There are at least three different ethical approaches to the value of human life. The first approach, often called vitalism, holds that human life is the supreme value. And because of the supreme importance of human life, we should do everything we can to preserve it and never do anything to shorten it.

Doctors should preserve life at all costs, even if the treatment causes the patient considerable pain, even if the treatment's exorbitantly expensive, even if the treatment will succeed in preserving life for only a very short time. Doctors should never do anything that will shorten life such as withholding or withdrawing life-prolonging treatment. Clearly vitalism is a fairly extreme position to hold, and not surprisingly, very few people hold it.

Most people hold to the second or the third approach. The second approach is often called the sanctity or inviolability of life approach. Grounded in natural law ethics, which has historically been very influential in the West, it holds that life is not the supreme good but is a basic good. It's an intrinsic good, which like health, friendship, and knowledge is an important dimension of human well-being and human flourishing.

And because human life is an intrinsic good, we should never intentionally turn against it, never intentionally attack it. It's always wrong, therefore, intentionally to kill another human being. Every human being has a right to life. And the right to life is essentially a right not to be intentionally killed.

But because human life is not the supreme good, it need not be preserved at all costs. The inviolability of life approach is not, then, vitalistic, though it is unfortunately often confused with vitalism. On the inviolability approach, there is a key ethical difference between intending to hasten death and merely foreseeing the hastening of death.

And whereas it's always wrong for a doctor intentionally to hasten death, it's not always wrong for a doctor to, say, administer drugs in order to ease pain even if the doctor foresees that as a side effect, those drugs will hasten death. In reality, palliative drugs administered in appropriate doses do not in fact hasten death. The common belief that they do is mistaken.

It's also permissible for a doctor to withhold or withdraw treatment which is futile or too burdensome to

the patient even if the doctor forsees that the patient's life will end sooner than it otherwise would have. Medical treatments need only be offered if their benefits outweigh their burdens. The inviolability approach's distinction between trying to hasten the death and merely foreseeing the hastening of death reflects the important principle of double effect.

I'm going to say a little more about double effect in a later segment. Although the inviolability approach has historically been very influential in professional medical ethics and in the criminal law, in modern times, it's been increasingly challenged by the third approach to the value of life. The third approach, which we might call the instrumentality of life approach or the quality of life approach, holds that human life is neither a supreme good nor an intrinsic good but an instrumental good.

On this view, there's nothing valuable in human life as such. The value of human life lies rather in the worthwhile experiences it involves. Some lives are, because of the worthwhile experiences they involve, worth living. Other lives, because they lack such experiences, are not worth living. For some who adopt this approach, the assessment of the patient is of decisive importance.

If a patient thinks his or her life is worth living, it is. If a patient thinks his or her life is not worth living, it's not. On the instrumentality of life approach, there is then little or nothing of value in a life of protracted serious suffering, especially if the person living that life judges it to be not worth living. There's also nothing of value in the life of a patient who's in a persistent vegetative state, a life of apparent unawareness from which the patient is not expected to recover.

Such a patient is often said to be no longer a person on the ground that what makes us a person is our higher mental abilities and that once these have permanently disappeared, so, too, has the person we once were. On the instrumentality approach, because certain lives are not worth living, there is nothing wrong with intentionally ending them.

If some patients judge that their lives are, because of serious suffering, no longer worth living, and if they therefore wish to die, then we are justified in intentionally ending their lives or in helping them to end their own lives.

Equally, if a patient is in a persistent vegetative state and is no longer capable of requesting death, we are justified in ending their life because, as it can no longer provide a vehicle for a worthwhile quality of life, it lacks value. This third approach to the value of human life is very influential in contemporary

bioethics.