

MERCY: AN INSUFFICIENT MOTIVE FOR EUTHANASIA

Catholic Ethical Tradition Requires That We Temper Our Motives with Reason and Care before Acting

One of the most persuasive arguments for assisted suicide and euthanasia is that these acts are merciful and end needless suffering. Some argue that the motive to be merciful, not the structure of any act, determines the ethical appropriateness of assisted suicide.¹ Others state that in a covenantal physician-patient relationship, assisted suicide can be an experience of mercy and grace.² Two recently published articles likewise appeal to mercy, describing both euthanasia and assisted suicide as humane³ and extraordinary acts of compassion.⁴

These articles make a compelling argument. But I suggest that the argument is not sufficient for determining the morality of acts such as euthanasia and assisted suicide, for three reasons:

- The ethical tradition that calls for mercy has never suggested that mercy is, by itself, a sufficient criterion to determine an act's moral appropriateness.

Summary Some experts argue that acts of assisted suicide and euthanasia are ethically appropriate because they are merciful. Compelling though it is, this argument is not sufficient for determining the morality of these acts.

The ethical tradition that calls for mercy has never suggested that mercy is, by itself, a sufficient criterion for determining an act's moral appropriateness. Human motives are rarely, if ever, pure and objective. For that reason, our ethical tradition has insisted on tempering motives with reason and care.

The criteria for determining when it is merciful to assist in another's suicide or engage in an act of euthanasia are, for all practical purposes, impossible to define. Commonly writers refer to a person's hopeless condition to justify the merciful response of assisted suicide or euthanasia. But unless we can agree on whether hopelessness is an objective

or subjective reality, and until the criteria to define this reality are evident, it is difficult to see how assisted suicide or euthanasia can be a careful and reasoned expression of mercy.

- Only by examining one's intention can one judge whether an act that may appear to be merciful in a hopeless situation is appropriate.

MOTIVES IN ETHICS

The notion that mercy should be the motive for human acts can be traced back to Augustine's maxim, "Love, and do what you will." The term Augustine used for "love," however, has more to do with reason and care than with passion or empathy. A more accurate translation might be, "Love carefully, and do what you will."

This qualification of "love" is important.

Only by examining one's intention can one judge whether an act that may appear to be merciful in a hopeless situation is appropriate. "Intention" refers to the reasoned decision or judgment one makes about a goal and the means used to achieve that goal. Even if we cannot control our emotional response (our motives) in a particular situation, we can control our judgment (our intentions).

Within our moral tradition, we can be sure we are being merciful in a careful and reasoned way when we intend to protect and promote the good of life. Euthanasia and assisted suicide may be motivated by mercy, but these acts are not careful or reasoned precisely because they require that we intend to attack life as a goal or means to a goal.

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Acting solely out of mercy does not fulfill Augustine's principle to love *carefully*, nor is it always easy. It can, in fact, be very difficult to act *solely* out of mercy because our motives are often colored by our emotions.

To judge euthanasia and assisted suicide on the basis of whether they are merciful acts presumes that human motives can be pure and objective, free from the influence of fatigue and fear. It also presumes that we can sort through the many contradictory emotions, such as love and anger, loss and relief, that are part of the *grieving process*. *Human motives are rarely, if ever, pure and objective.* For that reason, our ethical tradition has insisted on tempering motives with reason and care.

HOPELESSNESS AS REASON FOR MERCY

Commonly in the literature authors refer to a person's hopeless condition to justify the merciful response of assisted suicide or euthanasia. This argument raises the question of how to define hopelessness. Does hopelessness refer to an objective medical condition, or is it a subjective judgment describing an individual's perspective?

If hopelessness is an objective condition, there must be some objective criteria by which it can be determined. To date, none has been offered. On the contrary, recent studies show just how uncertain many medical diagnoses and prognoses are.⁵ Would a medical diagnosis of the presence or absence of hope be any less uncertain?

Also, a study has shown that physicians have a tendency to remember the unusual case.⁶ This memory of the unusual can have a greater influence than the facts on physicians'—and, presumably, other healthcare workers'—perception of a case. The study raises questions about whether the memory of a particularly heart-wrenching case might predispose healthcare workers to judge similar cases as hopeless.

On the other hand, we may speak of hopelessness as a subjective expression of the person's perspective. Understood in this way, hopelessness is even more difficult to define than if it is an objective, medical reality. For example, writers have struggled to define the objective reality of

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futility, describing it as "virtual," "quantitative and qualitative," and "physiological." Will hopelessness, a subjective reality, be equally difficult to describe?

Unless we can agree on whether hopelessness is an objective or subjective reality, and until the criteria to define this reality are evident, it is difficult to see how assisted suicide or euthanasia can be a careful and reasoned expression of mercy.

INTENTION IN ETHICS

For mercy to be careful and reasoned, it must be *more than an empathetic or emotional response* to what is judged to be a hopeless situation. In the Catholic tradition, the way to be certain that an act of mercy is, as Augustine advised, both careful and reasoned is to examine the intention of the person performing the act.

"Intention" refers to the reasoned decision or judgment one makes about a *goal* and the *means* used to achieve that goal. In other words, what I intend to do is what I have decided will happen and how I have decided to make it happen. As such, intention does not depend on motives or subjective attitudes.

As humans, we cannot always be free from the undue influence of our emotions. At times we will not feel merciful, yet we know we must act on another's behalf. At other times the apparent hopelessness of a situation will move us to want to act even when we know that, in this particular case, it is more prudent to do nothing. But even if we cannot control our emotional response (our motives) in a particular situation, we can control our judgment (our intentions). Whether or not we are motivated by mercy, whether or not we perceive a situation as hopeless, we can choose the correct action to take by examining the goal we have set and the means we have chosen to achieve it. Within our moral tradition, we can be sure we are being merciful in a careful and reasoned way when we intend to protect and promote the good of life.

PROTECTING THE GOOD OF LIFE

The Catholic religious tradition holds that physical life is a fundamental good. When that good is

threatened by some disease or trauma, we use medicine to protect and promote it. We protect life through vaccinations against disease. We promote life through physical rehabilitation. Furthermore, we sometimes value life for its own sake—for example, by seeking prenatal care. And sometimes we promote our physical life as a means to an end, such as when a terminally ill person seeks life-sustaining intervention in order to live long enough to see the birth of a grandchild.

Nevertheless, life is not an absolute value in the Catholic tradition. The realization of any good needs to be balanced against the burdens endured. When the burdens are disproportionate or no benefit can be gained, medical interventions are forgone, even when death will result. This is referred to as “allowing to die” and is an ethical act. The judgment is made that, while life is a good, some medical interventions are no longer of value to that life. In such cases, the good of life need no longer be realized.

Although promoting and protecting a good such as life does not mean that it must always be realized, it does mean that the good should not be directly attacked. This is the heart of the Catholic tradition’s view on assisted suicide and euthanasia. We may not intend or decide to attack the good of life, either as an end in itself or as a means to an end. Euthanasia and assisted suicide may be motivated by mercy, but these acts are not careful or reasoned precisely because they require that we intend to attack life as a goal or as a means to a goal.

Whatever our motives, we can be certain that we *are* acting in a careful and reasoned way when we intend to promote and protect the good of life, or when we make a judgment that the burdens of continuing to realize the good of life are disproportionate to the benefits. Whatever our motives, we can be certain that we *are not* acting in a careful and reasoned way when we attack the good of life.

An article in the *New England Journal of*

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Medicine offers a carefully reasoned procedure for a merciful response to those in desperate, hopeless situations.⁷ The question that needs to be addressed, however, is not whether the procedure to be followed for euthanasia or assisted suicide is carefully reasoned, but whether euthanasia and assisted suicide themselves are careful and reasoned. Terminal illness and desperate situations require a careful and reasoned reflection on how to protect and promote the good of human life.

If we hold that life is a fundamental good, then we ought always to intend to promote and protect that good, even in the face of medical failure. We need not always realize that good, and often we ought to stop trying to do so long before some desperate situations arise. But we ought never intend to attack that good, however sincere our motives. We need always to intend good, both as our goal and our means to achieve that goal, if we are to be merciful. □

NOTES

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4. H. D. Brody, “Assisted Death—A Compassionate Response to a Medical Failure,” *New England Journal of Medicine*, November 5, 1992, pp. 1,384-1,388.
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