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To End the Life or Not: A Question of Euthanasia and Jewish and Secular Humanist Bioethics

In the past 100 years, life in American society has become increasingly medicalized. When one has a stomach ache, one takes a pill to cure herself of her discomfort; when one grows old he receives medical treatment to extend his life and make him more comfortable in him later years. Medical technology is depended upon by American society as the sole and typically proven way to treat ailments that afflict daily life and growing age. With these strides in technologies, and American’s increasing dependence on them, the ethics and morality of certain treatments, or lack thereof, has entered into discussion. Particular focus has been given to issues of death and dying, with questions of extending or ending life through medical technologies entering into religious and secular bioethical conversations. Many religious traditions have principles and laws regarding death and life that have become complicated due to the growingly unclear line as to what is religiously permissible or prohibited. One such field is euthanasia, which is the practice of painlessly killing a patient that suffers from an incurable and painful disease. A practice that is illegal in most countries, yet often still discreetly practiced by some doctors, is important to examine as it confronts issues of determining life and death, compassion, and suffering.

By employing the work of A.C. Grayling, a secular humanist, this paper aims to further complexify religious stances, namely Jewish, on the topic of active euthanasia. By looking at a secular humanist’s arguments in support of active euthanasia – of human purpose, suffering, compassion, and ‘good dying’ – and connecting them into the Jewish bioethical work of Elliot N. Dorff, a Conservative Jew, an argument will be presented that actually supports active euthanasia in particular situations. This will finally be presented beyond Dorff’s Jewish thought into the realm of larger religious bioethics, where the applicability of Grayling’s support for active euthanasia will be considered.

 Before delving into how Dorff’s arguments on active euthanasia may be persuaded by Grayling and secular humanist thought, it is important to lay down some groundwork, namely the backdrop of Dorff’s definitions of active and passive euthanasia, as well as his arguments for and against them in particular contexts. In his book, Dorff states that, “‘Active euthanasia’ is acting with the intention of taking another’s life, but for a benign purpose – typically to relieve the person from agonizing and incurable pain or from the degradation of mental incompetence due to diseases such as Alzheimer’s…In pure cases of active euthanasia, though, the patient does not bring about his or her death except by expressing that wish” (Dorff 176). Dorff disagrees with active euthanasia on all accounts because it is essentially aiding in assisting one commit suicide, a practice prohibited by Jewish law. When one commits suicide, or assists in a suicide, one is going against God, as God is the sole possessor of human bodies. Because God is the possessor, humans do not have the right to take their lives (or the lives of others) because it destroys what belongs to God.

When one acts on behalf of a patient to end their life, they are allowing the patient to go through with what is forbidden by God. Also, Dorff argues that the actor (doctor or family member) is possibly influencing them to go through with an act the patient would not do typically if he or she was of sound mind and body. Within this argument, his line of thought originally makes sense, as he finds that assisted suicide, “combines active euthanasia with suicide, in that both the person who wants to die and his or her assistant contribute to executing the death” (Dorff 176). He then takes this definition coupled with active euthanasia to find that assisted suicide is wrong on almost all accounts within Jewish law, thought, and practice. Assisted suicide is a form of homicide because it puts human beings in the position of God, as givers and takers of life and death. Within Jewish thought, human bodies are God’s property; humans should not intervene in God’s ability to govern life and give or take as God finds fitting.

While this may appear overly-controlling to the non-Jewish ear, it comes from a deep respect for God and acknowledgement of God’s power and rule over God’s people. Furthermore, assisted suicide is immoral at an even larger level than Jewish law as it possibly fails to address and treat patient’s mental illnesses, which he sees patients drawing upon in requesting that they die. Instead of granting a wish that is misguided because of their mental illness or inability to give consent, doctors and family members response, “must be in the form of supplying sufficient paint medication; treating clinical depression if that is present; and, most important, providing the personal and social support that patients in these circumstances so desperately” (Dorff 186). Dorff feels that our medical environment often neglects the emotional and mental well-being of patients with severe or chronic illnesses, which has fed into patient and doctor’s ability to support assisted suicide.

On the other side of euthanasia, Dorff finds that “‘Passive euthanasia’ is a refusal to intervene in the process of a person’s natural demise” (Dorff 177). To Dorff, the act of omitting treatment or abstaining from action could constitute a moral action that God would support because one is allowing God to be the actor in taking the person’s life. It is not by medical action from another, or intentional action by the patient, that the person dies, but from the hands of God. In this way, the family members and the doctor are allowing the person the chance to meet the end of life ‘naturally’, or at least without direct human action.

Within the process of human life, Jewish law depicts life and death as a process of stages, and in these stages issues of passive and active euthanasia arise. When someone is suffering from a terminal illness, they enter into an ‘imperiled life’ or *terefah*, a significant shift in that it typically indicates the eventual ending of a life. The final minutes or hours of a person’s life, they transition yet again, from *terefah* to *goses*, which is translated from Hebrew as ‘a flickering candle.’ Their candle of life is soon to be extinguished; there is even caution to move the person “for fear of snuffing out the candle of life” (Dorff 200). It is in *terefah* where permissions to withhold or withdraw medications and machines become a matter of discussion within passive euthanasia conversations. This is an important phase of life to enter for Dorff and Jewish law because whatever the outcome of withholding or withdrawing treatment, the decision is left up to God, not the hands of the doctors or family members. This is not to say that the patient in *terefah* does not have the option of undergoing experiential therapies to overcome the therapies – whatever action that is done to sustain life, not dying, is permitted under Jewish law.

Dorff takes time to demonstrate that Jewish arguments that oppose euthanasia, namely active euthanasia, are not grounded in the redemptive character of suffering or the avoidance of medical intervention, as both are utilized in many Christian spheres. Both arguments elevate suffering to a level that does not honestly recognize the inexplicable pain the patient is enduring, and points to God as the cause of the suffering. Rather, Jewish law finds that pain is not in and of itself a good thing and should not be sustained for its own sake. Jewish law calls on people to “act as God’s agents in bringing healing, or failing that, in reducing pain” (Dorff 185). This encouragement of reducing pain, for Dorff, recognizes the human being as a human being, allowing for sympathy and compassion on the part of family members and doctors in the forms of pain killers, hospice care, or whatever medical and personal needs the patient requires to reduce their suffering.

While Dorff does take time to define both passive and active euthanasia, he remarks that because of ever-changing and more complicated medical technologies related to end-of-life issues, it is increasingly becoming more difficult to make a clear distinction between active and passive euthanasia. However, as outlined above, Dorff does still make a distinction between the two, with active euthanasia possessing a direct action to end the life of the patient while passive is the omission of action. Dorff finds that because of this omission principle, Jewish law can permit passive euthanasia under certain circumstances. For him, Jewish law does not require doctors or families to prolong the process of dying, “Withdrawing or withholding life support from terminally ill patients is justified in Jewish law by its mandate that we not prolong the process of dying” (Dorff 201). While instructed against prolonging the dying process, most often the patient’s life is able to be extended through medical treatment, and this must be done. Whether this means placing the patient in hospice care or a providing a drug that reduces the pain of the patient, life must ultimately remain central to medical decisions. Life is central to Judaism, and Jews have a duty to protect their own lives. God is the author, creator, and owner of human beings and this world – to take life on one’s own accord or damage one’s health is a violation against God, a violation that rejects God and God’s creation. For this reason, and others detailed above, Dorff demonstrates the Jewish morality in allowing certain circumstances of passive euthanasia, while denying all forms of active euthanasia.

 It is important to now turn to Grayling and his understanding of euthanasia and the process of dying from a secular humanist perspective. To start, Grayling notes, in stark contrast to Dorff, that assisted suicide is the best form of euthanasia “because it is consciously desired and chosen by the subject. Involuntary euthanasia occurs when someone is not in a position to express a wish either way, but is in a very bad state and is therefore helped to or allowed to die” (Grayling 221). He finds that involuntary euthanasia is justified in many circumstances because “human pity is stronger than the law [in reference to practices where euthanasia is illegal]” (Grayling 221). Grayling finds that much of the conversation around rejecting euthanasia revolves around the “apparent belief” that the length, or quantity, of one’s life is considered a determinant of whether the life was good or worthwhile. However, he advocates instead for quality over quantity; the quality of experience, the ability of the person to live a fulfilling life they enjoy living outweighs any conversation on quantity of life (Grayling 230).

Secular humanists determine their life and actions from the idea of “living thoughtfully and intelligently, [humanism is] about rising to the demand to be informed, alert, and responsive, [it is] about being able to make a sound case for a choice of values and goal, and about integrity in living according to the former and determination in seeking to achieve the latter” (Grayling 139). The argument for choice-filled euthanasia becomes evident with this goal of humanism, as patients most often choose euthanasia when they no longer have the ability to be “informed, alert, and responsive” or have the ability to continue making life meaningful and beautiful for themselves and their world.

Grayling goes into detail on the root of the word ‘euthanasia’, finding that it literally means ‘a good dying.’ He states that, “Everyone hopes for euthanasia in the end, usually by preference a naturally occurring death, an easy and painless passing from life after a healthy old age. But when dying is difficult, a struggle, horrible to experience, euthanasia has to come by other means” (Grayling 230). Grayling departs on his discussion on euthanasia from this ‘literal’ definition of the word, because he finds that returning to the root of the word sheds light on what is actually occurring when dying decisions through active or passive euthanasia are completed.

Grayling, in yet another contrast from Dorff, finds that in reality, there is no moral difference between active and passive euthanasia. In his words, “deliberately not doing something is as much an act of doing something…They both involve deliberate choices, and they both have the same outcome” (Grayling 231). Grayling finds that it is “merely a matter of sentiment is regarded as more acceptable” that resides in the hands of moralists and lay-persons than those actually engaged in caring for the suffering and dying (231). He remarks that in reality, active euthanasia is rarely carried out and when it is the decision is not done so lightly. Furthermore, we refer to ending the lives of our pets swiftly and easily as ‘humane’ deaths – how can we not treat our fellow humans in a similar manner? To Grayling, our society, and namely religious groups, does not truly take into account the gruesome reality of suffering and dying people, which legitimizes the denial of euthanasia on all accounts for some, or the differentiation of active and passive euthanasia for others like Dorff.

Graying’s secular humanist roots allows him to draw exclusively from the human experience, and what he finds as the most meaningful ways one can live in the present. He can come to these stances on euthanasia by what he sees and experiences solely in the life he leads, as well as fellow scholarship and action by other human beings. By contrast, Dorff is drawing from the divine action and words of God, as well as the prophets and traditions that continue into today. While seemingly drawing from different sources, the two scholars are not on separate spheres. Jewish law advocates for living a just, moral, and thoughtful life, just as Grayling does. They both advocate for sympathy, human relationships, and respect for all peoples and things. The contrast the two face comes from the foundation, or principles and policies as Dorff likes to use, they draw upon. However, because of the close connection in thought, word, and action between Dorff and Grayling, there is more to be examined when it comes to the morality of active euthanasia within Dorff’s arguments.

Firstly, it is important to make clear that as the topic of active and passive euthanasia is expanded upon, the circumstances for administering euthanasia in general is thought that the patient possesses an incurable, painful disease. They will continue to suffer with this until they die, and the questions being asked by doctors, the patient, and family members concern the most ethical and compassionate ways to respond to the patient’s situation. While euthanasia can and does occur in situations where the patient does not possess an incurable disease and is not an extremely thoughtful decision, this essay will work under the assumption that it is.

Dorff’s extensive work to demonstrate the differing moral weight given to passive or active euthanasia is directly challenged by Grayling. Dorff finds that active euthanasia cannot be considered moral because, under Jewish law, the moment that direct, concrete action is taken to end the person’s life, and this direct action involves something being injected into the body of the patient, crosses a line that humans should not take control of. God is in the reigns of taking and giving life, as God is the author of humanity. However, he makes the stark contrast with passive euthanasia, in that the omission of a decision could constitute moral action that Jewish law would permit because God is now given the power to give and take life. Grayling adamantly disagrees with the fundamental differentiation between active and passive, in that no matter if a doctor is injecting a lethal dose of morphine into a patient’s IV or pulling the plug of their ventilator, a decision is being made to end the person’s life. Religious thinkers, like Dorff, possess an illusion that overt action in the form of injection or pulling the trigger of a gun strip away the power of God.

However, in our increasingly medicalized society the moment a patient sets foot in a hospital, intentional, direct decisions are made about the patient’s well-being and ability to sustain life. The patient and doctors utilize drugs and medical technologies from the beginning of any disease, terminal or potentially curable, making the patient utterly dependent on drugs and technologies for survival. Because of this dependence, doctors, family members, and the patient him/herself are already entwined in the medical system, a system that leaves power up to doctors and patients whether they will die in any and all situations. This power then leads to the argument that because the patient has already been subjected to medical processes that make them dependent on drugs or medical technologies throughout their entire tenure with this disease (i.e. the moment they entered treatment they could no longer survive without drugs) a decision to withdraw them from these drugs or technologies or the decision to expedite their death with drugs are one and the same choice, especially if the patient is currently suffering and will certainly die from this disease. The difference Dorff and other religious bioethicists stress, seems to be that omission creates a cleaner and clearer conscious for doctors and family members. Grayling adamantly disagrees with the thought that omission is somehow cleaner because he finds that these are purely done so that the conscious of the doctor and family members feels better, when in reality they are making the exact same decision: to purposefully end the life of the patient.

Furthermore, bringing Dorff more directly into the picture, the idea that God has control over the death in passive euthanasia rather than active does not hold because of patient’s utter dependence on drugs and medical technologies from the moment they begin treatment or start utilizing technologies to make them more comfortable in their situation. God’s control has already become usurped in that the patient is now reliant upon medical technologies in the attempt to cure the patient or relieve them from suffering. Thus, the argument that humans are taking control of the life or death of the patient within active euthanasia rather than in passive euthanasia does not hold, as they are already in control from the moment one enters the hospital. If this is truly the case, Dorff should actually not advocate for euthanasia in any cases because it always takes power away from God and into the hands of humans, a point he stresses throughout his arguments against active euthanasia. However, Dorff does find that Jewish law allows passive euthanasia under certain circumstances, and with this rationale he should allow active euthanasia under certain circumstances. Grayling’s argument, then, about the sameness between active and passive euthanasia holds as the decision from the patient, or family members, for either active or passive euthanasia continues to give the most dignity to the human in their decision to continue or end life, as it is ultimately a human decision to end or sustain life.

Even if one was to disagree with the above rationale for the equitable moral difference in active and passive euthanasia, the centrality of compassion to Judaism and Dorff’s argument also leads one to support certain forms of active euthanasia. Dorff writes that when a patient is suffering from an incurable disease, Jewish law outlines the duty to do whatever one can to reduce the suffering of the patient. While the line is actually drawn for Dorff in administering treatment that would end the patient’s life, the idea that one does everything in their power to make them more comfortable and suffer less reveals the powerful compassion working within Judaism, a compassion that should extend into decisions that result in active euthanasia. If one were truly compassionate towards the indeterminate suffering of a patient, one should go to whatever lengths necessary to relieve that suffering; if that length is active euthanasia, it should be supported. Furthermore, Dorff writes that while Jews do have a duty to preserve life in most circumstances, one “must not delay the departure of the soul” (Dorff 199), or delay the process of dying when a patient enters *terefah*. By delaying the death of someone until the perceived moment that God takes them, through the practice of withholding or withdrawing treatment (i.e. passive euthanasia), the doctors and family members have already extended the process of dying. Had the doctor and family member taken more seriously the compassion required of them, the decision to completely relieve them of their suffering would prompt direct medical treatment, like a lethal dose of morphine or other painless endings to life found in active euthanasia.

Grayling further supports the compassion argument in that true compassion is recognized when one allows the patient the dignity of ending their life when all one is doing is making them more comfortable for their eventual death: “Suffering of any kind, but in particular of the terminal and unrelievable kind, invites our compassion: what can we give to the present of such a sufferer is relief, release, the kindness of a helping hand” (Grayling 225). There is nothing more that can be done, and the patient has gotten to a point where even with more drugs, they are still suffering because their purpose and ability is so squandered that they are merely waiting for the moment of death. The most compassion that can be given in this moment is that of a helping hand. It is a hand that wants what is best for the person, and want to do what they can to be there and recognize the pain and suffering they are enduring. Grayling also writes, “Humanism is for mercy, for respecting the autonomy and wishes of the individual, for recognizing that dying is a part of life and therefore merits the full respect that life merits” (Grayling 222).

While Dorff would disagree with the autonomy of humans (humans are respondent to God), Judaism is also for mercy, and if Dorff were to take the mercy and respect for human beings found in Judaism more seriously (by not extending the dying process) forms of active euthanasia where it is full well and clear that the patient is going to die should be permissible. By ending the life, one is actually recognizing the life for the power and sanctity it possessed by not forcing it to exist in a state that wraps its existence in suffering and dying. Additionally, Grayling’s idea of holding a high standard of life further plays into the idea of recognizing the sanctity of life. Because dying is part of living, it should be allowed to exist when patients desire it (obviously this means in consenting, respectful situations). He writes, “But dying is a living act, and as with any other such it might be pleasant or unpleasant. That is why the existence of ways to make dying easy – means of euthanasia – should be available to all if we desire them” (Grayling 224). Dorff specifically notes that there is no ‘redemptive’ character of suffering within the Jewish tradition, so this idea of creating the option for people to make dying easy is not far off. While Dorff would certainly not allow euthanasia to exist in all situations, as Grayling argues for, the idea that because mercy and compassion lead one to hold a high standard of life, this standard should allow humans the option to end their life at a point before continuing a dying process of suffering within the Jewish tradition.

This support for the support for active euthanasia under certain circumstances (i.e. the patient has exhausted medical treatments in the hopes of a cure, and they are suffering and will continue to suffer until death), also extends to larger religious circles than just conservative Jews. If any religious tradition truly holds human life at a high standard, while simultaneously advocating for compassionate treatment towards these patients, then active euthanasia should be seriously reconsidered. The argument becomes even stronger if forms of passive euthanasia are permitted in the tradition, as the actual difference between active and passive euthanasia is a false distinction created so that there is less perceived blame for the person’s death. Additionally, the idea that ‘dying is a living act’ and thus deserved the respect that most other life decisions are given, as proposed by Grayling confronts religious traditions to seriously reckon with the length that their respect towards life will go, and if the rationale behind prohibiting active euthanasia originates from arguments of guilt and omission.

While there are traditions that argue that upholding the sanctity of life translates to the preservation of life at all costs, namely Buddhism, a vast majority of religious traditions do not hold such a high stricture of end-of-life decisions. Many are similar to Dorff, who argue that there are certain cases where decisions can be made on ending the life of someone that still adhere to religious law (this is normally manifested in withdrawing or withholding treatment, like Dorff). Their arguments run true with Dorff, in that they possess high value on human life yet also recognize the power of their religious law and whatever Divine entity they possess (or do not). Because of this value on human life, and also most world traditions’ ethos on leading a life of compassion, mercy, and respect, the arguments that Grayling presents from a secular humanist perspective could also transfer into other religious accounts. Grayling’s position as a secular humanist begs religious traditions to reckon with the ways they regard and value human life, and the role that suffering and disease play into one’s life because the tradition deals exclusively with leading a life that is focused on treating humans in the most respectful ways, and ways that maximize humanity’s capacity to do good in the world. What religious tradition need to reckon with then, is if ‘doing good’ for oneself and other humans entails the justice of allowing humans the right to die when the final stages of an incurable disease sentence them to a life of suffering.

 Throughout this essay, questions of death, dying, and human intervention within Dorff’s account of Judaism have been challenged on account of the secular humanist perspective from Grayling. While Dorff seemingly argues that humans should not intervene in God’s ownership of our body by actively euthanizing someone, this essay has demonstrated that through the work of a secular humanist like Grayling, certain forms of active euthanasia are actually ethically sound practices as they fully recognize the sanctity of life, are acts of mercy and compassion, and are in reality no different than permissible acts of passive euthanasia. While acts of passive or active euthanasia are rarely actually practiced in the United States at this time because of legal purposes, there is a growing acceptance of these practices emerging that asks Americans of all traditions how they regard those in indeterminable suffering. This essay has demonstrated that Judaism, and many more religious traditions, ought to seriously examine reconsider their stances on active euthanasia, as it may actually run true with the principles many traditions are founded upon. By doing so, a shift can occur in Americans’ perception of death and dying, from one of fear and avoidance to comfort and welcome.

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