

full lives where all has gone fairly well? Are they those who know their own minds, don't get depressed or anxious, don't feel like failures, don't carry shame for past wrongs, are not oppressed, and don't struggle with damaged and alienating relationships? Besides all the key reasons, perhaps euthanasia and/or assisted suicide for the strong is really perilous because it endangers the not-so-strong and is in fact deadly for the weak. A society which endorses someone's choice that it is legitimate, rational and acceptable to intentionally end life, even when there is no more compelling reason than being 'tired of life', is a society which will see the early exit of the weak and frail first.

If this is true, there could be something decidedly eugenic about this latest development. Perhaps, despite the 100,000 signa-

tures, few of the 'completed life' citizens will avail themselves of a suicide assistant – after all, looking at the causes of the estimated 2500 suicides in Australia each year shows no category for 'completed life' or 'tired of life'. The people who are actually committing suicide are doing so because they experience extreme psychological distress. Perhaps instead of helping the 'tired of lifers', those suicide assistants will be far more busy 'caring' for the 'my-life-is-messed-up' citizens.

And then the eugenic specter, so ever present and skulking nearby, will find new expression and success in ridding the community of the weak who demand so much of its resources.

That will be a sad day.

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### Opinion

## What Is Mercy? Reflections on the True Nature of Mercy in the Context of Euthanasia

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**Mercy is a concept difficult to define, especially in the face of life-ending decisions. Inextricably linked are ideas about relief, respect and relationships.**

*Jones is suffering from a terminal illness. His pain is severe, he is estranged from his family and he wants to die. He calls out, "Have mercy on me!" No doubt you are moved by his story. You want to help him. Indeed, you want to have mercy on him. But what is mercy? What does it look like? What does it mean to have mercy on someone who is suffering?*

A similarity between advocates both for and against euthanasia (herein meaning the intentional killing of a person with a terminal illness) is that they seek to show mercy on those who are suffering. But despite mercy being at the forefront of people's minds, there is a fundamental disagreement about what mercy actually looks like. Here I argue

that despite the good intentions of euthanasia advocates, their understanding of mercy is flawed. I propose a concept of mercy that is not about the outcome but the process and does not bring about endings but beginnings.

### **Mercy: Relief of Suffering?**

Euthanasia advocates believe that intentionally taking the life of someone who is terminally ill or suffering severe pain constitutes an act of mercy. Their definition of mercy is clear enough: to act mercifully is to bring about a reduction in human suffering. Mercy, in this view, is ending the life of Jones where continuing to live would produce more pain than pleasure. This is based upon a version of the philosophy known as utilitarianism. Proponents of this view will accept almost any means of pain elimination, even if this means the elimination of the sufferer. This is

not dissimilar to our modern Western desire to eliminate all suffering.

If we view mercy solely as the reduction of suffering then we will have no qualms providing Jones with a lethal injection. According to a utilitarian calculus Jones has more pain than pleasure in his life; his scales are grossly uneven and so we should release him from this pain. It may also help to speak of Jones as a person who has ceased to have “a life” in any meaningful sense of the word. We can appeal to the intensity of his pain, the reality of his family situation and the inevitability of his death.

Yet, if we deny that Jones’ life has any real meaning because his pain outweighs his enjoyment of life then his worth is reduced to the sum total of the pain or the pleasure he is experiencing. Is this really an appropriate way to speak of another human? Or, have we dehumanised Jones? Our description says nothing of his biography or the context of his pain. Rather, our description of Jones seems clinical, impersonal and detached. Ethics academic Gilbert Meilaender holds that such thinking forces us to speak of ourselves in terms of “what we have” instead of “who we are”<sup>1</sup>. Is this really an example of mercy?

Euthanasia advocates may campaign us to “put Jones out of his misery”, in the same way that we might our own cat or dog. Indeed, we would never allow our cat to suffer in the same way as Jones. If we love Jones as much as our pet then surely compassion demands us to put him “out of misery”. However, philosopher Sarah Bachelard questions whether this sort of language is an appropriate way to speak of human life. She suggests that our bid to put another “out of misery” fails to capture the value of human life<sup>2</sup>:

*...to act in the spirit of putting a human being out of his misery is radically demeaning. It is to treat a human being as someone*

*incapable of responding to the claims of the meaning of his suffering, and hence as less than fully our fellow, as less than fully human.*

Although such language may be suitable for describing the experience of animals, it is an insufficient portrayal of what it means to have mercy on another human.

### **Mercy: Respect for Autonomy?**

It might help our justification for euthanasia to emphasise that Jones begged for death. “Oh well,” we might say. “It’s what he wanted.” Voluntary euthanasia advocates emphasise the role of patient autonomy in exercising mercy. Euthanasia may constitute an act of mercy only if it is what Jones chooses. It is insufficient for Jones to say, “Have mercy on me!” Rather, his plea must also be a request: “Have mercy on me! I want to die!” This justification for euthanasia is based on notions of personal autonomy or self-rule. Philosopher and euthanasia advocate James Rachels explains the position succinctly<sup>3</sup>:

*If a person prefers – and even begs for – death as the only alternative to lingering on in this kind of torment, only to die anyway after a while, then surely it is not immoral to help this person die sooner.*

Modern medicine has moved away from paternalistic ideologies where doctors were the sole medical decision-makers. Medicine today embraces notions of patient autonomy, where the patient participates in the decision about what treatment he or she wants. Although much is to be praised about this model, autonomy alone does not give us an accurate picture of what mercy is. If we are to say that a doctor acts mercifully because he or she succumbs to the pleas of the dying patient, then mercy is nothing but a doctor acting under instructions. It robs doctors of responsibility and professional judgement and makes the patient his/her own doctor. What place does mercy have in a society where doctors merely follow orders

<sup>1</sup> [http://www.firstthings.com/article.php3?id\\_article=6047](http://www.firstthings.com/article.php3?id_article=6047)

<sup>2</sup> Bachelard, S. (2002) *On Euthanasia: Blindspots in the Argument from Mercy*. *Journal of Applied Philosophy*. Volume 19 Issue 2, Pages 131 – 140.

<sup>3</sup> Rachels, J. (1993) *Matters of Life and Death: New Introductory Essays in Moral Philosophy*. 3rd edition Random House, 1993

instead of responding in ways they deem appropriate as medical professionals, such as providing love, care, shelter and warmth? To see mercy as the granting of Jones' wish is to say that mercy is all about the patient and not about the carer. It is to admit that doctors are in some way divorced from their patients and unaffected by the treatment they provide to them.

Autonomy also fails to display mercy on other accounts. For instance, it is hard to verify that a plea for death was made without any coercion. How can we be sure that Jones' wife, supposing he has a wife, wasn't pressuring his decision because she felt "burdened" by his illness? Or perhaps Jones' plea for death was made in a period of deep depression where his full expression of autonomy was temporarily suspended. An example of this abuse was in Chabot's case where a Netherlands doctor granted a woman access to euthanasia because she was suffering "unbearable" mental distress over a marriage break-up and the death of her two sons. Surely, voluntary euthanasia advocates would not call this mercy anymore. So what, then, does mercy look like?

### **Mercy Implies Relationship**

Saying that a person is merciful in itself has little meaning unless that person's acts of mercy are directed towards something or someone. Mercy does not describe a human person in isolation. The phrase "That person is merciful" only makes sense if the act of mercy is directed towards someone or something. Mercy is reliant on relationship. I am not mercy. But I can show mercy. And I can only show mercy if I am in relation to someone else. It doesn't even work to say that I am merciful to myself. All the main usages of the word mercy are requests: "Have mercy on me!" This request certainly doesn't make sense if it is self-imposed. For mercy to exist there must exist a giver and receiver of mercy.

However, defining mercy solely as relationship might indicate that euthanasia is not

incompatible with mercy. We can envisage a conversation taking place where Jones cries out, "Have mercy on me!" and the doctor who responds, seemingly lovingly, with a lethal injection. Indeed, there must have been some sort of relationship between the two people in order for the one to ask the other to end his life. However, to accept this definition of relationship is to admit that a doctor who provides Jones with a lethal injection acts in a way that is morally equivalent to a doctor who nurses Jones to his death. But surely the two ends are distinguishable.

The point we need to emphasise is that euthanasia brings about a person's death. And death brings about the end of any existing relationships with the person who has died. Induced death is incompatible with mercy as mercy does not separate but it binds. Mercy draws the most unlikely people closer together. Death interrupts the vehicle for mercy: relationship.

### **Mercy as Love**

The act of showing mercy requires a relationship between subject and object, or giver and receiver, but not any relationship will do. Mercy requires love. Philosopher Peter Kreeft distinguishes kindness from love, where kindness is interested in the reduction of suffering as opposed to love, which wills the higher good of another in the toughest situations<sup>4</sup>. According to Kreeft's distinction we can show kindness to someone by putting an end to their suffering, yet to love someone means we need to get our hands dirty and enter their humanity.

Philosopher Raimond Gaita speaks of love as a powerful tool that can reveal deeper realities about the human person. Love is revelatory. By showing love and mercy to someone, especially when they least expect it, we see them in a different light. Gaita writes, "Often, we learn that something is precious only when we see it in the light of someone's love."<sup>5</sup> Therefore, by loving Jones

<sup>4</sup> <http://www.peterkreeft.com/topics/love.htm>

<sup>5</sup> Gaita, R. (2000) *A Common Humanity: thinking about love and truth and justice*. Routledge, London.

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or by seeing that Jones is loved, we realise Jones to be a person with inherent dignity. More than this, however, by loving Jones he too may realise his true human worth.

### **Mercy as Sacrifice or Joint Suffering**

There is a fundamental difference in the way we respond to Jones by providing palliative care as opposed to intentionally ending his life. The difference is qualitatively and quantitatively different. The individual who provides palliative care makes a sacrifice of himself. It means staying by Jones' bedside, tolerating his groans and requests, seeking pain relief when it is required and providing ice for his lips when pain relief is not sufficient enough. This is accepting pain and suffering as a part of life and learning to love in spite of it. It means carrying a part of Jones' burden. When we avoid the experience of Jones' suffering, or are unwilling to encounter Jones in the face of his illness, our care becomes merely a series of tasks and technical activities<sup>6</sup>. This sort of care is not uplifting for the patient, but neither is it for the carer. Carers who view their patients in relation, rather than in isolation, reveal not only their patient's humanity, but also their own.

### **Mercy as Promise**

Mercy is the promise to care. By establishing a covenant of trust, the carer assures the

patient that he will not be abandoned in his suffering. By establishing a covenant of trust we can avoid euthanasia under duress where a patient asks to be killed due to coercion or depression. To take another person's life intentionally is to seek to make that person solely an object, says Meilaender. It is to fail in our task to show mercy and extend our hand to the vulnerable and downtrodden. Dr. Karel Gunning, a general practitioner in the Netherlands, warns against state-sanctioned suicide by stating, "Once you accept killing as a solution for a single problem, you will find tomorrow hundreds of problems for which killing can be seen as a solution."<sup>7</sup>

### **Conclusion**

The best examples of mercy reveal stories of human connection, self-sacrifice and love. What we have seen in recent years is the hi-jacking of the term "mercy" to mean things that, although motivated by good intention, lack the personal and relational aspects that true mercy requires. What is often lost when euthanasia or physician-assisted suicide is employed as a means of mercy is the human connection that reveals our innate dignity. True mercy is about responding to people who call out from the depths of illness, depression and isolation and showing them the love which our common humanity demands.

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<sup>6</sup> Perkins, I (2008) *Dehumanization of the Clinician: The Demise of the Healing Relationship*. *The National Catholic Bioethics Quarterly*, Autumn 2008, 481.

<sup>7</sup> <http://www.lifesitenews.com/ldn/2005/oct/05102603.html>