LEOH
JOURNAL OF ANIMAL LAW, ETHICS AND ONE HEALTH

Journal of Animal Law, Ethics and One Health (LEOH) ISSN 2813-7434
www.leoh.ch

The Right to a Good Death: Bridging an Ethical Divide Between Veterinary Euthanasia and Medical Aid in Dying

DOI: 10.58590/leoh.2026.013
CC BY-ND 4.0

BRYAN E. ROBERTS *

Abstract

Does the ethical reasoning we extend to the animals we love offer a foundation for recognizing a human right to a dignified death? This paper argues that it does. Society routinely grants a "good death" to suffering animals who cannot consent yet often denies that same mercy to adults who explicitly request it. This moral inversion exposes a persistent inconsistency in human end-of-life care, revealing how decisional capacity has become an obstacle to relief rather than a justification for it. Drawing on testimony from veterinarians, physicians, and end-of-life caregivers, the analysis examines how the ethical principles guiding veterinary euthanasia can illuminate contemporary debates over medical aid in dying (MAiD). Tracing a lineage of compassion from Mahatma Gandhi's 1928 defense of a suffering calf to the modern legal shift that redefines animals as family rather than property, this study highlights a shared moral trajectory. Without asserting species equivalence, it argues that the clinical and legal safeguards already embedded in human medicine – an "Infrastructure of Safety" – provide a framework for reconciling mercy with autonomy. Ultimately, the capacity to request relief should strengthen, not weaken, the ethical case for granting it.

Keywords

Medical Aid in Dying, consent and capacity, veterinary ethics, comparative bioethics, euthanasia

Suggested Citation Style

Roberts, Bryan E. (2026). The Right to a Good Death: Bridging an Ethical Divide Veterinary Euthanasia and Medical Aid in Dying. *Journal of Animal Law, Ethics and One Health (LEOH)*, 99-117. DOI: 10.58590/leoh.2026.013

* Bryan E. Roberts, DProf in Biomedical Ethics, M.S. in Health Sciences, M.A. in Higher Education (in progress), Campbellsville University (USA)

Sämtliche im Journal of Animal Law, Ethics and One Health (LEOH) publizierten Beiträge sind im Sinne von Open Access frei und dürfen unter Angabe der Quelle zitiert werden. Jeder Beitrag ist lizenziert unter einer Creative Commons Namensnennung – Keine Bearbeitungen 4.0 International Lizenz (CC BY-ND 4.0) https://creativecommons.org/licenses/by-nd/4.0/deed.de

The Right to a Good Death: Bridging an Ethical Divide Between Veterinary Euthanasia and Medical Aid in Dying

Content

I. Introduction 100
II. When Care Becomes Prolongation 102
III. What Compassion Looks Like: Veterinary Euthanasia in Practice 103
IV. The Moral Evolution of Veterinary Euthanasia 104
V. The Historical Roots of Compassionate End-of-Life Ethics 104
VI. Legal Recognition: From Property to Family 106
VII. The Lived Contradiction 107
VIII. The Consent Paradox: Why We Grant Mercy to Those Who Cannot Ask 108
IX. Objections to the Veterinary Comparison 110
1. Moral Status and Meaning-Making 110
2. The Professional Relationship 112
3. The Slippery Slope 114
X. Discussion 115
XI. Conclusion 116

I. Introduction

The room is quiet. A loved one lies dying, their body overtaken by illness that offers no path to recovery. Pain medication helps, but not enough. Consciousness fades in and out. Family members take turns sitting vigil, watching suffering they cannot relieve. Days stretch into weeks. They ask physicians if anything more can be done. The answer is often the same: “We’re keeping them comfortable”. The family chooses to wait, hoping for a peaceful natural end. Eventually, the body fails, and the end comes slowly.

In another home, a family makes a different decision. Their elderly dog can no longer stand, eat, or engage with the world, experiencing only pain and confusion. A veterinarian kneels beside the frail animal, administers an injection, and within seconds, breathing slows. Within minutes, it stops. The family grieves but finds solace knowing their companion did not suffer at the end.

Both families faced the same situation: a loved one enduring irreversible decline and suffering for which medicine could offer no meaningful restoration. Yet only one had the option to prevent prolonged dying. We routinely allow compassionate death for beings who cannot request it, while competent adults who can are often denied comparable options. This contradiction is not merely theoretical; it is reflected in clinical and caregiving experiences. Witness testimony from veterinarians, family members, and physicians reveals ethical challenges beyond what theory alone captures.

By examining these accounts firsthand, this analysis explores how compassion, agency, and ethical consistency are negotiated at life’s end. The central argument is not that humans and animals are morally equivalent, but that the reasoning long accepted for euthanasia in animals – relieving suffering when recovery is impossible – warrants consideration in the context of adults capable of informed decision-making.

This contrast between accepted veterinary practice and constrained human options raises questions not only within clinical ethics but also within the broader landscape of international human-rights law.

While this legal analysis draws primarily on developments in the United States, the ethical framework advanced here is intended to travel across jurisdictions. As noted in a September 2025 European Parliament briefing, several countries permit euthanasia to be administered by a physician, including Belgium, Spain, Luxembourg, and the Netherlands, whereas others, including Germany, Italy, and Austria, limit legal provisions to assisted suicide without permitting euthanasia.[1] In Switzerland, where assisted death has been lawful under certain conditions since 1942, it is criminal only when undertaken for selfish motives, as reflected in Article 115 of the Swiss Penal Code.[2]

Beyond Europe, forms of medical aid in dying (MAiD) are legally available in Canada, Colombia, Ecuador, New Zealand, select jurisdictions of the United States, and all six federated states of Australia.[3] Because legal frameworks are not internationally harmonized, the eligibility criteria, safeguards, method of provision and levels of accessibility differ from one jurisdiction to another. These variations are shaped by distinct historical customs, social environments, and religious traditions, and were established through deliberate legislative and judicial processes accompanied by public debate and ongoing oversight.[4]

At the center of these frameworks is a shared concern with autonomy and dignity at the end of life, shaped by both domestic law and international human rights discourse. The Belgian Constitutional Court has emphasized that the decriminalization of euthanasia was intended to allow individuals to make personal decisions about the end of life.[5] Similarly, the United Nations Human Rights Committee has indicated that euthanasia does not inherently violate the right to life, provided that robust legal and institutional safeguards are in place to ensure that decisions are voluntary, informed, and free from coercion.[6]

This position is reflected in European human rights jurisprudence. In *Mortier v. Belgium* (2022), which arose from a challenge to Belgium's euthanasia regime under Article 2 of the European Convention on Human Rights, the Court held that a legal framework permitting euthanasia may be compatible with the right to life, while emphasizing the need for rigorous procedural oversight.[7]

---

[1] Steven Blaakman, "Euthanasia Legislation in the EU", *European Parliamentary Research Service* (European Union, September 2024), accessed April 4, 2026, <https://www.europarl.europa.eu/RegData/etudes/BRIE/2025/775914/EPRS_BRI(2025)775914_EN.pdf>.

[2] Samia A. Hurst and Alex Mauron, "Assisted Suicide and Euthanasia in Switzerland: Allowing a Role for Non-physicians", *BMJ* 326, no. 7383 (January 30, 2003): 271–73, <https://doi.org/10.1136/bmj.326.7383.271>. Cf. Article 115 of the Swiss Penal Code ("Schweizer Strafgesetzbuch", SR 311.0).

[3] Katrine Del Villar, Lindy Willmott, and Ben P. White, "Voluntary Assisted Dying – Australia in an International Context", *Medical Law Review* 33, no. 3 (January 1, 2025), <https://doi.org/10.1093/medlaw/fwaf025>.

[4] Judith A. C. Rietjens, Paul J. Van Der Maas, Bregje D. Onwuteaka-Philipsen, Johannes J. M. Van Delden, and Agnes Van Der Heide, "Two Decades of Research on Euthanasia from the Netherlands. What Have We Learnt and What Questions Remain?", *Journal of Bioethical Inquiry* 6, no. 3 (July 27, 2009): 271–83, <https://doi.org/10.1007/s11673-009-9172-3>.

[5] Marc De Hert, Sien Loos and Kristof Van Assche, "The Belgian Euthanasia Law Under Scrutiny of the Highest Courts", *The Lancet Regional Health – Europe* 24 (November 21, 2022): 100549, <https://doi.org/10.1016/j.lanepe.2022.100549>.

[6] Blaakman, "Euthanasia Legislation in the EU" (n 1).

[7] Stevie Martin, "The Right to Life at the End of Life: A Note on Mortier V Belgium App No. 78017/17, 4 October 2022", *Medical Law International* 24, no. 2 (May 15, 2023): 128–41, <https://doi.org/10.1177/09685332231172755>.

Taken together, these developments do not resolve the ethical debate, but they do reflect an emerging willingness to treat autonomy, when carefully structured and protected, as compatible with core human rights commitments.

II. When Care Becomes Prolongation

The contrast between a peaceful death in veterinary medicine and a prolonged death in human medicine is rarely acknowledged directly, yet it is experienced repeatedly by clinicians and families who witness both. In veterinary medicine, we celebrate the possibility of a gentle end – one shaped by presence, restraint, and the deliberate avoidance of suffering. By comparison, human medicine often drifts in the opposite direction, sustaining biological life long after meaningful recovery has slipped away, not because this outcome is chosen, but because alternatives to continued intervention are often treated as ethically or institutionally impermissible.[8]

In these moments, medical care undergoes a transformation. It shifts from preserving the person to merely maintaining physiological function. Families are told that "everything is being done". In some cases, what is being preserved may no longer align with the patient's prior sense of a meaningful life, but instead reflects the continuation of physiological processes associated with dying.

This pattern is not accidental. Modern life-sustaining technologies, such as ventilation, artificial nutrition and advanced pharmacologic support, were developed to rescue patients from reversible crises. Increasingly, however, they are deployed in situations where recovery is no longer possible.[9] While veterinary medicine strives for a gentle end, human medicine often slides into a state of dysthanasia – one in which care no longer extends life but prolongs the process of dying through interventions that increase rather than relieve suffering.[10]

Veterinary medicine treats this moment as a clear ethical boundary. When treatment can no longer benefit the patient, veterinarians are expected to intervene to prevent suffering from being prolonged without purpose. Allowing an animal to linger in pain when recovery is impossible is widely regarded as inconsistent with professional standards.[11] Yet in human medicine, the same outcome is often treated as a professional obligation. In doing so, the duty to relieve suffering can come into tension with legal and institutional frameworks that prioritize the continuation of life.

Seen from this perspective, the ethical dilemma at the heart of MAiD takes on a different character. The essential question is no longer simply whether medicine should ever be allowed to hasten death. It becomes a question of whether the medical profession is justified in requiring patients to endure a drawn-out dying process after all hope for meaningful benefit from care has been lost.

---

[8] Daniel Callahan, *The Troubled Dream of Life: In Search of a Peaceful Death*, Georgetown University Press eBooks, 2000, <https://doi.org/10.1353/book27175>.

[9] Lawrence J. Schneiderman, Nancy S. Jecker, and Albert R. Jonsen, "Medical Futility: Response to Critiques", *Annals of Internal Medicine* 125, no. 8 (October 15, 1996): 669–74, <https://doi.org/10.7326/0003-4819-125-8-199610150-00007>.

[10] Brankica Juranić, Aleksandar Včev, Suzana Vuletić, Željko Rakošec, Domagoj Roguljić, Štefica Mikšić, Jelena Jakab, Jasenka Vujanić, and Robert Lovrić, "(Dis)Agreement with Dysthanasia, Religiosity and Spiritual Experience as Factors Related to Nurses' Workload During End-of-Life Care", *International Journal of Environmental Research and Public Health* 20, no. 2 (January 5, 2023): 955, <https://doi.org/10.3390/ijerph20020955>.

[11] Kathleen Cooney and Barry Kipperman, "Ethical and Practical Considerations Associated with Companion Animal Euthanasia", *Animals* 13, no. 3 (January 27, 2023): 430, <https://doi.org/10.3390/ani13030430>.

III. What Compassion Looks Like: Veterinary Euthanasia in Practice

> "There is a cycle of love and death that shapes the lives of those who choose to travel in the company of animals. It is a cycle unlike any other. To those who have never lived through its turnings and walked its rocky path, our willingness to give our hearts with full knowledge that they will be broken seems incomprehensible. Only we know how small [the] price we pay for what we receive; our grief, no matter how powerful it may be, is an insufficient measure of the joy we have been given."[12]

Those who spend their days with animals understand this tension intimately – the drive to act with compassion against the boundaries of what is possible. Philosopher and bioethicist, Jessica Pierce, raises a fundamental question about this disparity:

> "I am not arguing in favor of human euthanasia, nor am I justifying the widespread practice of euthanizing animals. Instead, I am simply wondering why we have such vastly different approaches to 'compassionate' end-of-life care: Why is euthanasia almost always considered the appropriate end point for our animal companions, but not for our human loved ones? The answer people give is that humans are not the same as animals and should not be treated like animals. This implies either that humans are not animals or what we do to animals would be morally inappropriate, if done to people."[13]

The understanding that guides families through the final stages of a beloved animal companion's life fundamentally shapes their approach to end-of-life decisions. When medical intervention can no longer offer hope for recovery, families face a choice between extending suffering or preventing it. The decision emerges not from giving up, but from recognizing that love sometimes demands we prevent what we cannot cure.

Pierce expresses the concept of a "good death" for companion animals as one "free of unnecessary pain, suffering, and fear; (…) peaceful; and (…) in the presence of compassionate witnesses" – a standard she frames as a "sixth freedom" of animal welfare.[14] In veterinary medicine, euthanasia is conducted with the deliberate aim of ensuring such peace and presence. The process begins with sedatives to lull the animal into deep relaxation, relieving anxiety and fear. Families remain by their companion's side, offering comfort through gentle touch and soothing words. Only once the animal is fully relaxed does the veterinarian administer the final medication, which induces a loss of consciousness followed by cessation of life. This process is marked by peacefulness, not struggle or distress – stillness that is witnessed and shared, representing an ultimate act of compassion.[15]

---

[12] Suzanne Clothier, *Bones Would Rain from the Sky: Deepening Our Relationships with Dogs*, Grand Central Publishing, 2005, 11.

[13] Jessica Pierce, "Why Is Euthanasia Almost Always Considered Appropriate for Animals?", *Psychology Today*, November 29, 2011, <https://www.psychologytoday.com/us/blog/all-dogs-go-heaven/201111/human-and-animal-euthanasia-dare-compare>.

[14] Jessica Pierce, *The Last Walk: Reflections on Our Pets at the End of Their Lives,* University of Chicago Press, 2012. – The concept of the "Five Freedoms", developed in the United Kingdom following the Brambell Report (1965) and later formalised by the Farm Animal Welfare Council, refers to five core welfare principles: freedom from hunger and thirst; from discomfort; from pain, injury or disease; to express normal behaviour; and from fear and distress. See Farm Animal Welfare Council, *Report on Priorities for Animal Welfare* (2009).

[15] Cooney and Kipperman, "Ethical and Practical Considerations Associated with Companion Animal Euthanasia" (n 11).

Within the veterinary profession, it is widely agreed upon that euthanasia is justified in cases where an animal is terminally ill or its quality of life cannot be restored.[16] The American Veterinary Medical Association (AVMA) has established guidance on these practices since 1963, continually emphasizing that euthanasia must never be about convenience, but rather about preventing unrelievable suffering.[17] Many families express profound gratitude for what is often described as the ”gift” of a peaceful and dignified end.[18]

IV. The Moral Evolution of Veterinary Euthanasia

Bernard Rollin, University Distinguished Professor at Colorado State University and widely regarded as the father of veterinary medical ethics, recounts a dramatic shift in societal attitudes toward companion animals over the span of just a few decades.[19] In the 1960s, before veterinary ethics had been established as a formal field, Rollin witnessed a common practice among pet owners: families preparing to leave for vacation would drop their dogs at shelters to be euthanized simply because it was more affordable than paying for kennel care. This action was not perceived as cruelty at the time; rather, it mirrored a widespread cultural understanding that companion animals were essentially exchangeable property, often lacking societal moral significance.[20]

By the 1980s, however, Rollin described a scene that demonstrated a fundamental change. At Colorado State University’s veterinary teaching hospital, a group of bikers arrived on Harley-Davidsons, carrying a gravely ill chihuahua. The dog’s condition was beyond recovery, and euthanasia was determined to be the only humane course of action. After the procedure, the focus of concern shifted from the animal – whose suffering had ended – to the men themselves. The intensity of their grief was so profound that hospital counselors arranged for them to stay in a motel, worried that they were too emotionally distraught to safely ride their motorcycles.[21]

The contrast between these two moments – one characterized by the casual euthanasia of pets for convenience, the other by profound mourning for a companion animal – signals a broader transformation in the ethical framework guiding human–animal relationships. With the growing recognition of animals as family members, the loss of a pet has been described as one of the most distressing forms of bereavement, sometimes surpassing the loss of a human relative or close friend.[22]

V. The Historical Roots of Compassionate End-of-Life Ethics

This ethical evolution has roots far older than modern veterinary medicine. In 1928, Mahatma Gandhi – whose legacy is closely tied to the principle of nonviolence – faced a reflective moral dilemma at his ashram in India. A cow calf had suffered a severe injury and was in unrelievable pain. Despite sustained efforts, the animal’s condition remained hopeless. Rather than allowing a prolonged and agonizing

[16] Cooney and Kipperman, “Ethical and Practical Considerations Associated with Companion Animal Euthanasia” (n 11).

[17] American Veterinary Medical Association, “AVMA Guidelines for the Euthanasia of Animals: 2020 Edition”, AVMA, 2020, <https://www.avma.org/sites/default/files/2020-02/Guidelines-on-Euthanasia-2020.pdf>.

[18] Anne Quain, “The Gift: Ethically Indicated Euthanasia in Companion Animal Practice”, *Veterinary Sciences* 8, no. 8 (July 24, 2021): 141, <https://doi.org/10.3390/vetsci8080141>.

[19] Colorado State University, “Remembering Veterinary Ethics Pioneer and University Distinguished Professor Bernie Rollin”, *Source* (November 30, 2021), <https://source.colostate.edu/remembering-veterinary-ethics-pioneer-and-university-distinguished-professor-bernie-rollin/>.

[20] Bernard E. Rollin, *Animal Rights and Human Morality*, Prometheus Books, 1981, 45.

[21] Rollin, *Animal Rights and Human Morality* (n 20) 48.

[22] Philip Hyland, “No Pets Allowed: Evidence That Prolonged Grief Disorder Can Occur Following the Death of a Pet”, *PLoS ONE* 21, no. 1 (January 14, 2026): e0339213, <https://doi.org/10.1371/journal.pone.0339213>.

death, Gandhi authorized a physician to administer a lethal injection, bringing the calf's suffering to a swift end.[23]

This decision was justified through the principle of *ahimsa*, an ancient ethical doctrine emphasizing the minimization of suffering over the absolute prohibition of harm. While often translated as "nonviolence", *ahimsa* is better understood as a commitment to compassionate action under morally tragic conditions, recognizing that harm may sometimes be unavoidable when all alternatives have failed.[24] *Ahimsa* predates the Hippocratic tradition by centuries and foregrounds ethical deliberation, proportionality, and responsibility – principles that resonate strongly with contemporary discussions of end-of-life care.[25]

What makes Gandhi's decision especially significant is not merely that he authorized euthanasia for an animal, but that he explicitly considered whether the same moral reasoning applied to humans. Reflecting in his *Collected Works* (1928), Gandhi asked:

> "Would I apply to human beings the principle that I have enunciated in connection with the calf? Would I like it to be applied in my own case? My reply is yes; the same law holds good in both the cases. The law is that one may not kill except when it is one's duty to kill. Just as a surgeon does not commit himsa [harm] when he wields his knife on his patient's body for the latter's benefit, similarly one may find it necessary under certain imperative circumstances to go a step further and sever life from the body in the interest of the sufferer."[26]

Here, Gandhi expresses a principle grounded in duty and proportionality: ending life becomes justified when suffering is extreme, alternatives exhausted, and continuation serves no meaningful interest. This is not permission for arbitrary killing, but an acknowledgment that under rare and tragic circumstances, preventing further harm may require causing death.

Contemporary analysis affirms that Gandhi's stance was neither absolutist nor permissive. Gandhi was a context-sensitive moral thinker who recognized that, in extreme cases, ending a life could be a manifestation of nonviolence if it prevented unbearable suffering.[27] He was clear that euthanasia was only morally relevant when care and nursing could no longer meaningfully reduce suffering, anticipating today's distinction between palliative care as the initial ethical response and assisted dying as a last resort for refractory suffering. Gandhi's model – blending compassion and relief of suffering – foreshadowed the profound changes observed in Western veterinary ethics over the twentieth century.[28] As documented by Rollin and colleagues, the field moved from viewing animals primarily as property toward a patient-centered focus on welfare and suffering.[29]

Contemporary veterinary practice carries forward this ethical transformation. Robin Hargreaves, former president of the British Veterinary Association, describes euthanasia as one of the most humane expressions available to veterinarians, emphasizing the profound relief it offers to suffering animals. "It relieves more suffering than virtually anything else I ever do. I do more good by euthanizing

---

[23] Mahatma Gandhi, *The Collected Works of Mahatma Gandhi*, 37th edn., Ministry of Information and Broadcasting, Government of India, 1928, 297–298.

[24] Nibedita Priyadarshini Jena, "Gandhi's Perspective on Non-violence and Animals: Ethical Theory and Moral Practice", *Journal of Global Ethics* 13, no. 3 (September 2, 2017): 398–416, <https://doi.org/10.1080/17449626.2018.1425216>.

[25] S. Cromwell Crawford. "Hindu Bioethics for the Twenty-First Century", *Journal of Hindu-Christian Studies* 14, no. 1 (January 1, 2001), <https://doi.org/10.7825/2164-6279.1252>.

[26] Gandhi, *The Collected Works of Mahatma Gandhi* (n 23) 297–298.

[27] Joris Gielen, "Mahātmā Gandhi's View on Euthanasia and Assisted Suicide", *Journal of Medical Ethics* 38, no. 7. (February 28, 2012): 432, <https://doi.org/10.1136/medethics-2011-100268>.

[28] Gielen, "Mahātmā Gandhi's View on Euthanasia and Assisted Suicide" (n 27).

[29] Rollin, "When Is It Ethical to Euthanize Your Pet?" (n 20) 48.

some animals than by trying to treat them."[30] Such a reflection emphasizes the ethical weight of euthanasia, positioning it not as a failure of medicine, but as a compassionate response when treatment can no longer alleviate suffering. He further explains how euthanasia represents a form of ethical transformation: "We take a problem in the form of injury or disease that the animal cannot overcome and convert it into grief that the owner can, with time, conquer."[31] As ethical understandings of animal suffering evolved, legal systems gradually followed – recognizing animals as more than property, even while preserving euthanasia as an expected response to unrelievable suffering.

VI. Legal Recognition: From Property to Family

As veterinary medicine has come to recognize animals as sentient beings whose suffering carries moral weight, a paradox has emerged within the law: animals increasingly receive recognition as family members with interests deserving protection, yet euthanasia to relieve that suffering remains not only permitted but expected.[32] This creates a striking inconsistency. Legal frameworks that elevate animals beyond mere property and prohibit cruelty nonetheless authorize their intentional death when suffering becomes intolerable, while competent human adults facing comparable conditions are often denied the same form of relief.

The status of animals as property has limited the legal protection they are extended.[33] Courts have historically reinforced this categorization. In *Bennett v. Bennett* (1995), a Florida appellate court overturned a visitation order for a dog, holding that animals are individual property and not subject to custody principles.[34] Similarly, in *DeSanctis v. Pritchard* (2002), the Pennsylvania Superior Court refused to enforce shared custody of a companion animal, reaffirming that pets are legal objects, not family members.[35]

Yet this traditional classification no longer tells the whole story, as our legal system gradually began to accept the idea that companion pets deserve greater legal protection.[36] Anti-cruelty statutes across the United States implicitly elevate animals beyond mere objects by mandating humane treatment and imposing criminal penalties for the infliction of suffering.[37] Several states have enacted statutory language directing courts to consider the well-being or care of companion animals in family law disputes, reflecting the growing acknowledgment of their unique emotional and relational significance.[38] In *DeBlase v. Hill* (2024), a New York court held that, for purposes of a negligent infliction

[30] Robin Hargreaves, quoted in Julian Baggini, "Euthanasia for Animals: What Can It Teach Us About Assisted Suicide in Humans?", *The Independent* (July 21, 2015), <https://www.the-independent.com/life-style/health-and-families/features/euthanasia-for-animals-what-can-it-teach-us-about-assisted-suicide-in-humans-10405840.html>.

[31] Baggini, "Euthanasia for Animals: What Can It Teach Us About Assisted Suicide in Humans?" (n 30).

[32] Schyler P. Simmons, "What Is the Next Step for Companion Pets in the Legal System? The Answer May Lie with the Historical Development of the Legal Rights for Minors", *Texas A&M Law Review* 1, no. 1 (October 1, 2013): 255, <https://doi.org/10.37419/lr.v1.i1.9>.

[33] Sande L. Buhai, "Pets as Property: Signs of Change in the Law of Judgment Collections", *Animal Law Review* 26, no. 1 (2020): 174, <https://lawcommons.lclark.edu/alr/vol26/iss1/7/>.

[34] *Bennett v. Bennett*, 655 So. 2d 109 (Fla. Dist. Ct. App. 1995).

[35] *DeSanctis v. Pritchard*, 803 A.2d 230 (Pa. Super. Ct. 2002).

[36] Simmons, "What Is the Next Step for Companion Pets in the Legal System? The Answer May Lie with the Historical Development of the Legal Rights for Minors" (n 32).

[37] Pamela D. Frasch, "State Animal Anti-Cruelty Statutes: An Overview", Michigan State University College of Law, 1999, <https://www.animallaw.info/article/state-animal-anti-cruelty-statutes-overview-0>.

[38] Kelly Olszuk, "Pet Custody During Divorce", Michigan State University College of Law, 2020, <https://www.animallaw.info/intro/pet-custody-during-divorce>.

of emotional distress claim, a dog could qualify as "immediate family".[39] Legislative developments are following a similar path. Pennsylvania's House Bill 97, if enacted, would classify pets as "living beings that are generally regarded as cherished family members" in divorce proceedings, directing judges to consider factors analogous to those used in child custody determinations.[40]

Taken together, these developments reflect a broader legal and cultural shift: animals are increasingly understood as sentient beings who experience suffering in morally significant ways and whose interests warrant protection beyond those afforded to ordinary property. This legal evolution parallels changes within veterinary medicine, where end-of-life decisions are guided not only by diagnosis but also by quality of life, meaningful experience, and the moral weight of the human–animal bond.[41] Comparable developments are unfolding across global legal systems, where scholars have documented a gradual "de-reification" of animals and the emergence of proposals for a distinct legal category that moves them beyond the traditional dichotomy of persons and things. These comparative trends reinforce that the property paradigm is no longer conceptually adequate for governing relationships with beings whose vulnerability, relational significance, and capacity for suffering are now widely acknowledged.[42]

VII. The Lived Contradiction

Perhaps the most unsettling ethical question raised by the routine practice of veterinary euthanasia is not whether it is justified for animals, but how repeated exposure to peaceful, intentional death shapes clinicians' understanding of prolonged human suffering. These testimonies function not merely as anecdotes, but as forms of moral perception available to those who have witnessed both animal and human deaths. Their experiences describe a lived moral crisis: the compassion routinely extended to animals at the end of life is often withheld from humans.

Hargreaves describes how euthanasia comes to be seen not as an extraordinary act, but as "one of a suite of rational ways to resolve interminable problems."[43] That outlook, forged in daily encounters with suffering, becomes impossible to confine to nonhuman patients. He recalls being asked to euthanize a dog in a family's living room – a dog who, in his judgment, "undoubtedly wanted euthanasia." Upstairs, the animal was surrounded by relatives and offered the familiar consolations of a good death: no more suffering, at rest, and for the best. Downstairs, a gravely ill family member lay in bed, resigned to endure the slow progress of disease without similar options. In that moment, the contrast was not between killing and letting die, but between two kinds of endings. One life was permitted to end gently, while the other was required to continue through a medically sustained decline. What veterinary medicine recognizes as an ethical failure – the unnecessary extension of suffering – appeared here not as a mistake, but as an expectation.

What many families say in the moments after an animal has been let go bears out this contrast. In that quiet hiatus, many express a wish they had never expressed before: that a dying friend or family member could have received the same peaceful end. Sometimes the comparison is painfully exact. "I might have put an animal to sleep with congestive heart failure", Hargreaves explains. "There are lots of people who have watched a loved one die with congestive heart failure", an experience he describes

[39] *DeBlase v. Hill*, 2024 NY Slip Op 50901(U) (N.Y. Sup. Ct., Kings County 2024).

[40] Anita Kulik, Eddie Pashinski, Benjamin Sanchez, Carol Hill-Evans, Joe Ciresi, Michael Schlossberg, Joseph Hohenstein, Keith Harris, and Nikki Rivera, "House Bill 97: Pet Custody in Divorce Cases" Pennsylvania General Assembly (October 3, 2025), <https://www.palegis.us/legislation/bills/2025/hb97>, accessed 24 January 2026.

[41] Marc J. Bubeck, "Justifying Euthanasia: A Qualitative Study of Veterinarians' Ethical Boundary Work of 'Good' Killing", *Animals* 13, no. 15 (August 4, 2023): 2515, <https://doi.org/10.3390/ani13152515>.

[42] Margot Michel, "Moving Away from Thinghood in Law: Animals as a New Legal Category?", *Journal of Animal Law, Ethics and One Health*, 2023, 29–43, <https://doi.org/10.58590/leoh.2023.003>.

[43] Baggini, "Euthanasia for Animals: What Can It Teach Us About Assisted Suicide in Humans?" (n 30).

as deeply distressing; he suggests that an earlier, medically assisted death may avoid the most severe stages of suffering.[44]

A similar moral friction emerges in the reflections of psychiatrist Joseph Pierre.[45] Trained in a culture where the Hippocratic Oath and the informal dictum that patients must not "die on my watch" combine to rule out any discussion of hastening death, he initially accepted aggressive, life-prolonging interventions – even when they imposed obvious burdens with little prospect of recovery. His perspective shifted when he married a veterinarian for whom euthanasia was a daily, if emotionally costly, part of practice. Her matter-of-fact report, "I killed my patient today", captured a dual awareness: the failure to cure and the willingness to act as the agent who ends life when suffering can no longer be relieved. For her, to "put down" their dog Mika, who was in progressive pain, did not represent giving up too soon, but pre-empting unnecessary and inevitable suffering, especially for a being who could not comprehend what lay ahead or consent to further decline. When Pierre later described Mika's euthanasia as "a good death" and concluded, "We should be so lucky", he named the ethical dissonance directly: the kind of death we regard as merciful and appropriate for animals is one we rarely permit for ourselves.[46]

End-of-life doula Jennifer Daniels captures this moral collision from a different angle. Supporting "Sandy", a woman with terminal lung cancer who chose MAiD rather than a prolonged decline.[47] Daniels witnessed an intentional, carefully shaped human death: medication taken in the presence of close friends, followed by a rapid and peaceful loss of consciousness, and several hours of shared stories, tears, and laughter. Less than a week later, she was confronted with another death, this time of her elderly cat, Isabel, whose prognosis offered no realistic hope of recovery. When Daniels asked the veterinarian whether euthanasia was the most difficult part of her work, the answer surprised her. The veterinarian said it was not; she took pride in being able to relieve suffering when recovery was no longer possible. The sentiment resonated deeply. The compassion extended to Isabel mirrored the care Jennifer had witnessed – and provided – in Sandy's final hours.[48]

Viewed collectively, these accounts indicate that the clinical, procedural, and professional conditions needed to alleviate suffering at the end of life are already in place. What differs is not medicine's capacity to provide a peaceful death, but the legal and ethical frameworks that determine when such measures may be used. In practice, access to intentional relief from suffering remains uneven across species and jurisdictions: what is recognized as a humane and appropriate response for animals is often withheld from humans, even when the forms and burdens of suffering are comparable.

VIII. The Consent Paradox: Why We Grant Mercy to Those Who Cannot Ask

The deepest ethical contradiction revealed by the routine practice of veterinary euthanasia is not simply that we permit it for animals while denying it to humans. It is who we permit it for – and why. The moral inversion lies not in species difference, but in decisional capacity.

Animals cannot consent to euthanasia. While some species demonstrate behavioral responses consistent with grief or awareness of death, they lack the cognitive capacities required for informed

[44] Baggini, "Euthanasia for Animals: What Can It Teach Us About Assisted Suicide in Humans?" (n 30).

[45] Joseph Pierre, "Why Do We Give Dogs a Better Death Than We Give Ourselves?", *Aeon* (March 15, 2018), <https://aeon.co/essays/why-do-we-give-dogs-a-better-death-than-we-give-ourselves>.

[46] Pierre, "Why Do We Give Dogs a Better Death Than We Give Ourselves?" (n 45).

[47] Jennifer Daniels, "If Our Pets Can Die with Dignity, We Should Be Able to Too", *INELDA* (December 16, 2024), <https://inelda.org/if-our-pets-can-die-with-dignity-we-should-be-able-to-too/>.

[48] Daniels, "If Our Pets Can Die with Dignity, We Should Be Able to Too" (n 47).

consent in the medical-ethical sense.[49] Most notably, they lack the ability to understand prognosis, anticipate future suffering, evaluate alternatives, or express a reasoned and enduring preference regarding the continuation of their lives.[50] Yet under conditions of irreversible illness or intolerable decline, we routinely judge euthanasia to be compassionate, responsible, and, at times, morally required. We do so without apology and without perceiving ourselves as violating a core ethical boundary.

Humans with decisional capacity and free of coercion can consent. They can articulate suffering, evaluate trade-offs, reflect on what gives their lives meaning, and make sustained, voluntary, and informed decisions about their own bodies. And yet, in many jurisdictions and ethical frameworks, it is precisely this group – competent adults facing unavoidable death – who do not have access to the option of assisted dying.[51]

This asymmetry reveals a paradox that is rarely acknowledged. We trust ourselves to make life-and-death decisions on behalf of beings who cannot participate in those decisions but refuse to trust competent adults to make the same judgment for themselves.

The standard objection, "humans are not animals", is often offered as if it resolves the comparison. In fact, it sharpens it. If decisional capacity carries moral weight, it should strengthen, not weaken, the ethical case for allowing assisted dying. Autonomy is not an ethically destabilizing feature that disqualifies humans from the compassion we extend to animals; it is the very feature that should complete the moral framework.[52]

In veterinary medicine, euthanasia decisions are guided by surrogate judgment. Veterinarians and guardians assess suffering, prognosis, and quality of life using professional expertise and intimate knowledge of the animal's behavior and interests. The ethical justification rests on beneficence: preventing suffering when continued existence offers no compensatory good. That this judgment is made without consent does not invalidate it; rather, it is regarded as a necessary moral burden assumed on behalf of a vulnerable being.[53]

When applied to humans, however, the logic is abruptly reversed. Instead of treating decisional capacity as enabling ethical choice, it is treated as a reason for prohibition. The presence of consent – far from authorizing mercy – is treated as morally disqualifying. We become willing to act for those who cannot choose but unwilling to allow choice itself to carry moral authority.[54]

In our view, this inversion is not easily explained by concern for vulnerability alone. Animals are entirely dependent and incapable of protest. If vulnerability justified prohibition, they would be protected first. Instead, they are the very beings for whom euthanasia is most widely accepted. Nor can the inversion be justified by fears of abuse, since veterinary euthanasia is governed by professional practice

[49] Panu Pihkala and Elisa Aaltola, "Animal Ethical Mourning: Types of Loss and Grief in Relation to Non-human Animals", *Frontiers in Veterinary Science* 12 (April 28, 2025): 1526302, <https://doi.org/10.3389/fvets.2025.1526302>.

[50] Aaron Simmons, "Do Animals Have an Interest in Continued Life?", *Environmental Ethics* 31, no. 4 (January 1, 2009): 375–92, <https://doi.org/10.5840/enviroethics200931442>.

[51] Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics*, Oxford University Press, USA, 2019.

[52] Dan W. Brock, "Voluntary Active Euthanasia", *The Hastings Center Report* 22, no. 2 (March 1, 1992): 10, <https://doi.org/10.2307/3562560>.

[53] Bernard E. Rollin, "Telos, Conservation of Welfare, and Ethical Issues in Genetic Engineering of Animals", *Current Topics in Behavioral Neurosciences* 19 (January 1, 2014): 99–116, <https://doi.org/10.1007/7854_2014_279>.

[54] Matthew Cho, Liam G. McCoy, Connor T. A. Brenna, and Sunit Das, "Beyond Words: Reconsidering the Moral Distinction of Action in Consent for Assisted Dying", *The American Journal of Bioethics* 23, no. 9 (August 30, 2023): 25–27, <https://doi.org/10.1080/15265161.2023.2237453>.

standards aimed at minimizing pain and distress – unlike the extensive legal and procedural safeguards prescribed for human MAiD.

What truly distinguishes the two cases is not risk alone, but discomfort with agency. Even when concerns about coercion or diagnostic error are taken seriously, a death chosen by a competent adult confronts us with a kind of moral responsibility that surrogate decisions allow us to avoid. It forces recognition that suffering is not merely something to be managed by professionals, but something whose meaning is defined, in part, by the person who endures it. Denying assisted dying in such cases may be understood as preserving institutional control over the terms on which life may be relinquished, rather than prioritizing individual determinations of suffering. Seen this way, the animal comparison does not trivialize human life. It exposes an ethical inconsistency in how we assign moral authority. If we believe it is permissible – even obligatory – to end life without consent to relieve suffering, then it is difficult to justify why explicit, sustained, and informed consent should render the same act impermissible.

The question, then, is not whether humans are sufficiently like animals to merit compassion. It is whether we are prepared to deny competent adults the moral agency we already exercise, without hesitation, on behalf of those who cannot ask.

IX. Objections to the Veterinary Comparison

The claim that veterinary euthanasia provides moral precedent for human MAiD has drawn sustained criticism. Komrad and Glass, in *Euthanasia in Animals and Humans: Distinctions to Consider*, argue that fundamental moral, professional, and symbolic distinctions between humans and animals render the comparison ethically misleading.[55] They present eight objections; we address the four most pertinent to our veterinary framework: moral status and meaning-making, professional relationships, and the slippery slope. While these objections warrant engagement, close examination reveals that they clarify scope rather than defeat the comparison. The veterinary precedent does not assert moral equivalence between humans and animals, nor does it propose importing veterinary procedures into human healthcare. Instead, it exposes a shared moral logic: when suffering is profound, irreversible, and no longer serves the patient's interests, intentionally ending life may constitute the most compassionate response.

1. Moral Status and Meaning-Making

Komrad and Glass ground their challenge in two interrelated claims. First, they assert a universal "hierarchy of life value" in which human life possesses categorically greater moral worth than animal life – a distinction they describe as "archetypal, both ancient and contemporary, inherent in religious and secular law" and "arguably one of the most enduring and widespread ethical distinctions in Western civilization's history." Second, they argue that human sentience is fundamentally different because it "comes with responsibility" and enables the construction of "elaborate and sophisticated meaning" around suffering and death.[56] Humans interpret illness through values, spirituality, relationships, and narrative identity. Animals, lacking this reflective capacity, cannot engage in the moral deliberation that defines end-of-life decision-making.[57] Taken together, these differences are said to render veterinary euthanasia morally incomparable to human MAiD.

[55] Mark S. Komrad and Oliver Glass, "Euthanasia in Animals and Humans: Distinctions to Consider", *Psychiatric Times* (July 29, 2024), <https://www.psychiatrictimes.com/view/euthanasia-in-animals-and-humans-distinctions-to-consider>.

[56] Komrad and Glass, "Euthanasia in Animals and Humans: Distinctions to Consider" (n 55).

[57] Oliver Knesl et al., "Veterinarians and Humane Endings: When Is It the Right Time to Euthanize a Companion Animal?", *Frontiers in Veterinary Science* 4 (2017): 45, <https://doi.org/10.3389/fvets.2017.00045>.

This objection rests on philosophical claims that are neither universal nor uncontested. Contemporary biomedical ethics does not endorse an absolute hierarchy based on species membership alone.[58] *Principles of Biomedical Ethics* which remains foundational to clinical practice, explicitly rejects the view that being human is sufficient grounds for moral superiority. Instead, they argue that moral status depends on morally relevant properties, including capacity for suffering, possession of interests, vulnerability to harm.[59] What societies have traditionally believed about the value of human versus animal life does not establish what is morally true; it reflects what has been culturally accepted. The claim that human–animal moral hierarchy is "universal" mistakes widespread practice for philosophical justification. Rollin explicitly rejected both extremes of the animal status debate. He did not claim animals were morally equivalent to humans, nor did he accept that they were mere resources. Instead, Rollin argued that animals are "complex creatures that humans should treat with care and dignity."[60] This middle path rests on empirical observation and is today supported by a substantial body of scientific research: "I strongly believe that animals enjoy a rich mental life. It is also clear that animals have some concept of enduring objects, causality, and limited futural possibilities, or else the dog would not expect to get fed, the cat would not await the mouse outside of its mouse hole, and the lion could not intercept the gazelle. Animals also clearly display a full range of emotions."[61]

Animals can suffer in morally serious ways, as Rollin notes in his account of their emotional and cognitive complexity.[62] But their suffering may differ in important respects from human suffering. Humans appear to have a distinctive capacity for long-range, future-focused awareness — the kind that supports life-planning and can give rise to existential fear — a capacity that appears more fully developed in humans than in other species.[63]

More fundamentally, this objection relies on a false dichotomy: either humans and animals are morally equivalent, or veterinary practice offers no moral insight for human medicine. This framing collapses under scrutiny. As Rollin, Singer and many others have demonstrated, animals possess morally significant interests grounded in their capacity for welfare and suffering, even without the autonomy or reflective capacities humans possess.[64] The relevant question is not whether humans and animals are equivalent, but whether beings with different moral capacities can share an entitlement to relief from unbearable suffering when recovery is impossible. Acknowledging moral differences does not require rejecting all comparative reasoning – it requires explaining which differences matter and why they justify categorical prohibition instead of modified practice.

The meaning-making objection suffers from a parallel flaw. It is correct that humans interpret suffering through narrative, spirituality, and values in ways animals cannot. But this capacity does not do the work the objection assumes. McMahan distinguishes between how death harms and whether suffering justifies compassionate intervention. The capacity for future-oriented projects and reflective meaning affects the nature of harm caused by death – humans lose anticipated goods that animals are

[58] Beauchamp and Childress, *Principles of Biomedical Ethics* (n 51).

[59] Beauchamp and Childress, *Principles of Biomedical Ethics* (n 51).

[60] R. Scott Nolen, "Obituary: Bernie Rollin, Ethicist Who Wanted a Better World for Animals, Dies at 78", *American Veterinary Medical Association* (January 1, 2022), <https://www.avma.org/javma-news/2022-01-01/obituary-bernie-rollin-ethicist-who-wanted-better-world-animals-dies-78>.

[61] Bernard E. Rollin, "Euthanasia and Quality of Life", *Journal of the American Veterinary Medical Association* 228, no. 7 (April 1, 2006): 1014–16, <https://doi.org/10.2460/javma.228.7.1014>.

[62] Rollin, *Animal Rights and Human Morality* (n 20).

[63] Jonathan Redshaw, Adam Bulley, and Thomas Suddendorf, "Thinking About Thinking About Time", *Behavioral and Brain Sciences* 42 (January 1, 2019): e273, <https://doi.org/10.1017/s0140525x19000414>.

[64] Rollin, *Animal Rights and Human Morality* (n 20); cf. e.g., Peter Singer, *Animal Liberation Now*, Harper Perennial 2023.

not generally thought to conceive.[65] Yet this distinction does not render suffering itself less morally urgent or euthanasia less justifiable when suffering becomes irremediable. As Akhtar argues, the moral weight of an animal's suffering is not diminished by their lack of a biographical narrative; rather, it may be intensified.[66] Because animals are generally more cognitively "anchored" in the immediate present, they are typically understood to have more limited capacities to rationalize pain or anticipate its end. Consequently, as noted by Rollin and supported by Akhtar's analysis, when an animal experiences intense suffering, that pain may become their entire subjective universe, unmitigated by the "horizon" of a future without it.[67]

The ethical asymmetry becomes stark when the logic is reversed. Society accepts euthanasia for beings who cannot understand death, cannot articulate values, and cannot consent to life-ending decisions. If compassion is appropriate under these conditions, it is incoherent to argue that the presence of understanding, articulation, and consent – capacities mostly identified as uniquely human – should disqualify instead of authorizing the same relief. Autonomy is not an ethically destabilizing feature; it is the capacity that completes the moral framework by enabling patients to express informed, sustained, and voluntary preferences regarding their own care.

Veterinary euthanasia establishes that intentional death can coexist with compassion, professional integrity, and moral responsibility. Human MAiD builds upon this foundation by incorporating the very capacities animals are understood to lack: decisional capacity, values, articulation, and explicit consent. Far from erasing distinctions, the veterinary comparison exposes an inconsistency in how those distinctions are deployed. Moral non-equivalence refines the precedent; it does not dissolve it.

2. The Professional Relationship

Komrad and Glass argue that the doctor–patient relationship is fundamentally distinct from the veterinarian–animal relationship in ways that preclude moral comparison. Physicians, they contend, treat human equals within a therapeutic encounter defined by shared vulnerability, mutual recognition, and empathic identification. This equality enables physicians to understand patients' experiences from within, what they describe as *verstehen*, or empathic comprehension of another's mental life. By contrast, the authors characterize the veterinarian–animal relationship as one grounded in sympathy, not empathy, arguing that veterinarians exercise compassion without the moral reciprocity they take to define human medicine. "Treating patients is a human endeavor; treating animals is a humane endeavor", they write, suggesting that the moral structure of veterinary practice lacks the depth and complexity that governs end-of-life care in human medicine.[68]

This line of reasoning misconceives the ethical foundation of clinical practice. It assumes that medical ethics depends on equality between practitioner and patient, but this claim finds little support in contemporary medical ethics literature. Pellegrino and Thomasma, in their influential account of clinical relationships, argue that medical ethics is grounded not in equality but in vulnerability and the physician's corresponding duty of beneficence.[69] Patients seek medical care precisely because they are vulnerable, incapacitated by illness, dependent on professional expertise, and unable to relieve their own suffering. The physician's ethical obligation arises from this asymmetry, not from shared humanity or empathic identification.

---

[65] Jeff McMahan, *The Ethics of Killing: Problems at the Margins of Life*, Oxford University Press, 2002.

[66] Sahar Akhtar, "Animal Pain and Welfare", in *Oxford University Press eBooks*, 2012, 495–518, <https://doi.org/10.1093/oxfordhb/9780195371963.013.0018>.

[67] Bernard E. Rollin, "Some Conceptual and Ethical Concerns About Current Views of Pain", *Pain Forum* 8, no. 2 (June 1, 1999): 78–83, <https://doi.org/10.1016/s1082-3174(99)70050-4>.

[68] Komrad and Glass, "Euthanasia in Animals and Humans: Distinctions to Consider" (n 55).

[69] Edmund D. Pellegrino and David C. Thomasma, *For The Patient's Good: The Restoration of Beneficence in Health Care*, Oxford University Press, 1988, 32.

Veterinary medicine operates within an identical moral structure. Veterinarians bear moral and ethical responsibilities to animal patients who are profoundly vulnerable, entirely dependent on human decision-making, and incapable of advocating for their own interests.[70] Far from being a "humane endeavor" distinct from human medical ethics, veterinary practice is governed by the same principles of beneficence, non-maleficence, and professional integrity that define human medicine. Veterinarians may refuse to perform euthanasia when they judge it ethically unjustified, advocate for animal welfare against owner preferences, and experience moral conflict when faced with ethically ambiguous cases – all markers of genuine professional moral agency.[71] As Rollin documents, veterinarians report moral distress precisely because they understand animals as patients with morally significant interests, not as objects of mere sympathy.[72]

The empathy-versus-sympathy distinction invoked here does rhetorical work but lacks ethical substance. Empathy can inform clinical judgment and ethical deliberation, but it is neither the only factor nor automatically sufficient for ethical decision-making.[73] Physicians routinely make life-and-death decisions for patients whose subjective experiences they cannot fully access: neonates, individuals with profound cognitive impairments, patients in persistent vegetative states, or those rendered unconscious by trauma.[74] In such cases, physicians exercise surrogate judgment grounded in clinical expertise and knowledge of the patient's interests, not empathic identification. If empathy were a precondition for ethical end-of-life care, physicians would be disqualified from treating precisely those patients most dependent on professional judgment.

The parallel to veterinary practice is exact. Veterinarians make euthanasia decisions through surrogate judgment informed by clinical assessment and knowledge of the animal's behavioral and physiological state.[75] The moral justification rests on the same foundation: preventing unbearable suffering for a being who cannot articulate preferences or consent to intervention. The presence of empathy, shared humanity, or reflective capacity in human patients does not undermine this logic. It completes it.

Recognizing this shared moral structure does not entail ignoring morally relevant differences between human and veterinary practice. On the contrary, those differences – particularly human autonomy, reflective capacity, and social meaning – demand additional procedural protections, not categorical prohibition. Human MAiD does not rely on the same discretionary framework as veterinary euthanasia; it formalizes these distinctions through layered safeguards that constrain professional judgment, protect patient autonomy, and preserve public trust. The contrast is not one of ethical permission versus recklessness, but of differing institutional responses to differing moral capacities.

[70] Elein Hernandez et al., "Speaking up: Veterinary Ethical Responsibilities and Animal Welfare Issues in Everyday Practice", *Animals* 8, no. 1 (January 22, 2018): 15, <https://doi.org/10.3390/ani8010015>.

[71] Quain, "The Gift: Ethically Indicated Euthanasia in Companion Animal Practice" (n 18).

[72] Cooney and Kipperman, "Ethical and Practical Considerations Associated with Companion Animal Euthanasia" (n 11).

[73] Luka Laura, Maja Arapović, Sanja Duvnjak, and Jurica Arapović, "Empathy and Mental Health in Veterinary Medicine", *Veterinary Research Communications* 48, no. 4 (April 26, 2024): 1991–1997, <https://doi.org/10.1007/s11259-024-10385-1>.

[74] Knesl et al., "Veterinarians and Humane Endings: When Is It the Right Time to Euthanize a Companion Animal?" (n 57).

[75] Knesl et al., "Veterinarians and Humane Endings: When Is It the Right Time to Euthanize a Companion Animal?" (n 57).

3. The Slippery Slope

Perhaps one of the most persistent criticisms of MAiD is that once society accepts intentional death as a legitimate response to suffering, moral boundaries will inevitably erode.[76] Veterinary practice is offered as evidence: what began as relief for terminal suffering expanded to include behavioral euthanasia, economic euthanasia, and convenience killing. From this perspective, jurisdictions that legalize MAiD for terminal illness will expand eligibility to non-terminal conditions, psychiatric disorders, disability, and eventually existential suffering or simply being "tired of living". Yet critics acknowledge a striking fact: killing a suffering animal has never produced a comparable slippery slope.[77]

Available evidence does not support claims of a runaway slippery slope in veterinary euthanasia practice; however, the underlying reasons for this lack of expansion require careful analysis. Veterinary euthanasia operates under a different framework than human MAiD, one that relies on surrogate consent rather than autonomous informed consent, professional clinical judgment rather than formally mandated independent capacity evaluation, and professional self-regulation rather than legally mandated external oversight.[78] That difference cuts both ways. Where expansion occurred in veterinary practice, it reflected professional discretion operating within evolving ethical guidelines rather than uncontrolled moral collapse.[79] This pattern supports arguments for MAiD by showing that compassionate practices can function within structured oversight without producing the harms opponents predict.

It is worth acknowledging, however, that the ease with which euthanasia is accepted in veterinary medicine has drawn its own criticism. The practice of euthanizing physically and psychologically healthy animals for reasons of convenience remains one of the most ethically contentious issues in the profession.[80] Research indicates that veterinarians may, at times, participate in euthanasia for reasons related to client expectations, financial limitations, or practice constraints rather than strictly the animal's welfare; many also report experiencing moral distress, compassion fatigue, and emotional burnout in connection with these decisions.[81] This tension does not undermine the central argument, but it does illustrate that professional discretion without significant oversight carries its own risks. The lesson is not that veterinary practice offers a perfect model, but that human MAiD – with its explicit consent requirements, capacity assessments, and layered procedural safeguards – is specifically designed to precisely prevent these failures.

The empirical evidence from jurisdictions with decades of MAiD experience supports this distinction.[82] Human MAiD statutes require decisional capacity, voluntariness, repeated requests, independent eligibility assessments, mandatory waiting periods, extensive documentation, and governmental

[76] David Benatar, "A Legal Right to Die: Responding to Slippery Slope and Abuse Arguments", *Current Oncology* 18, no. 5 (October 1, 2011): 206–7, <https://doi.org/10.3747/co.v18i5.923>.

[77] Komrad and Glass, "Euthanasia in Animals and Humans: Distinctions to Consider" (n 55).

[78] Bernard E. Rollin, *An Introduction to Veterinary Medical Ethics: Theory and Cases,* Wiley-Blackwell, 2006.

[79] Rollin, *An Introduction to Veterinary Medical Ethics: Theory and Cases* (n 78).

[80] Dominick Rathwell-Deault, Béatrice Godard, Diane Frank, and Béatrice Doizé, "Expected Consequences of Convenience Euthanasia Perceived by Veterinarians in Quebec", *The Canadian Veterinary Journal* 58, no. 7 (July 2017): 723–28, <https://pubmed.ncbi.nlm.nih.gov/28698691>.

[81] Barry Kipperman, Patricia Morris, and Bernard Rollin, "Ethical Dilemmas Encountered by Small Animal Veterinarians: Characterisation, Responses, Consequences and Beliefs Regarding Euthanasia", *Veterinary Record* 182, no. 19 (February 14, 2018): 548, <https://doi.org/10.1136/vr.104619>.

[82] David Hoffman and Emily Beer, "Have Arguments for and Against Medical Aid in Dying Stood the Test of Time?", *Voices in Bioethics* 9 (December 19, 2023), <https://doi.org/10.52214/vib.v9i.12079>.

oversight, a level of formal accountability that professional self-regulation alone does not provide.[83] A comprehensive analysis of 184,695 assisted deaths across twenty jurisdictions from 1999 to 2023 found no evidence of a systematic slippery slope, with disease-related factors, not legislative permissiveness, driving utilization patterns.[84]

Judicial review has repeatedly found that predicted harms have not materialized. In *Carter v. Canada* (2015), the court concluded "the risks inherent in legally permitted assisted death have not materialized in the manner that may have been predicted" and that this evidence "serves to allay fears of a practical slippery slope."[85]

Perhaps most telling is the reassessment by former critics who examined the evidence directly. Arthur Caplan, bioethicist at New York University and once vocal opponent of MAiD, reversed his position after decades of monitoring data from Oregon and Washington, concluding that there is no factual support for slippery slope arguments or claims of coercion or abuse. Disability Rights Oregon likewise reports no evidence of coercion among disabled persons in over twenty-five years of MAiD oversight.[86]

Slippery-slope arguments persist rhetorically even as predicted harms fail to materialize. Komrad and Glass themselves acknowledge that veterinary euthanasia has not produced a comparable slope. Properly understood, this observation reinforces the case for MAiD: when compassion operates within a framework of safeguards, accountability, and transparency, ethical practice can be sustained.

Taken together, these objections clarify the proper scope of the veterinary comparison without undermining it. Veterinary euthanasia does not dismiss distinctions between animals and humans, excuse ethical failures, or license procedural recklessness. As the preceding discussion acknowledges, the relative ease with which euthanasia is accepted in veterinary medicine has at times resulted in decisions that fall short of the profession's own ethical standards – a limitation that strengthens rather than weakens the case for the robust procedural safeguards that define human MAiD. The veterinary precedent demonstrates that society already accepts intentional death as a compassionate response under conditions of far less formal protection. When combined with human autonomy, explicit consent, and layered oversight, that precedent strengthens rather than weakens the case for human MAiD. The comparison establishes permissibility under constrained conditions, not an obligation to die.

X. Discussion

There is a well-established ethical framework for intentionally ending life to relieve suffering, and veterinary medicine has relied on it for decades.[87] The argument advanced here is not that humans and animals are morally equivalent, but that the moral reasoning used to justify veterinary euthanasia – preventing profound and irreversible suffering when recovery is no longer possible – has long been treated as compassionate and ethically legitimate within a professional caregiving context.[88] When

[83] Richard Rifkin, "Medical Aid in Dying Act", Albany Law School (August 4, 2025), <https://www.albanylaw.edu/government-law-center/medical-aid-dying-act#:~:text=The%20process%20starts%20with%20both, Attending%20Physician%20Responsibilities>.

[84] Luc Deliens, "Assisted Dying and the Slippery Slope Argument – No Empirical Evidence", *JAMA Network Open* 8, no. 4 (April 23, 2025): e256849, <https://doi.org/10.1001/jamanetworkopen.2025.6849>.

[85] Jonathan Reggler, "The Slippery Slope Argument and Medical Assistance in Dying", *Canadian Medical Association Journal* 189, no. 12 (March 26, 2017): E471, <https://doi.org/10.1503/cmaj.732886>.

[86] Hoffman and Beer, "Have Arguments for and Against Medical Aid in Dying Stood the Test of Time?" (n 82).

[87] American Veterinary Medical Association, "AVMA Guidelines for the Euthanasia of Animals: 2020 Edition" (n 17).

[88] Quain, "The Gift: Ethically Indicated Euthanasia in Companion Animal Practice" (n 18).

that same reasoning is combined with decisional capacity, explicit request, and procedural safeguards, it raises a persistent ethical question about why competent adults are so often denied the same option.

The narratives discussed earlier bring this inconsistency into sharp relief. Across accounts by Hargreaves, Pierre, and Daniels, the same moral elements recur: attentiveness, presence, seriousness, and an explicit intention to prevent needless suffering. What differs is not the nature of care, but the legal permission to provide it. Veterinary medicine openly recognizes death as a legitimate endpoint of care when continued life no longer serves the interests of the patient. Human medicine, by contrast, is often described as prioritizing life preservation, even in cases of limited benefit – even when treatment prolongs suffering rather than life. These narratives function not as empirical proof, but as moral diagnostics, exposing a tension between professional practices that otherwise share similar caregiving values.

Experience with MAiD further contextualizes this tension. Longstanding international data have failed to substantiate predictions of slippery slopes, normalization of death, or systemic abuse following legalization.[89] Where eligibility criteria have evolved, changes have occurred through deliberate legislative and judicial processes rather than ethical collapse, reflecting ongoing regulatory scrutiny rather than moral drift.[90] In other areas of clinical medicine, invasive screening and surveillance practices are routinely adopted despite the absence of evidence demonstrating a reduction in disease-specific mortality.[91] These experiences do not independently justify MAiD, but they undermine claims that extending end-of-life relief inevitably erodes professional integrity or social trust.

Taken together, the ethical precedent established in veterinary medicine, the lived experience captured through narrative testimony, and the sustained operation of MAiD across jurisdictions converge on a consistent insight: intentionally ending life to relieve unbearable suffering can be reconciled with professional integrity, moral seriousness, and respect for life. It is from this ethical terrain that the final question must be addressed.

XI. Conclusion

The ethical case for MAiD does not rest on novelty, but on recognition. For more than sixty years, veterinary medicine has treated the intentional ending of life to relieve unbearable suffering as compatible with professional integrity, moral seriousness, and respect for life. Through sustained ethical reflection and professional self-regulation, the veterinary field has maintained its commitment to balancing its duty to preserve life with its duty to prevent needless suffering, which sometimes leads to complex situations where the best medical interest of the patient is difficult to achieve.[92]

That precedent rests on a straightforward moral insight: when suffering is profound, irreversible, and no longer serves the interests of the patient, prolonging life may cease to be a benefit. Veterinary medicine applies this reasoning to beings who cannot consent, cannot articulate suffering, and cannot weigh trade-offs. Human MAiD applies the same reasoning, but under conditions of explicit request, decisional capacity, independent evaluation, and formal oversight. Far from destabilizing the ethical framework, autonomy and safeguards complete it.

The question, then, is not whether MAiD can be practiced ethically, but why compassion is routinely extended to those who cannot ask while being withheld from those who can. When competent adults,

[89] Hoffman and Beer, "Have Arguments for and Against Medical Aid in Dying Stood the Test of Time?" (n 86).

[90] Reggler, "The Slippery Slope Argument and Medical Assistance in Dying" (n 85).

[91] Mark D. Shalauta and Richard Saad, "Barrett's Esophagus", *American Family Physician* 69, no. 9 (2004): 2113–18, <https://pubmed.ncbi.nlm.nih.gov/15152957/>.

[92] Cooney and Kipperman, "Ethical and Practical Considerations Associated with Companion Animal Euthanasia" (n 11).

fully aware of their suffering and its irreversibility, are denied the relief routinely granted in veterinary medicine, the burden of moral justification no longer lies with those who defend MAiD, but with those who continue to oppose it.

The capacity to request relief should strengthen rather than weaken the ethical case for granting it. When suffering overwhelms the capacity for meaningful experience, prolongation serves neither the patient nor the values medicine claims to uphold. The stories that anchor this manuscript are not theoretical. They are witnessed in living rooms where dogs receive mercy and humans do not, in hospitals where physicians are taught never to hasten death, and in quiet vigils where the same compassion is present in two very different deaths. The ethical reasoning examined here is not bounded by any single legal tradition – it speaks to the diverse regulatory approaches to assisted dying that societies across jurisdictions are actively developing.

Acknowledgments

The author thanks Dr. Jacob Appel for his guidance and mentorship throughout this project and Dr. Indu Mani, whose encouragement and enthusiasm for veterinary medicine inspired this work and reinforced its ethical significance.

Special thanks to the veterinarians and staff at Colonial Terrace Animal Hospital in Dubuque, Iowa, where the author's experience as a veterinary assistant first revealed the moral seriousness and emotional weight of end-of-life decisions in animal medicine.

Suzanne Clothier graciously permitted the use of her reflection on the cycle of love and death that shapes our relationships with animals. Her words anchor this work, and her support for its purpose has been deeply meaningful.

Gratitude is owed to Jennifer Daniels for sharing her experience as an end-of-life doula supporting both Sandy's MAiD death and Isabel's veterinary euthanasia. Her willingness to make visible the compassion present in both moments of witness has been invaluable to this analysis.

Finally, this work builds on the foundational contributions of Dr. Jessica Pierce and the late Dr. Bernard Rollin, whose scholarship on animal ethics and veterinary philosophy has been essential to this analysis.

Competing Interests

The author has no competing interests to declare.