statement, 'Principles of Medical Ethics', was published by them in *Current Opinions of the Judicial Council of the American Medical Association* (1982).

92 Anthony Kenny's 'The History of Intention in Ethics', included in his book *The Anatomy of the Soul* (Oxford, 1973), is an excellent treatment of the subject to which I am indebted.

92 The quotations from Pascal is from the *Provincial Letters*, No. 7; quoted in Kenny, *The Anatomy of the Soul*, p. 140.

93 The quotation from Thomas D. Sullivan is from 'Active and Passive Euthanasia: An Impertinent Distinction?', *Human Life Review*, Vol. 3 (1977).

95-7 The quotations from Paul Ramsey are from *The Patient as Person* (New Haven, Conn., 1970), pp. 115-16.

98 Kelly's definitions of ordinary and extraordinary means are in his *Medico-Moral Problems* (Catholic Hospital Association, 1958), p. 129. Ramsey, in *The Patient as Person*, p. 122, refers to this with approval as 'the standard definition'.

100-2 For the details of the Quinlan case, see Joseph and Julia Quinlan, *Karen Ann: The Quinlans Tell Their Story* (New York, 1977). The Catholic scholar who made the angry remark about the nuns was Andrew Greely, in his review of this book in the *New York Times Book Review*, 9 October 1977, pp. 10-11.

102-3 On the Herbert and Conroy cases, see 'Nonfeeding: Lawful killing in CA, Homicide in NJ', by George J. Annas, *Hastings Center Report*, Vol. 13 (December 1983). This article includes the citations for the court opinions quoted in the text.

#### 7 Active and passive euthanasia

106 Socrates' remark about letting patients die is from Plato's *Republic*, III, 407e.

109 Dr Shaw's description of what happens when an infant is allowed to starve is from his article 'Doctor, Do We Have a Choice?', *New York Times Magazine*, 30 January 1972, pp. 44-54.

115 Ramsey endorses the argument that, in passive euthanasia, one is not the cause of death, on p. 151 of *The Patient as Person*.

115 The quotation from Dr Elkinton is from 'The Dying Patient, the Doctor, and the Law', *Villanova Law Review*, Vol. 13 (1968) p. 743.

120 Roger Riggerink's discussion of the relation between the physician's professional commitments and the active/passive distinction is in his essay 'On Why Doctors Need to Practice Passive Rather than Active Euthanasia', *Southern Journal of Philosophy*, Vol. 22 (1984).