THE DISTINCTION BETWEEN KILLING AND ALLOWING TO DIE

In his "Notes on Moral Theology: April–September 1975,"[1] Richard A. McCormick, S.J., takes up some recent treatments of the distinction between killing and allowing to die. I want to comment on one part of that discussion—his treatment of an article by Gerald J. Hughes, S.J.[2] I will suggest that neither Hughes's argument nor McCormick's discussion takes us much beyond where Paul Ramsey had already gotten in chapter 3 of *The Patient as Person*, and that we can get further only by taking seriously a remark which Ramsey makes almost in passing and perhaps does not himself take with sufficient seriousness.

Hughes presents an interesting argument designed to lead us to question whether there is a (morally relevant) distinction between killing and allowing to die. He considers two cases: (1) a patient presently receiving artificial life-support without which he will die; (2) a terminally-ill patient who will die within a few days. In each case one act on the part of the attending physician can have a decisive significance. In case 1 the doctor can switch off the life-support machine(s), and the patient can be "allowed to die." In case 2 the doctor can give the patient an injection as a result of which he would die as quickly as would the first patient when deprived of artificial life-support.

In neither case is there any hope of saving the patient, since both are irretrievably in their process of dying. In both cases the physician has at his disposal an action which will result in the death of the patient. Neither physician need *want* the patient dead in the sense of having any ulterior motives which would render his intent evil. How is it possible to say that, since in case 1 the patient is allowed to die and in case 2 the patient is killed, some morally relevant difference is involved? McCormick summarizes the conclusion to which Hughes's argument seems to lead: "The conclusion would seem to be either that euthanasia is morally permissible in those instances in which a decision not to maintain life is permissible, or that neither euthanasia nor refusal to prolong life is permissible" (p. 105).

Hughes, in fact, rejects these alternatives and suggests another possibility. However, I am less interested in his other suggestion than I am in noting that the alternatives seem strikingly similar to what Ramsey calls "the same objection from two opposite extremes" to his suggested ethic of caring (but only caring) for the dying.[3] Each of the two

[1] THEOLOGICAL STUDIES 37 (1976) 70–119; cf. especially pp. 100–107.

[2] "Killing and Letting Die," *Month* 236 (1975) 42–45.

[3] *The Patient as Person* (New Haven, 1970) pp. 144 ff.

extremes which Ramsey discusses equates a morality of only caring for the dying with euthanasia—the one in order to oppose both, the other in order to advocate both. "Proponents of euthanasia agree with advocates of relentless efforts to save life in reducing an ethics of omitting life-sustaining treatments to a distinction without a difference from directly killing the dying."[4]

Ramsey also writes that "in omission no human agent causes the patient's death, directly or indirectly. He dies his own death from causes that it is no longer merciful or reasonable to fight by means of possible medical interventions."[5] Now the force of Hughes's example, and the source of McCormick's puzzlement, is that this no longer seems clear when placed against Hughes's two cases. Or, at least, it no longer seems morally relevant. In both cases there is one act which seems to result in the same consequence: the death of the patient. In neither act is there any evil intent; on the contrary, it would be possible in some contexts to argue that each is an attempt to conform to Ramsey's fundamental imperative: "Never abandon care."[6]

Can a case nevertheless be made for saying that the "two extremes" are wrong to equate a morality of only caring for the dying with euthanasia? McCormick writes: "I myself believe that there is moral significance in the traditional distinction, in the minimal sense that we ought to maintain the distinction in practice, though I am far from sure how we ought to analyze it" (p. 107). I suggest that we unpack the moral significance of the distinction by placing it in the religious context out of which it grew. It will not be enough merely to say that "in omission no human agent causes the patient's death, directly or indirectly." That, in the abstract, may not overcome the force of Hughes's examples; for in both of his cases we have a dying patient, one action by the doctor, no subjectively evil motive on the part of the doctor, and the same result. Why, then, should the omission/commission distinction bear moral weight? Because *in a certain context* we can question whether, objectively, the doctor's action in case 2 can be brought under the rubric of *care*—whether it can be an attempt to care for and comfort the patient in his dying.

In order to do this, however, I believe we must make explicit a part of Ramsey's case which he does not always underscore. He believes, of course, that a morality of only caring for the dying is the only truly humane ethic and that the two opposite extremes inflict indignity upon the patient because they ignore something essential in our human condition. But this is a human condition understood in a religious

[4] *Ibid.*, p. 146. [5] *Ibid.*, p. 151.

[6] Insofar as our evaluation of intention is tied closely to our evaluation of action, it might be better to say that there is no evil *motive* in either case.

context. Ramsey himself says that the traditional ethic which distinguished killing and allowing to die grew up in a religious tradition. If that tradition should now find itself in disrepair, it may prove impossible to sustain the moral viewpoint which it nourished. Ramsey suggests as much in a characteristic paragraph.

> It may be that only in an age of faith when men know that the dying cannot pass beyond God's love and care will men have the courage to apply these limits to medical practice. It may be that only upon the basis of faith in God can there be a conscionable category of "ceasing to oppose death," making room for caring for the dying. It may also be that only an age of faith is productive of absolute limits upon the taking of the lives of terminal patients, because of the alignment of many a human will with God's care for them here and now, and not only in the there and then of his providence.[7]

What the Christian faith provides is a story which recounts the dealings of God with His creatures—a story of creation, fall, incarnation, redemption, resurrection. The Christian tries to understand his life—even, to put it more metaphysically, define his being—in terms of that story. Furthermore—and important for ethics—he tries to shape his action in such a way that it will accord with the pattern of God's action. That is part of what it means to permit this story to define the reality of his existence and world.[8]

Now if we try to understand ourselves and our world in terms of this story, what will we say about death? Surely that it is an ambivalent phenomenon. It is not God's will for mankind. It can even be said to be the result of the turn from God into sin. It is the triumph of Satan, of all that is opposed to God. Hence it is something to be feared, something to be fought against, something against which God Himself resolves to do battle, the last enemy.

But it is something other than that as well. Death is also the means by which God achieves His victory in the incarnate Christ. He does it by accepting the limitations which bind every creature in a sinful world, including the limitation of death. The secret of defeating this great enemy—an enemy which under ordinary circumstances must be re-

[7] *Op. cit.*, p. 156.

[8] The concept of "story" is fast becoming a fad in theological circles. I would not even venture to say how many ways it is used, but I think I am using it in something like the way Hans Frei writes of "the biblical story" as a story "whose depiction allowed the reader at the same time to locate himself and his era in the real world rendered by the depiction" (*The Eclipse of Biblical Narrative* [New Haven, 1974] p. 50). Interestingly, according to Frei's account many of the hermeneutical problems which confront contemporary theologians became problems when this biblical story was no longer thought to depict the world in terms of which one ought to understand oneself. Instead, the biblical story was incorporated into a larger framework. Ramsey's paragraph cited above seems to me to make a similar point with reference to the discipline of ethical reflection.

sisted—is knowing the point at which it is necessary to accept death and acknowledge its seeming finality. Only then can losing one's life lead to finding it. The paradox makes sense within the story.

If we are to talk about death in terms of this story, it must remain ambivalent. We must say *both* that it is to be resisted *and* that, for every human being, it must at some point be acknowledged. We can say one of these to the exclusion of the other only if we remove death from the context of the story and define it in some other way. Perhaps we will always remain puzzled about the point of the distinction between killing and allowing to die—feeling it to have some moral force but not being quite certain what that force is—unless we place death within the contours of this story and understand ourselves and the dying person as pilgrims who are defined by its contours. When, however, we think within this context, the distinction is meaningful. It is, presumably, no part of the pilgrim's task to propel himself or anyone else ahead to the end of the story. That cannot be called "care." Neither is it any part of his task to try desperately to hold onto this life when, for him or any other particular human being, the end—or what seems to be the end—of the story has come. That too cannot from this perspective be called "care".

Thus, to return to Hughes's two cases: our evaluation of the doctors' actions in the two cases does not depend on their subjective motives. Nor does it depend *merely* on the distinction between killing and allowing to die. Instead, it depends on placing that distinction within a particular context. The doctors are understood as agents within the world the Christian story depicts. In *that* world the action which hastens death by means of an injection cannot be called "care." Not because the physician is presumed to have any subjectively evil motive, but simply because in the world so understood this cannot be part of the meaning of commitment to the well-being of the neighbor. As an action in that world, it cannot reflect the shape of God's action.

If this is correct, it may help to explain McCormick's belief that there is in the distinction a "moral bite" which he cannot fully articulate. The distinction makes sense within a context, within a story. It cannot be removed from that context and turned into an abstract proposition without undergoing change. This may also mean, of course, that Christian moralists who wish to make use of the distinction will have to acknowledge its theological roots and accept the fact that these roots may be unappealing to some and unpersuasive to others. Surely, though, it is better to risk that than to try to make the distinction operate in a way it was not meant to operate; for in doing that we risk obscuring its importance altogether.

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