Response to Cohen and Rhine

AMNON GOLDWORTH

There are several points that I wish to make in response to the above observations:

1) I have no quarrel with the claim that decisionmaking that entails the risk of death is a collaborative enterprise or that a therapeutic relationship can exist between physician and patient. But, whether such decisionmaking is collective or not, the intentions of the actors may be repressed. If this is so, then the Principle of Double Effect is inapplicable.
2) We often accept the stated intention of an individual. But, when there is the possibility of two effects following from a given action and one of them is in conflict with the law, yet is desired, we have a right to be suspicious of the claim that one is only providing morphine in order to palliate. This means that determining the rightness or wrongness of the act cannot with any assurance be based on the intention of the agent, as we do not know what his intention is. The only available option, under these circumstances, as I concluded in the article, is to assess one's actions according to its consequences. An implication of this approach is that the intentional killing of a patient has to be weighed on the moral scale as carefully as any other available alternative and cannot be summarily dismissed as wrong even if the law declares it to be illegal.

Cambridge Quarterly of Healthcare Ethics (2009), **18**, 103. Printed in the USA.
Copyright © 2009 Cambridge University Press 0963-1801/09 $20.00
doi:10.1017/S0963180108090166

https://doi.org/10.1017/S0963180108090166 Published online by Cambridge University Press