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Concepts and definitions: a source of confusion in the euthanasia debate

Sir – As several of the criticisms of the EAPC Ethics Task Force’s statement on euthanasia and physician-assisted suicide show, our conceptual agreement when talking about euthanasia is far from being settled.¹ A crucial point to an understanding of the Task Force’s position is the question of what exactly does the concept of euthanasia refer to.

One dictionary gives two meanings of the word euthanasia: ‘1) The action of inducing the painless death of a person for reasons assumed to be merciful. 2) An easy or painless death.’² The *Encyclopedia of Bioethics* states (p. 554) that the word ‘euthanatos’ historically refers to four meanings: ‘1) inducing death for sufferers; 2) ending the lives of the unwanted; 3) caring for dying; and 4) letting people die’.³

The Ethics Task Force proposed to define euthanasia as ‘a doctor intentionally killing a person by the administration of drugs, at that person’s voluntary and competent request.’⁴ This definition does not include any of the elements of the traditional concept of euthanasia. In fact, it points towards a quite different concept. This ‘new concept’ arbitrarily limits euthanasia exclusively to: 1) a physician’s action; 2) an administration of drugs; 3) a

response to a voluntary request. The ‘new definition’ of euthanasia disregards the fact that – according to the traditional concept – an act of euthanasia could be committed, in principle, by everyone, by an action or by an omission, and in harmony or even against a person’s voluntary request. Explaining the reasons for choosing this definition, Materstvedt states that they followed the ‘Dutch way’.⁵ This argument confronts us with the question of whether in speaking of euthanasia we refer to an individual’s or a society’s interpretation of a given fact. A few thoughts on the term ‘concept’ and its relationship to ‘definitions’ may help shed light on this question.

A concept is richer than a definition. It is possible to have many definitions corresponding to one concept.⁶ This shows that a concept is more than a linguistic entity, while we could consider a definition to be such. But a linguistic formulation should succeed in equivocally pointing to its object. Hence, any definition presupposes understanding of the concept to be defined. Recognizing this dependence of definitions on concepts shows the priority of clarifying concepts.

But the notion of ‘concept’ is itself not an undisputed matter, as any basic course in logic soon makes clear. In a realist understanding, a concept corresponds to our grasping the nature or essence of reality. A nominalistic

understanding of concepts, on the other hand, sees concepts as reflective of an individual or collective structuring of the world or of the use of language. Thus, the resolution of this dispute depends ultimately on epistemological and ontological investigations. So, if we want to accurately understand the position statement of the EAPC Ethics Task Force on euthanasia and physician-assisted suicide, we would need to first clarify its philosophical standpoint. Therefore, the ‘method of avoidance’⁵ does not seem to be a suitable way for the Task Force to fulfil its specific commission.

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- 5 Cf. Materstvedt’s reply to critics in this volume.