

## The hidden key

**A content analysis to evidence the incommensurable differences in end-of-life decisions between Laic and Catholic bioethics.**

**Analysis of the paradigmatic Italian situation.**

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**Abstract. Objectives** We consider the End-Of-Life (EOL) management between Laic bioethics (LB) and/or religious [Catholic] bioethics (CB) showing their irreducible differences to underline the impossibility to mediate their principles. Mediation attempts may be used to maintain the supremacy of religious position. To better understand the difficulties in EOL decisions deriving from negation of such differences, we highlight the problem of “ambiguity”, which is considered as a form of contradiction affirming/denying the same sense. The term “irreducible” corresponds to the logic perspective of “tertium non datur”. **Texts And Main Outcome Measures** Using this new methodology in the analysis of bioethical problems, we underline the entity of the contraposition. We surveyed the logical structure of the LB and CB principles through quantitative computerized analysis of content on texts that are particularly significant in the two different areas: Catholic vs. Laic positions. **Results** The adopted analysis shows what concepts are irreducible in the LB / CB arguments. The method of arguing (deductive in CB vs. inductive in LB texts) is the mainstay of all differences: theonomy vs. autonomy. The textual analysis confirms our hypothesis, showing the presence of two “irreducible” meaning in the representation of freedom in EOL decisions.

**Keywords:** journalistic representations, end of life decisions, catholic bioethics, laic bioethics, incommensurable paradigms.

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**INTRODUCTION** The objective of this article is to consider the human dilemma that arose when medical technology started to delete the natural life-death border (Doka, 2005; Doka *et al*, 2005). Nowadays the end-of-life requires a greater level of decision making, and since these decisions depend on many factors, including the societal culture (Hausmann, 2004; Turner, 1997; 2002), we analyse the contrast between laic positions, which support democratic and scientific approaches, and religious positions, which are inspired by faith.

The literature on End-of-life Decisions (ELD) already boasts a myriad of data accumulated through empirical research. This massive amount of data is related to the heavy quandary of futile care (or Medical Futility [MF]: providing inappropriate treatments that will not improve disease prognosis, alleviate physiological symptoms or prolong survival) and is mostly framed within a polarised debate about the pros and cons of Euthanasia (Euth) and of active Living Wills (LW: declarations about ELD or of persons with serious illnesses and who are unable to make or communicate their own choices about healthcare and treatment). The main topic of this vast body of work is related to the principle of patient autonomy, the realization of which takes a variety of forms associated with the decisions between living and dying, which intrinsically refer to: Active Euthanasia (AE: intervention causing die) vs. Passive Euthanasia (PE: withdrawing/withholding treatments); Voluntary (VE: a seriously ill person who asks to die) vs. Involuntary Euthanasia (IE: an appropriate person takes the decision between living and dying on behalf of a seriously ill person who is not conscious or is otherwise incapacitated);

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Indirect Euthanasia (IndE; Assisted-Suicide [AS]; Do Not Resuscitate [DNR]) (Gorsuch, 2006; McDougall & Gorman, 2008).

The whole area of Euth variables has been considered to be related to homicide; for this reason, in many countries such requests are not contemplated and LWs are not yet undertaken. In the case of individuals who do not wish to live any longer because their existential condition is so unbearable that they would rather be dead, Quality of Life (QL) would probably be dropped as a guiding principle. But the absence and/or the insufficiencies of social regulations limit the decision making process, thus patients who wish to die and ask to be killed will be forced to endure an enforced life (Fairbairn, 1991). In this scenery, Palliative Care (PC) is an important but partial solution. Although PC – which is invoked to correspond to the principle of “non-abandonment” and to alleviate intolerable suffering – does not respond adequately to all requests of the respect of the right-to-die and sometimes may conceal Euth practices (Campbell, 1999; Baumrucker *et al*, 2009). For example, Early Terminal Sedation (ETS) may hasten death and it is almost impossible to control this effect because of the non-foreseeable time of the “imminence condition” (Cellarius, 2008). Since heavy sedation relieves pain and at the same time may reduce the individuals’ life-span and since this effect may result indemonstrable, it may be that there is no explicit authorization to cause the patient’s death, but the medical practitioner subjectively considers this strategy acceptable. This is a paradigmatic case of the application of the Double-Effect-Principle (DEP) (Quill *et al*, 1997).

LW is often considered related to Euth; this is the reason that in some countries – like Italy – the management of ELD is not yet regulated by law and PC are invoked to avoid requests of Euth. In this article, we want to discuss the logical aspects that are implied in the linguistic expressions that characterize the argument LB vs. CB on ELD, in order to analyze the importance of LW in this debate. To illustrate this point, we will discuss the Italian situation as it is unique. In Italy, in spite of the fact that doctors participating with the Van Der Heide research reported that ELD precedes dying for many of their patients, and although LW is not a “direct” request of Euth, it is very difficult to promote an explicit policy on ELD (van der Heide *et al*, 2003). The question may depend on the social representation of LW as an instrument for shortening life. As Begley underlines, since on one hand the debate about LW and Euth often assumes the form of the argument of “virtue position” vs. vicious practices and on the other hand often the practice of Euth is seen as a compassionate action, and since the compassionate approach is often related to religious belief, many irreconcilable difficulties have arisen for caregivers (doctors and nurses; Begley, 2008). Because of the former, it is very important to clarify the variables involved and the irreducible differences between religious and laic perspectives about management of ELD. In addition, because cultural factors affect patients and their families, and in particular religious or laic attitudes influence care workers, we believe that a law dealing with ELD is unavoidable (Cohen *et al*, 2008; Seale, 1998). The kernel of the problem, which regards the respect of the foundation of democratic and positive law, is concealed by the negation of the *right-to-die*. In order to demonstrate this thesis, it is necessary to examine, on one hand, the terms of the ELD/LW question and, on the other hand, the Italian discussion on ELD, fragmented between Laic-democratic and Catholic instances. The aim of our research is, therefore, to use a statistical treatment of representative texts to understand better the theoretical contents of LB and CB, and their opposition, thereby illustrating the ambiguities that sometimes give the impression that there is no opposition between them.

### **Raping and making love are different concepts**

We share the widespread idea that there is an important divergence between homicide and Euth and/or LW / ELD / AS. In common with Garrard and Wilkinson (2005) we are persuaded that there are moral differences between killing and letting someone die. In a similar way, Davies utilizes an interesting parallelism to underline this distinction: the difference between killing and VE is similar to the difference between raping and making love: the difference is the consent of the receivers of the act and their condition (Davies, 1988). More radically, in this regard, we consider that the most important difference is the relationship between means and ends. In pro-LW positions, the aims are the respect of individual decisions and the advantages that they guarantee (adulthood or horizontal relationships). In

con-LW attitudes, the ends are the respect of the authority that can manage individual life because persons are considered unable to face the problem of life and death (parent-child or hierarchical relationship). Pro-LW partially implies pro-Euth (as right-to-die) and corresponds to the democratic and laic approach, supporting scientific instances, and respects the following values: Quality of Life (QL) and Dignity of Life (DL); Personal Autonomy (PA); Human Rights (HR) and, in particular, the right to reject medical treatment (PE); public and full discussion about ELD; and shared management of doctors'/relatives' decision making processes in death and dying. The foundation of this perspective consists in not considering the value of life as absolute, because all values are related to historical and cultural dimensions. In fact, all presumptions and positions that address human life are embedded in the moral traditions of society (Campbell, 1992; Ganz *et al*, 2006; Hillyard & Dombrink, 2001; Kastenbaum, 2004). The concept of unbearableness of life regards the cultural concept of QL, from which the laic Ethic of Quality of Life (EQL) takes form.

Euthanasia, whose Greek etymology indicates "good death", has meant different things to people at different times in the past, but as many authors discuss, in Western culture, this concept derives from the Greek conception of happiness and eudaimonia and nowadays it means *right-to-die* (Dowbiggin, 2007; Shaw, 2009; Firth, 2008). It appears to be a contradiction, but the rational justification of choice of death (or willing suicide/Euth) comes from Stoic reflection that allows for the fairness of killing him/herself when life conditions become intolerable and in this sense it has been considered to be a right (Carrick, 1985). Allowing autonomy for the terminally ill through LW results in a great preservation of human dignity, and is related to the democratic principle of consent applied to ELD (Allmark, 2002; Fraser & Walters, 2000; Harris, 2003). In this sense, we can find a second difference between homicide and Euth: instead of the first, the second is not an egoistic decision, because it is the altruistic solution ("merciful-end"; Dowbiggin, 2003). This attitude corresponds with the shared wishes (between caregivers and sick persons) not to extend a condition that is considered unbearable because it does not correspond to the minimum of QL (Dickenson, 2000).

Con positions correspond to the religious and paternalistic approach, which underlines the following problems about LW: thinking about EL is depressing; it is difficult to imagine terminal conditions; patients may change their minds but not change their LW, etc. The main arguments against Euth and LWs regard "sanctity of life" and the notion of the "slippery slope". The slippery slope argument has been the mainstay of many of those opposed to the legalization of physician-assisted suicide and euthanasia. The basis of this position is the worry that if voluntary euthanasia were to become legal, it would not be long before involuntary euthanasia would start to happen: if we allow Euth we will not be able to keep it under control, and especially vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death. This concept implies a link between legalization of Euth and Hitleresque style of eugenics, where people with disabilities are killed (Mannines, 2006). Against the slippery slope argument there is philosophical and empirical evidence that it is possible to maintain voluntary euthanasia under effective control (Enoch, 2001). Ryan, Jochemsen and Keon have shown that, contrary to the warnings of the slippery slope argument, the available evidence suggests that the legalization of physician-assisted suicide might actually decrease the prevalence of non-voluntary euthanasia (Jochemsen & Keown, 1999; Ryan, 1998).

### **Pros and Cons of sanctity of life between religious and laic positions**

The contemporary bioethics based on the mainstay of the infringement of the Sanctity of Life (SL) is called Ethics of the Sanctity of Life (ESL), as opposed to Ethics of QL (EQL) (Singer & Kuhse, 1988). These two polarities are, in turn, the result of the intersection of the Religiousness vs. Laicism polarity. Religious ESL (RESL) affirms the "unavailability of life" (UL) to human decision regarding the possibility of putting an end to life, as abortion, euthanasia, etc. (Kuhse, 1987). This position characterizes almost all the original religions and is common to Western historical (Jewish, Catholic, Muslim) and to Eastern (Hinduism, Buddhism, etc.) religions. In the first case, UL is relative to human life, in many extreme expressions of the second case, UL is absolute and concerns all forms of life (Keown & Keown, 1995; Perrett, 1996; Shils, 1968).

On the opposite side there is the EQL, which corresponds to the laic position. Laicist ESL (LESL) distinguishes between biological and biographical-existential life, based on the idea of social and cultural construction of the sense of life (Dworkin, 2000; Rachels, 1971). But there is also a religious position that considers the biographical-existential vs. biological life to be fundamental (Küng & Jens, 1995). These last two points of view demonstrate the possibility of an intermediate position between two theoretical polarities, which remain incompatible regarding the management of specific cases that have become problematic, thanks to scientific-technological instruments capable of modifying life-death boundaries. On the contrary, the religious position is absolutely against managing death in any way, and the laic perspective that contemplates such management.

This research is a meta-ethical study, or rather a reflection upon the ethical language and its argumentative models. We believe that these kinds of considerations are unavoidable given that normative ethics, which influence political decision-making, arise from these considerations.

## **MATERIALS AND METHODS**

### **The ATD approach**

Analysis of Textual Data (ATD) may be defined as a process of acquisition, synthesis and restitution of the information that is present in a text (Tuzzi, 2003). ATD concerns a direct approach to the content of the texts (without *a priori* reading) and offers a representation of the main textual features by means of quantitative statistical measures that are represented in a graphical form. ATD is founded on the structure of the corpora analyzed. This approach becomes more useful when reading the text is not feasible (e.g. in the case of large corpora) and when it is necessary to compare and contrast many texts or groups of texts written by different authors. From the viewpoint of ATD a corpus is a collection of texts and each text is composed of words. Words are sequences of letters of the alphabet isolated by means of blanks and punctuation marks.

In order to enumerate the words of a corpus we have to distinguish two concepts: word-tokens and word-types. A corpus contains a finite set of “different” word-types and a word-token is a particular occurrence of a word-type. For example, the word-type ‘an’ has many word-tokens in any English text. The list of word-types is the vocabulary of the corpus.

The number (N) of word-tokens is the size of the corpus (number of “words”) and the number (V) of word-types is the size of the vocabulary (number of “different words”). The type-token ratio obtained dividing V by N is a rough measure of lexical richness.

The frequency of a word-type is the number of corresponding word-tokens. The main part of the vocabulary is composed of low frequency word-types. In particular, the list of hapax legomena (words with frequency equal to one) represents approximately 50% of the vocabulary. The list of the word-types with their frequencies mirrors the lexical profile of a text and it is useful to compare and contrast the lexical ranges of different texts by means of simple indicators of presence, absence and, more generally, frequency of word-types among texts.

Texts are sequences of words that have different meanings if they are considered alongside the adjacent words. The observation of multi-words (compounds and expressions constituted by sequences of words that appear many times in the corpora) is appropriate in order to increase the amount of information conveyed by each textual unit.

Moreover, to reduce ‘noise’ and gain meaning it is often necessary to disambiguate the word-types by checking the context of each occurrence.

### **Explanation of some statistical tools**

When the aim of a study is to identify specific lexical features, discursive similarities, and personal traits of an author (or text, or corpus) with reference to other authors, then a selection of words used in an exclusive manner (i.e., they occur only in that author and never elsewhere) could be a first step to understanding some peculiarities. But, from a non-deterministic point of view, words occurring noticeably more or less often in the text of an author than in the others’ are more useful. The

traditional characteristic textual units method is a simple tool based on the hypergeometric model (Lebart *et al.*, 1998). All words which show a high probability of over-usage for an author can be considered specific and distinctive to that author with reference to the others.

In order to further investigate the relations among authors, among word-types and between authors and word-types, an explorative analysis based on correspondence analysis could be sensible (Lebart *et al.*, 1998; Greenacre, 1984; 2007).

The correspondence analysis shows on a Cartesian bidimensional plan similarities and differences among authors in terms of lexical profiles.

Correspondence analysis translates the frequencies of the words (words and multi-words) into coordinates for each author (which authors can be distinguished from the others? And which, on the other hand, are similar?), for each word (which words are word types, multi-words, lemmas preferred by the same authors?) and therefore into mutual positions on a Cartesian plan. On the graph, the authors who tend to use the same words with the same frequencies are close to each other, those who use different words are positioned far from each other, and so on. Furthermore, the authors who are plotted in the same quadrant of the graph deal with the same topics that are described by the terms of the same area of the graph. In the graphs, only the more interesting words are plotted. Indeed, the words that are able to define better differences and similarities and that are more distant from the origin of the Cartesian axes are considered to be more significant.

### The corpora

In this study two corpora concerning end-of-life issues are considered: the first corpus is composed of the 12 texts of the volume *Il Testamento Biologico. Riflessioni di 10 giuristi* [The Biological Testament. Reflections of 10 Jurists] edited by Umberto Veronesi Foundation; the second of the 13 texts of the International Conference of the Pontificia Academia Pro Vita *Accanto al malato inguaribile e al morente: Orientamenti etici e operativi* [Besides the incurable sick person and the dying: Scientific and ethical aspects] (Fondazione Umberto Veronesi, 2006; Sgreccia & Laffitte, 2009). The first corpus contains 56,602 word-tokens and the second 82,356. **Table 1** reports the dimensions of the texts written by each author.

**Table 1** - Dimensions of the corpora and of the texts

Author	N word-tokens	V word-types	TTR% type-token ratio	Author	N word- tokens	V word-types	TTR% type-token ratio
FUV_1	3.774	1.203	31.9	PAPV_1	5.491	1.708	31.1
FUV_2	6.006	1.819	30.3	PAPV_2	3.559	1.113	31.3
FUV_3	3.138	1.066	34.0	PAPV_3	13.282	3.066	23.1
FUV_4	11.696	2.741	23.4	PAPV_4	2.686	952	35.4
FUV_5	2.789	1.071	38.4	PAPV_5	4.656	1.437	30.9
FUV_6	3.961	1.273	32.1	PAPV_6	7.676	1.742	22.7
FUV_7	3.160	1.081	34.2	PAPV_7	2.746	933	34.0
FUV_8	3.175	1.060	33.4	PAPV_8	7.257	1.739	24.0
FUV_9	2.334	809	34.7	PAPV_9	5.536	1.509	27.3
FUV_10	10.062	2.249	22.4	PAPV_10	5.145	1.392	27.1
FUV_11	918	433	47.2	PAPV_11	9.240	1.913	20.7
FUV_12	5.593	1.529	27.3	PAPV_12	8.271	2.235	27.0
<b>FUV corpus</b>	<b>56.602</b>	<b>6.909</b>	<b>12.2</b>	PAPV_13	6.820	1.591	23.3
				<b>PAPV corpus</b>	<b>82.356</b>	<b>9.626</b>	<b>11.7</b>

FUV: Fondazione Umberto Veronesi (2006).

PAPV: Pontificia Academia Pro Vita (Sgreccia & Laffitte, 2009)

The analyses started from the lexical profiles of the 25 authors distinguished in two groups (the two corpora). Text data were processed by means of the *TaLTaC<sup>2</sup>* dedicated software and the statistical

analysis was conducted by means of *R* and *SPAD* statistical software (Bolasco *et al*, 2010; R Development Core Team, 2010; Lebart *et al*, 2003).

**RESULTS AND DISCUSSION** The observation of the list of the more frequent word-types of the two corpora conducts easily to the main contents of the two corpora:

**FUV:** patient, physician, life, will, consent, person, right, treatment, death, testament, law, euthanasia, directives, respect, support, biological, subject, treatments, choices, decision, health, dignity

**PAPV:** life, death, patient, moral, person, physician, treatments, sense, God, health, Christ, good, man, patients, Jesus, treatment

Analogously, the list of the more frequent multi-words permits the reconstruction of the main contents of the two corpora and with a greater potential:

**FUV:** biological testament, anticipated directives, therapeutic obstinacy, anticipated declarations, medical act, supporting administration, living will, informed consent, sanitary treatment, patient’s will, one’s own body, vegetative state, palliative care, deontological medical code, life-quality, doctor-patient relationship, sanitary treatments, etc.

**PAPV:** life preservation, palliative cares, extension of life, human life, sanitary assistant, therapeutic obstinacy, traditional teaching, end-of-life, therapeutic proportionality, medical intervention, moral duty, enteral nutrition, clinical situation, palliative attendance, moral obligation, human being, decision making, life meaning, Saint Paul, etc.

**Specificities: analysis by differences between categories**

A) Ethics (PAPV) vs. Bioethics (FUV)

The analysis of the specificities shows a fundamental opposition between PAPV and FUV: the PAPV argumentation responds to the ethical instances. Ethics and moral deduction are considered from a metaphysics and indubitable perspective and consequently a deductive reasoning is adopted. On the contrary, the FUV contents indicate the area of bioethical discussion that is presented as an inductive product, which results from the language of positive law, corresponding to the outcome of mutual consent (conventionalism) (**Table 2**).

**Table 2 - Etich vs Bioethic**

BIOETHIC			ETHIC		
FUV		PAPV	FUV	PAPV	
*	+	National Bioethics Committee		*	ethic
	+	European Convention on Bioethics		*	ethical
				*	+
					contemporary medical ethic
					ethical judgment
					ethical questions
					ethical duty
					ethical decisions
					+
					principle of ethical adequacy

+exclusive;

\*specific

B) Moral (PAPV) vs. Right from positive Law (FUV)

A substantial corollary springs from the foundation indicated in the previous “Ethics vs. Bioethics” polarity. It regards the contraposition between PAPV Moral (deduced from metaphysical immutable principles) and the Rights that originate from positive Law (FUV). **Table 3** illustrates the enhancement of this disagreement. In PAPV there is the

universe of the “rights” (fundamental rights, healthy rights, Human Rights Conventions, right to die, etc.) where the choice-freedom guarantees the right to decide about administration of life and death. In PAPV, the dimension of morality that imposes the limitation of freedom of choice is manifest: obligation, tradition, duty, judgment, impossibility... that are administrated by “catholic moral”.

**Table 3 - Right vs Moral**

RIGHT			MORAL		
FUV		PAPV	FUV	PAPV	
*		right		*	moral (noun)
*		fundamental rights		*	moral (adj.)
*		European Charter of fundamental rights		*	+ moral duty
*	+	healthy right		*	+ moral obligation
*	+	Human Rights Convention		*	+ moral judgment
*	+	self-determination right		*	+ moral impossibility
*	+	right to die		*	+ morally obligatory
*	+	right to refuse		*	+ moral character
*	+	patient's right/s		*	+ moral tradition
	+	civil law			+ catholic morals
	+	right not to care			+ moral duties
	+	right to make decisions about one's own body			+ moral good
	+	European Charter of Human Rights			+ moral value
	+	right to choose			+ moral of life
	+	right to decide			+ moral object
	+	right of the person			+ person's moral
	+	respect for the rights			+ moral dutifulness
					+ moral problems
					+ moral question
					+ moral doctrine
					+ Catholic moral thought
					+ Catholic moral
					+ moral reflection
					+ moral evaluation
					+ moral thought
					+ moral reasoning

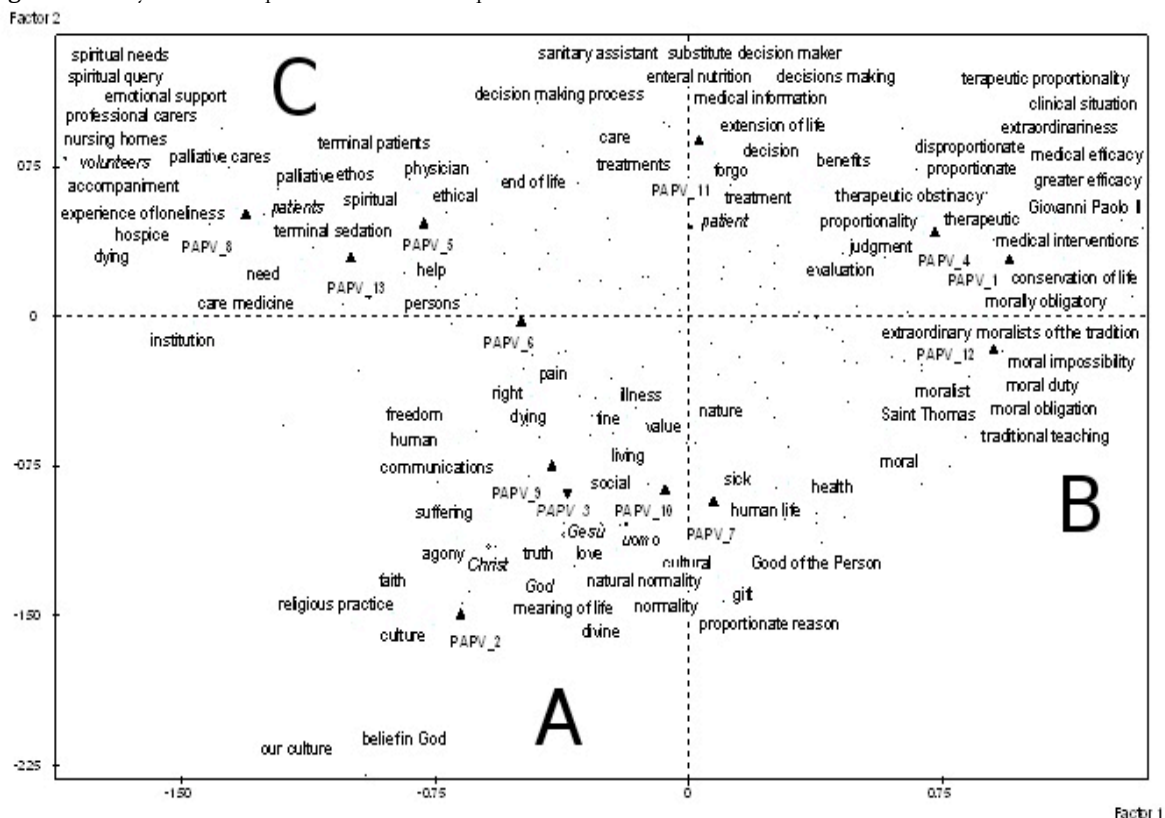
+exclusive;

\*specific

**FUV and PAPV in separate analyses**

The analysis of correspondence is based on words and multi-words with frequency higher than three (260 in FUV and 400 in PAPV). The graphical representation (first and second dimension) shows the authors and the more interesting words and multi-words.

**Figure 1.** Analysis of Correspondence: PAPV Graph



By crossing the first and the second factors of the PAPV texts (**Figure 1**), a factorial plane with three areas of semantic prevalence was found (anticlockwise):

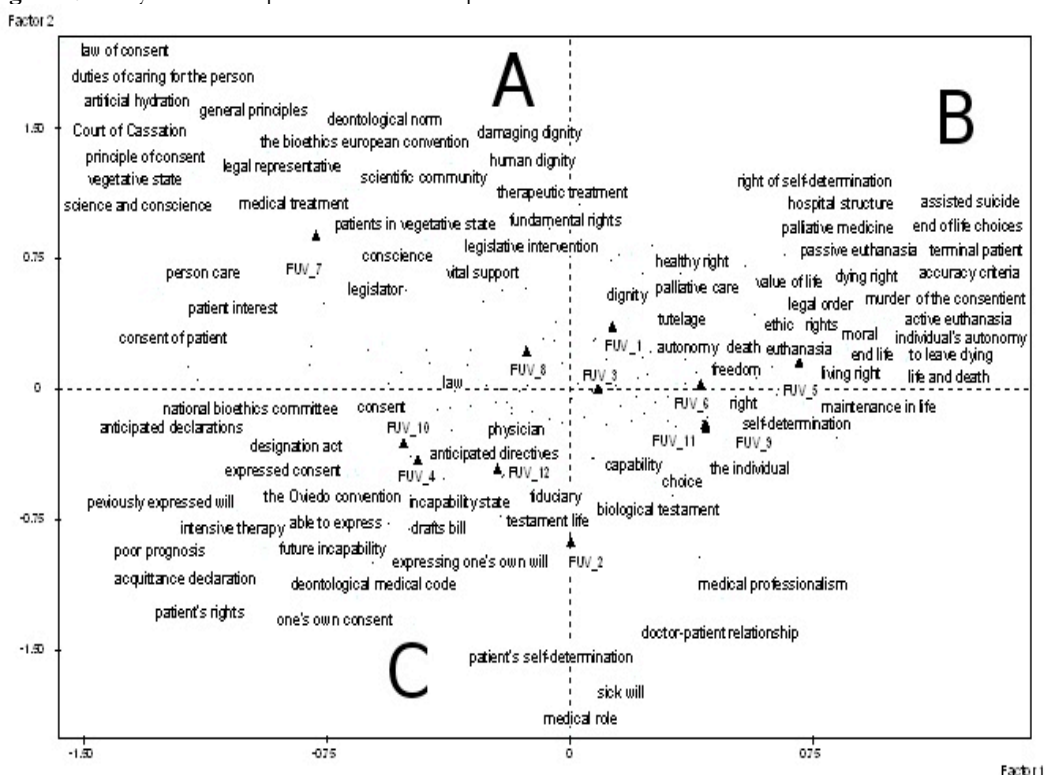
A) The first area regards “simple death”, that is the condition of the natural process of dying, where there are no moral questions to deal with. It is considered in relation to moral life, which must be led in a Catholic way, under the light of Christian faith. This perspective underlines that there are no ethical problems in coping with the end-of-life and indicates the fundamentals that constitute the moral model to which every moral question must be adapted;

B) In an opposite position to the previous factor, there is the second area, which considers the crucial question of the “exceptionality” of the extension of life that medical technology produces. The difficulty regards how to apply this moral model (i.e., the simple interpretation of the relationship between life and death that the natural/sacred way guarantees) to life extension in serious and terminal illnesses (Coberly, 2002). It discusses the related problems about medical information, the decision making processes and the central problem of the proportionality of care (PC). PC is a specific problem concerning the contradiction between the ethics of the imperative respect of life and the social cost of keeping patients alive (e.g. vegetative-state patients) and the possibility of guaranteeing medical interventions to poor people when economic resources are limited.



C) The third is the pragmatic area, which is focused on the practices inherent to terminal life and palliative care. This is the concrete solution to the ethical dilemmas presented in the previous area: it is necessary to guarantee the spiritual support in every condition in terminal life. This kind of intervention is an important solution to many psychological problems, deriving from suffering and loneliness. In this dimension the question regarding the methodology relative to home or hospice care and the role of caregivers (professional or non-professional) is considered.

**Figure 2.** Analysis of Correspondence: FUV Graph



The field analyzed by PUV (**Figure 2**) is radically different because it is focused on the construction of conventional consent and on the principles that guarantee a democratic solution to end-of-life ethical dilemmas. In clockwise direction there are three different semantic areas:

A) The first area describes the basic traits that positive law offers to guarantee the freedom of choice. It is an epistemological debate that deals with the power that technology has on life in relation to the dilemmas that legislators have to consider. The issues discussed are inherent to mind-body and awareness problems, such as the condition of vegetative patients and therapeutic obstinacy.

B) The second area expressly considers the derivation from the previous epistemological discussion: the problem of self-determination related to the question of freedom of choice, which is underestimated by PAPV. This question regards the intersection between theoretical law and theory of science.

C) The third area considers the concept of self-determination as the main issue to solve: the dilemmas arising from the opportunity that medical techniques provide in terms of extending the lifespan and the bioethical difficulty related to patients wanting to die when their illness is unbearable.

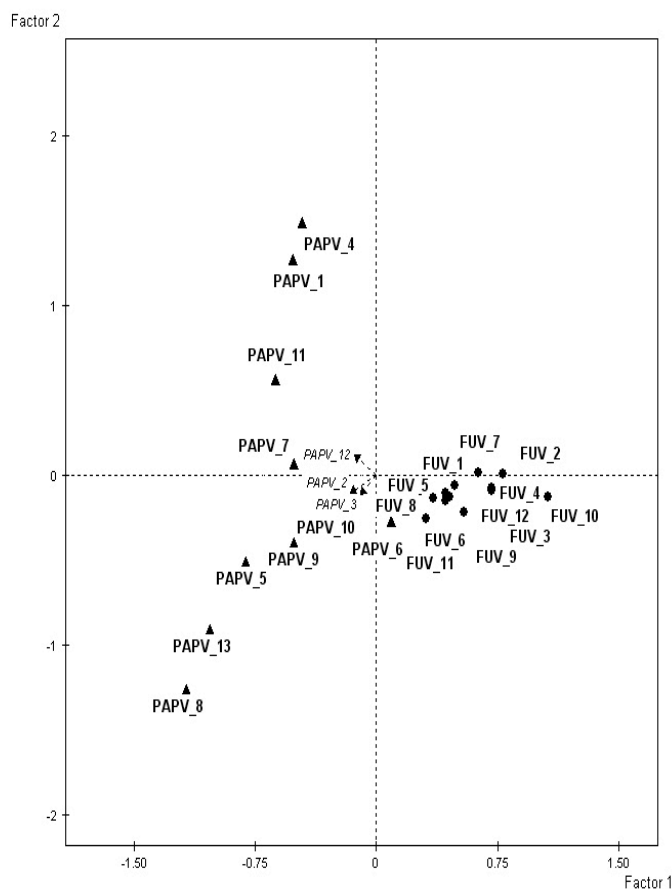
The real possibility for solving the bioethical question can be found in the democratic position of the International Agreement of Oviedo.

From this analysis, it is possible to hypothesize that there are no similarities between PAPV and FUV. In particular, it is evident that in the PAPV dimension there is no possibility to include the sense of: choice, consent, freedom and autonomy, from which the principle of auto-determination derives.

**Conjoint analysis of FUV and PAPV texts**

The two analyses described above demonstrate that the two corpora are composed of very different lexicons and lexical profiles. In order to verify our hypothesis, we conducted a conjoint analysis pooling together in the same correspondence an analysis of the lexical profiles of 25 authors. Similarities between authors of the same corpus and differences between corpora are highlighted by the separation of PAPV-authors and FUV-authors on the graph (Figure 3). Finally, this operation clearly demonstrates that the two fields of meaning are irreducible.

**Figure 3.** Conjoint analysis FUV&PAPV Graph



**CONCLUSIONS** The quantitative analysis of the Italian texts representing Catholic and laic positions, regarding the theme of auto-determination at the end-of-life decisions, shows that the two fields of meaning are irreducible.

The laic language is centered on positive law and assumes an inductive-abductive foundation in order to justify individual will. The religious language, on the contrary, is deductive and originates from metaphysical principles considered to be universal and immutable. These principles are the basis of a moral that is intended as obedience to “the will of God”.

The importance of this analysis is linked to the necessity of understanding the following problem: every attempt to include the former language in the latter is an act of violence, in as much as the principles

assumed are not universal and so they act against those individuals who do not recognize their moral choices in relation to God. On the other hand, the position of the laic law allows the individual to make choices in order to respect God and his will; but in this case they adhere to a religious position without respecting the positive foundation of the law that permits religious freedom.

**NOTE** This group of research was born in 2007, in the area of the Master “Death studies & the end of life” (University of Padova). This Team is working on the moral double effect and the slippery slope. In every part of the article, the authors are responsible in the same measure.

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