

**"An outline of Peter Singer's ethical theory,
critically discussing its application to Euthanasia."**

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Synopsis

We identify Peter Singer's ethical theory as preference utilitarianism. We find that as an atheistic theory it fundamentally fails to give adequate purpose for living and presents a self-interested reason for behaving ethically.

Contrary to Singer we argue for a distinction between allowing people who will not recover to die, and active and passive euthanasia. We partly agree with him on the question of the doctrine of double effect but with some reservations can see a legitimate place for it.

As we look at active euthanasia we note Singer's definition of a 'person'. We doubt whether he can defend 'persons' against involuntary euthanasia as he requires a strong doctrine of autonomy to prop up his utilitarianism.

We believe non-voluntary euthanasia to be unacceptable for infants on the grounds of potential personhood and preferences, and unacceptable for handicapped people on the grounds of the sanctity of life. We find that Singer does not distinguish sufficiently between possible life and existing life and that utilitarianism is particularly deficient at this point in that it cannot predict how much pleasure or pain will result in a possible or actual life nor how much it may benefit society.

Finally we argue that voluntary euthanasia usurps God's rights and recognising that not everyone will accept a biblical argument we look at some of Singer's replies to secular arguments against euthanasia, covering faulty diagnoses, palliative care, autonomy, and the 'slippery slope'.

We find the last to be the 'knockdown argument' against euthanasia challenging Singer's analysis of the Netherlands' situation with evidence to the contrary.

Our conclusion is that Singer's ethical theory is internally quite consistent but is ultimately deficient in its lack of a biblical framework. This leads him logically enough to conclusions on euthanasia which differ from ours.

Peter Singer's Ethical Theory

Peter Singer outlines his ethical theory most clearly in his book, *Practical Ethics*. He dubs himself a "preference utilitarian", drawing a distinction from classical utilitarianism in that he universalises self-interest to include the interests of others who will be affected by one's decision, rather than making choices based simply on the balance between resultant pleasure and pain. He employs utilitarianism because he sees the principle of equality being unworkable leaving preference utilitarianism as the logical conclusion largely because of its perceived consistency. He maintains that people are living ethically only when they believe that what they do is right and can provide some justification for their actions. He then says that the justification to be defensible "cannot point only to the benefits it brings me. I must address myself to a larger audience".

Singer acknowledges that his view of ethics is not the only possible one and that his opening chapter "may be treated as no more than a statement of the assumptions on which this book is based". However undiscussed objections, particularly with regard to his atheistic stance, do seriously undermine his case. In *How are We To Live?* and *Practical Ethics* (2nd ed'n) Singer does argue more convincingly that a consideration of the interests of others is desirable for the survival of society of which the individual is a part, and because such consideration is ultimately in our self-interest creating harmony and giving meaning to life, but this is a strange conclusion given Singer's criticism of self-interest. It also fails to state what the meaning to life is, the gist of the argument appearing to be that provided we find some worthy cause which better the conditions of others, we will have found meaning in life and come to the (almost religious!) "point of view of the Universe". With an unsubstantial appeal to a concept of a four-dimensional world he tells us that we should not "think our efforts wasted unless they endure for ever, or even for a very long time". Presumably this means that every little bit that we do counts, but towards what? "We simply cannot tell", is his conclusion.

Ultimately Singer's answers to whether life has meaning and reasons for acting morally only describe the way things are, rather than why they are and why they should be. It can certainly be observed that people derive satisfaction from gathering food, providing for others and bettering the world. It could also be argued, however, that without a fundamental reason for engaging in these activities beyond the survival of the world (which will eventually wind down anyway) all we would be doing is occupying ourselves. In fact Singer entertains this idea when he writes:

"...one cannot grow out of the ethical point of view until all ethical tasks have been accomplished. If that utopia were ever achieved, our purposive nature might well leave us dissatisfied, much as egoists might be dissatisfied when they have everything they need to be happy."

If this quite plausible speculation were true for an atheist then we may consider that the behaviour of the psychopath could well be the result of a rational or intuitive conclusion that all endeavours are futile, and an "attempt to relieve what would otherwise be a tedious existence".

Singer believes that life is an accident. One of his underlying assumptions is that "ethics is not something intelligible only in the context of religion" and continues, "I shall treat ethics entirely independent of religion". He provides considerably less justification for taking this position than he does for universal interests, painting a dismissive caricature of Christianity based on extremes of fundamentalism and Roman Catholic tradition with a misunderstanding that, for the Christian, ethical living is an expression of self-interest motivated by rewards and punishments.

While a biblical ethical stance would agree, with some qualification, to a consideration of the interests of others and a bettering of the universe, the meaning that stance provides for such actions form a foundation which Singer's position lacks. This leads to different conclusions to the questions of life and death, and on Singer's special interest of the status of other species. We may therefore further designate Singer's ethic as Atheistic Preference Utilitarianism (for his theories are dependent on the prefix) and look at how his theory applies to euthanasia.

Passive Euthanasia and Allowing to Die

Singer's utilitarianism cannot perceive a differences between causing death by a lethal injection (active euthanasia), allowing death by withdrawal of life-support from a person who will not recover (allowing to die) and standing by while a salvageable life is lost (passive euthanasia), since the end result is the same in each case. James Rachel's illustration, of the child murdered, or dying in the bathtub while the observer stands by, is really irrelevant to this argument (both actions are morally wrong). In the illustration the child will recover if rescued, in the case of the terminally ill the patient will not recover even if treatment continues. This is a crucial difference which should guide our actions even in the cases of severely disabled infants. Life support should only be withdrawn and therapeutic treatment refused if a life has no chance of being able to relate to others again. In the case of cerebral cortex death where the body may continue to function after the conscious part of the brain has irretrievably ceased we believe that the human person is dead and that the body should be allowed to follow the same path. Singer's appeal to the way we talk about such cases as only having died when breathing ceases, and his citing of terminology in various judicial statements do not convince us that withdrawing 'life-support' in these cases is euthanasia. Such ways of talking, while they must be respected, have more to do with our emotional attachment to the body which has housed the person we knew. Consequently, although we may agree with Singer that it is appropriate for life support to be withdrawn, contrary to him we would maintain that allowing the body to follow the pathway that the mind has already taken is very different from causing death, since the death of the person with any potential to relate has already occurred.

From a biblical perspective we believe that withdrawing life support and medication which is not curing the patient may be to submit to the will of God, who is obviously not bringing about recovery. To the objection that we could just leave all life in God's hands and use no therapeutic treatments we would reply that wisdom and the abilities to cure are also a gift of God to bring about the wholeness which is a characteristic of his Kingdom, but that when those treatments are not working any more, it is counterproductive to continue using them.

We have to agree with Singer, however, that many of the distinctions made between killing and letting die, as they apply to human beings who may relate again, are false ones, as are many of the distinctions made between 'ordinary' and 'extraordinary' means of keeping people alive. In some respects it is also difficult to recommend the 'doctrine of double effect' with great conviction. Intuitively we attach great importance to intentions. For example acting from duty is a poor substitute for acting from love, and often we recognise motive as a mitigating consideration in crimes. However we must concur with Singer that "we cannot avoid responsibility simply by directing our attention to one effect rather than another". As it stands this is something of a 'grey' area which largely depends on the likelihood of death actually being hastened by the pain-reducing drug in a particular situation. The administration of pain control which may also hasten death, can certainly be justified if the pain itself is likely to hasten death as much as or more quickly than the treatment.

Active Euthanasia

In his arguments for active euthanasia Singer adopts Joseph Fletcher's 'indicators of humanhood' including "self awareness, self-control, a sense of the future, a sense of the past, the capacity to relate to others, concern for others, communication, and curiosity", by which we may assess the quality of life. Singer then defines a 'person' as distinct from a member of the species *Homo sapiens* as, "a rational and self-conscious being". He also appeals to Michael Tooley who argues that, in Singer's words, "the only beings who have a right to life are those who can conceive of themselves as distinct entities existing over time - in other words, persons, as we have used the term". In addition to Tooley's proposition Singer gives three other reasons for holding that a person's life has distinctive value over a merely sentient being; a respect for autonomy, concern with the effects of killing on others, and concern with the frustration of the victim's desires and plans. Although a preference utilitarian would only accept the last two concerns Singer bears all four in mind on issues of killing, since autonomy may be respected at an "intuitive level".

Involuntary Euthanasia

Singer defines involuntary euthanasia occurring "when the person killed is capable of consenting to her own death, but does not do so, either because she is not asked, or because she is asked and chooses to go on living." He regards killing someone who has not consented to being killed only truly euthanasia when "the motive for killing is the desire to prevent unbearable suffering on the part of the person being killed." He thinks it odd that anyone would actually override another's wishes, but the Netherlands situation will show that it is not quite as uncommon as he assumes, and if we apply Preference Utilitarianism we may easily construct such a situation. For example, if the preferences of a whole family were that their terminally ill grandmother be killed because her existence is a drain on family finances, and because of the stress of having to watch her die slowly, then they should surely outweigh the single preference of the grandmother. Singer indicates that in such cases autonomy should be a consideration because of our intuition, but if he adopts autonomy in preference to a utilitarian approach then his underlying ethic has altered and he may be accused of fitting the principle to the desired behaviour rather than deducing what we ought to do from his ethical stance. In the end Preference Utilitarianism, because it must still consider a balance with the

preferences of others and appeal to extrinsic reasons to preserve autonomy, only varies from Classical Utilitarianism in that it deals with beings.

Non-voluntary Euthanasia

Euthanasia is non-voluntary when a human being has never had the capacity to choose, or has had the capacity and did not then express an opinion, and is now unable to. The first part of the definition usually applies to severely disabled infants, and adults who from birth have never progressed to being capable of making a decision.

Singer does not classify infants and those profoundly intellectually disabled from birth as 'persons' with a right to life. He observes, in the case of infants, two utilitarian strands which he terms the 'total' view and the 'prior existence' view. The 'total' view is concerned with the total amount of pleasure versus pain, whether by increasing the number of beings who may experience pleasure, or by increasing the amount of pleasure existing beings may experience. The 'prior existence' view takes only the latter option and denies the value of the former. Taking either view allows him to say that cutting short a pleasant life is wrong and suggests that if an infant's life is going to be so miserable that it will not be worth living then, provided there are no extrinsic reasons to the contrary (such as the feelings of the parents), it would be better to kill it. In a case where the infant may be expected to experience both suffering and pleasure (in this instance, because of haemophilia) the 'prior-existence view' would say that since the child exists, and can be expected to enjoy pleasure, euthanasia should not be contemplated. The 'total' view treats infants as replaceable. If the haemophiliac infant's life is terminated then a healthy baby may be born to replace it making the world a better place. Singer liked the 'Total View' in these instances since he feels it is morally wrong to knowingly conceive a child who will live a miserable life and the 'prior existence' view allows that it is not wrong to bring a miserable being into existence. However he realises that the 'total' view has its own problem in that it encourages the creation of more beings whose lives will be pleasant. Between his first and second editions of *Practical Ethics* Singer states that he changed his mind and instead of applying classical utilitarianism to sentient non-persons and preference utilitarianism to persons, for consistency he now applies preference utilitarianism to all beings who have preferences. To protect the irreplaceability of 'persons' and to account for why it is wrong to bring miserable lives into existence he developed a 'journey' analogy where one may prevent the 'voyager' setting out (by deciding not to conceive) since it has no preferences and has made no goals, but as preferences and goals become more evident then the life becomes less replaceable.

Objections to these views are bound up with the debates on abortion and infanticide more than in the usual scope of euthanasia, but some comments should be made as it affects infants.

We devalue the lives of handicapped people with both infanticide and abortion. While Singer objects does not have all the rights of a king. The fact is that Prince Charles is treated differently from other people as a potential king and groomed accordingly! Although Singer

rejects the idea that infants have preferences, we may ask ourselves what haemophiliacs who attain Singer's definition of 'person' might reasonably want for themselves, bearing in mind that parents make decisions for their children to prepare for their futures taking account of what they might reasonably expect the children's preferences to be. We doubt that too many haemophiliacs would choose euthanasia. If this is so then by killing infants we will usually be disregarding their future preferences.

Singer also makes little distinction between possible life (where it is only an idea in the mind of the parents) and existing life. He does not adequately counter Pauer-Studer's objections to human life being replaceable as he replies using Parfit's example of Conditions J and K where delaying conception for two months so as to avoid having a handicapped child is likened to an actual handicapped child being replaced by a healthy one. In the first instance it is hard to see how one could actually replace a child that does not exist. In the second, if it is just in the mind it may be possible to imagine that it is the same handicapped child who through a delay is later conceived as a healthy child. In the third, from a Judaeo-Christian viewpoint we would say that the life itself is the gift of God (and therefore sacred), not the idea in someone's mind. This argument for the sanctity of life has important implications for the intellectually disabled who may have little potential for developing fully-fledged personhood under Singer's definition. However, as Singer demonstrates, the sanctity of life doctrine only holds weight with a theistic ethic.

Another objection is that there exists a problem with Utilitarianism in general, as it applies to all types of euthanasia, in that this ethic simply cannot predict the pleasure a human life may experience nor the amount of benefit such a life may bring to others either through inspiration or through the character building experiences of being a carer. History and contemporary society provide many examples of quite severely handicapped people who have lived and do live far more aware and productive lives than many 'normal' people. Utilitarians have trouble identifying what is good and bad and cannot tell us where to draw the lines. In the 'voyager' analogy, for example, it may be very difficult to assess where a 'potential person' is on Singer's 'journey'. Furthermore if the balance between a miserable and pleasurable life is set at fifty percent how do we justify the figure let alone measure it? Might not twenty percent of pleasure make life worth living, particularly if that life is lived in a meaningful relationship with its Creator? Or perhaps we might regard eighty percent of pleasure as a better standard? Singer may argue that taking preferences into account circumvents the problem, but we have seen that this ethical strand presents its own difficulties which are similar to Classical Utilitarianism in that one's preferences may be outweighed by those of others.

Voluntary Euthanasia

Voluntary euthanasia is carried out at the request of the person being killed and obviously does not thwart a person's desire to go on living if they genuinely do not wish to do so and it cannot produce a fear of being killed in the person. It violates neither their right to life (which has been waived) nor their autonomy. At this point we may agree that Singer's arguments are almost self-evident. However, from our own ethical standpoint, we would object that by requesting euthanasia the individual is usurping God's right over life, devaluing it as his gift. It seems that these requests often have to do with control and power over ones-self with issues

of dignity and (dare we say) pride. We would argue that suffering is not the ultimate evil, and often leads both living and dying people to a greater position of wholeness emotionally, relationally and spiritually, allowing many to make peace with and submit to their Creator. In a disposable society ending such opportunities prematurely is to bypass many of the opportunities to develop qualities which enrich us as worthwhile human beings. If the realities of heaven and hell are in doubt in the minds of the terminally ill then gradual decline towards death allows time to at least consider such beliefs. While we realise that these biblically based objections will not satisfy everyone, there are other non-religious arguments against voluntary euthanasia which Singer attempts to answer.

We agree that the fact that doctors may occasionally be mistaken in diagnosing an illness as terminal is not a strong argument against euthanasia. It is rather an encouragement to delay euthanasia and to take greater care. These are the sorts of calculated and acceptable risks we take when we put ourselves into the hands of health professionals.

The case for improved palliative care, although more expensive, is valid when it is available and our preliminary remarks to this section are taken into account. We would still have to argue whether euthanasia is morally acceptable where palliative care is not available. A more relevant argument is that if euthanasia became commonplace one could imagine funds being diverted away from the expensive palliative care option, putting more pressure on people to opt for a quick death and subjecting those who have objections to euthanasia to a more unpleasant death.

To the objection that allowing voluntary euthanasia may be giving people too much autonomy he replies that prohibition "cannot be justified on paternalistic grounds... for voluntary euthanasia is an act for which good reasons exist." There are some fine lines when it comes to questions of autonomy but it should be noted that we do already curtail people's freedom for their own good, and because of the indirect influence their choices may have on others. In addition, if autonomy is the overriding principal here, then there nothing intrinsically which prevents euthanasia being applied to cases where people are not terminally ill.

A further argument against voluntary euthanasia is that we can never really be sure that the request is a free and rational decision. Moments of severe pain or depression, or the pressure (real or perceived) from relatives and society as a whole may all influence a person against their will. Against this Singer appeals to the guidelines and safeguards supported in the Netherlands where government will not prosecute doctors who put their duty to patients first. But are these safeguards enough? Singer again looks to the Dutch situation to assure those who fear the 'slippery slope' and the potential for euthanasia to become increasingly non-voluntary or involuntary.

The Netherlands and the 'Slippery Slope'.

In *Rethinking Life and Death* Singer examines the 1990 Dutch Rummelink Study of euthanasia and finds that of the 48,700 deaths associated with end of life decisions only 1000 could be

classed as non-voluntary, and none as involuntary. Further, he argues that because we do not have further figures to date we cannot assess whether there has been a 'slide'.

Singer writes nothing at this point to soften the fact that the 1000 cases were clearly non-voluntary and if prior discussion had taken place with the patients in 600 of those cases, it is of even more concern that they were killed when they had not come to a decision. That they were "suffering grievously" also raises questions as to why palliative care was not being administered effectively. Contrary to Singer's quick dismissal of the 22,500 killed apparently in instances of 'double-effect' John Fleming also points to two other reports in Dutch which dispute some of the Rummelink findings and reveal that there were 8750 cases where life-prolonging treatment was withdrawn without the request of the patient and 8100 cases of morphine overdoses of which 61% were non-voluntary. He believes not only that there is good reason to doubt that the truthfulness of Doctors in cases where the guidelines have been ignored, but also that "the Rummelink Committee's interpretation of the facts 'reveals political bias'".

Of most concern are the comments on the Dutch situation by a Netherlands cardiologist, Richard Fenigsen. Amongst other matters he reports a shift in public opinion towards denying life-saving treatment to the severely handicapped, the elderly and even people without families; that there is a majority who now support involuntary active euthanasia; that there are cases of doctors allowing poison to be self-administered sometimes without parental consent (actions which were approved by 70% of the population); cases of coercion by doctors, spouses and the "all-intrusive propaganda in favor of death"; refusals of certain treatments for Down Syndrome babies and people over seventy-five, allowing them to die and even be killed prematurely and cases where doctors and nurses committing this "cryptothanasia" were not convicted but applauded.

Even without follow-up statistics to the 1990 study on the Netherlands there are sufficient questions and concerns thrown up by the existing evidence to warn us very clearly against legalising voluntary euthanasia. In a pluralistic society which may reject a biblically-based ethic the "slippery slope" argument is the most convincing against such a move.

Conclusion

It must be said that there is a great deal of internal consistency about Singer's ethical framework, and given his assumptions, many of his conclusions are logical enough. The problem is that utilitarianism on its own leads to some conclusions which many would intuitively reject. By way of contrast we believe that a biblical framework provides valid reasons for rejecting those conclusions and a much better reason for behaving ethically. That Singer rejects such a framework is a fatal flaw in the foundation of his arguments but even without it the Netherlands example is sufficient reason to reject his case for euthanasia.

APPENDIX

A Christian Ethical Perspective

As the guiding worldview underlying Christian Ethics we will adopt a biblical concept of the Kingdom of God. We would assert that this ethic, far from being purely deontological (as Singer largely portrays it) is actually utilitarian in much of its practice. The Gospels warn against the inflexible adherence to the letter of the law, which sometimes works against its intention. Sometimes Jesus calls people to go beyond the law ("You have heard that it was said... but I say to you..." in Matthew 5). At other times he indicates that God gives laws only to account, in a practical way, for the everyday failures of people (Jesus on divorce in Matthew 19:1-12). A brief examination of most laws and virtues in the Bible will reveal very practical reasons behind them.

In terms of 'preferences', an ethic based on the Kingdom of God assumes God to have interests in each life which take priority over all other interests. Without presenting a Christian apologetic this requires God to be the Creator of the world and all the life within it, that he has a claim over life which is his gift but has allowed humankind limited autonomy subject to his claims. It further assumes that the ultimate purpose of life is the glory of God, expressed in our relationship to him, to one another and in our harmony with the rest of the creation. Such harmony and wholeness may be expressed by the concept of 'Shalom'. (See A. Sloane, *Doctoring Death: Euthanasia versus the Withdrawal of Life-prolonging Therapy*, An unpublished paper delivered to The Christian Philosophical Society at Morling Theological College on Monday, 21st August, 1995. where Shalom is presented as a more universally acceptable concept to those who might reject a biblical rationale. While we agree with this Shalom is however an aspect of the Kingdom of God.) This wholeness is enhanced by virtues such as love and justice which express the character of God and is possible because humans are made in the Image of God.

Our assumptions about the Image of God as presented in Genesis do not allow us to bring animal life into the euthanasia equation despite Singer's insistence that the Genesis account has been undermined in P. Singer, *Rethinking Life and Death: The Collapse of Our Traditional Ethics*, (New York: St Martin's, 1995), 171. (We believe that it is still reasonable to believe the theological truths of the Genesis account even if one does not accept the story absolutely literally.)

Since God is spirit we may safely assume that this Image does not refer to the body but rather in our capacity to relate to him. We maintain that one of the most important guiding factors in the question of euthanasia is the potential for relationship, not simply the existence of biological life. This idea is somewhat similar to Singer's definitions of what constitutes a person (where relationships are but one aspect), but we also would take 'potential' into account. We would allow for some prioritising in that, for example, given a choice between saving the mother's life or that of the unborn child the existing mother's life with all its established relationships is more important than the potential life and possible relationships of the unborn. It should be noted that in the weighing of 'interests' in cases of euthanasia life is to be weighed against life or lives rather than any other lesser interest.

Although the ability to relate is important we recognise that the body also has importance through association with the person and (for a Christian) the Holy Spirit who inhabit or have inhabited it so that biological human life separated from the person is itself significant, but, apart from the associations just noted, can carry little more weight than the

life of plants. Nevertheless, because of those associations we would rather allow the body to expire than actively stop it functioning.

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How Are we to Live?, 152, 197-8, 207,

Practical Ethics, 335.

Practical Ethics, 328-34. where Singer considers Hervey Cleckley's speculations.

Practical Ethics, 3-4.

H. Kuhse & P. Singer, *Should the Baby Live: The Problem of Handicapped Infants*, (Oxford: Oxford University, 1985), 113-115, 124-129, where there is a superficial attempt to trace the history of objections to infant euthanasia in the Judaeo-Christian tradition and some equally superficial arguments as to why we should reject the tradition as an ethical foundation. We do note however that in a pluralist society we must expect that people will look for other reasons for behaving ethically (even though they may leave us unconvinced).

How Are we to Live, 180-1, where he misses the point that the rewards mentioned in the Sermon on the Mount are descriptive of the Kingdom of God rather than the result of ethical living, that Christian ethical living is a grateful response to the promised reward, and that the thrust of Jesus' teaching is against self-interest and hypocrisy.

For a brief biblically-based ethical approach see the appendix.

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We do not accept that all withdrawal of life support is euthanasia.

P. Singer, *Rethinking Life and Death: The Collapse of Our Traditional Ethics*, (New York: St Martin's, 1995), 44-68.

This emotional response is observed in people who may embrace and talk to the body of their recently deceased relative.

Practical Ethics, 210-11.

G. Gillett, *Euthanasia: A Clinical and Philosophical Perspective*, Part of papers presented to a Bioethics Conference, The Adventist Hospital, Sydney, (1994). 28-30. where he argues well for the importance of 'intention' to one's personal moral well-being.

Practical Ethics, 86-7.

Practical Ethics, 96.

Practical Ethics, 100.

Practical Ethics, 179.

Practical Ethics, 99-100. where he seems to entertain the idea of this shift.

Such as the fear that might be generated in the population at large if they felt their preferences could be overridden by those of their relatives,. (Though even this argument could be overcome in an individual case if secrecy were maintained).

Practical Ethics, 181.

Practical Ethics, 185-6.

Rethinking Life and Death, 210-217.

Practical Ethics, 87-8.

P. Singer & H. Kuhse, "More on Euthanasia: A Response to Pauer-Studer", *The Monist*, Vol. 76. (April, 1993), 162.

"More on Euthanasia: A Response", 163. Practical Ethics, 190.

Practical Ethics, 188-9.

Despite the disclaimer in the Preface to *Should the Baby Die?*, page v. Existing haemophiliacs would realise that had their lives been in Kuhse's or Singer's hands they could well have been killed. Given an argument for potential, existing lives could have been discriminated against on the grounds of disability.

Practical Ethics, 153.

We would regard it as wrong to perform a painless operation to turn an infant into circus freak in order to make money for the family on the grounds that the child had no preferences as that stage. To argue that this is different from the infant who is killed because it can experience no preferences is not so different from suddenly murdering a hermit with no family or friends on the basis that once he is dead he has no preferences or future either. Singer acknowledges that the second instance is wrong in Practical Ethics, 94.

Tooley's further argument (cited by Singer on p97) that he is not the infant from whom he developed is misleading. He carries the same genes, has been molded partly through the aspirations and desires of the parents on his behalf and partly through the other experiences of life as an infant. Indeed he cannot exist apart from the infant.

Pauer-Studer, "Peter Singer on Euthanasia", *The Monist*, Vol.76. (April, 1993),140-1.

"More on Euthanasia: A Response", 160-1.

We feel that sanctity of life arguments apply when there is some ability to relate or we suspect that there is some awareness of people and surroundings and a possibility of an awareness of God. While the latter would be almost impossible to ascertain except perhaps in the case of an anencephalic child, we would maintain that we should err on the side of caution.

Practical Ethics, 92-3. Singer partially acknowledges the complexities of calculating consequences, but it does not lead him to acknowledge that a deistic ethic might provide a better foundation even though he comes a little closer to a worldview approach as he considers Hare's 'rule of thumb'. Instead he adopts preference utilitarianism.

Arguing for the productiveness of handicapped people only applies when the life has begun. We are not arguing that the handicaps themselves are good, rather that they are an inadequate reason for taking a life, unless there is no possibility of that life ever forming two-way relationships, in which case 'life-support' could be withdrawn leaving what is left of 'life' for God to take.

Practical Ethics, 94.

Practical Ethics, 194-6. where Singer again lists these objections to killing a 'self-conscious person'.

"It was extraordinarily important to Diane to maintain control of herself and her own dignity". Singer quoting Dr Quill from the New England Journal of Medicine. in Practical Ethics, 198.

Practical Ethics, 200.

Restrictions on tobacco and smoking and advertising, and laws concerning the wearing of helmets are but two examples.

Practical Ethics, 196-7.

G. Griffith, Euthanasia: Summary and Update, A N.S.W. Parliamentary paper based on the Parliamentary Library Background Paper No 3/1995. (1996),10-11.

Rethinking Life and Death, 150-154.

J. Fleming, "Euthanasia, The Netherlands, and Slippery Slopes", A Supplement to Bioethics Research Notes, Vol .4. No.2, (June 1992), 3.

Fleming, 2. The full significance of these figures would partly depend on what stage the medications were withdrawn and the overdoses administered.

Fleming, 2. quoting Ten Have and Welie.

R. Fenigsen, "A Case Against Dutch Euthanasia", Hastings Centre Report, Vol. 19, A Special Supplement. (January/February, 1989) p22-30.

acceptable for handicapped people on the grounds of the sanctity of life. We find that Singer does not distinguish sufficiently