As you should know by now, *Of Mice and Men* ends with George killing Lennie. One justification hinted at in the novel centers on mercy: George kills his friend in order to spare Lennie a more gruesome and painful death at the hands of Curley and the other ranchers.

In other words, Lennie’s death is a form of euthanasia, or mercy killing. But euthanasia, like abortion and global warming, is a controversial and contestable issue.

So, while we, as readers, cannot change George’s decision, we can argue for the morality of that decision. We can—and have to—decide whether George was right to kill Lennie.

In order to do this, you will examine some of the arguments for and against euthanasia and construct an essay that uses those arguments—as well as textual evidence from *Of Mice and Men*—to condemn or confirm George’s decision to kill Lennie.

Essential Question of Essay:

Is George justified in killing Lennie, or does his decision amount to murder?

The implicit argument of your essay will be whether non-voluntary euthanasia is ever justifiable.

Essay Content Requirements:
- Introduction with clear, arguable thesis statement
- Body paragraphs that are logically structured
- Cited, analyzed evidence from *Of Mice and Men* and all sources in this packet
- ‘Opposing view’ paragraph

Essay Format Requirements:
- 3 pages, typed, double-spaced, 1-inch margins on all sides
- MLA Header on first page
- Running Header (Last Name Page #) in the upper right-hand corner of all pages
- MLA format for in-text citations

This assignment will count as a test grade (40% of marking period grade). Late assignments will lose one letter grade from the grade earned for each day that they are late (An ‘A’ paper turned in one day late becomes a ‘B’ paper).

Due at the start of class, in hard copy (no electronic submissions) on:

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1 In Lennie’s case, we are dealing with a specific type of euthanasia, non-voluntary euthanasia, defined within.
Non-voluntary euthanasia

The person cannot make a decision or cannot make their wishes known. This includes cases where:

- the person is in a coma
- the person is too young (e.g., a very young baby)
- the person is senile
- the person is mentally retarded to a very severe extent
- the person is severely brain damaged
- the person is mentally disturbed in such a way that they should be protected from themselves
Note: Created in 2004, the Groningen Protocol is a text created by the medical director of the department of pediatrics at the University Medical Center Groningen in the Netherlands. It contains directives under which physicians can kill infants without legal prosecution or punishment. Through the Groningen Protocol, the Netherlands is the only country to legalize a form of non-voluntary euthanasia.

**Table 2. The Groningen Protocol for Euthanasia in Newborns.**

<table>
<thead>
<tr>
<th>Requirements that must be fulfilled</th>
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<tbody>
<tr>
<td>The diagnosis and prognosis must be certain</td>
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<tr>
<td>Hopeless and unbearable suffering must be present</td>
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<tr>
<td>The diagnosis, prognosis, and unbearable suffering must be confirmed by at least one independent doctor</td>
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SOURCE C


*Note:* Alexander Kon is an Associate Professor of Pediatrics and Bioethics at the University of California, Davis.

ABSTRACT: The growing support for voluntary active euthanasia (VAE) is evident in the recently approved Dutch Law on Termination of Life on Request. Indeed, the debate over legalized VAE has increased in European countries, the United States, and many other nations over the last several years. The proponents of VAE argue that when a patient judges that the burdens of living outweigh the benefits, euthanasia can be justified. If some adults suffer to such an extent that VAE is justified, then one may conclude that some children suffer to this extent as well. In an attempt to alleviate the suffering of extremely ill neonates, the University Medical Center Groningen developed a protocol for neonatal euthanasia. In this article, I first present the ethical justifications for VAE and discuss how these arguments relate to euthanizing ill neonates. I then argue that, even if one accepts the justification for VAE in adults, neonatal euthanasia cannot be supported, primarily because physicians and parents can never accurately assess the suffering of children. I argue that without the testament of the patient herself as to the nature and magnitude of her suffering, physicians can never accurately weigh the benefits and burdens of a child’s life, and therefore any such system would condemn to death some children whose suffering is not unbearable. I conclude that because the primary duty of physicians is to never harm their patients, neonatal euthanasia cannot be supported.
The doctrine (or principle) of double effect is often invoked to explain the permissibility of an action that causes a serious harm, such as the death of a human being, as a side effect of promoting some good end. It is claimed that sometimes it is permissible to cause such a harm as a side effect (or ‘double effect’) of bringing about a good result even though it would not be permissible to cause such a harm as a means to bringing about the same good end. This reasoning is summarized with the claim that sometimes it is permissible to bring about as a merely foreseen side effect a harmful event that it would be impermissible to bring about intentionally.

A doctor who intends to hasten the death of a terminally ill patient by injecting a large dose of morphine would act impermissibly because he intends to bring about the patient’s death. However, a doctor who intended to relieve the patient’s pain with that same dose and merely foresaw the hastening of the patient’s death would act permissibly.
One of the country's leading experts on medical ethics today calls for doctors to be able to end the lives of some terminally ill patients "swiftly, humanely and without guilt" - even if they have not given consent.

Len Doyal, emeritus professor of medical ethics at Queen Mary, University of London, takes the euthanasia debate into new and highly contentious territory. He says doctors should recognise that they are already killing patients when they remove feeding tubes from those whose lives are judged to be no longer worth living. Some will suffer a "slow and distressing death" as a result.

It would be better if their lives were ended without this unnecessary delay, Professor Doyal writes in an article in Clinical Ethics, published by the Royal Society of Medicine. He calls for the law and professional guidance to be changed.

Critics said yesterday that the views of Prof Doyal, a member of the British Medical Association medical ethics committee for nine years, were the "very worst form of medical paternalism".

Prof Doyal was a supporter of Lord Joffe's assisted dying bill that would have allowed terminally ill patients to request a cocktail of drugs to end their lives early. Opponents of the bill shelved it by voting for a postponement for further debate. But Prof Doyal is now taking the debate a stage further.

He argues that doctors are already effectively practicing euthanasia on patients who have no consciousness beyond the capacity to suffer pain and says this should extend to those patients who can no longer speak for themselves.

He says he is not the only medical professional to hold this view. In the article, Prof Doyal says withdrawing life-saving treatment from severely incompetent patients - which may involve turning off a ventilator, ending antibiotics or withdrawing a feeding tube - is "believed to be morally appropriate because it constitutes doing nothing. It is disease that does the dirty work, not the clinician. Yet this argument cannot wash away the foreseeable suffering of severely incompetent patients sometimes forced to die avoidably slow and distressing deaths."

He draws a parallel with a father who sees his baby drowning in the bath and fails to do anything to save it. The father foresaw the certainty of the death and did nothing and would therefore be morally considered to have killed the child.

"Clinicians who starve severely incompetent patients to death are not deemed by law to have killed them actively, even if they begin the process by the removal of feeding tubes. The legal fiction that such starvation is not active killing is no more than clumsy judicial camouflage of the euthanasia that is actually occurring."

His concern, he says, is not only with patients who are in a permanent vegetative state and therefore feel nothing at all. "The category of patients that concerns me most are the patients where we are not sure. There is still some brain function, but they will never have any brain awareness or cognitive function, but they seem to be suffering," he told the Guardian. This could, for instance, happen after an accident or a stroke. He does not believe that legalising non-voluntary euthanasia for such patients would lead to more or inappropriate deaths.