



# TEACHING HUMAN DIGNITY

## *Euthanasia*

AN EXPERT GUIDE BY WILLIAM MATTISON III





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# What Does it Mean to “Play God?”

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In our day and age, people are frequently beset with challenging decisions to make at the end of life, for themselves or for their loved ones. One thing all of these decisions have in common is the impact on the length of the patient’s life. A common response of bewildered people facing such complicated decisions is, “Don’t play God!” Nothing seems more God-like than influencing the time of someone’s death. But if those who warn us, “Don’t play God,” are telling us not to influence the time of someone’s death this advice is misguided. Our decisions in many unavoidable situations will indeed impact the length of people’s lives. Should any available treatment be undertaken by a patient no matter her condition, or can patients opt out of certain treatments? And what of treatments that are undertaken to better or prolong one’s life, but sadly and unintentionally end up causing death, as regularly happens in the medical world? Are we to stop performing surgeries so not to “play God?”

If “playing God” means making medical decisions that impact the length of someone’s life, then doing so is unavoidable. The real task (for the person of faith) is to “play with—rather than against—God.” Of course, this is likely what people who say, “don’t play God,” actually mean. But the “rub,” if you will,

is determining which decisions go against God’s will and which do not. In other words, how can we do end of life decision-making well, or virtuously? Given the complexities of this arena, answering this question requires far more than a simplistic slogan about “playing God.”

“*The real task...is to play with - rather than against - God.*”

The Church offers enormously helpful moral guidance for these situations. Although this guidance is informed by our grasp in faith of God’s Revelation through Scripture and Tradition, both the situations that prompt such guidance and the content of the guidance itself is accessible not only to people of faith but to all. In fact, on the whole, the Church’s teaching accords well with civil law in the U.S. and beyond. This has become less the case in the past decades with increasing legalization of euthanasia in certain states (most famously Oregon) and countries (most famously the Netherlands). The central Church teaching here is that euthanasia is always immoral.

## What is Euthanasia?

At the end of life, we are called to love and care for one another, not kill one another. Euthanasia is the intentional ending of a person's life, usually undertaken out of a misguided sense of "mercy" and a desire to limit pain and suffering as death approaches. The tricky part about euthanasia is that its proponents envision it as a way to care for a person. Thus, we need to sort through exactly what euthanasia is (and is not), why it is always wrong properly understood, and why certain actions at the end of life that impact the time of one's death are not in fact euthanasia.

What exactly is euthanasia? It is defined in the Declaration on Euthanasia as "an action or omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated" (§2).

In other words, what makes something euthanasia is not whether one acts or not (active vs. passive). We may hear people say, "It is OK to let someone die but not to

cause death." That is not adequate since one can intend to end someone's life by not acting, and certain actions that lead to death can be permissible if not intended to end the person's life. Nor is euthanasia defined by the cause of death (natural or unnatural). We may hear people say, "It is OK to let someone die naturally." Again, sometimes treatment can cause a person's death and not be euthanasia, and at times, "letting someone die naturally" can be intending to end their life. Additionally, although consent is always crucial in medical treatment, it does not determine the morality of an act. After all, a patient could consent to an immoral act of euthanasia.

“*Catholics are not vitalists, meaning people who seek to preserve life at all costs.*”

## What are the Central Moral Issues in End of Life Decision-Making?

What makes an act euthanasia is acting intentionally (or intentionally not acting) for the purpose of ending a person's life. This can be tricky at times.

**ACTING INTENTIONALLY VS. VOLUNTARILY:** First, it is important to understand the difference between acting intentionally, and acting voluntarily with foreseen consequences. Though both of these can be morally wrong, they are importantly different, and at times it can be wrong to do the former but not the latter. For example, if an elderly patient with cancer received palliative care in the manner appropriate to the relief of pain (incremental increases in dosage only as needed to alleviate pain) and yet died due to the suppression of respiration, even if the possibility of death is foreseen, this act would not be morally wrong because the intention was for pain

management and not the death of the person. If instead the patient was given a large dose of painkiller to ease respiration, the death is not a side effect but the very point of the act. Thus, this act is morally wrong. This is a classic example of the “doctrine of double effect.” A helpful way to distinguish these is to imagine what would happen if the patient does not die. Would one’s act be frustrated?

**EUTHANASIA FOR THEIR OWN GOOD:** Second, the Church teaches (and law in over 40 U.S. states agrees) that intentionally ending a person’s life “for their own good” is morally wrong (and in those states illegal). This is true even for the elderly patient with cancer who is prepared for her coming death and requests a life-ending prescription. Some arguments against euthanasia claim that if euthanasia is legal in such cases as the cancer patient, euthanasia would soon happen more and more frequently, to the poor and vulnerable due to societal pressure, and on occasions where death is not yet immanent, for suffering that is less dire, and/or eventually without people’s consent. While these are valid, the Church teaches that there is a fundamental distinction between intending to care for a person and eliminating the person. Intentional killing of the innocent not only violates that person’s dignity, making her worth conditional, but also negatively impacts the common good because a person’s intentional actions shape both the individual and the community.

**MORAL ACTIONS THAT SHORTEN A LIFE:** Third, at times the Church teaches that certain actions can be taken that may foreseeably shorten a person’s life, such as the removal or withholding of medical treatment, and yet which are not euthanasia. These cases are the most difficult (and common) types of cases. Catholics are not vitalists, meaning people who seek to preserve life at all costs. If so, we would never embark on any action that could threaten life (fighting fire, driving a car, etc.). The dignity of human life is not only related to the duration, but also to its quality. Thus, there are occasions where a treatment that might prolong life is not chosen because it is either useless or burdensome; in other words, it is extraordinary as compared to ordinary. It is crucial that the judgment of extraordinary vs. ordinary be made about the treatment, not about the patient, and about the treatment for a particular patient in a particular situation. In the case where treatment is useless or burdensome, it is permissible (though not required) to withdraw or withhold it.

In these situations, it is important to keep in mind both action and intention. It is possible to choose an act that on some other occasions may be permissible, but because it is intended to end the patient’s life is euthanasia in this particular instance. Making the choice to secure death is an act of euthanasia and immoral. In contrast, there may be a hope by family members that one’s loved one passes soon, to be at peace from the suffering and pain. Intentions are action guiding. Such a hope or wish is not the same as an intention. If the withdrawal of a medical treatment did not result in the patient’s passing, the family would not “finish the job,” so to speak, and act to end the patient’s life.

*Morally speaking, there is no significant difference between withholding or removing a treatment, even though people sometimes feel it is more difficult to remove a treatment than withhold it.*



# What are the Most Common Concerns in End of Life Decision-Making?

Two common concerns in end of life decision-making are the avoidance of suffering and the burden placed on others. Some explanation is in order for each. First, seeking to avoid pain is a perfectly legitimate goal. If it were not, the use of painkillers or even over-the-counter drugs would not be permissible, and the Church does not teach this. In fact, the Church supports a person's decision to use painkillers in dire circumstances even when using them may shorten a person's life. Anyone who teaches patients must simply bear their pain, perhaps with an injunction to unite it to Christ's suffering, is not only pastorally insensitive but also wrong. That said, the Church does teach that we ought not to avoid pain and suffering at all costs. Since St. Paul, the Church has taught that we do not "do evil [intentionally kill a person] that good [easing pain] come of it" (Rom 3:8). Furthermore, while suffering is not a good that should be sought, it is also the case that God can bring good out of suffering. Our Easter faith is never without Good Friday. Situations where one willingly undergoes suffering, or perhaps cannot avoid it, can be occasions where we are made particularly receptive to God's grace in our lives. In short, pain and suffering are not good, and alleviating them is honorable, but we do not avoid them at all costs.

“*People are naturally dependent on one another...throughout our lives in various ways*”

Second, given how effective modern medicine can be at prolonging life and given the burdens (emotional, financial, etc.) this can impose on a patient's loved ones, many people understandably claim that they do not want to be a burden on others. This may be a laudable desire, and surely, it is good when people are well enough not to depend on others for basic health activities. That said, people are naturally dependent on one another, especially at the beginning and end of life, but also throughout our lives in various ways. Recognizing this not merely as an unfortunate state of affairs to overcome but also as an occasion to draw us closer to one another, can help end of life situations seem less disconnected from the ways we are all called to live and thrive. Certainly some forms of dependency at the end of life can be extreme, and we should not underestimate the toll that such situations take on people. But when recognized as more extreme occasions of our lifelong and everyday interdependence, we may be less likely to seek at all costs not "being a burden" on others.

Both suffering and placing a burden on others are common reasons for people to seek the end of their life. The discussion above is applicable to people of any or no faith, even as it is more deeply understood in the light of our faith. It is important to pause and reflect on these reasons people often give to justify euthanasia, and in occasions of end of life care (and ideally before) to address them with one another, lest they become overwhelming factors that lead us to seek to avoid them at all costs. ❖

# References and Recommended Resources

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