

Theory-laden model of ethical applications and ethics of euthanasia

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Abstract

The primary aim of this paper is to critically evaluate the deductive model of ethical applications, which is based on normative ethical theories like deontology and consequentialism, and to show why a number of models have failed to furnish appropriate resolutions to practical moral problems. Here, for the deductive model, I want to call it a “Linear Mechanical Model” because the basic assumption of this model is that if a normative theory is sacrosanct, then the case is as it is. The conclusion derived from the case will also be correct, true and acceptable. However, traditional ethicists used to apply their ethical theories, but they did not know which moral theory was effective on the ground level of reality. The study will show readers how ethical theories are in conflict with each other in the case of euthanasia. In more precise words, “*which ethical theories are said to be applied, meta-ethical or normative, or both for the resolution of ethical problems? If normative theories are said to be applied, how the application can take place when it is contrary to our experience, that (then) in a situation of moral crises, no one really applies a theory?*” For that, my argument is the linear model has failed because it is rigid, often ignores the agents’ intrinsic values, and has no space to amend it, no matter how bizarre the consequence is. Its alternative is the Inductive model. For that, the paper will take three moral principles (autonomy, beneficence including maleficence, and justice) of Beauchamp & Childress. This suggests us for resolving value-laden moral problems, we should consider some steps such as a) recognising moral issues to start with; b) developing the moral imagination; c) sharpening analytical/critical skills; d) testing out disagreements; e) effecting decisions and behavior; and f) implementation, closure, and process are of vital importance, in other words, it starts with the free and informed consensus of all interested parties, but this model also has been failed because the model could not give a systematic organization to their way of resolution. Here, my argument is that the inductive model provides resolution of the practical problem but ignores what is ethically obligatory, permissible, or wrong in that situation, and there are no appropriate suggestions in the case of a moral crisis.

Keywords: applying ethics; deductive model; deontology; consequentialism; inductive; situational ethics; problem of euthanasia

What is the deductive model?

Applied ethics is a branch of ethics that attempts to resolve value-loaded practical problems. Since the 1960s, philosophers have applied normative ethical theories like deontology and consequentialism, to resolve practical moral problems. Post World War II and social movements gave us a bunch of new discussions on value-loaded practical problems in the field of applied ethics, such as Global poverty, environmental degradation, euthanasia, abortion, sexual morality, personal relationships, affirmative action, animal rights, capital punishment, dirty hands, ethics of war and terrorism, etc. now the question is how to resolve these ethical problems? This study will discuss two ethical models, the deductive ethical model and the inductive ethical model. In the beginning, the research paper clears that this study is the methodological study of ethical models not directly concentrated on the appropriate resolution of the above-mentioned ethical problems. However, for applying these models, the study will take the problem of euthanasia.

Again, the understanding and description of theories of moral values, or in other words ethical theories enable us to discern morality and guide our moral judgments. Though they do not provide an appropriate solution to any ethical problem, still normative ethical thinkers like Kant, Mill, etc. tend to apply abstract normative theories in ethical impasses. Precisely Michael Stocker called it "Schizophrenic Malady". Furthermore, the old-fashioned ethicists hold that applying any moral theory, which is true and applied to practical moral problems, to deduce resolution of the moral impasse. However, this genre of applying ethical theories could not provide an acceptable and appropriate resolution of practical impasses. So, contemporary ethical skeptics like Bernard Williams, Martha Nussbaum, Beauchamp and Childress, A. L. Caplan, J. C. Callahan, Toulmin, Jonsen, Siegler, Winslade, Fins, and Miller, etc. raised their voices against applying ethical theories or deductivism. These thinkers argue that direct application of ethical theories in moral impasses do not and need not happen in applied ethics. They ask, "which ethical theories are said to be applied, meta-ethical or normative or both? Next, they ask, if normative theories are said to be applied, how the application can take place when it is contrary to our experience, that (then) in a situation of moral crises, no one really applies a theory?" [1] lets before going deep study for the comfortability of my readers. I will explain more about what is the deductive model and how it works in the resolution of ethical impasses.

Deductive Model of Ethical applications: The more popular one, that is, "theoretical or theory-only application model" of value-resolution, needs revisit. It consists a number of sub-models such as "deductive," [2] "geometrical," [3] "top-down," [4] "fruits-of-the-theory models," [5] "engineering," [6] the "principlism" model, and "conventional" [5] of ethical application. I want to call it a "Linear Mechanical Model" of value resolution. In this model, the basic assumption is that if a normative theory is sacrosanct, then the case is as it is, and the conclusion derived from the case will also be correct, true, and acceptable. It is thus the deduction of a true conclusion about a value-loaded case from the sacredly accepted normative theory that is true. Hence, it is a linear application of a theory in an issue to find a final solution. Since the mid-1970s, a few American bioethicists have applied ethical theories like consequentialism and deontology (abstract moral principles) in case-professional-moral problems. They suggested that we ignore particular moral traditions, religion, and other factors to resolve the problem and deduce truths from ethical theories, principles, and rules. Sometimes people justify their judgments such as "make only sincere promise" or "do not tell a lie," using ethical theories. The question here is what does mean by ethical theory. In his work 'Principlism,' Ainslie writes, "a moral theory is an attempt to systematize and justify a set of principles that applies comprehensively to all of the moral issues that people are confronted with" [5]. Every top-down model means finding the solution to value-loaded practical problems with the help of a particular ethical theory in a linear fashion. This model confirms how all problems be resolved. Here, a person inculcates the

linear idea of moral good and the right to resolve a problem. Hence, given ethical theory of good and right becomes the ground from which certain principles are deduced, which are true and give us decision-making rules for good and right. So, "The top-down approach has been modeled as depicted in the following Figure 1.

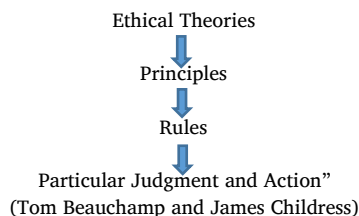


Figure 1 Top-down approach [7]

However, Bernard Gert has criticized the model of deduction for the placement of principles intermediary to theories and rules.

Nevertheless, to justify this model, Beauchamp in his paper writes that:

"Every act of description *A* is obligatory.
Act *b* is of description *A*. Therefore,
Act *b* is obligatory." [8]

On behalf of this explanation, one can say the deductive model is as follows-

Premise 1: Normative Ethical Theory.
Premise 2: True Real-life Problem and its related facts.
Therefore: Practical Solution.

Alternatively, as the study mentioned above, this way of problem-solving, which I called the linear model is as follows:

Premise 1: A sacredly accepted theory
Premise 2: Application of the theory in case of any ethical problem
Conclusion: A technical solution that is as sacred as the theory is.

Here traditional theorists or philosophers assumed that ethical theories are essential to dedicating practical conclusions. In favor of this deduction, Norman Daniels, for example, suggests that "we may have more agreement over moral principles than we do over particular judgments, so that by securing agreement on principles and moving forward on the deductive model we may get agreement on particular judgments" [9]. The conclusion suggests what we should do and why we should do it. There are two obvious uses of this model. The first is that ethical theories give us moral understanding and guidance. Second, when trying to find the solution to practical moral problems, we should be concerned that our inference is not only valid but sound, and moral principles and moral problems should also be true. However, the study here will raise the question that without applying moral theory in actual cases, one cannot know which theory is correct and which is wrong. So, traditional ethicists applied their ethical theories to the given ethical problem but did not know which moral theory was influential on the ground level of reality. Let us see what the deductive model suggests in the case of euthanasia.

Deductivism's fashionable ethical theories and the problem of euthanasia

Deontology and euthanasia

Immanuel Kant proposed deontology normative ethical theory. Kant vehemently claims that the categorical imperatives are the fundamental principles, the foundation of all moral responsibilities. According to deontology, morality is related to only good action, that is, intrinsically good or good-in-itself. We have the freedom to do only the action, the value of which does not depend on the consequences of that action. According to Kant, our duties are determined by 'pure practical reason' and the imperative of rational beings. Any action performed by rational agents free of determinations and under the autonomy of which is intrinsically good. Kant's categorical imperative:

“...treat humanity... never simply as a means, but always at the same time as an end” [10] is very important for active euthanasia. According to Kant, active euthanasia violates categorical imperative, so it should not be permitted since we must respect ourselves and others. So, any euthanasia is strictly forbidden in any circumstance. Against this view, one can say each person lives a different exclusive life, but Kant does not accept it. For Kant, situations do not matter. Everyone should come to the same conclusion in the case of euthanasia.

The deontological theory has two essential tasks. The first is to formulate and defend an exclusive set of moral principles/rules, and the second is to develop and defend some methods of determining what to do when the occasional moral rules come into conflict, but these essential tasks could not properly function in the moral crisis. So, we have to move on to the consequentialist way of ethical application.

Consequentialism and euthanasia

All forms of utilitarianism lie in the consequences of good and evil rather than what is right or wrong. According to rule-utilitarianism, in regards to voluntary active euthanasia, a patient who has lost all possibility of life and is suffering from unbearable pain wants to die, in this situation, “would consider raising the possibility of a justified exception to the rule of “do not kill” [11]. In most rule utilitarian’s eyes, killing in self-defence is seen to be a justifiable exception to the rule of do not kill”. If the physician can save a patient from her/his misery and others involved would be benefited. The patient should be permitted to consume a lethal dosage of drugs for the proper balance of good over evil.

Act-utilitarianism holds that ‘do not kill’ is an ethical rule that should be followed, but if an incurable patient is suffering from unbearable pain, wishes to die. All related parties would benefit as well, then the active euthanasia is justifiable. Both the categories of utilitarianism proposed that physician-assisted suicide or voluntary active euthanasia should be legalized by law and social norms.

Dilemma of euthanasia

Is it unethical or immoral to kill a person in mercy to relieve them? There are some views affirmative, and some are an absolute no. It is not okay ever. If someone murders a child, that too deserves to die, correct? If yes, why do people find it inhumane when someone asks to die. As the study mentioned above, two ethical approaches to this dilemma are Kantians and Utilitarians. The paper has shown that a utilitarian approach holds that mercy killing should be permitted since the ethical theory is not bound to anything but is concerned with good consequences or whatever results in the greatest happiness for the greatest number of people involved. Therefore, if the terminally ill patient wanted to die, and concerned parties such as family members and others objected to it, voluntary active euthanasia would be okay. Nevertheless, according to the Kantian approach, mercy killing is not the right thing to do, so one cannot create it as a universal law. This dilemma shows that these deductive types of theories could not provide an appropriate solution to this practical moral problem. Now, the thesis shows some criticism of the deductive model of ethical application and moves on to the inductive model of ethical application.

Criticism of deductive model

The study has shown two fundamental theories and their application to the problem of euthanasia. We found two different conclusions which are not appropriate conclusions for this problem. Here, generally, deductivists take fundamental moral theories and directly apply them to real-life moral problems and deduce judgment on behalf of those moral theories. It, thus, is a type of engineering model: where there is a tool and a problem, and our work is to fit this tool into the problem in order to resolve it, but this is a field of ethics, not science. Furthermore, the internal critics are focused on the methodology of ethical application. So, this model of the ethical application is

criticized by the argument that this model of the ethical application is very rigid, abstract, and not applicable to resolving value-loaded practical problems. So, one can say:

First, this model failed to aid in concrete decision-making because it is rigid and abstract. Second, there is no clear-cut indication of facts about who, why, when, and how can use these ethical theories. Third, this model often ignores the agents’ intrinsic values as cultural, economic, political, and domestic values, or this model ignores the broader cultural and historical context and applies only its values. Fourth, Deductivists have already accepted that their moral theories are sufficient, and there is no possible space to amend them, no matter how bizarre the consequence is. Fifth, this model holds that these problems can be solved only by using fundamental ethical theories. So, this model is constantly criticized by both philosophies of science and ethics. According to Winkler, there are two problems: the problem of Abstractness and the problem of A-historicism [12]. So, modern ethical philosophers want to ignore and redefine the application of ethical principles. Another thing is that there is no reason why Kantians have to accept that self-killing and euthanasia are contrary to the moral law. Even if some Kantians adhere to this doctrine, others can reject it.

This model, therefore, could not resolve all value-laden practical problems. Furthermore, there are many problems. An agent’s practical life will be easy if only her/his practical moral problems will be solved. So, in the process of resolving practical problems, we should consider factual beliefs about the world, cultural expectations, and many other factors then one can find appropriate solutions to given value-laden practical problems. When one applies two opposite ethical theories to the same practical ethical problem, consequences will differ, as I have mentioned above. Consequentially, that problem cannot be solved.

Moreover, applied ethics does not take normative ethical theories as to its starting point but applies techniques and argumentative philosophy strategies. It means they always consider one’s moral judgment about concrete cases or apply all relevant features of that particular problem. It also means that all normative ethical theories collapse into applied ethics. It is the idea of reflective equilibrium, but deductivists do not accept it. Mainly in this field, Tom Beauchamp and James Childress proposed their book *Principles of Biomedical Ethics*, which suggested three basic principles of bioethics principle of autonomy, the principle of beneficence (including non-maleficence), and the principle of justice. If one considers these principles in the place of traditional ethical theories, one can find an appropriate resolution to given moral problems. In the inductive model, some philosophers concentrate on how moral judgment is made rather than traditional moral theories because they accept that moral reasoning works bottom-up, not the top-down way for it. We have to consider the agent’s moral beliefs, experiences, and analogy with prior practices which helps to make moral judgments. Applied ethics can help us in justifying beliefs about principles. For the justifying belief, we must move down to top (inductive), which means from the conclusion to the premises, not top to down (deductive), it means from premises to conclusion, and when we move down to the top or from the conclusion to premises. It is often helpful to turn real cases and crucial thought experiment. Before going into a deep study, let us know the inductive model of ethical applications.

What is the inductive model?

Inductive or the “from-the-bottom model” of ethical application is infrequently known as the “contextualistic model”. One considers conventions, traditions, and historical and local explanations to resolve value-loaded practical problems. The model is called inductive because moral crises are viewed as the starting point of theoretical analysis within the historical and local descriptions, followed, if necessary, by a satisfactory resolution by a well-moderated moral dialogue rather than a logical result of the deductive model. The model is thus “from the bottom” because primary importance has been given to the fundamental fact in the moral application, namely, the

application of moral knowledge of the concerned parties, the uncodified knowledge. From the bottom may further create ethical theories of secondary importance, but the model is thus from the bottom. The proponents of this model are Tom Beauchamp and James Childress (*Principles of Biomedical Ethics* 1979), James M. Brown (*On Applying Ethics* 1987), James C. Callahan (*Applied Ethics* 1990), Joseph Fletcher (*Situational ethics* 1966, *Humanhood: Essays In Biomedical Ethics* 1979), and Prof. Devasis Guha (*Intersubjective Corroboration* 2002, *The Euthanasia Impasse* 2012). Further, the study states what exactly 'from the bottom' model should take on: "in engaging in practical ethics: a) recognising moral issues to start with; b) developing the moral imagination; c) sharpening analytical/critical skills; d) testing out disagreements; e) effecting decisions and behaviour; and f) implementation, closure and process are of vital importance" [1].

Therefore, we might conclude that contextualism rejects the necessity for general ethical theories to address moral quandaries. Instead, we evaluate what should be done in a specific scenario before moving on to ethical decision-making and practical solutions. So, The contextualist argument is that we should be more focused on making choices suitable for playing out our responsibilities as moral agents in specific institutional and cultural contexts. This approach allows us to be open to diverse approaches to comprehending and resolving ethical impasses within the social environment. Virtue ethics, which tends to regard the appropriate choice as arising from assessing relevant qualities fulfilling a moral actor, is different from this approach. Winkler, Earl R., in his essay "Applied Ethics, Overview," writes that the important factor in the inductive model is the "free and informed consensus of all interested parties" [12].

So, ethicists are much concerned with the 'Bottom-up model'. It included various methods such as Casuistry and Pragmatism eclectic model (it can be found in John Dewey's moral philosophy. He suggests that one should examine real-life moral problems of agents in which she/he has various desires, aims, values, and past findings of those types of problems). Particularism and other methods also qualify. These models accept that moral judgments derive from meanings, functions, the weight of principles, and previous moral struggles in particular circumstances. Let us see Tom Beauchamp and Childress' views on the inductive model.

Tom Beauchamp and Childress' views on Inductive model

To resolve ethical problems in biomedical ethics, Tom Beauchamp and James Childress made mid-level theory composed of three main principles of autonomy, beneficence (including non-maleficence), and justice; and developed in their works, *Principle of Biomedical Ethics*. They have suggested resolving the problem of theoretical abstraction and A-historicism and having faith in the basic classical ideas that applied ethics is continuous with general ethical principles. These are not only principles of the biomedical field but can be applied to all sub-divisions of applied ethics. Gradually, many philosophers who worked in applied ethics have moved toward rejection of the traditional ethical theories or normative theories because these theories are too rigid and suggest avoiding historical and sociological realities, traditions, and practices of particular cultures. Eventually, ethical theories are virtually useless in guiding ethical decision-making about any real problem.

The Three Principles: Again, as the study has mentioned above, the first principle is "respect for autonomy". It is a very debatable principle in the field of ethics. According to Beauchamp and Childress, the principle of respect for autonomy is an autonomous choice or the intentional choices of agents who are free from their decisions and, most importantly, others not to intervene when someone has made an autonomous choice. "The principle of respect for autonomy is the requirement for the informed consent of patients before health professionals intervene in their bodies" [13]. I also accept that when biomedical ethicists make ethical judgments, the practitioners should prioritize the patient's consent.

The second principle is the principle of beneficence, and it means one should appropriately treat patients. Beauchamp and Childress'

second principle is also pertaining to the principle of non-maleficence. In this principle, health professionals cannot intentionally harm any patient. "Do not intentionally kill a patient," and "do not intentionally cause a patient unnecessary pain or suffering". The third principle is the principle of justice, and in this principle, the state should provide a certain level of healthcare to every citizen. "Beauchamp and Childress intend that each of these three principles be taken as only prima facie binding" [13]. When one applies these theories to moral problems, one should consider that different principles are not conflicting; if they are conflicting or if it happens otherwise, then we will have to turn to another way of solution for these problems.

Inductive model and ethics of euthanasia

According to Beauchamp and Childress, the three most essential principles are autonomy, beneficence (Non-maleficence), and justice. Here, justice is not related to euthanasia, but the fair distribution of burdens and benefits across society, so we will ignore it here. These principles are relevant to voluntary euthanasia and are guiding principles of physicians and medical practices. The principle of autonomy is indispensable in biomedical ethics: "Autonomy involves making decisions for oneself, shaping one's own life as a whole based on one's own values and conception of the good" [14]. Clearly, "respect for autonomy demands that the autonomous choice of a patient to end their own life must be honoured" [15]. Since it promotes and protects the patient's well-being and best interests, the principle of beneficence also plays a prominent role in biomedical ethics. When considering the advantages and hazards of a particular course of action, beneficence is typically regarded as a concept that calls for choosing the path that maximizes benefits and minimizes harm. "when a severely ill patient makes an autonomous request to end their own life, they have come to regard continued life as no longer potentially beneficial, but as a burden" [16]. When a patient's quality of life cannot be improved and they are in severe pain, it appears more beneficial to terminate their life at their autonomous request than to have them endure additional anguish. The best justification for legalizing euthanasia is frequently seen as one based on kindness. Non-maleficence is the final principle. In this principle, they suggest that "killing violates the principle of non-maleficence, though they claim that this can be balanced by competing considerations of autonomy and beneficence, which can support voluntary euthanasia in certain cases" [15].

Moreover, Brown, in his article "On Applying Ethics" mentioned that ethical discussions and deliberations are significant in moral resolution, and here, the task of philosophers is to help to improve public debate on value-loaded practical problems, which includes professionals of various professions and affected parties - they share their views on those moral problems. Another important thing is to observe and evaluate the moral intuitions of the related parties and show which are capable of development and which are not. Consequently, people will be in a better position to judge what is permissible and what is not. In this way, it is obvious that Brown, on one side, prevents the use of ethical theories, and on another side, he took the side of ethical theories and philosophers who develop ethical theories; not only philosophers but also non-philosophers, lay people, engineers, physicists, and so on, because he disagrees with the traditional way of applying ethical theories. Furthermore, Brown holds that we cannot blindly apply ethical theories to practical moral problems. Thus, he proposed a way of resolving issues: First, we should consider how many people are concerned with this problem. Second, take their views on that problem and find appropriate agreement or consent. Third, no member has any veto power. Fourth, after making judgments, people should follow moral judgment. Fifth, in this group, there are not only philosophers but also all types of professionals concerned with parties, such as doctors, nurses, and patients' families. Another ethicist John C. Callahan also proposed how to resolve any value-loaded ethical problem as "(1) Set out the various possible re-resolution of the case. (2) Set out the facts relevant to supporting each resolution you have identified. (3) Set out the moral principles that underpin the selection of the facts on your list. (4)

Reflect on the options you have identified on your lists. (5) Make and articulate your decision. (6) Justify your decisions. (7) Anticipate and respond to the most serious potential objection of your decision. (8) Clarify the costs or downside of your decision" [17]. Callahan clears that if a person want to die or want to remove her/his tactic problems, then it should be granted because she/he has rights to die also. So, it is more permissible rather than letting somebody die [17].

Criticism

Despite these qualities, there are many problems. There are some critics as on the one hand, "K. Danner Clouser and Bernard Gert criticize Beauchamp and Childress for their failure to give a systematic organization to their principles. Since, the principles are not justified by means of a single moral theory, Clouser and Gert worry that they offer no real guidance in cases where the principles clash" [13]. On the other hand, Albert R. Jonsen and Stephen Toulmin argue that these general principles help resolve real case problems. They said that the casuistry method is the best way of solution, not by appeal to principles.

Furthermore, the Bottom-up approach has some serious shortcomings: does the inductive method of ethical application provide a valuable way to proceed in applied ethics? No, because my argument is that this model provides resolution of the practical problem, but it ignores what is ethically obligatory, permissible, or wrong in that situation. If a moral agent accepts rationality and voluntariness without any restrictions, then this model is universally acceptable. Second, the goal of the inductive model is to resolve conflicting problems. No matter whether people are satisfied or not. So, when we take the moral judgment of conflicting issues, we should consider these factors. Third, this model may lack a requirement of consistency. Some pragmatic eclectics accepted that when one considers circumstances of ethical problems, we must attain traditional, religious, and social considerations. Thus, moral standards for one circumstance and another for a related circumstance. Because various agents' views, goals, and desires may differ for the same situation, there is no solid foundation for an action to be universally applicable. One may agree that analogies do not always lead to the best choices in identical situations. So, this approach has failed. The pre-established moral judgments are analytically distinct from the facts of particular cases. Bottom-up accounts lack a clear methodological tool to guard against a selective creation of instances or a failure to consider essential case characteristics.

In addition, other queries may be made, such as: How does justification occur? Is it only a matter of social custom and analogy? Could not contrast analogies and fresh examples provide the correct answers? My answers are "YES," then these questions suggest that the Bottom-up approach is just like culture blindness, rush analogy, and mere popular opinion. Here, the solution to a practical problem depends on those who make moral judgments possible. That person is taking judgment under partiality, predisposing bias, or in a prejudicial way. So, this method leaves us with the problem that a particular case's judgment may mislead in other cases; then, what should we do at that time? Think now it is your turn.

Conclusion

As we have seen all theory-based models have their certain limitations but it does not mean that these models are useless. There are some different kinds of uses as theories give us an idea that how to think on any conflicting issues. If one applies different types of ethical theories to a given ethical problem, they face a new dilemma and that dilemma gives an insight that a direct or linear way of application is

not going to give us an appropriate moral judgment. Thus, inductivists have tried to limit the use of abstract normative theories and proposed flexible moral principles but those principles have the same and certain problems. Now, the question is where we should move for the better or more appropriate model. Let's assume that we should look toward the model of reflective equilibrium which is introduced by Nelson Goodman and developed by John Rawls and Norman Daniels in my others works.

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