Aquinas on Euthanasia, Suffering, and Palliative Care

Jason T. Eberl

Euthanasia, today, is one of the most debated issues in bioethics. Euthanasia, at the time of Thomas Aquinas, was an unheard-of term. Nevertheless, while there is no direct statement with respect to “euthanasia” *per se* in the writings of Aquinas, Aquinas’s moral theory and certain theological commitments he held could be applied to the euthanasia question and thus bring Aquinas into contemporary bioethical debate.

In this paper, I will present the relevant aspects of Aquinas’s account of natural law and his theological views on suffering, examining what conclusions each entails with respect to directly intended euthanasia. I will then proceed to discuss cases that involve either the administration of palliative medication that hastens death, terminal sedation, or the nonutilization of life-sustaining treatment. This will involve a detailed investigation into Aquinas’s account of human intentional action and the question of whether Aquinas holds some form of the Principle of Double Effect. I will end with a final statement of Aquinas’s position on these various types of cases as a synthesis of the conclusions drawn from the different areas of his thought discussed in this paper.

My aim is to provide a set of guidelines, based upon Aquinas’s thought, for those who may be faced with decisions regarding the proper form of palliative
treatment to be provided to those suffering from a painful terminal illness. Decision makers, in such cases, may include a terminally ill patient, a patient’s immediate family, health care providers, and lawmakers concerned with establishing the legality of certain forms of treatment. Establishing a clear set of moral guidelines, specifically addressed to this type of decision, can assist the relevant decision makers in forming their consciences such that they may take the appropriate course of action in confronting the suffering of a terminally ill patient.

**Active Euthanasia/Suicide**

In his *Summa theologiae*, Aquinas gives a “triple indictment” against suicide.¹ Aquinas’s arguments depict him as firmly opposed to active euthanasia in the form of suicide.²

Aquinas’s first argument can be split in two. He begins by stating, “everything naturally loves itself.”³ He then asserts first that suicide violates the natural law, because “everything [which loves itself] naturally conserves itself in being and resists corruptions so far as it can.”⁴ Since everything naturally seeks to maintain its own being and avoid any type of corruption, suicide, which is the termination of a person’s being and the instantiation of the physical corruption of one’s body, violates that principle of natural law. Aquinas’s second assertion is that, since suicide goes against one’s love for oneself, suicide is a violation of charity to oneself. Charity, in Christian understanding, is the highest form of love;

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¹See Thomas Aquinas, *Summa theologiae* (hereafter ST) II-II, Q. 64.5. Certain historical responses to Aquinas’s “triple indictment,” including those of Hume and Kant, are illuminated by Tom Beauchamp in his “Suicide in the Age of Reason,” in *Suicide and Euthanasia: Historical and Contemporary Themes*, ed. Baruch A. Brody (Dordrecht: Kluwer Academic Publishers, 1989). Probably the most important historical response to Aquinas is that of John Donne in his work *Biathanatos* (1607–1608); see J. Donne, *Biathanatos*, ed. E.W. Sullivan (Newark: University of Delaware Press, 1984). Unfortunately, space does not permit me here to enter into a discussion of these responses to Aquinas’s arguments.

²The term “active euthanasia” refers to several forms of “mercy killing”: suicide, assisted suicide, and homicide. A patient may kill himself; kill himself with the medical assistance of a doctor or some other person; or be killed by another in accordance with either the patient’s expressed wish to die, or what the homicidal agent determines would be in the patient’s best interest (in cases where the patient is unconscious or unable to effectively communicate his wishes). Since each of these forms of active euthanasia involve suicide in some analogous sense of the term—i.e., all such actions begin with the expressed or presupposed wish of a patient to die—I contend that Aquinas’s arguments against suicide in general apply to all forms of active euthanasia, except those in which a patient is killed against his wish to live. Such a case would constitute murder, which is morally wrong for Aquinas on other grounds.

³ST II-II, Q. 64.5, “naturaliter quaelibet res seipsam amat.” Unless otherwise noted, all translations are my own and are taken from the Leonine edition of Aquinas’s works: *S. Thomae Aquinatis Doctoris Angelici Opera Omnia* (Rome: Commissio Leonina, 1882–).

⁴Ibid., “quaelibet res naturaliter conservat se in esse et corrumpentibus resistit quantum potest.”
A violation of charity is taken to be a violation of Christ’s commandment to love your neighbor as yourself.” The clause “as yourself” implies that charity is properly toward both others and oneself.

Aquinas’s second injunction against suicide is derived from his intellectual ancestor, Aristotle: “every part as such, is of the whole. Now every man is part of the community: and so as such, is of the community. Hence in the case that he kills himself, he causes injury to the community.” All human persons are interrelated in variously defined political communities. We can also be said to belong to one overall human community, which transcends nation, race, and gender boundaries. As a result of this conception of human nature as essentially communitarian, Aquinas holds that each individual human person is responsible not only to himself, but also to every other member of the human community. Thus, suicide is not a purely private action, which has implications only for the suicidal agent: “While Aquinas does not believe that society is sovereign over the individual, he does believe that individual decisions cannot be properly made in even so personal a matter as suicide without reference to the interests of other persons in the State.”

Aquinas’s third contention against suicide refers to the theological assertion that all human persons are ultimately subject to God:

Life is a certain gift from heaven bestowed on man, and is subject to his power who kills and brings about life. And thus whoever takes his own life sins against God: just as whoever kills another’s servant sins against the master of whom he is the servant; and just as he sins who usurps to himself judgment of something not entrusted to himself. For to God alone belongs the judgment of death and life: according to Deuteronomy 32, “I will kill and I will make live.”

Hence, Aquinas’s triple indictment against suicide is that it is a sin against oneself, against the human community, and against God.

Robert Wennberg takes issue with the first two of Aquinas’s arguments against suicide. With respect to the first, Wennberg begins by stating, “Aquinas appears to be assuming that suicide is invariably an act of self-harm and therefore

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6ST II-II, Q. 64.5, “quaelibet pars id quod est, est totius. Quilibet autem homo est pars communitatis: et ita id quod est, est communitatis. Unde in hoc quod seipsum interficit, iniuriam communitati facit.” The reference to Aristotle is as follows: “Now if someone murders himself because of anger, he does so willingly, in violation of correct reason, when the law forbids it; hence he does injustice. But injustice to whom? Surely to the city, not to himself, since he suffers it willingly, and no one willingly suffers injustice.” Aristotle, Nicomachean Ethics, trans. Terence Irwin (Indianapolis: Hackett, 1985), V.11.1138a10–12.
7Beauchamp, “Age of Reason,” 192.
8ST II-II, Q. 64.5, “vita est quoddam donum divinitus homini attributum, et eius potestati subiectum qui occidit et vivere facit. Et ideo qui seipsum vita privat in Deum peccat: sicut qui alienum servum interficit peccat in dominum cuius est servus; et sicut peccat ille qui usurpat sibi iudicium de re sibi non commissa. Ad solum enim Deum pertinet iudicium mortis et vitae: secundum illud Deut. XXXII, Ego occidam, et vivere faciam.”

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cannot be an expression of charity toward oneself.”9 Against this claim, Wennberg asserts,

We, on the other hand, may not be fully convinced of this, at least in those cases of suicide-euthanasia in which the patient is dying a lengthy and painful death. On the contrary, to kill oneself in such circumstances might reasonably be construed as an act that benefits—not harms.10 Wennberg is on sure-footed ground in asserting that the contemporary view of some cases of active euthanasia is that a patient’s death was a benefit to him, as opposed to a harm. While this point is debatable, it is at least accepted as a defensible position. Thus, it would seem to weaken the Thomistic argument that suicide is a fundamental violation of charity to oneself.

However, Wennberg fails to note the inherently theological dimension of Aquinas’s understanding of charity: “Charity involves man in a concrete relationship with God as Creator of all being.”11 The relationship forged between a human person and God through his exercise of charity allows him to fulfill his natural desires: “Charity enables man to reach an end that he desires but may not have the natural capacity to attain.”12 Thus, the function of charity in a human person’s life should be taken in conjunction with Aquinas’s account of the natural inclinations possessed by human persons. Recognition of this connection allows one to understand Aquinas’s position that what may seem an “uncharitable” act toward oneself—e.g., prolonging one’s own suffering—may be fulfilling to one’s more fundamental natural desires.

Human persons, by nature, are biological organisms. Aquinas does not hold a form of Cartesian or Platonic substance dualism, in which a human person is identified with an immaterial soul that merely uses a physical body as its instrument. Rather, Aquinas holds that human persons are composite beings constituted by both physical matter and a nonphysical soul that informs—i.e., organizes—the matter into an individual living organism of the genus “animal” and the species “human.”13 This account of human nature has direct implications for Aquinas’s natural law ethic and his understanding of human natural desire. Aquinas holds that the first, fundamental principle of the natural law is that “good is to be done and pursued, and evil avoided.”14 He goes on to characterize the “good” as whatever is fulfilling to a being’s nature. From here, it is a few short steps to see that, since part of what is constitutive of human nature is to be a living biological organism, living is a “good” and interference with the living of a human person would be an “evil.” Life is to be pursued and interference with life is to be avoided. Therefore, suicide, as an act of

10Ibid.
12Ibid.
interference in one’s own nature as a living biological organism, violates the first principle of the natural law in that it is not pursuing a “good,” and should itself be avoided. Such is not merely a moral injunction, but also reflects a fundamental anthropological fact—human persons, as living organisms, have a natural desire (or inclination) to live.

David Novak, in elucidating Aquinas’s indictment of suicide, considers the objection that the evident desire of some persons to cease living indicates that Aquinas is mistaken in asserting that all human persons have a natural inclination to live. Novak counters this objection by first showing the objective nature of Aquinas’s account of natural law and how Aquinas’s assertion of life as a fundamental good is derived from his understanding of human nature, as indicated above. Novak then contends, “The suicidal person is not suicidal because his natural inclination is not to persist in being, rather, he is suicidal because he has circumvented the natural inclination already present.”15 A suicidal person does not fail to have a natural inclination to live, but he does have a competing desire to end his present state of suffering. Death is desired by the suicidal person, not for its own sake, but as a means to end his suffering: “one who contemplates suicide does not will non-existence or evil but only the termination of his troubled existence; what is the real object of his natural appetite is a good—untroubled existence.”16 With this account of the natural desire of human persons to live, Aquinas is able to effectively argue that suicide constitutes a violation of charity to oneself, in that it contradicts one of the most fundamental desires possessed by all human persons.

Wennberg’s second criticism concerns the claim that suicide is a sin against the human community. Wennberg interprets Aquinas’s argument as asserting, “to commit suicide is to rob the community of one of its contributing members.”17 Wennberg suggests that this assertion “is not applicable to those contemplated cases of suicide-euthanasia in which the individual is in the latter stages of a terminal illness and therefore not in a position to make a contribution to society—indeed, may actually be a drain on its resources.”18

Wennberg’s interpretation does not agree with my own given above. I made no mention of an individual’s contribution to society. Aquinas would object to such a purely utilitarian analysis. Aquinas’s appeal to the community is meant to call to mind the fact that no individual person exists in isolation. A grave decision, such as suicide, is not an individual’s decision alone. The whole community has a say in such serious types of conduct by its citizens. With respect to this particular point, suicide (or active euthanasia) does not appear to be summarily ruled out. It may be that the community feels that individuals should have the right to self-termination. If so, then, at least with respect to this particular indictment, suicide may be morally permis-

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15Novak, Suicide, 49.
17Wennberg, Terminal Choices, 68.
18Ibid., 69.
sible—given the community’s consent. However, community consent or political decision is not sufficient to constitute what Aquinas considers “just law.” Society may pass unjust laws that are violations of the objective principles of natural law.19 A human individual is subservient to the community in which he lives, but the community is subservient to the natural law. A human individual must be obedient to particular laws of his community only insofar as they are just laws, i.e., they are not violations of the natural law. Since, as established above, a law permitting suicide would constitute a violation of the natural law, no community has the right to pass such a law, and no individual in a community that does pass such a law is under obligation or permission to adhere to it.

Novak stresses this point by indicating Aquinas’s twofold view of responsibility between a human person and the community in which he lives: “the person owes the community loyalty and service in return for the just distribution of society’s goods he has received.”20 The set of “goods” a community owes to its members is what counts toward the fulfillment of their nature, i.e., satisfies their natural desires. Such goods include not only the fundamental good of life, but also various other goods that need to be cultivated within a person in order that he live to the fullest extent of his nature. Novak cites certain virtues as examples: “In a true communion of persons one can see a need for even the helpless and infirm. Their very presence enables us to practice the human virtues of benevolence and generosity.”21 Even a “helpless and infirm” member of a community can remain a contributing member by assisting others in the cultivation of fulfilling goods, while at the same time preserving the fundamental good of his own existence. Every community owes its members this capacity to be of such service to others and to be served by others in return. Hence, it would violate a community’s basic duty to its citizens if it permitted some to view themselves as useless, noncontributing members; for such would not be the truth of the matter.

Furthermore, individual human persons, individual human communities, and the human community-at-large are answerable to God. Hence, Wennberg notes that Aquinas’s strongest argument against suicide is that it is a violation of God’s ownership of human lives. Suicide is no different from murder; both take a life that belongs to God alone. Novak asserts, “Suicide, being a rejection of God’s most fundamental goodness to the creature, that is, the gift of being itself, can never, therefore, be considered good.”22

Some forms of killing, even suicide, may be morally permissible in that such acts do not violate God’s sovereignty over human lives. An example is an act of martyrdom. Martyrdom takes many forms, one of which involves a person committing suicide to avoid some greater sin. In treating this issue, Aquinas acknowledges

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19See ST I-II, Q. 95.2.
20Novak, Suicide, 66.
21Ibid.
22Ibid., 70.
the problematic nature of this form of martyrdom by citing an argument raised by an objector to his own position:

To kill oneself is illicit ... yet through this martyrdom is accomplished: for Augustine says, in Book I of the *City of God*, that “certain holy women, in time of persecution, so that they may avoid the persecutors of their chastity, threw themselves into a river, and by this means they were dead; and their martyrdom is celebrated in the Catholic Church with solemn veneration.” Therefore [concludes Aquinas’s objector] martyrdom is not a virtuous act.23

Aquinas responds to this objection against the virtuousness of martyrdom by suicide through an appeal to Augustine, as well: “it may be possible that ‘the divine authority persuaded the Church by a number of worthy testimonies by faith to honor the memory of these Saints’ [i.e., holy women].”24

As unsatisfying as this answer may seem *prima facie*, it points to something more sublime than the questionable belief in some supposed “worthy testimonies.” It points to the sovereignty of “divine authority.” In the *Summa theologiae*, Aquinas describes the necessity of *divine law*, which is the direct revelation of God’s *eternal law*. Aquinas cites the “Old Law” of the Hebrew Scriptures and the “New Law” of the Gospels as examples of divine law.25 Aquinas holds that the revealed divine law is necessary due to the limitations of human reason to fully comprehend the general precepts of natural law, which is also derived from God’s eternal law. The revealed prescriptions of the divine law demonstrate how general natural law principles are to be properly applied in particular cases. This assists human reason in formulating proper *human laws* for such particular cases, based on the general principles of natural law.26

On this understanding of the necessity of divine law and its relation to natural law, one can interpret Aquinas as holding that divine law overrides any understood precepts of natural law; for the human mind’s understanding of natural law is limited and subject to error, but not “the given divine law, of which it is certain that it cannot err.”27 Relating this to the issue of the women who committed suicide rather than have their chastity forcibly violated, Aquinas can offer the following explanation. While the normal understanding of natural law would place a higher value on life than on chastity, for some reason, in this case, God judged the women’s suicides as


25See ST I-II, Q. 91.5.

26See ST I-II, Q. 91.4.

27Ibid., “legem divinitus datam, de qua constat quod non potest errare.”
fulfilling his will. As a result, God revealed to the Church that these women should be honored. I will refrain from discussing the epistemological worries this account entails. The point, however, is that without an overriding revealed divine law related to a particular case, one should follow the precepts of natural law. While suicide, in certain cases of martyrdom, may be permissible under divine law, suicide is a violation of natural law and is impermissible in the absence of contravening divine law. Active euthanasia, as a form of suicide, is thus morally impermissible, according to Aquinas’s account of natural law.

Theology of Suffering

Having moved from a discussion of natural law to one of theology in the preceding section, it is appropriate to continue with a look at Aquinas’s theological views on human suffering and the resulting implications for euthanasia and palliative care.

Aquinas does not see bodily suffering as the greatest evil to be avoided at all costs. Rather, he holds that at least some pain is “from something apparently evil, which is truly good.” Hence, such pain “cannot be the greatest evil, for it would be worse to be entirely alienated from what is truly good.” As an example of how pain and suffering may be for a good, Aquinas points to the theological tenet that “the sufferings of the saints help the Church ... by way of exhortation and example: according to 2 Corinthians 1, ‘If we are in tribulation it is for your exhortation and salvation.’” Aquinas also quotes St. Paul: “I rejoice in my sufferings for you, and make up those that are lacking in the sufferings of Christ in my flesh for his body, which is the Church.” Thus, Aquinas sees the possibility of great value in bodily suffering: “In his commentary on the Apostles’ Creed [Aquinas] says, ‘If all the pain a human being suffers is from God, then he ought to bear it patiently, both because it is from God and because it is ordered toward good; for pains purge sins, bring evildoers to humility, and stimulate good people to love of God.’”

28ST I-II, Q. 39.4, “est de aliquo apparenti male, quod est vere bonum.”
29Ibid., “non potest esse summum malum, quia peius esset omnino alienari a vero bono.”
30ST III, Q. 48.5, ad 3, “passiones sanctorum proficiunt Ecclesiae ... per modum exhortationis et exempli: secundum illud II Cor. I, Sive tribulamur pro vestra exhortatione et salute.”
31Col 1:24, as quoted in ST III, Q. 48.5, obj. 3, “gaudeo in passionibus pro vobis, et adimpleo ea quae desunt passionum Christi in carne mea pro corpore eius, quod est Ecclesia.”
The Roman Catholic Church has continued to affirm the value of suffering and exalts those who show fine example of proper suffering. Most notably in recent times is the suffering and death of Joseph Cardinal Bernardin, Archbishop of Chicago. As Andrew Greeley titled his published eulogy, “he taught us how to die.” This means much more than just how Cardinal Bernardin approached his final days. It indicates the important example of how he suffered up to the point of his death. While Cardinal Bernardin did not want to suffer and certainly did not seek to suffer, he accepted suffering as part of his personal journey towards death. Thus, Cardinal Bernardin has performed a great service in teaching us how to properly approach suffering and death. Aquinas also expresses one of Bernardin’s lessons:

Someone’s suffering adversity would not be pleasing to God except for the sake of some good coming from the adversity. And so although adversity is in itself bitter and gives rise to sadness, it should nonetheless be agreeable [to us] when we consider its usefulness, on account of which it is pleasing to God.... For in his reason a person rejoices over the taking of bitter medicine because of the hope of health, even though in his senses he is troubled.

It is important to note that placing such value on suffering does not entail that one should seek suffering for its own sake. Such would be a violation of the first precept of natural law. Bodily pain—and especially the cancer with which Cardinal Bernardin was stricken—is an evil, because it interferes with the natural functioning of the body. Such evil should be avoided. Any good that comes from suffering does not make suffering good in itself:

On Aquinas’s view suffering is good not simpliciter but only secundum quid. That is, suffering is not good in itself but only conditionally, insofar as it is a means to an end. “The evils which are in this world,” Aquinas says, “aren’t to be desired for their own sake but insofar as they are ordered to some good.” In itself suffering is a bad thing; it acquires positive value only when it contributes to spiritual well-being.

Hence, Aquinas’s natural law account warrants the alleviation of suffering and supports palliative medicine. Care for the body also follows from Aquinas’s contention that we should love our bodies:


34Thomas Aquinas, Expositio super Job, cap. 1, 20–21; translated by Stump in her “Aquinas on the Sufferings of Job,” 198, “non enim esset placitum Deo quod aliquis adversitatem pateretur nisi propter aliquod inde proveniens bonum: unde adversitas, licet ipsa ex se amara sit et tristitiam generet, tamen ex consideratione utilitatis propter quam Deo placet debet esse iocunda ... nam et de sumptione medicinae amarae aliquis ratione gaudet propter spem sanitatis licet sensu turbetur.”


36Stump, “Aquinas on the Sufferings of Job,” 201–202. This passage highlights the fact that some forms of suffering can be desired for the sake of some good end; e.g., the pain of dental work for the sake of having healthy teeth, or the pain of strenuous exercise for the sake of being fit.
For the nature of our body is not created by an evil principle ... but is by God. Hence we can use it in the service of God: according to Romans 6: “Present your members as instruments of justice to God.” And thus from the love of charity by which we love God, we ought also to love our bodies.  

The overarching principle at work in the above considerations is that of nature and the natural law which follows from a consideration of, specifically, human nature. Goodness, with respect to the body, is the health of the body, which allows it to fulfill its proper functioning. This goodness is to be promoted by any means which do not themselves violate the natural law. Thus, I conclude that Aquinas supports palliative medicine and any medical treatment that promotes the health of the body, so long as such treatment does not violate the natural law. Since active euthanasia, as a form of suicide, is a violation of the natural law, as established above, it cannot be justified even in terms of the alleviation of suffering. As Cardinal Bernardin taught by his example, when bodily suffering is unavoidably forced upon us, we can take what steps we can to lessen or even eliminate such suffering. However, if such suffering is part of the natural course of one’s life, meaning that the only way to end the suffering is to end one’s life, then suffering is to be endured as being now constitutive of one’s existence.

Based on the above, I can respond to one worry raised by Eleonore Stump: How would we know with regard to suffering when it was serving the function of spiritual health and so was good rather than destructive? The answer, [she claims], is that we cannot know.... How do we know in any given case whether God intends some suffering as a cure for evil or whether a particular degree of suffering will not produce spiritual toxicosis instead?  

Stump raises a serious epistemological problem for Aquinas’s dualistic conception of suffering: 1) It is evil simpliciter, i.e., “in itself,” and therefore should be avoided; 2) It can be good secundum quid, i.e., “with respect to something else,” and therefore should be accepted. My response is to refer to the principle I formulated above as interpretive of Aquinas’s position: Any steps should be taken to alleviate suffering so long as they themselves do not violate the natural law.

We must keep in mind that God did not originally intend suffering in his creation of the world and humanity. It was due to the sin of Adam and Eve that suffering was introduced into the world:

To the woman he said, “I will greatly increase your pangs in childbearing; in pain you shall bring forth children....” And to the man he said, “... cursed is the ground because of you; in toil you shall eat of it all the days of your life; thorns and bristles it shall bring forth for you; ... By the sweat of your face you shall eat bread until you return to the ground, for out of it you were taken; you are dust, and to dust you shall return.”

37ST II-II, Q. 25.5, “natura autem corporis nostri non est a malo principio creata ... sed est a Deo. Unde possimus eo uti ad servitium Dei: secundum illud Rom. VI: Exhibete membra vestra arma iustitiae Deo. Et ideo ex dilectione caritatis qua diligimus Deum, debemus etiam corpus nostrum diligere.”


It is reasonable to conclude that the omnibenevolent Creator of the universe does not want suffering. Though, being omnipotent, God is able to use suffering to his advantage, which is also to our advantage. Alfred North Whitehead conceives of the relation of God and evil in such a way.\(^{40}\) John Hick’s famous “soul-making theodicy,” which is a response to the problem of the coexistence of God and evil, also describes God turning suffering to advantage.\(^{41}\) And, there is the famous dictum: “God writes straight with crooked lines.” I conclude that since suffering is intrinsically evil and not originally desired by God in his plan for creation, any moral means of alleviating suffering are warranted. However, when such suffering is unavoidable, without transgression of the moral—i.e., natural—law, then it is to be accepted in the faithful hope that God will utilize it for some good purpose.

### Passive Euthanasia, Palliative Care, and the Principle of Double Effect

#### Cases Examined

Two types of cases come to the fore at this point. One is a form of passive euthanasia, or “letting die.” Passive euthanasia involves the nonutilization or withdrawal of life-sustaining treatment with respect to a terminally ill patient. A key issue in formulating the concept of “passive euthanasia” concerns a distinction between ordinary versus extraordinary means of life support. One way of establishing this distinction is by reference to what is necessary for the basic support of life versus treatment that may prolong a life that would otherwise have ceased of its own accord. In its Declaration on Euthanasia *Iura et bona*, the Roman Catholic Church’s Congregation for the Doctrine of the Faith states,

> When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted.\(^{42}\)

This distinction establishes the Church’s understanding of passive euthanasia against other formulations that may include, for example, the removal of a feeding tube from a patient who is not even terminally ill, with the intention that the patient die as a result of nutritional deficiency—starvation.\(^{43}\) I will assume the Church’s under-


\(^{42}\)Congregation for the Doctrine of the Faith, “Declaration on Euthanasia,” *The National Catholic Bioethics Quarterly* 1.3 (Autumn 2001): 436. This declaration was originally promulgated on May 5, 1980.

\(^{43}\)This type of case may be contrasted with one in which the natural progress of a patient’s ensuing death has reached a point where the patient no longer exercises the swallowing reflex, which is a clinical sign of impending death. While space does not permit me to describe and investigate fully the ethical nature of such a case, it may be permissible to withdraw nutrition and hydration as they “secure a precarious and burdensome prolongation of life” where a patient’s natural death is imminent. My thanks to Fr. John Kavanaugh, S.J., for bringing this type of case to my attention.
standing of passive euthanasia as the nonutilization or withdrawal of only extraordinary means of life support and investigate the moral permissibility of such an act according to Aquinas.

If the overarching principle at work in Aquinas’s account is that of noninterference with one’s nature, then, if one’s natural state is that of bodily decay towards death, interference with that natural course is not warranted. Hence, the utilization of (extraordinary) artificial means to sustain a living body, which would otherwise be dead, are not required and may perhaps even be wrong on Aquinas’s account. Since passive euthanasia is not suicide, nor homicide, it is not summarily dismissed by Aquinas, as is active euthanasia. Furthermore, since passive euthanasia is, by definition, the allowance of nature to take its course without interference, it seems to be not only permissible according to natural law, but also demanded.

One must be careful, though, to keep in mind that Aquinas’s natural law ethic is not a call for universal, absolute respect for the natural course of things. Rather, Aquinas is exhorting us to use the defined nature of a being to determine what is “good” for that type of being and what is “evil” for that type of being. Since it is constitutive of human nature to be living, then any action that sustains and promotes life is a “good.” Understood in this sense, passive euthanasia would not be consistent with the natural law. Rather, any possible means to sustain life, extraordinary or otherwise, would be warranted. Hooking a body up to respirators and other lifesustaining machines are thus apparently demanded by natural law. I will return to this issue later.

The second type of case I will address involves the administration of palliative medication or treatment that has the foreseen concomitant—i.e., unavoidable—consequence of hastening a patient’s death. The permissibility of such an action would require Aquinas to hold some form of the principle of double effect [PDE], since he is explicitly against active euthanasia. If it is to be morally permissible, the type of palliative treatment considered here must be distinguished as an act in which a patient’s death is not directly intended.

An example would be a case where a patient in the last stages of lung cancer requires pain-relieving medication to control the intense suffering he endures with each successive breath taken. The only effective medication has the known consequence of making respiration more difficult for the patient; and this effect is even more acute in this case due to the patient being in the end-stage of lung cancer. If administered, this medication not only will ease the suffering of the patient, but also will likely cut short the length of time that the patient is able to continue to respire, and hence, to live.

Another example is what is termed “terminal sedation.” In some cases, a patient’s condition is so severe that the only effective means of alleviating his suffering is to render him unconscious by administering a sedative. This act would also have the effect of making respiration more difficult, thus hastening death. To determine the moral permissibility of an act of terminal sedation, it is first necessary to elaborate upon 1) the nature of the act, 2) the intended end of the act, and 3) the value of the intended end.
An act of terminal sedation involves the use of a high dose of sedatives that renders a patient unconscious. The intended end of terminal sedation is to relieve the suffering of a patient either through removal of his conscious experience of pain, or through hastening his death. Herein lies the controversial nature of terminal sedation, for either intention may be at work when acts of terminal sedation are exercised. If the physician administering the sedative has the latter intention, then the act of terminal sedation is a form of active euthanasia. The act of sedation is a means whereby the patient’s death is not only foreseen, but also brought about:

In terminal sedation, not only is the patient’s death clearly foreseen, it is in fact the end point of what is being done. Clearly (and however it may be cloaked by the use of language), the intent here is more than just the clear goal of relieving pain and suffering. Because the goal of relieving pain and suffering adequately can be attained only by obtunding the patient until death ensues, the patient’s death becomes the end point and, therefore, one of the intended goals. These goals do not differ from those of physician-assisted suicide or, for that matter, voluntary euthanasia.\(^4^4\)

On the other hand, a physician may have the intention of merely suppressing her patient’s consciousness so that he will not experience pain that cannot be alleviated by other means:

Although proponents of physician-assisted suicide and euthanasia contend that terminal sedation is covert physician-assisted suicide or euthanasia, the concept of sedating pharmacotherapy is based on informed consent and the principle of double effect. Double effect acknowledges that the intent and desired effect of treatment is mitigation of symptoms rather than cessation of life, even though life may be shortened. However, prior to initiation of sedation, clinicians must ascertain the need for sedating therapy, including the presence of a terminal disease with impending death, exhaustion of all other palliative treatments, agreement by patient and family members of the need for sedation, and a current do-not-resuscitate order.\(^4^5\)

As noted in the above passage, the moral justification of an act of terminal sedation with the intention of merely alleviating suffering, and not causing or hastening death, requires the applicability of PDE. I will show below how Aquinas’s acceptance of PDE allows for the moral permissibility of terminal sedation, given the proper intention merely to alleviate suffering with the foreseen, but unintended, consequence of hastening a patient’s death.\(^4^6\)


\(^{4^5}\)Paul Rousseau, “Terminal Sedation in the Care of Dying Patients,” *Archives of Internal Medicine* 156.16 (September 9, 1996): 1785.

\(^{4^6}\)A further complication regarding terminal sedation is that it is sometimes exercised with the stated intention of merely alleviating suffering; however, concurrent with the administration of the sedative is the withdrawal of all life-support treatment, including nutrition and hydration. This issue requires further attention than I can provide here. Nevertheless, since I have assumed the Roman Catholic Church’s position regarding the impermissibility of withdrawing basic life-support treatment, which would include nutrition and hydration (except perhaps in certain types of cases [see note 43 above]), an act of terminal sedation
One final issue regarding terminal sedation concerns the value of the act in terms of its depriving a patient of consciousness. While a proper intention regarding the alleviation of suffering and the application of PDE may render a patient’s death not part of what is directly intended by his physician, it is unavoidably part of the physician’s direct intention to suppress her patient’s consciousness by an act of terminal sedation. On this point, the Roman Catholic Church has repeatedly affirmed the value of a patient remaining conscious in his final hours so that he may properly prepare himself for death:

However, painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: “It is not right to deprive the dying person of consciousness without a serious reason.”

A key point to notice in the above passage is that the suppression of consciousness is not absolutely forbidden, but “a serious reason” is required. Space does not permit me to fully address this issue here. However, I submit that if a terminally ill patient is suffering intense physical pain and all other palliative treatments have been exhausted to no effect, then terminal sedation—with the proper intention of merely alleviating suffering—may be permissible provided that the patient has either already discharged his “moral duties and family obligations” and has spiritually prepared himself “for meeting Christ,” or is unable to engage in such activities whether he is conscious or not.

In order for the administration of palliative medication, or terminal sedation, to be justified, a physician must directly intend only to alleviate the suffering of her patient by means of the medication. The physician must not directly intend that the medication cause the death of the patient and, thereby, alleviate his suffering by means of his death. The former intention may be demonstrated by her administering only enough of the medication to ease effectively the patient’s suffering. The administration of more medication than is minimally necessary to be effective would demonstrate a direct intention for the medication not only to ease suffering, but also to cause the patient’s death. Such an action, because it involves the direct intention

plus withdrawal of basic life support would be impermissible in most cases. See Timothy E. Quill and Ira R. Byock, “Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Food and Fluids,” Annals of Internal Medicine 132.5 (March 7, 2000): 408–414.


48 For the sake of brevity, I will refer only to palliative medication from here on. However, what I say is intended to apply to terminal sedation as well. I will make clear the reasons why at the end of the article.

49 Terminal sedation can be considered as the upper limit of permissibility. Any further palliative medication administered after the patient has been rendered unconscious is
of the patient’s death, would not be justified according to the Thomistic account I am about to describe. However, if Aquinas indeed holds some form of PDE, then not only may palliative medication and terminal sedation be justified actions, but the inaction of not utilizing life-support treatment may also be justified—provided that the patient’s death is not directly intended, but only that his suffering not be prolonged.

Aquinas and the Principle of Double Effect

I offer here a simple formulation of PDE, which states that an action taken to produce some consequence, which is a “good” per se, may be permissible, even if the action produces a foreseen consequence, which is per se morally impermissible. This holds provided that 1) the relative value of the impermissible consequence does not outweigh that of the good consequence, and 2) the direct production of the impermissible consequence is not directly intended as an end or the means by which the good consequence is brought about.

I will argue that Aquinas’s account of human intentional action allows one to hold this formulation of PDE. As Thomas Cavanaugh and Gareth Matthews indicate, it is not evident that Aquinas would assent to many of the contemporary formulations of PDE. Cavanaugh contends that the oft-quoted passage in which Aquinas appears to express PDE is limited only to certain restricted types of cases involving self-defense. I will begin by examining what Aquinas says in the key passage from the Summa theologiae: II-II, Q. 64.7, which concerns the permissibility of killing an aggressor in defense of one’s life. I will highlight a general principle expressed in this passage that allows one, together with other principles of Aquinas’s account of intentional action, to derive the formulation of PDE I have given above.

Many contemporary scholars claim that Aquinas holds PDE based on this passage:

Nothing prohibits one act from having two effects, only one of which is in the intention, while the other is outside the intention. Now moral acts receive their

unnecessary and therefore indicates that the hastening of the patient’s death is directly intended.

50See Thomas A. Cavanaugh, “Aquinas’s Account of Double Effect,” The Thomist 61.1 (January 1997): 107–112; Gareth Matthews, “Saint Thomas and the Principle of Double Effect,” in Aquinas’ Moral Theory: Essays in Honor of Norman Kretzmann, ed. Scott MacDonald and Eleonore Stump (Ithaca: Cornell University Press, 1999), 63–78. Cavanaugh further restricts the Thomistic application of PDE to cases in which the foreseen negative consequence is not certain to occur given the intended action; an agent is justified only in “risking” the bringing about of a prima facie morally impermissible consequence. This conclusion is also argued by Denis Sullivan in his “The Doctrine of Double Effect and the Domains of Moral Responsibility,” The Thomist 64.3 (July 2000): 423–448. I will not address this particular point in this article, except to say that one could accept such a conclusion and modify what I argue here to state that palliative medication, removal of life-support treatment, or terminal sedation is justified only if the patient’s death is not certain to follow from the directly intended action.
species according to that which is intended, but not from that which is outside the intention.\textsuperscript{51} Aquinas is addressing himself to the question “Whether it is permitted for someone to kill someone else in defending himself?”\textsuperscript{52} In the type of case in question, by performing an act of preserving one’s own life, one brings about the death of an aggressor. Stephen Brock summarizes Aquinas’s position with respect to these types of cases:

It is never licit for a private person to aim to kill someone, i.e., to act precisely in order to bring about a person’s death, even as a way of defending himself against an attack. But in defending himself, it may be licit to use means which, in addition to having the effect of conserving one’s life by putting a stop to the attack, also have the effect of the aggressor’s death. This is licit when the use of such means is “proportionate,” or not more violent than is necessary to stop the attack.\textsuperscript{53}

An added stricture on the justifiability of causing death is that the death is unavoidably necessary in order to achieve the good of preserving one’s life. Furthermore, Aquinas is referring to causing the death of an “aggressor,” i.e., one from whom the threat to life directly comes. Cavanaugh and Matthews are correct in cautioning that Aquinas is not offering an unqualified assertion of PDE, which can be immediately applied to cases outside of defending one’s life against an aggressor.

However, in addressing the specific case of self-preservation, Aquinas makes what seems to be a fairly generalizable assertion: “Nothing prohibits one act from having two effects, only one of which is in the intention, while the other is outside the intention.”\textsuperscript{54} I will explore whether this underlying assertion is indeed generalizable across other types of cases besides self-defense in a way that allows for such “double effect” cases to be morally permissible, given the formulation of PDE I provided earlier.

Aquinas states that every human action can be considered as good or evil with respect to four different categories:

In a human action a fourfold goodness can be considered. First indeed according to genus, namely insofar as it is an act, because to the extent that it has being as an act, it has goodness.... In another way according to species: which is received according to the appropriate object. Third according to the circumstances, as if in accordance with certain accidents. Finally fourth according to

\textsuperscript{51}ST II-II, Q. 64.7, “nihil prohibet unius actus esse duos effectus, quorum alter solum sit in intentione, alius vero sit praeter intentionem. Morales autem actus recipiunt speciem secundum id quod intenditur, non autem ab eo quod est praeter intentionem.”

\textsuperscript{52}Ibid., “utrum alicui liceat occidere aliquem se defendendo.”


\textsuperscript{54}ST II-II, Q. 64.7, “nihil prohibet unius actus esse duos effectus, quorum alter solum sit in intentione, alius vero sit praeter intentionem.”
the end, as if in accordance with the condition toward the cause of its goodness.\(^{55}\)

With respect to an action’s genus, it is merely the action as such. With respect to an action’s species, it is the particular kind of action it is—the “form” or “object” of the action—“what is done.” In the case at hand, the species of action is the administration of palliative medicine; it is the action that is done. Circumstances, as Aquinas says, are the accidents attendant upon an action, e.g., the place and time the action occurs, and any other quality of the action that is not part of the definition of the action as the kind of action it is. The administration of palliative medicine is always and everywhere, and to whomever, the same kind of action. The end of an action is its intended goal. In this case, it is the alleviation of suffering.

Two questions need to be answered. First, under which of the four categories does the foreseen consequence of hastening a patient’s death fall? It is not the action as such, nor the object of the action. The physician is not directly killing the patient. It is also not what the physician directly intends. The two available options are that it is part of the end or it is an accidental circumstance attendant upon the action. The second question to be answered is how the fact that the hastening of death is somehow part of the action affects the action’s goodness and moral permissibility.

The physician, as has been said, does not directly intend the hastening of her patient’s death. It is a foreseen concomitant consequence of the physician’s directly intended action of administering palliative medication for the end of alleviating suffering. Joseph Boyle claims that foreseen consequences of a directly intended action:

> which follow always or for the most part [i.e., are concomitant] ... are not *per se* intended and thus can be called *praeter intentionem* [outside the intention of the agent].... This is not to deny that in some sense it cannot be separated from the agent’s intention, or that it is *per accidens* intended, or that it is in some sense willed by him.\(^{56}\)

There is a separation of foreseen concomitant consequences from an agent’s intention, but not a complete separation. It is still willed by her in some respect. Aquinas states, “what always or frequently is joined to an effect falls under the same intention. It is foolish to say that someone intends something and does not will that which

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\(^{55}\)ST I-II, Q. 18.4, “in actione humana bonitas quadruplex considerari potest. Una quidem secundum genus, prout scilicet est actio, quia quantum habet de actione et entitate, tantum habet de bonitate .... Alia vero secundum speciem: quae accipitur secundum obiectum conveniens. Tertia secundum circumstantias, quasi secundum accidentia quaedam. Quarta autem secundum finem, quasi secundum habitudinem ad causam bonitatis.”

is frequently or always joined to it”;\(^57\) “if the evil is joined always or for the most part to the good which is intended \textit{per se}, one is not excused from sin although he does not \textit{per se} intend this evil.”\(^58\) I will return to the issue of an agent’s responsibility for consequences that he does not directly intend. However, the key point here is that the foreseen concomitant consequences of an agent’s directly intended action are \textit{praeter intentionem}—outside the intention of the agent—and are thus \textit{per accidens}; i.e., they are “accidental” features of the directly intended action. I will assume the correctness of Boyle’s interpretation and refer my reader to his articles for argumentation of this assertion as properly Thomistic.

Having established that foreseen concomitant consequences of an action are accidental circumstances, I now turn to the second question concerning how such circumstances affect the goodness of an action, its moral permissibility, and the culpability of the agent who performs it. Aquinas asserts, “The primary goodness of a moral [i.e., human] action is considered from its suitable object.”\(^59\) However, Aquinas also asserts that an action must be good not only in its object, but in all four of the above-named respects: “yet an action is not good simply, unless all goods concur”,\(^60\) i.e., the action is good in its genus (of which the goodness is a given), object, circumstances, and end. Aquinas speaks more specifically with reference to circumstances: “the plenitude of its [i.e., an action’s] goodness does not consist wholly in its species, but to some extent is added from these that come to it as certain accidents. And such are its due circumstances”,\(^61\) “the circumstances of actions are considered in moral doctrine.”\(^62\)

In the case I am considering, there is a defect in the goodness of the circumstances, since the hastening of death is an evil. Hence, the physician’s action is not good “simply” (\textit{simpliciter}). However, this need not entail that the physician’s action is morally impermissible, or that the physician has sinned.

In \textit{ST I-II}, Q. 18.5, Aquinas argues that the goodness or evil of an action is part of its species. When one considers the object of an action, one considers it as good or evil. In this case, the administration of palliative medicine is good. Thus, in terms

\(^{57}\)Thomas Aquinas, \textit{In octo libros physicorum Aristotelis expositio}, Lib. II, lect. 8; translation from Boyle, “Praeter Intentionem,” 658, “enim vel semper vel ut frequenter coniungitur effectui, cadit sub eadem intentione. Stultum est enim dicere quod aliquis intendat aliquid, et non velit illud quod ut frequenter vel semper adiungitur.”

\(^{58}\)Thomas Aquinas, \textit{De malo}, Q. 1.3, ad 15; translation from Boyle, “Praeter Intentionem,” 659. “si semper uel in pluribus adiungatur malum <bono> ad quod per se intendit, non excusatur a peccato, licet illud malum non per se intendit.”

\(^{59}\)\textit{ST I-II}, Q. 18.2, “prima bonitas actus moralis attenditur ex objecto convenienti.”

\(^{60}\)\textit{ST I-II}, Q. 18.4, ad 3, “Non tamen est actio bona simpliciter, nisi omnes bonitates concurrant.”

\(^{61}\)\textit{ST I-II}, Q. 18.3, “plenitudo bonitatis eius non tota consistit in sua specie, sed aliquid additur ex his quae adveniunt tanquam accidentia quaedam. Et huissmodi sunt circumstantiae debitae.”

\(^{62}\)\textit{ST I-II}, Q. 18.3, ad 2, “considerantur circumstantiae actuum in doctrina morali.”
of its species, the physician’s action is good. In ST I-II, Q. 18.10–11, Aquinas addresses the issue of whether the goodness or evil of an action’s circumstances can change its species from a good action to an evil one. The question at hand is whether the hastening of a patient’s death makes a difference in whether or not a physician’s action is a good administration of palliative medication, or an evil administration of palliative medication.

Aquinas answers that circumstances do not change the species of an action, but they can make a good action better or an evil action worse:

More and less do not change a species. But more and less is a circumstance adding to goodness or malice. Therefore not every circumstance adding to goodness or malice designates a moral act in the species of good or bad. 

There is a caveat, though. If a circumstance is “considered as the principle condition of the object repugnant to reason,” then “the circumstance gives the species of the moral act as either good or bad.” By “principal condition of the object,” Aquinas means that the circumstance is part of the definition of the object. His example is stealing from a holy place as opposed to merely stealing someone else’s possession. The circumstance of “place,” in this case, defines the act as one of “sacrilege” and not merely “theft.” Hence, it is a different kind of action. This example is one in which an already evil action, theft, is changed into another worse kind of evil action, sacrilege.

Aquinas also states that the appropriation of property, which is per se morally permissible, becomes an evil if the action includes the defining circumstance of the appropriated property being “another’s.” Here, a good action is changed to an evil action due to one of its circumstances. How is the present case to be considered? Does the attendant circumstance of the hastening of the patient’s death due to the administration of palliative medication change the species of the action from good to evil? What role do foreseen concomitant consequences play in defining the specific nature of an action?

In ST I-II, Q. 20.5, Aquinas speaks directly about the consequences of an action: “an event following [i.e., a consequence] does not make an act bad which was good, nor good which was bad.” On the specific issue of foreseen consequences of an action, Aquinas merely states, “If it is foreseen, it is clear that it adds to the goodness or malice.” Aquinas does not assert that foreseen consequences

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63ST I-II, Q. 18.11, sed contra, “magis et minus non diversificant speciem. Sed magis et minus est circumstantia addens in bonitate vel malitia. Ergo non omnis circumstantia addens in bonitate vel malitia, constituit actum moralem in specie boni vel mali.”

64ST I-II, Q. 18.10, “consideratur ut principalis conditio obiecti rationi repugnans ... circumstantia det speciem actui morali vel bono vel malo.”

65See ibid.

66ST I-II, Q. 20.5, sed contra, “eventus sequens non facit actum malum qui erat bonus, nec bonum qui erat malus.”

67ST I-II, Q. 20.5, “si est praecogitatus, manifestum est quod addit ad bonitatem vel malitiam.”
can change the specific nature of an action from good to evil. But, they can make a
good action better or an evil action worse. Hence, I conclude that, since the
physician’s administration of palliative medicine is a good action (with respect to its
object), performed for a good end (the alleviation of suffering), the foreseen con-
comitant consequence of hastening the patient’s death is an accident which does not
change the action’s moral species from good to evil.

However, one cannot ignore the fact that this evil in the attendant circum-
stances of the physician’s action—hastening the patient’s death—prevents the
action from being good “simply” or having the “plenitude of goodness.” Does this
mean that the action is morally impermissible? Aquinas states, “It must be said
that evil is broader than [just] sin, just as the good is broader than [the notion of] right. For every privation of good in anything whatsoever designates the idea of evil: but sin properly consists of an act that is done for a certain end, where it does not have due order toward that end.” Even though the physician’s action lacks
goodness in some respect, and thus has some measure of evil in it, this does not
directly entail that the physician has sinned. In fact, it would seem that she has not
sinned because her action was rightly ordered to the end of alleviating suffering,
which is a good.

One can see how different this act is from a case of active euthanasia in
which a physician directly intends the death of her patient as the end achieved by
administering a known lethal dose of some medication. While the remote end to be
achieved is the alleviation of the patient’s suffering, the proximate end of such an
action is the death of the patient as a means to the more remote end of alleviating his
suffering. In active euthanasia, there is no goodness in the either the object—admin-
istering a lethal dose of medication—or the directly intended end—the patient’s
death. In this case, the attendant good consequence of the alleviation of the patient’s
suffering cannot change the species of the action from evil to good. At most, it may
make the act a bit less evil in comparison to an act in which a lethal dose of medica-
tion is given to someone in order to bring about his death as an act of unjust punish-
ment or due to hatred.

I now return to Boyle’s contention that a particular concomitant consequence,
which is tied to a directly intended action, may be per accidens—and praeter intentionem—but not completely separated from an agent’s volition: “the unintended evil effect ... is clearly imputable to the agent: he knowingly and willingly brings it about”,70 “what one intends and what one permits are both voluntarily brought about,

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68This is borne out in an example from ST I-II, Q. 73.8, in which Aquinas asserts that a
man who takes a short cut through a field in order to commit fornication, which results in his
knowingly injuring the growing crops in the field, aggravates his sin of fornication, even
though he did not directly intent to injure the crops.

69ST I-II, Q. 21.1, “dicendum quod malum in plus est quam peccatum, sicut et bonum in
plus est quam rectum. Quaelibet enim privatio boni in quocumque constituit rationem mali:
sed peccatum proprie consistit in actu qui agitur propter finem aliquem, cum non habet
debitum ordinem ad finem illum.”

70Boyle, “Toward Understanding,” 529.
and thus both are imputable." 71 Stephen Brock agrees, “foreseen side-effects [concomitant consequences] cannot be outside the agent’s intention [prater intentionem] in such a way as to remove his responsibility for them or their imputability to him.” 72 “Responsibility,” here, refers to an agent being “answerable for it [an action], able to be called to account, fit to be asked why he did it.” 73

The foreseen concomitant consequences of an agent’s intentional act are not immediately something of which the agent is held to be morally culpable. Rather, it is merely the case that an agent is “responsible” as the one who brought about such consequences when he could have avoided them, e.g., by not performing the directly intended action with which the consequences are concomitant. An agent must explain why—give a justifying explanation for—bringing about such consequences: “Thus if the agent is certain that he will bring about such an effect, he cannot reject the question ‘Why?’ as irrelevant. A contravening reason is required.” 74 An agent may give an explanation which could exonerate him from moral culpability for the foreseen concomitant consequences by appeal to the goodness of the directly intended object and end of his action.

For example, consider a case in which, after becoming pregnant, a woman discovers she has a form of cancer, which, if left untreated by aggressive means, will be terminal. By undergoing radiation and chemotherapy, it is almost certain that her unborn child will be aborted. Assuming that both the mother’s and the unborn child’s lives are of equal value, it is morally permissible for the mother to undergo the aggressive treatment in order to preserve her life, even though it is foreseen to produce what would, under normal circumstances, be an impermissible consequence.

By respectively administering and consenting to receive the aggressive treatment, both the doctor and the mother cannot avoid having a finger pointed at them and being accused of performing an action that resulted in the abortion. However, such an action may be justified by their explaining that the child’s death was not directly intended. Rather, the preservation of the mother’s life was directly intended, and the abortion of the child was a foreseen accidental consequence, which was unavoidably concomitant with the act of providing the treatment necessary to preserve the mother’s life. This example is directly parallel to a case where a doctor may justify hastening the death of her patient by administering medication with the direct intention to alleviate his suffering.

Thus, I claim that Aquinas’s account of human action, and the moral goodness or evil of such actions, allows an agent to directly intend a good end, while, at the same time, being responsible for any foreseen concomitant negative consequences. Regarding the type of case I have been considering in this section, a physician may directly intend to alleviate the suffering of her patient, while, at the same time, allowing the foreseen consequence of the patient’s death being hastened as a result

71 Ibid., 530.
72 Brock, Action and Conduct, 213.
73 Ibid.
of the physician’s palliative measures. However, this does not entail that the physician, or any other moral agent in such double-effect cases, is not in any way responsible for her actions. The foreseen negative consequence is not completely removed from the physician’s intention. Nevertheless, there is a window of opportunity for the physician to attempt to justify why she performed the directly intended action and thereby allowed the concomitant negative consequence to occur. Such justification would include the fact that, due to its not being directly intended, the foreseen concomitant consequence does not render evil the good action of administering palliative treatment for the good end of alleviating suffering.

Application to Other Cases

This Thomistic understanding of PDE can also be applied to the case of terminal sedation. A physician directly intends to alleviate the suffering of her patient by the only effective means possible: rendering the patient unconscious. Such an action is properly termed “terminal sedation” for two reasons. First, the sedative will likely affect the respiratory abilities of the patient’s lungs, thus shortening the amount of time they will be able to function. Second, the continuous sedation of the patient will likely be necessary to alleviate his suffering until the point of death is reached. Once sedated, the patient will probably not regain consciousness again, unless the sedation is ceased and the patient is allowed to awaken and experience his suffering.

While, as the Roman Catholic Church states, one must have “a serious reason” for suppressing a patient’s capacity to consciously experience his life until it ends, it is at least true that terminal sedation need not be an act of directly intending the hastened death of a patient. On a Thomistic understanding of death, permanent unconsciousness does not equal death.75 Death does not ensue until the integrated organic functioning of the body ceases, or at least the organ primarily responsible for controlling such functioning—i.e., the brain as a whole—ceases to function. Rendering a patient unconscious does not directly entail an intention of his death, though such an intention may be included in an act of terminal sedation, as noted above (see note 46), thus rendering the act morally impermissible.

A case of not utilizing life-sustaining treatment, where death is foreseen to occur if it is not utilized, can be described in a parallel fashion. The object of the action is the inaction of not applying life-sustaining treatment to the patient. The directly intended end is not to prolong the patient’s suffering. The patient’s death is a foreseen concomitant consequence of not applying life-sustaining treatment.76

One may question my description at this point and assert that, in this case, the patient’s death is the direct means by which the end of not prolonging his suffering is achieved. I disagree, and claim that the direct means of not prolonging the patient’s suffering is by not taking measures to sustain his life indefinitely. The nonutilization of life-sustaining treatment does not cause the patient’s death. His death is due to the natural course of whatever disease or injury he suffers. This is a case of “passive” euthanasia, in which nature is allowed to be the cause of death.

However, as mentioned earlier, sustaining biological existence is a “good,” as well as not prolonging suffering. In a case where only one of these goods can be pursued to the exclusion of the other, the paramount moral requirement is that “evil” is not perpetrated in the pursuance of either one. The questionable element is that the nonutilization of life-sustaining treatment has the concomitant consequence of not preventing the patient’s death. Thus, I claim that it is only if Aquinas holds PDE and it is applicable to this type of case, as I have argued it to be, that the nonutilization of (extraordinary) life-sustaining treatment is morally permissible.

**Alleviation of Suffering without Violating Natural Law**

I have attempted to show that Aquinas’s natural law ethic and his understanding of the value of suffering lead to consistent conclusions regarding euthanasia. Here are the conclusions arrived at above. Active euthanasia is never permissible, for it violates natural law and denies the value of suffering. Suffering per se is an evil to be avoided; but, when unavoidable without violating natural law, it is to be accepted in the faithful hope that God brings about some good from it. Suffering can have value and is not to be avoided at all costs.77 The alleviation of suffering can never involve a violation of the natural law.

With respect to other means of alleviating or not prolonging suffering, which involve hastening or not preventing a patient’s death, determining the proper Thomistic position is a more complicated affair. Both the alleviation of suffering and the preservation of biological life are goods under natural law. None of the types of cases reviewed here—the administration of palliative medication, terminal sedation, and the nonutilization of life-sustaining treatment—are per se violations of the natural law. However, they all involve one primary concomitant negative consequence: a

76Recall the above distinction between “ordinary” versus “extraordinary” forms of life-sustaining treatment. I have assumed the Roman Catholic Church’s understanding of this distinction and argue for only the withdrawal or withholding of extraordinary forms of life-sustaining treatment to be morally permissible on the Thomistic account I have described.

77I argue this point further in my “The Value of Suffering: Reasons Not to Select Euthanasia,” presented at the 30th Annual Value Inquiry Conference sponsored by the Medical College of Wisconsin in April 2002.
patient’s death. Since death is an “evil” according to natural law, these cases can be morally justified, on Thomistic standards, only if PDE can be applied to them. Though Aquinas may not explicitly hold PDE in some of its contemporary formulations, he does recognize a relevant distinction regarding an agent’s intentionality. This distinction—between what is intended per se and per accidens—allows an agent to seek some good end, even if, in so doing, a foreseen negative concomitant consequence is unavoidably attained. In such a case, an agent has some measure of responsibility for having allowed the concomitant consequence to occur. However, she may be able to provide a justifying explanation for her action in terms of the directly intended good end having more positive value than the negative value of the concomitant consequence. Precisely how such values are to be determined is a subject for a separate investigation.78

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