

# Unbearable suffering obviates euthanasia: definitionally derived set of propositions comprising euthanasia's purpose, claim, and benefit lead to contradiction establishing the paradox of euthanasia

Author: Carr II<sup>1</sup>

University at Buffalo Graduate School of Education, Buffalo 4260, New York, U. S. A.

Corresponding author: Carr II, University at Buffalo Graduate School of Education, 60 Founders Plaza, Buffalo 4260, New York, USA. E-mail: [lcarrroll@ubuffalo.edu](mailto:lcarrroll@ubuffalo.edu)

## Competing interests

The author declares no conflict of interest.

## Acknowledgments

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Abbreviations

QOL, quality of life; CNS, central nervous system.

## Citation

Carr II L.L. Unbearable suffering obviates euthanasia: definitionally derived set of propositions comprising euthanasia's purpose, claim, and benefit lead to contradiction establishing the paradox of euthanasia. *History and Philosophy of Medicine* 2023;5(1):1. doi: [10.53388/HFM2023001](https://doi.org/10.53388/HFM2023001).

Received: 11 August 2022

Accepted: 26 October 2022

Available online: 23 November 2022.

© 2023 By Author(s), Published by TMR Publishing Group Limited. This is an open access article under the CC-BY license. (<https://creativecommons.org/licenses/by/4.0/>)

## Abstract

Relying on euthanasia's definitionally derived set of propositions to provide its purpose, claims, and benefit, we obtain the core concept. Nonetheless, given its core concept, euthanasia is demonstrated to provide no benefit to the animal to justify its use. Euthanasia 1) cannot possibly, and therefore does not, end unbearable suffering, 2) it fails to hasten death, and 3) it, therefore, provides no perceptible relief to the patient. These findings are significant because the argument's validity does not permit euthanasia to satisfy its definitionally derived purpose, claims, or benefit on logical grounds. In other words, the argument is that as a form of legally assisted suicide, euthanasia is wrong, but not in the way principled arguments would suggest. Additionally, irrespective of euthanasia actually doing what it claims, if it is allowed to be provisioned, then euthanasia will affect vulnerable populations exactly like nonprincipled arguments claim. Therefore, despite snaring aspects with each type of argument in the extant literature, my argument against euthanasia can be categorized as neither principled nor nonprincipled, which makes it significant because it may be the first of a new category of argument against the concept and practice to enter the discourse on euthanasia. As a corollary, since we prove that unbearable suffering logically entails death, when it is authentically signifying that death is imminent because euthanasia's only purpose is to end unbearable suffering by inducing death, euthanasia is completely obviated.

**Keywords.** euthanasia, philosophy; paradoxical, death; suffering; hastening; animals

## Introduction

The ability to experience pain and suffering has existed for at least as long as human animals (i.e., humans) have, and without question, predating their arrival. Nonetheless, after arriving and acquiring the means, modern humans wasted little time developing the practice of euthanasia to address the experience of pain and suffering. Historically, concerning use in human animals, various physicians, medical associations, and religious or political groups have either failed to have an opinion about euthanasia, were privately against euthanasia having an official sanction, or opposed euthanasia outright. Not until the late nineteenth century would the efforts of a nonphysician named Samuel Williams help legitimize the idea of euthanasia in the United States [1].

Unlike relatively recent efforts to gain acceptance of euthanasia for human animals, its use in nonhuman animals occurred millennia before serious human consideration. The use of euthanasia in nonhuman animals can be traced to ancient civilizations. For example, civilizations such as the ancient Egyptians would euthanize companion animals to reunite them with their recently deceased human relatives [2]. Since its use during the practice of rituals such as in ancient Egypt, there have been significant changes and expansions regarding euthanasia, whatever alterations have and will ultimately occur relating to euthanasia, the reader is reminded that there has been and will always be a distinction between the practice of euthanasia descriptively and prescriptively; descriptively, we refer to euthanasia as it is practiced, whereas how it ought to be practiced is a prescriptive concern. Where overlap between the descriptive practices and any prescriptive recommendations or intellectual duties exists, one should discover which serves as the conceptual definition of euthanasia.

From the Latin, "*definitio*," we obtain our word *definition*, which means to limit or bound to interpret ideas or words in terms of each other; and to understand one thing by another [3]. More specifically, while I do like the conceptual definition described as "a working definition specifically assigned to a term or concept because it intimates the tentative nature of science. Nevertheless, conceptual definitions have been accurately characterized in multiple ways by various authors for distinct reasons. Thus, to best serve our purposes, we choose to define a conceptual definition as one that comprises two or more constructs and their relation to one another.

Conceptually, euthanasia is defined as the painless killing of an animal suffering [unbearably from an incurable or painful condition [4]. Our definition satisfies the criteria for conceptual definition and exceeds the requirements. Although it is entailed by the definition, I will make explicit my understanding of the unbearable qualification of suffering traditionally ascribed to the state in which the patient exists when they choose euthanasia.

It should be understood that to warrant the killing of an animal considering euthanasia, if the condition is incurable, then we may infer that the thought of continuing life with the condition would have to at least be as horrific a prospect for the patient as ending their life would be. Moreover, incurable disease would be considered even worse than death if the patient actually chooses euthanasia. If a condition were sufficiently painful, to consider euthanasia given the permanence of death would imply that the pain experienced must itself be or at least seem as qualitatively severe as dying is permanent to the patient. How could we actually equate the qualitative severity of pain with the permanence of death? The comparison seems impossible because the severity and permanence are neither equivalents in measure nor in units rendering unitization impossible to resolve this issue I call upon my concept of theoretical biomimetics, as published in 2017 by Carroll [5] in a peer-reviewed research paper by the same name.

Theoretical biomimetics draws on what occurs naturally as motivation to gain insight for real-world problem solving. With a simple shift in framework motivated by black holes courtesy of scholars, including Stephen Hawking and Michio Kaku, if one's state of pain is conceived of as a massive black hole into which one's mind

enters, then the severity of the pain experienced would be such that one's mind would be unable to escape it.

Now, we know that a beam of light becomes trapped by a black hole unable to escape the curved path it now follows resulting from the force between it and the collapsed star [6]. While the mind and mental states substantially differ from light and collapsed stars, there ought not to be any misgivings concerning compatibility between a mind and its mental state for interaction. I argue that the mind effectively becomes trapped by the severity of a state of pain acting as a force curving the path the mind would take to escape into a loop. Consequently, the mind, stuck in a metaphoric reentrant reasoning or thought loop phenomenon, ultimately resigns to its fate and interprets the pain state itself as permanent—just like death.

As to why the despair and resignation, envision a 3-D mental state as a sphere, for instance: once a mind enters the mental state of pain at the 12 entry/exit configuration using an analog clock overlay 2 dimensionally for simplicity, once warped or curved and traveling clockwise trying to find a way out along its new path each time it approaches 12 it speeds past. Regardless of the proximity and times around the mind, no reason to believe progress or escape will be achievable. Thus, the severity of pain while in that state justifiably seems inescapable, no hope of escaping means nothing changes, and things that do not change are permanent! Due to warping, it is in this manner the mind interprets the severity of pain as equivalent to that of the permanence of death.

Having established how pain can be interpreted as permanent as death, which explains why one would contemplate euthanasia, considering that choosing euthanasia would further imply that the patient could no longer cope with or handle experiencing the pain. The subjective experience of pain comprises an unpleasant or aversive feeling, which is associated with harm or threat of harm and defines suffering [7]. Moreover, being unable to cope or manage is precisely the definition of unbearable. Thus, at the point when euthanasia is decided upon by the patient, the severity of pain they experience has resulted in a state of unbearable suffering.

## Methodological approach and rationale

Since I find more informative the reason underlying behavior than the extent of any particular behavior, my scholarly interest rests with the context within which behavior occurs, which is the domain of qualitative research. My specific approach for this study was logical analysis and qualitative exploration of the concept of euthanasia comprising an analysis of its purpose, claim, and benefit entailed by an accepted formal definition.

An initial query was completed using the university at buffalo libraries. Specifically, I searched for "euthanasia" and identified PhilPapers, which I chose because it was a database concerning philosophic works on various issues related to the topic of interest. Subheadings for literature that were checked under euthanasia did not include research focused on the "logic of euthanasia's purpose and claims." Many sources were retrieved from the query. Nonetheless, their titles and abstracts reflected their content and raised questions or considered specific circumstances either for or against euthanasia, but this was under the assumption that euthanasia's purpose and claims were valid.

Under applied ethics, biomedical ethics, and death and dying, euthanasia was identified as a topic. The following were listed as sibling categories to the topic of euthanasia with the number of documents in parentheses: assisted suicide (845), brain death (536), capital punishment (333), cryonics (9), defining death (d), genocide (235), infanticide (235), life support (22), suicide (22), the badness of death (387), and death and dying, miscellaneous (477). I skimmed abstracts under death and dying/miscellaneous. Surprisingly, nothing relating to or approaching the concept of euthanasia in the manner I do in this research paper was discovered. Thus, having discovered the void in the literature concerning euthanasia that the present research effort fills, viz., argument for the paradox of euthanasia proper, my analysis contributes something significant, novel, and authentic by



offering an interesting take on euthanasia from a philosophically logical perspective.

For the choice of definition of euthanasia, the sample of potential definitions would be considered one of convenience. Despite being a convenience sample, a systematic approach was employed that restricted us to considering definitions of euthanasia that would be erotetically informative. In other words, the definition sought to answer the question "what is euthanasia?", contain necessary and not superfluous information, and so forth. Additionally, approaching the task of which definition best served our research, I treated our ideal definition as scientists treating theories keeping in mind the tenets of parsimony and simplicity as well as usefulness, among others. Definitions compared for euthanasia varied in focus and came in one of several types: a focus on the easiness in killing/death experienced, a focus on being reserved for types of people (e.g., the elderly or the disabled), a focus on types of conditions, focus on preventing future suffering, focus on the end present suffering, and the occasional focus on the ever-vague quality of life (QOL) elimination of most definitional contenders was swift. However, once chosen, it was from the definition ultimately selected that one could most thoroughly deduce or infer the majority of the others. In this way, the definition was a good representative of the definitional content available.

Assuming the conceptual definition of euthanasia as the sole premise to initiate my primary argument and demonstrate the existence of the paradox of euthanasia, providing that the definition comprising both the definiendum (i.e., euthanasia) and its definiens (i.e., explanation) are conceptually adequate, one ought to at least be able to extrapolate three pieces of information concerning the concept: the main goal or "why" it exists; "how" that main goal is achieved; and "what" is to be gained by the main goal's achievement. Once extracted, the information inferred or deduced from the definition of euthanasia is constructed as propositions that directly address the interrogative pronouns of what, how, and why regarding the concept. As the fruits of our effort, the set of constructed propositions together help to form a more robust concept of euthanasia because the answers to "what," "how," and "why" reveal the purpose, claim, and benefit, respectively.

The purpose of euthanasia is to end unbearable suffering, thereby hastening death. Furthermore, euthanasia claims to achieve its *purpose* by hastening death, thus reducing the time spent unbearably suffering. Moreover, the reduction in the time spent unbearably suffering relieves the animal and can be understood as a *benefit* of euthanasia. Additionally, although not necessary for the concept of euthanasia, deciding on behalf of a loved animal to euthanize because one believes it ends suffering and hastens death to reduce the quantity of time they spend suffering, therefore, relieving the animal and making it a benefit for the patient, is how many conclude euthanasia is a compassionate choice. Taken together, this set of definition-derived propositions of purpose, claims, and benefit comprises the foundation I refer to as the conceptual core of euthanasia. That notwithstanding, this set of propositions comprising the conceptual core of euthanasia is inconsistent because from any one proposition, a contradiction can be derived. Since a contradiction entails a false proposition and at least one derivable statement is false from propositions among the set comprising the conceptual core, this implies the existence of the paradox of euthanasia.

Adopting a multidisciplinary perspective and approach, I argue that although we need only to demonstrate one proposition to be false to prove my thesis, we encounter an unexpected yet significant issue: each derived proposition leads to inconsistency and contradiction, rendering the propositions of purpose, claim, and benefit false! Since the entire set of propositions derived from the definition, comprising the purpose, claims, and benefit, is false, instead of simply reconciling the paradox of euthanasia, we are forced to abandon the present definition of euthanasia and recommence conceptualization to determine whether the concept is possible to salvage. Therefore, the major contributions of the present research endeavor are both in its formal establishment of the existence of the paradox of euthanasia and in the paradox itself, demonstrating and explicating how euthanasia

completely collapses conceptually because it fails to satisfy any of its definition-derived criteria.

#### Limitation of the methodology

Given its nature, whether qualitative or quantitative methods are employed, no research conclusions can escape the experiences of the investigator. Thus, the qualitative strategy of inquiry employed herein does have its limitations. For one, I am a skeptic generally, which situates me outside the culture of euthanasia supporters because I must be convinced about euthanasia. Therefore, this ethic perspective from which I conducted the research results in both the researcher and what is found to mutually affect each other [8]. However, such a dynamic could call into question my findings since a different researcher interacting with their findings would likely result in different conclusions. Furthermore, as an observer of the content encountered, the researcher's bias is always an inescapable concern. Since the observer acts as the qualitative measurement device for their study, there will always exist the potential to threaten the validity of the findings.

Perspectives are critical to the research problem and question. There is always a dichotomous aspect with respect to potential explanations given or conclusions drawn from research findings. That is, conclusions are influenced by either a combination of internal and external or situational and dispositional factors affecting the scholar. Moreover, at different points in time, even the same scholar tasked with the same research endeavor can draw significantly different conclusions! In addition to the factors mentioned, other factors include a distorted perception or perspective, the length of time devoted to text analytic tasks, and the choice of the definition used for the argument, which are all potential weaknesses of a qualitative study.

#### Discussion

Euthanasia has undergone significant changes over time. Concerning these changes that have occurred to the notion of euthanasia, I argue that they can be placed into at least one of the following three main categories: alteration in manner, alteration in person or perspective, and alteration of scope or relevance. Those changes related to how euthanasia is conducted procedurally would concern the manner. Furthermore, changes in euthanasia provisioning and performing lethal injection or other modes of death induction affect the perspective or the person authorized to administer. Last, the scope relates to the condition or circumstances in which euthanasia is used or permitted to be practiced and relates to relevance.

Two changes involve relatively novel applications of the word "euthanasia." These applications include emergency use by law enforcement, allowing officers to terminate animals if there exists a threat to public safety, and certifying technicians to euthanize at euthanasia clinics instead of physicians. Perhaps these expanded applications in the usage of the term and related to who performs the procedure were inevitable. Nonetheless, given the definition of euthanasia, which stipulates unbearable suffering of the animal as a condition to be satisfied, and the fact that euthanasia in the context of emergencies encompasses the killing of an animal that is not "unbearably suffering," the radical shift in conditions results in a conceptual contradiction.

Unlike "contrary," which refers to cases in which two propositions cannot be both true, "contradiction" occurs when one proposition must be true while the other is false [9]. Generally, as it pertains to the present discussion, it is possible that an animal may be either a threat to the public or unbearably suffering. Nonetheless, given that our scope and context comprise the subset of nonhuman animals that have been or can be euthanized justifiably and legally based on threat and suffering criteria, at least one proposition *must* be true. That being said, if one proposition must be true, then is it possible that the other proposition could be true as well? In other words, could both a threat under emergency euthanasia and unbearable suffering criteria be simultaneously true? I argue no, it is not possible. To avoid conceptual

contradiction, both ought to be simultaneously satisfiable conditions. That notwithstanding, any animal that is truly experiencing unbearably suffering could simultaneously neither actively nor tentatively pose a threat to public safety.

To be an active threat to, or actively threatening, public safety, an animal would need to be among the public, or at least have the ability to gain access to it. However, an unbearably suffering animal would not be among the public by choice in such a state as described by the definition, nor would the animal be capable of accessing the public for the very same reason: the animal's body's resources are overwhelmed, and the animal itself is unable to cope, let alone menace society or the public in any way.

One serious contention concerns whether an animal could passively pose a threat to public safety when also in unbearable suffering. Unlike an active threat, a passive threat, such as an infectious disease similar to the recent pandemic of 2020, for instance, requires nothing more of a susceptible host animal than its ability to become infected. Let us suppose there was a highly virulent infection by a novel virus spread through contact with its shed particles when the host is sneezing, coughing, or exhaling. Additionally, let us assume that animals contracting this illness rapidly develop characteristic unbearable suffering around the same time, and they become most contagious.

When the infected develop symptoms, they will be either bedridden at home or taken to the hospital due to the severity of the symptoms. Once seen at the hospital triage and isolated for the suspected viral illness, they would ultimately be officially diagnosed with a test. Would this not be a case in which the animal would both suffer unbearably and be a passive threat to public safety, satisfying both the criteria for emergency euthanasia and traditional euthanasia? The answer would still be no.

The infectious disease protocol states that isolation is an effective measure that can be taken to prevent the spread of disease [8]. Although this scenario may seem improbable to some, given the recent pandemic, a hypothetical infectious disease causing a rapidly progressing illness culminating in unbearable suffering is still possible. Nonetheless, one thing is certain: whether through self-imposed isolation at home due to symptoms of unbearable suffering until they die naturally or through visiting the emergency department and being admitted to the hospital upon diagnosis, both alternatives effectively eliminate any threat to public safety through isolation. Therefore, being a passive threat to public safety while simultaneously experiencing unbearable suffering is not possible.

An animal that poses an active or passive threat cannot be in a state of unbearable suffering at the same time. In other words, we can separate the proposition stipulating euthanasia for emergency use from that for unbearable suffering because they are mutually exclusive. Mutual exclusivity implies that when one statement is true, then the other is false, thereby satisfying contradiction requirements.

That a contradiction can be derived is a significant problem, while it would not be impossible for multiple definitions of euthanasia and its derivatives to coexist; a single lexeme is unlikely to have two definitions entail a contradiction simultaneously. For obvious reasons. Furthermore, that this contradiction even occurred intimates a conceptual flaw in euthanasia. Thus, to avoid euthanasia simply devolving into a euphemism for killing, a firmer foundation ought to be settled upon so that any further attempts at an expansion of use do not result in confusion and contradiction, as we have just demonstrated.

#### Death by lethal injection: is it euthanasia, or execution?

Despite the contradiction derived from the expansion of the use of the term euthanasia we discussed, in contexts such as those of healthcare and law, the induction of death is an available and lawfully practiced option utilized in various countries throughout the world. To seriously discuss euthanasia requires considering execution and capital punishment since they each concern deliberately inducing death in animals. Although there exist many methods by which to "lawfully" induce death in humans, including electrocution, hanging, and the gas

chamber, in the United States, the most commonly implemented method is death by lethal injection [10].

Regardless of whether a benefit can or does exist for any animal or party other than the patient to be euthanized, without the animals who are euthanized at least possibly experiencing some significant derived benefit, both euthanasia and their deaths simply become otiose. In contrast, an execution with death by lethal injection is not intended to benefit the one put to death; the rest of society is supposed to be better off.

The key points in the process of arriving at euthanasia comprise the following: (1) The veterinary physicians treating the animal patient consider all available data as information. (2) Only relevant data kept are arranged purposefully to create evidence, which is then presented to a patient's family as arguments by the physicians followed by their diagnosis and prognosis as a verdict. (3) Next, the physician explains available options for intervention and potential outcomes, which "helps" the family select what to do for the animal analogous to the sentencing stage of a legal trial. (4) Finally, once the course of action is determined by the family with the help of the physician, they arrange for euthanasia of the patient.

The process of healthcare decision-making for euthanasia is similar to that of the American legal justice system when it sentences convicts death by lethal injection. Despite the similarities, however, there is one significant difference I wish to bring to the readers' attention: in contrast to the justice system, concerning euthanasia, the treating physician and healthcare team are effectively judges, jury, and executioners, which is a significant conflict of interest that merits its own discussion in a separate article. Aside from the conflict of interest in healthcare, there appears to be no reason two or more systems could not use a similar process when decision-making involves similar outcomes of killing or inducing death.

It is possible for one person to be both a patient unbearably suffering awaiting euthanasia and a criminal on death row awaiting execution simultaneously; thus, being both is consistent [9]. Nonetheless, much like the definition of euthanasia, a contradiction may be derived. That is, it is not possible for one animal to be euthanized as a patient and executed as a criminal simultaneously.

Simultaneity entails "more than one" distinct thing. However, there is no way to separate inducing death for one as the patient from inducing death for one as a criminal. Non-simultaneously, let us then consider the propositions separately in different orders. Unfortunately, it is impossible to euthanize one as a patient first and then execute one as a criminal afterward. Likewise, it is not possible to execute one as a criminal first and then euthanize them as a patient regardless of whether simultaneous, and there is no way to separate executing the criminal from euthanizing this patient to allow both statements to be consistent. It is therefore arbitrary to assume significance according to the person and situation to which it is applied.

#### Grave errors defining death

Although humans do not adequately comprehend "death," it is one thing that has occurred for at least as long as animals have lived. Life itself ought to be treasured by all deriving existence through living. For those who understand its uniqueness, it is difficult to imagine a world without it. Thanks to many great contributions throughout history to science made by the likes of Nobel laureate Dr. Alexis Carrel and Charles A. Lindbergh leading to the development of organ and tissue perfusion devices, transplantation would eventually become a medical reality prolonging the lives of human and nonhuman animals.

For all of the benefits it afforded the living, some critics contend that scientific and technological advances, such as lifesaving and sustaining organ transplantation, complicated the concept of death by forced revision made to its definition to accommodate organ harvesting. Admittedly changing the definition of death would be consistent with efforts to maximize the usage of novel organ technology to save lives while minimizing the waste of resources. That notwithstanding, I disagree the definition of death was made more complicated because of the alterations.

The introduction by the 1968 ad hoc Harvard committee of a



neurological framework for determining death [11] paving the way for whole-brain-death criteria did not further obfuscate the contemporaneously extant conception of death the extant definition of death was “irreversibly loss of function of the heart and lungs,” then the committee’s addition of “irreversible coma without central nervous system (CNS) activity” was consistent with and encompasses the extant definition while addressing the need for organ resources. The transition from life to death is complex, and determining death has always been far from straightforward. Thus, help in refining the definition was needed, and the advent of organ transplantation simply provided the impetus to do so.

Difficulty determining death has resulted in well-known documented cases in which people were buried alive inadvertently [12]. As a result of such grave errors, elaborate devices were invented offering peace of mind if little else. While knowledge has improved with relatively few unintentional live burials or mistaken declarations of death occurring like a more recent one in 2011 [12], we still have much to learn.

Generally, death may be understood in any of several ways. According to [13], death has been defined as an event that happens to us, a condition in which we find ourselves, or a state of existence or nonexistence after it takes place. In addition to these definitions of death, however, something is lacking. I argue that there needs to be at least one more definition because understanding it as an event, condition, or state is to view death identically—as a product.

What we refer to as death would be impossible without the process(es) that preceded and resulted in the ending of life. For this reason, I additionally define death as the most proximate process(es) preceding the event, condition, or state of the end of life necessary for an animal to succumb. My proposed definition of death from the perspective of a process distinguishes between processes that do not culminate in the end of life and processes that do culminate in the end of life. My definition does not distinguish a process of dying from the actual product of death because as either event, condition, or state, I argue that the onset of death is merely a point along the dying process continuum.

#### **Euthanasia, pain, and suffering**

Pain is defined as “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” [14]. “Additionally, suffering is the (subjective) experience of unpleasant or aversive feelings associated with harm or threat of harm [7]. I emboldened words in each definition to draw the reader’s attention to the fact suffering is defined in a virtually identical manner to pain! The only minor, yet significant, difference that I would argue is in defining pain the use of tissue damage as opposed to harm used in defining suffering.

Pain can have various attributes characteristic of its origin that allow one to infer the cause. For instance, people often yet incorrectly speak of burning as a type of pain. Descriptively, burning would imply to me there exists a heating aspect to the perception of the pain, maybe it is continuous and perhaps slowly occurring like being burned with fire. An additional type of pain frequently described is stabbing, piercing, or lancinating. Lancinating is an adjective referring to that which is “painful as if caused by a knife or sharp implement [3]”. That is, it is not that the pain itself is a type that is “burning,” or can burn, is “stabbing” “piercing” or can stab or pierce; on the contrary. It is that the pain one presently experiences is reminiscent of that resulting from having been burned or being cut by a sharp instrument.

The significance of the minor difference in word choice for the similar definiens is that it allows me to interpret how the words used influence our understanding of their intended meaning. Furthermore, in the literature, there is confusion about exactly how to appreciate suffering or consistently distinguish it from distress [7]. As a result of the confusion, sometimes pain, distress, and suffering are used interchangeably but without any firm understanding. Nonetheless, in consideration of the confusion between pain and suffering, let me demonstrate an approach to determining useful information disambiguating pain from suffering.

If we consider the relationship between tissue damage and harm, since tissue damage is a type of harm, but harm is not a type of tissue damage, the binary relation is asymmetrical, meaning that pain is a type of suffering. Semantically speaking, the pain would be referred to as the hyponym, while suffering would be the hypernym. It is in this manner that I begin to distinguish pain from suffering.

A close reading of the updated version of the definition of pain reveals that the keyword is “resemble.” That is, one could have the unpleasant nature of the sensory and emotional experience, and associated tissue damage may look like an unpleasant sensory and emotional experience associated with actual or potential tissue damage without being the real thing! For that matter, instead of being just once removed from primary pain, the experience could resemble an experience that resembles an experience, ad infinitum.

The author interprets this revelation as confirmation of the role that the mental, emotional, or psychological aspects play in the unpleasant sensory and emotional experience because pain need not have any associated actual or potential tissue damage to qualify as pain. Nonetheless, by definition, there must be some associated tissue damage to meet the criteria for pain. Thus, when one has an unpleasant sensory and emotional experience, since it may only resemble and not be itself associated with actual or potential tissue damage, if the once-removed experience is associated with tissue damage that is neither actual nor potential, then the experience is with imaginary tissue damage, and the pain would be considered psychogenic.

#### **Logical fiction of euthanasia and the power of observation**

Observation—in the most general sense of the word, using any or all of the sensory faculties—is an extremely powerful instrument for persuasion. Observation is so powerful, in fact, that even when one is incorrect about the content of its percept or the content is incomplete, it can fill-in gap and suffice to convince overriding one’s rationality. It is the power that observational experience—empirical evidence—has to swiftly raise doubt, cause one to challenge something known or question why one does not claim to know something. One may ultimately abandon previously inconsistent knowledge, assuming that memory is less reliable than sensory perception right now. It is in this manner that we can fall prey to what I refer to as logical fiction. As a phenomenon, logical fiction occurs when the assumptions and reasoning steps are logical yet the conclusion to know or to act turns out to be incorrect.

While not the only trick, the power of observation is relied upon with remarkable success in many professions, such as science, education, and law. Of those professions that rely on it, the power of observation is routinely exploited by skilled professional magicians. One contemporary magician standout who I argue employs the element of observation superbly is illusionist David Blaine.

Blaine’s work was widely recognized after his televised program at the age of twenty-three [15]. What I argue accounts for the success and appeal of his illusions is that Blaine manages—better than most—to cleverly design with the develop intriguing tricks that amplify the effect of their performance by dimensionalizing the observational experience. That is, people observing, Blaine presumes, why they ought to continue observing, or better still, participate, is the nature of the trick. For instance, one form of dimensionalization requires multiple faculties, such as sight, sound, and touch, to appreciate a trick. Another form of dimensionalization could be using multiple participants for one type of trick, with each event being done by a different person in rapid succession. This might give multiple people multiple senses of observing one type of trick; two tokens in parallel or at the same time; multiple people; and multisensory variation, with each person using different senses to observe (adding an element of independence from the magician, because a third party can persuade others); simultaneity; and speed of performance. The trick can incorporate many dimensions to create an intricately deceptive performance.

The key to a trick’s success is to remain sufficiently close to observers. The proximity of the observers to Blaine while performing

tricks, such as those upclose on the street from his televised program, allows observations to be multisensory or multidimensional, as opposed to the case of sitting in a theater. Therefore, given the success, proximity, and multisensory observation compared to that of performance from a distance, I contend that the closer an observer is to a trick being performed by the magician or illusionist, the more persuasive the effect of observation will be.

Persuasiveness is a function of sensory modalities and therefore distance. In no particular order of importance, we have the faculties of sight, sound, taste, touch, and smell. Now, considering the faculties based on an estimation of the minimum allowable distance (i.e., farthest) from a trick's performance required for its effective engagement, they become easy to stratify. Touch requires there to be no distance, and taste would as well. For smell, the minimum distance could be further than that for taste and touch but needs to be closer than sight and sound. Therefore, with little to no distance, interaction with the illusionist could engage all faculties, whereas observers in an auditorium for a show seated at greater distances from the performance might only faintly see but hear the act if the performer remains stationary.

In addition to proximity and multisensory engagement, something referred to as "cross-sensory correspondence" may contribute to the overall impact of observing an illusion or trick of a skilled performer. Cross-sensory correspondence refers to sensory stimuli with characteristics encoded in one domain seemingly having qualities usually associated with other sensory domains [16]. For example, an established cross-sensory correspondence occurs with sight, sound, and touch in which high-pitch sound is described as brighter, sharper, less heavy, and thin [17]. Here, something heard is characterized in terms of brightness, which requires the visual domain in addition to attributing sharpness to a high-pitch sound, which would be something best determined by a sense of touch. Misconceptions can be induced experimentally by exploiting cross-sensory correspondences, such as size-weight or brightness-weight, in the performance of a trick or illusion. Taking advantage of correspondences, a trick using upclose magic with colored spheres of varying sizes employing sleight of hand could provide an advantage to the magician who engages multiple sense faculties, which combine in addition to the occurrence of cross-sensory correspondences to increase the persuasiveness of the observation.

The relevance of proximity, multisensory engaged experience and cross-sensory correspondence to euthanasia is that grief, coupled with observing the provision of euthanasia as customarily practiced, relies on the very same principles that we have explored with the power of observation and professional magicians. The loved ones choosing to euthanize satisfy the participatory aspect of observation. Moreover, given the multisensory observation from being present for euthanasia meets the proximity aspect. If shouts of agony stop, no more grimacing is witnessed, and the relative or friend one can no longer physically "feel" the suffering while touching the patient to comfort them. Then, cross-sensory correspondences can induce the misconception that what was observed using multiple senses was relief experienced by the patient provided by euthanasia. I argue that for the majority of people forced into the choice of euthanizing their human or nonhuman animal, it is easier to accept the logical fiction of euthanasia during times such as these instead of confronting the truth of the matter. This is just one possible explanation for why so many supporters of euthanasia exist despite its blatantly obvious conceptual problems.

#### The Paradox of euthanasia: argument by proposition

We derived from our definition of euthanasia a set of propositions concerning the purpose, claim, and benefit for our analysis. Euthanasia's purpose, which is "to end unbearable suffering through the hastening of death, its claim (i.e., the hastening) and its benefit (i.e., relief from, the end of unbearable suffering) comprised the conceptual core that we now demonstrate is a paradox. Although a paradox requires only one proposition to be false, all three propositions lead to inconsistencies.

It is important to note that not all inconsistencies are contradictory. Many advancements in tolerating inconsistency have been made, and there are systems of logic designed to deal with inconsistency productively. For example, nonnormal logics that are paraconsistent have been used to reason with inconsistency. However, in our case, inconsistency cannot be tolerated. Since euthanasia cannot both end unbearable suffering and not end unbearable suffering, any derived inconsistencies encountered require that we respect the law of the excluded middle and the law of noncontradiction, both of which are routinely adopted for a classically logical treatment.

**Proposition 1: euthanasia ends unbearable suffering.** Let us assume euthanasia ends unbearable suffering. As understood in palliative care, unbearable suffering is "a state of suffering that is unrelenting, prolonged, inadequately controlled (with medications and/or other measures), unlikely to abate, and, importantly, overwhelms the patient's resources for coping [7]". Nonetheless, we can infer that nothing can end unbearable suffering by its definition. Unless the definition of unbearable suffering is wrong, euthanasia as a measure or medication does not end unbearable suffering. Thus, we encounter a contradiction, and our assumption is incorrect; euthanasia does not end unbearable suffering.

**Proposition 2: euthanasia hastens death.** Assuming euthanasia hastens death, the hastening of death supposedly spares time. However, hastening death is beneficial only if it perceivably reduces the quantity of time that would have been spent in unbearable suffering by the one euthanized. As perceived by the physicians, families, and others involved, euthanasia hastens death. Nonetheless, the perspective that matters most is that of the euthanized animal.

Unfortunately, the euthanized patient dies and cannot perceive it. Consequently, they can have no sense of time and therefore no hastening. When euthanized, the patient's life ends sooner for those living but not for the decedent. At no point did the suffering end prior to death; it lasted until the animal died—identical to how it would have without being euthanized. Those who have been euthanized cannot defend their perspective. Since euthanasia is not perceived as saving time or hastening by the deceased, hastening cannot be justifiably claimed.

**Proposition 3: euthanasia provides benefits through relief.** Let us suppose that euthanasia provides benefits in the form of relief. Relief is referred to as a "feeling that comes when something burdensome is removed or reduced" [3]. Relief from unbearable suffering is based on removing (i.e., ending) it, which decreases the time spent in that state (i.e., reduction). According to scholars, time is a feature or phenomenon of living human experience [18]. Additionally, living things experience change associated with phenomena through the perception of difference, whereas dead things do not experience difference, change, or phenomena *because* they cannot perceive. An animal's ability to perceive differences relies on physiologically functioning faculties. Functioning senses are necessary because phenomena are states or processes known only through faculties [3]. As such, phenomena—whether the end of suffering, hastening of death, or benefit of relief—must be perceived. Unfortunately, euthanasia precludes perception and phenomenal experience because it kills the patient.

#### Conclusion

While I argue that all three propositions are false, since at least one of the sets of propositions leads to contradiction without question (number three), we conclude that the set of propositions comprising the concept of euthanasia is paradoxical! Once dead, there is an irreversible loss of function characterized by the absence of physiological response to, or interaction with, the environment. Consequently, the dead do not exhibit sense perception and, therefore, cannot perceive differences.

Without the ability to perceive differences, the dead cannot experience change associated with phenomena. Moreover, the absence of perceived differences characterizing change implies that a dead animal does not have a concept of the passage of (i.e., changes in)



time and experiences neither more nor less of it. Thus, not only is the experience of relief when dead in the form of having spent “less time suffering” not the case, which contradicts our assumption, but benefitting of any kind simply is not possible once dead.

Induction of death by euthanasia is most common by lethal injection. Lethal is defined as that which suffices to cause death [3], whereas to induce means to cause or bring about [3], euthanasia is an alternative considered in the context of unbearable suffering. Suffering is the subjective experience of unpleasant or aversive feelings associated with harm or threat of harm [3]. Furthermore, once the animal is unable to endure suffering, it is deemed *unbearable* and only then is euthanasia arranged for or requested by family.

Endure may be understood according to either of two senses: one sense refers to coping, and the other remaining in existence [3]. Since coping is synonymous with managing, carrying on, or surviving, both senses of enduring entail an inability to survive or remain in existence. Therefore, the death of an animal becomes imminent once its suffering is truly unbearable.

Unbearable suffering is a state of suffering that is unrelenting, prolonged, inadequately controlled (with medications and/or other measures), unlikely to abate, and, importantly, overwhelms the patient’s resources. Once again, we encounter the idea of inadequate coping due to overwhelmed resources, so the patient certainly cannot survive much thereafter to presage death. How does one justify using the same unbearable suffering criterion to determine when to prematurely kill with euthanasia?

The subjective nature of suffering makes it privileged information unique for each animal. Additionally, because each animal has a unique set of resources, overwhelming them, therefore dying, as a consequence, must be equally unique and nearly impossible to precisely predict. That notwithstanding, I claim the inability to predict whether or when an animal in unbearable pain and suffering will die has no bearing on the truth that when unbearable suffering is actually the case, it signifies death is imminent. Moreover, according to the unbearable suffering criterion, despite not knowing when death will come, when unbearable it can presage death, I know one thing with certainty: unbearable suffering obviates the need for euthanasia practice altogether.

## References

1. Historical Timeline. Available from: <https://euthanasia.procon.org/historical-timeline/> Accessed October 19, 2020
2. Brief Summary of Animal Euthanasia. <https://www.animalaw.info/article/brief-summary-animal-euthanasia> Accessed October 7, 2022
3. Stevenson A, Lindberg CA. New Oxford American Dictionary. London: Oxford University Press, 2010. <http://dx.doi.org/10.1093/acref/9780195391883.001.0001>
4. Weichbrod RH, Thompson GA (Heidbrink), Norton JN. Management of animal care and use programs in research, education, and testing. Boca Raton: CRC Press, 2017. <http://dx.doi.org/10.1201/9781315152189>
5. Carroll LL. Theoretical biomimetics: a biological design-driven concept for creative problem-solving as applied to the optimal sequencing of active learning techniques in educational theory. *Mult J Edu Soc Te Sci* 2017;4:80. <http://dx.doi.org/10.4995/muse.2017.70/8>
6. Kaku M. Hyperspace: a scientific odyssey through parallel universes, time warps, and the tenth dimension. London: Oxford university press, 2015.
7. Shanan A, Pierce J, Shearer T. Hospice and palliative care for companion animals. New York: John Wiley & Sons, Inc, 2017. <http://dx.doi.org/10.1002/9781119036722>
8. Terrell SR. Writing a proposal for your dissertation: guidelines and examples. Guilford Publications, 2022. <https://play.google.com/store/books/details?id=6jGDEAAQBA>
9. Martinich AP. Philosophical writing: an introduction. John Wiley & Sons, 2015. <https://play.google.com/store/books/details?id=κU1CAAAQBAJ>
10. Bailey C, Froggatt K, Field D, et al. The nursing contribution to qualitative research in palliative care 1990-1999: a critical evaluation. *J Adv Nurs* 2002;40:48–60. <http://dx.doi.org/10.1046/j.1365-2648.2002.02339.x>
11. Truog RD, Pope TM, Jones DS. The 50-year legacy of the harvard report on brain death. *JAMA* 2018;320:335. <http://dx.doi.org/10.1001/jama.2018.6990>
12. Lawrence Tarazano D, U.S. Patent and Trademark Office. People feared being buried alive so much they invented these special safety coffins. *Smithsonian magazine*. <https://www.smithsonianmag.com/sponsored/people-feared-being-buried-alive-so-much-they-invented-these-special-safety-coffins-180970627/> Accessed April 27, 2022
13. Kastenbaum R. Macmillan encyclopedia of death and dying macmillan reference usa; 2002. Google.
14. Fleming SM. Changing our minds about changes of mind. *eLife* 2016;5. <https://doi.org/10.7554/eLife.14790>
15. Walker P. Cross-sensory correspondences and naive conceptions of natural phenomena. *Perception* 2012;41(5):620–622. <https://doi.org/10.1068/p7195>
16. Walker P. Cross-sensory correspondences and naive conceptions of natural phenomena. *Perception* 2012;41(5):620–622. <https://doi.org/10.1068/p7195>
17. Walker P, Scallon G, Francis B. Cross-sensory correspondences: heaviness is dark and low-pitched. *Perception* 2016;46:772–792. <http://dx.doi.org/10.1177/0301006616684369>
18. Bardon A, Dyke H. *A Companion to the Philosophy of Time*. John Wiley & Sons; 2013.