

Killing and Letting Die: An Irrelevant Distinction to Bioethics

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Abstract

James Rachels's distinction between killing and letting die maintains that there is morally no difference between killing a terminally ill patient and letting him/her die. Therefore, active and passive euthanasia dichotomy is a distinction without a difference. Hence, if passive euthanasia is allowed, active euthanasia should be permitted too. The paper demonstrated that the distinction between killing and letting die is: (1) irrelevant to euthanasia (2) extraneous to the medical profession, and (3) methodologically degressive. Furthermore, the paper demonstrated invalidity of the bare difference argument of Rachels based on the distinction because of four reasons: (1) irrelevance to American Medical Association's statement; (2) differences between the cases such as intentionality, causality, and agency; (3) straw man fallacy, (4) and weak analogy. Therefore, the paper concluded that relating the distinction between killings and letting die to bioethics and euthanasia is unjustifiable.

Keywords: Killing and Letting die, Active Euthanasia, Euthanasia

Abstrak

James Rachel membezakan antara membunuh dan membiarkan mati mengekalkan bahawa dari segi moral tidak ada perbezaan di antara membunuh pesakit yang sakit dan membiarkan dia mati. Oleh itu, jika euthanasia pasif dibenarkan, euthanasia aktif harus dibenarkan juga. Karya ini menunjukkan bahawa perbezaan antara membunuh dan membiarkan mati adalah: (1) tidak relevan kepada euthanasia, (2) kelebihan kepada profesion perubatan, dan (3) metodologi yang merosot. Selain itu, karya ini menunjukkan ilat hujah perbezaan yang terdedah oleh Rachels berdasarkan pada pembezaan tersebut kerana empat sebab: (1) ketidakrelevanan kepada kenyataan Persatuan Perubatan Amerika, (2) perbezaan di antara kes-kes seperti niat, sebab akibat dan agensi, (3) jerami manusia anggapan yang salah, dan (4) analogi lemah. Oleh itu, karya ini merumuskan yang berkaitan dengan perbezaan antara pembunuhan dan membiarkan mati untuk bioetika dan euthanasia adalah tidak wajar.

Kata kunci: Membunuh dan membiarkan mati, euthanasia aktif, euthanasia.

Introduction

James Rachels's (1941-2003) defense of active euthanasia starts from his counter and refuting responses to the American Medical Association's (AMA's) statement on prohibition of active

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euthanasia. AMA's statement prohibits mercy killing, and leaves the choice of "the cessation of the employment of extraordinary means to prolong the life" up to the "patient and/or his immediate family" when "there is irrefutable evidence that biological death is imminent".¹ According to Rachels, the statement upholds the traditional doctrine of euthanasia or conventional doctrine of euthanasia which makes a distinction between active and passive euthanasia. The traditional approach approves passive euthanasia in the sense of withholding extraordinary medical treatment and does not permit active euthanasia. Rachels's first attempt was to show that there is morally no difference between active and passive euthanasia. In his article "Active and Passive Euthanasia"², which appeared in *The New England Journal of Medicine*, he did not argue in support of active euthanasia explicitly. His main attempt, in the article, was to show that there is no moral difference between active and passive euthanasia, and where passive euthanasia is appropriate, active should be allowed too. However, in his rejoinder essay, "More Impertinent Distinctions and a Defense of Active Euthanasia"³, he explicitly supported active euthanasia in an argumentative manner. Both the abovementioned articles, and the reproduction of the same thought in his numerous articles⁴,

¹ James Rachels, "Active and Passive Euthanasia," in *Killing and Letting Die* ed. A. Norcross and B. Steinbock (New York: Fordham University Press, 1994), pp.112-13.

² Ibid.

³ James Rachels, "More Impertinent Distinctions and a Defense of Active Euthanasia," in *Killing and Letting Die* ed. A. Norcross and B. Steinbock (New York: Fordham University Press, 1994).

⁴ See "Medical Ethics and the Rule against Killing," in *Philosophical Medical Ethics* ed. S. Stuart and H. T. Engelhardt (Dordrecht: Reidel, 1977); "Euthanasia, Killing, and Letting Die," in *Ethical Issues Relating to Life and Death* ed. J. Ladd (Oxford: Oxford University Press, 1979); "Killing and Starving to Death," *Philosophy* 54(1979); "Euthanasia," in *Matters of Life and Death* ed. R. Tom (New York: Random House, 1980); "More Impertinent Distinctions," *Biomedical Ethics* (1981); "Reasoning About Killing and Letting Die," *The Southern Journal of Philosophy* 19(1981); "Euthanasia and the Physician's Professional Commitments," *The Southern Journal of Philosophy* 22(1984); *The End of Life: Euthanasia and Morality* (Oxford: Oxford University Press, 1986); "Killing, Letting Die, and the Value of Life," *Bioethica: Revista*

contained within them the most of the concepts and distinctions which Rachels uses and builds his arguments on them. This paper represents a critical analysis of Rachels' idea of similarity between killing and letting die.

Rachels's Distinction between Killing and Letting Die

Rachels argues that there is morally no distinction between killing someone and letting someone die. He argues that intentions are not relevant to moral judgments. The implication of the distinction is related to the active/passive dichotomy. According to Rachels, active euthanasia involves killing a terminally ill patient, whereas passive euthanasia involves simply letting the patient die. Rachels, by applying this distinction, attempts to show that the active / passive dichotomy is a distinction without a difference. To demonstrate the problems of the distinction, he forwards a main argument: the bare difference argument or equivalence thesis. The implication, which follows from the argument, is that the cases where passive euthanasia is permissible are also cases where active euthanasia is permissible.

Rachels's Bare Difference Argument

Rachels hypothesizes two cases that are supposed to be exactly alike except that one involves killing and the other involves letting die. The cases include two characters: Smith and Jones. Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things so that it will look like an accident. As a result, Smith gets his inheritance without being caught. On the other hand, Jones also stands to gain if anything should happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip, hit his head, and fall face-down in the water. Jones is delighted; he stands by; ready to push the child's head back under if

Interdisciplinaire 2(1993); "Killing and Letting Die," in *Encyclopedia of ethics* (New York: Routledge, 2001); and "The Value of Human Life," *Philosophical Inquiry* 24(2002).

necessary, but it is not necessary. With only a little thrashing about, the child drowns all by himself, accidentally, as Jones watches and does nothing. As a result, Jones gets his inheritance without facing any blame.⁵

According to Rachels, neither man behaved better even though Smith killed the child and Jones merely let the child die. Both acted from the same motive, personal gain, and the results were identical, death. Thus according to Rachels, the only difference between the two cases is killing versus letting die, and since the cases are equivalent, the distinction is morally irrelevant. Therefore, the above hypothetical case, according to Rachels, makes the distinction between active and passive euthanasia absurd. They are morally the same; therefore, where "letting die" is permissible, "killing" should be allowed too. The other meaning could be if killing is not allowed, letting die should be prohibited too; that's not what Rachels aims at, he would rather, support the otherwise.

The bare difference argument, as illustrated above, faced a response from Thomas D. Sullivan. In summary, Thomas D. Sullivan's point is that the difference is due to differences in intentions.⁶ He claims that in active euthanasia the doctor intends to kill, whereas in passive euthanasia the intent is not involved. Rachels attempts to refute the claim, and while discrediting Sullivan's position, Rachels concludes that rightness or wrongness of an act is determined by the reasons for it or against it, and intention as such has morally no importance. Rachels further adds that if a person is trying to decide whether treatment should be continued; he should think about the reasons for and against it. Rachels responds that on the one hand, if treatment is ceased the terminally ill person will die very soon, and on the other hand, the person will die eventually anyway, even if treatment is continued. He adds that, moreover, if the person's life is prolonged, its suffering will be prolonged as well, and the medical resources used

⁵ Rachels, "Active and Passive Euthanasia," pp. 115-16. And , *The End of Life: Euthanasia and Morality*, p. 112.

⁶ T. D. Sullivan, "Active and Passive Euthanasia: An Impertinent Distinction?," in *Killing and Letting Die* ed. A. Norcross and B. Steinbock (New York: Fordham University Press, 1994).

will be unavailable to others who would have a better chance of a satisfactory cure.

In light of all this, Rachels concludes, you may well decide against continued treatment. Rachels draws attention to the fact that there is no mention here of anybody's intentions. Rachels emphasizes, "the intention you would have, if you decided to cease treatment, is not one of the things you need to consider. It is not among the reasons either for or against the action. That is why it is irrelevant to determining whether the action is right".⁷ Rachels further states that a person's intention is relevant to an assessment of his character; intentions are relevant for thinking a person a good or a bad person. Intentions are not relevant to determining whether the act itself is morally right; according to Rachels, the rightness of the act must be decided based on the objective reasons for or against it. He, therefore, concludes that the traditional view is mistaken on this point.⁸

Incompatibilities of Rachels's Distinction between Killing and Letting Die

Rachels argues that there is morally no distinction between killing someone and letting someone die. They are both equal. The implication of the distinction is related to the active and passive dichotomy to suggest that it is a distinction without a difference. Rachels uses the distinction in many arguments to force his viewpoint. However, the distinction between killing and letting die is: (1) irrelevant, (2) extraneous to the medical profession, and (3) methodologically degressive.

Killing and Letting Die: An Irrelevant Distinction

The distinction between killing and letting die is both relevant and irrelevant to euthanasia. The relevance of the distinction to euthanasia could be made when a doctor withdraws or withholds the treatment to kill a patient intentionally who, in fact, would live longer if treated properly. On this formulation,

⁷ Rachels, "More Impertinent Distinctions and a Defense of Active Euthanasia," p.143.

⁸ Ibid.

there is no difference between killing and letting die. The distinction is irrelevant to euthanasia because it is not the case that doctors let the patient die with the intention of killing. Though the distinction between killing and letting die as a particular formulation of omission and commission distinction may be of some moral and legal importance in various moral and legal issues, it is essentially irrelevant to euthanasia. It is not just because of the particular nature of euthanasia, but also because of the special nature of the medical profession. The distinction is needlessly interpolated into the debate on euthanasia to support intentional killing or active euthanasia by mistakenly interpreting so-called passive euthanasia as letting die. Rachels's formulation of the distinction misrepresents the act of withholding, withdrawing and terminating extraordinary medical treatment and equates it with letting die. In most of the hospitals, the usual practice is that patients with curable ailments are treated and those with incurable diseases are provided with pain medication and the disease ultimately causes the death, because there is no cure available. Unavailability of medication on the part of the physician to treat the patients with incurable diseases is by no means "letting die". Nevertheless, if a doctor withholds the treatment from a patient who suffers from a curable disease and the patient dies due to doctor's negligence or refusal of the treatment, the "letting die" would occur.

The AMA's statement prohibits intentional killing of a patient, and if the medical treatment seems hopeless and useless, the patient has choice to refuse the extraordinary treatment. As the treatment is apparently not going to show any improvement in the deteriorating health of the patient, the doctor and the patient, both have a genuine reason to agree on the termination of medical treatment. The future of such patients remains open with possibilities and the possibility of patient's recovery, as it did happen in some rare cases.

AMA's statement involves two choices: (1) it is impermissible for the doctor or anyone else to terminate intentionally the life of a patient, but (2) that it is permissible in some cases to cease the employment of "extraordinary means" of preserving life, even though the death of the patient is a foreseeable

consequence.⁹ The (1) choice could be classified as active euthanasia, it includes actively killing a patient and AMA's statement prohibits it. The (2) choice deserves a clarity. Rachels tries to classify the second option as passive euthanasia and his definition of passive euthanasia literally means letting die, however, as mentioned earlier it does not mean so. Therefore, the application of the distinction between killing and letting die is irrelevant to euthanasia.

Killing and Letting Die Distinction and Health Care Professions

Rachels's understanding of the distinction between killing and letting die is actually inspired by a certain legal and moral understanding of the distinction, which is being made between omission and commission. The legal position on the distinction varies in different countries and legal systems. For example, Ernest S. Weinreb (1980) states that in Anglo-American common law, no general duty requires a passerby to render a stranger affirmative assistance. Despite the legal tradition, many in America and England passionately argued that anyone who failed to render assistance should be prosecuted. Some American states, including Vermont, Minnesota, and Rhode Island, have adopted statutes requiring strangers to provide affirmative assistance to persons in distress when they can do so without harm to themselves¹⁰; however, the legal and moral standing on the issue is different in regard to special professions where providing affirmative assistance is a duty. Among these special professions is medical profession. The relationship between a patient and a physician by its special nature makes the case different and exceptional in respect to any equivalence thesis.

The distinction between killing and letting die as a distinction without any difference is very extraneous to the medical profession. If the distinction is allowed to find its acceptance into the discipline, it would lead to the problems of defining the nature of

⁹ Sullivan, "Active and Passive Euthanasia: An Impertinent Distinction?," p. 132.

¹⁰ Neil M. Gorsuch, "The Right to Assisted Suicide and Euthanasia," *Harvard Journal of Law & Public Policy* 23, no. 3 (2000): footnote. 239.

the profession. Literally, the profession will become not only life saving, but also life taking. As a result, life care professions will be endangered. The application of the distinction in an obvious way becomes irrelevant to the professions meant for life caring such as lifeguarding, fire-fighting, health care, childcare nurseries. Especially, health care profession develops for the objective to save lives and not to take lives. Therefore, any acceptance of the distinction would change the definition of profession itself. The severity of the issue has given a serious concern to the doctors in the field of medicine:

This issue touches medicine at its very moral center; if this moral center collapses, if physicians become killers or are even merely licensed to kill, the profession—and, therewith, each physician—will never again be worthy of trust and respect as healer and comforter and protector of life in all its frailty. For if medicine's power over life may be used equally to heal or to kill, the doctor is no more a moral professional but rather a morally neutered technician.¹¹

Besides the irrelevance of the distinction to the nature of medical profession, the introduction of the distinction into the profession violates many other foundations and historical, professional grounding of the profession. First, it grows the mistrust and suspicion between the patient and the doctor and secondly this kind of intrusion is not without other repercussions, which freely lead to slippery slope and abuse of those patients who may not deserve it. Moreover, the distinction will have adverse psychological impact on patients; “the patient can no longer look at his physician as his advocate for the extension of life — because when in the mind of that physician that patient's life is waning, the sick person has no guarantee that the physician will approach him in the role of life preserver; he may be coming as executioner”.¹²

Gay-Williams (1979/1989) while criticizing permissibility of euthanasia on practical grounds states that doctors and nurses are,

¹¹ W Gaylin et al., "Doctors Must Not Kill," in *Euthanasia: The Moral Issues*, ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), p. 26.

¹² Koop CE, "The Right to Die: The Moral Dilemmas," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), pp. 82-83.

for the most part, totally committed to saving lives. Their failure in saving a life is like a personal failure and an insult to their skills and knowledge. He refers to the possibility that euthanasia as a practice might well alter this. Moreover, it could have a corrupting influence so that in any case that is severe doctors and nurses might not try hard enough to save the patient. They might decide that the patient would simply be “better off” dead and take the steps necessary to make that come about. He concludes that this attitude could then carry over to their dealings with patients less seriously ill. The result would be an overall decline in the quality of medical care.¹³ This concern inherently draws attention to further concern, which is methodologically of crucial importance to the medical profession. It is a well-known fact that diseases, which are easily curable in our time, are the same diseases, which were considered fatal at some point of the history. It is due to hard efforts of medical scientists that their cure became possible. Against this history of achievements in the medical science, if Rachels’s distinction between killing and letting die is regarded with some decisive importance in the practice of medicine, it will lead to methodological problems in the discipline as it would negatively influence the scientific progress. There is also a possibility that those patients who are suffering from deadly diseases will be killed and the effort needed to help them will not be spent.

Problems with Bare Difference Argument

Bare difference argument is built upon the distinction between killing and letting die. However, the argument is unsound due to four reasons: (1) irrelevance to AMA’s statement; (2) differences between the cases such as intentionality, causality, and agency; (3) straw man fallacy, (4) and weak analogy.

The first reason is that the argument is irrelevant to euthanasia and AMA’s position, which does not make any distinction between killing and letting die. Therefore, Rachels’s position does not actually pose any problem to AMA’s position. The second reason is that even if Rachels thinks that withholding

¹³ J.Gay-Williams, "The Wrongfulness of Euthanasia," in *Euthanasia: The Moral Issues* ed. R. M. Baird and S. E. Rosenbaum (Buffalo, New York: Prometheus Books, 1989), pp. 100-01.

extraordinary treatment is letting die, his argument still fails because in active euthanasia killing is intended whereas death in passive euthanasia happens naturally without any intention of killing. There are crucial differences, which make active euthanasia different from withholding the extraordinary medical treatment from the terminally ill patients. These differences are intentionality, causality, and agency and these three concepts make a difference both morally and legally.

The first argument in favor of above claim is that the intention in both of the cases is different. The two cases are, therefore, different morally and legally. Importance of the difference between the cases is because of difference in intentionality. Rachels seems to have understood that, but he has disregarded such a difference. Rachels is a utilitarian ethicist. He is interested in consequences, not in intentions. Rachels suggests that bad intentions and good intentions are relevant to bad and good characters and they have no connection with moral actions as such. However, Rachels's disregard of difference in intentions is not sufficient to remove the importance of difference in intentions in delivering any legal or moral judgment on any action. Particularly, the difference in intentionality in killing and letting die and its logical relation to active and passive euthanasia does not, in fact, figure out in a distinctive manner. Rachels is making an analogy between active and passive euthanasia and killing and letting die and by attempting to show letting die is worse than killing because of mercy argument. He supports the permissibility of active euthanasia. The common intentionality in the case is actually a supposed one and does not justify the conclusions.

Rachels's immediate respondent, Thomas Sullivan, pointed out the problem of intentionality in Rachels's thought and he suggested that Rachels makes the distinction between the act of killing and the act of letting die be "a distinction that puts a moral premium on overt behavior — moving or not moving one's parts — while totally ignoring the intentions of the agent".¹⁴ The fact is that an intentional action or omission is different in character, both morally and legally, from an unintended consequence. Our intentional actions say something about us and our character that

¹⁴ Sullivan, "Active and Passive Euthanasia: An Impertinent Distinction?," p. 135.

no unintended side-effect possibly can. Unlike unintended consequences, our intentional conduct is always within our control. An intentional act is one of choice. An intended act "remains, persists, ... [and] is synthesized into one's will, one's practical orientation and stance in the world."¹⁵

To return to the practical nature of euthanasia, in passive euthanasia the patients and doctors who resort to withdrawing or terminating medical care do so not for the reasons of intending the death of the patient. Patients who decline the extraordinary medical care do so for many reasons that in no way may implicate an intention to die. They may have reason that medical treatment is of no avail; they may feel that life sustaining support might be painful; and they may prefer being with their families rather than in isolation. These reasons do not implicate the intent to die .

Causation and agency make the cases of active and passive euthanasia morally different. Philippa Foot has argued very well on the issue. Her argument makes a distinction between active and passive euthanasia. She says that "a death comes about through our agency if we send someone poisoned food or cut him up for spare parts, but not (ordinarily) if we fail to save him when he is threatened by accident or disease".¹⁶ She further states, "the difference between act and omission is in fact irrelevant to any moral issue except in so far as it corresponds to the distinction between allowing something to happen and being the agent to whom the happening can be ascribed."¹⁷ She therefore challenges the utilitarians, who place the whole moral significance of an action in its production of good or harm, that they must treat the difference between initiating and allowing as having no independent influence on morality. Philippa Foot's suggestion that in active euthanasia the physician is cause and agent who performs the action of killing, whereas in passive euthanasia the physician is neither cause nor agent to killing or letting die a patient.

Rachels's claim unreasonably disregards the distinction

¹⁵ John Finnis, "Allocating Risks and Suffering: Some Hidden Traps," *Cleveland State Law Review* 38(1990).

¹⁶ Philippa Foot, "Killing and Letting Die," in *Killing and Letting Die* ed. A. Norcross and B. Steinbock (New York: Fordham University Press, 1994), p.282.

¹⁷ *Ibid.*, p.281.

between *ignorance of law* and *ignorance of fact*. The distinction is widely held decisive in criminal or civil law texts and accordingly acted upon by courts. Rachels uses ignorance of fact in his legislation proposal as well.¹⁸ Therefore, the mention of ignorance of fact does not stand outside the context. The ignorance of fact, if understood properly, speaks about the intentionality, motive, and purpose. The law almost in every legal system reflects the factor of intention in judging the acts of crime and sentencing the offenders. A crime committed with a criminal intention or by mistake or negligence do not carry the same punishment and are treated differently in most of the criminal law systems. A deliberate killing of a person by being hit by a running vehicle is treated differently from an accident in which a passerby gets killed accidentally. However, Rachels may yet again object to the analysis by stating that his position is moral and not legal. The response to such claim is that though it is a fact that a legal action does not need to be a moral one and vice versa, but the context in which Rachels states his position is a legal one. His normative decisions are addressed to physicians and courts alike. And his proposal on legislating active euthanasia is also of legal nature. Therefore, Rachels's position is not in a shape to avoid its legal criticism because of its adverse ramifications. Rachels's removal of intention from judging an action morally or legally is not only against the positive legal procedure but also against his own legislation proposal where he states that a physician can defend his act of mercy killing, besides other grounds, on the basis of ignorance of fact .

Rachels makes very superficial and shallow claim that if a patient is dying and could be in fact cured and doctor leaves such a patient without care and such a patient dies and in the case killing and letting die would make no difference . Rachels's claims that in the same manner a physician lets a patient die. Therefore, active and passive euthanasia are the same. Rachels's claim is very irresponsible and falls under fallacies such as *straw man fallacy*, *missing the point*, and *equivocation*; because terminating ordinary medical care when the patient is potentially able to recover is not the subject matter of euthanasia. Of course, if a doctor lets a curable patient die by withholding, withdrawing or terminating

¹⁸ James Rachels, "Euthanasia: A Rebuttal of Sullivan," <http://www.rrcc-online.com/~harolda/onethic/ethics/module3/rachels2.htm>.

medical care, his/her act would not be even an active euthanasia; his action will be rather a homicide. Rachels's arguments from such a proposition divert the debate and commits straw man fallacy; he misses the point and leads to equivocation: passive euthanasia therefore becomes neither mercy killing, nor letting die but a homicide. The importance of intention is crucial in making a moral and legal difference between two actions with similar consequences but with different intentions.

Rachels's illustration of Smith and Jones in support of his argument commits fallacy of *weak analogy*. Rachels's hypothetical case as mentioned earlier is called "bare difference" argument. The argument contrasts cases of Smith and Jones. The contrast is an attempt to show that two different actions — one killing and other letting die — are morally the same. In fact, the cases are supposed to show that any difference between killing and letting die is irrelevant to any moral judgment. However, the contrast fails to make the point. Both the cases show the same result, however, the contrast is not *analogous* with the actual case of euthanasia. The analysis of the case shows that in both of these cases, the victim is a person who is potentially able to live. In Smith's case, the victim is deliberately murdered and in Jones' case, the victim is intentionally left to die. Comparing the same case with euthanasia, in active euthanasia a person whose fate is not yet known whether he will live or die or at most, he may be going to die, is being killed whereas in passive euthanasia, such a person is left to die. Comparing case of Jones and passive euthanasia the analogy becomes problematic. In Jones' case, the victim is a healthy young boy with a good potential for life, whereas in passive euthanasia the patient is terminally ill with no hope of recovery. In Jones' case if help is extended to the victim he could be saved, whereas, in passive euthanasia even extending help would not make things better or rescue the dying person from process of death. Furthermore, unlike Jones' cousin, the recipients of passive euthanasia are not victims; they are autonomous agents who have the right to refuse treatment. Thus in the case of passive euthanasia, the doctor is not allowed to help the patient and should not be held morally responsible for the death of the patient. Jones has a choice to save his cousin and does nothing while the doctor is unable to do anything to save his patient because of the patient's autonomy and right to refuse treatment. The cases of active and passive euthanasia

are not analogous and the distinction between them lies in the patient's autonomy and ability to refuse treatment. Therefore, killing and letting die and active and passive euthanasia are not analogous.

Conclusion

James Rachels's distinction between killing and letting die maintains that there is morally no difference between killing a terminally ill patient and letting him/her die. Rachels's 'killing' means active euthanasia and 'letting die' passive euthanasia. The distinction pervades his arguments from mercy and bare difference. Rachels' distinction is irrelevant, extraneous to the medical profession, and methodologically degressive. The irrelevance of the distinction to euthanasia is that it is not the case that doctors let the patient die. The AMA's statement actually holds that if the medical treatment seems extraordinary and unbeneficial, the patient has choice to refuse the treatment. There are psychological and legal repercussions, which may arise by recognizing the distinction within the medical profession, because it grows mistrust and suspicion between the patient and the doctor and could lead to abuse, slippery slope and vulnerability of patients. Therefore, eliminating distinction between killing and letting die within medical profession is unjustifiable. Rachels's argument is invalid due to four reasons: (1) irrelevance to AMA's statement; (2) differences between the cases because of intentionality, causality, and agency; (3) straw man fallacy, (4) and weak analogy.