

Reading Quiz 3

Section IV: Euthanasia & Physician Assisted Suicide

(Type in answers below and submit on UBlerns. Please use font other than Times New Roman. Some answers may require more detail than others. All answers should be formulated in your own words.) This quiz is worth 40 points, and each question is worth 5 points.

- 1. How does regret on one's death bed favor critical interests over experiential interests?**
Regrets on ones death bed favor critical interests over experimental interests owing to the fact that the person is undergoing through a tragic experience in which they are despairing upon having wasted and not accomplished various things of meaning and hence they feel that they ought to have lived an alternative life that had critical interests being prioritized. In this instance the conflict of interests favors the critical interests hence the determination of the missing life aspects with the wish of having led an alternate life in which the things contributing value to life would have been considered first.
- 2. What does Velleman think the *source* of the value of a person's well-being is? In other words, what makes a person's well-being (or goods) matter?**
Velleman thinks that the source of the value of a person's well-being is the need for a valuer. The valuer does not necessarily have to have beneficial effects to others in order to be valued hence the if there is the rationality of anyone valuing the person then the person has valued and hence their wellbeing matters.
- 3. What are the three issues that Dworkin thinks are in dispute when considering end of life care?**
There are three issues that Dworkin thinks are in dispute when determining the end of life care and they include the autonomy establishment of the purpose to implement advance directives, the respect for autonomy to provide no purpose to respect the wishes of the demented and the analysis of the responsibilities of beneficence to enduringly demented people persuasive to allow progression.
- 4. Is voluntary euthanasia permissible on Velleman's view? Why not?**
In Velleman's view, there are only a few instances in which euthanasia should be allowed and that is in the cases where one's value or dignity has deteriorated and hence there is no Kantian value that is bound to be disrespected and hence allowing for the instance when euthanasia can be implemented without need to worry about the resultant values loss involved.
- 5. Explain the problematic result with Dworkin's view of respecting autonomy and the objection about demented patients lacking critical interests.**
Autonomy as presented by Dworkin as an approach has the common objection of rejecting premise in which the critical interests are considered as being higher in ranking to experiential interests and hence in a case where there are no critical interests then there is no basis upon which the content person may have the rightful decisions autonomously but would not make the appropriate decision. In other instances, there is the aspect of the

patients having critical interests that are directed towards their termination which makes it harder for the inclusion of appropriate measures in promoting the interests.

6. Why can't Velleman just mean that degradation consists in prospection about future losses?

According to Velleman, rationality is a reference to value in which the concern is elevated to being significant and hence cannot be determined as one having lost rationality even if they are bound to having a prospective of loss in value. There is the need to ensure that the aspect of irrationality is withheld for assisted death to be implemented.

7. Why would Dworkin disagree with a hedonist about the importance of a person's interests?

Dworkin and hedonist disagree about the importance of a person's interests in that they have different perceptions when it comes to the experimental interests in which Dworkin thinks that experimental interests do not add value but are essential to a good life whereas hedonists think that this is the only source of value.

8. What is the difference between euthanasia and suicide, and the difference between involuntary and non-voluntary euthanasia? (Hint: For full credit, be sure to define all terms.)

Euthanasia refers to assisted death and includes the aspect of death being good or the better option for the patient and is administered by a physician whereas suicide on the other hand involves the removal of life in where the patient opts to opt for death and is considered to have value. Involuntary euthanasia is when the patient is euthanized and death implemented against their will whereas non voluntary euthanasia involves the a situation in which the patient has no ability to give consent but this is not done against their will.