

Peter Singer

EUTHANASIA AND ACADEMIC FREEDOM  
IN THE GERMAN-SPEAKING WORLD\*

The cancellation of the International Wittgenstein Symposium on Applied Ethics, to have been held in August 1991, was not the first cancellation of an international congress because of opposition to the discussion of euthanasia. Already in June 1989, a European Symposium on "Bio-engineering, Ethics and Mental Disability" had to be called off only two or three days before its planned opening in Marburg. While the cancellation of the Marburg symposium went largely unnoticed outside Germany, however, the cancellation of the Wittgenstein Symposium has drawn the attention of the world to the extraordinary situation in German-speaking countries regarding the discussion of euthanasia.

It is an indication of the climate of opinion in other countries that motions of concern have already been passed by the European Society for Analytical Philosophy, the Aristotelian Society (the leading association of British philosophers) and the Australasian Association of Philosophy, representing Australian and New Zealand philosophers. The motion passed by the Australasian Association (without a single dissenting vote) urged members not to attend future symposia of the Wittgenstein Society until that society expresses its commitment to the fundamental principles of academic freedom. Other associations, including the American Association of Philosophy, will consider similar motions at their next annual general meetings. For those who think that today all of Western Europe shares a liberal-democratic consensus that supports freedom of thought and discussion in general, and academic freedom in particular, the cancellation of such a prestigious international symposium has come as a shock. Philosophers in the English-speaking world (and also in many other countries such as the Netherlands and Italy) find such events quite incredible. They are used to challenging common assumptions. That is what philosophy has been about, ever since Socrates. Many philosophers are familiar with my book *Practical Ethics*, and they or their colleagues have used it in courses for more than a decade without any suggestion that it should not be taught or discussed. Why should things be so different in the German-speaking world?

The obvious explanation is that Germans and Aus-

trians are still struggling to deal in a rational way with their past. That the barbarity of Nazism should lead to a strong determination to prevent the re-emergence of such a movement is of course understandable and desirable. There is, however, a peculiar tone of fanaticism about some sections of the German debate over euthanasia that goes beyond normal opposition to Nazism, and instead begins to seem like the very mentality that made Nazism possible. To see this attitude at work, let us look not at euthanasia, but at an issue that is, in Germany, seen as closely related to it and just as firmly taboo: the issue of eugenics. Because the Nazis practised eugenics, anything in any way related to genetic engineering in Germany is now smeared with Nazi associations. This attack embraces the rejection of prenatal diagnosis, when followed by selective abortion of fetuses with Down's syndrome, spina bifida or other defects, and even leads to criticism of genetic counselling designed to avoid the birth of children with genetic defects. I know of no other country in the world where genetic counselling is under this kind of attack. In the English-speaking world, prenatal diagnosis is attacked only by those groups, usually allied with the political right and with the Catholic Church or with Christian fundamentalism, that are seeking to stop all abortion.

Since women's organizations are prominent among the opposition to anything that smacks of eugenics, and also are in the forefront of the movement to defend the right to abortion, the issue of prenatal diagnosis might be thought to give rise to a lot of debate and intellectual soul-searching within German-speaking feminist circles. Apparently, it does not; or at least, I have been unable to find much literature that attempts to reconcile the two positions. The accepted view among those opposed to prenatal diagnosis seems to be that a woman should have the right to an abortion in every circumstance *except* when she has accurate information about the future life-prospects of the fetus she is carrying. To everyone outside the German-speaking world, such a position is simply bizarre.

People speaking on behalf of groups of disabled people sometimes say that their existence is threatened in some way by prenatal diagnosis and by discussion of euthanasia for severely disabled infants. These practices suggest, they maintain, that disabled people should not have been allowed to come into existence, and thus denies their right to life.

This is a mistake. It is one thing to hold that we

\* Some passages in this article appeared previously in my essay "On Being Silenced in Germany", *The New York Review of Books*, August 15, 1991, pp.36-42.

may justifiably take steps to ensure that the children we bring into the world face no special obstacles to living a happy and fulfilled life, and a quite different thing to deny to a living person who wants to go on living, the right to do just that. As for the claim that whenever we seek to avoid having disabled children, we are denying the right of the disabled to exist, this would suggest that if we break a leg, we should not get it mended, because in doing so we judge the lives of those with crippled legs to be less worth living than our own. Such a view is absurd. The fact that none of us would think for a second before agreeing to have treatment for a broken leg shows that we all do judge that it is better to be without certain disabilities than to have them – they are, after all, *dis*-abilities. I wonder how many disabled people in wheelchairs would refuse to avail themselves of some new medical technique that would make it possible for them to walk normally? But if they would use such a medical technique, then they are, like all the rest of us, judging that life with normal legs is, on the whole, better than life with disabled legs.

For people to believe that it is possible to avoid judging life with some disabilities as worse than life without those disabilities is bad enough; what is really frightening, however, is that people believe in it with such fanaticism that they are prepared to use force to suppress any attempt to discuss it.

If this is the case with attempts to discuss practices like genetic counselling and prenatal diagnosis, which are today very widely accepted in most developed countries, it is easy to imagine that the shadow of Nazism prevents any rational discussion of anything that relates to euthanasia. In this context, it avails little to point out that what the Nazis called “euthanasia” had nothing to do with compassion or concern for those put to death, but was simply the murder of people considered unworthy of living from the collective and racist viewpoint of the German “Volk”. Such distinctions are altogether too subtle for those who are convinced that they alone know what will prevent a revival of Nazi-like barbarism.

My own views about euthanasia start from a basis that is *fundamentally* opposed to any fascist philosophy. Anyone who has the slightest historical understanding of fascism will know that it exalts the group, the community and the state, above the individual. In contrast to this position, my views emphasise individual decision-making, and seek to enlarge the powers of individuals, in opposition to those of the state. That is why I favour voluntary euthanasia. As we can see from the example of the Netherlands, the open practice of voluntary euthanasia returns to the individual power about how his or her life shall end. (In

other societies, where voluntary euthanasia cannot be openly practised, the state by law prevents the individual, or the individual together with friends or doctors, from making this decision.)

Sometimes, of course, the individual cannot make the decision. If the individual has *ever* been capable of expressing a view about what should happen if he or she becomes incapable of making a decision (for example, through accident or illness) then respect for individual autonomy means that we should treat that individual as he or she would have wished. But in the case of infants, there has never been the capacity to decide. Therefore in the case of a severe disability, someone else must decide if it is best that medical treatment should be given, or that the life should be allowed to end (and, perhaps, active assistance in dying also provided). The view I have defended in several previously published works (most fully, in the book I wrote with Helga Kuhse, *Should the Baby Live?*) is that the parents of severely disabled newborn infants should be able to decide, together with their physician, whether their infant should live or die. If the parents and their medical adviser are in agreement that the infant’s life will be so miserable or so lacking in any positive qualities that it would be inhumane to prolong life, then they should be allowed to ensure that death comes about speedily and without suffering. Such a decision might reasonably be reached if, for instance, an infant was born with anencephaly (the term means “no brain” and these infants have no prospect of ever gaining consciousness); or with a major chromosomal disorder such as trisomy 18, in which there are abnormalities of the nervous system, internal organs and external features, and death always occurs within a few months, or at most two years; or in severe forms of spina bifida, where an exposed spinal cord leads to paralysis from the waist down, incontinence of bladder and bowel, a build-up of fluid on the brain, and often, mental retardation.

Parents may not always be able to make an unbiased decision concerning the future of their infant. In some cases – Down’s syndrome, perhaps – the outlook for the child might be for a life without suffering, but the child would need much more care and attention, over a longer period, than a normal child would require. Some couples would feel that they were not in a position to provide the care required, or that it would be harmful for their already existing family for them to try to do so. This might lead them to refuse life-saving surgery, or even to take more active steps to end the infant’s life. There may, however, be other couples willing to give the child a loving home; or the community may be in a position to take over the responsibility of providing medical care and for ensur-

ing that the child has the best possible conditions for living happily and developing his or her potential. In these circumstances, given that the child will not be living a life of unredeemed misery, and the parents will not be coerced into rearing the child, they can no longer insist upon having the major role in life or death decisions for their child.

After all, what is the alternative? Those who argue that it is always wrong to decide that a human life is not worth living would, to be consistent, have to say that we should use all the techniques of modern intensive care in order to extend to the greatest possible extent the life of every infant, no matter how hopeless the infant's prospects might be. This is surely too cruel and pointless for any humane person to support.

I am sure that many of those opposed to my attendance at the Wittgenstein Symposium had no real understanding of my position. At a discussion I had with a large audience at the University of Saarbrücken, some protesters seemed to think that I was opposed to all measures that would advance the position of the disabled in society, whereas in fact while I hold that some lives are so blighted from the beginning that they are better not continued, I also believe that once a decision has been taken that a life will be allowed to develop, then everything should be done to make that life as enjoyable and rich as possible. This should include the best possible education, tailored to the needs of the individual, to bring out to the maximum the particular abilities of the disabled person.

Another chance comment revealed a still deeper ignorance about my position. One protester quoted from a passage in which I compare the capacities of intellectually disabled humans and nonhuman animals. The way in which he left the quotation hanging, as if it were in itself enough to condemn me, made me realize that he thought that I was urging that we should treat disabled humans in the way we now treat nonhuman animals. He had no idea that my views about how we should treat animals are utterly different from those conventionally accepted in Western society. When I replied that for me, to compare a human being to a nonhuman animal was not to say that the human being should be treated with less consideration, but that the animal should be treated with more, this person asked why I did not use my talents to write about the morality of our treatment of animals, rather than about euthanasia. Naturally I replied that I had done that, and that it was, indeed, precisely for my views about animal liberation that I was best known in English-speaking countries; but I could see that a large part of the audience simply did not believe that I could be known anywhere as anything other than an advocate of euthanasia.

This is only one example of the way in which the opposition to my lectures in Germany has led to a distorted impression of my interests as a philosopher. In fact, anyone who is familiar with my publications as a whole will know that euthanasia has been a relatively minor interest of mine – I have written far more on the question of ethics and animals, and in English-speaking countries I am also better known for my writings urging that we ought to greatly increase the assistance we give to underdeveloped countries than I am for my views on euthanasia. My essay "Famine, Affluence and Morality", first published in 1972 and further developed in Chapter 8 of *Practical Ethics*, has been reprinted in philosophical anthologies much more often than any of my writings about euthanasia. I also consider the issue of justice between the rich and poor nations to be more important and more worthy of my time and energy than the position I hold regarding euthanasia, largely because the quantity of suffering caused by the present unjust distribution of resources is so much larger than that caused by the prohibition on euthanasia. The same can be said of current environmental practices, which are also often based on indefensible ethical views, and threaten the future of our planet. It is only because my views on euthanasia have been presented in such a distorted way in German-speaking countries, and because I do not want to retreat in the face of attempts to impose censorship of ideas, I have in the last two years had to occupy myself more with defending my position on euthanasia than I would otherwise have done.

The present situation in Germany and Austria does not augur well for the longterm unfettered development of rational discussion of controversial new ethical issues. Outside the German-speaking nations, bioethics is expanding rapidly, in response to the recognition of the need for ethical consideration of the many new issues thrown up by developments in medicine and the biological sciences. Other areas of applied ethics, such as the status of nonhuman animals, questions of global justice and resource distribution, environmental ethics are also thriving. Applied ethics has been a means of encouraging students and others to think more critically about the relations between rich and poor nations, about the economic values that lead to the destruction of our natural environment, about the abuse of animals in factory farming and laboratories, and about medical paternalism and the denial of patient autonomy. In Germany and Austria, however, it now takes real courage to work in applied ethics, and even more courage to publish something that is likely to come under the hostile scrutiny of those who want to stop debate. It is critical, progressive thinking that will suffer as a result.