

Dying with dignity or the death of dignity?

Questioning technology in the euthanasia debate through Mediation Theory

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## Summary

What if we learned today that euthanasia had been provided to a patient with a guillotine? Or by means of a firing squad? These would be rather barbaric ways to provide what is often called “dying with dignity”. Yet, if we try to evaluate the situation with our traditional ethical concerns, we may not be able to explain why these “means” would be a problem. Most debaters emphasize that for people dying with dignity, their autonomy should be respected, and their suffering alleviated. If we think about it, these two aspects could be respected if using the means I just outlined. Thus, it seems that technology does have a role to play in euthanasia, it can render it barbaric for instance. Yet, we may struggle to spell out this role. Then, I suggest finding how technology contributes to our moral understanding of euthanasia and ask *how the discussion on euthanasia could benefit from taking the ethical role of technology into account?*

In this thesis, I show that in the current euthanasia discussion, technologies are seen as morally neutral objects, dealt with by independent human subjects. I argue that it is also on this idea that the notion of dignity is built; through treating technologies as objects, we affirm our dignity and we give dignity to others. Yet, my research displays that such understandings of technology may be mistaken. Technology seems to influence our actions, shape our intentions, and constitute our feelings. In sum, humans may never be independent of technology and thus never “dignified” when euthanasia is practiced. From there, I suggest discussing euthanasia as a technologically mediated practice, which can be considered through the lens of Ihde’s postphenomenology and Verbeek’s Mediation Theory. By studying the euthanasia case of Terri Schiavo, I show how pieces of technology “mediated” each stakeholder in a very particular way and influenced their moral understanding of the situation.

I conclude that taking technology into account offers a better structure to discuss euthanasia, and displays how we can participate in the discussion by shaping technological mediations. Finally, I suggest that the moral influence of technology does not necessarily entail the complete death of the notion of dignity. It may simply mean that debaters need to find new ways of valuing, respecting, and holding humans responsible through technology rather than in opposition to technology.

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## Introduction: a reflection from the guillotine

Today, the Criminal Court of Boudry [Switzerland] acquitted [...] Daphné Berner, in a case of assisted suicide. This woman was accused of having performed the fatal act towards a person suffering from an incurable disease and asking to die. [...]

Since there is no doubt about the patient's consent, the court considered the defendant's action licit. According to the verdict, the Federal Supreme Court has already recognized in the past that a homicide is excusable if it meets the need to put an end to a martyrdom.

In the present case, the patient was paralyzed to the point that she could not perform the procedure herself. [...] The defendant [Dr. Berner] opened the lethal injection set after receiving the agreed signal - a movement of the foot (ArcInfo, 2010)<sup>1</sup>

This excerpt from a local newspaper presents the *Berner case*, which I will use to introduce this thesis. The reader will notice that in this euthanasia case, the doctor would have been allowed to *assist* her patient by providing the drugs and the injection. Yet, *the last act needed to be operated by the patient herself*, and since the patient was severely disabled, this could not happen<sup>2</sup>.

In another article, Perrin (2010) notes that Dr. Berner ‘received an almost unanimous favorable opinion [in Switzerland] in the debate between law and ethics’. This quote reveals something present in many euthanasia discussions: when judging a euthanasia situation, we are interested in evaluating the “goodness” of the third party who provides death; we are judging what kind of intentions are behind her actions and what are the consequences for the person who will die. Here, Berner intended to empower the will of the patient, and the consequence was the *end of a martyrdom*; both intention and consequence were considered good, hence Berner was considered a ‘hero’ (Perrin, 2010).

What does not seem to be a concern, however, is how the doctor arrived at a situation where she needed to end the patient’s life herself. Nobody seemed to have paid attention to what generated this need to commit a “homicide”. Imagine that instead of the injection mechanism, Berner and her patient had possessed *the Sarco*, i.e. a recent device that permits its user to die by gas asphyxiation and can be operated with an eye-blink (Cuthberston, 2018). The patient could have died by her own “hand”, and Berner would not have been involved so

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<sup>1</sup> This excerpt and all citations of ArcInfo (2010) and Perrin (2010) are my own translation of press articles originally published in French.

<sup>2</sup>The patient was suffering from amyotrophic lateral sclerosis. ‘The vital prognosis is two to four years in the case of this incurable disease, where the patient retains their lucidity but becomes totally locked in themselves due to the loss of their motor skills and ability to express themselves.’ (ArcInfo, 2010)

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closely. In sum, no *Berner case* would ever have needed to take place because of some pieces of technology. Technology<sup>3</sup> seems to influence the stage for legal, public, and ethical discussions and it has a role of inclusion and exclusion for some stakeholders. For instance, it excluded a disabled patient and included Dr. Berner, who then needed to “kill” instead of “help” her patient to commit suicide. Overall, technology resembled an unspoken aspect of what euthanasia is in the Berner case. This is why I would like to study the role of technology in euthanasia.

To further show the relevance of my study, let me be slightly provocative: imagine that instead of a lethal injection mechanism, Berner had brought a *guillotine* to the table. She would have installed the patient on it, and then, at the order of the patient, Berner would have triggered the mechanism that cut off the head of the handicapped woman. Would this be an honorable act of charity? The end of a “martyrdom”? And what if the patient had formally asked to be euthanized with a guillotine for the sake of her dignity, would it make the situation more acceptable?

This kind of provocation is already seriously discussed in a related practice: the death penalty. There, technology is already questioned and discussed. One might think of the words of Albert Camus (1957) when he depicted what the guillotine did to his father when witnessing the execution of a child murderer:

Instead of thinking about the slaughtered children, all he could think about was that slumping body that had just been thrown on a plank to cut off his throat. (Camus 1957, p.121)<sup>4</sup>

Camus (1957) adds that the guillotine “guillotining” revealed the execution as

‘no less revolting than the first crime, and that this new murder, far from repairing the offense done to the social body, adds a new stain to the first.’ (Camus 1957, p. 122)

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<sup>3</sup> In this work, I use the word ‘technology’ to describe all the tools, artifacts, or devices used in certain situations. For instance, “euthanasia technology” indicates all the artifacts that play a role in a situation of euthanasia. Or if I say “a technological society”, this would mean a society that “uses” or “experiences” many technologies (all societies are technological with this definition, but they can be differently technological). One will note that “technology” is rather close to “materiality”. The difference would be that “materiality” encompasses all types of physical entities such as a mountain or an apple, that I would not call artifacts, devices, or pieces of technology. When speaking precisely about a set of clearly defined technology, I will use the plural, e.g. “killing technologies” which are the many devices that can be used to kill. If using the term “technologies” alone, this describes all pieces of technology. For instance, if I say “treating technologies as objects” this indicates treating all pieces of technology, or devices as if they were objects. Finally, if talking about a specific technological artifact, I will use “piece of technology” or device. I will show later that these definitions are incomplete, especially if looking at Ihde’s (1990) works. But to begin this work, it will be considered enough.

<sup>4</sup> All translation of Camus (1957) from French to English are my own.

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It seems that for Camus (1957), the piece of technology changed the way his father understands human intentions and their consequences. The guillotine was not just a means to accomplish justice by killing a criminal, but also an entity that reveals the intention of “doing justice” as a “will to murder again”, resulting in a “new stain” on the whole social body.

Recently, a similar focus on methods of the death penalty took place when the state of Utah decided to stop executing inmates by firing squad. The local government’s spokesperson explained that ‘there could be some more humane ways [...] to accomplish that’ (Covington as cited in Harrie, 2004). Yet, later, they re-introduced the method as a backup solution because although it could look ‘barbaric’ (Sherwell, 2015), it ‘might be the cheapest and most humane method [to execute]’<sup>5</sup> (Price, 2014). A local politician acknowledged that the firing squad

sounds really bad, but the minute the bullet hits your heart, you're dead.  
There's no suffering. (Ray as cited in Price, 2014)<sup>6</sup>

Again, we see that the method, and thus the technology within it, was considered important. Debaters did not limit their judgment on human intentions and their consequences because of the method. Otherwise, the firing squad would have been accepted without questions, since it offers better consequences for similar intentions. Yet, although seeing that technology seems to change their judgment, we still do not know exactly what kind of relevant role technology has. Is it just that the guillotine and the firing squad have political connotations? Or is it an aesthetic issue? This remains unknown.

Controversial means to terminate life have also been discussed within the euthanasia framework. For instance, designers have imagined how someone with dementia, whose autonomy can be questioned, could still receive euthanasia without needing the help of a third-party (De Haas, Jun, & Hignett, 2018). They imagined an implant, the *Plug*, that automatically terminates its holder’s life once certain conditions set by the holder are reached. For example, ‘[W]hen I am no longer myself [or] when I can’t recognise my children’ (De Haas, 2020). This speculative design has been imagined mainly to create a conversation around euthanasia. Designers noted that when presenting their concept, ‘some people felt confronted and some even angry’ (De Haas, Jun, & Hignett, 2018, p.10). Yet, few explanations on why this discomfort happens were given. Ultimately, this piece of technology does not seem to infringe anybody’s liberty (as long as we are not forced to use it). Furthermore, it does not seem to make

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<sup>5</sup> It has to be remembered that the other means, the lethal injection, have also been depicted as barbaric, sometimes generating long agonies and unbearable suffering for the inmates.

<sup>6</sup> Similar arguments have been formulated recently about using the guillotine to executes inmates in the US (Barbash, 2014)

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anybody suffer, it may even be the contrary. Then, again, we can wonder what exactly is this role of technology that remains unspoken, and how is it that these designers faced such reactions of “anger” despite the device being imaginary?

Finally, even pieces of technology that do not play any role in life termination may influence our ethical understanding of euthanasia. In 1998, Dr. Jack Kevorkian, who made himself famous for inventing and distributing devices permitting people to end their own life, faced a situation like Berner’s. His patient, Thomas Youk, was severely handicapped, and Kevorkian operated the suicide machine himself, resulting in the death of Youk. Although the killing device plays an interesting role here, another technology seems to have been a game-changer: the videotapes Kevorkian made of the euthanasia.

The videotape, shown on the USA’s leading news documentary show *60 minutes*, has reignited the debate in the USA over assisted suicide and euthanasia. [...] Kevorkian [...] said he wanted “to force the debate back into the public eye” (Rovner, 1998, p.1838)

It seems that the use of media technologies transforms the consequences of a case, by “reigniting” a worldwide debate (Caplan & Turow, 2004). Furthermore, it blurs our understanding of the doctor’s intentions; was he ‘a savior, serial killer, or suicidal martyr’ (Kaplan et al. 2000, p. 209)? Or maybe he was all of them at the same time?

What these four examples expose is that when we think about ethics, we may not be ready to commit fully to the idea that technology is just a set of objects, neutrally translating human intentions into good or bad consequences. Technology seems to add controversy to discussions like the death penalty or euthanasia. It makes people “angry”, displays situations as “barbaric”, and transforms a doctor into a “martyr”.

The way technology appears to add controversy to the above cases shows that finding ways to talk about technology when discussing ethics could help debaters to achieve their moral goal. From this introductory reflection, my aim is now to contribute to the euthanasia discussion by considering euthanasia technologies. And to help the discussion, what needs to be done is rather simple: first, I need to understand clearly what the debaters, within the discussion, want to achieve. “*What is the aim of the euthanasia discussion?*”. Then, I need to understand at least one problem the debaters have when trying to find a consensus about how to achieve their purpose<sup>7</sup>. In the present case, I will ask *what is preventing the euthanasia debaters reaching their aim?* Finally, we need to offer a solution that can solve this problem and thus bring the debate further in its inquiry. Since I will show later (chapter 2) that one problem is a

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<sup>7</sup> In the light of the numerous controversies in the discussion, it seems fair to assume there are some issues.

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misunderstanding of technology in the ethical discussion, I will need to explore *how technology should be taken into account when discussing the ethics of euthanasia*. From there, I will outline how a new way of considering technology could concretely benefit the discussion around euthanasia. To summarize, from the three questions I just addressed, my general research question is formulated as follows: *How the discussion on euthanasia could benefit from taking the ethical role of technology into account?*

In chapter 1, I will show that the aim of the current discussion on euthanasia is to give dignity to people facing death. Furthermore, I will argue that dignity entails an understanding of humans as being the morally important entities in the discussion, who must treat technologies as neutral objects in order to dignify and to affirm their dignity. In sum, I will show that to achieve the aim of the current euthanasia discussion, technology needs to be seen as morally unimportant.

In chapter 2, I will explore if the current downplay of technology's moral relevance may be the problem that divides debaters' when having to achieve their common aim. I will then evaluate what role technology does *actually* play in the practice of euthanasia. I will notably outline that considering pieces of technology as morally neutral tools is a misconception. I will then suggest that this misconception is problematic for the debate since it results in debaters trying to achieve an unachievable aim, i.e. being dignified.

In chapter 3, using Mediation Theory, I will try to reconstruct the discussion about euthanasia *from the pieces of technology we experience*. This should offer us a way to discuss euthanasia that takes into account the influence of technology on our moral understanding. This new way of discussion embodies the idea that technology is never "used" by humans, but always becomes a part of what makes us human and shapes our moral understanding. To show this, I will study a specific euthanasia case, the one of Terri Schiavo, and argue that this way of taking technology into account could partly solve the problem outlined in chapter 2.

Once a solution has been offered, I will outline some ways this understanding of the ethical role of technology could benefit the discussion about euthanasia, in chapter 4. I will provide three ways my work can contribute to the debate. First, how it can help to discuss and debate better, it strengthens the structure of the discussion. Second, I offer new ways to participate in the ethical discussion by shaping technological mediations. Third, I indicate a need to rethink the ideal of dignity in light of the inevitable influence of technology on human beings. This last point, remaining underdeveloped in this thesis, could be elaborated on in further research.

# 1 The aim of euthanasia and its underlying technological nature

## 1.1 Introduction: understanding euthanasia

In this chapter, I will explore the question: *what is the aim of the euthanasia discussion?* The answer might sound straightforward: Euthanasia aims to allow people to die with dignity. This may indeed be what most stakeholders are seeking, yet we still do not know what it is to die with dignity; what needs to be achieved in order for a dying patient to be dignified.

Some authors indicate that being technologically dependent, or enduring unbearable suffering, is seen by some patients as a loss of dignity (Agrawal & Emanuel, 2002; Ramsey, 1974; Street & Kissane, 2000). Some have tried to indicate what kind of conditions are important to be dignified when dying, e.g. ‘pain-controlled; tranquility; support systems; peace; spiritual meaning; and acceptance’ (Moller, 2018, p. 84) (see also Chochinov et al., 2002). Others suggest that certain virtues are needed for one wanting to die with dignity, like courage or patience (Moller, 2018). Finally, dignity also seems to be used as a synonym for other notions; having dignity is equivalent to having a value, feeling valuable, or having a worth (Gawande, 2014; Humphry, 2002). For Annas (2005), the violation of one’s own body is a violation of her dignity, as if dignity means having some kind of freedom from interference.

The debate aims at dignifying, but what is dignity when dying is still not so clear. In this chapter, I will try to find a common ground in all these visions by observing some parts of the current discussion. Since the intuition is that there is something at stake relating to technology, I will also depict the role that is ascribed to technology with respect to human dignity. This will allow me to outline what exactly is the issue with the consideration of technology in euthanasia (chapter 2), and from there, offer a way of taking it into account (chapter 3), and further the discussion about euthanasia (chapter 4).

In section 1.2, I begin by providing an understanding of what euthanasia is as a practice. I will show how euthanasia is discussed and taxonomized and conclude that although certain views diverge, the main concern is always to understand what the human intentions are in each euthanasia circumstance. In section 1.3, I show that morally speaking, debaters are also concerned with human intentions and try to judge them through evaluating them and their consequences. To hold a judgment, two main factors seem to be of high importance, respecting human autonomy and alleviating suffering. Furthermore, technology is seen as morally neutral and represents what human beings should never be, or never be considered to be. In section 1.4, I argue that this understanding of technologies as morally neutral objects may be the ground on

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which the ideal of dignity is built. Then, the aim of the debate is defined through an understanding of technology as what a human is not or what it never should be. In section 1.5, I summarize by indicating that debaters *aim* to respect autonomy and alleviate suffering in order to die with dignity, and technologies are seen as the necessary objects that permit this aim to be achieved.

### 1.2 Euthanasia, a story of human intentions and their consequences

Etymologically, euthanasia simply means *good death* (Landry, 2009; Lavi, 2009). Yet, today, it is a term used to indicate several ways of assisting the end of someone's life. What makes euthanasia different from "murdering" is that the practice allows someone to die with dignity (Chochinov et al., 2002; Cipolleta & Oprandi, 2014; Leenen, 1989; Meier et al., 2016), or to die without losing dignity (Emanuel & Emanuel, 1998). Several kinds of practices are discussed and judged according to their ability to dignify.

First, euthanasia can indicate *assisted suicide* (AS). There, person A ends her life by herself but with the support of a third-party, B, who is described as "passive" in her intentions. Talking through the scope of intentions and consequences, B intends to "help" A accomplish her intentions, and the consequence is A's death. The type of assistance can vary; an association may provide a lethal substance that will be consumed by the patient herself or a doctor can provide a device that allows the patient to commit suicide (e.g., Preston (2018) and Quill et al. (1997)).

Assisted suicide is the kind of euthanasia that should have happened in the Berner case. However, we saw that the case resembled voluntary active euthanasia (VAE), another type of euthanasia (Griffiths et al., 2008; Quill et al., 1997). With VAE, a third-party, B, directly ends the life of A who wants to die. Therefore, B intends to end A's life (instead of just "helping") and this results in A's death, which was A's will. B's intention to deliberately end life is often named "killing" (e.g., Shooter & Watson (2000)).

Finally, some people, like the lawyer and human rights activist, Luis Kutner (1978), see euthanasia as the fact of 'ceasing to use extraordinary or heroic means to prolong the life of a dying person.' (p. 201). This refers to the practice of *withdrawing* or *withholding* life-prolonging treatments. Withdrawing indicates that the treatments keeping A alive are withdrawn by B. Withholding indicates that the treatments that could have kept A alive were never provided by B. In the first case, B intends to discontinue treatments and let A die, and in the second case, B intends not to save A.

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So, how A's life is "ended" is differentiated through the specific intentions of the third-party B. Once these intentions are classified, the moral discussion about what kind of euthanasia is acceptable or not can take place by evaluating whether A's dignity was maintained. Note that some do not think that any of these types of euthanasia can give dignity (see e.g. Callahan (2005), Fenigsen (1989), or Finnis (1995)), while, for others, like James Rachels (1975), all of them can. In a seminary article, Rachels (1975) argues that 'if the doctor's decision [to terminate a patient's life] was the right one, the method used is not in itself important' (p. 79). For him, if we decide that death is a good consequence for A, the specific intentions behind B's actions are always the same, i.e. "terminating life". So, Rachels (1975) thinks the intention is not specified or revealed by the actions, e.g. "killing", or "withdrawing". Hence, our moral judgment should not be dependent on the method<sup>8</sup>.

So, the discussion embodies two lines of understanding: on the one hand, the method of euthanasia seems to tarnish, or perhaps reveal, certain intentions. On the other hand, the method is independent of *a priori* intentions; if one decides that another's life should be terminated, her intention is fixed and not affected by the method. Now, since my interest is to understand how technology is considered, let me have a look at this point in the two options I outlined.

For people like Rachels (1975), technology can be seen as a part of the method and thus may not be important. For the ones that Rachels (1975) opposes, however, technology may have some importance since, as a part of the method, it may reveal something about the intentions. Let me look at how they discuss the methods by looking at a passage of Shooter & Watson (2000), who discuss infant euthanasia:

[t]he philosopher offers a sliding scale of discrete options; to take all possible steps to preserve life; to take all ordinary steps to preserve life but not use extraordinary means; not to kill, but to take no steps to preserve life; not to intend to kill but to act in such a way that death might be seen as a consequence; deliberately to kill (p. 348)

Here, the focus is on the human actions that seem to indicate certain intentions. Humans need to "take steps", to "preserve life", "to act in such a way that death might be seen as a consequence", or "to kill". Technology is either not mentioned, either mentioned as something one can use or not; they are "means" in the hands of a human who acts in the world.

This understanding of technology as being "just a tool we use" is also visible in concrete euthanasia cases. Let me look specifically at the case of Terri Schiavo. This case is of special

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<sup>8</sup> One can note that this means that killing someone with a syringe or with a guillotine should not make any difference in the moral judgment we can hold on the case.

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interest since pieces of technology were omnipresent and stakeholders acknowledged this. Yet, as I will show, they did not consider them as much more than neutral tools. Let me quickly present the case by analyzing the works of Timothy Quill (2005) and George Annas (2005), both medical practitioners who commented on the case.

On February 25, 1990, Terri Schiavo had a cardiac arrest, triggered by extreme hypokalemia brought on by an eating disorder [...] during the subsequent months, she exhibited no evidence of higher cortical function. (Quill, 2005, p. 1)

Afterward, we learn that Terri has been ‘nourished and hydrated through tubes’ (Annas 2005, p. 2). In 1998, her husband and legal guardian, Michael Schiavo made a demand to remove the tube;

[a] judge found that there was clear and convincing evidence that Terri Schiavo was in a permanent or persistent vegetative state and that, if she could make her own decision, she would choose to discontinue life-prolonging procedures. (Annas, 2005, p. 2)

As a result, the judges allowed the tube to be removed. This decision was then debated for years<sup>9</sup>. Finally, the tube was removed after a final decision of judge George W. Greer who ‘was thereafter picketed and threatened with death’ (Annas, 2005, p. 3) by groups opposing his decision.

Terri’s relatives, the Schindler family, opposed the removal of the tube, thinking it would be like murdering Terri. To convince the public that Terri should not be unplugged, they made videos showing her face while she was kept alive and distributed them to the media. Quill (2005) notes:

Distortion by interest groups, media hyperbole, and manipulative use of videotape have characterized this case and demonstrate what can happen when a patient becomes more a precedent-setting symbol than a unique human being. (p. 1)

For him, the videos have been used as a tool to manipulate the public opinion about removing the tube, in order to challenge the view of medical experts and the judges.

So, technology is discussed and seems to be an instrumental component to achieve certain purposes. It is discussed only as a tool in the hands of well or ill-intended humans using them to obtain certain consequences. Michael Schiavo thinks it is good for Terri to be unplugged, so he intends to remove the tube. The judges think Terri would remove the tube if she could, so they validate the withdrawal. Euthanasia opponents threaten judge Greer because

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<sup>9</sup> Jeb Bush, who was the governor of Florida at the time, and George W. Bush, who was the president of the US, even attempted to influence the court decision to impeach the withdrawing.

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of his evil intentions towards Terri. The Schindler family thinks it would be “murder” to unplug her, so they intend to keep “using” the tube. The family also “uses” videos to convince the public of Michael’s ill-intentions. The technology in the method is considered important but only for what it says about human actions and intentions, which are the morally important aspects.

To summarize, when euthanasia is discussed today, technology is considered as a neutral means to human ends: it is insignificant outside of what it reveals about human actions and intentions and it does not influence its user or has relevance in and out of itself. This is why, whether agreeing or not with Rachels (1975), euthanasia is systematically discussed as a human affair, in which people intend, act, or perish.

Now, we have obtained a better understanding of what euthanasia is for debaters. This still does not show what the aim of the ethical discussion about euthanasia is. After discussing euthanasia in its practical and definitional aspects, I will observe how debaters built on their definition to discuss the moral aspects of euthanasia. When discussing these, I will also try to evaluate the role of “neutral technologies” for achieving the aim.

### 1.3 Two arguments for a good death, with or without technology

I have indicated that the notion of dignity is the ideal euthanasia debaters seek to achieve, although few clear and common understandings could be found (see section 1.1). To begin my inquiry about dignity, I suggest looking at how euthanasia is defended today and how this relates to the ideal of dignity. If we first look back at a practical case like that of Berner, we see that two points were outlined to justify Berner’s intention to end her patient’s life: the fact she offered control and self-determination over her patient’s death, and the fact she alleviated suffering<sup>10</sup>. The focus on human suffering and self-determination also emerges in most academic works defending the goodness of euthanasia or reporting about pro-euthanasia arguments (Brock, 1992; Emanuel, 1994; Fontalis et al., 2018; Hendry et al., 2013; Huxtable & Möller, 2007; Quaghebeur et al., 2009; Savulescu, 2015). Finally, if we look at what militant groups say when defending euthanasia, *for the sake of human dignity*, the same focus emerges (Baechler, n.d.; Death with Dignity, n.d.; Dignitas, 2020; Dignity in Dying, n.d.). Then, let me elaborate more on these two features and later I will show their relation to the notion of dignity.

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<sup>10</sup> In the Schiavo case, these two points were also at stake; the judges wanted to know Terri’s hypothetical choice about using a feeding tube. Besides, the fact Terri could not suffer due to severe brain damage helped to accept the tube’s withdrawal (Quill, 2005; Schiavo & Hirsh, 2005).

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For the demand to respect human autonomy, I look to the influential work of the bioethicist Tom Beauchamp (2006), who summarizes accurately the line of thought behind the argument.

[H]istory, still in the making, is a history of expanding commitments to autonomy. The right to die, much like the right to give an informed consent, is an impressive example of the triumph of autonomy in bioethics. (Beauchamp, 2006, p. 644)

Choosing the time of one's death is presented here as the logical result of bioethicists' concern about enforcing the respect of a patient's autonomous choices<sup>11</sup>.

So, it seems that informed consent coupled with the right to die would allow people to gain autonomy when facing death. In a later work, he defines informed consent as being reached when

one is competent to act, receives a thorough disclosure, comprehends the disclosure, chooses voluntarily, and consents to the intervention (Beauchamp, 2010, p. 56)

Here, we need to remember that most people facing death nowadays are not physically autonomous. We may need other people to care for us and some form of technology may be required to sustain our life (Lavi, 2009; Moller, 2018). Yet, according to Beauchamp's (2010) definition, the patient could be physically coerced but still give informed consent for care or medical interferences, and this guarantees patients' autonomy. If we also give the patient a right to die, we have a combination of rights that can guarantee one's autonomy. One's body and freedom of movement or access (e.g. to lethal drugs) can be completely restricted, her mind or her will can still have an independent understanding of the overall situation, be informed, and emit a self-determined choice to die<sup>12</sup>. If euthanasia permits this, it is a good thing (from this perspective).

Now, let me look at the argument focusing on alleviating suffering. The utilitarian ethicist Peter Singer (1993) articulated this argument powerfully (see also Brody (1992)). Singer (1993) argues first that humans who are unable to provide a free choice could arguably be killed if these humans are in a situation of unbearable suffering (like that of a suffering

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<sup>11</sup> Emanuel (1994) notes that in liberal societies, what constitutes a good life and a good death are considered subjective ideas. As a result, letting people choose freely what is a good life also entails choosing how they want to die.

<sup>12</sup> Then, this argument seems to answer the difficulty of respecting the autonomy of a physically heteronomous human by exteriorizing the autonomous part of the human being from our physical self. What makes a human an independent and worthy individual seems to be her mind, as the womb of reason, which can emit consent, and which should be listened to and obeyed. This can also explain why some see euthanasia as a reasonable or rational suicide (Conwell & Caine, 1991; Cuthbertson, 2018).

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infant). Furthermore, Singer (1993) sees the necessity of alleviating suffering as a *complementary reason* to allow euthanasia for self-conscious, autonomous, and willful people.

Voluntary euthanasia occurs only when, to the best of medical knowledge, a person is suffering from an incurable and painful or extremely distressing condition. In these circumstances one cannot say that to choose to die quickly is obviously irrational. The strength of the case for voluntary euthanasia lies in this combination of respect for the preferences, or autonomy, of those who decide for euthanasia; and the clear rational basis of the decision itself. (Singer, 1993, p. 200)

What Singer (1993) suggests is that if we believe, like him, that suffering is a moral evil, then alleviating suffering is ethically *rational*, and thus it is necessary to accept that certain forms of euthanasia are well-intended; especially when an autonomous being asks for it.

Looking from a technological perspective, in the argument for autonomy, technology resembles a sort of external entity that ‘allows an individual’s life to be prolonged’ (Beauchamp, 2006, p. 643); one should also have a ‘right to refuse’ (p. 645) or ‘to be free of’ (p. 649) technology. It can also be “requested”, “provided”, “removed”, “withheld”, or “withdrew” by human beings (Beauchamp, 2006). I have also outlined the belief that one can give informed consent to die, even if interfered with by technology. This may indicate that one can use technology without being influenced by it when receiving information, thinking about a situation, or choosing to die. In sum, even if Beauchamp (2006) does not discuss the nature of technology specifically, the way he talks about technologies displays a belief that they are morally neutral. They resemble ethically inert objects in the hands of humans.

Looking at Singer’s (1993) argument, he mentions that life-prolonging technologies could ‘not [be] used so aggressively’ (p. 191) and this would result in ‘far fewer long-term patients’ (p. 191) in a vegetative state. In other passages, Singer (1993) seems to frame technology as a determinant, affirming that it ‘forces us to make life and death decisions’ (p. 180), or that it ‘provides [...] difficulty’ for certain moral arguments (p. 162). In sum, Singer (1993) seems to consider that technologies are either tools to be used by humans, or some kind of external determinant which could create new moral dilemmas. (Again, note that this is my interpretation of his understanding, the nature of technology is not specifically discussed by Singer (1993)).

This second case for technology as a total determinant did not emerge until now. But the moral meaning that such consideration implicitly ascribes to technology is not different from the understanding of technology as a neutral tool: technology is not relevant for our moral judgment. This is because if technology determines situations, its impact is completely unchangeable, and thus technology is not a relevant ethical factor. We would not spend time on

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judging an avalanche or a pandemic, which are things that simply happen, and on which we can solely react. Technological determinants are not important when thinking about what ought to be done. In sum, whether we adopt one or the other consideration of technology, only the humans, our autonomy, and our feeling of suffering, are important and need to be seriously considered in terms of moral judgment.

To summarize, the debaters' idea is to respect "rational" humans by enforcing their autonomy and alleviate their suffering. To achieve these aims, technology is implicitly understood as an entity that is different from us, that needs to be considered with respect to what it allows us to do, or what it could change in our landscape. Morally speaking, unlike humans, technology is of no real importance.

In the aim to respect the "rational" human, we can also begin to understand the type of indignation that some commenters had concerning Terri Schiavo:

You know what's bothering me more than anything [...] is the fact that she [Terri] has ceased being a person and become a cause. No one has said "A woman died today." A woman, a person died today, you know?  
(Goldberg as cited in Anderson, 2005, p. 7)

What is expressed here is that Terri was being treated like an object, like a piece of technology that people used to defend their ideals. Terri has not been treated as a human regarding her independence, and her feelings. And this is how we treat technology, not people.

The neutrality of technology resembles an unspoken necessity in the discussions, which establishes the opposite of the aim of the debate. From this opposite, the human is being defined. Euthanasia aims to consider humans as fundamentally different and opposed to objects. On the contrary to technology, humans can intend, choose, and desire, and this 'autonomy' needs to be respected. Unlike technologies, humans can endure suffering and freely desire their suppression.

In the next section, I will show that this moral understanding of technology is also the key to understand how the two arguments I presented in this section indicate a unique aim: respecting human dignity. Consequently, I will argue that it is by treating technology as an object that debaters see the possibility to be dignified.

### 1.4 The way technology dignifies us

Until now, I have shown that debaters focus on human autonomy and human suffering. Now, I would like to suggest that both arguments aim to permit death with dignity, and show that

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human dignity is defined through an opposition; dignity is what makes humans different from technology.

First, the argument for autonomy demands respect for human beings as independent beings; humans are self-determined entities that can provide informed consent to die. And the materiality that is around us, like our own materiality (e.g. body) or the technologies we use, should be subjugated to one's autonomous will. Thus, one can command the execution of her own body or can use technologies to end her life as long as this is managed by her autonomous self<sup>13</sup>.

Second, the argument for alleviating suffering demands the maximization of the well-being of entities that can suffer. This establishes a differentiation between entities that can be subject to suffering and those that cannot, like technology. A utilitarian like Singer (1993) may refuse to classify humans as strongly different from other suffering entities, but he still considers that some beings, like humans and animals, have moral standing, and others, like pieces of technology, do not. Besides, Singer (1993) considers that as humans who can have self-consciousness and reason, we have a duty to alleviate suffering.

Both arguments see the human as something "proper" or specific, as if humans have a certain rank. As members of this rank, they are different from technology and independent of it or even sovereign over it. This point corresponds to what many notions of dignity also demand in western philosophy (Düwell, 2014). For instance, Kant (1785/2002), as a key thinker of human dignity, was framing it as a delineator between persons and things. Kant (1785/2002) indicates that two kinds of entities exist. First, the things, because irrational, are objects which can be used by rational beings; they are means with no moral standing and can be replaced by other means. They can also have a price, a quantifiable value which can be compared. Second, there is the person, which is a rational being. Instead of a price, we have dignity. A person is unconditionally worthy of herself; she is out of the realm of means and should never be considered as such. In sum, subjects and objects are two strictly separated "beings" and one ought not to be confounded with the other. As a side note, I will from now on call "subjects" the entities that can have dignity and "objects" the others<sup>14</sup>.

The arguments I discussed earlier do not only aim to give subjects their individuality by affirming their difference (from objects). In the first argument, we saw that after ascribing the

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<sup>13</sup> Although I have not discussed it thoroughly, this should also be done without violating other's autonomy and consent.

<sup>14</sup> This does not mean I endorse such terminologies. It is simply an attempt to describe the current discussion in a comprehensible way.

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ability to be autonomous to human beings, there was a demand to respect one's consent and self-determination. The idea there was to give individuals a right to control technology but also to give them a duty: recognizing and respecting the autonomy of others. If we remember the situation of receiving life-sustaining treatments, we see that plugging subjects to an object may be a duty since it can keep the subject alive. And even if this renders the subject physically heteronomous, it is not necessarily infringing her autonomy. This is because life-sustaining objects are neutral means and can be under the subject's control.

In the second argument, the focus is on alleviating suffering because in some 'circumstances one cannot say that to choose to die quickly is obviously irrational' (Singer, 1993, p. 200). Here, we are given a right to be rational (and not suffering is something rational in this perspective). Besides, there is a duty to respect the rights of others by alleviating their suffering. There, technology may determine situations that increase suffering for the rational being; yet, technology can also empower the subject and help to alleviate her own suffering, or that of others.

In both arguments, technology is displayed as a neutral tool in subjects' hands that we can use to relate to each other, for the sake of our dignity. This relational aspect of dignity, which connects humans by giving them rights and duties, also recalls Kant's (1785/2002) notion of dignity. For Kant (1785/2002), '[a]utonomy is [...] the ground of the dignity of the human and of every rational nature.' (Kant 1785/2002, p. 52) Our autonomy is a major root of our dignity and it implies two aspects. First, it indicates, or requires, that one is not under the influence of external coercion. Second, it requires that one can obey her reason instead of her inclinations; one needs to be rational (Kant 1785/2002, p. 21). Inclinations can be seen as incentives that can come from within us and lead us to violate Kant's *categorical imperative*. And the categorical imperative can be summarized as such: for a moral rule guiding my will to be adequate, it could be endorsed by any person to ensure the autonomy of their own will and the good functioning of a society of individuals (Kant, 1785/2002). For Kant (1785/2002), one is considered autonomous and granted moral agency when two conditions are achieved. First, she must be free of inner and outer interferences, this is her right. Second, she must strive to make rational decisions, this is her duty towards herself and others.

To summarize, when discussing euthanasia, dignity is a representation of the aims of debaters, which is argued for through the arguments for autonomy and to alleviate suffering. There, technology is considered a morally neutral means with which subjects can relate with one another through respecting their rights and duties. In other words, in the euthanasia discussion, it is because technology is treated as an object that human beings can be subjects

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and have dignity. It is thus, through this understanding of technology that debaters can argue for a certain ideal of dignity.

### 1.5 Conclusion: dignified euthanasia is about treating technologies as objects

We can conclude this chapter by summarizing my answer to the question demanding *what is the aim of the euthanasia discussion*. In short, the discussion aims to achieve dignity through treating technology as a means in the practice of euthanasia.

To arrive at such conclusions about the ‘anti-technological’ nature of dignity, I have first exposed how technology was considered as an unimportant part of the method, either because the method itself is explicitly considered unimportant (Rachels, 1975) or because the human actions, as a revealer of the intention, are seen as the only things that matter<sup>15</sup>.

Second, I have outlined that euthanasia is considered morally good if it gives control over death and/or if it alleviates human suffering. In both cases, I showed that the morally important features are humans, and technologies are discussed as determinants or means to an end: they are morally neutral<sup>16</sup>. Besides, I have indicated that it is through this understanding that the good is defined. Morally acceptable euthanasia happens when we respect humans as autonomous and suffering beings, which is the opposite of being a piece of technology.

Third, I have shown that the concept of dignity is the bigger aim both arguments try to achieve and it can be similarly understood through the human/technology dichotomy: being treated with dignity is being placed in the rank of the non-object, i.e. the subjects. Besides, it is also treating others as subjects, through the use of objects. This is why I said that it is *through understanding technology as a means that we can aim to give dignity and be treated with dignity*.

Having offered an understanding of the aim, we can now look at the problems faced by the debaters. Although I have not discussed them until now, even if the idea that respecting autonomy and alleviating suffering is generally considered morally good, debaters do not agree on what kind of euthanasia can provide dignity or not. Authors such as Fenigsen (1989), outline that in certain euthanasia contexts, we may not be able to know if a decision was really autonomous because certain entities, like the media or other people, may manipulate us about the goodness of being dead. Besides, patients may be ‘ill-informed’ (Fenigsen, 1989, p. 27)

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<sup>15</sup> In one case, the debater clearly defines technology as unimportant, while in the other, it is through the absence of technology and the focus on the human that technology is rendered unimportant.

<sup>16</sup> Debaters do not necessarily argue directly that technology is neutral, but I have shown that this meaning is the only one possible if looking at their argument.

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when having to give consent to euthanasia. In both cases, terminating the life of a patient could threaten the patient's autonomy and thus her dignity and not be a "good death". Some also argued that allowing self-determination over death for certain individuals can lead to obnoxious effects on the dignity of many vulnerable others (see, e.g., Fenigsen (1989) or Finnis (1995)). For instance, legalizing euthanasia could lead to practices of non-voluntary euthanasia, or the normalization of euthanasia could generate pressure to die on elderly people believing they are a burden for others.

After clarifying the aim of the discussion, the next step is to look at *what is preventing the euthanasia debaters reaching their aim?* And if we recall my introduction, I have asserted that technologies, like the guillotine, the TV, or the euthanasia pill, do not seem as neutral as the debater might think. One will also note that in the arguments of the authors against euthanasia, such as Fenigsen (1989), technological factors like the "media", or other information providers, seem to create certain doubts with regards to euthanasia's ability to dignify. I will now evaluate if the role currently given to technology is sound.

## 2 The influence of technology in euthanasia

### 2.1 Introduction: questioning the current discussion by looking at technology

After discussing the aim of the euthanasia discussion (chapter 1), I suggest exploring what prevents debaters agreeing on what is a good death. This should allow us to look for a beneficial solution (chapter 3) and help the euthanasia discussion (chapter 4).

In section 1.2, I have shown two main ways of defining euthanasia. For some, the method used to terminate a life can help to define euthanasia through what it says about human actions. These human actions suggest a certain understanding of human intentions and intentions are what is judged morally. For instance, if A operates a fatal act on B, e.g. by strangling her, A's action *reveals* an intention to “deliberately kill”, or maybe to “actively euthanize a voluntary person”. Or, if A actively helps B to die without committing the fatal act, it reveals an intention to help but not to kill, called “assisted suicide”.

For others, such as Rachels (1975), this specification of the intention from the human actions is an error; whether one kills, helps to die, or does not save, there is only a unique intention: *to terminate the life* of a human being. If one accepts this, there is no reason to specify euthanasia from the method, every euthanasia process can be judged in the same way, whether favorably or not.

Rachels' (1975) argument has the merit of revealing a difficulty by asking the following question: if what matters is the human, her intention(s), and the resulting consequence(s), what makes the action so important? Looking at what debaters are interested in when *judging* euthanasia, we do not find a way to answer this question. One's autonomy can be similarly respected if one is helped to die or if one is killed for instance. Besides, one's suffering can be comparably attenuated with an “active” or a “passive” action.

With my examples in the introduction, I tried to convey the idea that it “doesn't feel right” to see the method, particularly the technologies in it, as unimportant. Yet, until now, we did not encounter any way of explaining or justifying this “feeling”. It remains an unspoken problem that cannot be translated morally except by expressing “anger” (De Haas, Jun, & Hignett, 2018) or “disgust” (Camus, 1957). If Berner had used a guillotine, she would have operated the same action as she did in the real case, the only difference would be the device that is triggered. She could obtain the same autonomous consent from the patient and suppress the same suffering. Even if Doctor Berner had broadcast her action, like Kevorkian, debaters

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could not have explained why this action was bad using their ethical framework. Nothing in their ethics specify which technology is allowed.

In this chapter, I will trust my intuition about the importance of technology a little longer and evaluate if the problem (or one of the problems) of the euthanasia discussion is its implicit refusal to ascribe any kind of moral relevance to technology. This should help to understand *what is preventing the euthanasia debaters reaching their aim?*

In section 2.2, I outline the first possible problem, by showing that if one thinks human actions are important, she needs to accept the moral importance of technology. Consequently, dignity can never happen, since technology continually influences our actions. In section 2.3, I show that even if one dismisses the importance of actions, like Rachels (1975), it is still not adequate to consider technology unimportant. In situations of euthanasia, our intention and our will are influenced by the material world around us, and thus by technology. Therefore, dying with dignity remains unachievable. In section 2.4, I show that even the feelings on which we can base our intention to die, such as suffering, are made up of our relations to technology. And the same can be said about our understanding of others' feelings. In section 2.5, I conclude by indicating that what is preventing the current discussion from progressing is a misunderstanding of technology. Technologies are not morally neutral objects in subjects' hands, they constantly influence us. Hence, there is a need to find new ways to discuss euthanasia that takes technology into account.

### 2.2 The technology in the euthanasia method influences actions

My initial intuition was that current considerations of technology seemed too simplistic. I will then evaluate if this is the case in the current debate. Let me return to the excerpt from Shooter & Watson (2000), presenting a taxonomy of euthanasia:

‘[t]he philosopher offers a sliding scale of discrete options: to take all possible steps to preserve life; to take all ordinary steps to preserve life but not use extraordinary means; not to kill, but to take no steps to preserve life [...]’ (p. 348)

They begin by outlining two kinds of actions, taking “all possible steps”, or taking the “ordinary steps” only. Here, the term “possible” seems to include all “extraordinary”<sup>17</sup> means, even the most unusual, aggressive, expensive, time-consuming, etc. Part of these extraordinary means are properly human; it could be the time one spends, or the energy one uses, to heal another.

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<sup>17</sup> Sometimes, authors seem to use “proportionate” or “disproportionate” to mark this difference (Iltis, 2006).

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Yet, it seems that these means cannot but be technological as well or, rather, what renders this step ordinary or extraordinary seems to be technological.

Going back to the example of Terri Schiavo, some wondered if the feeding tube sustaining her life was an “extraordinary” means or an “ordinary” one (Schiavo & Hirsh, 2015). Indeed, in a world without feeding tubes, feeding Terri would probably count as something rather extraordinary. One would need to find a way to introduce food into her stomach (Terri could not swallow) and would need to do this every day; without some pieces of technology, this is simply impossible. Then, using some primitive technologies, one could try to insert a tube down her throat and force-feed her. And if one is luckier, she may be able to use a medical feeding system like the nasogastric feeding tube (Breier-Mackie, 2005). There, even if the tube still enters one’s nose and is inserted through the throat in the stomach, it may be less invasive than before. Finally, if one lives in the 1990’s US (when and where the Schiavo case happened), she may use an even less invasive technology, the percutaneous endoscopic gastrostomy (PEG) tube. There, the tube is discretely plugged through the belly, into the stomach, and no surgical operation is needed to insert or remove it.

In this case, although we would all find the first technique extraordinary and disproportionate<sup>18</sup>, the last one would not necessarily be. In 2004, pope John Paul II did consider that feeding through a tube was something ‘ordinary and proportionate’ (as cited in Catholic Medical Association, 2004, p. 176). From his perspective, the PEG tube would be equivalent to giving a bottle of water to someone starving. And if one considers the feeding tubes as ordinary means instead of extraordinary ones, withdrawing the tube becomes “letting die” instead of “not saving”. In sum, because of some technological innovation, one’s intentions pass from a likely to be morally acceptable “not save” to a less acceptable “let die”. So, here, one’s action is not independent of technology, but rather shaped by technology or understood through technology. Because of the existence and accessibility of a PEG tube, one’s action to not feed takes on another significance and seems to display another intention than before the emergence of the PEG technology.

The words of John Paul II also recalled another distinction in human actions:

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<sup>18</sup> Non-medical force-feeding is already considered unacceptable by many people when it is operated on animals, like when geese are force-fed to accelerate some process of meat making. We can then allegedly consider that we would find that extraordinary and disproportionate if this method is used on a fellow human even if it could save her (such methods will be so non-hygienic that the "patient" would probably develop infections, and then would need to be healed with new treatments).

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the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. (Catholic Medical Association, 2004, p. 175)

We just saw that if something artificial is stopped this could mean “letting die” instead of “not saving”, providing we see the used “artificial” piece of technology as something ordinary. Now, if we believe that the piece of technology is nothing “artificial” and is then “natural” as the pope stated, we operate a transition from “letting die” to “helping to die” when not using technology. Indeed, in this case, removing the piece of technology means disrupting the natural order and one seems to be pushed towards her death, rather than just let die. As long as a piece of technology does not migrate to the realm of the natural, stopping a technological treatment is simply “not taking steps”, while when it does<sup>19</sup>, the action becomes “helping” to die.

Finally, from the feeding technologies example, we can even understand the technological nature of the “passive” and “active” distinction in euthanasia. If the machine connected to the PEG tube is automatically feeding the patient, ending someone’s life cannot be done by being “passive”. With an automatic feeding system, ending the life can only be done through actively stopping the machine or withdrawing the tube. The machine demands one to become active and forces one’s action to pass from “helping to die” to “killing”.

Overall, we see that if one is acknowledging the importance of human actions to specify what the human intentions were, she should also acknowledge that these human actions are inevitably influenced by technology. Then, defending the ideal of human dignity would become problematic, since, as shown in section 1.4, the very possibility of being dignified is correlated with the necessity to be independent of technologies and use them as objects.

Now, we see the importance of Rachels’ (1975) claim that human actions are unimportant to define and judge euthanasia. If human actions were important, it may mean the rejection of the overall idea of dying with dignity, which is currently at the forefront of the euthanasia discussion. Discussing dignity can then only be done if intentions and consequences are independent of human actions.

Now, I will evaluate if what is in-between the intention and the consequence can be considered “morally unimportant”. If it cannot, i.e. if the method influences us still, we have a problem: human dignity, as currently defined, is unachievable. In the next section, I will begin my evaluation by looking at the possibility of being independent of technology when we formulate our will to die, which Rachels (1975) formulates as the intention to “terminating” life.

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<sup>19</sup> For the pope, the feeding tubes became something natural for instance (Catholic Medical Association, 2004).

### 2.3 Technology and the will to die

Looking back to the argument for autonomy, Beauchamp (2006) saw the right to die as a continuation of the right to give informed consent, resulting in providing autonomy towards death. Then, if both rights are respected, it becomes possible to have an independent and autonomous intent to terminate our life and die with dignity (see section 1.3). Now I will try to grasp the role technology plays in the making of the intention to terminate life, i.e. our *informed consent to die*.

Let me begin with a concrete case where technology and informed consent were studied together in the realm of medicine. Frances Miller (1998), in the middle of the internet revolution, argued that ‘[h]ealth care information technology changes not only what we can know, but the way we think’ (p. 1041). In his work, Miller (1998) observes that the internet increases patients’ ability to access medical information, rendering them less dependent on their doctors to be informed. Patients may have a better understanding of how they have been informed and treated because of the internet, which may increase their legal power over doctors<sup>20</sup>. As a result, Miller (1998) suspects that health care stakeholders will have to consider patients’ empowerment and adapt their functioning to ensure patients’ satisfaction<sup>21</sup>. In sum, technology changes our information landscape, provides new data resources, and disrupts what used to be practiced before, e.g. “the way we think” in medicine. Finally, Miller (1998) wonders if this technological context ‘could constitute the ultimate expression of patient autonomy’ (p. 1024), or if ‘it could derogate important aspects of physicians’ fiduciary obligations for the overall well-being of their patients’ (p. 1024). Indeed, due to patients’ ability to access the internet, doctors could now allegedly assume that patients know more and may stop taking responsibility for certain issues faced by patients (Miller, 1998).

This seems to display technology as an inevitable *influencer* in the discussion about informed consent. To “receive and comprehend the disclosure”, patients both use the internet as a means for their ends, but are also determined by it: they are asked to be informed because

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<sup>20</sup> Miller (1998) predicts that ‘[d]octors who ignore their patients’ increasingly sophisticated knowledge base will probably find themselves in a shrinking minority, more vulnerable to informed consent litigation based on a failure to discuss therapy at more advanced levels of materiality’ (p. 1042). Goldstein (2010) suggested something similar and argues that ‘[b]ecause technology will facilitate the potentially limitless exchange of health care information, changes to our ethical and legal conceptions of a health care provider’s duty, a patient’s expectations, and/or the subjective standards contemplated by both with regard to consent may result’ (pp. 27-28).

<sup>21</sup> Miller (1998) notes: ‘computer-literate patients are rapidly becoming more sophisticated about what medical science and individual providers can and cannot offer them. They are also becoming increasingly sophisticated about what information they expect from their doctors before agreeing to undergo—or forego—therapy.’ (p.1041) These aspects have also been practically studied with recent technologies. Hung et al. (2011), for instance, have observed how different media can permit to provide effective or less effective understanding for patients.

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of IT. Furthermore, to be “*competent to act*”, patients will always be dependent on their “information providers”<sup>22</sup> to have power over their doctor or to “manage” their health without a doctor's help. Through Miller’s (1998) analysis, we get the awareness that the *choice* or the *consent* we give, which is what we intend, does not come from within a perfectly unburdened individual. It is rather built from the interaction we constantly have with the world and with technology. Patients seem to be living within information technology and are influenced by it whether they want it or not<sup>23</sup>.

Now, let me look at informed consent to be euthanized, i.e. the intention to terminate one’s own life. There, the fact humans are partly conditioned by their surroundings when consenting can also be argued for, especially by reflecting upon the way the material world may condition our will to die.

Today, technological possibilities allow one to be “killed” by a doctor with a lethal injection. Death is ready-on-demand and one’s will to terminate life could simply be achieved by “consenting” to be killed. If possessing the *Sarco* (Cuthberston, 2018), consenting can even be reduced to an eye-blink. Here, as in the case of Miller’s (1998) patients, one may be made more “autonomous” because she does not need any prior knowledge, courage, or skills to die. Yet, at the same time, the technology may allow for unreflected intention resulting in the death of people taking rash decisions.

Now, if we were living in a different world, where euthanasia could only take place through consuming poisonous plants, we would need to be educated in choosing the right plant and be skilled enough to find these plants. It would demand the involvement of a community, and a certain amount of learning-time before achieving one’s will to die. Thus, the material world would reduce the autonomy of one’s will by putting conditions for the will to be achieved. Yet, it would automatically guarantee that one “will” was “thought through” and “determined” due to what the material landscape demanded. Once again, the material world seems to partly constitute or co-define the nature of our will to die.

Finally, we see a similar pattern when observing the recent idea of advanced directives to die. Today, we have the “means” to revive people through technology and possibly keep

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<sup>22</sup> The influence on intentions by “external” providers, happened before the emergence of IT. Before the internet we were depending on, and empowered by, a doctor, a book, etc. The medium can change through time, but certainly not the fact we depend on them.

<sup>23</sup> Regarding the technological influence on informed consent in medicine, see Miller & Boulton (2007). Recently, Nakrem et al. (2018) noted a similar influence of digital technology which, for many patients, may increase autonomy but at the price of diminishing safety. Again, the technological framework is shaping the situation in which patients find themselves and changes the condition in which “consent” is given.

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them “alive”, as in the Schiavo case. Facing this technological situation, it has become fashionable to argue that people should write advanced directives on what to do in case they are in a state where they cannot communicate their will. We are now able to “autonomously” choose for our future self and our future death if we demand to not be resuscitated for instance (Morrell et al., 2008; Santonocito et al., 2013). This new ability has its downsides; the right to choose for our future self could be equally seen as one more technological conditioning demanding us to be responsible in advance for hypothetical situations.

In each situation discussed, the patient may always make her decisions to die ‘by herself’ but this does not demonstrate that she has autonomy and control over her life. In all situations, the simple fact she can make a decision, like eating a poisonous plant, consenting to be killed, or giving advanced directives, is a technological fact emerging from the world she lives in. So, willingness to die does not seem to come out of an individual, enlightened by a sequence of information she neutrally digests and reacts upon independently. It is not the case with informed consent in medicine (Miller, 1998), neither is it for informed consent to die, nor any other will to terminate life. Instead, it resembles a sort of “negotiation”<sup>24</sup> individuals constantly have with the world they live in and the technology they live with<sup>25</sup>. Surely the technology does not completely determine our choices for us but it still seem to shape the form of our will, e.g., it can make our will a skill (to find the right poisonous plant), a simple acceptance (consent), or a decision for our future self.

To finish this section on the material influence of the human will, we can add as evidence that material influence is already implicitly accepted in certain euthanasia cases, e.g. in the Terri Schiavo case. There, the court was in charge of judging what Terri would do with the tube. To do this, they tried to reconstitute her will from the aspects of “her world” that would most certainly have influenced her intention. The court listened to 18 witnesses, ‘including evaluations by four neurologists, one radiologist, and her attending physician’ (Quill, 2005, p. 1). Looking at technological artifacts, like computed tomographic scans of her brain, these

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<sup>24</sup> Harry Moody (1988) already noticed the difficulty and potential counter-productivity of enforcing rights for informed consent (as a right to be fully enlightened with information and then giving an opinion). He argues that the notion of negotiated consent would be more appropriate for many situations. For him, negotiation is ‘characterized by the clash and balancing of competing interests: there are multiple, legitimate views to consider (e.g., family, patient, institution); shared or dispersed authority for decision-making: no single party has the exclusive power of decision (e.g., structure of team decision-making, conflict or consensus among family members) [...]’ (Moody, 1988, p. 67). We can add, from my research, that technology may mediate all these competing interests and ‘human’ negotiations.

<sup>25</sup> Tijmes (1997) has offered a relevant critique of modern-day euthanasia by describing it as a ‘technological adventure’ (p. 52) in which patients are incompetent, “culturally” unable to cope with death and suffering, and need to rely on doctors to access drugs. There, we can also see how technology constitutes situations of euthanasia and the patient’s will to die within them.

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specialists considered her state as persistently vegetative. Then, Terri's hypothetical will concerning what to do with the diagnosis was built (also by hearing other testimonies recalling Terri's personality): she would intend to remove the tube. Here, we see that technology was not only seen as "shaping" the nature of the will, but it was considered influential enough for the court to guess Terri's choice without having to hear from her.

In the next section, I will continue the evaluation of our possible independence from technology by looking at a specific manner in which technology influences our feeling of suffering when we are ill.

### 2.4 Technology and suffering towards death

When using the word illness, I refer to 'the name for the experience of the person being ill' (Svenaesus, 2018, p. 3). Illness can be conceptualized as a term describing how someone experiences a pathology (Svenaesus, 2018, p. 3). As for suffering, in the context of illnesses, it is a feeling which is generated by the illness (Svenaesus, 2018); we can suffer due to physical pain, or because of certain life situations generated by illnesses. For instance, if we are no longer able to act in certain ways or to achieve certain objectives, or when we lose contact with others, we may suffer<sup>26</sup>.

Conrad & Barker (2010) have argued that illnesses are culturally and socially constructed. Following these claims, the philosophers of medicine Bjørn Hofmann and Frederik Svenaesus (2018) have argued that 'social norms and values [are] fostered by various technologies' (p. 6). And from there, it can also be shown that our suffering is partly indexed to these illnesses, thus suffering is also something "technological" (Svenaesus, 2018, 2019). A relevant example showing how the intertwinement between technology, culture/social context, illness, and suffering can be found by looking at considerations on obesity.

Hofmann & Svenaesus (2018) observe that certain cultural aspects, that seem to be generated by technology, shape our definition of obesity:

[g]enetic tests have moved obesity from being a moral disease (weakness of the will) to a genetic disease, and bariatric surgery has made it a surgical or metabolic disease – altering both its status, prestige, and stigma (p. 7)

So, some groups may see obesity as a behavioral problem (e.g. gluttony), and others as a proper genetic disease, independent of one's will. Besides, technology seems to help to go from one

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<sup>26</sup> Svenaesus (2018) puts it as such: suffering 'has implications for and involves the person's entire life: how she acts in the world, communicates with others, and understands and looks upon her priorities and life goals' (p. 36)

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understanding to another. This technological malleability of illnesses will logically influence one's suffering. For instance, we can expect that an obese person will suffer more if living in a culture where obesity is seen as the result of bad behavior, than if living in a culture where people look at her with compassion because she is "touched by" a disease<sup>27</sup>.

In parallel, authors see a similar relation between technology and suffering because illnesses seem to be indexed to social conventions (Hofmann & Svenaeus, 2018). Imagine that one is living in a society where flying by plane, e.g. for work or holidays, is something normal. First, we know that planes, as material "entities" in society, can be discriminant to obese people, e.g., when seats are designed in a way that implicitly excludes them (Daigle et al., 2020; Flaherty et al., 2019). This means that the plane is ascribing a specific disability to obesity, i.e. the difficulty to work or to go on holiday for obese people, and this part of the illness is not related to pathology. In a world without planes, obese people would not experience this. This part of the illness emerges because of social organizations and, again, the link with suffering is rather obvious: due to the illness, shaped by the plane, the obese person may suffer more since she will not be able to work or to have leisure time as society expects her to.

In sum, technology influences cultural and social contexts, and these contexts participate in giving meaning to illnesses, and illnesses generate some types of suffering. Therefore, the meaning of our suffering is influenced by technology.

The mechanism I exposed here is something generally related to medicine, but it is fairly simple to see the relevance for the euthanasia debate, or to discuss "suffering towards death". If obesity can generate enough suffering in a patient, pushing her to consider her state as not worth living, we could fall into a situation where euthanasia may be required to respect her dignity. Yet, this "situation" is not related purely to the patient's independent will and feeling, neither it is just a matter of fate. It is a technological situation that we shape and that also shapes us<sup>28</sup>. Then, euthanizing the obese patient in the name of her dignity would sound suspicious since the patient's will and suffering are under the influence of parameters that are not, and will never, come out of an independent patient. Suffering seems to equally be negotiated with

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<sup>27</sup> For two historical accounts on how the social and the cultural influenced understandings of obesity and thus the way obese people felt, see Eknoyan (2006) and Gilman (2008).

<sup>28</sup> This is what Svenaeus (2019) also observes when discussing suffering while dying: '[D]eath is not only a physiological event at the end of our life but a relationship to our own ending that we potentially face all the time [...] And a miserable ending, at least if it is a long and disruptive one, can change the meaning of the whole life story if a person becomes severely alienated concerning the way she lives and looks upon herself in the more or less imagined eyes of others' (p. 5). We see here that suffering seems to emerge out of certain processes, which are shaped by one's (material) world, one's life story, and one's own or other's gaze on oneself.

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technology, and thus with the many humans making it. Then, euthanizing in the name of suffering seems to be a simplistic<sup>29</sup> answer to a complex technological problem.

Before concluding, let me discuss how we understand and judge the suffering of others by looking at Singer (1993). He says:

[v]oluntary euthanasia occurs only when, to the best of medical knowledge, a person is suffering from an incurable and painful or extremely distressing condition. (Singer, 1993, p. 200)

Furthermore,

[n]o matter what the nature of the being, the principle of equality requires that the suffering be counted equally with the like suffering. (Singer, 1993, p. 57)

In the light of this section, we can first say that “the like suffering” may be non-existent. As we just saw, suffering is defined through technologically influenced social and cultural interactions. Thus, suffering does not seem to be a countable measurement and on the contrary to what Singer (1993) implies, we may not be able to externalize suffering from its subject. Suffering cannot be measured as if it was an objective entity we could discover through “medical knowledge”, that could be labeled as “incurable” and compare it with the suffering of others.

This was also visible in the Terri Schiavo case. Remembering the court discussions about Schiavo’s illness and suffering, we see that brain scans and other technologies were discussed and interpreted by doctors, allowing the diagnosis of incurability. Some doctors also came with other potential treatments that could heal her in the future. Yet, these pieces of evidence were considered “unproven” by the medical community (Quill, 2005) which also outlined that, from experience, nobody had ever recovered after being in her situation for so long. All doctors were relying on technology: “future treatments” are inevitably technological, medical science is built on technology (see, e.g., Hofmann (2001)), and experience is technologically memorized (databases, archives). From there, the illness *was defined* as a permanent vegetative state: Terri was incurable, she did not feel anything, *neither did she suffer*. It was then considered that withdrawing life-sustaining treatments is what she would want, so it was a good decision. In sum, as disclosed by my study of Hofmann & Svenaeus (2018),

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<sup>29</sup> Here, my use of the term “simplistic” may be charitable. In fact, one could certainly argue that “obnoxious” is more appropriate; such demands could result in euthanizing someone because of a suffering that was built on how others may have created a discriminative world around her.

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suffering towards death is not an “existing” feeling that needs to be discovered, but it is a feeling which evolves and is defined through influential pieces of technology.

Then, the “best of medical knowledge” and “incurability” (Singer, 1993) seem to be technologically unstable concepts. As a result, it may be a matter of which technology is believed in and which technological expert is trusted. In the Schiavo case, some believed in the expert that suggested future therapies, refused the incurability, and did not accept euthanasia. Others trusted past experiences and brain scans and thought Terri was incurably vegetative.

As for the will to terminate life, considering suffering as good reasons to euthanize because it respects patients’ dignity may be too simplistic. Technology always influences how we understand our intentions and feelings (and the ones of others) in an unstable manner and cannot be ignored or considered morally unimportant to take such decisions.

### 2.5 Conclusion: including technology in the euthanasia discussion

To evaluate *what is preventing the euthanasia debaters reaching their aim*, I chose to reevaluate the moral role that is currently given to technology, i.e. it is neutral. In section 2.2, I have outlined that if human actions reveal something about our intentions, then technology is more than a morally neutral tool. I have argued this by displaying how the extraordinary, ordinary, artificial, natural, or active and passive “human actions” are defined through technology. Then if judging actions morally, we never judge only a human, but a human and her encounter with certain technologies, which influence her action.

I have then argued that Rachels’ (1975) denial of the importance of the methods is the only way to save the idea that technology is neutral, and thus that humans can be dignified. Yet, I have claimed that the human cannot be externalized from the method by showing how human will and suffering are influenced by technology (section 2.3 and 2.4). In other words, whether one thinks actions are important or not, technology is morally relevant. Therefore, unlike Rachels (1975) claimed, the method is important because it influences our intentions and the way we understand the consequences.

Technologies do not resemble “objects” which purely determine, or which are neutral. Talking about “human”, “person”, “subject”, and “user”, or about “tool”, “object”, “thing”, and “technology” may then be a key problem since this entails that subjects and objects are distinct entities, independent of each other, while they are not. If we are never independent of technology, then the root of our whole way to discuss euthanasia ethically is endangered. Dying with dignity as a will to die without devices, or without others becomes a type of nonsense for instance since technology has always been shaping the landscape where we live, suffer, or want

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to die. And appealing to “suffering” or “autonomy” to justify views become dubious since these notions are highly unstable in what they mean. Autonomy at the age of advanced directives is different from autonomy in the past for instance. In section 2.4, I have even shown that Terri’s Schiavo’s suffering was different from one set of experts to another, depending on which technology these rely on.

Recalling the title of this thesis, we can wonder if we are now at a point where my discussion on dying with dignity should not lead me to proclaim the death of dignity and the death of the current euthanasia discussion since its aim is unachievable. Keeping this observation in mind, there may be a need to discuss actions, suffering, or will to die, outside of the ideal of human dignity and by considering the influences of technology. From there, we will hopefully be able to offer an alternative to the unachievable aim of human dignity.

In the next chapter, I will explore *how technology should be taken into account when discussing the ethics of euthanasia*. To do this, I will first look at one way in which philosophers have tried to include technology in their ethical practice: postphenomenology. Focusing on Don Ihde’s and Peter-Paul Verbeek’s work, I will show how we could discuss euthanasia with more elaborate considerations of technology and argue that this could benefit the discussion.

### 3 Discussing euthanasia as a technologically mediated practice

#### 3.1 Introduction: taking technology into account

Until now we have seen that the motivation behind the euthanasia discussion is to dignify people facing death by considering and treating technology as morally neutral objects (chapter 1). Yet, I argued that this consideration of technology may be misguided, and this may disrupt the complete euthanasia discussion (chapter 2). It seems that a better consideration of technology in the discussion is needed, which will be the topic of the following sections. This should give me the possibility to contribute to the euthanasia discussion innovatively (chapter 4)

Now I will look at certain ways in which technology has been taken into account in the philosophy of technology, and show the relevance for the euthanasia debate. To do this, I will specifically look into Mediation Theory (MT) which frames technology as an *ethical* entity that should be part of any moral inquiry.

Peter-Paul Verbeek, the main contributor to MT, is of interest in the discussion about euthanasia because the foundation of his ethical understanding of technology implicitly questions the euthanasia debate for reasons similar to those I exposed earlier. For instance, he suggests that the “objects” we are in contact with always influence us “subjects”<sup>30</sup>. As a result, we cannot be independent of technologies and we cannot see “objects” as part of a strictly different rank. Verbeek also suggested a way in which we could talk about technologies by framing how humans experience them: Don Ihde’s postphenomenology. Now, I will explore if their work can help us to reflect upon *how technology should be taken into account when discussing the ethics of euthanasia*.

In section 3.2, I present the philosophical work I will use to take technology into account when discussing euthanasia: Verbeek’s mediation theory and one of its main methodological tools, postphenomenology. In section 3.3, I present the case on which I will apply mediation theory, the euthanasia of Terri Schiavo. In section 3.4, I scrutinize what kind of postphenomenological relation Michael Schiavo had with some pieces of technology, and show how it influenced his moral opinion. In section 3.5, I look at the technological mediation of the Schindler family and outline that a combination of relations with pieces of technology equally

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<sup>30</sup> Verbeek’s use of the terms subject/object could certainly be questioned since he actually tries to debunk this dichotomy and shows that objects are not inert or neutral tools. This criticism could be elaborated in further analyses of MT. Presently, my aim is to use MT for what it gives to us already, and show how this can help the debate.

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influenced their understanding of the situation. In section 3.6, I outline the interest of postphenomenology when describing euthanasia and suggest looking at how it could help the euthanasia debate in general.

### 3.2 Mediation Theory: ethics “from” technology

The ground for building Mediation theory is Don Ihde’s (1990) postphenomenology (Verbeek, 2005, 2011a). From there, Verbeek elaborated further on how postphenomenological studies of technology could help us to do ethics. I will first give a sense of what postphenomenology is. In *Technology and the Lifeworld*, Ihde (1990) argues that seeing a thing (e.g. a piece of technology) only as an object that can be perceived and understood by an external human subject is not adequate. There is something more, involving how an individual relates to the piece of technology and is partly constituted by it (Ihde, 1990).

Ihde (1990) invites us to consider an object like a sardine can. He reports that, in the 1930s, Australian gold prospectors abandoned empty sardine cans in New Guinea. While the original users saw a food container in these objects, the local inhabitants used them as ornaments for headwear for special occasions and rituals (Ihde, 1990, p. 125). Ihde (1990) outlines that each *user* had a different experience, with the piece of technology; the gold prospectors and the New Guineans did not see the same object in the piece of technology and experienced it in a radically different way. According to him, this is the case for all technologies: they are never only a means that we can use and describe unilaterally. Technologies become something, they take on meaning, when the human-technology experience happens. Furthermore, the meaning that comes out of a piece of technology “in use” can vary from one user to another, as with the sardine can, and it can even vary from one use to another (with the same “user”) (Ihde, 1990, p. 144).

Ihde (1990) also argues that we are not independent subjects using technologies in the world; we are rather humans *mediated* by technologies in the world; we relate to the world and experience it through technology. Then, the dichotomy subject/object, or human/technology, becomes problematic from a postphenomenological perspective, since the so-called object always influences the subject and the subject plays a role in what gives meaning to an object. To show this influence of technology, Ihde tries to describe some general relational patterns

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between the human, the piece of technology, and the world. He outlines a non-exhaustive set of categories, called human-technology relations<sup>31</sup>.

First, the ‘embodiment relation’ (Ihde, 1990, p. 72): these appear when a piece of technology is *almost transparently* embodied by human beings. One can think about a pair of glasses or a hearing aid. When incorporated, they become *concealed* mediating entities for the human in the world (Ihde, 1990). Humans seem to ‘extend and expand [their] capabilities beyond the limitations of the body’ (Gertz, 2018a, p. 144).

Second, the ‘hermeneutic relation’ (Ihde, 1990, p. 80): this time, the piece of technology is less transparent and provides a certain interpretation of the world to the human. One could think of a thermometer that isolates, interprets, and offers a visualization of a worldly phenomenon (Ihde, 1990). Through this relation, it seems that certain aspects of the world can be *exposed* while others may be *concealed*. A thermometer exposes temperature and conceals everything else; a TV exposes 2D-images and conceals the perspective of a situation and what is outside the frame.

Third, the ‘alterity relation’: ‘technologies become [...] *quasi-other*’ (Ihde, 1990, p. 98). There, the piece of technology is apprehended as an “other” with which the human interacts directly, while the outside world seems to be hidden (Ihde, 1990). One could think of an automatic vending machine, a shower, or a flipper. In such cases, the piece of technology is prominently *exposed*, while the world tends to be *concealed*.

Fourth, the ‘background relation’ (Ihde, 1990, p. 108). Here, we are not directly related to the pieces of technology, they may even work without our awareness. Yet, despite being concealed, these pieces influence the situations in which we live. One could think about a heating system (Ihde, 1990, p. 108) or a freezer which sometimes works without our awareness, and also shapes our experience in the world (Verbeek, 2005). For instance, food consumption patterns may change if one begins to use a freezer.

Now, one could ask how postphenomenology, which resembles a simple description of certain technologies, can be of any help to discuss the ethical influence of technology in the context of euthanasia? Here, Peter-Paul Verbeek’s work on Mediation Theory (MT) can be helpful, since he shows how these postphenomenological categorizations can be relevant for ethicists. His work on the obstetric ultrasound (OU) is of special interest in this respect (Verbeek, 2008).

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<sup>31</sup> Note that Verbeek (2015) elaborated new types of relations which I will not discuss. For my inquiry, Ihde’s (1990) relations were sufficient.

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For Verbeek (2008), our ethical understanding of the world, such as the moral status we ascribe to humans and non-humans, or the responsibility we have towards others, is influenced by the OU. Based on different studies published about our use of the OU, he argues that most users have a hermeneutic relation with the device (Verbeek, 2008). First, the OU isolates the fetus and enlarges it on the monitor. Because of this particular exposition of the fetus, we begin to see the fetus as a specific person instead of a mysterious unborn within the mother (as it was generally the case before). Furthermore, because of the OU images, we can begin to diagnose potential threats for the unborn, and our understanding of the womb is changed (Verbeek, 2008). It becomes a threatening milieu and the fetus, now a “person”, is even seen as a patient. He finally notes that this new diagnosing ability leads parents to confront new moral responsibilities. They need to decide if they take a test for the baby, and if they do, they might need to react upon the diagnosis responsibly<sup>32</sup>. In sum, Verbeek (2008) notices technological influences on the landscape within which humans live as I did in chapter 2. Furthermore, he argues that these influences are coming from the hermeneutic relation humans have with the OU.

This framing allows him to offer a new way to do ethics, by looking at how technology mediates us and then trying to influence these mediations. In further works, Verbeek (2011a) defends the idea that humans, although not autonomous, can indeed influence technology. Humans still have a form of Foucauldian ‘relational freedom’ (Verbeek, 2011a, p. 111), i.e. the ability to freely act upon what others do to them, or how technology mediates them (Verbeek, 2011a, 2014):

[there is an] ability of the subject to relate itself to what mediates the subject [...], which enables the subject to actively help to shape these mediations. (Verbeek, 2008, p. 20).

To make it concrete, one “user” could still have the freedom to try manipulating a device, e.g. through influencing certain design features, in order to produce or suppress certain mediations<sup>33</sup>. So, when understanding the technological mediations at stake, one could try to

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<sup>32</sup> Verbeek (2008) also notes the impossibility of escaping this responsibility since refusing to use the piece of technology and remaining ignorant about a possible disease is itself a specific intention that will have certain moral consequences.

<sup>33</sup> It should be noted that it will always be a ‘try’ since one of the points of postphenomenology is that we understand what a piece of technology is *only after experimenting it*. A designer could conceptually not know what relation will take place, she can only try to encourage some sort of relation and verify after the experience took place if her attempt worked. And even if it works one time, the designer can never be sure that a new ‘subject’ will not be mediated differently.

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influence technology and encourage relations she considers ethically good<sup>34</sup>. Once having perceived this moral role the human has when making, or influencing, the design of pieces of technology, Verbeek (2011a) can ascribe new moral responsibilities to humans, especially technology makers or influencers. This opens a new way of discussing and doing ethics.

Coming back to the euthanasia debate, a way to acknowledge technology could consist of framing the human experience of euthanasia through postphenomenology. This could give a sense of the moral importance of technology in euthanasia. From this new description, ethicists could discuss and work on the design of influential technologies, i.e. they could gain the ability to do ‘ethics by other means’ (Verbeek, 2011a, p. 154). In the remainder of this chapter, I will try to see how the ideas I just exposed can be applied when discussing ethics in euthanasia.

### 3.3 Framing euthanasia through postphenomenology

To discuss euthanasia through Verbeek’s MT, I will focus on studying the human-technology relations within the specific euthanasia case of Terri Schiavo, which I have already mentioned several times. From the specific case, I will then extract general aspects that could enlighten the entire discussion.

First, let me remind the chronology of the Schiavo case: in 1990, Terri Schiavo had a cardiac arrest because of a potassium imbalance, and most experts rapidly concluded she was in a vegetative state. She was not in a coma, she was conscious and even had some facial expressions. Yet, she was not self-conscious, unable to communicate, neither to swallow. Her state was stable (not degenerative) and she was kept alive with a percutaneous endoscopic gastrostomy (PEG) tube, a piece of technology that directly feeds one’s stomach through the abdominal wall.

In the first years after her collapse, Michael Schiavo, Terri’s husband, and the Schindler family, Terri’s relatives, worked together and attempted to rehabilitate her. Yet, while facing the growing evidence that Terri’s state was irrecoverable, opinions about what treatments should be given began to diverge. In 1998, considering her brain damage and the fact she could not think, decide, or even suffer, Michael Schiavo filed a demand to withdraw the PEG tube. This would mean letting her die by starvation. Terri’s relatives (the Schindler family) refused this demand, advocated against it, and brought the case to court. This led to a long legal battle,

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<sup>34</sup> ‘[b]y critically examining how technologies help to shape situations of choice and frameworks of interpretation, it becomes possible to take responsibility for one’s technologically mediated agency.’ (Verbeek, 2014, p. 84). For Verbeek (2014), if one can understand the stage of her life, i.e. the technological world within which she lives, she can understand the influences around her and become responsible for her technologically mediated behavior.

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and, finally, the court gave its final judgment on whether to remove the PEG tube or not in 2005. After having heard eighteen witnesses discussing the case, judges concluded that if Terri *could* think, decide, and express her will, she would want to remove the tube. Some days after the tube's removal, Terri died.

This case has engaged an astonishing number of stakeholders, especially from 1998 onwards. Alongside Terri and her relatives, doctors, judges, politicians, pro-life and disability rights militants have been trying to impeach or allow the removal of the tube. Overall, even today, this whole case, although legally solved, is not morally solved.

From a postphenomenological perspective, it seems that Terri cannot be seen as a subject to whom the world is revealed through the relation of mediation. Instead, she may have been revealed as an unstable biological entity, kept alive by a PEG tube in the world. This is why I will frame *the world* as being Terri embodying the PEG tube, i.e. Terri-PEG. All humans around her were then relating to her, embodying the PEG tube in the world, i.e. human-(Terri-PEG). What we learn from the example of the OU is that although the piece of technology may be embodied by a single person, such as the doctor using it or the pregnant woman being examined by it, it can still mediate others, e.g. the father may still look at the images and be involved in a hermeneutic relation. Then, it is also necessary to explore how all humans around Terri-PEG may have been mediated by the tube, although not embodying it.

I will now observe how stakeholders experimented with the pieces of technology, offer an account on how they have been mediated, and explore how this influenced their decisions about what ought to be done with Terri-PEG. I will specifically observe the relation with the PEG tube and when targeting other major mediating technologies, I will outline them and see what influence they had. This whole study will always remain partly speculative, but I will try to justify my framing with some pieces of evidence taken from other research on the “use” of the influential technologies I outline.

A final methodological feature I want to outline before beginning the postphenomenological study is what seemed to reveal the hermeneutic relation human-OU in Verbeek's (2008) work. There, it seems that looking at what is concealed or exposed, allows Verbeek (2008) to understand that there is a hermeneutic relation. And in fact, the way technology exposes or conceals the world seems to be mostly what matters in terms of the ethics of OU. Because a fetus is exposed and the surrounding mother is concealed, we ascribe personhood to the unborn, for instance. Or because the fetus is exposed, we can diagnose, obtain information, evaluate the situation morally and take a decision. So, postphenomenological relations, from an ethical standpoint, could be seen as a taxonomy of the different ways

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technology exposes and conceals (Gertz, 2018b, pp. 47-53). This exposing and concealing is particularly present in the case of a hermeneutic relation, but I have shown that it also takes place with the other types of relations (see section 3.2). It is also by paying attention to this aspect that I will try to target which relations take place in the Schiavo case.

### 3.4 Michael Schiavo, the PEG tube, and the brain scans

Let me begin with the mediations of Michael Schiavo. From his own words<sup>35</sup>, we learn the following: after Terri's collapse, he first encouraged the medical effort to rehabilitate her.

What I wanted was to keep my wife in environments that would stimulate her; my hope was that one day, she'd suddenly react. (Schiavo & Hirsh, 2015)

He adds:

My instructions [to Terri's nurses] were that she was to be up, out of bed, dressed nicely, with her hair done. [...] In short, she was to be treated with dignity like a sentient human being, not as though she was unaware of herself and her surroundings. (Schiavo & Hirsh, 2015)

Originally, Michael had tried to revive Terri. He also said that treating her "like a sentient human being" was a way to guarantee that if she would "come back", she would see that 'she was taken care of, that she hadn't been abandoned' (Schiavo & Hirsh, 2015). So, Michael cared about the pain "future Terri" could have if seeing that she was treated as an object.

Yet, at some point, Michael begins to consider the situation differently:

I'd thought long and hard about the times Terri had said, in one way or another, that she wouldn't want to be kept alive by extraordinary means, [...] I'd reached a decision about letting her go. (Schiavo & Hirsh, 2015)

Later, he will ask to remove the tube which he understands as an extraordinary means (Schiavo & Hirsh, 2015). He explains that his demand partly came out of his long discussions with doctors<sup>36</sup> (Schiavo & Hirsh, 2015). Michael reports Dr. Barnhill's testimony in one of the court hearing:

Two CT scans were offered as exhibits during Barnhill's testimony. One showed Terri's brain. The other, curiously enough, was of Dr. Barnhill's brain. Slowly and carefully, he explained what the CT scans

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<sup>35</sup> To investigate "his" relations with the technologies, I will mainly look at his own words about the situation, found in his book *Terri: the truth* (Schiavo & Hirsh, 2015).

<sup>36</sup> This pattern of slow acceptance is something happening frequently for people having to endure similar situation of removing feeding tubes (see, e.g., Kitzinger & Kitzinger (2018)).

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showed, making the case that Terri's brain was permanently and catastrophically damaged (Schiavo & Hirsh, 2015)

So, because of these pieces of medical evidence, Michael Schiavo seems to lose hope about the chance to see his wife again<sup>37</sup>. He thinks then about the autonomous will of Terri before the collapse. And since, after seeing the brain scans, he considers she could not suffer anyway, he decides to respect her will and demands the withdrawal.

In any case, we see that Michael does not seem to see Terri Schiavo in the entity Terri-PEG. He treats “her” as a different entity, either a “recovered, after Terri-PEG Terri” or a “before Terri-PEG Terri”.

Two additional pieces of evidence seem to confirm this mediated relation to Terri-PEG. First, Michael had relationships with other women soon after Terri's collapse without perceiving this as a betrayal of his marriage (Schiavo & Hirsh, 2015). Through the perspective I suggested above, this attitude makes sense since the woman he married was gone. Second, Michael demanded Terri's tombstone to be engraved as such:

BELOVED WIFE  
BORN DECEMBER 3, 1963  
DEPARTED THIS EARTH  
FEBRUARY 25, 1990  
AT PEACE MARCH 31, 2005  
I KEPT MY PROMISE  
(Schiavo & Hirsh, 2015)

So, Terri “departed this earth” in 1990; Terri-PEG is not Terri then. It is someone who can be revived as a new Terri or helped to die to permit former Terri to be “at peace”.

Framed through the vocabulary of postphenomenology, it seems that Michael is exposed to some part of Terri, while other parts of her seem to be concealed. He also tries to make her look more like her despite the fact she is vegetative and kept alive by a machine. Besides, at some point, scans expose her brain, and this seems to convince him that she has definitely departed. It seems that Michael is experiencing a set of hermeneutic relations which expose Terri-PEG in certain ways.

And this type of mediation, leading to unstable understandings of the patient, is not rare when people face similar situations. Studying the experience of 12 families in Great Britain, Kitzinger & Kitzinger (2018) note that once the decision was taken to let their intubated relatives die (with PEG tube),

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<sup>37</sup> Note that there was other technological evidence (and other doctors) that facilitated the understanding of Michael, e.g, the electroencephalography of Terri's brain (Schiavo & Hirsh, 2015).

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[s]ome [...] felt that the patient looked more “relaxed” and even “more himself.” A father had the feeling his son had finally “come back to us,” and a daughter felt more connected with her mother: some linked this to the removal of tubes, a shift to a more homely environment or being able to spend time with the patient knowing there was an end in sight (p. 5)

So, as with Michael, most consider their intubated relatives “departed” as if part of them was concealed. Yet, these “departed” patients also seemed to be here again when relatives decided to stop reviving, i.e., when materiality exposed the patient in a new way. When the PEG tube is removed, or when the material landscape becomes more homely, relatives seem to see their “former” family members again.

This kind of material exposure is also what seems to happen with Michael relating to Terri-PEG, although in a different manner. We saw that the technological landscape seems to expose and conceal certain parts of her. Michael tries to keep Terri in a specific material environment as the future Terri would like to be. He is trying to keep her exposed as a sentient human through technology (make-up, clothes)<sup>38</sup>. Later, similarly to the British families, Michael decides to unplug Terri. He does this to respect her “former” will. The PEG tube seems to be a hermeneutic medium, which can change his understanding of Terri-PEG from the human being she could become to the human being she was.

Other pieces of technology seem to be at stake. What pushes Michael to view Terri-PEG differently and change his experience of the tube seems to be the scans exposing the brain. This is also a hermeneutic relation that has been observed in many other cases. Some scholars defined this as a ‘persuasive power of brain scan images’ (Senior, 2008, p. 60), and notes that scans may offer

‘a reductionist misconception in which the reader may feel that the regions of activity on a functional brain scan image can explain complex psychological phenomena’ (p. 60)

This reductionist view then, allows Michael to see Terri as just a brain, and thus consider her “dead”. From there, Michael concludes that Terri will never return, keeping her alive is keeping a dead person alive with “extraordinary means” and this should be stopped.

In sum, it seems that Michael has a first hermeneutic relation with the PEG tube, which partly<sup>39</sup> exposes Terri Schiavo as being departed. Then, a second hermeneutic relation exposes

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<sup>38</sup> Michael seems to use these artifacts to expose Terri-PEG to herself, in order to make her come back. Here, it seems that Michael already understood the mediating power of technology and tries to help Terri to come back through technological mediation.

<sup>39</sup> I say “partly” because there may be other material aspects which participate in this exposure, as seen in the work of Kitzinger & Kitzinger (2018).

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and explains what kind of departed being Terri was, i.e. her dead brain. His consideration of Terri-PEG's suffering, autonomous will, and dignity are then always considerations on "former" Terri or "future" Terri because of technology.

### 3.5 The Schindlers, the PEG tube, the catholic doctrine, and the videos

Now let me look at the different members of the Schindler family<sup>40</sup>. As indicated earlier, the Schindlers always encouraged the medical effort to rehabilitate Terri and when Michael demanded the withdrawal of the tube, they tried to stop it.

The Schindler family, on the contrary to Michael, seemed to see Terri-PEG as always being the same "Terri Schiavo".

Her dignity, as well as truth, mattered to us. *She was a living human being!* (Vitadamo & Schindler, 2006)

They seem to see her as 'disabled' but still the same human (Vitadamo & Schindler, 2006). As a result, they considered the termination of Terri's life by removing the tube as 'murder' since it would 'deliberately cause her death' (Vitadamo & Schindler, 2006).

Further evidence of their understanding can be found in the family's reaction to one of Michael's claims. At some point, recalling former conversations, Michael argued that Terri would not want to be maintained by machines (see section 3.4). There, the Schindler's declared that since Terri was a 'faithful catholic' (Vitadamo & Schindler, 2006), she could not possibly choose to be unplugged. This would mean that she wants to die, which is equivalent to suicide and from a catholic perspective, '[t]here is no 'right' to suicide' (Vitadamo & Schindler, 2006). This can only make sense if they believe that the entity that will die, Terri-PEG, is really Terri and not someone or something else maintained by extraordinary means.

For them, the PEG tube, which is the only reason why Terri is still "here" does not seem to emerge as an important and impactful factor. Although it had a major influence on the context of keeping someone in a new form of "vegetative" life, they do not seem to notice the PEG tube. It remained concealed and only its effects for Terri were exposed. As a result, the Schindler's only see a "disabled version" of their loved ones, and killing her would harm her dignity. Through postphenomenology, this resembles a background relation with the PEG tube.

This relation makes sense if understanding the design of such tubes. A PEG tube is highly discrete, it is a very small tube (a few millimeters wide) entering the belly and can be

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<sup>40</sup> They also wrote their testimony in *A Life That Matters: The Legacy of Terri Schiavo - A Lesson for Us* (Vitadamo & Schindler, 2006).

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hidden under clothes. As discussed earlier (section 2.2), it is also fairly easy to begin considering it as an “ordinary” technology or even as a natural way to feed, since it is very easy to manipulate and introduce and does not endanger the patient in most cases. If we think about it, it is even smaller than a spoon which we would not consider “extraordinary means”.

But then the question is why did they have this kind of background relation and not a hermeneutic one like Michael? I would claim that this came from another type of mediating entity: the catholic doctrine. In their testimony, the family outlines that John Paul II, through the speech he made in 2004, was ‘on [their] side’ (Vitadamo & Schindler, 2006). Here is the excerpt the family refers to:

I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory [...] (John Paul II as cited in Catholic Medical Association, 2004)

As already discussed in section 2.2, the pope’s perspective is that the artificiality of the means is irrelevant. Terri needs to be fed and whatever the means, the act of feeding is an ordinary, non-medical, and natural act that should not be stopped. And this speech, becoming a part of the Catholic doctrine, encourages the family to see it as the true interpretation of the situation. Then, removing would not only harm Terri’s dignity, but would also harm and disrespect the will of God.

Note that this may not be related to the fact they are believers, but really to their relation to the doctrine as a material entity exposing truths about the world and facilitating their background relation with technology. Evidence for that interpretation can be found in Fairrow et al. (2004). They studied a group of elderly African-Americans’ views of the PEG tube and noted that most of them also had faith in God. Yet, they viewed the PEG tube withdrawal as acceptable, saying that:

‘the Lord gives you breath, the Lord takes it away’. ‘If God is on your side, nothing can happen to you’. ‘When it’s time, I would ask the Lord to accept my soul, and go’. (p. 532)

Although their words could look cryptic, for them the withdrawal was not an offense to God (Fairrow et al., 2004). Fairrow et al. (2004) add:

In our study, personal ideas of God and the afterlife appeared to affect decision-making without reference to a specific organization or tractate. These ideas may reflect spirituality rather than a specific religious affiliation. (p. 533)

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There, it seems that the group discussed God as being another, outside the world, with which they relate to personally, leading to certain input for their reflection. Through the scope of postphenomenology, God seems to be mediated as a spiritual other, an alterity relation. However, for the Schindlers, the mediation is different. God is objectified in a doctrine, exposing the world in a certain way, defining what is ordinary and natural by hiding the artificiality of technology. Through what resembles a hermeneutic relation, the family is gaining confidence in their understanding of the PEG tube. Then, it is not really a matter of having faith or not that facilitated the background relation I displayed earlier, but rather how their faith was materially mediated by religious dogmas.

As a final note, we can indicate that the background relation with the PEG tube also seems to be the mediation of numbers of individuals concerned by the case, but rather foreign to Terri or the family before the collapse. Many protesters gathered in front of the hospital and wanted to ‘save Terri’ (CBS News, n.d.). Their background relation is also displayed in accusations against Michael, accusing him of adultery after he had children with another wife (after the collapse) (CBS News, n.d.). So, again Terri is still the same for them, she was cheated on and threatened to be murdered<sup>41</sup>. For them, Terri-PEG was Terri and thus the PEG was concealed in the background. Here, it seems that a new piece of technology is of importance, generating a hermeneutic relation which encouraged the background relation with the tube: the videotapes made by the Schindler family (Quill, 2005). These were exposing Terri’s face, supposedly reacting to some words, while the PEG tube or the medical diagnosis (e.g. brain scans) were concealed. As observed by Dahnke (2012),

[t]he face of Terri Schiavo was a powerful, albeit ambiguous, image. It motivated several physician-congressmen to forgo basic clinical and medical ethical standards. It communicated life and a rich inner world to the Schindlers and many others. It may have been the primary impetus behind the ferocity of this public controversy. (p. 419)

Here, there seems to be a persuasive hermeneutic feature again, embodied in the piece of technology, which reduces Terri to “just her face”. And, for the militants, if this face could have reactions, and look so alive, it might mean she could have some sort of autonomy and suffering (CBS News, n.d.; Hulse & Kirkpatrick, 2005). Therefore, killing her was harming Terri’s dignity.

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<sup>41</sup> Defenders of disability rights saw his demand as a decision to “kill” a person because of her disability, thus “devaluing” the life of all disabled people (CBS News, n.d.). As for the pro-life movement, the remark of James C. Dobson, an evangelical leader opposing the removal of the tube, is irrevocable: if one removes the tube, one is ‘guilty not only of judicial malfeasance - but of the cold-blooded, cold-hearted extermination of an innocent human life.’ (Dobson as cited in Hulse & Kirkpatrick, 2005).

### 3.6 Conclusion: considering technology can help the ethical discussion

Regarding the number of stakeholders and the number of technologies involved in the Schiavo case, my study could continue for a long time. For instance, the role of the judges, involved in the case, could also offer relevant input by being framed through postphenomenology. For the court, Terri herself would have chosen to remove the tube. They also outlined that the case they judged was mainly ‘a case to authorize the termination of life-prolonging procedures [...]’ (In Re Guardianship of Schiavo, 2001a). In sum, they may have a mediated understanding, where technology appears as an other, who keeps Terri alive. Besides, dealing correctly with the PEG may allow, using their own words, ‘to resolve this matter [...] with the care and dignity that we all owe to Mrs. Schiavo’ (In Re Guardianship of Schiavo, 2001b). Recalling the views I have outlined in chapter 1, technology seems to be exposed as an object which can give or erase dignity, while Terri is necessarily hidden since she cannot express anything. We could also wonder if, as in the case of the brain scans, the catholic doctrine or the videos, there is an additional hermeneutic relation which facilitates such as understanding for the judge: the law and its related materiality (courtrooms, legal archives, etc.).

Through this last reflection, it once again becomes more visible that most stakeholders could be studied through their technologically mediated relation to the world and that this seems to substantially influence the way they will think about autonomy, suffering, or dignity. Postphenomenology can help us to understand more thoroughly the sense of their opinions and actions. For instance, for all of them, withdrawing the tube did not mean the same thing, and did not have the same moral consequences, because of their mediated relation. For Michael, it meant letting someone already dead, be at peace. For the Schindlers, it meant killing an innocent human being. And my previous speculation about the judges shows a situation where withdrawing simply means treating technologies as objects in the name of Terri’s dignity<sup>42</sup>.

To summarize, from my postphenomenological study, we have obtained a way *to take technology into account*. Using postphenomenology seems to better inform us about the technological nature of cases and permits us to take into consideration the influential aspects of technology on human intentions and on their understanding of consequences.

Then if we should answer the question *how technology should be taken into account when discussing the ethics of euthanasia?* We could say from my work that we need to consider

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<sup>42</sup> It seems that there will be something to say here about how a postphenomenology could offer a technological understanding of the law and, if recalling what I said in section 3.5, of religion. This will not be elaborated further for now and could be the topic of further research.

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the “human mediated by technology” instead of the “human using technologies”. Through postphenomenology, we can understand that framing the human-technology relation differently is of special interest because it helps us to understand why some people disagree, and why they have certain intentions in certain technological situations.

A downside of my study however is it gives only a snapshot of the situations of mediations, which may be time specific. I exposed the relation mainly from the perspective of testimonies that were given after Terri died and thus it may represent only a part of all the mediated states that stakeholders encountered. Yet, I will try to show in the next chapter that with this limited account, we can already obtain beneficial outcomes to discuss the ethics of euthanasia.

Now, I will try to formulate answers to my general inquiry for this thesis: *How the discussion on euthanasia could benefit from taking the ethical role of technology into account?*

## 4 The benefits of my “technological” perspective for the debate

### 4.1 Introduction: doing ethics of technology

Until now, I have investigated the debate around euthanasia (chapter 1) and showed that the current purpose of this debate entails certain problematic considerations of technology as being morally neutral (chapter 2). I then suggested that postphenomenology offers a new way of taking technology into account when discussing euthanasia (chapter 3). This should give me the ability to contribute to the debate now.

In the Schiavo case, postphenomenology helped in making sense of the technological influence humans encounter when intending actions and expressing their will and their feeling. I have shown using MT, that through *different relations to technology*<sup>43</sup>, the moral understanding, definitions, and then opinions of stakeholders change.

Having focused on the specific case of Terri Schiavo, it is time to see how my work can contribute to the general ethical discussion about euthanasia. In other words, we can now answer my general research question: *How the discussion on euthanasia could benefit from taking the ethical role of technology into account?*

In section 4.2, I outline the first outcome of my work, which is that it can help us to analyze the moral points of view, actions, or intentions of many stakeholders of certain euthanasia situations in light of their technologically mediated meaning. In section 4.3, I outline a second outcome, which is that my work sets the stage to design technologies within which euthanasia takes place, to influence situations morally. In section 4.4, I outline a third outcome by arguing that my work can question traditional ethics by criticizing certain well-established ideas, such as the ideal of human dignity. Yet, my work may also indicate some ways in which we could reconstruct certain values to help us judge situations. In section 4.5, I outline one main limitation of my work, which is its lack of guidance concerning what ought to be done in euthanasia situations. I also argue that there is a need to obtain a better understanding of the technologically mediated human in order to gain ethical wisdom. In section 4.6, I will conclude that mediation theory can disclose unspoken aspects of the ethics of euthanasia, i.e. the technologies and their design. Discussing euthanasia through these aspects could be fruitful for the debate, and bioethics in general.

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<sup>43</sup> This should not be confounded with "because of technology". It is not as if a piece of technology was just creating a new situation as a tsunami may do. Technology seems to create some types of subjective understandings of a situation when experimented by a specific subject.

### 4.2 Discussing technology in euthanasia

Rather than discussing euthanasia as a story of good humans/bad humans, good intentions/bad intentions, or good death/bad death, postphenomenology shows us that we should *discuss* good human-technology/bad human-technology, or good techno-intentions/bad techno-intentions, or good techno-death/bad techno-death. A straightforward way this consideration could help the debate is by clarifying the role of technology. I have discussed in section 1.2 the importance that certain debaters put on ideas as passive/active killing, or artificial/natural care. My contribution shows that these are technological definitions (section 2.2). Furthermore, it shows how our technological mediations make us become active or remain passive, and show us the artificiality or the naturalness of care. We can see that because of their mediated state, the Schindlers understand the action to withdraw as murder, while for another, withdrawing is to stop artificially saving a life and passively let someone be at peace. Understanding the mediating role of technology in euthanasia seems to have an enlightening power, making us aware that technology is always a part of our understanding, our demands, and our actions. Because of this, we should have a better space to debate the problem and have more fruitful discussions.

In fact, this “better space” for discussing ethics through MT has already been fruitfully set in academic spheres. For instance, informed by Verbeek’s (2008) works on the OU, the bioethicist Catherine Mills (2018) has provided a powerful criticism of American laws forcing women to undergo an ultrasound. Having coined the mediating power of technology, she suggests that such laws might be ‘efforts to reduce access to abortion’ (Mills, 2018, p. 27) by displaying persuasive images of the fetus. Since “professional” ethicists have already been better able to debate because of MT, there is no reason to believe that lay people would not be equally enlightened by such perspectives.

In the Schiavo case, we can hope that MT could reduce the lack of understanding between stakeholders. For instance, we could hope that if Michael understood his own mediated state, he may have put less effort into trying to remove the tube. First, if Michael notes that his view of Terri as a brain may be questionable since this came out of questionable technological evidence, it could reduce his conviction (Senior, 2008). Second, if Michael remains convinced that Terri is dead, he could still understand that his mediated will to remove can only honor the hypothetical will of a person he himself considers dead. Third, if Michael persists in wanting to honor and give dignity to a dead person, we could still try to convince Michael that “former Terri”, who he cares for, would probably not have wanted to see such a family drama

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happening. Especially, if being kept alive would not have any incidence on her suffering. In sum, by playing with the coherence of Michael's mediated understanding, we could try to convince him<sup>44</sup>.

Then, we see that postphenomenology would not give us answers, but may allow better debates because mediations are disclosed. Let me show now how this observation could be helpful for other situations of euthanasia by looking again at the case of Jack Kevorkian euthanizing Thomas Youk (see Introduction).

As a reminder, Kevorkian operated the lethal injection on Youk and also filmed the procedure 'to force the debate back into the public eye' (Kevorkian as cited in Rovner, 1998, p. 1838). Kaplan et al. (2000) have even shown that, instead of helping others to die, the intentions behind most Kevorkian's assisted suicides were to change the understanding of the American public about euthanasia. If we look at early works of Kevorkian, we can confirm the sense of this analysis. Talking about technological issues in medicine, like euthanasia, he notes:

These profound problems will demand and get immediate attention and action. The medical profession had better be ready, not simply to participate but instead to guide and control a sublime mission rightfully in its domain (Kevorkian, 1986, p. 1060)

He also notes that for solving difficult cases,

specialists [MP] most assuredly would [avert] the demeaning sensationalism of recent right-to-die litigation [...]. Such unfortunate events can only lead to more unpopular and even deleterious governmental regulations that tend to merely compound dilemmas. (Kevorkian, 1986, p. 1059)

His stance about the inefficacy of sensationalism was confirmed by his own filming of Youk's euthanasia:

Kevorkian's act brought discussion of the ethics of assisted suicide and euthanasia to a grinding halt as the media concentrated on whether he was crazy, whether he ought be punished, and, if so, how. (Caplan & Turow, 2004, p. 38)

Without the knowledge of postphenomenology, we could wonder here if, as most media asked at the time, Kevorkian was not just "crazy". Especially since he seemed to do a

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<sup>44</sup> Note that this is not to say that Michael was wrong in his inquiry. This is simply an example that I use to show that there may be evidence that MT could help to discuss better. We could similarly hope that if the family had understood their mediated view, they could have accepted the probability that Terri was not the same as she was before, neither that she could be revived in the future. My work could show them that their belief partly comes out of the invisibility of the piece of technology that keeps her in an unstable life-form. Yet, as a personal remark, although it seems plausible to me that Michael may become much more consensual if aware of his mediated state, I did not find any good argument to show that my study would be strong enough to disrupt religious dogmatism. This would certainly demand the use of other philosophical work.

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sensational action that he knows to be inefficient. But with my work on postphenomenology and the knowledge we have about the mediating power of technology, I would argue that another interpretation is possible.

What if Kevorkian did not want to be a showman or a martyr but he simply wanted “to guide and control” our understanding of euthanasia by using a piece of technology to explain what euthanasia is? In sum, he counted on the hermeneutic relation that will be generated by the videos to change our understanding. ‘I am going to prove that this is not a crime, ever, regardless of what words are written on paper’ (as cited in Rovner, 1998, p. 1938), Kevorkian says. Against already written ‘philosophical constraints and ecclesiastical dogma’ (Kevorkian, 1986, p. 1058), he tried to change our understanding of his actions and euthanasia in general. Thus, he may not have used his patient as a cause, neither wanted to be so sensational, he may just have tried to manipulate technology for a cause.

Remembering the postphenomenological understanding of technology as being never neutral nor independent of us, Kevorkian has made the error of believing that technology could be used as a simple tool. He may not have planned that embodying the video recorder would automatically shape himself and his patient as well. His embodiment “extended and expanded his capabilities” (Gertz, 2018a), transforming him into a megalomaniac, a “crazy” person in the public eye (Caplan & Turow, 2004), and incidentally objectified his patient for a cause. Then, a general contribution that comes out of my postphenomenological work on a very precise case (Schiavo), is that it offers a thinking pattern to explain other complex cases, like Kevorkian’s.

Such intuitions about the role of Kevorkian’s videotapes came out of my observation of videotapes in the Schiavo case (section 3.5), and from there, I have obtained new understandings for a different case. Discussing the technology in euthanasia helps us to understand that in all euthanasia cases, technology mediates and permits us to question the frequent understanding of humans as the only important entities to be judged. In sum, our knowledge about the role of technology could help us to discuss and act better in euthanasia situations<sup>45</sup>.

Now we could even begin to use my work to understand other cases, like the Berner case. Although I do not want to spend too much time reevaluating the complete situation here, we can still question it by taking postphenomenology into account. For instance, we could ask if the kind of unanimous acceptance about the goodness of her actions was present because

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<sup>45</sup> For instance, Kevorkian could have evaluated better the outcome of his action since he would have been aware of the hermeneutic role of the videos. Or the American public could have understood better his technologically mediated intentions, etc.

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nothing morally wrong happened or if it simply came from the fact all stakeholders judging the situation were mediated in a single way, i.e. through her testimony reported by the media<sup>46</sup>. Indeed, the case has not been filmed, and nobody around the patient tried to use other mediating entities to influence the public. Besides, the Swiss context involves much less religious dogmatism than the American one<sup>47</sup> (which I have shown important for its “hermeneutical” aspect). Informed by my work, we can wonder if the situation was really easier to evaluate morally than the Schiavo or Kevorkian case. The only difference may be the reduction of technological mediations, which facilitated the common understanding of the case. In sum, if my assertion from the postphenomenological understanding of the Berner case is correct<sup>48</sup>, we could seriously ask if the case was as ethically acceptable as we believed (Perrin, 2010) or if the stakeholders were not simply mediated in the same way. We could thus re-open the debate with the postphenomenological understanding.

Generalization is complex with postphenomenology, since we focus on specific stakeholders and pieces of technology. Yet, it seems that my work can serve the discussion by enlightening an unspoken moral component that questions our traditional way of seeing difficult cases in euthanasia. This already helped ethical discussion in academia (Mills, 2018) and could help debaters in many other spheres. Having outlined how we can discuss better, I will indicate another way ethicists could benefit from my work in the next section: by manipulating or working directly on the pieces of technology.

### 4.3 Doing technology in euthanasia

In my last section, I have argued that Kevorkian may have tried to modify the public (US) understanding of euthanasia with the videotapes. Using the words of Verbeek (2011a)(see section 3.2), Kevorkian may have used his “relational freedom” with technology to work upon the American public’s mediations.

The act of Kevorkian may have been implicitly theorized in the realm of MT. Verbeek (2005, 2011a) has been trying to explain how humans can “use” their relational freedom to

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<sup>46</sup> After research, a large part of the case has been kept secret. Even the name of her patient remained unknown for the general public.

<sup>47</sup> This can be understood if looking at the study of Nicolet & Tresch (2009) who observed a religious decline at the end of 20th century and the beginning of 21st in Switzerland. In addition, they note that there is an increase in people having some sort of belief, but do not belong to any denomination or follow dogmas (which, I have argued, was the most important aspect of the Schindlers’ religiosity). In the US, dogmatism seems to remain much more present (Gallup, n.d.; Sedikides, 2010). This might result in an understanding of the world through the “hermeneutic” spectrum of religion (as the one of the Schindlers).

<sup>48</sup> This would still need to be better argued to become something else than an assertion. Yet, I do not have the space to do it here.

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influence mediations. He even suggested that it may be the technology makers' responsibility to influence human-technology relations, albeit not having total control and sovereignty over mediating technologies<sup>49</sup>. Using his words, he advocates that designers should develop technologies in a 'responsible' (Verbeek, 2011b, p. 155) and 'sound' (Verbeek, 2011a, p. 33) manner<sup>50</sup>. Note that Verbeek does not say what is "morality", what is good, what do we ought to do, etc., he simply gives this prescription as a reaction to what he discovers in his postphenomenological studies.

With this in mind, contributing to the debate could be done by giving debaters new ways of doing ethics. With my work, ethicists could reflect upon the design of pieces of technology in euthanasia since this is likely to influence the emergence of morally complex situations. Let me look for instance at two morally important design features of Terri's PEG tube and show how ethicists could use these elements to do ethics.

First, the PEG tube can be installed, removed, and re-inserted without considering the will of the patient, even without the patient being conscious of it (Peck, 2005). Looking at the Schiavo case, we can deduct that this feature permitted the mediations of external stakeholders to have a tragic impact. Let me explain: for Michael, dealing correctly with the tube was a way to achieve his duty to dignify a "future" Terri, or a "former" Terri. This was the case because of hermeneutic relations with the tube and the scans. For the family, dealing with the tube was a way to achieve their duty to dignify Terri who was disabled. This mediated understanding was due to a background relation with the tube and a hermeneutic relation with religious doctrine. Overall, the dispute was not generated from the fact they were mediated differently only. It is also because the PEG tube was so easily usable by people external to the patient; this triggered the dispute. In sum, the design of the tube allowed a difference of understanding to become a moral tragedy.

So, if the tube were designed in such a way that only the one who will benefit from the feeding could insert or remove it, we could avoid the engagement of differently mediated beings. With such framing of the technology, Terri's case could have been solved in a few days,

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<sup>49</sup> If one remembers the OU example, we saw that technology may facilitate our understanding of the baby as a person. Yet, this did not mean we always see the fetus as a person from now on, neither does it mean that nothing can be done to avoid this novel understanding. One could still try to change how the fetus is monitored, in order to modify the hermeneutic relation, or one could simply become aware that her view is coming out of the mediation and decide to change it. As a result, from the perspective of mediation theory, it is still possible to design, limit, or legally frame technology in order to encourage morally adequate human-technology experiences.

<sup>50</sup> For some examples of how this has already been *attempted*, see Tromp et al. (2011) or Dorrestijn & Verbeek (2013).

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since she could not accept this tube in any way, and no external stakeholders could have been involved either<sup>51</sup>.

Now let me look at the second design feature of the tube: it is discrete<sup>52</sup> although needing to be plugged into an external and more voluminous feeding system (Peck, 2005). This aspect comes from the fact that discretion is correlated with convenience for many users (Quinn, 1999) and currently, the design of such systems is going towards even more discretion. For instance, some devices allow patients to plug and unplug the tube from the feeding system by themselves (Quinn, 1999; Quinn et al., 1991), offering the possibility to conceal the tube when a patient is active, and re-plug it when needing to be fed.

From the perspective of a conscious user, discretion as a design feature is surely more convenient and offers more physical liberty. Yet, in the Schiavo case, I have shown that this may result in misunderstandings between stakeholders. While some seemed to see an intubated patient artificially maintained by extraordinary means, others began to see her as if no technology was at play because of the discretion of the tube (see section 3.4 and 3.5). This transformative effect was also outlined by the work of Kitzinger & Kitzinger (2018), who observed that when the PEG tube was removed, certain people saw their “former” family members again instead of a “departed” one. Because of the invisibility of the piece of technology the understanding of the “same” human changed. Therefore, it seems that by working on the discretion of the tube, we work on the feeling of “extraordinariness” that stakeholders may have. This influences their understanding of the intubated person and, in the Schiavo case, of the intentions of the third party that withdrew or demanded to withdraw.

Then, if we think that one relation is better than another, we could adapt the discretion of the piece of technology to obtain better mediations<sup>53</sup>. If one thinks Michael’s relation was right, the feeding tube should be made more visible to avoid background relation. And if one thinks the Schindlers were right, the current trend of making feeding technology invisible could be encouraged.

Working on relations could also have been done with other mediating entities. If we imagine that we could find ways to push the Schindler family to an alterity relation with their

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<sup>51</sup> This design solution would also have as a tradeoff that patient cannot be maintained alive while waiting for future treatments for instance. In addition, for this to become a real impact, there would be a need to prevent *any* types of design that could allow one to be force-fed without consenting.

<sup>52</sup> The exact size of Terri Schiavo’s PEG tube is unknown, but from observing the standards, the tube may have had a diameter in between 1cm and 3cm.

<sup>53</sup> The idea of making technology visible is already explored in other fields. For instance, Hargreaves et al. (2010) showed how making energy consumption more visible through monitoring it raises users’ awareness of the impact of their consumption and change their behavior.

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religious doctrine, the Schindler's view could become closer to Michael's (see my discussion of Fairrow et al. (2004), section 3.5). Although my work does not explain how such transitions could be operated, it still discloses a new way we can conceptualize religious issues, which now can be worked upon.

Besides the design of specific technologies like the PEG tube, we can also discuss the technological framework within which a situation takes place. For instance, there was more than one technology at stake in the Schiavo case, and this had a moral impact. I have argued that it is the combination of PEG tube and brain scans that resulted in the mediated will to withdraw the tube (section 3.4) and the conflation between PEG tube and catholic dogma that exposed the need to keep Terri alive, as a matter of divine justice. Finally, like Kevorkian before them, the family seems to have used videos to change the mediation of the American public, and this allowed them to gain support from many activists.

In all of these cases, we could try to work upon the conflation of pieces of technology to avoid or encourage certain mediations<sup>54</sup>. If one thinks Michael was wrong, avoiding the conflation PEG tube and brain scans could have changed his decision. On the contrary, if one thinks the family was wrong, stopping them from filming Terri could have allowed them to remain isolated opponents<sup>55</sup>.

To summarize, after taking into account technology with postphenomenology, we can offer new ways of doing ethics by shaping technological mediations. First, we can think about how to design in a way that limits the engagement of certain mediated stakeholders. Second, we can make technology avoid or encourage certain types of mediated understanding. Third, we can avoid or encourage some technological conflations to appease certain situations or facilitate the discussion around moral dilemmas.

These three outcomes can also benefit other cases. For instance, I outlined earlier that a potential phenomenon that happens in the Berner case is that we (Swiss people) have all been mediated in the same way and thus we all believed it was a morally good "killing" (Perrin, 2010). If wanting to question what has been so unilaterally accepted, ethicists could have tried to influence our mediation in the same way Kevorkian did or by other means<sup>56</sup>.

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<sup>54</sup> Avoiding the usage of certain pieces of technology together is already something we do in other fields. For instance, because of the danger of using a phone while driving, many laws exist to prohibit this "conflation" (for the drivers). We could imagine similar regulations for the type of conflations I have just discussed.

<sup>55</sup> This is what may have happened in the Berner case, where opponents still existed (Perrin, 2010) but had no platform, neither used "hermeneutic" devices, to question the debate.

<sup>56</sup> Yet, they have to keep in mind that their own use of technologies may have undesirable mediated effects, as in the case of Kevorkian (see section 4.2).

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I have now displayed two ways we could help the euthanasia discussion with my work on postphenomenology. Yet, I have only offered ways to structure the conversations in a better way and suggested a new way to do ethics by shaping technology. I never provided new answers to what ought to be done in euthanasia situations, neither how could we judge it. I have argued that notions like dignity, autonomy, or suffering cannot be considered as debaters usually do, but I did not give new values or ethical frameworks. Let me address this point now.

### 4.4 Doing bioethics with technology, or letting human dignity die

A last important point relates to how my work could concretely serve ethics or bioethics when they need to offer a judgment on euthanasia situations. At the end of chapter 2, it was argued that my findings debunk important notions currently used by ethicists: I have shown that the autonomy of our will may be an illusion and that using suffering as a compass to euthanize may be misguided. This even led me to wonder if proclaiming the death of dignity was necessary (section 2.5). From my postphenomenological work, I would like to argue now that this is not necessarily the case. Yet, my work may demand to rethink certain values when discussing the ethics of euthanasia.

Let me first show why stating the death of dignity, may be farfetched. From my work, we know the following about how the PEG tube could be seen. First, it keeps what was considered a human being in an unstable “vegetative” state, close to the one of an object, which could sound undignifying (Michael’s view). They also maintained hope for transforming this unstable entity into a potential subject, which would mean they set the space for human dignity (also Michael’s view). Second, the PEG tube may allow a subject to survive and still be a dignified human being. (This was if one thought being vegetative did not mean losing humaneness as the Schindler family did). Finally, by being treated as an object, the PEG tube seems to allow a human to reveal her dignity by expressing some form of freedom and control over the PEG (this is what I speculated about the judges’ view). Then, in my study, it seems that even if trying to dignify did not help the debate, all stakeholders considered that dignity was still possible for Terri-PEG.

This might indicate that dignity as a way to honor and give an intrinsic value to certain beings is not threatened by my work, or by the fact we have no independence from technology. In a sense, a positive (or maybe optimistic) understanding could be that Terri would have been dignified with any decision depending on the mediated perspective we look at. What is threatened by my work is the idea that pieces of technology must be treated as neutral objects when humans want to die with dignity. Then, it seems that rather than declaring the death of

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dignity, my work declares the death of a certain vision of how to dignify in bioethics. Now, we need a notion that resembles human dignity, which, *takes technology into account*.

To find this notion, let me then look at Verbeek's (2011a) answer to the accusation of threatening dignity by denying our ability to be free of interference:

'human dignity is not necessarily attacked when freedom is limited. A nation's legal constitution entails a significant limitation of freedom, after all, but this does not make it a threat to our dignity. [...] Few people will protest the legal prohibition of murder, so why protest the material inhibition imposed by a speed bump that prevents us from driving too fast at places where children are often playing on the pavement?' (p. 96)

Verbeek's idea (2011a) could be summarized as such: being restricted from doing heavily immoral actions (e.g. killing an innocent) does not harm dignity, likewise, nudging one with technology, e.g. with a speed bump, to enforce the adequate moral outcome does not harm dignity. In other words, if we accept that one's dignity is socially bound by the need to respect the dignity of other humans, which we do (section 1.4), we could also accept that one's dignity can be technologically bound. The analogy with a nation's legal constitution might also imply that as long as a technologically influenced person is involved in the decision process and consents to the choice taken about technology, e.g. protecting children, being under the influence of each other, through technology, does not necessarily threaten our dignity<sup>57</sup>.

What could be conceptualized from MT and my outlining of how Terri's surroundings tried to give her dignity, is that instead of 'human dignity' we could talk about *techno-human dignity*<sup>58</sup>. This could be defined as the worth of technologically mediated and interdependent beings. Such a notion, which is rather anti-Kantian (see section 1.4), would aim at "valuing" human beings through their relation to technology. Human dignity, according to Kant (1785/2002), was specifying the dichotomy object/subject, while from the perspective of techno-human dignity, the worth of objects and subjects would result from the experience of mediation. Besides, while human dignity was flourishing from the duty to respect each subjects' rights, techno-human dignity may question the meaningfulness of rigid applications of such

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<sup>57</sup>Note that this remains my interpretation of Verbeek's view. He did not precise thoroughly his thought on dignity. The fact the dignity of one is settled and defined by the choice of the technologically mediated majority as it is the case with law (cf. "few people will protest") is something that could certainly be criticized. But this goes over the scope of this thesis.

<sup>58</sup> Here again, we could criticize the vocabulary of Verbeek (2011a) in the excerpt I mentioned, since he still discusses "human dignity" which may entail the idea of a human "without technology" that could be dignified. Yet, again, this work does not aim at targeting the errors in mediation theory. Besides, it could also be claimed that Verbeek having continually argued that the human has always been technological, he has no need to specify that we are "techno-humans". Being human is being techno-human from MT's perspective.

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duties and rights. This is because subjects are never really independently willing and their suffering can be understood only through their mediation with technology. Then, dignifying the techno-human may not be reducible to respecting rights and duties, which we can do through using pieces of technology as objects.

In sum, my postphenomenological approach confirms that conceptualizing subjects as having worth and dignity, and objects as having none, poses a problem. It also shows that rather than being eternally undignified because of our inability to be these subjects, independent of technology, we could affirm some kind of dignity or give dignity to others in new ways: through technology.

Then, after questioning ethics and bioethics (chapter 2), this could be seen as the contribution that I can offer to it. From my consideration of technology, we can argue that if dignity means considering technology meaningless and treating pieces of technology as objects, then bioethicists should let dignity die. Yet, if the idea of dignity is to honor and respect the “many humans” with which we live, this can still be done, and technology will have to play a role in this. Whether we want it or not, technology is important and influences us. Thus, including it in how ethical values are defined and discussed seems to be a sensible and necessary step. We also see here that stating the importance and the worth of technology does not necessarily indicate that humans are not worthy. On the contrary, humans may be worthy and the objects around them may also be since they mediate us and play a role in constituting our moral understanding of the world and other humans.

### 4.5 Exploring further the techno-human

My last discussion on how this thesis could contribute to bioethics has remained rather reflective and at a conceptual level. Before concluding this thesis, then, it would seem relevant to expose what my postphenomenological study did not or cannot yet offer to the discussion around euthanasia and offer suggestions about what the next research steps could be.

After having suggested that my work helps the debate in different ways, we could expect to be better able to solve cases like the one of Thomas Youk or Terri Schiavo. Yet, this is not necessarily the case. I have just displayed that thinking in terms of “dignity with technology” may be helpful for ethics but it is still necessary to conceptualize how the inclusion of technology in our values could be operated. We may also need to look further into what kind of respect do we owe to “techno-humans”, how can this respect be enforced, or how can we judge and hold such entities responsible. In other words, there is both a need to study further what the techno-human is and what kind of dignity, or maybe I should say techno-dignity, this

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techno-human can have. Thus, from my work on euthanasia, it seems that we have opened a door on much broader ethical issues rather than having “solved” the euthanasia discussion.

If wanting to develop further on what kind of ethical responsibilities we have and what ought to be done in euthanasia situations or any other practices involving techno-humans, we may need to obtain a clearer understanding of ourselves. This is because, for now, we seem to be in a position where there is a demand to judge mediations and moralize technology while being ourselves technologically mediated and influenced, as if members of a sect had to judge their own cult. In light of my work, if we imagine that we would ask Michael Schiavo to decide what to do in terms of ethical design, he could only think about a solution for the tube while being under a very specific type of relation with this tube. What is likely to happen is that his ethical choices will be facilitated by his own mediations, when it is these mediations that need to be discussed. This would be the case for every stakeholder since they are inevitably mediated. Then they will still be able to provide judgments, but the judgment that will be deemed adequate will certainly be the one coming out of the most powerful stakeholders, who will have managed to enforce their own mediated view on others. This may be pragmatically adequate, but if the most powerful are also the most immoral, this may not be the most ethically adequate.

Therefore, to improve our way of discussing and doing ethics, we are in need of an understanding of the technological “subjects” we are. Furthermore, we must frame the moral responsibility we have as mediated beings, and the extent to which we can escape or change certain technological influences. We need to be able to explain what it means to be a techno-human ontologically and existentially and from there extract an ethics that is informed by our technological state<sup>59</sup>. My work shows the interest of MT to consider technology in the ethical discussion. But the limitation of my work on the ethical discussion also seems to indicate some limitations of MT in that respect. MT offers ideas on “what” can be done about technology, e.g. in a euthanasia situation, but we are still in need of wiser ways to judge what we ought to do in light of our inevitably technologically mediated state.

If the call to moralize mediations is not accompanied by an understanding of the “techno-human”, the risk is that we may believe in moral abilities we do not have. I have shown

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<sup>59</sup> Note also that in terms of ethics, if we take the work of Verbeek and my own take on MT, classical frameworks and terminologies that we use to find the good may no longer apply if considering the techno-human. Whether we talk about utilitarianism, Kantian deontology, or even virtue ethics, all rely on some fixed terminologies that seem to be considered properly human and independent from technology, (pain and pleasure, autonomy and reason, and the virtues, respectively). From my work on euthanasia, it seems that such stability of terminologies, outside the material context of the world, is impossible: terminologies and values are built through technological mediations. For a work related to mediation theory and the unstable aspect of moral values, see Kudina (2019).

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that many euthanasia debaters seem to be in such situations. They misunderstand technology, thus believe that humans can have an independent understanding of suffering, and emit an independent will and moral judgment. From this misunderstanding, I have indicated that the whole purpose of the euthanasia discussion was probably an illusion and that such ignorance could lead to dubious demands (see, e.g., my discussion of Singer (1993) in section 2.4). Now, if not able to explain clearly the techno-human, the extents of her liberty, and responsibility, the mediation theorist could express moral opinions on mediations and try to shape them while being similarly limited or misguided, and then ends up in new mistaken understandings<sup>60</sup>. In a way, after having indicated the obsolescence of certain moral and ontological considerations of humans, my work may suggest that mediation theorists should try to find new understandings of what we are. This would provide the ground to discuss the good, i.e. what techno-humans ought to do, within the technological world MT helped to reveal. This could also unlock the current limitation MT has, i.e., it mainly shows new ways to do and discuss ethics, but not necessarily how to be ethically wiser.

Although many authors could be helpful to obtain this understanding, notably in the discussion around “posthumanism” (Sharon, 2014), one figure could be of specific interest in light of my work: Günther Anders. Anders (1937) has provided rich philosophical inputs on the necessary artificiality of human beings. He defines us as beings that continually build and understand ourselves through technology (Anders, 1961). And from there, he already provided discussions on how pieces of technology may transform “humans” and what they feel or want. For instance, Anders (1961, 1980, 1997, 1985/2009) explored the state of our shame, hate, love, and even our ability to die, in the contemporary technological age. His contribution being relatively ignored by MT until now<sup>61</sup>, it could be a relevant departure point for further research about the ethics of the techno-human, and to provide a first idea of what is techno-human dignity.

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<sup>60</sup> Jacques Ellul (1990, 2012) argued that we may be so much under the influence of our technology, that we have encompassed a kind of technological morality. From an Ellulian perspective, the current call of MT to deliberately “maximize morality” through our relational freedom, could be seen as a “technological” moral ideal, where (moral) efficiency is endorsed for its own sake, before being able to say what is morality. For a similar criticism of the way of thinking of postphenomenology, see the Heideggerian analysis of Zwier et al. (2016).

<sup>61</sup> Verbeek (2005) does quickly address Anders and his philosophy of technology, but he remains rather narrowly focused on Anders’ discussions of mass-production.

### 4.6 Conclusion: considering the techno-human in the ethics of technology

This thesis ultimately demanded: “*How the discussion on euthanasia could benefit from taking the ethical role of technology into account?*” I have offered three ways in which my consideration of technology, through postphenomenology, could help the discussion.

The first benefit of my work for the discussion is that we can now observe euthanasia from a technological perspective, and this could help to discuss such topics better. I have also underlined some ways my work on the specific case of Terri Schiavo could help when discussing other cases, like the one of Kevorkian or Berner.

A second benefit could be presented as a new activity that my work discloses when thinking about the morality of euthanasia: design. I have shown how one could manipulate a piece of technology to avoid the influence of certain technological mediations for instance. Or I have also suggested that a new way to discuss ethics could be to target how technologies, when put together, lead to harmful situations. (We could then try to reduce certain technological conflation).

Thirdly, I have tried to show how I contributed to traditional ethics and bioethics by questioning the current presupposition about humans and technology. On the contrary to what Rachels (1975) argued, I have claimed that the methods and the means, cannot be considered unimportant. Technology continually shapes us, this needs to be acknowledged by ethicists, and included in their way of discussing moral values in euthanasia and in bioethics in general. I have notably suggested the idea of thinking about a notion of “techno-human dignity” which could replace the one of human dignity.

Finally, I have outlined what the findings of this research did not offer to the discussion: a proper way to judge euthanasia situations and to know what kind of morality we can encompass as mediated beings. I have also indicated that to obtain this, there was a need to study further what the techno-human is, what kind of responsibility can be ascribed to them, and what kind of ethics they can follow.

Having given some answers to my main research question and indicated certain paths we could further follow, it is now time to conclude this thesis by summarizing what has been discussed.

## Conclusion: a look back at the guillotine

I began this thesis with a provocation about using a guillotine in euthanasia. The guillotine and other technologies or methods, like the firing squad, the euthanasia implant, or the broadcasting of euthanasia on TV, led me to emit some concern about our current moral understanding of technology when discussing euthanasia. Observing that technology seems to be seen as unimportant, I have wondered *how the discussion on euthanasia could benefit from taking the ethical role of technology into account?* And to answer this question, I asked three sub-questions which I will review now and show how answering them contributed to the euthanasia discussion.

In chapter 1, I asked *what is the aim of the euthanasia discussion?* I have indicated that, in the ethical discussion, euthanasia was consistently considered a human affair, involving certain intentions, actions, and moral consequences. Furthermore, debaters are interested in dignifying human beings facing death. Observing contributions to the discussion, I have discussed a conception of dignity which defines the human as a specific subject with rights and duties. For instance, a dignified subject has a right to give an autonomous will and the duty to respect the autonomy of other subjects or, the subject has a right to not suffer and the duty to alleviate the suffering of others. I have outlined that the role of technology seems to be taken for granted in the debate: it can either transmit human intentions transparently, or it determines new situations, over which we have no control, and from which we can hold independent judgment. In any case, it is morally neutral. Finally, I have observed that the notion of dignity, in the discussion around euthanasia, is based on this understanding of technology as neutral objects. When dying, we affirmed ourself as dignified human beings, through treating pieces of technology as objects.

In chapter 2, I have tried to observe *what is preventing the euthanasia debaters reaching their common aim?* From the intuition I originally had about technology, I have wondered if the moral role currently ascribed to technology was sound, and if not, whether this could be a problem for the discussion. There, I have outlined that if closely examined, technologies do not seem to be morally uninfluential objects. First, it can be argued that technology always influences actions, and human actions are often considered (morally) significant to frame intentions in euthanasia. I have notably shown how characteristics such as “extraordinary” step, or “ordinary” measures, are understood and morally judged as such, because of technology. Second, I have argued that even if dismissing the importance of human actions, technology still influences human intentions and the moral understanding we have of consequences. I tried to

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display this by showing how technologies are constantly informing and influencing the will and the suffering of humans “using” them while dying. Thus, ignoring the moral influence of technology, and focusing only on the human, as it is now done in the debate, seems untenable. Technology inevitably interferes with humans and thus one may never be able to die with dignity if this means “without technology”.

In chapter 3, facing the inevitable influence of technology and the difficulty that this generates in the euthanasia discussion, I have asked *how technology should be taken into account when discussing the ethics of euthanasia?* Using Ihde’s postphenomenology and Verbeek’s mediation theory, I have suggested that discussing technology as a mediating entity, which influences human beings, could offer us a way to include my previous observations in the ethical discussion. I have studied the specific situation of Terri Schiavo through postphenomenology and tried to outline the technological mediations of different stakeholders. I have notably shown that stakeholders understood Terri Schiavo, embodying the PEG-tube, in different ways because of their technological mediations and this generated numerous conflicts, despite the fact they were ultimately all seeking one thing, dignifying Terri. From this way of taking technology into account, in a specific case of euthanasia, I have finally suggested that we could extract certain general contributions to the whole ethical discussion about euthanasia.

In chapter 4, reflecting upon mediation theory as a method to *take into account technology*, I have indicated three ways my work could *benefit the discussion on euthanasia*. First, it can help to structure a situation through technology and help us to better understand what the mediated intentions behind each stakeholder’s demands and actions were. This can give us new input to understand other situations (e.g. the one in which Dr. Kevorkian and Dr. Berner were involved). Second, my work offers a new way to discuss euthanasia and to do ethics within situations of euthanasia through shaping mediations. For instance, debaters could discuss how the design of certain technologies, or the overall technological framework in which euthanasia takes place, could be worked upon ethically. Third, my contribution could serve ethics as a field concerned with the morality of euthanasia and the dignity of human beings. Reflecting upon the notion of dignity, I have suggested that although questioning the current ideal of dignity, my work does not necessarily question the idea of valuing human beings. What I suggest in this thesis is rather that valuing human beings cannot happen through devaluing or ignoring technology as a moral entity. Then, ethicists ought to strive to value the technologically mediated humans we all are through acknowledging the importance of technology.

I have finally indicated a way this thesis could be expanded upon with further research, particularly by pointing out one theme that needs to be scrutinized: what does it mean to be a

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techno-human existentially and ethically? As the framework that helped us to arrive at these levels of understanding of euthanasia, MT could be a good candidate to continue this research on the techno-human and our dignity.

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