

The US Army War College Quarterly: Parameters

Volume 45
Number 1 *Parameters Spring 2015*

Article 14

Spring 3-1-2015

Commentary and Reply

USAWC Press

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Recommended Citation

USAWC Press, "Commentary and Reply," *Parameters* 45, no. 1 (2015), doi:10.55540/0031-1723.2816.

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On "Battlefield Euthanasia: Should Mercy-Killings Be Allowed?"

G. K. Cunningham

This commentary is in response to David L. Perry's article "Battlefield Euthanasia: Should Mercy-Killings Be Allowed?" published in the Winter 2014-15 issue of Parameters (vol. 44, no. 4).

Dr. David L. Perry's provocative article on the ethical viability of battlefield euthanasia brings an ancient practice into the present day with startling clarity. One of the real strengths of Perry's analysis is the selection of exemplary case studies that are not detached and abstract, but concrete and, most of all, recent. It would be very easy to dismiss this topic as obtuse moral musings, but Perry has not given us that option. Instead, he directly demonstrates this is an issue for our times.

Perry concludes decisions on battlefield euthanasia remain, for the moment, a function for the adjudication of the military justice system. However, legality and ethicality are two different, if related, issues. The imposition of "lenient sentences on well-intentioned soldiers convicted of battlefield euthanasia" may be the best we can hope for in the context of current social mores, but that is still, sadly, a pretty weak solution. Perry himself appears to realize that, but he may have a point, in this case: It may well be the best conclusion ends up also being a pretty weak solution. Real life is like that, sadly.

Most ethicists would agree dealing out death is wrongful when it terminates an individual's potential to exercise agency. Clearly we can waive that standard when the individual's agency means the denial of agency to another person. Hence, we can argue in favor of self-defense—it is presumably okay to kill an individual who is trying to kill you. Euthanasia, however, might require a parallel rationale, that is, the individual killed has no agency left to exercise. That is the problem I think we face. Is an individual in pain truly competent to surrender his agency and beg for death? It may be he has a serious head injury. It may also be that he still has enough brain left to function. Is one soldier qualified to make that kind of determination on behalf of another, who is writhing in pain, and whose judgment may be unreliable? If pain is at the heart of the issue, which is the better course of action: the application of moral judgments, or the application of morphine injections?

Perry mentions the inestimable James Rachels in his article. It was Rachels who also pointed out, "The first thing is to get one's facts straight." (*Elements of Moral Philosophy*, 3rd ed., 17) Unfortunately, in such battlefield situations, truly straight facts are nigh impossible to find. Thus, Perry addresses a difficult issue, one made up of "harrowing dilemmas" made even more difficult by advances in medical technology that make it possible to remediate horrific wounds, damage once fatal a few decades ago, but now routinely fixed. Both the human body and the

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human spirit seem astonishingly resilient. It may seem justifiable to end unbearable suffering, but we need to be sure the unbearableness of the suffering is a verifiable fact, not merely a well-intentioned assumption.

The Author Replies

David L. Perry

I am very grateful to my friend, former colleague, and distinguished Marine officer G. K. Cunningham for his thoughtful comments on my article. I have no quarrel with most of the claims he makes, but a few points of clarification seem appropriate in response.

In the third paragraph Dr. Cunningham states, “Most ethicists would agree dealing out death is wrongful when it terminates an individual’s potential to exercise agency.” He rightly notes an exceptional case of killing in self-defense, and perhaps would also affirm capital punishment as fitting retribution for certain heinous crimes.

But even if we then focus on innocent persons, meaning not guilty of a capital crime and not posing a lethal threat to others (characteristics that also undergird the just-war principle of noncombatant immunity), some civilian requests for euthanasia (in the Netherlands, e.g.) are made by competent individuals who (reasonably) no longer value their continued life, or (reasonably) believe it portends little more than unbearable pain, suffering, dementia, indignity etc. I can not speak for most ethicists, but certainly many prominent ones (including several noted on p. 121 of my article) believe honoring such requests—designated as voluntary active euthanasia—can be morally justified, even when doing so clearly means killing an innocent, rational person—“when it terminates an individual’s potential to exercise agency.” (A similar argument can support physician-assisted suicide, when patients are still able to take lethal doses of medicine themselves.)

So perhaps Dr. Cunningham would agree the really troubling cases of euthanasia that end someone’s ability to be agents/subjects of their own lives are ones where competent individuals are killed without the informed consent owed to them and against their stated wishes—i.e., involuntary euthanasia.

Dr. Cunningham goes on to note a different moral situation, when “the individual killed has no agency left to exercise.” In domestic settings we might imagine individuals who used to be competent but now can no longer reason due to advanced dementia, or others whose mental disabilities never permitted them to be competent. If such individuals were also clearly suffering terribly, and nothing short of death or complete unconsciousness would alleviate their misery, then unless they had previously (while competent) stated preferences to the contrary, perhaps nonvoluntary euthanasia might be regarded as merciful and right. I still

believe such an argument can justify morally some cases of battlefield euthanasia.

But I also agree with Dr. Cunningham that the prognosis for a soldier who has just received a serious brain injury can be too ambiguous to warrant active euthanasia on the spot. As I noted on p. 133, “The most our troops would typically expect on the battlefield is for medics to treat wounds and save lives as best they can, and use as much morphine as needed to alleviate suffering, even if the dose required might also suppress the victim’s breathing.” I would now go further and say our troops ought to be able to expect those things, especially since I have concluded it would not be prudent for our military to legalize battlefield euthanasia.

