

Summary

Euthanasia is one of the most hotly disputed and controversial issues in the current debate in applied ethics. There are many arguments for or against the moral permissibility of euthanasia, but they seem to lack any underlying unifying perspective. In this monograph titled *Euthanasia and the Good Life*, I have decided to take a different path. I find a unifying theoretical line in theories of the good life and their relation to ethics and its specific normative conclusions. I am not a fundamental opponent of euthanasia, so my aim in the monograph was not to demonstrate that euthanasia is always morally impermissible in all circumstances. Instead, I seek to defend a more modest claim that, despite recent sustained criticism, current end-of-life measures are consistent with a rejection of euthanasia.

In the first chapter, What is Euthanasia, I focus on the definition of this radical end-of-life measure. It might seem that defining euthanasia is a relatively easy task, but the opposite is true, as the discussion in the current literature attests. The controversy is not so much about the definition of active euthanasia as it is about whether it is meaningful to talk about its passive variant. Some authors reject it outright, considering passive euthanasia as *contradictio in terminis*, while others continue to distinguish between active and passive euthanasia. Another issue is the relationship between passive euthanasia and withholding/withdrawing life-sustaining treatment; some authors determinedly claim that these are equivalent activities in both the act's description and moral evaluation. In response to these problems, I discuss in detail the role of intentions not in ethics but only in describing human action. Applying the distinction between characterising and final intentions that I introduced in my book *The Principle of Double Effect. A History and Philosophical Defense* (Routledge, New York 2020), I show that it is possible to define passive euthanasia meaningfully. An even more important result of my reflections is a careful conceptual distinction between passive euthanasia on the one hand and withholding/withdrawing of life-sustaining treatment on the other.

In the second chapter, entitled Theories of Welfare, I introduce the basic concepts encountered in theorising about welfare today. I explain the concept of prudential values and introduce the distinction between final and instrumental values. I also describe the requirements we place on theories of welfare, especially their descriptive adequacy. In the second part of the chapter, I critically investigate four analyses of prudential values (rational care analy-

sis, locative analysis, positional analysis, suitability analysis). The result of my reflection is that these different analyses do not imply the nonexistence of a single notion of welfare. I then introduce Alexander's semantic contextualism and conclude its critical analysis by arguing that even this theory does not constitute a reason for rejecting the semantic unambiguity of the notion of the good life. Finally, I introduce the notions of value atoms and molecules and identify value bearers with states of affairs.

The third chapter, entitled *The Division of Welfare Theories*, is relatively brief and introduces the classical distinction between theories of the good life: on the one hand, there are subjective theories (strongly subjective - Hedonism, weakly subjective - Desire Theory), on the other hand, there are objective theories (Objective List Theory). I note, however, that in Chapter Seven, I will return to this division and subject it to criticism.

The fourth chapter, entitled *Hedonism*, deals with Hedonism as a theory of the good life. First, I define the basic concepts: pleasure, enjoyment, pain, and suffering. Then I explain two conceptions of these experiences, internalism and externalism, and bring forward why, despite criticism, I am inclined to internalism. I thus conceive of pleasure and pain as introspectively accessible mental states containing the qualities of pleasantness and unpleasantness (in varying intensities). The next part of the chapter introduces the notions of hedon, dolor, and hedono-doloric balance, which characterise Hedonism as a theory of the good life as precisely as possible. The following section is theoretically essential and is given adequate space. Here, I ask whether and under what circumstances death can be good or bad, and I answer it by laying out the basic contours of the deprivation account of the badness of death, which I then defend and illustrate within a hedonistic interpretation of welfare. I then introduce consequentialism and its main features, pointing out that it is not a single ethical theory but rather a whole class of similar theories that have been undergoing rapid development, especially in recent years. I, therefore, focus on one specific consequentialist theory, hedonistic utilitarianism. Within this theory, I first define suicide, the conditions of its rationality and moral permissibility, and then concentrate on euthanasia. At the end of the chapter, I also briefly mention the rule consequentialism and how it can deal with the problem of physicians mercifully killing their patients.

The fifth chapter, entitled *Critique of Hedonistic Utilitarianism*, critically engages with Hedonism as a theory of the good life and demonstrates its descriptive inadequacy. If Hedonism is not a good theory of welfare, neither is hedonistic utilitarianism, which as a consequentialist theory, evaluates the

consequences of human actions through their effects (positive-negative) on pleasure and pain. I first present and analyse several argumentative strategies (arguments from repugnant and immoral pleasures), then I critically examine Nozick's experience machine thought experiment and show that they do not threaten Hedonism either. Finally, I present two scenarios inspired by Thomas Nagel's work, which I call Brain Injury and The Deluded Scientist, and show that Hedonism is a theory that is not descriptively adequate. I devote the last part of the chapter to a critical analysis of Fred Feldman's Attitudinal Hedonism.

The sixth chapter, entitled Desire Theory and Euthanasia, introduces Preferentialism or the Desire-Fulfilment Theory. I first try to define this theory of the good life as precisely as possible and then concentrate on Peter Singer's preference utilitarianism. I explain some basic concepts, such as moral community or equality of interests, and how preference utilitarianism evaluates the wrongness of inflicting harm, especially killing. In the next section, I explicate some implications of preference utilitarianism for the ethics of euthanasia. I begin with a discussion of infanticide, followed by various forms of euthanasia (primarily voluntary and involuntary). The last part of the chapter is a concentrated critique of preferentialism. I analyse some of the implications of this theory, demonstrate that the Desire-Fulfilment Theory does not provide good criteria for choice, describe a paradox at the heart of preferentialism, and finally show that it is not an appropriate theory of the good life of children. If my reasoning is correct, I have successfully shown that preferentialism is not a good theory of welfare, and as a result, we have good reasons to reject the validity of preference utilitarianism and its solution to the problem of euthanasia.

Chapter Seven is the core of my argument against the moral permissibility of euthanasia. The previous chapters have focused on some ethical theories and on how euthanasia can be justified within these theories. This *pars destruens* of my reflections is followed by a *pars construens*. In chapter seven, I return to the division of welfare from chapter three and reveal that it is theoretically inadequate and plays into the criticisms of objective theories of welfare. I, therefore, replace it with a more recent division that distinguishes between enumerative and explanatory theories of welfare. The chapter's core is devoted to defending the idea that human life is one of fundamental goods or values in all its biological manifestation. I infer from the nature of objective goods that they are incommensurable with each other (the incommensurability thesis). Based on this incommensurability, I conclude that a practical attitude towards values cannot take the form of seeking to maximise

them but rather to respect these values in human action. I use this conclusion to formulate a secular doctrine of the sanctity of human life, according to which it is morally impermissible deliberately to end an innocent human life; *ipso facto*, euthanasia is impermissible as well.

In Chapter Eight, I focus on the definition and criteria of death. I concisely describe the history of the neurological criterion of death from 1968 to the present. Then, drawing on the work of several experts, particularly neuroscientists, I explain why the neurological criterion of death is not adequate, i.e., patients diagnosed with brain death are, in fact, alive. From here, I turn my attention to theories of personal identity and persistence over time. I introduce the psychological criterion of personal identity and explicate its implications for reflection on the end of human (personal) life and the killing of unconscious patients. I introduce the concepts of biological and personal death and biological and personal euthanasia. The final part of the chapter is reserved for three critical arguments (the vicious circle argument – the argument from contradiction – the thinking animal argument) against the psychological conception. I conclude from them that the psychological approach to personal identity is incorrect, and consequently, it makes no sense to distinguish between biological and personal death. As an alternative, I lay out the basic tenets of animalism, according to which our persistence over time does not include any psychological facts, and explain the implications of its acceptance for discussions of euthanasia.

Chapters Nine and Ten attempt to make a theoretical case for the consistency of current end-of-life measures excluding euthanasia. At the heart of my reflection in Chapter Nine is a defence of the descriptive thesis, according to which a clear distinction can be made in descriptive terms between two categories of action: killing and letting die. Here I draw primarily on the work of Fiona Woolard and Jeff McMahan to lay down and defend my criterion of demarcation, which is based on considerations from the philosophical theory of action and on normative relations to the fatal sequence leading to harm. Chapter Ten then demonstrates that the distinction between killing and letting die (more generally, between doing harm and letting harm happen) is morally relevant, i.e., the two categories of actions are not morally equivalent. I also conclude the chapter by demonstrating that there is no moral equivalence between withholding/withdrawing life-sustaining treatment and active euthanasia.

Chapter Eleven critically evaluates several arguments favouring euthanasia (argument from analogy, argument from compassion, and argument from informed consent). It shows that, if anything, they prove a weaker the-

sis: namely, that it is morally permissible (indeed, it is our duty) to effectively address the suffering of patients, not by killing them, however, but by inducing unconsciousness (palliative sedation).

Many opponents of euthanasia rely on some version of the slippery slope argument. In Chapter Eleven, I describe its logical structure and distinguish between empirical and logical versions of the argument. Based on a detailed analysis of euthanasia cases in the Netherlands from 2002–2018, I show that there is no slippery slope to unacceptable practice.

Finally, Chapter Thirteen focuses on palliative sedation as an alternative to euthanasia. Some authors have accused opponents of euthanasia of being merciless in their stance, leaving sufferers at the mercy of their suffering. I try to show that palliative sedation can achieve the same effect as euthanasia, but it is morally less controversial and, therefore, a better solution to suffering. Much of this chapter concentrates on some objections to palliative sedation, showing that it is morally equivalent to euthanasia. In doing so, I deal with the objection that palliative sedation constitutes intentional killing, shortens human life, and, finally, inconsistent with respect for the objective value of human life.

As I wrote at the beginning, I am not a fundamental opponent of euthanasia, and I expect that sooner or later, euthanasia, together with palliative sedation, will become one of the widely available options for addressing patients' suffering. However, if my reasoning is correct, then the arguments in favour of euthanasia fail. Either they rely on incorrect theories of welfare, or they prove more diminutive than they claim. My reasoning also demonstrates that the current practice of end-of-life measures excluding euthanasia is not inconsistent and does not call for some fundamental revision of medical ethics.