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Melissa Gutierrez Garcia
College of DuPage

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Euthanasia and Desire Theory: The Ethical Case for Assisted Suicide

by Melissa Gutierrez Garcia

(Philosophy 1110)

The ethical realm applies to all areas of life, and this includes, as is my focus in this essay, the medical field. With growing research and findings, those in the medical profession find themselves asking, with increasing regularity, “Is this ethical?”. In and of itself this question carries an enormous amount of “normative” weight, not to mention ambiguity. However, through sound argumentation we can gain progress and perspective into complex issues of an ethical nature. In this case, voluntary active euthanasia will be analyzed through the scope of “desire satisfaction theory” and the case will be made in favor of euthanasia.

Desire satisfaction theory is grounded in the idea of pluralism, which is inseparable from the central concern with human emotions. Pluralism focuses on the possibility of living a good life through various means, personal authority, and the idea of the uniqueness of individuals. More specifically, it is focused on “a variety of good lives”, and how as humans we are motivated in fulfilling our desires.¹ It is argued by those embracing desire satisfaction theory that “our individual desires hold the key to a good life”²; in short, this indicates that my desires may not be the equivalent of your desires and for that reason would not contribute to improving your well-being, only mine. If such desires bring about well-being, then they are thought to be motivational, and should therefore be pursued. This is to say, my desires and the goodness I achieve based on them, is enough to motivate me to bring them to fruition. Let us now apply this philosophical notion to a specific situation by way of an ethical vignette.

Person B is at the end stages of a painful terminal disease and desires suicide. In medical cases concerning suicide as an end to an undesirable situation, we must be sure to carefully and rationally question all variables of the situation. For the sake of argument, my claim is based on the idea that the desired suicide is medically assisted. Since desire theory embraces the idea of personal authority, then it is arguably permissible for Person B to take his/her own life through assisted suicide, grounded in the notion that Person B desires to alleviate her suffering and avoid inevitable degeneration to her well-being.

For years now, euthanasia has been a growing point of discussion in the expansive world of medicine. There are several definitions of euthanasia- I will however, hone in specifically on voluntary active euthanasia. This is defined as the deliberate act of administering lethal medication to a person per their request.³ To clarify, although suffering pain and discomfort, the patient is otherwise fully conscious and of sound mind when deciding to take such path. Voluntary active euthanasia has gained popularity and thus through argumentation has also gained legality in various parts of the world. It is currently legal in seven U.S states, as well many countries around the globe.

¹ Shafer Landau. *The Fundamentals of Ethics*. UK: Oxford University Press, 45-48.

² *Ibid.*, 48.

³ Christian Nordqvist. *What are Euthanasia and Assisted Suicide?* US. Medical News Today.

The individual state law governs the rules and definitions of euthanasia in terms of what is legal, but there is one overarching idea: The patient must go through extensive evaluation prior to making a decision on taking their life.⁴ Once this evaluation has been completed, and the patient has been deemed mentally sound, they are able to continue taking steps towards ending their life. As harsh as this idea may seem, ultimately, as humans only we can reap the positive or negative consequences that inevitably accompany the choices we make.

Personal authority is the ability to make decisions and act upon one's own body as deemed fit, or in the case of desire satisfaction theory, as desired. Such criteria afford Person B full responsibility to go through with the assisted suicide without requiring permission of any other moral agent or figure of legal authority. In the view of desire theory however, it is important that the means are justified, or in this case, ethically motivated. The means through which life would be taken would be painless. In most places that voluntary active euthanasia is legal, the physician will administer a painkiller right before the lethal medication.⁵ This would be performed by a medical professional that would have already discussed all options with Person B, e.g., the illogical conclusion that Person B might somehow miraculously recover through treatment to enjoy a fruitful existence in the future. In addition, Person B's life will come to an end regardless of the cause, be it natural or euthanasia. Allowing the patient to be eased of pain provides the ethical and legitimate conditions for a peaceful passing. The procedure to take person B's life is one that would fulfill their desires without further impeding that person's dignity by allowing the medical affliction to progress.

One may, based on my argument, say that since their, Person B's, life is already coming to an end then there should be no reason to end it sooner. However, desire satisfaction theory claims that if "something makes us better off, and it satisfies our desires, then we have reason to obtain it".⁶ As stated, the terminal disease that Person B is living with, be it what it may, is causing pain. According to a study done by several doctors, "the experience of pain is constant across major terminal diseases."⁷ Furthermore, this study demonstrated that out of 988 terminally ill patients, 52 percent of patients had sought out treatment for the pain from their primary care physician in the four-week prior to the study. What is more, 50 percent of those same 988 terminally ill patients described their pain as moderate to severe. But, as we have claimed, Person B is in severe pain. As with so many other patients, terminal disease especially at the end stages cause nothing but suffering and misery. In regards to Person B's life, they have every reason to obtain that which will make them better off—voluntary active euthanasia.

There may also be the claim that the type of suicide chosen by Person B should make no difference in the position I have argued. However, research supports the idea that there is statistically a much higher chance of failure in self-attempted suicides. Approximately only four percent of those who attempt suicide are successful.⁸ This leaves us with a 96 percent survival rate for attempted suicide. If this situation obtained, such failure would not be conducive to obtaining that which is "good" for Person B, and thus negate that which is fundamental in desire theory, achieving a state of well-being for the individual in question.

⁴ Physician-Assisted Suicide Fast Facts. US. CNN.

⁵ Ibid.

⁶ Shafer Landau. *The Fundamentals of Ethics*. UK: Oxford University Press, 48.

⁷ Stefan Weiss, Linda Emanuel, Diane Fairclough, Ezekiel Emanuel. *Understanding the Experience of Pain in Terminally Ill Patients*. US. The Lancet.

⁸ SAVE. SAVE Website, accessed April 25, 2019. <https://save.org/about-suicide/>

As mentioned at the outset, the ethical realm is one that holds various ideals and perspectives. One of these being the system of Moral Law Ethics as explained by Kant. His theory is founded in objectivism, intrinsic worth, and human dignity. Kant states that a human is “rational and autonomous... and [thus these traits] support the dignity of each human being.”⁹ Furthermore, due to this inherent dignity, Kant claims that we have an obligation to treat ourselves with dignity and therefore in his view, portrays suicide as immoral. There is a list of actions that in Kant’s eyes are inherently immoral, regardless of any reason behind it. In this system, there is no consideration for circumstance, personal desires, or needs. This puts us humans in a difficult situation if adhering to Kant’s Moral Law Ethics. It forces us to put aside all desire, even that in which a higher level of well-being is the goal. Moreover, it appears, in a contradictory manner, forces us to renounce the same autonomy Kant claims to base his system on. In this case, Person B would not be able to follow through with the choice to take their own life. Person B would not only be stripped of free-will, they would also be forced to further deteriorate. This would be contradictory to the duty outlined by Kant of treating oneself with dignity. We must consider fully the ideals that we as humans adhere to; life is full of circumstances, desires, and motivations. All these areas are taken into consideration by Desire Satisfaction Theory and allow those in the same situation as Person B to decide on what is best for them, even if it is euthanasia.

⁹ Shafer Landau. *The Fundamentals of Ethics*. UK: Oxford University Press, 177 & 178.