

# Moral duties and euthanasia: why to kill is not necessarily the same as to let die

Hugh McLachlan

## Correspondence to

Professor Hugh McLachlan,  
School of Law and Social  
Sciences, Glasgow Caledonian  
University, Glasgow, UK;  
[h.mclachlan@gcu.ac.uk](mailto:h.mclachlan@gcu.ac.uk)

Received 26 April 2011

Revised 8 June 2011

Accepted 10 June 2011

Published Online First

27 June 2011

## ABSTRACT

David Shaw's response to Hugh McLachlan's criticism of his proposed new perspective on euthanasia is ineffectual, mistaken and unfair. It is false to say that the latter does not present an argument to support his claim that there is a moral difference between killing and letting die. It is not the consequences alone of actions that constitute their moral worth. It can matter too what duties are breached or fulfilled by the particular moral agents who are involved.

## INTRODUCTION

David Shaw's response<sup>1</sup> to my criticism of his proposed new perspective on euthanasia<sup>2</sup> is ineffectual, mistaken and unfair. In particular, it is incorrect to say that: '...at no point does McLachlan indicate what the purported moral difference [between killing and letting die] actually is'.<sup>1</sup>

## SHAW ON ACTIVE AND PASSIVE EUTHANASIA

It is Shaw's contention that: 'If we regard the body of someone who requests VAE (ie, voluntary active euthanasia) or AS (ie, assisted suicide) as providing unwarranted life-support, it is clear that there is no substantive moral difference between turning off a ventilator, for example, and providing or administering a lethal drug'.<sup>3</sup> In Shaw's illustrative example, two terminally ill patients, Adam and Brian, want to die. Unlike Brian, Adam requires a ventilator to keep him alive. Shaw poses the question: 'No medical technology is involved in Brian's case, but what moral reason can there be for differentiating between a ventilator that keeps the brain working and a body that keeps the brain working?'<sup>1</sup> He concludes that, if there is no moral difference between voluntary active euthanasia and voluntary passive euthanasia, between killing and letting die, there should be no legal difference (and doctors should not make a difference).

## WHY TO KILL IS NOT NECESSARILY THE SAME AS TO LET DIE

With regard to the question of what the moral difference is between killing Brian and letting Adam die, my suggested answer was: 'Even if, from the point of view of Adam and Brian, their positions are the same, from the point of view of those who interact with Adam and Brian—the moral agents concerned—the situation is far more complex. An agent can have different duties with regard to Adam than he has with regard to Brian. Different agents can have different duties from each other'.<sup>1</sup>

According to Shaw:

'...at no point does McLachlan indicate what the purported moral difference [between killing and letting die] actually is. He states that "to kill is not morally the same as to let die, despite the similarity of the outcomes: it can matter how and why what is done is done, who does it and to whom it is done." He then says that we can set this issue aside, but this is the very crux of the matter: if Brian and Adam have the same doctor, and the why, what and whom are the same, what difference does the 'how' really make? McLachlan uses the example of shooting Brian, but we can easily imagine a situation where a button is pushed that will administer a lethal drug to his system, and this button looks the same as the button that turns off Adam's life-support machine. Once more, what's the difference?'<sup>1</sup>

The difference is this. The doctor, qua Adam's doctor, has a moral duty to stop giving him the medical treatment provided by the life-support machine when Adam makes it clear that he no longer gives his consent to the continuation of this treatment. However, qua Brian's doctor, he is not morally obliged to give Brian a lethal injection merely because Brian requests one. On the one hand, the withdrawal of consent removes the moral justification for the continuation of the treatment and obliges the doctor to desist in the case of Adam. On the other hand, consent to the performance of the particular action does not thereby oblige the doctor to perform it even if it removes one of a number of possible moral objections to the action in the case of Brian. To have the patient's permission to kill him does not mean that the doctor has thereby a moral duty to kill him. To lack his patient's permission to keep him plugged into a life-support system does mean that the doctor has thereby a moral duty, and not merely a moral excuse, to unplug it.

Notice that, if Adam were to ask one of his visitors or, say, a hospital cleaner to switch off the machine, what would be morally permissible or morally obligatory for them would be different from what is permissible or obligatory for the doctor. Ethics is not merely about outcomes. It matters who does what is done and why they do it.

Shaw writes: 'McLachlan clearly thinks that turning off ventilators is not contrary to the professional role of doctors. Why is this, if 'active' euthanasia would be? Once again, we are left to speculate, given his refusal to address exactly what the moral difference is between killing and letting die.'<sup>1</sup>

It is not contrary to the professional role of doctors to turn off the ventilators of their patients when their patients request them to do so because they have lost the moral justification for continuing

with the treatment by the withdrawal of the consent. We must start with the presumption that doctors require a moral justification to give treatment to people rather than that they require a moral justification to refrain from doing so. Treatment without justification should be considered as an assault.

It is immoral for a doctor to continue with treatment that a patient has explicitly, voluntarily withdrawn his consent to. I did not argue that it is always immoral for a doctor to kill a patient who requests to be killed by him. However, on grounds other than morality or ethics (where, for me, these terms are synonymous) I think it is inappropriate for doctors to kill their patients. It is contrary to professional propriety. It would be in the best interests of both patients and doctors if doctors were not allowed to kill their patients even if we decided to legalise active euthanasia and, in some circumstances, allowed people to kill other people who consent to be killed.

On three grounds, it is unfair of Shaw to say that I merely asserted and presented no argumentation to support the assertion that to kill is not morally the same as to let die. First of all, that particular view is not central to the article at issue that Shaw attacks. It was an aside. As I wrote: 'The assumption that killing and letting die are morally equivalent is not pivotal to the case for the legalisation of active euthanasia or of assisted suicide. Proponents of the two need not deny and opponents need not assert that there is a moral difference between killing and letting die.'<sup>1</sup> Second, and more importantly, it is false: I did, as I have shown here, present an argument in support of the claim that to kill is not morally the same as to let die. Furthermore, I also said in a footnote: 'Asscher presents a similar sort of argument to mine, which demonstrates that to kill is not the same as to let die.'<sup>1</sup> Shaw ignores Asscher's argument too.<sup>i</sup>

## CONCLUSION

David Shaw's dismissal of my case against his position on euthanasia is mistaken and unfair. He might well disagree with

the argument I presented in the article he attacks—and also in other articles referred to in the article he attacks—but he must not say that none was presented.<sup>4 5</sup>

Furthermore, he fails to establish his point: his response is ineffectual. It does not directly address, far less answer, my criticism. He concludes the paper in which he attacks me by saying: '... I believe that my new perspective on euthanasia does indeed make it clearer than before that there is no distinction between killing and letting die.'<sup>1</sup> His new perspective does no such thing. Even if we grant—what Shaw assumes but does not establish—that the consequences of killing Brian are the same as the consequences of letting Adam die, it does not follow that there is no moral difference between the killing and the letting die.<sup>ii</sup> To kill someone can breach or fulfil different duties than would be breached or fulfilled by letting the person die. Furthermore, different people can have different duties pertaining to the killing and the letting die of particular people. Hence, although it might sometimes be equally morally right or equally morally wrong for someone to kill someone else as to let him or her die, killing and letting die are morally distinguishable. Good actions can be good just as bad actions can be bad for different reasons.

**Competing interests** None.

**Provenance and peer review** Not commissioned; externally peer reviewed.

## REFERENCES

1. **Shaw D.** A defence of a new perspective on euthanasia. *J Med Ethics* 2011;**37**:123–5, 306, 308, 520.
2. **McLachlan HV.** Assisted suicide and the killing of people? Maybe. Physician-assisted suicide and the killing of patients? No: the rejection of Shaw's new perspective on euthanasia. *J Med Ethics* 2010;**36**:306–9.
3. **Shaw D.** The body as unwarranted life support: a new perspective on euthanasia. *J Med Ethics* 2007;**33**:519–21:519.
4. **McLachlan HV.** The ethics of killing and letting die: active and passive euthanasia. *J Med Ethics* 2008;**34**:636–8.
5. **McLachlan HV.** To kill is not the same as to let die: a reply to Coggon. *J Med Ethics* 2009;**35**:456–8.

<sup>i</sup> For an account of this argument, see: Asscher J. The moral distinction between killing and letting die in medical cases. *Bioethics* 2008;**22**:278–85.

<sup>ii</sup> The consequences of killing Brian might not be the same as the consequences of letting Adam die since the consequences of the actions on Brian and Adam might not be the sum total of the consequences of the actions. For instance, the effect on the doctor of killing Brian might not be the same as the effect on the doctor of letting Adam die. The effect on patients of knowing that doctors let patients die might not be the same as the effect on them of knowing that doctors kill patients. With consequentialism, guess-work is inevitable.



# Moral duties and euthanasia: why to kill is not necessarily the same as to let die

Hugh McLachlan

*J Med Ethics* 2011 37: 766-767 originally published online June 27, 2011  
doi: 10.1136/jme.2011.044966

---

Updated information and services can be found at:  
<http://jme.bmj.com/content/37/12/766>

---

*These include:*

## References

This article cites 4 articles, 4 of which you can access for free at:  
<http://jme.bmj.com/content/37/12/766#BIBL>

## Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

---

## Topic Collections

Articles on similar topics can be found in the following collections

[Assisted dying](#) (199)  
[End of life decisions \(ethics\)](#) (334)  
[End of life decisions \(geriatric medicine\)](#) (334)  
[End of life decisions \(palliative care\)](#) (334)  
[Suicide \(psychiatry\)](#) (127)  
[Suicide \(public health\)](#) (127)

---

## Notes

---

To request permissions go to:  
<http://group.bmj.com/group/rights-licensing/permissions>

To order reprints go to:  
<http://journals.bmj.com/cgi/reprintform>

To subscribe to BMJ go to:  
<http://group.bmj.com/subscribe/>