

Killing People: Peter Singer on Life and Death

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Peter Singer, Rethinking Life and Death: The Collapse of Our Traditional Ethics, The Text Publishing Company, Melbourne, 1994

AFTER ruling our thoughts and our decisions about life and death for nearly two thousand years, the traditional western ethic has collapsed.' So begins Peter Singer's book. As evidence for his contention, he cites various judicial opinions and decisions regarding the withdrawal of life support systems from persons in irreversible comas, the unwillingness of juries to convict or of prosecutors to prosecute in various instances of mercy killings, and the enactment into Dutch law of guidelines under which Dutch doctors had for some time been giving lethal injections to hopelessly suffering patients.

Defining Life and Death

As might be expected of a philosopher, Singer takes pleasure in exposing the hypocrisy involved in changes in the way the injunction 'thou shalt not kill' is interpreted. A common approach is to change the definition of death, or life, and hence of killing. Thus, following the recommendation of a group of Harvard experts (mainly doctors), most of the civilised world has adopted the 'irreversible loss of all brain function' definition of death in place of the traditional 'total cessation of the circulation of the blood and of respiration'.¹ Similarly, debate on abortion, and on the stage of pregnancy at which it is permissible, has centred on definitions of the beginning of life. These range from conception, the point where the possibility of twinning is lost (14 days),² the onset of brain activity ('brain birth', as it were) at 54 days, the first detection of ECG activity (brain waves) at 14 weeks, the onset of continuous brain-wave activity (32nd week), quickening of the foetus, to the stage at which the foetus becomes viable (capable of living outside the womb), which used to

¹ The Harvard Committee argued that the new definition was needed on the grounds that keeping alive comatose persons who had lost their intellect was a burden on themselves, their families, and on hospital resources, and that the new definition enabled organs for transplants to be harvested in a fresh and unimpaired state.

² This is a Catholic theological point. If an embryo is capable of splitting into two to form twins, it can hardly be thought of as a human individual.

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be taken as 28 weeks, but now, because of improved techniques and equipment, is rather earlier.

Another evasion of the issue, in Singer's view, is the sharp distinction often made between killing and allowing to die. Infanticide of anencephalic (brainless) babies may be accomplished by means of lethal injection or by starving them of food or not giving them the medical care needed to keep them alive. Similarly, euthanasia may be accomplished by active or passive means. Singer quotes Arthur Hugh Clough's couplet

Thou shalt not kill: but need'st not strive
Officiously to keep alive.

and notes its ironic intention.

Singer scorns altering definitions of death to accommodate changing technology and changing attitudes because he believes in facing the fact that killing human beings is sometimes morally justified. He is in favour of abortion, infanticide, and euthanasia. He would replace the 'sanctity of life' ethic with 'a quality of life' ethic. This ethical position leads him to prefer to kill a human rather than an animal, where the animal's quality of life (cognitive and emotional capacity) exceeded that of the human. These views are reinforced by the belief that the world is overpopulated and that further population growth will either deny underdeveloped countries further development or, if they do develop along Western lines, cause gross pollution and global warming with catastrophic consequences. Like other population pessimists, Singer sees the increase in the number of alimentary tracts rather than in the number of brains on which 'human capital' optimists focus.

An objection to definitions of life and death is their arbitrariness. Embryonic and foetal development is a gradual process, as dying often is also, so that the singling out of a particular point in the process as marking its beginning or end is bound to be arbitrary. Nevertheless one can see practical and psychological advantages in having clearly defined beginning and end points: without them one can imagine endless disputes on ethics committees and in courts of law on whether a certain act was justified or legal. Singer denies that there is any marked difference between a foetus and a new-born baby; and has elsewhere (Kuhse & Singer, 1985) suggested (and repeated here) that 'a period of twenty-eight days after birth might be allowed before an infant is accepted as having the same right to life as others' (p. 217). (Parents are to be given a 'cooling-off period', as it were, similar to that granted with respect to door-to-door and real-estate transactions.) However, he concedes that this boundary is arbitrary, and is attracted by the consideration that 'no other line [than the moment of birth] has the visibility and self-evidence required to mark the beginning of a socially recognised right to life' (p. 217), but remains unsure on this matter.

While insisting that we are responsible for our omissions as well as our acts, Singer does admit that there is a distinction between killing and failing to keep alive. He says:

Unless our responsibility is limited in some way, the new ethical approach could be extremely demanding. In a world with modern means of communication and transport . . . there is always something we could do, somewhere, to keep another sick or malnourished person alive. That all of us living in affluent nations, with disposable incomes far in excess of what is required to meet our needs, should be doing much more to help those in poorer countries achieve a standard of living that can meet their basic needs is a point on which most thoughtful people will agree; but the worrying aspect of this view of responsibility is that there seems to be no limit on how much we must do. . . Is failing to give to aid organisations really a form of killing, or as bad as killing?

The new approach need not regard failing to save as equivalent to killing. Without some form of prohibition on killing people, society itself would not survive. Society can survive if people do not save others in need — though it will be a colder, less cohesive society. Normally there is more to fear from people who would kill you than there is from people who would allow you to die. So in everyday life there are good grounds for having a stricter prohibition on killing than on allowing to die. In addition, while we can demand of everyone that he or she refrain from killing people who want to go on living, to demand too much in the way of self-sacrifice in order to provide assistance to strangers is to confront head-on some powerful and near-universal aspects of human nature. Perhaps a viable ethic must allow us to show a moderate degree of partiality to ourselves, our family and our friends. These are the grains of truth within the misleading view that we are responsible only for what we do, and not for what we fail to do. (pp. 195-6)

(The statements in the first of these paragraphs are doubtful. There is not always something we could do to help people in poor or misgoverned countries. The existence of aid organisations is no guarantee that their activities serve the long-run interests of those they seek to help. Aid workers are like missionaries — except that they are better paid — and like the missionaries of earlier times they do some good and do some harm. Giving charity to foreigners is far more problematical than giving it to your friends and fellow citizens, which is one of the reasons for the — regrettable, in Singer's view — partiality we show to ourselves, our family and our friends.)

Bioethics and the Socialisation of Medicine

In proclaiming the collapse of the Western ethic, Singer is exaggerating both the 'absolutism' of that ethic and the magnitude of recent changes. The injunction not to kill is a very strong one; but history, literature, and common experience offer many examples of it having been overridden by more cogent moral considerations, such as prevention of suffering or the sacrifice of one life to save another. The

definitional and other subterfuges used to save the appearances of not killing testify in a back-handed way to the continuing strength of the sixth commandment.

All of Singer's evidence for the inadequacy of traditional ethics is drawn from the field of bioethics: 'doctors' dilemmas', so to speak. Bioethics has come to prominence in recent years for two reasons. Advances in medicine have greatly increased the opportunities for keeping alive persons who in earlier times would have died, and consequently have multiplied the occasions when a choice has to be made between life — possibly a very unsatisfactory one — and death. New reproductive technology has also raised tantalising questions dear to the hearts of theologians and philosophers. But the more important reason for the rise of bioethics, in my opinion, has been the socialisation of medicine. As a result, individual decision and responsibility have been supplanted, to a considerable extent, by collective decisions; and the nexus between an act and its cost has been greatly weakened. For example, the question of whether to keep a brain-dead pregnant accident victim on life-support machinery until the foetus became viable would once have been decided on essentially practical technical and economic grounds (was the machinery and care available and were the relatives willing to pay for it?) and not on the basis of an appeal to the ethical principle of the sanctity of life. (In the two such cases discussed by Singer, the question of the cost of the intensive care was deliberately excluded from its considerations by one ethics committee, and apparently not considered by the other.)

Public funding of medicine has also been accompanied by greater public scrutiny of doctors' and hospitals' practices. 'Clinicians . . . are often confronted by patients inflamed to a heightened state of consumerism by charters and league tables; and they are watched by beady-eyed lawyers looking for lucrative lapses or transgressions of an ever-tightening legal net' (Tallis, 1996:3). As a result, bioethical issues often attract much publicity and occasion rancorous debate, giving an exaggerated impression of their importance. Important though they may be for doctors and a few patients, in truth they are a very small subset of the ethical decision we face in private and public life.

The New Commandments

Singer imputes five 'commandments' to the traditional morality (not to be confused with the ten in Exodus) and seeks to replace them with five 'new commandments', as follows:

<i>Old Commandment</i>	<i>New Commandment</i>
1. Treat all human life as of equal worth.	Recognise that the worth of human life varies.
2. Never intentionally take innocent human life.	Take responsibility for the consequences of your decisions.

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| 3. Never take your own life and always try to prevent others taking theirs. | Respect a person's desire to live or die. |
| 4. Be fruitful and multiply. | Bring children into the world only if they are wanted. |
| 5. Treat all human life as always more precious than any non-human life. | Do not discriminate on the basis of species. |

Note that the old commandments all are, while the new commandments are not, simple unambiguous rules. Singer's 'commandments' are not really commandments at all: they give no guidance as to what is right or wrong.³ They tell us, in effect, to take sensible, considered, and responsible decisions: good advice, no doubt, but totally non-specific. Consider Singer's replacement of 'Never intentionally take innocent human life' with 'Take responsibility for the consequences of your decisions': these hardly belong to the same realm of discourse. Presumably, Singer has in mind a propensity to avoid hard moral choices by appealing to simple moral imperatives, as, for example, a refusal to hasten the death of a terminally-ill person in great agony. Most reasonable people recognise that moral imperatives sometimes conflict with one another, and a choice has to be made — in the example above, between not killing and alleviating suffering. But the fact that simple moral rules are inadequate for some occasions does not mean they should be abandoned, if they are appropriate in the great majority of situations: as, I have no doubt, the injunction 'thou shalt not kill' is. Singer himself states: 'Without some form of prohibition on killing people, society itself would not survive' (p. 195). Hence — or so it seems to me — his new commandment presumes the existence of the old one in the background, as it were.

The injunction 'be fruitful and multiply' is nowadays more honoured in the breach than the observance, even among Catholics, so that in this instance Singer would appear to be pushing at an open door.

To say that the life of a healthy animal is of greater value than that of a human in a vegetative state is one thing: to say 'do not discriminate on the basis of species' is another. Singer would have us empathise with the whole of humanity. How much greater is the difficulty of empathising with the whole of the natural world — and not with just the furry part of it: Singer is against the killing of fish.⁴

³ 'Bring children into the world only if they are wanted' is a possible exception. Use of the passive voice ('if they are wanted') engenders ambiguity: wanted by whom? The putative parents? The state? It is characteristic of Singer's mindset that the thing about which he is prepared to be prescriptive is birth control.

⁴ It is safe to assume that the old line 'the purpose of conservation is the benefit of man, not fish' would not raise a laugh from Singer.

Singer urges us to respect a person's desire to live or die. A person's desire to die will often strike the observer as irrational, and often will be irrational, in that the person concerned would judge subsequently that he was temporarily 'out of his mind'. And the problem with suicide, as with judicial execution, is its finality. It therefore seems to me prudent to retain a strong moral sanction against suicide.

Singer's argument for variation in the worth of human lives is illustrated with reference to malformed babies, elderly men with advanced Alzheimer's disease, anencephalic babies, and so on. He argues, reasonably, that it is absurd to regard such cases as equally deserving of ethical consideration as less hopeless cases. But these are easy examples. What about the policy of the British National Health Service of favouring young persons with respect to access to scarce resources, such as transplants and kidney machines? Or what of the opposite situation that prevails in the US, where the elderly have better access to medical care than the young, because they are generally better-off? How big a step is it from putting down Down Syndrome babies to euthanasing cretinous adults? Once we acknowledge differences in the ethical value of different persons, where do we stop?

Abortion of female foetuses and killing of girl babies is practised on a large scale in China and India. In China it happens largely because of the government's one-child-per-couple policy, which means that the opportunity cost of having a girl is not having a boy, or suffering the penalties associated with breaking the one-child rule. In India girls are unwanted because of the need to provide them with dowries if they are to be married off. These examples show how the sanction against taking innocent human life may be broken for inhumane reasons rather than the (mainly) humane ones envisaged by Singer.

The 'slippery slope' argument will occur to most readers with respect to all of Singer's proposals for abandoning traditional ethical belief. He ignores it, except in respect of the use of euthanasia in the Netherlands, where a 1990 survey revealed 1,000 cases of non-voluntary euthanasia: 'a worrisome trend', according to the Supreme Court of Canada, which 'supports the view that a relaxation of the absolute prohibition takes us down the "slippery slope"' (p. 150). Singer argues against this interpretation, pointing out that these cases represented only a small proportion — 2 per cent — of deaths associated with medical decision making⁵ and in most cases consisted of the administering of morphine or other drugs to 'patients who were near death and clearly suffering grievously'. Furthermore, the 1,000 deaths could not be said to represent a trend, since no data are available for years prior to the

⁵ The data (given on p. 152) are as follows:

Deaths following decisions to withdraw or withhold treatment	22,500
Deaths following administration of drugs to alleviate pain which the doctor knew might cause the patient to die more rapidly	22,500
Active voluntary euthanasia	2,300
Medically assisted suicides	400
Non-voluntary euthanasia	<u>1,000</u>
TOTAL	48,700

enactment of this Dutch legislation, nor for contemporaneous practice in other countries.

When Principles Conflict

When the injunction not to kill comes into conflict with other powerful moral considerations, there are several possible policy responses. One is to uphold the sanctity of life absolutely. This has the advantage of being a very clear-cut rule, at least in a relative sense: ambiguities still exist concerning the beginning and ending of life, as do questions of intentionality and so on. Its disadvantage is that its consequences are widely regarded as inhumane.

A second approach is that advocated by Singer, namely, to replace the sanctity of life by a 'quality of life' ethic and weigh up each case of moral conflict as best one can, under the guidance of reformed laws and legal precedents. This is attractive to utilitarians and humanists, but feared by conservatives lest it lead to a more general breakdown of moral values and of society.

A third policy is that of near-absolutism: upholding the sanctity of life while tolerating, though not encouraging, some types of killing. This used to be the case with abortion (it was illegal but tolerated) and is the case with euthanasia and infanticide. With mercy killing being illegal, albeit frequently treated leniently by prosecutors and juries, the potential perpetrator is under a strong incentive to think long and hard before he acts. The onus is on him to justify his actions before a court. This approach appeals to those who wish to maintain a very strong sanction against killing human beings but who recognise that killing is sometimes justified on humane grounds. It recognises that the appearance is important, as well as the reality. It is noteworthy that the 'progressive' Dutch have retained the legal prohibition of killing: they simply do not prosecute doctors performing active euthanasia provided they follow certain safeguarding procedures. 'The legal prohibition remains in place to emphasise the gravity of the decision and to prevent abuse' (Tallis, 1996:4).

Concluding Comments

To reject traditional Western morality, and proclaim its collapse, as Singer does, because it is not a 100 per cent infallible guide to ethical behaviour, even though it serves well 99 per cent of the time, is in my view highly irresponsible. It strains credulity that anyone acquainted with the horrors of the recent past and present can contemplate a weakening of society's sanctions against killing other humans.

The likely reason why Singer can disregard the possible costs of the collapse of the Judeo-Christian ethic is that he wants it to collapse, for a reason quite separate from its absolutism. He hates its human-centredness: the biblical assumptions that man was created in God's image and given dominion over the natural world. He blames this mindset for the environmental damage man has done to the earth, of which he has an exaggerated perception. And he blames it for our mistreatment of animals, about which his views are decidedly cranky, and well-known.

References

Kuhse, H. & P. Singer (1985), *Should the Baby Live?*, Oxford University Press, Oxford.

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