



Voluntary Euthanasia and Moral Responsibility: An Ethical Evaluation

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Abstract:

In order to determine if the deliberate taking of a patient's life at their request is morally acceptable, this article critically investigates voluntary euthanasia from the perspective of moral responsibility. In addition to discussing medical ethics concepts like autonomy, beneficence, non-maleficence, and justice, it examines voluntary euthanasia within three key ethical frameworks: consequentialism, deontology, and virtue ethics. The conversation highlights the moral agency of both the doctor and the patient, raising concerns about whether consent is adequate to transfer or lessen moral culpability. The conflict between respect for personal autonomy and the inherent worth or sanctity of human life is given special consideration. The essay makes the case that moral culpability in voluntary euthanasia depends on purpose, moral context, and the ethical bounds of professional duties rather than being only dependent on results or subjective pain. The paper concludes that voluntary euthanasia is still a morally difficult topic that calls for rigorous ethical scrutiny rather than categorical acceptance or rejection by contrasting Western ethical thinking with more general moral concerns about dignity, care, and societal ramifications.

Keywords: Voluntary euthanasia, moral responsibility, autonomy, medical ethics, sanctity of life

1. Introduction

One of the most divisive ethical topics in modern moral and medical philosophy is voluntary euthanasia. Because medical technology has extended life, discussions over suffering, dignity, and the right to die have frequently become more heated. The moral responsibility issue at the heart of this discussion is who is morally responsible when a competent patient requests that their life be ended on purpose. Opponents point to the sanctity of life and the ethical boundaries of medical practice, while supporters highlight individual autonomy and relief from intolerable pain. This article examines the nature and allocation of moral responsibility among patients, doctors, and society in order to conduct an ethical assessment of voluntary euthanasia. The study aims to determine if voluntary permission can ethically justify euthanasia or if it only shifts responsibility without resolving the underlying ethical contradiction. It does this by drawing on key ethical theories and principles of medical ethics.

2. Conceptual Analysis of Voluntary Euthanasia

The term "voluntary euthanasia" describes the intentional taking of a person's life by another agent, typically a doctor, at the express, informed, and voluntary request of a competent person with a severe or terminal illness. It is conceptually different from involuntary euthanasia, which ends a person's life against their will, and non-voluntary euthanasia, which does not involve agreement.¹ Intentionality, consent, and agency are the characteristics that define voluntary euthanasia. Consent guarantees respect for patient autonomy; intentionality suggests that death is the main goal of the act rather than a predicted side effect; and agency calls into question the physician's moral obligation.² Philosophical discussions frequently center on the question of whether voluntary euthanasia amounts to killing or allowing someone to die, a distinction that has substantial moral weight in deontological ethics.³ Advocates of voluntary euthanasia believe that it respects the right to self-determination and alleviates suffering, while opponents maintain that permission does not change the moral ban on taking a person's life on purpose. Because of conflicts between autonomy, moral agency, and the inherent worth of life, voluntary euthanasia is still philosophically controversial.

Moral Agency and Responsibility

The ability to act consciously, freely, and with awareness while being held responsible for the moral ramifications of one's actions is known as moral agency. According to Beauchamp and Childress, an actor is ethically responsible when they intentionally choose between options and can reasonably predict the consequences of that decision.⁴ An agent is ethically accountable not just for what occurs but also for what is consciously willed, according to moral philosophy, which links responsibility to intention rather than just causality.⁵ In ethical assessments involving life-or-death choices, this distinction is essential. Additionally, autonomy, logical capacity, and the absence of force are necessary for responsibility; otherwise, moral accountability is decreased or eliminated.⁶ Moral obligation is dispersed rather than unique in applied ethics, especially medical ethics: patients, doctors, and institutions can all act as moral agents within established ethical and professional bounds. Therefore, each agent retains responsibility in proportion to their role, intention, and ethical obligations; moral agency does not simply vanish when actions are taken in response to another's request. Therefore, moral responsibility continues to be an essential part of actions that have ethical significance.

¹ Rachels, James. "Active and Passive Euthanasia." *The New England Journal of Medicine*, vol. 292, no. 2, 1975, pp. 78–80.

² Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 7th ed., Oxford UP, 2013, pp. 181–185.

³ Foot, Philippa. "The Problem of Abortion and the Doctrine of the Double Effect." *Virtues and Vices*, U of California P, 1978, pp. 19–36.

⁴ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 7th ed., Oxford UP, 2013, pp. 98–102.

⁵ Frankena, William K. *Ethics*. 2nd ed., Prentice Hall, 1973, pp. 14–116.

⁶ Aristotle. *Nicomachean Ethics*. Translated by Terence Irwin, 2nd ed., Hackett Publishing, 1999, Book III, pp. 37–41.

Autonomy and Moral Self-Determination

In philosophy, autonomy refers to the state in which a person's decisions are guided by self-legislation as opposed to outside pressure, matching the agent's decisions with justifications and values that the agent has thoughtfully accepted. Freedom of rational self-governance, or the ability to behave in accordance with values that one has critically evaluated and acknowledged as one's own, is what autonomy is all about.⁷ This is expanded upon by moral self-determination, which highlights the ethical aspect: agents are accountable not just for making decisions about their behavior but also for forming their identities as a result of those decisions. According to Kant's conception, moral responsibility is grounded in rational self-determination rather than heteronomous influence because behaving autonomously entails acting in accordance with maxims that can be willed as universal laws.⁸ Modern philosophers emphasize relational dimensions, pointing out that in order for people to establish and pursue their own objectives, autonomy requires particular social conditions, such as information access and freedom from manipulation.⁹ Therefore, from a philosophical perspective, autonomy and moral self-determination function at the nexus of ethical duty, rational agency, and the social settings that either facilitate or impede true self-governance.

The Patient as a Moral Agent

The concept of the patient as a moral agent in philosophical ethics highlights that patients are autonomous individuals with the capacity for moral reasoning and ethical decision-making, rather than just passive recipients of medical treatments. According to Beauchamp and Childress, a moral actor is someone who is able to consider their values, weigh their options, and accept accountability for decisions that have an impact on both their own and other people's lives.¹⁰ By emphasizing that patients have the ability to consider the advantages, disadvantages, and moral ramifications of treatment alternatives in light of their own values and life objectives, this viewpoint challenges paternalistic paradigms of care in clinical settings.¹¹ Philosophers contend that respecting patients' autonomy, obtaining their informed consent, and acknowledging their involvement in co-creating the path of care are necessary to acknowledge patients as moral actors.¹² Furthermore, relational explanations of autonomy assert that social and communicative settings that allow patients to make thoughtful, self-authored decisions—like reliable information and sympathetic clinician-patient dialogue—support moral agency.¹³ Patients' ethical

⁷ Christman, John. *The Politics of Persons: Individual Autonomy and Socio-Historical Selves*. Cambridge UP, 2018, pp. 64–66.

⁸ Kant, Immanuel. *Groundwork of the Metaphysics of Morals*, translated by Mary Gregor, Cambridge UP, 1998, pp. 4:4 21–24.

⁹ Mackenzie, Catriona, and Natalie Stoljar, editors. *Autonomy Reconfigured: Feminist Perspectives on Self-Government*. Oxford UP, 2000, pp. 3–5.

¹⁰ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 56–58.

¹¹ Dworkin, Gerald. *The Theory and Practice of Autonomy*. Cambridge UP, 1988, pp. 10–12.

¹² O'Neill, Onora. *Autonomy and Trust in Bioethics*. Cambridge UP, 2002, pp. 15–17.

¹³ *Ibid*, pp. 3–5.

capacity and responsibility in making decisions that determine the moral and practical course of their care are thus affirmed by the philosophical framing of patients as moral agents.

The Physician as a Moral Agent

The term "physician as a moral agent" in philosophical ethics refers to a medical practitioner who not only uses clinical knowledge but actively participates in ethical discussion, taking accountability for decisions that impact patients' well-being, dignity, and choices in life. Physicians must act with intentionality, insight, and reflective judgment in order to exercise moral agency; they cannot simply follow institutional guidelines or protocol.¹⁴ According to Kant, a doctor's choices must respect patients' autonomy and dignity and consider them as ends in and of themselves rather than using them as tools to achieve goals.¹⁵ By arguing that clinical decisions are really ethical judgments about what should be done, this philosophical perspective undermines solely technocratic medical approaches.

In order to exercise moral discernment in complicated, context-sensitive situations, doctors must balance concepts like beneficence, non-maleficence, and justice with respect for patient autonomy, according to current bioethics discussions.¹⁶ Furthermore, relational conceptions of autonomy emphasize that one aspect of a doctor's moral agency is creating conversational settings that allow patients to make thoughtful, informed decisions, so promoting patient self-determination.¹⁷ Philosophers often emphasize that moral agency in doctors entails accountability to larger social and professional ethical standards as well as to specific patients, acknowledging that medical practice is entwined with institutional limitations and society values.¹⁸ Thus, from a philosophical perspective, the doctor as a moral actor integrates technical proficiency with a strong commitment to moral values, embodying ethical duty, clinical judgment, and relational engagement.

Shared Moral Responsibility

Shared moral responsibility, as used in philosophical ethics, describes circumstances in which two or more agents work together to influence the moral results of an action. In these cases, responsibility is not entirely individual or diffused, but rather is created collectively through the interaction of intentions, roles, and choices. When moral agents behave in interdependent interactions and make judgments that impact several stakeholders and rely on the contributions of others, shared responsibility results. Philosophers stress that moral duty is relational, influenced by communicative engagement, reciprocal influence, and shared aims, rather than merely additive,

¹⁴ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 98–100.

¹⁵ Kant, Immanuel. *Groundwork of the Metaphysics of Morals*. Translated by Mary Gregor, Cambridge UP, 1998, pp. 4: 429–31.

¹⁶ *Ibid*, pp. 102–104.

¹⁷ O'Neill, Onora. *Autonomy and Trust in Bioethics*. Cambridge UP, 2002, pp. 22–24.

¹⁸ Sulmasy, Daniel P. *The Healer's Calling: A Spirituality for Physicians and Other Health Care Professionals*. Paulist Press, 1997, pp. 217–19.

where one agent's obligation is independent of another'.¹⁹

Shared moral responsibility is particularly important in healthcare ethics since patients, doctors, families, and institutions all collaborate to impact results through intricate decision-making processes. For instance, when making decisions about life-ending care, like voluntary euthanasia, doctors must respect patient autonomy while also taking professional ethical obligations into consideration; patients must express their values and consent; and families and institutions provide context, resources, and emotional support. Each actor carries responsibility in accordance with their function, knowledge, and ability to impact outcomes as a result of this relational interplay.²⁰ Philosophers contend that acknowledging shared moral responsibility promotes ethical accountability that is attentive to context and interdependence rather than simplistic attributions of blame or credit. Shared moral responsibility, therefore, highlights the fact that moral agency functions within networks of relationships and that ethical assessment must take into consideration the limitations and contributions of all engaged individuals.

3. Utilitarian Evaluation

Moral responsibility is viewed through the prism of consequences in the utilitarian philosophical assessment of voluntary euthanasia; that is, if euthanasia improves general well-being or lessens suffering more than any other option. According to utilitarianism, a type of consequentialism with roots in philosophers like Jeremy Bentham and John Stuart Mill, a deed is ethically justified if it maximizes happiness for the largest number of people.²¹ When it comes to voluntary euthanasia, this entails evaluating not just the patient's alleviation of unbearable suffering but also the wider implications for family members, caregivers, and society perspectives on life and death.

According to Singer, a utilitarian analysis usually starts with the severity and length of the patient's suffering and compares it to prospective drawbacks such emotional distress among loved ones or potential erosion of trust in the medical profession.²² According to utilitarian ethics, voluntary euthanasia is morally acceptable or even required if the alleviation of suffering and respect for individual choice result in a net increase in benefit without disproportionate harm. Critics of utilitarianism also warn against unforeseen effects; for instance, social norms that subtly encourage vulnerable people to choose death may reduce wellbeing as a whole.²³

Deontological Evaluation

A deontological assessment of voluntary euthanasia in the ethical framework of moral responsibility moves the emphasis from outcomes to obligation, moral principles, and the inherent qualities of deeds. According to

¹⁹ French, Peter A. *Collective and Corporate Responsibility*. Columbia UP, 1984, pp. 23–25.

²⁰ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 102–104.

²¹ Driver, Julia. *The History of Utilitarianism*. Stanford UP, 2014, pp. 12–14.

²² Singer, Peter. *Practical Ethics*. 3rd ed., Cambridge UP, 2011, pp. 215–217.

²³ Rachels, James. "Active and Passive Euthanasia." *The New England Journal of Medicine*, vol. 292, no. 2, 1975, pp. 80–82.

deontological ethics, which is most famously linked to Immanuel Kant, some actions are ethically wrong regardless of the results if they go against basic moral precepts like respect for people and the intrinsic worth of human existence.²⁴ According to this viewpoint, the categorical imperative, which mandates that people be treated as ends in and of themselves and never only as means to an end, even relief from pain, may be violated by purposefully taking a life, even at the request of a capable patient.

According to deontologists, acting in accordance with obligations that are universally binding is moral responsibility. For example, many deontological thinkers view the obligation to refrain from killing as a moral absolute, and thus contend that allowing euthanasia could compromise respect for human life and weaken confidence in the moral standards that guide medical practice.²⁵ Furthermore, autonomy must be used within the bounds of moral obligations; even autonomous consent does not always excuse an act that violates moral law.

Some modern deontologists, however, modify this perspective by making a distinction between killing and letting someone die. They contend that, in certain cases, refusing extraordinary treatment may be morally acceptable if it respects the patient's autonomy without intentionally causing death.²⁶ However, the deontological framework highlights that moral responsibility in voluntary euthanasia must be grounded in respect for moral standards that uphold human dignity rather than relying just on positive results.

Virtue Ethics Perspective

From the perspective of virtue ethics, the moral assessment of voluntary euthanasia is based on the moral character, practical wisdom (phronesis), and intentions of the moral actor rather than just laws or consequences. With its roots in Aristotelian philosophy, virtue ethics asks, "What kind of person should I be?" rather than, "What should I do?" It assesses deeds according to whether they demonstrate virtues like courage, compassion, justice, and practical wisdom.²⁷ Moral responsibility in the context of voluntary euthanasia is evaluated by looking at whether the patient's and doctor's decisions are motivated by virtues that promote human flourishing (eudaimonia).

Virtue ethicists stress that while compassion for extreme suffering is a legitimate moral concern, it must be led by common sense to prevent acts that compromise professional integrity or respect for life.²⁸ In contrast to utilitarianism, virtue ethics does not embrace strong deontological restrictions or defend euthanasia just on the

²⁴ Kant, Immanuel. *Groundwork of the Metaphysics of Morals*. Translated by Mary Gregor, Cambridge UP, 1998, pp. 4:421–24.

²⁵ Alexander, Larry, and Michael Moore. *Deontological Ethics: A Primer*. Cambridge UP, 2021, pp. 104–106.

²⁶ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 89–91.

²⁷ Aristotle. *Nicomachean Ethics*. Translated by Terence Irwin, 2nd ed., Hackett Publishing, 1999, Book VI, pp. 1140a–1140b.

²⁸ Hursthouse, Rosalind. *On Virtue Ethics*. Oxford UP, 1999, pp. 55–57.

grounds of lessening suffering. Rather, it assesses whether helping someone die is a good deed in a tragic moral setting.

While acknowledging the moral severity of purposefully ending life, modern virtue ethicists contend that doctors, as moral agents, must exemplify qualities essential to medical practice, such as compassion, fidelity, and moral insight.²⁹ Therefore, virtue ethics presents voluntary euthanasia as a morally complicated activity where accountability is based on context, character, and intention rather than just general guidelines or quantifiable results.

Doctrine of Double Effect

A moral philosophy notion known as the Doctrine of Double Effect (DDE) is used to evaluate behaviors that have both morally beneficial and morally detrimental effects. The doctrine, which has its roots in Thomas Aquinas' moral philosophy, maintains that an action with negative side effects may be morally acceptable if four requirements are satisfied: (1) the action is morally good or neutral; (2) the negative effect is only anticipated rather than intended; (3) the positive effect is not attained by means of the negative effect; and (4) there is a proportionately serious justification for allowing the negative effect^{30,31}

DDE is essential in differentiating between anticipating death and intending death in discussions of voluntary euthanasia. Because death is meant to alleviate suffering, deontological and virtue-based critics contend that voluntary euthanasia breaches DDE, breaching the second and third requirement.³² On the other hand, since the doctor's goal is pain alleviation rather than death itself, actions like giving large doses of painkillers that are known to speed up death may be morally acceptable under DDE.³³

DDE allocates ethical culpability based on intention rather than just outcome from the standpoint of moral responsibility. In contrast to anticipated but unintentional death, willfully causing death makes the agent morally accountable, even if suffering is lessened. Therefore, in an ethical assessment of voluntary euthanasia, the Doctrine of Double Effect highlights the reasons why many philosophers consider deliberate actions of life-ending to be ethically wrong while permitting some end-of-life procedures that adhere to the moral line between killing and letting someone die.

²⁹ Oakley, Justin, and Dean Cocking. *Virtue Ethics and Professional Roles*. Cambridge UP, 2001, pp. 72–74.

³⁰ Aquinas, Thomas. *Summa Theologica*. Translated by Fathers of the English Dominican Province, Benziger Bros., 1947, II–II, q.64, a.7.

³¹ Foot, Philippa. "The Problem of Abortion and the Doctrine of the Double Effect." *Virtues and Vices*, U of California P, 1978, pp. 33–35.

³² *Ibid*, pp. 36–38.

³³ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 160–162.

4. Responsibility under Conditions of Suffering

In philosophical ethics, accountability under conditions of suffering investigates whether an agent's moral responsibility in making decisions is lessened by severe physical or psychological suffering, especially in situations like intentional euthanasia. According to traditional explanations of moral responsibility, accountability necessitates voluntariness, reason, and the absence of coercion.³⁴ However, severe pain can limit one's ability to deliberate, which raises concerns about whether decisions taken in such circumstances are still entirely autonomous. According to modern philosophers, pain does not inherently disprove moral agency, but it may lessen accountability if it seriously impairs reason or creates types of internal pressure.³⁵

This topic is essential for assessing voluntary euthanasia in bioethical debates since patients frequently make this decision when they are suffering from chronic pain, a fatal illness, or a loss of dignity. Philosophers warn that severe suffering may limit meaningful self-determination, complicating moral responsibility, even yet respect for autonomy necessitates recognizing patients as moral agents.³⁶ However, completely denying accountability runs the risk of eroding patient agency and becoming paternalistic.

Therefore, ethical appraisal must strike a balance between compassion and critical examination of decision-making ability from the standpoint of moral duty. Depending on how much pain influences comprehension and voluntariness, responsibility is neither completely eliminated nor completely retained but rather context-sensitive. Responsibility under suffering thus draws attention to the moral conflict between acknowledging the ethically transforming power of extreme human suffering and honoring individual autonomy.

Human Dignity and the Value of Life

Each and every human person possesses just by virtue of being human, regardless of usefulness, ability, or social contribution. Dignity is based on rational agency and has its roots in Kantian moral theory, which holds that people should always be viewed as ends in and of themselves rather than only as means to a goal.³⁷ According to this perspective, life's worth is untouchable and independent of happiness, production, or the absence of pain. As a result, moral obligation necessitates preserving life even in the face of extreme suffering.

Dignity is further separated from subjective assessments of quality of life in contemporary ethical theory. Dignity is a moral constraint on acceptable behavior, even though quality of life may change.³⁸ Critics of voluntary euthanasia contend that by reframing life's worth in instrumental or conditional terms, the deliberate taking of life compromises human dignity.³⁹ On the other hand, other philosophers argue that preserving dignity entails

³⁴ Aristotle. *Nicomachean Ethics*. Translated by Terence Irwin, 2nd ed., Hackett Publishing, 1999, Book III, pp. 1110a–1111b.

³⁵ Mele, Alfred R. *Autonomous Agents: From Self-Control to Autonomy*. Oxford UP, 1995, pp. 142–144.

³⁶ *Ibid*, pp. 101–103.

³⁷ Kant, Immanuel. *Groundwork of the Metaphysics of Morals*. Translated by Mary Gregor, Cambridge UP, 1998, pp. 428–430.

³⁸ Rosen, Michael. *Dignity: Its History and Meaning*. Harvard UP, 2012, pp. 21–23.

³⁹ Sulmasy, Daniel P. "Human Dignity and Human Worth." *The Journal of Medicine and Philosophy*, vol. 28, no. 4, 2003, pp. 469–471.

recognizing individual decisions, particularly when continuing to exist entails a significant loss of agency. Nonetheless, a number of dignity-based arguments contend that autonomy is limited by morality and cannot excuse actions that undermine the fundamental worth of life itself.⁴⁰

Moral Justification and Ethical Limits

Moral justification in philosophical ethics refers to the factors that make an action morally acceptable, whereas ethical bounds indicate the limitations beyond which an action is still unacceptable regardless of its purpose or result. While moral justification for voluntary euthanasia is frequently based on respect for autonomy and the reduction of suffering, ethical boundaries result from obligations to preserve human dignity and preserve life. According to Kant, moral justification cannot supersede absolute moral restrictions, such as the ban on killing an innocent person on purpose because doing so violates respect for people as ends in and of themselves.⁴¹

Conversely, consequentialist perspectives support euthanasia if it maximizes overall well-being; nonetheless, even utilitarians recognize ethical boundaries when actions run the risk of abuse, coercion, or a decline in public confidence in medical institutions.⁴² By acknowledging that justification must concurrently satisfy several moral principles, such as autonomy, beneficence, non-maleficence, and justice, contemporary bioethics seeks to reconcile various points of view.⁴³ Thus, ethical boundaries serve as protections against the reduction of moral obligation to societal usefulness or personal pleasure. From a philosophical perspective, this tension shows that while voluntary euthanasia may be conditionally justified in certain ethical frameworks, it is nevertheless subject to moral constraints that safeguard vulnerable individuals and uphold the integrity of moral agency. Therefore, moral responsibility involves observing ethical boundaries that specify what should not be done in addition to offering justifications for actions.

5. Conclusion: Re-conceptualising Moral Responsibility

The ethical analysis of voluntary euthanasia shows that autonomy and consequence alone are insufficient to comprehend moral responsibility. Voluntary agreement and the alleviation of suffering are important moral factors, but they do not completely exonerate moral agents of accountability for taking a life on purpose. As moral beings, both patients and doctors are nevertheless responsible for their actions, which are influenced by ethical limitations, professional obligations, and suffering. While deontological and virtue-ethical viewpoints emphasize limitations based on human dignity, intention, and moral character, utilitarian reasoning emphasizes the significance of results. When combined, these theories demonstrate the shared, context-sensitive, and ethically limited nature of moral responsibility in voluntary euthanasia. Therefore, voluntary euthanasia should be viewed

⁴⁰ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 73–75.

⁴¹ Kant, Immanuel. *Groundwork of the Metaphysics of Morals*. Translated by Mary Gregor, Cambridge UP, 1998, pp. 421–424.

⁴² Singer, Peter. *Practical Ethics*. 3rd ed., Cambridge UP, 2011, pp. 230–232.

⁴³ Beauchamp, Tom L., and James F. Childress. *Principles of Biomedical Ethics*. 8th ed., Oxford UP, 2019, pp. 101–103.

as a morally important decision demanding critical ethical judgment rather than as a completely private choice or a technical medical act. Compassion for suffering must be balanced with respect for life's inherent worth and the unwavering requirements of moral duty in any viewpoint that can be justified.

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