**ABORTON PILLS: KILLING OR LETTING DIE?**

**I. Introduction**

In perhaps the most fertile article ever written about dealing with instances of unwanted fertility, Judith Thomson defends abortion by creating a thought experiment in which an ailing violinist cannot survive without being connected to the reader’s kidneys for nine months (1971). Her well-known conclusion is that even if fetuses are considered to have the moral status of the violinist, their personhood and right to life do not entitle them to stay alive by using another’s body. Just as you are a good Samaritan if you provide the violinist with bodily support, so is a woman willing to gestate a fetus, but neither of you are unjust if the removal of such support brings about the demise of a dependent innocent. A typical response of the Christian pro-lifer is to claim that aborting the embryo is a *killing* while disconnecting the violinist is merely a case of *letting die*. Some abortion proponents reply that if this is a morally relevant distinction then it would allow new technologies like abortions pills to be classified as instances of letting die as they detach embryos from the uterine wall (Boonin, 2019; McMahan 1993, 2002). If it is permissible to let the violinist die, then it will be permissible to let the embryo die (Boonin: 109-110).

How should pro-lifers respond? Some might bite the bullet and claim that one must support the violinist. They might do so on the grounds that both scenarios are unjust instances of letting someone die. Or they might advocate the position on the basis that abortion and the disconnection of the embryo are both killings, restricting cases of letting die to omissions. Alternatively, abortion opponents might respond that it is the *immorality* of the removal of aid which renders certain withdrawals as killings rather than cases of allowing death. For instance, it might be claimed that the pregnant mother has a *special obligation* to her biological child that the reader doesn’t have to a stranger like the violinist. Perhaps some Christian pro-lifers will suggest that extractive abortions are killings if the *intention* of the withdrawal is to bring about the death of the fetus and not just bodily exit (Bishop).[[1]](#footnote-1) It might also be claimed that the violinist is unhealthy, the dependent fetus is healthy, and withdrawals of support that *create fatal pathologies* are killings, whereas withdrawals that merely allow unhealthy processes to progress are instances of letting someone die.

I don’t think any of these approaches to distinguish killing from letting die are promising. I will argue that letting die and killing are not to be defined or characterized in a way that makes a reference to differences between acts and omissions, moral and immoral motives, intentional or unintentional deaths, and causing or not causing a pathology. The most common mistake is to moralize the killing/letting die distinction. However, to allow killing and letting die to be determined by the morality or the intention will not intuitively capture our descriptions of cases (McMahan,1993; Kamm, 1996). Moralization will also lead to a number of classification puzzles where a withdrawal will either be both a killing and a letting die or neither, while a purely descriptive account will provide an intuitive single classification. Moreover, moralization requires more than one sense for “killing” as inanimate objects can kill but can’t wrong the dead. My contention is that virtually everything sought by moralizing the killing and letting die distinction can be captured instead by an *adjectival approach* that defines killing and letting die in non-moral terms and then just qualifies them as permissible, unjust, intentional, foreseeable, and so on.

The value-free accounts of killing and letting die on offer will render some cases of withdrawing aid to be killings while others are instances of letting die. The latter categorization applies when the withdrawal of life support is done by the individual(s) sustaining the life. Extraction abortions (hysterotomies) that are not self-imposed aren’t cases of letting die as those withdrawing the aid do not provide it. So, for purposes of taxonomy, when the extraction is undertaken by medical personnel it doesn’t matter that the embryo subsequently asphyxiates without the mother’s support rather than suffers the infliction of a fatal blow, cut, or poison of the typical abortion. Abortion pills, on the other hand, can be absorbed without doctors placing them in the pregnant woman’s body; therefore, the person withdrawing support from the embryo can be the woman providing it. Nevertheless, I will suggest that philosophers have been too quick to consider self-imposed extractive abortions to be cases of letting die. One abortion pill, *methotrexate,* is clearly a case of killing as it directly produces a fatal pathology in the embryo by preventing the embryo’s cells from replicating rather than brings about death by cutting off the fetus from external support. *Mifepristone,* popularly known as RU-486, removes the uterine lining by blocking its progesterone receptors and so may seem to be a withdrawal of aid just as is ceasing to feed a baby or support the violinist. But the issue is not that clear cut since a plausible case can be made that the placenta embedded in the uterine wall is an organ of the embryo and it is damaged by mifepristone’s effects. The embryo is likely fatally injured in the withdrawal and not just starved of support afterwards. Since the embryonic placenta is a part of the embryo and not external to it like a feeding tube, then damaging it becomes more akin to stopping a baby from feeding by crushing its esophagus. Cutting off the capacity to obtain nourishment by damaging the placental organ of the unborn baby is a killing rather unlike allowing a newborn baby to die from starvation by removing breast, bottle, or IV drip.

Even if the abortion pill detaches without injuring the embryo, doing so is not a case of letting die if the embryo is a part of the mother as Elselijn Kingma speculates (2018, 2019, 2020). If embryos aren’t parts of their mothers, then it might be more reasonable to claim that withdrawing support lets them die in a manner akin to disconnecting Thomson’s violinist which involves withdrawing a tube that is not part of the violinist. However, just as a suicide who decapitates himself is not allowing his body or head to die in virtue of their each failing to support the other, your pulling out or cutting off your own parts kills them and their cellular components rather than allows them to die. Therefore, mothers kill if they detach their own embryonic parts.

**II. A Value-Free Taxonomy of the Killing/Letting Die distinction**

To gain insight into the taxonomy of the letting die distinction, let us begin with contrasting the first and most famous Old Testament killing of Abel by Cain (Genesis 4:1) with the best-known New Testament story of a priest and Levite - but not the Good Samaritan - being willing to allow the death of the traveler waylaid by bandits on the road from Jerusalem to Jericho (Luke 10:25-37). Cain’s motives are bad - jealously and anger, Cain intentionally brings about Abel’s death. Abel doesn’t wish to die and doesn’t deserve to die. His life certainly does not belong to Cain, perhaps not even to himself, but to God.[[2]](#footnote-2) The world’s first killing is the murder of a family member whom Cain has a special obligation to care for, as he is his “brother’s keeper”. His victim is made in God’s image (Gen 1:26; Wis 2:23; Sirach 17:3) and thus of incomparable value. Cain causes the death of a person who isn’t unhealthy. Abel would have been fine without Cain’s involvement. Cain physically imposes a fatal pathology. Cain’s death is a paradigm case of killing. But which of the fore-mentioned is necessary to render an act a killing? I’ll argue that none but the last factor of imposing a fatal pathology is essential but it isn’t sufficient to constitute a killing. However, the rest are relevant to making a killing wrong and the degree of the wrongness.

The good Samaritan and the bad Samaritans (Levite and Priest) do not cause the injuries that could have been fatal to a man made in God’s image. They encounter someone who isn’t kin nor anyone they have a special *agent relative* obligation to save.[[3]](#footnote-3) The person facing death is unhealthy when encountered, likely dying as he is described as “half dead” (Luke 10:30). We don’t know if the bad Samaritans want him to die from his injuries, but their crossing to the other side of the road (Luke 10:32) suggests they sought not his death but to avoid saving his life. They “own” the efforts that they refuse to provide. The injured will not live without the assistance of a good Samaritan who provides oil, wine, and bandages for the wounds, transport to the inn, and funds for convalescence. Either the Levite or priestly bad Samaritans would have been a paradigm case of letting someone die if the good Samaritan hadn’t intervened. If he too had refrained, what would have made the traveler’s demise a case of letting die? My contention is that only the last feature of letting someone die by not providing the assistance required for more life is essential and, with a little fine tuning, it is also sufficient.

Since our main concern is to classify withdrawing life sustaining aid, imagine the counterfactual in which the Samarian changes his mind while preparing the injured man for transport to the inn. He stops administering oil and wine and bandaging the wounds, and instead pulls off the partially applied bandages and sponges up the partially applied oil and wine. That is, he withdraws life-saving aid. Does he kill the wounded man? His withdrawing aid is an act rather than an omission to save. His action causally contributes to the man’s death. He withdraws what he owns and is in the process of applying (bandages, oil, wine). Would the determination of whether he kills or lets the man die depend upon his motives being noble or ignoble? We can imagine the Samarian’s intention is to save money as he either realizes that the innkeeper will need far more than two denarii which cuts into his wine drinking budget or discovers the man isn’t a fellow Samarian but a hated Jew. We can alternatively conceive his motives to be decent but that the traveler requests not to be moved to the inn and insists upon the withdrawal of aid in order to not suffer any more. Perhaps the bandages are extremely painful and the wine and oil sting horrifically, serving in the end only to postpone rather than prevent death from his injuries. Just as some doctors intend patients die from with the withdrawal of life support (Boshard, 2006), we can imagine that the Samaritan satisfies the injured man’s request while intending the man die a humane death sooner than later. Or just as doctors withdraw aid that they foresee but don’t intend to be fatal, we can conjecture that the Samarian doesn’t seek the traveler’s death but just respects the injured man’s demand that his bodily integrity be respected and no treatment forced upon him.

Franklin, Truog and Brock (2010) would claim that in our made-up story the Samaritan’s causal intervention makes a difference as it is responsible for the death occurring sooner. My contention is that they and many others are making a mistake to “understand ‘killing’ in medicine, however, to mean causing death” (2010: 457). It is an error to look to the nature of causation to distinguish killing from letting die. Causation will not be sufficient to distinguish killing from letting die. First of all, there are causal theories that render even omissions to be killings.[[4]](#footnote-4) This is true of Humean reliability accounts. If certain omissions are regularly followed by deaths, then those omissions cause the death. Likewise, for the counterfactual account of causation in which events c and e—the cause and its effect—both occur, but had c not occurred, e would not have occurred either. So, without the person’s omission c, the effect e would not have occurred.

If omissions are causes, yet omissions are instances of letting someone die, then the presence or absence of causation will not be decisive for distinguishing killing from letting die. Now many philosophers prefer metaphysical accounts in which omissions are not causes (Beebe). I happen to believe that metaphysicians should pursue a causal theory that involves causes having some “oomph” to use the technical word for the physical connection. It is widely believed that Humean causation as regularities projected by the mind is wrong for causation requires a physical connection from cause to effect, such as an energy flow or some other “persistence” of properties found in the model of colliding billiard balls. But Schaffer (2000) dissents and provides counterexamples of causation by disconnection that poses problems for the physical connection research program. Disconnections, like omissions, rely upon absences. It won’t work to deny that disconnections are causes as they are pervasive and present in paradigm cases of causality like fatal shootings. Bullets to the heart disconnect blood flow from the heart to brain and thus don’t cause death by energy flows from the heart to the brain but by an absence of blood. Even pulling a trigger disconnects the sear holding the spring back which then impinges on the striker causing the explosion that propels the bullet. The sear was preventing the spring and its absence sends the bullet on its way. So, withdrawing life support doesn’t involve a billiard ball-like energy transfer from pulling the plug to brain death but will involve absences. Once disconnections undermine the physical connection model based upon persistence, there is more room for omissions to be considered causes.

Perhaps the best theory of causation will rule out omissions, but I suspect that it will not distinguish withdrawals where different people pull out a tube, some killing, some letting die.[[5]](#footnote-5) It is best not to let the debate hinge on contentious accounts of causation and so we should try to characterize killing and letting die without trying to settle or rely upon other controversial theories of causation. We should engage in the process of reflective equilibrium and claim that one account makes better sense of our intuitive responses to cases (McMahan 1993).[[6]](#footnote-6) McMahan offers a virtuoso investigation of case after case in which people are in different stages of providing aid and they or others then withdraw it. If a lifeguard is in the water rescuing a drowning person whose struggles then threaten the rescuer, the lifeguard’s release of that person is not a killing but a death allowing. But it would be a killing if someone else uninvolved in the rescue pushed the man off the lifeguard and back into the water. If fatigue causes the Dutch boy to remove his finger in the dike holding back the flood, he does not kill the villagers but lets them die. However, if the boy’s angry father pulls his son away from the dike, the father unleashes the flood and kills its victims. If the fireman holding a net under a jumper hurtling towards the ground realizes the net can save two nearby airborne jumpers, he has not killed the first jumper but lets him die. But if someone uninvolved with fire-fighting force removes the net, it is a killing. If the reader disconnects the violinist, that is a case of letting someone die. McMahan observes that if a patient’s enemy removes him from life support that is a killing. I would add that if a member of the hospital team operating and maintaining the machinery sustaining the violinist removes that support, it would be a case of letting die, though certainly an unjustified act if the reader and violinist didn’t seek the disconnection. The first of each of McMahan’s pairs are all actions of withdrawing aid that cause death but appear to be appropriately classified as cases of letting some die. What they have in common is that the assistance withdrawn is being provided at the time by the person who withdraws it. If readers are persuaded by McMahan’s analysis of cases, as I mostly am, we will understand letting die as roughly not providing the support needed to keep someone alive, which will include both omissions and withdrawals. It doesn’t matter for our purposes whether omissions are properly construed as involving causation or not. Nor is it important that there doesn’t seem to be a causal difference between withdrawals that kill and let die. What does matter is that only those providing the aid can be said to cease preventing a death or discontinuing life support even though their hand movements are identical to those of interlopers who withdraw support they didn’t provide.[[7]](#footnote-7)

My undergraduate bioethics students moralize the classification of events as instances of killing and letting die. If the motives of the person who withdraw the aid are good or the patient wants to die, students tend to treat the case as letting die. If the motives are bad or the patient didn’t want to die, then they classify the withdrawal as a killing. My anecdotal evidence is supported by a study of both laypeople and medical students and professionals that found both withdrawals of aid and omissions to provide aid are considered killings if patients want the aid. (Rodríguez et al: 2009).[[8]](#footnote-8)

It is no surprise that morality influences people’s taxonomy as killings are typically worse than letting someone die and so greater condemnation is connoted by the label “killing.” But this condemnation can be accommodated by an *adjectival approach* without the downsides of the moralizing approach. Killing and letting die are defined non-morally and then qualified as just and unjust, intentional and unintentional etc. There will be unjust and just, intended and unintended, foreseen and unforeseen cases of letting die and killing. The Christian tradition already qualifies killing, holding that *“direct* and *voluntary* killing of an innocent human being is always gravely immoral” (Lumen Gentium).

The purely descriptive account of killing and letting die has an analogue in the normativist/naturalist debate in the philosophy of medicine in which scholars debate whether disease is value-free or not. Philosophers of medicine who identify themselves as normativists believe that diseases “must involve some form of disavaluation or call to action” (Kingma, 2014, 592). Naturalists insist that determinations of disease do not depend upon judgements of value or well-being. Diseases may not always be bad and health may not always be welcome. They instead argue for a *disease plus* concept (Boorse:100-101) which is an adjectival approach. There are treatable diseases, asymptomatic diseases, beneficial disease, [[9]](#footnote-9) harmful diseases, and so forth. One important reason to doubt that disease depends upon normativity is that plants can become diseased and they live mindlessly in a world without doctors, treatments, norms and disvaluing. They would have to be excluded from disease. Alternatively, “disease” would be equivocal.

The mindless likewise pose a problem for moralizing the definition of killing. “Killing” can’t be defined as immoral or intentional or direct causing of death as volcanoes and viruses can kill but they can’t morally wrong anyone. Even minimally minded animals can kill without being moral agents. Letting die differs from killing in that mental capacities are required for a creature to allow something to die. But moral agency is not required, just the capacity to choose to act and to appreciate that death could occur as a result.Letting someone die doesn’t require wanting them to die, intending that they die, or even foreseeing that they will die.[[10]](#footnote-10) One might think that releasing someone’s hand and letting them drop will not be fatal for the person will survive the fall. But if one is wrong and the relaxing of one’s grip turns out to be deadly because one miscalculated how high up the person is or how hard is the surface below, this is still a case of letting someone die.

The benefits of the adjectival approach are considerable. Most importantly, it avoids equivocation. It won’t require two senses of “killing”, one for the social world, another for mindless entities or minimally minded creatures that are not moral agents. Moreover, characterizing “killing” non-normatively avoids a number of puzzles.[[11]](#footnote-11) First, imagine someone beginning the process of withdrawing aid and the intense experience or new information leads her to complete the action for a reason with a different moral valence than she began. If we prioritize either the ending or the start over the other, that could change the action from a killing to a letting die or vice versa. If that possibility doesn’t strike you as counterintuitive, consider a second scenario of overdetermined cases of withdrawal of life support. The doctor removes the aid for more than one sufficient reason – the patient requested it as pain relief *and* the doctor stands to inherit the patient’ great wealth. Is the same action a killing and a death-allowing? Answering in the affirmative undermines the belief that killing and letting die are exclusive. If that is avoided, given that there is no reason for the withdrawal to be a killing rather than a letting die, then is it neither? We can imagine a third case involving a person with two motives that are jointly sufficient to produce the withdrawal, neither effective by itself. Imagine one is base and the other noble, which determines whether the withdrawal is a killing or letting die? The moralizing approach again either abandons exclusivity or refuses to classify the death determining event as either a killing or letting die. Alternatively, and perhaps incoherently, moralizing could make the last withdrawal partially a killing and partially a letting die. Imagine a fourth kind of withdrawal that requires more than one person and the members of the group are doing it from different motives. Some act from malice, some aim at a good death, others seek just to respect the patient’s wishes to remove unwanted treatment. All the previous counterintuitive treatments again arise. Perhaps there is here is a fourth unwelcome interpretation that denies the withdrawing is just one event but instead posits far more events, some are killings arising from the vices of participants and others are cases of letting die because they involve contributions stemming from virtues.[[12]](#footnote-12) The problems posed by these four scenarios can all be avoided if take an adjectival approach, determine on non-moral grounds that it is a case of killing or letting die and then judge it wrong or not and the agent(s) praiseworthy, blameworthy, or both.

I advocate a descriptive account of X letting Y die as X (an individual or group) not providing the assistance that would sustain Y’s life. Cases of letting die that involve omissions and those that are active withdrawals of aid all involve failing to provide life sustaining aid. This might involve refusing to allow one’s body to be used, not making the required efforts, or refraining from providing the money and property to prevent a death and so forth. It might be countered that withdrawing what one *owns* brings normativity into the account as property is a normative notion. Likewise, whether the person who withdraws the life support in a hospital belongs to the medical team that is providing such aid involves normative elements of membership and employment.[[13]](#footnote-13) My response is to distinguish *all things considered normativity* from *small N normativity*. Property and employment are indeed normative notions but they don’t determine whether the withdrawal is moral or immoral. It is the all things considered morality of the withdrawal that I am claiming is irrelevant to whether it is a case of killing or letting die. Examples of immoral withdrawals would be the hospital removing aid to save just a few dollars, without permission, or to free up a bed for a less sick friend of the hospital system’s CEO. Alternatively, they may stop treatment for morally admirable reasons of respect of the patient’s integrity or dignity. Both the moral and immoral actions are cases of letting someone die. I do accept that what counts as withdrawing “one’s own support” can be a normative N issue. Normativity N governing property ownership and group membership will sometime play a role in whether the withdrawal is a killing or letting die, but what is taxonomically irrelevant is the overall judgment that what is done is moral or immoral. And even normativity N is not a necessary condition for the taxonomy as it is absent when lightening kills.[[14]](#footnote-14) Making normativity part of the meaning for *some* killings introduces an ambiguity in the words that could be avoided by the adjectival approach which will also provide any desired condemnation.

While not exhaustive, killing and letting die are exclusive. An event is not both a case of killing and letting die.[[15]](#footnote-15) I have claimed that the rough idea of X letting Y die is that Y doesn’t receive from X life sustaining support.[[16]](#footnote-16) Now the rough idea of X killing Y is X is physically imposing a fatal pathology in Y. The words “physically imposing” are added to rule out omissions which make a difference but don’t physically transmit force.[[17]](#footnote-17) I am not claiming that a transfer of energy is necessary or sufficient for causation. As I mentioned above, my strategy is to avoid making the killing/letting distinction depend upon the conclusion of the philosophical debate about causation.[[18]](#footnote-18) I am just suggesting that the method of reflective equilibrium will reveal that killings involve the imposition of a fatal pathology.[[19]](#footnote-19) This first approximation of what it is for X to kill Y means that withdrawing aid physically (re)imposes a lethal pathology upon Y, just as destroying a dam might reimpose a threat of flooding. So, withdrawing aid would be killing Y. But given my account of letting die as Y loses out on additional life that X’s support could provide, then X’s withdrawing his life support of Y would also qualify as a case of letting die. So, the same withdrawal event would be both a killing and letting die. That is very peculiar. Even worse would be claiming that the withdrawal is actually two simultaneous events that overdetermine the patient’s death. Therefore, if we don’t want to modify our account of letting die, which seems the more intuitive, we should modify the account of killing. Given that killing and letting must be exclusive, then the above idea of X killing Y should be fine-tuned as “X physically (re)imposes a fatal pathology that X is not preventing.”

**III. Extraction Abortions**

Now that we are clearer about how to distinguish killing and letting die, let’s apply what we have learned to extraction abortions. McMahan distinguishes “merely extractive abortions” from standard abortions that dismember the fetus, crush the skull, or involve a lethal injection. The former can “achieve the aim that most women have in aborting a pregnancy, all that is necessary is that the fetus should be removed from the woman's womb… without mangling or damaging the fetus's body in a way that causes its death.”(1993, 268). McMahan believes that a hysterotomy or pair of abortion pills that detach the fetus from the uterine wall and then induce contractions should be classified as extraction abortions.

I don’t think that hysterotomies are cases of killing because the abortionists that withdraw embryos from their supportive environments did not provide the aid. McMahan disagrees. He says what is important isn’t who carries out the procedure but that the person who delegates the removal task is the person providing the support (1993, 269). I doubt that McMahan is taking his own advice “But, while I concede that our moral intuitions do exert an influence on our classificatory impulses, I believe that this is an influence that should be resisted.” (1993, 263). I wonder whether McMahan is misled because he believes that 1) an abortion with permission of the pregnant is justified but one undertaken without permission is objectionable or 2) authorizing the abortionist to proceed is similar to where a life-saving institution deputizes someone to remove the aid who had not earlier been providing it. The first should, at most, be treated as a killing with a different moral status. The latter is not a good analogy because the delegated extractor couldn’t join the mother as part of a team supporting the embryo, while the newest member of an intensive care unit who personally withdraws aid could have served in the *role* of maintaining that life.

To better appreciate why McMahan’s claims are not convincing, imagine that someone falls off a cliff and I instinctively grab his hand. I then realize that I am the beneficiary of this person’s will and so I decide to let go in order to inherit a small fortune. I release my grasp but the dangling person doesn’t release his or, alternatively, my hand spasms and contracts and I can’t pry my fingers apart. Someone comes along whom I offer money to separate us by forcefully pull back my fingers or those of the person grasping my hand. The third party does so. He has not let the dangling person die but has killed the person as he was not providing support, though I delegated him to free my hand from that of the unfortunate fellow. It shouldn’t be thought that this is a killing because the person’s motive was morally flawed. Imagine a similar scenario where I discover it is a falling Hitler whose hand I have grasped and when I let go of his hand, the Nazi leader continues to hold onto mine. I ask a bystander for help to disentangle our fingers and he pulls them apart and the Fuhrer falls. The bystander can truthfully brag that he killed Hitler, not that he allowed the Nazi to die. What he did is no different from his following my instructions to cut a rope that I own to which Hitler is clinging.

 My objection to McMahan’s treatment of an extraction abortion in the form of hysterotomy can’t be extended to the abortion pill. Pro-lifers may respond that the aborted fetus is the mother’s own child and women have special obligations to family members that they don’t have to strangers. “Like the first fratricide, every murder is a violation of the "spiritual" kinship uniting mankind in one great family, (Saint Ambrose) in which all share the same fundamental good: equal personal dignity…. Even more serious is the fact that, most often, those attacks are carried out in the very heart of and with the complicity of the family-the family which by its nature is called to be the "sanctuary of life" (*Evangelium Vitae* sec. 11).

Boonin’s response to this kind of pro-life response is to imagine a surrogate who is not the biological mother of a child that she aborts (Boonin: 2019, 92; 2003, 230-32). Perhaps the pro-lifer can contest Boonin’s claim that the gestational mother is not a biological mother, despite not being the genetic mother. Virtually every ounce of that embryo’s body is grown inside the mother in virtue of her biological processes. That would seem to qualify as a biological mother. But I won’t pursue this here because it either leads to construing extraction abortions as immoral instances of letting die or moralizes the killing/letting die distinction. Furthermore, the moral pull of the biological ties as a source of duties can be weakened if the violinist is a result of mix up where a parent donates a gamete for research that is mistakenly used in assisted reproduction and produces the violinist who years later needs the help of the parent who donated the gamete. The abstract principle of special obligations would necessitate support but many will not find it intuitively compelling.

A second attempt to classify the abortion pill as a killing is to stress that the embryo is healthy, though dependent, the violinist is not. If one takes a healthy fish out of the water and it asphyxiates, imposing that fatal pathology is killing it. Thus, the violinist is allowed to die, while the embryo is killed. However, there are plenty of cases of healthy people being allowed to die. If you don’t feed someone, they are not unhealthy at the start of your omission. Likewise, if someone mistakenly acquires your coat on a freezing day and you take it back and the defrocked person freezes to death, you have not killed but let the person die. So, letting someone die is not just letting a disease take its course but could involve a refusal to provide life-saving assistance to the healthy.

Instead, pro-lifers should distinguish *preventing life sustaining nourishment by inflicting damage to the body from bodily damage induced by the loss of nourishment*. The abortion pill is not like someone unplugging the violinist or refusing to breast feed a newborn who then starves to death. The cessation of embryo life support is accomplished by damaging the individual rather than the deadly damage coming after the removal of support. If a woman stops a nursing baby clenched to her nipple by squeezing its throat - blocking the esophagus - that is killing, even though it prevents her own milk from flowing to the child.

Describing the ingesting of an abortion pill as a killing is clearly an accurate description of the abortifacient Methotrexate (MTX) - “a dihydrofolate reductase inhibitor that deprives cells of tetrahydrofolic acid, which is essential for DNA synthesis in rapidly dividing cells.” (216 Moreno-Ruiz et al). Methotrexate had longed been used as a cancer fighting drug because it affects cells that are rapidly dividing. In a Methotrexate induced abortion, the drug stops embryonic cells from dividing and multiplying and is a non-surgical method of ending pregnancy in its early stages. Within a few days or weeks of receiving an injection of Methotrexate at the clinic the, the pregnancy ends through an experience similar to an early miscarriage. “As the medication takes effect, MTX interferes with folic acid and stops fetal cell duplication, and disrupts pregnancy at the stage of implantation in the uterine wall.” <https://www.fwhc.org/abortion/mtxinfo.htm> It can work with ectopic pregnancy, unlike mifepristone. The fact that is less expensive may explain why it is more popular in other countries.

The better-known abortion pill is mifepristone (RU-486). It works by blocking progesterone receptors which leads to the uterine lining withering away, detaching the fetus from the uterine wall. As one of the pill’s developers wrote “That erosion would cause the developing placenta and the embryo to detach from the uterine lining” (Teutsch 1990). The question becomes does the withering away of the uterine wall damage the fetal placenta in the detachment process? Or if there is placental damage, is it just done to the maternal placenta and/or the endometrium? It is hard to find an answer about the specifics of how the pill affects the placenta as my concerns and mereological assumptions are not those of health scientists and medical practitioners writing about mifepristone. But it is difficult to imagine the placenta intertwined in the endometrium not being severed and damaged in the removal. If a tree’s growing roots don’t just push up a sidewalk but penetrate the concrete, if the sidewalk is later torn up, it then seems likely the roots will be damaged in the process. Perhaps doctors and researchers and philosophers writing about the pill’s erosion of the lining of the uterine wall don’t believe the placenta is part of the embryo. However, a strong case can be made that part of the placenta is an organ of the embryo. The placenta has maternal and embryonic sources. The latter are (1) generated by the trophectoderm of the embryo (2) physically continuous with the embryo (3) genetically identical to the embryo, and (4) critically required for embryonic function and survival (Condic et al 2009, 33-40).

So, if the placenta is a temporary part of the embryo like baby teeth then an abortion pill that pulls the placenta off the embryo and the uterine wall is like tying a knot in the throat of the nursing baby, which is a killing as it prevents life sustaining nourishment even though the killer was providing the life sustaining nourishment. The parallel for Thomson’s violinist would be blocking the natural tubules in the violinist which have been rerouted to return the filtered blood from the healthy person’s kidneys rather than the violinist’s own kidneys.

Let’s assume, for the sake of argument, the placenta is not a part of the embryo or is an undamaged part when the embryo is removed from the uterine wall. Even if an embryo is removed without initiating lethal pathologies, an argument can still be made that the embryo is killed if so removed. We must distinguish between c*utting off parts of a woman which kills those parts from allowing disjoint dependent wholes to wither and die.* This distinction assumes a contentious metaphysic (Kingma, 2019, 2020), but one with which many proponents of abortion are sympathetic - that the embryo is a part of the mother until birth. There is much that can be said in favor of this metaphysic of fetal parthood. Embryos are connected to their mothers via either umbilical cord or placenta just as many other organs are connected via a stalk to your body (2019, 621; 2020). The umbilical cord is attached to the embryo akin to the way a tail is attached to a cat. There is no physical discontinuity separating the mother from the embryo at the umbilical cord, nor in the placental region as the maternal and embryonic placenta are intertwined and embedded in the uterine wall. The embryo is not a mere occupant in a niche as Smith and Brogaard claim characterizes substances like readers in their offices or homes (Smith and Brogaard, 2003). The pregnant woman and embryo share a boundary and parts (Kingma, 2020), unlike you and violinist. Homeostasis and metabolism are often considered important in individuating organisms and the embryo is subject to homeostatic regulation by the mother and metabolically dependent upon her (Kingma 2019, 624-626). Immunological tolerance is another consideration in discussions of biological individuation and the embryo is tolerated by the mother (2019, 629). One can’t deny embryonic parthood by appealing to distinct DNA because the embryo could be a clone of the mother (Hershenov 2018, 273). Nor should one deny embryonic parthood on the grounds that the embryo doesn’t contribute to the mother’s survival as do most of her parts. Sex organs and breasts don’t contribute to vital life processes. They serve biological goals of reproduction. Breasts produce milk that enable offspring to survive but don’t contribute to sustaining the life of the nursing mother as do her heart and lungs. Likewise, for parts that produce, store, and protect gametes or serve to attract mates. Nevertheless, few would deny their status as body parts.[[20]](#footnote-20)

If Kingma is wrong and embryos aren’t parts of the mother, then it might be more plausible to say withdrawing support lets them die as in the case of your detaching Thomson’s violinist. You withdraw support by cutting the tube from your body to the violinist’s. The tube is neither part of your body or the violinist’s body. But if you cut off parts of your own body, then assuming your bodily parts can die in a relevant sense, you have killed them, not let them die. If you cut out an organ like your heart or brain, you are not letting the heart or brain die but are killing the respective organ. If you don’t think organs are alive and thus can’t be killed, then focus upon the living cells within the amputated organ. They are killed, not allowed to die when the organ in which they function and receive support is severed from the body. So, taking a pill that destroys the uterine lining and detaches the placenta through which an embryo is nourished is killing even if it is done by the person providing the support.

My point can be reinforced by considering fatal amputations. If you cut off your head and then die (it doesn’t matter whether your metaphysical commitments lead you to maintain that you would be briefly a small head-size organism or the headless body), the lack of support the one detached part doesn’t provide the other isn’t a case of letting die. We would say separating the head complement from the head-size organism kills by cutting off the support of the other. The cutting imposes a fatal pathology, it doesn’t allow an existing threat to damage the body.

**Conclusion**

I have assumed rather than argued that killing is morally worse than letting die.[[21]](#footnote-21) What I have done is defend a theory about how to distinguish killing from letting die. If it is correct about which cases of withdrawing aid are best construed as killings and which as letting die, then hysterotomies will be classified as the former. Methotrexate is an abortion pill that clearly kills the fetus. It seems plausible that mifepristone also damages the placenta, an organ of the embryo, rather than just prevents nourishment from reaching the embryo, and is a killing as much as squeezing a throat so tightly the esophagus is damaged and no food passes through it. Even if the operations of RU-486 are not as I have conjectured, if the embryo is a part of the mother then just as the cutting off of any other part kills the detached part, the extracted embryo is likewise killed rather than allowed to die Therefore, if pro-lifers believe letting an innocent human being die is not as morally troubling as killing an innocent, then that doesn’t prevent them from asserting that extraction abortions are as wrong as dismemberment abortions.

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1. Few women would be pleased and consider the abortion successful if the extracted fetus survived, which suggests their intention is death, not just departure from their body. They don’t want to be mothers, not (just) free of an immense bodily imposition. [↑](#footnote-ref-1)
2. “…life, especially human life, belongs only to God: for this reason whoever attacks human life, in some way attacks God himself. (*Evangelium Vitae* sec. 9) [↑](#footnote-ref-2)
3. Not having a special obligation is compatible with a duty to treat everyone as a neighbor. [↑](#footnote-ref-3)
4. Hart and Honore provide many examples where the law says not doing something is the cause of the killing. Black’s Law Dictionary defines 'homicide' as "the killing of one human being by the procurement, or omission, of another" 1968, 867). J.FStephens, the leading Victorian criminal jurist, claims that “killing meant causing death directly, distinctly, and not too remotely,’ whether by act or omission” (Binder, 88). [↑](#footnote-ref-4)
5. But this theory will not be based *solely* on transfers of energy missing in omissions because disconnections don’t have such transfers. Schaffer (296-99) provides intriguing qualifications about how a hybrid theory of connections like transfers of force and disconnections with absences might be constructed if we are to avoid a Humean regularity theory that can easily accommodate disconnections as causes. [↑](#footnote-ref-5)
6. See also Kamm’s similar discussion of cases (1996). [↑](#footnote-ref-6)
7. I am indebted to Neil Williams for helpful discussions clarifying many of the causation issues. [↑](#footnote-ref-7)
8. Anthony Woozley is a philosopher who also believes the lack of consent can turn a withdrawal of aid into a killing (1983, 1295-1297). [↑](#footnote-ref-8)
9. Sir William Osler, sometimes called the father of modern medicine, famously called pneumonia the "friend of the aged" (often rendered as "the old man's friend") because it was seen as a swift, relatively painless way to die. Cowpox is a beneficial disease as it protects one during a smallpox epidemic. A woman with ten horrible kids and a “good for nothing” husband may welcome infertility. [↑](#footnote-ref-9)
10. It may seem odd to say that you and I are letting people die in far off places from disease and starvation but this will dissipate once qualifications are added that we are not intentionally letting them die or that we are unaware and blameless for doing so. To let someone die requires the ability to conceptualize and do something about their deaths - when we were infants we did not let contemporaries die and as adults are not letting die people separated from us by centuries. [↑](#footnote-ref-10)
11. I write “characterizing killing” rather than “defining killing” as I expect that some “Chisholming” will be required, fine tuning a definition to accommodate farfetched but conceptually legitimate counterexamples. What I am hoping characterize will accommodate most cases and will remain as the core notion when some fine tuning is required. [↑](#footnote-ref-11)
12. It might be thought that my preferred account suffers also from a collective involving people withdrawing aid they were providing from those who weren’t so involved, but I suspect they have been “deputized” and so have become team members [↑](#footnote-ref-12)
13. I am indebted here to Guyora Binder pushing me to explain (away) such normativity [↑](#footnote-ref-13)
14. It may be that there are cases of letting die in the absence of normativity N if there are conscious beings – sophisticated animals or immature or brain damaged human beings - that can conceptualize death and make choices that result in death but do not comprehend any norms governing ownership.

normativity N. [↑](#footnote-ref-14)
15. There are killings that are so only because the killer also lets the person die. He may have stabbed his victim and then didn’t stop the bleeding or call a paramedic to do so. But the killing (stabbing) is a different event that begins earlier than the later letting the person die. So, a death can involve an event that is a killing and another that is a death allowing undertaken by the same agent. What exclusivity denies is that the withdrawal is *simultaneously* a killing and letting die. [↑](#footnote-ref-15)
16. More Chisholming will be needed as the man withdrawing the aid mustn’t have created the original need for aid (McMahan, 253, 261; Kamm, 1996, 69). [↑](#footnote-ref-16)
17. This is not a definition for all I know, God can kill without transferring *physical* force. [↑](#footnote-ref-17)
18. My strategy is somewhat similar to John Fischer’s (2008, 44) defense of a compatibilist account of free will and responsibility not depending upon the latest and best theory of scientific indeterminacy. Our responsibility doesn’t vanish if scientists abandon indeterminacy. Likewise, our beliefs about what is a case of killing and what is an instance of letting someone die will not alter with the most recent and best metaphysical account of causation. [↑](#footnote-ref-18)
19. I understand *imposing* to include acts such as putting something lethal into a person, pushing someone into the lethal object, or withdrawing what was preventing the lethal entity. Just as reintroducing or reinitiating a threat is introducing or initiating a threat, the same is true for the imposition relation. [↑](#footnote-ref-19)
20. Yancy (forthcoming) argues that viewing Kingma’s ideas through hylomorphic lens suggests the mother becomes a part of her embryo as her body acts like an organ serving the survival ends of the embryo! If the mother is a part of the embryo, then a fatal detachment of the maternal part would be a killing just as extracting one’s heart would be. Likewise, if the embryo and the mother are parts of a third entity composed of them both. Fatally detaching the embryonic part would be like killing the cells in one’s hand by cutting off one’s hands. [↑](#footnote-ref-20)
21. Defenses of the nonequivalence of killing and letting die are offered by Kamm (1996, 17-120), Frieberg-Fernros (2018), Colgrove Forthcoming. [↑](#footnote-ref-21)