

## Candidate 6

Advanced Higher  
Religious Moral and Philosophical Studies  
Dissertation

*A critical evaluation of the moral  
acceptability of Euthanasia*

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Derived from the Greek words of “Eu” & “Thanatos” and literally meaning good death, Euthanasia is defined as the act of deliberately ending a person's life to relieve suffering. It is crucial however that the complex distinction is made clear between different branches of Euthanasia. The broad term encompasses the three practices of voluntary, non-voluntary, or involuntary euthanasia, which have unique characteristics and contrasting levels of support. Non-voluntary Euthanasia is classed as situations when Euthanasia is performed despite the patient being unable to explicitly consent to their death (such as being in a persistent vegetative state), as doctors consider it to be in the patients best interests.<sup>1</sup> It is similar to involuntary euthanasia, but differs in that in the latter practice is done against the patient when they are unable to explicitly provide consent or objection themselves.<sup>2</sup> Both these practices are strictly illegal in all countries, with involuntary euthanasia generally considered murder. The most conventional form is voluntary euthanasia, where the person's consent is clearly and explicitly given. This practice, whilst still controversial, is legal in several countries, such as Belgium, The Netherlands and Switzerland. Another critical detail within Euthanasia is the difference between passive and active euthanasia. Passive is where treatment necessary for sustaining life is deliberately withheld from a patient, and active is where lethal substances are administered to a patient with the direct intention of ending someone's life. These many different terms are complex and can be at times misleading, so a coherent outline of them is important. No matter what name it's given, Euthanasia remains deeply controversial in all forms. Objectors to Euthanasia attack the practice using several arguments, such as the Sanctity of life and Slippery slope arguments. In these arguments, people draw on their morals, a rigid set of beliefs which dictate how they live their day-to-day lives. Whether our shared moral beliefs are taught to us by our parents and peers, preached by scriptures or are simply genetic, the vast majority of our morals agree that the act of killing is wrong. Therefore, the natural response in its simplest form is that because killing is wrong, therefore euthanasia is equally intolerable. However, supporters of euthanasia counter this by arguing that ending someone's life when there is no hope of recovery is a merciful act of care and love, hence euthanasia can be morally justified as the intention is one of kindness rather than malice. This dissertation will explore and critique these arguments, in order to determine whether the practice of Euthanasia is morally acceptable in global society.

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<sup>1</sup> Biggs, H 2001, *Euthanasia, Death with Dignity and the Law*,

<sup>2</sup> Jackson, J *Ethics in Medicine: Virtue, Vice and Medicine*,

In many countries in the world, laws and morals are based on religious teachings. Within Scotland, as of the 2011 census, 54% of the population identified themselves as Christian.<sup>3</sup> And whilst the strength in this belief will obviously massively vary, the fact remains because of this, a sizeable chunk of the population's moral imperatives derive from the teachings of Christianity. These include the Ten Commandments, governing over Christians and giving them a set of rules, of which they must follow. The sixth of these says "Thou shalt not kill", and the simple implications of this are that as euthanasia goes against this, it cannot be morally acceptable. Furthermore, classical Western theism teaches that life is God given- the Bible says that "Before I formed you in the womb I knew you, before you were born I set you apart; I appointed you as a prophet to the nations."<sup>4</sup> God has his own purpose for humans in life, and through the practice of euthanasia you are actively seeking to go against this and oppose the will of God. This introduces the crucial aspect of autonomy. Christian's are continuously taught in the Bible that their lives belong to God- "Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own".<sup>5</sup> The implications of this are that since Christian's do not have control over their own lives as they belong to God, they cannot chose to end their own lives through euthanasia, making it morally unacceptable. This ties in with the Christian belief that humans are sinners, born out of Adam and Eve's disobedience in the Garden of Eden in Genesis II. Since Christians know that they are inclined towards temptation, they may be consciously or subconsciously aware that any attempt to tolerate killing of any sort is their original sin attempting to disobey God. This only serves to strengthen their moral opposition to euthanasia as they view any support for it as humans succumbing to temptation.

However, there are clear discrepancies within this. God is regarded as being omnibenevolent within Christianity, with Pope Francis saying "The love of God is always greater than anything we can imagine; it even reaches beyond any sin with which our conscience may charge us". The purpose of Euthanasia however, as officially defined by the NHS is "to relieve suffering".<sup>6</sup> The intentions are good-natured, and Euthanasia is therefore an act of compassion. The question therefore arises - How can we regard God as an omnibenevolent being, when he would rather see someone suffer for a prolonged time until their inevitable death rather than a swift and merciful end? This contradiction becomes even more poignant when we consider God's omnipotence. He is all-powerful as

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<sup>3</sup> Scottish Government 2011, *Table KS209SCa - Religion (UK harmonised)*,

<sup>4</sup> *Holy Bible*, New Revised Standard Version, Jeremiah 1:5

<sup>5</sup> *Holy Bible*, New Revised Standard Version, Corinthians 6:19

<sup>6</sup> NHS 2017, *Euthanasia and assisted suicide*,

taught in the Bible, and is perfectly capable of anything and everything- Job 37:23 reads that "The Almighty is beyond our reach and exalted in power; in his justice and great righteousness, he does not oppress".<sup>7</sup> Perhaps more obviously, we can see how in the book of Genesis in the creation story he created the earth in six days, showing his immense power. The implications of this are that the fact he possesses omnipotence and does not choose to change this widespread suffering, completely nullifies any suggestion that he possesses any Omni-benevolent qualities. Rather, this presents God as an oppressive, tyrannical figure, which once again contradicts the characteristics of any God of classical Western theism. Therefore, religious justification for euthanasia being morally unacceptable is very weak. In Christianity, God's message of love and compassion as taught by Jesus is the cornerstone of the New Testament and Euthanasia, by definition, is a compassionate act of mercy. There are therefore simply too many contradictions and different interpretations within the bible to conclusively use it as evidence of both life being sacred and Euthanasia being morally unacceptable.

However, the idea that life is sacred is not exclusive to Christianity. As established, our morals dictate that our lives have immense value and killing is wrong. This perceived value is challenged by secular philosophers such as Peter Singer, who seek to debate about at what point we can say a life has this value. Singer argues that there is a difference between existing as a human being, and living as a person- "We often use 'person' as if it meant the same as 'human being'. In recent discussions in bioethics, however, 'person' is now used to mean a being with certain characteristics such as rationality and self-interest."<sup>8</sup> This extreme view means that if someone has reached a certain state where they no longer hold these characteristics, their life is fundamentally valueless and as such, they should be allowed to end their life through euthanasia as it would not constitute murder. This line of thought is potentially dangerous as if we apply it to end of life issues, we could very easily start valuing everybody's lives differently in society, which is the root cause of persecution and genocide. However, we already do this through the sanctity of life argument, as we are imposing our view on the importance of someone's life upon them already. Because of this, it is morally right that we should be given the autonomy to determine how sacred our own lives are, as we are the people who have to live them. This idea is taken further by Ronald Dworkin, who suggests that "Competent adults are free to make poor investments, provided others do not deceive or withhold information from them, and smokers are allowed to smoke in private, though cigarette advertising must

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<sup>7</sup> *Holy Bible*, New Revised Standard Version, Job 37:23

<sup>8</sup> Singer, P (1995) *Rethinking life & death*,

warn them of the dangers of doing so.”<sup>9</sup> The implications of this are that in life we are allowed to make choices that others may deem poor, and although people can warn of the dangers, the crucial fact remains that we still have the freedom to make them. Autonomy is clearly stripped in the case of dying, with little justification as to why. This links into the issue of quality of life- Once someone had reached a point where they themselves believe to have little to no quality of life, there is no purpose to themselves living, a view adopted by Professor David Gems, who writes “Most of us would agree that it makes little sense to postpone death once our quality of life has diminished beyond a certain point”.<sup>10</sup> The International declaration of Human Rights Article 3, which states that we “Everyone has the right to life, liberty and security of person.”<sup>11</sup> Because we have a right to live our lives, we should therefore equally have the right to end them. Therefore this line of thinking correctly asserts that Euthanasia cannot be morally unacceptable, as if we are to have full autonomy of our bodies in life, it is morally unacceptable to strip this away in death.

In conclusion, the sanctity of life argument does not succeed in criticising the moral acceptability of Euthanasia. It correctly asserts that life is sacred, but that does not necessarily mean that Euthanasia should be forbidden at all times, as there are situations where it may be the option that relieves suffering the most. Debate about to what extent we can call a person as such is dangerous, as we cannot impose our view of the value of someone’s life upon them, but we must still have the full moral right to die regardless.

Despite us having the right to choose how we die, the moral issue of who will actually perform the practice still remains. In the Netherlands and Switzerland, Euthanasia is carried out with the assistance of a medical professional or a technician employed for that purpose. The immense burden of who performs the procedure is placed upon that person as whether actively or passively, they are contributing to their death. This raises the question; is it acceptable to ask someone to assist in your death, and conversely, is it acceptable someone to accept this request? In response to the Royal College of physician’s recent decision to adopt a neutral stance on Euthanasia, a poll of nearly 7000 UK doctors found that 43% thought the college should oppose a change in the law compared to 32% who wanted the college to support a change.<sup>12</sup> This shows that a plurality of medical professionals opposes the practice, and since these are the people who would be carrying out the act, it calls into question whether it’s morally acceptable to force doctors to

<sup>9</sup> Kuhse, H Schüklenk U, Singer P 1999, *Bioethics: An Anthology*,

<sup>10</sup> Gems, D 2003, “*Is More Life Always Better? The New Biology of Aging and the Meaning of Life*,”

<sup>11</sup> UN General Assembly, (1948), Universal Declaration of Human Rights, 217 A (III)

<sup>12</sup> BBC, (2019), *Assisted dying: Doctors’ group adopts neutral position*

partake in a practice that so many oppose. However, this is easily combatable, as doctors who oppose the practice could simply conscientiously object to it, as has been done with abortion. Ideally, patients would have full autonomy in the death process, but in reality a painless death is much more achievable with the presence of a medical professional. If doctors are willing to partake in the procedure, there should be no reason as to why this should not be deemed morally unacceptable.

California's law seeks to combat this issue by offering full autonomy to its patients through the End of Life Options Act or AB15, which allows patients to end their own life at home. The conditions for this act are that the person must have six months or less to live, a sound mind, and be strong enough to administer the lethal dose independently.<sup>13</sup> The benefits of this are that there is no burden placed upon anyone to assist in dying unlike other forms of euthanasia, and it gives the patient full autonomy. AB15 gives the opportunity of a more dignified and independent death process. The clear issue is that many people are not "strong enough to administer the lethal dose independently", and they require additional support. Similarly, people may fear their condition will soon reach a stage where they cannot independently make the decision to end their life, and through AB15's existence, they may accelerate the death process to ensure they are able to die in a dignified manner before it's too late. The subsequent fear is this could weaken society's resolve to battle a disease by providing an option to opt out through this process. However, these fears are irrelevant, as such a process gives us the crucial moral right of autonomy to determine whether we live or not- Whether we agree with other people's decisions to make use of this right is not pertinent to us, as it's not our decision to make. In the UK however, the law is strict in that neither physicians nor individuals can perform passive euthanasia whatsoever. For physicians, this is because it breaks the Hippocratic Oath doctors pledge towards. The document states "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."<sup>14</sup> The implications of this are as euthanasia obviously violates this, the practice of would therefore be highly illegal. However, this specific line in the text does not exist in the widely accepted version of the oath rewritten in 1964 by Louis Lasagna, and other versions omit other passages concerning issues such as abortion. By 1993, only 14 percent of these medical oaths used by universities had prohibited euthanasia.<sup>15</sup> This shows the document's flexibility and its moral acceptability. Physicians recognise that their role is to care appropriately for their patients, and euthanasia may be the option that allows this to the greatest extent. The

<sup>13</sup> Louis Theroux-Altered States: 2. Choosing Death

<sup>14</sup> Edelstein L, 1943, *The Hippocratic Oath: Text, Translation, and Interpretation*

<sup>15</sup> Markel H M.D., Ph.D 2004, "I Swear by Apollo" — On Taking the Hippocratic Oath,

law in the UK recognises this to a certain degree, dictating that life-sustaining treatment may be withdrawn from patients in situations of extreme pain. The NHS is adamant that end of life care is part of 'palliative care' and is opposed to passive Euthanasia, but the reality is the two cannot be considered mutually exclusive, as the practice of withholding treatment could also fit as the definition of passive Euthanasia. Although officially passive euthanasia is illegal; this practice of withholding treatment does not encounter massive opposition. In sharp contrast, active euthanasia is illegal in all countries, despite if consent is given and is considered much more morally unacceptable. This presents a clear "grey-area" of ambiguity in the definition of what is legal and illegal. Secular philosophers often challenge this difference by attempting to show that both passive and active euthanasia should be considered on an equal basis. James Rachels' uses the analogy of Smith & Jones to prove that the means of action is irrelevant when it comes to euthanasia. The analogy centres around Smith and Jones, who both stand to receive a sizeable inheritance from their 6 year old cousin, and takes the form of two separate scenarios. In the first, Smith goes up to the bathtub and forcefully drowns the child. In the second, Jones goes up to the bathtub, discovers the child has slipped, hit his head, and fallen face down in the water. Instead of helping him, Jones watches as he drowns.<sup>16</sup> In this analogy, Rachel's' successfully shows that since the reprehensible motive was just the same, the action of killing or letting someone die shouldn't matter- each are equally morally unacceptable. Put into the terms of euthanasia, this means the difference between the acts of killing someone (Active Euthanasia) or letting someone die (Passive Euthanasia), should not matter, as long as both have the same Motive- Relieving suffering. The doctor has not committed any more harm upon the patient, as his motive is exactly the same. Therefore, in many cases where it is morally acceptable to let a patient die, as seen in UK law, it must also be morally acceptable to practice active euthanasia. The question of who performs the act is pointless, because whether it's a doctor or the sufferer committing suicide, the motive remains to relieve suffering, as shown by Rachels. Therefore, euthanasia remains morally acceptable in terms of who performs the act.

Another common argument against Euthanasia is what's known as the "slippery slope" argument. The premise of the argument is that if we accept voluntary euthanasia, it will have a snowball effect leading to the acceptance of involuntary or non-voluntary euthanasia within society. David Cook summarises this well; "The fear is that giving an inch on the value of life will lead to the taking of a mile".<sup>17</sup> This argument takes up the form that if A is allowed, the acceptance of B, which is morally unacceptable, will follow.

<sup>16</sup> Rachels J 1975, *Active and Passive Euthanasia*,

<sup>17</sup> Cook, D 1983, *The Moral Maze: A way of exploring Christian ethics*

Therefore, A must not be allowed in the first place to avoid this.<sup>18</sup> Put into the terms of euthanasia, if we allow it in our society (A), it will lead to the acceptance of involuntary & voluntary Euthanasia (B). This therefore means the argument does not focus on the moral unacceptability of the act of euthanasia, but rather on the moral unacceptability of the intense consequences on society if we permit it. This argument is popular amongst some utilitarian philosophers as it places the wants and needs of wider society above that of individual sufferers, and argues that nobody should have the autonomy to end their life through euthanasia due to the potential consequences of the “slippery slope”. There is also the fear that providing people with the option of Euthanasia may entice more vulnerable people to use it, in order to relieve strain or stress off their families. Evidence of this is in the state of Oregon in the U.S, where 63% percent of the 27 people with legally assisted suicides under Oregon law in 2000 said they took the decision because they “feared being a burden to family, friends, and other caregivers.”<sup>19</sup> This creates a clear discrepancy in the motives for euthanasia- the definition dictates that it should be solely to relieve pain, but this clearly shows people are doing it out of guilt. The implications of this are serious as although it seems unlikely, it could very well lead to an acceptance of euthanasia as a way of supporting a family, further decreasing the value of life in a slippery slope effect. Euthanasia should be a strictly personal decision, and giving the option for end their life can place pressure upon people to do so for the benefit of others rather than themselves. Another implication of the legalisation of Euthanasia is the existence of so-called “suicide organizations” such as Final Exit Network. Active in the U.S., this group provides information and advice to sufferers on how to end their lives. Their controversy stems from the fact that providing this service may entice people into prematurely ending their lives, as they are not bound by any major restrictions- you can still access final access network’s services even if you are not terminally ill. The consequent effect of this is that it may weaken society’s resolve towards death. A volunteer from F.E.N is quoted saying “As I tell a lot of the clients that we deal with, in general nobody cares if old people die except family”.<sup>20</sup> The fact that this group directly judges how much their clients lives worth is deeply immoral, and is evidence to how euthanasia’s legalisation can have a negative impact on perceptions of the value and sanctity of life. We can actively see the slippery slope in action with this group, as in 2015 they were found guilty of assisting the death of 57 year old Doreen Dunn in Minnesota,<sup>21</sup> going beyond their legal entitlements. This shows that these groups do not always operate

<sup>18</sup> Van der Burg, W 1991 ‘The Slippery Slope Argument’

<sup>19</sup> Nolan, J 2001 ‘Fear of “Burden” Major Reason for Oregon Assisted Suicides’,

<sup>20</sup> Louis Theroux-Altered States: 2. Choosing Death,

<sup>21</sup> Associated Press (2015)

in good faith and attempt to stretch the moral boundaries of death, which begs the question- Is it worth legalising euthanasia when it results in the formation of such groups who seek to devalue life? But whilst the existence of groups such as F.E.N is a clear issue, we cannot conclusively determine euthanasia morally unacceptable based on the actions of such groups. Having strict laws and prosecuting against those who assist in death helps massively restrict these groups, and prevents this from snowballing into a serious issue.

Another aspect of the slippery slope argument centres on the issue of measuring pain. There are thousands of devastating illnesses which cause pain, each with unique levels and symptoms. The difficulty is that pain is subjective to different people, as there is no objective way to measure it. This is proven by a study on 17 subjects, where pain intensity varied from 1.05/10 to 8.9/10 despite each individual receiving an identical 49° heat stimulus.<sup>22</sup> The implications of this are therefore if we allow euthanasia, there must be a definitive line drawn, as to which conditions are “worthy” of euthanasia or not, otherwise anyone could be allowed to end their life, no matter what their medical condition is. Jonathan Glover summarises the implications if this line isn’t drawn, saying “If it is allowable at birth for children with some grave abnormality, what will we say about an equally grave abnormality that is only detectable at three months? And another that is only detectable at six months? And another that is detectable at birth only slightly less serious? And another that is slightly less serious than that one?”<sup>23</sup> The problem with drawing a line is that it clearly discriminates against people with certain conditions. This raises the question whether it is morally acceptable to for us to determine whoever it is or isn’t eligible to end their own suffering. The subjectivity of pain is directly linked to this- Dutch law, where euthanasia is considered liberal says that the doctor “holds the conviction that the patient’s suffering was lasting and unbearable”.<sup>24</sup> The issue here is in the clear ambiguity of the term “unbearable”- since pain is personal and subjective, how can doctors determine whether a patient’s suffering can be described as such? In practice in The Netherlands, Euthanasia is limited to those suffering from serious medical conditions like severe pain, exhaustion or asphyxia, but linking to the above point, this once more discriminates against other diseases.

Another key implication of this is that it gives physicians too much power and responsibility, which certainly increases the chances of abuse of this. However, there is no evidence that these boundaries are pushed. Using The Netherlands, several national

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<sup>22</sup> Aydede, M (2005)

<sup>23</sup> Glover, J 1990,

<sup>24</sup> The Dutch minister of justice, 2000, *The Dutch Termination of Life on Request and Assisted Suicide (Review procedures act)*, The Dutch Government viewed 4 February 2019,

studies have consistently shown that there is no evidence of the existence of a slippery slope. In The Netherlands, the frequency of euthanasia stayed at 1.7% from 1995-2005<sup>25</sup>. Furthermore, the number of cases of "Ending of life without explicit patient request" has halved over the same time-frame from 0.8 to 0.4%. This significantly undermines the slippery slope argument, as it goes against the idea that implementing the practice will result in the acceptance of involuntary and non-voluntary euthanasia, as if this were true the number of people ending their life and the number of lives ended without explicit consent would have increased.

Overall, the slippery slope argument does not succeed in pronouncing Euthanasia as morally unacceptable primarily because it is based on inductive reasoning. This means the premises may support the conclusion, but do not necessarily prove it. There exists no evidence that the legalisation of euthanasia in The Netherlands has had this effect (In fact as shown, evidence directly contradicts this thesis). This means that whilst it is true that involuntary and non-voluntary Euthanasia are morally unacceptable, since the argument cannot prove that Euthanasia leads to these consequences, we cannot pronounce passive or active Euthanasia morally unacceptable based upon this.

When evaluating the moral acceptability of euthanasia, what becomes evident is that these moral objections to euthanasia are circumstantial. Whilst the dangers of the "slippery slope" argument are undoubtedly morally unacceptable, this is merely a hypothetical situation that according to the argument, will definitely eventuate, which makes little sense when faced against empirical evidence based on experiences in The Netherlands that suggests the opposite. Arguments based on the "sanctity of life" have little weight when it comes to Euthanasia- When someone's life reaches the point where they feel their only option is euthanasia, we cannot consider keeping them suffering alive to be morally acceptable, and even attempt to justify it with scripture that so often says the opposite. When we object to Euthanasia based on these arguments, we are subconsciously objecting to the horrifying potential consequences of its legalisation, and in doing so fail to acknowledge that the act itself is morally acceptable. The fact that people suffer from unimaginable pain and do not have the moral right of autonomy to end their suffering based on fears that carry no evidence is what we should truly deem morally unacceptable. Singer's obsession with defining human beings simply doesn't come into it- As David Cook says "We do not debate their personhood. We respond to humanity in its

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<sup>25</sup> Rietjens JA, van der Maas PJ, Onwuteaka-Philipsen BD, van Delden JJ, van der Heide A 2009,

need".<sup>26</sup> Because Euthanasia is both our moral right and often the only way to relieve intense human suffering, it must be deemed morally acceptable.

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<sup>26</sup> Cook, D 1983, *The Moral Maze*, Cook, D 1983

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