

EUTHANASIA, ASSISTED SUICIDE, AND THE PHILOSOPHICAL
ANTHROPOLOGY OF KAROL WOJTYLA

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By

Ashley K. Fernandes, M.D.

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PREVIEW

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Ashley K. Fernandes, M.D.

Dissertation Advisor: Edmund D. Pellegrino, M.D.

ABSTRACT

In this dissertation, I show that the philosophical anthropology and Thomistic personalism of Karol Wojtyla (Pope John Paul II) provides a suitable basis for rebutting four arguments in favor of euthanasia and physician-assisted suicide (EPAS): (1) the Argument from Autonomy; (2) the Argument from Compassion; (3) The Argument from the Evil of Suffering; and, (4) the Argument from the Loss of Dignity. The Introduction describes the current EPAS debate and the crucial philosophical questions left unanswered. Chapter I focuses on an evaluation of Wojtyla's personalism, articulated in *The Acting Person* (1969). By tracing his philosophical influences, and critique of the moral theories of Immanuel Kant and Max Scheler, I demonstrate how Wojtyla comes to arrive at a synthesis of Thomistic metaphysics and Schelerian phenomenology. It is in recognizing oneself as agent (causal efficacy), that one comes to understand moral responsibility, and in doing so allows the moral act to *transform* the person. This has significant implications for the Argument from Autonomy. Chapter II will show how the Argument from Compassion fails because it places the subjective element of the ethical act at the

core of morality, to the neglect of duty. In Chapter III, I demonstrate that the Argument from the Evil of Suffering does not account for suffering's true purpose: acknowledging the vulnerability of persons and its link to human flourishing. In Chapter IV, I argue that the Argument from the Loss of Dignity rests on a confused definition of dignity, since intrinsic dignity exists in humans because they are *incommunicable* persons. Finally, in Chapter V, I offer an approach to the problem of EPAS that is rooted in the community. *Participation* in a community is essential to human fulfillment, while the experience of *alienation* is detrimental. Therefore, I propose that one solution to the EPAS dilemma begins with a steadfast commitment to palliative and hospice care, affirming the value of another precisely because we see "the other" as we see ourselves (another "I"). This will offer a model for the doctor-patient relationship, one that ought to engender a great respect for life, simply because one is a person.

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Love takes up where knowledge leaves off. (St. Thomas Aquinas)

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PREVIEW

It is not obvious that any argument can demonstrate, once and for all, why murder is bad or why doctors must not kill. No friend of decency wants to imperil sound principles attempting to argue, unsuccessfully, for their soundness. Some moral matters, once self-evident, are no longer self-evident to us. When physicians themselves—as in Holland—undertake to kill their patients, with public support, intuition and revulsion have fallen asleep. Only argument, with all its limitations, can hope to reawaken them.

--Leon Kass, MD

Introduction: Euthanasia and Assisted Suicide: The State of the Question

The State of the Question

Euthanasia and physician-assisted suicide (EPAS) are acts that strike at the heart of what it means to be human—the moral acts that make us who we are, or better, who we ought to be. This subject is so well known in the twenty-first century, that most people outside the field of Bioethics have at least a rudimentary understanding of the major arguments in favor of, or against, EPAS. My intent in this study is not to reiterate these arguments; rather, I will engage the debate from the perspective of the *person*, and what the action of EPAS might mean for her ontologically and ultimately for society.^{1,2}

¹ Because this study focuses primarily on issues surrounding the agent (patient) who requests accelerated death, euthanasia and assisted suicide are treated similarly. The main difference between the two is in the role of the physician in the patient's death. In euthanasia, it is the physician who kills the patient; in the latter, it is the patient himself. It is also assumed here that euthanasia is "voluntary," and "active"; although I use these terms for clarity's sake, I am neither endorsing them, nor attempting to deliberately gloss over the debate surrounding their meaningfulness. It is interesting to

Debates about the ethical permissibility of EPAS go back (at least) as far as ancient Greece and Rome, where euthanasia was practiced regularly. It was the Hippocratic School that ultimately rejected the place of EPAS in medicine. Christianity found this philosophical and practical prohibition compatible with Revelation, which taught that a person had invaluable worth because they were made in the image and likeness of God. By the 15th century, most European physicians had rejected euthanasia, and this remained the case until the 20th century with the rise of Nazi Germany's involuntary euthanasia programs during the Holocaust.³

note, that while there are clearly important academic distinctions made between euthanasia and assisted suicide, the American public generally does not recognize them, supporting both euthanasia and PAS in equal rates. Dutch physicians also do not recognize a difference between the two; in contrast, American physicians tend to support PAS much more than euthanasia, although in most surveys this support is less than fifty percent, even for PAS. [See Emanuel, Ezekiel, "Euthanasia and Physician-Assisted Suicide: A Review of the Empiric Data from the United States," *Archives of Internal Medicine*, Vol. 162, Jan. 28, 2002: 144-146 [Henceforth, Emmanuel (1)]; See also Willems, D., et. al., "Attitudes and Practices Concerning the End of Life: Comparison Between Physicians From the United States and From the Netherlands," *Archives of Internal Medicine*, Vol. 160, Jan 10, 2000: 63-67.]

² The notion of death itself is also important to clarify at this juncture. By "death" I mean the cessation of the biological existence of the human person on earth. I will not engage in the debate over brain death, what constitutes a precise definition of death, whether there is life or existence after death, or what the significance of the "philosophy of death" debates are at the present time. EPAS is meant to take the life of the person on earth and therefore end his earthly existence. For a brief but provocative discussion of philosophical conceptions of death, see Ramsay, Hayden, "Death: Part I," *New Blackfriars*, Vol. 86 (1001); 2005: 94-100, and the subsequent three essays. Some supporters of EPAS, including Christians, have made the argument that active killing might be a good for the person by bringing about a better future life. (See Mark J. Cherry's examples in, "Foundations of the Culture Wars: Compassion, Love, and Human Dignity," *Christian Bioethics*, Vol. 7 (3): 2001: 299-316, especially 303-304.) For a brief history of the Christian conception of death (and suffering), see Henry, H. Andrews and Murrell, K.J., "Psychospiritual Care of the Dying Patient: The Impact of Being a Christian," *Linacre Quarterly*, Vol. 63 (2); August 1996: 81-94, especially 84-85.

³ Emanuel, Ezekiel, "The History of Euthanasia Debates in the United States and Britain," *Annals of Internal Medicine*, Vol. 121 (10), November 15, 1994: 793-802. [Henceforth, Emmanuel (2).]

Ezekiel Emanuel points out that debates about EPAS in the United States and Britain during the late 19th and early 20th centuries are reminiscent of those today, both in terms of their content and their ferocity.⁴ He speculates that interest in euthanasia arises historically and predictably when (1) economic recession or pressure coincides with a movement toward Social Darwinist policies intending to remedy this downturn; (2) physicians are engaged in a struggle with society over their authority and control of their own profession; and (3) terminating life-sustaining practices become part of standard medical practice, and there is a desire to then extend this to active euthanasia.⁵

Arguably, all three conditions were met by the end of the 20th century. The rise of managed care, the dramatic increase in health care costs, and the growing number of uninsured patients (independent of recession) places strong economic and political pressure on individuals (and governments) to find a cost-containment solution. Furthermore, since at least the 1970s, the medical profession has been faced with the dominating principle of patient autonomy as a challenge—first to medical paternalism, and then extending even to the principle of beneficence⁶; the Internet has expanded the ability of patients to have instant access to an enormous amount of information about disease previously thought “too technical” or even privileged;

⁴ Emanuel (2), 797-801.

⁵ Emanuel (2), 799.

⁶ See Pellegrino, ED and Thomas, DC, “The conflict between autonomy and beneficence in medical ethics: proposal for a resolution,” *Journal of Contemporary Health Law and Policy*, Vol. 3, Spring 1987: 23-46.

increasing government regulation and litigation have sought to curb the power and authority of physicians. Finally, with the Karen Anne Quinlan case (1976)⁷ that permitted the withdrawal of life support out of respect for a patient's autonomy, the push to allow EPAS has become progressively louder in many academic, medical, and legislative circles.

In 1994, Oregon voters passed the Oregon Death with Dignity Act (reaffirmed by a large margin in a referendum in 1997), which exempted “from civil or criminal liability physicians who, in compliance with specific safeguards, dispense or prescribe (but not administer) a lethal dose of drugs upon the request of the terminally ill patient.”⁸ To this day, this remains the only state in the US which allows physician-assisted suicide (PAS).⁹

⁷ Supreme Court of New Jersey, *In the matter of Karen Quinlan, an alleged incompetent*, 355A, 2d, (1976).

⁸ Gostin, Lawrence, “Physician Assisted Suicide: A Legitimate Medical Practice?” *JAMA*, Vol. 295 (16): April 26, 2006: 1941. This article (pages: 1941-1943) provides one legal analysis of the Supreme Court's 2006 decision (*Gonzales v Oregon*) which denied the US Attorney General the ability to effectively stop physicians from prescribing medicine to help patients kill themselves under the Controlled Substances Act. Gostin's article concludes that PAS is a “legitimate medical practice,” but the philosophical justification provided is scant.

⁹ At the time of this writing, Belgium and the Netherlands are the only two countries in the world where euthanasia has been legalized; in addition, Switzerland and Estonia allow PAS and the Netherlands permits PAS and pediatric euthanasia. The Northern Territory of Australia attempted legalization of assisted suicide and euthanasia in 1997; this was subsequently overturned by the Australian Senate. A comprehensive comparison of the laws in the Northern Territory, Netherlands, and Oregon can be found in Little, Traci R., “Protecting the Right to Live: International Comparison of Physician-Assisted Suicide Systems,” *Indiana International and Comparative Law Review*, Vol. 7(2); 1996-1997: 433-466. The empirical problems encountered in all of these countries—ranging from medical complications to underreporting of deaths (about fifty percent) to involuntary euthanasia (over 1000 per year)—are too vast to recount here. (See Onwuteaka-Philipsen, B., et. al, “Dutch experience of monitoring euthanasia,” *BMJ*, Vol. 331, 2005: 691-693; Groenewoud, J., et. al., “Clinical problems with the performance of euthanasia and physician-assisted suicide in the Netherlands,” *NEJM*, Vol. 342 (8), Feb 24, 2000: 551-556.) For additional resources on the current

In 1997, the US Supreme Court ruled in a landmark case that although there was no constitutionally protected right to PAS, the states were permitted to pass laws allowing it.¹⁰ Thus, the issue remains one widely open to philosophical, political, and legal challenge.¹¹

Public support for EPAS in the US, however, has not increased dramatically in surveys since the mid-1970s. Support for PAS in a recent poll showed a deeply divided public, with 46% approving of PAS laws, and 45% opposing them.¹² In an earlier extensive review of the empirical literature, Emanuel indicates that Americans remain roughly divided on support for EPAS, with roughly one-third supporting it without qualification, one-third opposing it without qualification, and another one-third of Americans supporting it under some conditions and opposing it under others.¹³

laws, see Deliens et. al., “The euthanasia law in Belgium and the Netherlands,” *Lancet*, 2003: Vol. 362: 1239-1240; see also Verhagen, E, “End of life decisions in newborns in the Netherlands: medical and legal aspects of the Groningen protocol,” *Medicine and Law*, Vol. 25, 2006: 399-407.)

¹⁰ *Washington v Glucksberg*, 521 US 702 (1997).

¹¹ See Meisel, Alan, “Ethics and the Law: Physician-Assisted Dying,” *Journal of Palliative Medicine*, Vol. 8 (3); 2005: 609-621.

¹² Pew Research Center, *Strong Public Support for Right to Die* (January 5, 2006). Available at: <http://people-press.org/reports/display.php3?ReportID=266>. Despite the title of this report, the results are more equivocal. The report and polling numbers do not clarify what is a “right to die,” nor are there clear answers as to the public’s understanding of the distinction between killing and letting die. Much of Emanuel’s (1) critique of PAS public surveys is evident in this report.

¹³ Emanuel (1), 142-144.

Preliminary Philosophical Considerations

The lack of consensus in American society today on the ethical question of EPAS could be attributed solely to the incredible complexity and gravity of the issue. But such a characterization would be only part of the story. After all, if moral philosophy is to be useful, it must confidently seek to clarify and refine even the most serious questions, so as to make them more penetrable to human reason, and thus lead us to truth. We must ask ourselves, then, if clarity eludes us, whether we are failing to ask the right questions as philosophers, or starting our inquiry from the wrong place.

In this study I will suggest that part of the problem with the arguments that advocate euthanasia is that they fail to begin at the proper starting point. Unlike abortion or brain-death discussions, the euthanasia argument does not turn on “questions” of whether the human is a person. The patient who requests suicide is considered by all parties to be a rational agent with full moral standing in the community. But what does it *mean* to be a moral agent? Proponents of euthanasia frequently cite, for example, patient autonomy and compassion as justifications for their point of view, but without justifying a corresponding notion of the patient as *person*. The “anthropological question” is thus critical to any discussion of EPAS. Edmund Pellegrino, in a recent essay, noted rightly that “we must know the nature of ourselves, others, and the world, otherwise there is no template against which to measure the moral status of our thought and action. The persistence of the anthropological question is a reminder of both our continuing puzzlement and our

need to base our moral lives on some concept of the good for humans, that which advances our humanity.”¹⁴

For Karol Wojtyla, the late philosopher and pope, ethical action finds meaning only in an *authentic* understanding of the person; but it is through acting (*actus humanus*) alone that the human person reveals himself, in living experience. With this fusion of Aristotelian-Thomistic metaphysics and Schelerian phenomenology, Wojtyla has contributed something rather original to the history of ethical philosophy; he has given us a way of fundamentally incorporating a *normative* element into our understanding of the person in act. Knowing what the person is, and what he ought to be, cannot be divorced from what he ought to do; for Wojtyla, the structure of the ethical “do”—the act itself—comes first. Herein lays our solution to breaking the impasse in the debate over EPAS. For with deliberately hastened death, the person does not experience himself as the author of his own action. Responsibility, the core of ethical action, is not realized, and true freedom therefore not exercised.

This paper will focus on four arguments popularly used to justify assisted suicide and euthanasia: (1) the Argument from Autonomy, (2) the Argument from

¹⁴ Pellegrino, Edmund, “Toward a Richer Bioethics: A Conclusion,” in Taylor, Carol R., and Dell’Oro, Roberto, ed., *Health and Human Flourishing*, (Washington, DC: Georgetown University Press), 2006: 250. Pellegrino goes on to divide anthropologies into those which are anthropocentric (in which philosophical anthropology proper is considered), and theocentric. Theocentric anthropologies have God or a supreme force of some kind which lays down norms for man. Seen in this light, Wojtyla’s anthropology is a sort of hybrid—a theologically inspired philosophical anthropology; it acknowledges God as the origin of truth, but engages and critiques purely philosophical anthropologies in secular language.

Compassion, (3) the Argument from the Evil of Suffering, and (4) the Argument from the Loss of Dignity.¹⁵ I am aware that there are other arguments offered in favor of EPAS from a variety of philosophical, and even theological, points of view. I have chosen these four arguments specifically because, first, they are the most commonly proffered. Second, these broad philosophical justifications correlate with much of the empirical data collected over the past decade regarding the reasons that patients choose EPAS. For example, in Oregon, (the only state at the time of this writing to have legalized PAS), the 2007 annual report on the “Death With Dignity Act” cited the three most frequent “end of life concerns” for persons choosing PAS were loss of autonomy (100%); decreasing ability to participate in activities that made life enjoyable (86%); and loss of dignity (86%).¹⁶ Pearlman’s study (2005) identified (1) illness-related physical experiences, (2) loss of sense of self, and (3) fears about the future, as the primary motivations for patients considering PAS.¹⁷ A retrospective study of patients in the Netherlands¹⁸ found that the three most frequent reasons patients themselves say they request EPAS are (1) pointless suffering, (2)

¹⁵ Pellegrino, Edmund D., “*Evangelium Vitae*, Euthanasia, and Physician-Assisted Suicide: John Paul II’s Dialogue with the Culture and Ethics of Contemporary Medicine,” in *Choosing Life: A Dialogue on Evangelium Vitae*, ed. Kevin Wm. Wildes, S.J. and Alan C. Mitchell, (Washington, DC: Georgetown University Press), 1997:236-253. [Henceforth, Pellegrino (1)]

¹⁶ Oregon Department of Human Services, “Tenth Annual Report on Oregon’s Death with Dignity Act: Summary,” released March 2008, available at <http://www.oregon.gov/DHS/PH/pas/ar-index.shtml>: 1-2; accessed March 31, 2008.

¹⁷ Pearlman, Robert et. al., “Motivations for Physician-assisted Suicide: Patient and Family Voices,” *Journal of General Internal Medicine*, Vol. 20, 2005: 234-239.

¹⁸ Jansen-van der Weide, Marijke, et. al., “Granted, Undecided, Withdrawn, and Refused Requests for Euthanasia and Physician-Assisted Suicide,” *Archives of Internal Medicine*, Vol. 165; August 8-22, 2005: 1698-1704.

loss of dignity, and (3) weakness. Finally, the four arguments above allow me to reasonably limit the study. It is conceivable, of course, that the application of Wojtyla's philosophy to other issues beyond the scope of this study would be possible and desirable; thus it is my hope that my arguments here will serve as the beginning of a rigorous (re)examination and critique of the unspoken philosophical anthropologies which underlie many issues in bioethics, including EPAS.

I will seek to answer each of the four claims from the perspective of Karol Wojtyla's philosophical anthropology. Much of this will come from his defining work in pure philosophy, *The Acting Person* (1969)¹⁹; however, a collection of his scholarly essays from Wojtyla's early Lublin lectures²⁰ will be of great value in furthering our insight into human ethical action.

Can one further develop and defend an opposition to EPAS based upon an anthropology that is a synthesis of two such disparate anthropologies as Immanuel Kant and Max Scheler? Is such a project possible? I believe that it is. In agreement with Pellegrino, I submit that we must attempt such dialogue between radically different anthropologies because, first, all anthropologies "grasp some essential aspect of man's existence"; and secondly, because, given the increasingly polarized

¹⁹ Wojtyla, Karol, *Osoba i czyn* (1969), *The Acting Person*, trans. Anna-Teresa Tymieniecka, (Dordrecht, Holland: D. Reidel Publishing), 1979 [Henceforth, (AP)]. I have used the English translation despite its many problems. See Schmitz, Kenneth E., *At The Center of Human Drama: The Philosophical Anthropology of Karol Wojtyla/Pope John Paul II*, (Washington, DC: Catholic University Press), 1993:58-60, for an explication of these irregularities.

²⁰ Wojtyla, Karol, *Person and Community: Selected Essays*, trans. Theresa Sandok, OSM, (New York: Peter Lang) 1993 [Henceforth, (PC)].

debate which surrounds EPAS in academic circles and bedsides around the world, “Not only are we moral strangers, but we are in danger of becoming moral enemies as well.”²¹

Chapter I of this enterprise will focus on Wojtyla’s philosophy of action and his response to Immanuel Kant’s formalism. From his response, I will construct an argument based in philosophical anthropology, which undercuts the very premise of the Argument from Autonomy. In Chapter II, I will focus on Wojtyla’s critique of Max Scheler’s emotional intuitionism and the Argument from Compassion. In Chapter III, I will shift to the late Pope’s ideas of suffering and alienation, which will be crucial to an understanding of why, on Wojtyla’s anthropology, the Argument from the Evil of Suffering fails. Chapter IV will examine the Argument from the Loss of Dignity and the recent philosophical assault on the concept of dignity itself and show that neither argument accurately reflects the nature of the person at the end of life. Finally, in Chapter V, I will suggest some positive solutions to the ostensible stalemate over the euthanasia debate, again drawn from Wojtyla’s idea of human fulfillment through participation with the other, and with the community itself.

²¹ Pellegrino, E, in Taylor, Carol R., and Dell’Oro cited above, 262.

I slept and dreamt that life was a joy. I awoke and found that life was a service. I acted, and behold, service was a joy!

--Rabindranath Tagore

Chapter I: Actus Humanus: The Ethical Act and the Argument from Autonomy²²

*Defining Ethics: Wojtyla's Philosophical Influences*²³

Karol Wojtyla is concerned with the state of the ethical act in philosophy. In his "The Problem of the Separation of Experience from the Act in Ethics," (1955-57) he begins:

Ethics, as we know, is the science of human actions from the point of view of their moral value—of the good or evil contained in them. Every human action involves a particular lived experience that goes by the name *ethical experience*...This whole lived experience has a thoroughly empirical character...²⁴

It is prudent to take careful note of this definition, for it reveals several influential philosophical strains of thought. First, we see that Wojtyla defines ethics as the "science of human actions," which have "good or evil contained in them." The use of "science" implies that there is a sense of order, rationality, and objectivity that can be studied *empirically*. This view is Thomistic in nature. The influence of the thought of

²² See "Figure 1: The Structure of a Free Act" which follows this chapter.

²³ For a more extensive historical and biographical reading of Wojtyla's three main philosophical influences (Thomism, phenomenology, and personalism), see Beabout, Gregory R., et. al., "Karol Wojtyla on the Acting Person," in Chapter 2 of *Beyond Self Interest: A Personalist Approach to Human Action*, (Lanham, Maryland: Lexington Books), 2002: 34-73, especially 34-47.

²⁴ PC, 23.

St. Thomas Aquinas on the late Pope's thinking is undeniable and has been written about extensively elsewhere.²⁵ Wojtyla expressly acknowledges Thomism's influence in the Preface to *The Acting Person*, and, in a 1967 essay entitled "Ethics and Moral Theology," he called Thomism a system of "monumental proportions...capable to this day of arousing the admiration of anyone who only takes the effort to understand and evaluate it."²⁶ St. Thomas Aquinas not only held that all knowledge begins with experience, but also that the search for the objectivity of moral action can only occur within the context of "being and becoming, with categories of potentiality and act."²⁷

Furthermore, Wojtyla's definition makes clear that ethics does not primarily study behaviors, thoughts, intuitions, or emotions—it studies *human* action. He does not want to banish these former elements from ethics—they surely play a critical role. Here is where he parts with phenomenology (and Max Scheler); we see a strong personalist influence (a subjective focus) that is inseparable from truths about moral action (an objective focus). This is precisely why Wojtyla speaks of the "good or evil

²⁵ See, for example, Modras, Ronald, "The Thomistic Personalism of John Paul II," *The Modern Schoolman*, Vol. 50, January 1982: 117-127. Modras goes so far as to flatly call Wojtyla "a Thomist." This is controversial, since Wojtyla departs and even criticizes traditional Scholastic thought in key areas (125). His synthesis of phenomenological and natural law ethics into a Christian personalism allows Wojtyla to avoid being easily categorized into one particular philosophical "peghole"; it also allows supporters (such as Modras) to "claim" him as their own.

²⁶ Modras, 125.

²⁷ Modras, 120.

contained in” ethical actions (a Thomistic view), rather than the good or evil “appearance” of ethical actions (a phenomenological view).²⁸

The normative character of the act is therefore derived from the philosophy of being—the Aristotelian-Thomistic notion of potency and act.²⁹ St. Thomas Aquinas saw that the will, an integral part of the person, is directed toward the good—the good submitted by right reason. Thus, reason’s object is truth. Because reason presents goods to the will to choose from, human freedom is *necessarily* rooted in truth. There are goods that man *ought* to choose—goods that lead to the *transformation* of the person. When chosen, these goods allow him to actualize his being—to move from potency to act, from what he is, to what he can (or ought) to be.³⁰ For Aristotle and St. Thomas, “the very essence of human action consists in the actualization of the will acting under the direction of reason.”³¹

But it is the *person who acts* who occupies the central role in ethics—not categorical imperatives or consequences. What then does St. Thomas have to say

²⁸ Modras, 119. Phenomenological approaches such as Scheler’s assert that the subject knows the good as it appears intuitively or emotionally; Thomistic thought posits that the good is real (has being), and evil is therefore a privation. Hence, human action necessarily becomes a metaphysical question of imperfect being moving toward perfection or away from it.

²⁹ An excellent, more detailed discussion of the metaphysics of Wojtyla’s ethics can be found in Schmitz, cited above, particularly 48-57. It is necessary for brevity’s sake to provide but a brief summary here.

³⁰ Schmitz, 47-53. “Reason in its practical mode knows the truth, just as the same reason knows the truth in its theoretical mode, but in its practical mode it knows the truth from the viewpoint of action and the good.” (Schmitz, 53)

³¹ PC, 24.

about the person who acts, if anything? Ronald Modras has analyzed Wojtyla's 1961 essay, "Thomistic Personalism,"³² where Wojtyla looks at Aquinas' writings for a personalist element. Essentially, Wojtyla identifies four specific characteristics, rooted in Thomistic thought, that enrich our understanding of what it means to be a person.³³ These four characteristics of the person will play a major role in our analysis of EPAS.

First, *a person is one who thinks* (i.e., has a rational nature) and therefore creates. But, unlike in Kant, "human thought does not create its own world of concepts and judgments distinct from reality. Rather, a person is creative precisely in extracting truths from reality."³⁴ Second, *a person is a creature who acts in freedom*, but this is not merely a "freedom to choose." As I will demonstrate, Wojtyla develops his notion of freedom as one tethered to the truth, so that freedom is authentic only when one chooses what is (objectively) true, or good, or (ontologically) real. Third, *a person is one who loves*. Loving another and being loved³⁵ are part and parcel of existence; it is self-giving through love—both as a terminally ill patient and a physician—that is the key to overcoming suffering at the end of life. In loving, we continue the path to perfect our being for which we were

³² PC, 165-176.

³³ See Modras, 121-124. Aquinas discusses personhood with respect to the Trinity, rather than man. The nature of the "perfection" found in created persons must begin with the true perfection found in their source: God.

³⁴ Modras, 123.

³⁵ Here I mean "loving" in the normative sense, having the capacity—as part of being human—to love.

created. Finally, and just as vital to our discussion of EPAS, *a person is one who acts within a community* for the common good of other persons. He may even be called to sacrifice for the common good, but he may never be violated as a person for it.

Despite the strong Thomistic or metaphysical element that gives moral action its objectivity, the last part of Wojtyła's definition of ethics ("Every human action involves a particular lived experience that goes by the name *ethical experience*") shows the influence of Max Scheler's phenomenology on his thinking.

Phenomenology is the study of human experience as a way of understanding ourselves and the world; for Wojtyła, it reveals the metaphysical reality of the subject (human person). It is only through experience that one can gradually understand human goods and grasp the objectivity of the moral law. Dell'Oro elaborates :

...nonformal universal binding principles of natural law, are grounded in an inductive process of discovery whereby the meaning of fundamental human good is progressively recognized and appropriated as essential to the realization of personal identity. From a transcendental perspective, the objectivity of the natural law is reduced to a transcendental subjectivity. Moral norms of natural law owe their normative force to freedom because they serve the true fulfillment of freedom...³⁶

Thus, Wojtyła sees ethics as an intimacy between natural law and experience:

normative and yet fundamentally rooted in a subjectivity that truly makes freedom one's own.

³⁶ Dell'Oro, Roberto, "Theological Anthropology and Bioethics," in Taylor, Carol R., and Dell'Oro, Roberto, cited above: 24.