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EUTHANASIA AND THE RIGHT TO LIFE

1. Introduction

Euthanasia, it is sometimes said, violates the human right to life. "Laws", as Pope John Paul II emphasises in his *Encyclica Evangelium Vitae*, "which legitimize the direct killing of innocent human beings through abortion or euthanasia are in complete opposition to the inviolable right to life proper to every individual" [Pope JPII, paragraph 72].

But does active euthanasia really violate the right to life? As is shown in the following, the term 'right to life' is highly ambiguous and the answer to the question, whether euthanasia violates the right to life or not, depends essentially on the interpretation of the term 'right to life'. There are at least four interpretations of the term 'right to life' representing different ethical positions concerning the ethical permissibility of euthanasia and thus answering the question in a different way. In what follows I deal first with the concept of euthanasia, second with the concept of a right (thereby introducing a theory of rights developed by Stig Kanger) and third with the concept of a right to life. Finally, I discuss some arguments for and against the ethical permissibility of active euthanasia.

2. The Concept of Euthanasia

By 'euthanasia' in the medical context we may understand every action or omission that intentionally causes the death of a patient (or at least causes the death of a patient as a sideeffect) for the sake of eliminating suffering.

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In a case where the death of a patient is caused by withholding or withdrawing lifesustaining treatment we speak of 'passive euthanasia', and in the case of killing a patient (for instance, by administering a lethal dose of a drug), we speak of 'active euthanasia'. Moreover, in a case where the death of a patient is caused intentionally, we may speak of 'direct euthanasia', whereas when the death of a patient is not intended, but accepted as a side-effect (for instance, in administering pain medication with the knowledge that the patent's life will be shortened as a result), we may speak of 'indirect euthanasia'.

Another important distinction is that between voluntary and non-voluntary euthanasia. An act of euthanasia is called 'voluntary' if and only if it proceeds with the informed consent of a competent patient. An act of euthanasia is called non-voluntary if and only if it is performed upon patients incapable of giving consent (for instance, comatose patients or severely defective newborns). Non-voluntary euthanasia, of course, must not be mixed up with 'involuntary euthanasia', that is, killing a person who while competent opposes being killed, which is a clear case of murder.

In what follows I concentrate exclusively on voluntary euthanasia and do not deal with non-voluntary euthanasia, which raises special questions.

3. The Concept of a Right

According to Stig and Helle Kanger, a right may be analysed as a relation that a party x (that is, a certain right-holder) has against a party y (that is, a certain right-addressee) and that concerns a certain state of affairs between x and y [Kanger, Kanger 1, p. 86; Kanger, Kanger 2, p. 125]. According to this analysis a proposition describing a right takes the general form

'x has versus y a right to the effect that p' (in symbols: $\mathbf{R}(x,y,p)$),

where x is a variable for the right-holder, y a variable for the right-addressee, and p stands for a proposition (or propositional function) describing the content of the right in question (that is, the state of affairs concerning which x has a right). In the biomedical context we may, for instance, say that a patient x recieving a certain medical treatment has against a physician y providing the treatment in question a right to the effect that x is alive.

3.1. Simple Types of Right

Rights can be of different types. According to Stig and Helle Kanger we may first distinguish eight simple types of right [Kanger 1, p. 86; Kanger 2, p. 126]:

1) claim;
2) freedom;
3) power;
4) immunity;
5) counter-claim;
6) counter-freedom;
7) counter-power;
8) counter-immunity.

These simple types of rights are interpreted as follows:[1]

1) x has against y a *claim* with respect to p [in symbols: $\mathbf{C}(x, y, p)$]: it shall be the case that y sees to it that p [in symbols: $Oy\mathrm{S}p$];

2) x has against y a *freedom* with respect to p [in symbols: $\mathbf{F}(x, y, p)$]: not: it shall be the case that x sees to it that not p [in symbols: $\neg Ox\mathrm{S}\neg p$];

3) x has against y a *power* with respect to p [in symbols: $\mathbf{P}(x, y, p)$]: not: it shall be the case that not: x sees to it that p [in symbols: $\neg O\neg x\mathrm{S}p$];

4) x has against y an *immunity* with respect to p [in symbols: $\mathbf{I}(x, y, p)$]: it shall be the case that not: y sees to it that not p [in symbols: $O\neg y\mathrm{S}\neg p$];

5) x has against y a *counter-claim* with respect to p [in symbols: $\mathbf{CC}(x, y, p)$]: it shall be the case that y sees to it that not p [in symbols: $Oy\mathrm{S}\neg p$);

6) x has against y a *counter-freedom* with respect to p [in symbols: $\mathbf{CF}(x, y, p)$]: not: it shall be the case that x sees to it that p [in symbols: $\neg Ox\mathrm{S}p$];

7) x has against y a *counter-power* with respect to p [in symbols: $\mathbf{CP}(x, y, p)$]: not: it shall be the case that not: x sees to it that not p [in symbols: $\neg O\neg x\mathrm{S}\neg p$];

8) x has against y a *counter-immunity* with respect to p [in symbols: $\mathbf{CI}(x, y, p)$]: it shall be the case that not: y sees to it that p [in symbols: $O\neg y\mathrm{S}p$].

3.2. Complex Types of Right

Starting with the list of simple types of rights mentioned above we may then construct complex types of right (or, as Stig and Helle Kanger call them, 'atomic types of right'), each of them consisting of a conjunction of

[1] The concepts "it shall be the case that p (in symbols: Op)" and "x sees to it that p (in symbols: $x\mathrm{S}p$)" are assumed to satisfy the following logical principles:

(P1) If $\models p\rightarrow q$, then $\models Op\rightarrow Oq$;

(P2) $\models (Op \wedge Oq) \rightarrow O(p \wedge q)$;

(P3) $\models Op\rightarrow\neg O\neg p$;

(P4) If $\models p\rightarrow q$ and $\models q\rightarrow p$, then $\models x\mathrm{S}p\rightarrow x\mathrm{S}q$;

(P5) $\models x\mathrm{S}p\rightarrow p$.

Here the symbol '$\models$' stands for logical truth, '$\rightarrow$' for the material implication ('if–then'), '$\wedge$' for the conjunction ('and') and '$\neg$' for the negation ('it is not the case that').

8 components, whereby each of the components (that is, each conjunct) is either one of the simple types of rights or its negation [see Kanger, Kanger 1, p. 86; Kanger, Kanger 2, p. 126]. In other words, the complex types of rights are obtained as follows: We start with the list of the 8 simple types of right and construct new lists by negating successively one or more lines of it. The total number of possible lists constructed in this way is 256 (4^4), but most of them are inconsistent. After having omitted all the inconsistent lists we are left with the following 26 consistent, maximally specified and mutually exclusive complex types of right:

1) not claim, freedom, **power**, **not immunity**, not counter-claim, counter-freedom, **counter-power**, **not counter-immunity**;

2) not claim, freedom, **not power**, **immunity**, not counter-claim, counter-freedom, **not counter-power**, **counter-immunity**;

3) **claim**, freedom, power, immunity, not counter-claim, **not counter-freedom**, not counter-power, not counter-immunity;

4) **not claim**, freedom, **power**, **immunity**, not counter-claim, **counter-freedom**, **not counter-power**, **not counter-immunity**;

5) not-claim, freedom, **power**, **immunity**, not counter-claim, counter-freedom, **counter-power**, **counter-immunity**;

6) **claim**, freedom, **power**, immunity, not counter-claim, **counter-freedom**, not counter-power, not counter-immunity;

7) **claim**, freedom, **not power**, immunity, not counter-claim, counter-freedom, not counter-power, not counter-immunity;

8) not-claim, freedom, **power**, **immunity**, not counter-claim, **counter-freedom**, **not counter-power**, **counter-immunity**;

9) not-claim, freedom, **power**, **immunity**, not counter-claim, counter-freedom, **counter-power**, **not counter-immunity**;

10) not-claim, freedom, **power**, **not immunity**, not counter-claim, counter-freedom, **not counter-power**, **counter-immunity**;

11) not claim, **not freedom**, not power, not immunity, counter-claim, counter-freedom, **counter-power**, counter-immunity;

12) not claim, **freedom**, **not power**, **not immunity**, **not counter-claim**, counter-freedom, **counter-power**, **counter-immunity**;

13) not claim, **freedom**, not power, not immunity, **counter-claim**, counter-freedom, **counter-power**, counter-immunity;

14) not claim, freedom, not power, not immunity, **counter-claim**, counter-freedom, **not counter-power**, counter-immunity;

15) not claim, **freedom**, **not power**, **immunity**, not counter-claim, counter-freedom, **counter-power**, **counter-immunity**;

16) not claim, freedom, **power**, **not immunity**, not counter-claim, counter-freedom, **counter-power**, **counter immunity**;

17) not claim, freedom, **not power**, **immunity**, not counter-claim, counter-freedom, **counter-power**, **not counter-immunity**;

18) not claim, freedom, **not power**, **not immunity**, not counter-claim, counter-freedom, **not counter-power**, **not counter-immunity**;

19) **not claim**, freedom, power, immunity, not counter-claim, **not counter-freedom**, not counter-power, **not counter-immunity**;

20) not claim, freedom, power, immunity, not counter-claim, **not counter-freedom**, not counter-power, **counter-immunity**;

21) **not claim**, freedom, **not power**, **immunity**, not counter-claim, counter-freedom, **not counter-power**, **not counter-immunity**;

22) not claim, freedom, **power**, **not immunity**, not counter-claim, counter-freedom, **not counter-power**, **not counter-immunity**;

23) not claim, **not freedom**, not power, **not immunity**, **not counter-claim**, counter-freedom, counter-power, counter-immunity;

24) not claim, **not freedom**, not power, **immunity**, not counter-claim, counter-freedom, counter-power, counter immunity;

25) not claim, freedom, **not power**, **not immunity**, **not counter-claim**, counter-freedom, **not counter-power**, **counter immunity**;

26) not claim, freedom, **not power**, **not immunity**, not counter-claim, counter-freedom, **counter-power**, **not counter-immunity**.[2]

3.3. The Concept of a Rule of Right

Another very important concept introduced by Kanger is the concept of a rule of right. A rule of right is a proposition that says that each pair of parties satisfying a certain condition belongs to the scope of a complex type of right and that takes the general form:

'For every party x and every party y such that F (x, y), it is the case that x has versus y a right of the complex type n ($1 \leqslant n \leqslant 26$) that p', where F(x, y) formulates an arbitrary complex condition, which holds for x and/or y.

[2] The components written in bold letters indicate the essential (or underivable) components of each type, whereas the components written in normal letters indicate the components derivable from the essential ones. The complex type of right 3, for instance, consists of the components '***claim***, *freedom*, *power*, *immunity*, *not counter-claim*, ***not counter-freedom***, *not counter-power*, *not counter-immunity*', but whereas *claim* and *not counter-freedom* are underivable, all the other components of which the type in question consists (*freedom*, *power*, *immunity*, *not counter-claim*, *not counter-power*, *not counter-immunity*) are derivable from either *claim* or *not counter-freedom*.

4. The Concept of a Right to Life

A proposition stating a certain type of right takes, as already mentioned, the general form '*x* has versus *y* a right to the effect that *p*'.

Talking about a certain type of right we have therefore to specify the parties *x* and *y* as well as the concrete content *p* of the right in question. In the following biomedical context I concentrate on the relationship between a competent patient *x* receiving medical treatment and a physician *y* providing the treatment in question. The content of the right in question is the state of affairs 'that *x* is alive (in symbols: *Lx*)'.

4.1. The Strong Doctrine of the Sanctity of Life

According to the first doctrine – I call it with regard to its religious origin the Strong Doctrine of the Sanctity of Life – the right to life is connected with a general duty to prolong human life by all available means. "In giving life to man", as Pope John Paul II says, 'God demands that he love, respect, and promote life. The gift thus becomes a commandment, and the commandment is itself a gift" [Pope JPII, paragraph 52].

Taken seriously, this doctrine of the right to life is to be interpreted as a complex right of type 3 according to the classification of Stig Kanger. We may formulate this doctrine by means of the following rule of right:

For every *x* and every *y*: If *x* is a competent patient and *y* is a physician treating *x*, then *x* has against *y* **a complex right of type 3** (**claim**, freedom, power, immunity, not counter-claim, **not counter-freedom**, not counter-power and not counter-immunity) to the effect that *x* is alive, that is,

1) **it shall be the case that *y* sees to it that *x* is alive [O*y*SL*x*)**;

2) not: it shall be the case that *x* sees to it that not: *x* is alive [¬O*x*S ¬L*x*];

3) not: it shall be the case that not: *x* sees to it that *x* is alive [¬O¬xSL*x*];

4) it shall be the case that not: *y* sees to it that not: *x* is alive [O¬yS ¬L*x*];

5) not: it shall be the case that *y* sees to it that not: *x* is alive [¬O*y*S ¬L*x*];

6) **it shall be the case that *x* sees to it that *x* is alive [O*x*SL*x*]**;

7) it shall be the case that not: *x* sees to it that not: *x* is alive [O¬*x*S ¬L*x*];

8) not, it shall be the case that not: *y* sees to it that *x* is alive [¬O¬*y*SL*x*].

According to this doctrine, the patient x as well as the physician y treating x have a duty to prolong the life of x by all available means. Not only active euthanasia (that is, intentionally killing a patient on his or her own request), but also passive euthanasia (that is, intentionally letting die a patient) is strictly forbidden. The patient likewise must not refuse life-prolonging treatment and, of course, he must not commit suicide. In fact, in his *Encyclica Evangelium Vitae* Pope John Paul II defines 'euthanasia' explicitly as "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering" [Pope JPII, paragraph 65].

This doctrine, of course, conflicts with well-established and widely accepted principles of biomedical ethics as the principle of respect for autonomy and the principle of nonmaleficence. According to the principle of respect for autonomy in its usual interpretation, every competent patient has a right to refuse medical treatment (including life-prolonging treatment), and physicians must not treat a competent patient without obtaining consent (at least so long as the omission of treatment does not seriously harm other persons). Moreover, life-prolonging treatment may sometimes result in severe pain or loss of function, thus violating the principle of nonmaleficence. When life-sustaining treatment produces more harm than benefit for the patient, it seems justified to withhold or withdraw life-sustaining treatment. For this reason most physicians and medical associations defend a more tolerant form of the Doctrin of the Sanctity of Life, and even the Pope admits that there may be exceptions to the postulated duty to prolong life by all available means.[3]

4.2. The Weak Doctrine of the Sanctity of Life

According to the Weak Doctrine of the Sanctity of Life, it is under specific circumstances permissible to let a patient die (that is, to withhold or withdraw life-sustaining treatment), but nevertheless strictly forbidden to assist in suicide or to kill a patient intentionally. Thus, the World Medical Association (WMA) states in a Declaration on Euthanasia, adopted by the 38th World Medical Assembly in Madrid, Spain, October 1987:

> Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness.

[3] The Pope, citeing the Congregation for the Doctrine of Faith, states: "when death is clearly imminent and inevitable, one can in conscience 'refuse forms of treatment that would only secure a precarious and burdensome prolongation of life'" [see Pope JPII, paragraph 65].

The World Medical Association's Statement on Physician-Assisted Suicide, adopted by the 44th World Medical Assembly in Marbella, Spain, September 1992, likewise states:

> Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However, the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.

Realising that physician assisted suicide and active euthanasia is meanwhile legalised in some countries (as, for instance, the Netherlands), this doctrine is strongly reaffirmed in a statement, adopted by the WMA General Assembly in Washington, May 2001.

According to this doctrine the right to life may be interpreted as a complex right of type 4, which may be expressed by the following rule if right:

For every x and every y: if x is a competent and sufficently informed patient and y is a physician treating x (and certain additional conditions not specified here are fulfilled), then x has against y a **complex right of type 4** (**not claim**, freedom, **power**, **immunity**, not counterclaim, **counter-freedom**, **not counter-power** and **not counter-immunity**) to the effect that x is alive, that is,

1) **not: it shall be the case that *y* sees to it that *x* is alive [¬O*y*SL*x*]**;

2) not: it shall be the case that x sees to it that not: x is alive [¬OxS ¬Lx];

3) **not: it shall be the case that not: *x* sees to it that *x* is alive [¬O ¬*x*SL*x*]**;

4) **it shall be the case that not: *y* sees to it that not: *x* is alive [O ¬*y*S ¬L*x*]**;

5) not: it shall be the case that y sees to it that not: x is alive [¬OyS ¬Lx];

6) **not: it shall be the case that *x* sees to it that *x* is alive [¬O*x*SL*x*]**;

7) **it shall be the case that not: *x* sees to it that not: *x* is alive [O ¬*x*S ¬L*x*]**;

8) **not: it shall be the case that not: *y* sees to it that *x* is alive [¬O ¬*y*SL*x*]**.

The complex right of type 4 differs from the complex right of type 3 in that it includes *not claim* [¬OySLx] and *counter-freedom* [¬OxSLx] instead of *claim* [OySLx] and *not counter-freedom* [OxSLx], all other components being equal. According to this interpretation, neither the patient x nor the physician y have a duty to prolong the life of x by all available means and

under all circumstances. On the contrary, under specific circumstances it is justified to refrain from life-sustaining treatment. The patient, on the other hand, must not commit suicide [O ¬*x*S ¬L*x*], and it is strictly forbidden that a physician assist in suicide or kill a patient intentionally [O ¬*y*S ¬L*x*].

Moreover, it should be noticed that in the case of refusal of any life-sustaining treatment by a competent patient the component *not counter-immunity* [¬O¬*y*SL*x*] turns into *counter-immunity* [O ¬*y*SL*x*] and the complex type of right 4 is to be replaced by the complex type of right 8 (*not claim, freedom,* ***power***, ***immunity***, *not counter-claim,* ***counter-freedom***, ***not counter-power***, ***counter-immunity***). This means that in case the competent and sufficiently informed patient explicitly refuses any life-sustaining treatment, it is not only permissible, but obligatory to the physician to withhold or withdraw life-sustaining treatment.

The Doctrin of the Sanctity of Life in its strong as well as in its weak version is rejected by the proponents of a liberal view, and as in the case of the Doctrin of Sanctity of Life we may distinguish a weak from a strong liberal view. According to the liberal view in a weak sense there are circumstances under which it is ethically permissible to end one's own life, that is, to commit suicide. Nevertheless it is strictly forbidden to assist another person in suicide or to kill another person intentionally, even on her own request. According to a strong liberal view, it is under specific circumstances not only permissible to commit suicide, but also to assist a competent person in suicide and even to kill her on her own request.

4.3. The Weak Liberal View

Considering first the Weak Liberal View, the right to life is to be interpreted as a complex right of type 9 and may be formulated by the following rule of right:

For every *x* and every y: If *x* is a competent patient and *y* a physician treating *x*, then *x* has against *y* a **complex right of type 9** (not claim, freedom, **power**, **immunity**, not counter-claim, counter-freedom, **counter-power**, **not counter-immunity**) to the effect that *x* is alive, that is

1) not: it shall be the case that *y* sees to it that *x* is alive [¬O*y*SL*x*];

2) not: it shall be the case that *x* sees to it that not: *x* is alive [¬O*x*S ¬L*x*];

3) **not: it shall be the case that not: *x* sees to it that *x* is alive [¬O ¬*x*SL*x*]**;

4) **it shall be the case that not: *y* sees to it that not: *x* is alive [O ¬*y*S ¬L*x*]**;

5) not: it shall be the case that *y* sees to it that not: *x* is alive [¬O*y*S ¬L*x*];

6) not: it shall be the case that x sees to it that x is alive [$\neg O x S L x$];

7) **not: it shall be the case that not: x sees to it that not: x is alive [$\neg O \neg x S \neg L x$];**

8) not: it shall be the case that not: y sees to it that x is alive [$\neg O \neg y S L x$].

The complex right of type 9 differs from the complex right of type 4 (which represents the Weak Doctrin of Sanctity of Life) insofar as the component *not counter-power* [$O \neg x S \neg L x$] is replaced by *counter-power* [$\neg O \neg x S \neg L x$], which says that – certain conditions being fulfilled – the patient x is ethically allowed to commit suicide. Moreover, in case a competent patient is in fact going to commit suicide and at the same time refuses explicitly any life-saving treatment, the component *not counter-immunity* [$\neg O \neg y S L x$] turns into *counter-immunity* [$O \neg y S L x$] and the complex right of type 9 is to be replaced by the complex right of type 5.

4.4. The Strong Liberal View

Most proponents of a liberal view, of course, hold what I call the Strong Liberal View, that is the view, that under certain circumstances not only suicide but also assistance in suicide and even killing a competent person on her own request (that is, active euthanasia) are permissible. As John L. Mackie puts it:

> The right to life has as a corollary the right to end one's own life, though this, too, is not absolute: others may have claims that tell against suicide when it would be preferable from the agent's own point of view. Still, there is no difficulty in describing circumstances in which suicide would be permissible. Nor can there be anything morally wrong in assisting a genuinely voluntary suicide. The same principle would allow euthanasia where someone really wants and seriously asks to be killed, with some understandable reason [Mackie, p. 196].[4]

There is no unanimous opinion concerning the conditions under which assistance in suicide or active euthanasia is ethically justified, but usually at least the following requirements are made:[5]

1) the request by the patient to be assisted in suicide or euthanized is voluntary and wellconsidered;

2) the patient is sufficently informed about the situation he or she is in and about his or her prospects;

3) the patient's suffering is lasting and unbearable and the disease of the patient is untreatable.

[4] For a similar view see [Harris, John p. 17].

[5] See, for instance, the Termination of Life on Request and Assisted Suicide Act entered into force in the Netherlands on 1 April 2002, Chapter II: Due Care Criteria.

With regard to the strong liberal view and taking into consideration the above mentioned requirements, the right to life is to be interpreted as a complex right of type 16 and may be expressed by the following rule of right:

For every x and every y: if x is a competent patient and y a physician treating x and

1) x explicitly, voluntary and in a well-considered manner asks for assistance in suicide or being euthanized; and

2) x is sufficently informed about his or her situation and his or her prospects; and

3) *x's* suffering is lasting and unbearable and the disease of x is untreatable;

then x has against y a **complex right of type 16** (not claim, freedom, **power**, **not immunity**, not counter-claim, counter-freedom, **counter-power**, **counter-immunity**) to the effect that x is alive, that is

1) not: it shall be the case that y sees to it that x is alive [$\neg O y S L x$];

2) not: it shall be the case that x sees to it that not: x is alive [$\neg O x S \neg L x$];

3) **not: it shall be the case that not: *x* sees to it that *x* is alive [$\neg O \neg x S L x$];**

4) **not: it shall be the case that not: *y* sees to it that not: *x* is alive [$\neg O \neg y S \neg L x$];**

5) not: it shall be the case that y sees to it that not: x is alive [$\neg O y S \neg L x$];

6) not: it shall be the case that x sees to it that x is alive [$\neg O x S L x$];

7) **not: it shall be the case that not: *x* sees to it that not: *x* is alive [$\neg O \neg x S \neg L x$];**

8) **it shall be the case that not: *y* sees to it that *x* is alive [$O \neg y S L x$].**

From the complex type of right 5 (typical for the Weak Liberal View in the case that x refuses any life-sustaining treatment) the complex type of right 16 differs insofar as the component *immunity* [$O \neg y S \neg L x$] is replaced by not *immunity* [$\neg O \neg y S \neg L x$]. According to this interpretation and with the above-mentioned conditions being fulfilled, it is ethically permissible that a physician assist in suicide or kill a patient on his or her own request.

5. Final Remarks

Returning to the initial question, whether euthanasia violates the right to life or not, we are now in the position to answer this question with respect to the proposed analysis of the term 'right to life'.

According to the Strong Doctrin of Sanctity of Life neither commiting suicide nor assisting in suicide nor active euthanasia and not even passive euthanasia are ethically permissible. According to the Weak Doctrin of Sanctity of Life there are cases in which passive euthanasia (that is, letting a patient die) is ethically permissible, but it is strictly forbidden that a person commit suicide and likewise it is strictly forbidden that someone assist a person in suicide or kill her on her own request (that is, perform active euthanasia).

In opposition to the Doctrin of Sanctity of Life, the Weak Liberal View emphasises that there is a right to end one's own life under specific circumstances and the Strong Liberal View even allows assisting in suicide and active euthanasia, given that specific conditions are met. Taking the Strong Liberal View, there are circumstances under which neither passive nor active euthanasia violates the right to life.

It is, of course, one thing to differentiate between several interpretations of 'right to life' by formal logical means and quite another thing to provide arguments for accepting one or the other interpretation.

In favour of the Strong Liberal View it may be argued that an act of medical-assisted suicide as well as an act of active euthanasia is not intrinsically wrong, provided the principle of respect for autonomy and the principle of nonmaleficence (with respect to the patient) are not violated.

But, of course, we should also be aware of the dangers of legalising active euthanasia and medical-assisted suicide. In times of scarce medical ressources and in view of an increasing number of aging persons, the authorisation of killing patients for their benefit risks opening the door to medical-assisted suicide and active euthanasia in order to relieve personal burdens on families and financial burdens on society. Moreover, to legalise voluntary active euthanasia may encourage social changes, leading to non-voluntary euthanasia and perhaps to involuntary euthanasia.

To put it in a nutshell: Although assisting in suicide and mercy killing in some cases is not intrinsically wrong and does not violate the right to life, a policy that allows killing might, on balance, cause more harm than benefit unless there are strong safeguards against abuse.

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Eutanazja a prawo do życia

Czy eutanazja gwałci prawo do życia (*the right to life*)? Odpowiedź na to pytanie zależy od rozumienia terminu *prawo do życia*. Autor, odwołując się do pojęcia uprawnienia i typologii uprawnień, zaproponowanej przez Stiga oraz Helle Kanger, wyróżnia i analizuje w kategoriach formalnologicznych cztery rozumienia tego terminu. Każdemu z nich odpowiada odmienne stanowisko w sprawie dopuszczalności eutanazji.

Pierwszym z tych stanowisk jest „mocna doktryna świętości życia", według której prawu do życia towarzyszy obowiązek przedłużania życia za pomocą wszelkich możliwych środków. Eutanazja zatem, według zwolenników tego stanowiska, jest niedopuszczalna pod żadną postacią. Takie zdecydowane odrzucenie eutanazji stoi w sprzeczności z zasadą szacunku dla autonomii pacjenta oraz zasadą niezadawania zbędnego cierpienia (*the principle of nonmaleficence*). Uwzględnienie tych dwóch zasad prowadzi do modyfikacji powyższego stanowiska, w wyniku czego otrzymujemy „słabą doktrynę świętości życia". Według tego stanowiska dopuszczalna jest pod pewnymi warunkami eutanazja bierna, czyli zaniechanie leczenia czy też podtrzymywania życia pacjenta.

Odmienne stanowisko od zwolenników doktryny świętości życia w obu jej odmianach zajmują zwolennicy liberalnego podejścia do eutanazji. Tutaj także możemy wyróżnić dwa stanowiska. Według słabego stanowiska liberalnego, w pewnych warunkach dopuszczalne moralnie jest popełnienie samobójstwa, niemniej jednak ściśle zakazana jest pomoc osób trzecich w samobójstwie, jak też pozbawienie z rozmysłem życia drugiej osoby na jej własną prośbę. Mocne liberalne stanowisko uznaje za moralnie dopuszczalną pomoc w samobójstwie czy też pozbawienie z rozmysłem życia drugiej osoby na jej własną prośbę. Innymi słowy, za moralnie dopuszczalną uznaje eutanazję czynną.