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Within the last decade, euthanasia, whether it be active euthanasia, passive euthanasia, or

physician-assisted suicide, has become a hot topic with many states and countries legalizing various forms of the previously stated life-ending options. Although these entities have come to a consensus about this issue, an overwhelmingly large proportion of the population has *not* been able to agree on the particulars. In an article by Jukka Varelius, the terminal disease requirement of active euthanasia and physician-assisted suicide is discussed on the premise that it a terminal disease is not required for passive euthanasia. Based on the information provided in the article, the argument is found to be factually correct and valid, therefore being sound. In this paper, I show that Varelius’s article succeeds in showing that active euthanasia and physician-assisted suicide should not be limited to terminal patients only.

 To make his argument more understandable to the average reader, Varelius begins his article by introducing different viewpoints on the various types of human euthanasia. Varielius brings up the controversial question: “should [voluntary active euthanasia and physician-assisted suicide] be allowed for terminal patients only?” (2016, p. 663). It is obvious what his simple answer is: no; however, Varielius reminds the reader that many people feel oppositely about this topic. Advocates for the terminal disease requirement believe that this requirement should be enforced “as a precaution against the risks of physician-assisted dying”, expecting these risks to be “smaller the fewer people [that] have access to the procedures” (Varelius, 2016, p. 663).

In this article, to back up his claims, Varielius considers “whether using the terminal disease requirement in connection with voluntary active euthanasia and physician-assisted suicide is consistent with endorsing [passive euthanasia] permitted by standard medical ethics and medical law” (2016, p. 664).

 To truly explain Varielius’s argument, it is extracted and presented in the following sentences: Passive euthanasia is a patient’s refusal of vital treatment whether their disease is terminal or not. If passive euthanasia is a patient’s refusal of vital treatment whether their disease is terminal or not, then passive euthanasia is morally right. If passive euthanasia is morally right, then it is not morally right to limit voluntary active euthanasia and physician-assisted suicide to terminally ill patients only. Therefore, as long as passive euthanasia is accepted, it is not morally right to limit voluntary active euthanasia and physician-assisted suicide to terminally ill patients only. To further delve into this argument, each premise is explained in the later paragraphs.

 Varielius’s first premise is that passive euthanasia is the refusal of treatment by a patient, regardless if they are terminally ill or not. Varielius presents a pretty simple, yet readable definition of passive euthanasia. He begins to explain that, although generally accepted, voluntary and non-voluntary passive euthanasia is highly criticized by supporters of the terminal disease requirement. To make sense of this, Varielius explains what is defined as a ‘terminal disease’: “an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgement, produce death within six months” (2016, p. 664). Although compelling arguments are cited within the article, Varielius reminds readers that “non-terminal patients can suffer as badly as, and sometimes for even much longer than, terminal patients” (2016, p. 663).

 This point can lead to the next premise in Varielius’s argument: if premise one, then passive euthanasia is morally right. This claim can be backed by two points on moral consistency: “First, if two cases are treated differently in moral terms, there must be some morally relevant difference between the cases that warrants the differential treatment. Second, when other things are being equal, features like age, sex, race, and spatial and temporal location do not make a difference in moral terms.” (Varielius, 2016, p. 665) In addition, to be considered as having any moral status, “a capacity for moral agency is both sufficient and necessary” (Holland, 2017, p. 18).

 The third and final premise presented in this argument is that if passive euthanasia is morally right, then it is not morally right to limit voluntary active euthanasia and physician-assisted suicide to patients with only a terminal illness. Varielius believes that since the “standard medical ethics and medical law allow passive physician-assisted dying for non-terminal patients too, it would then appear to be inconsistent to employ the terminal disease requirement in the case of active physician-assisted dying” (2016, p. 665-666). Varielius states that “active physician-assisted dying is still morally worse than passive physician-assisted dying” (2016, p. 666).

 In conclusion to his argument, Varielius reiterates the claim that as long as passive euthanasia is accepted, it is not morally right to limit voluntary active euthanasia and physician-assisted suicide to only terminally ill patients. Like any good philosopher would, Varielius brings forth two objections possible to his argument: one being that “the argument is irrelevant” and the other being “the central moral rights are being ignored” (2016, p. 671). Although bringing up counters to his argument, Varielius maintains that these objections are only plausible if evidence is actually found. Varielius claims there is none and that his argument is not susceptible to flaws.

 In the aforementioned article, Varielius presents the argument that the terminal disease requirement should not be enforced for voluntary active euthanasia and physician-assisted suicide because it is not enforced for passive euthanasia. In this paper, I succeeded in showing that active euthanasia and physician-assisted suicide should not be limited to only terminally ill patients.

Bibliography

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