



Nova Science Press

Journal of Psychology & Education

Vol. 1, No. 4 (2026)

**Nourishment or Respect: Ethical Reflection on Active Euthanasia  
from the Dual Perspectives of Confucian Filial Piety Ethics and  
Kantian Moral Philosophy**

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Funding Statement: This work was supported by the 2025 University-Level Graduate Education Innovation Program Project of Zunyi Medical University (Grant No. YJSKYJJ2025052).

Journal of Psychology & Education • Vol. 1, No. 4 (2026)

DOI:<https://doi.org/10.66581/1079mx24>

Received 6 May 2026 • Accepted: 12 May 2026 • Published 31 May 2026

CITATION

Li, X., & Li, G. (2026). Nourishment or Respect: Ethical Reflection on Active Euthanasia from the Dual Perspectives of Confucian Filial Piety Ethics and Kantian Moral Philosophy. *Journal of Psychology & Education*, 1(4), 28. <https://doi.org/10.66581/1079mx24>

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Published by Nova Science Press, HK

**Abstract:**

Under the combined influence of filial piety emphasizing “nourishment” and technical rationality, patients at the end of life often face a predicament of diminished subjectivity and dignity, while the continuation of life may be alienated into a burden of numerical life-sustaining indicators. Although active euthanasia has gained some moral justification based on autonomy and dignity, it remains highly controversial globally. Particularly in the context of Chinese filial piety culture, where the practice of filial piety in end-of-life care often tends to prioritize nourishment over respect, active euthanasia struggles to gain normative acceptance. Through a contextualized reconstruction of Kantian moral philosophy, this paper explores the limited moral permissibility that active euthanasia might obtain under certain extreme conditions. It attempts to point out that the key to resolving this normative dilemma lies in carefully distinguishing the value hierarchy between “nourishment” and “respect”, and in shifting the core of filial piety from an absolutized adherence to “nourishment” toward compliance with “respect” as subsumed under rational laws in end-of-life medical situations, thereby offering a possible approach to addressing the normative challenges of active euthanasia.

**Keywords:** Confucian Filial Piety Ethics, Kantian Moral Philosophy, Active Euthanasia

**1. Introduction**

As the aging of China's population intensifies and the incidence of cancer continues to rise, end-of-life medical decisions for terminally ill patients are

increasingly becoming a core issue in bioethics. Increasingly urgent, according to data from the International Agency for Research on Cancer in 2024, cancer deaths in China reached 2.56 million in 2022, and according to demographic projections, this number will rise to 4.5 million by 2050 (Teng et al., 2024). Given that the vast majority of cancer patients will experience irreversible functional decline and dignity impairment at the end of life, and face the decision of whether to continue life-sustaining treatment, this implies that, in the end-of-life situation faced by such a large group of terminally ill patients, although the doctrine of the sanctity of life is lofty in its intent, its absolutist demands may not be beneficial. In this context, especially when palliative care is exhausted and the process of decline is protracted, and irreversible suffering continuously erodes subjectivity to the brink of annihilation, active euthanasia, aimed at preserving the dignity of life, thus becomes an ethical appeal for the last line of defense of subjectivity. Although it has gained some attention in international ethical discussions, it has no institutionalized space for expression in China, and is often dissolved in end-of-life medical practice due to the excessive emphasis on “nourishment” in the concept of filial piety, resulting in the silencing of patients’ subjective will and a profound ethical dilemma.

To this end, it is particularly necessary to deepen the theoretical ethical discussion concerning its rationality and moral permissibility. Taking as its ethical premise the clarification of conceptual boundaries of active euthanasia and the examination of the limits of Kant's prohibition against suicide in the context of terminal illness, this paper attempts then to explore the moral permissibility of active

euthanasia under the Formula of Universal Law and the Formula of Humanity. On this basis, tracing back to the core of Confucian filial piety as expressed in the saying, “without reverence, what is there to distinguish the support given to parents from that given to dogs and horses?” this paper attempts, through a modern interpretation of “respect” (jing), both to carry forward its original meaning of respect for personhood and to engage in dialogue with Kant's rational law. It argues that in the end-of-life medical context, the ethical core of filial piety should perhaps shift from the absolutized adherence to “nourishment” (yang) to the observance of rational “respect”, thereby attempting, through such rational reconstruction, to offer a possible path of cross-cultural dialogical justification for the subjective claims of patients with limited rationality.

## **2. How Is It Possible: Clarifying the Preconditions of Reflection**

Given the premise of whether there exists interpretive flexibility in extreme situations, directly appealing to Kant's moral philosophy to deliberate on active euthanasia may easily lead to conceptual confusion and trigger moral condemnation. Therefore, it is necessary to first clarify the scope of discussion of active euthanasia as addressed in this paper, and at the same time to examine the limits of applicability of Kant's prohibition against suicide in the specific context of terminal illness.

### **2.1 Conceptual Boundaries: Distinguishing Active Euthanasia from Suicide and Physician-Assisted Suicide**

The term “euthanasia” originates from the ancient Greek word “euthanasia”, which is formed by the combination of “eu” (good) and “thanatos” (death),

representing a happy and painless death. Clearly, this expresses people's ideal of a "good death". However, introducing this concept into the field of medical practice requires more specific distinctions. For this purpose, Western medical circles have divided euthanasia into two types: active and passive. So-called active euthanasia refers to the use of active measures such as injection of toxic agents or administration of toxic drugs to end the life of a terminally ill patient suffering in pain. Passive euthanasia, in contrast, focuses on discontinuing life-sustaining treatment, allowing natural death. In the conventional context, euthanasia usually refers to the former, with its core characteristic being active intervention for terminally ill patients who cannot be cured and wish to die(Wang, 2001). However, a brief distinction merely from a medical perspective is still insufficient to address the deeper ethical issues that may be involved. Professor Zhai Xiaomei in China has conducted an in-depth analysis of the necessary and sufficient conditions for euthanasia. She argues that euthanasia refers to, under conditions where there is no possibility of cure with current medical treatment, a competent terminally ill patient who is experiencing unbearable suffering, based on a rational decision and with the purpose of relieving suffering, sincerely requests the doctor to perform an active medical intervention(Zhai, 2000). Subsequently, with the advancement of research by many scholars, a consensus has gradually formed on the ethical boundaries and conditions for the application of euthanasia, namely, that it is a medical intervention initiated by the terminally ill patient who is in extreme suffering and suffering from an incurable disease, in which the doctor uses analgesic drugs to relieve pain or withdraws medical equipment to

allow the patient to die with dignity(Wang & LI, 2020). It can be seen that the understanding of euthanasia in different historical contexts is not entirely the same, yet each has its own characteristics. Following Professor Zhai Xiaomei's perspective, and in light of the common value concepts of the aforementioned definitions, this paper embeds them into the modern context of death, pointing out that the active euthanasia addressed in this paper is limited to patients with incurable terminal illness, for the purpose of relieving unbearable and irreversible suffering and preserving the dignity of their own lives, based on a rational decision, voluntarily and sincerely requesting the doctor to perform a medical intervention to accelerate the end of their lives.

When we advocate for death, the behavior behind it typically presupposes two motivations: rational and irrational. It is evident that the active euthanasia discussed in this article does not encompass individuals who have lost their personal subjectivity due to mental illness or various psychological pressures, but rather refers to decisions made by terminally ill patients as limited rational agents. However, caution is warranted: despite attempts to establish discussion boundaries for active euthanasia, this concept is frequently overgeneralized and easily conflated with similar concepts such as suicide and physician-assisted suicide. Therefore, it is necessary to make brief distinctions here. The core of suicide lies in an individual's autonomous termination of life, whereas active euthanasia involves rational decision-making and is not completed by the patient alone. It is clear that active euthanasia is not suicide in the general sense; it represents a more stringent form of life decision-making across

multiple dimensions including applicable subjects, rational motivations, and implementing agents, and should not be simplistically and crudely equated with suicide. Furthermore, active euthanasia is not equivalent to physician-assisted suicide; the former emphasizes active measures taken by physicians, while the latter involves patient self-administration with doctors serving only an assisting role.

## 2.2 Applicable Limits of Suicide Prohibition: From Absolute Ban to Conceptual Reconstruction

Before attempting to employ Kantian moral philosophy to deliberate on the permissibility of active euthanasia, it is necessary to carefully explore whether the prohibition of suicide advocated by Kant allows for any interpretive flexibility or room for category revision within the extreme context of terminal illness. It must be emphasized that this inquiry does not imply that Kant himself acknowledged exceptions; rather, it attempts to examine, from within the perspective of Kantian moral philosophy, the applicability and ethical boundaries of his core principles under extreme conditions, so as to reveal possible misinterpretations in traditional arguments against active euthanasia. In examining Kant's view on suicide, one finds that he regards the preservation of one's life as a "necessary duty." In his later major work of ethics, *Groundwork of the Metaphysics of Morals* (hereinafter referred to as *Groundwork*), he states: "If he destroys himself in order to escape from a painful condition, then he makes use of a person merely as a means for maintaining a tolerable condition up to the end of life. But a human being is not a thing, hence not something that can be used merely as a means, but must in all his actions always be

regarded as an end in itself”(Kant, 2005, p. 437).It can be seen that he considers suicide to be a destruction of personhood, a means of escaping a painful condition, and a violation of the law that “humanity is an end in itself”. However, existing research has keenly pointed out that Kant’ s true rationale for opposing suicide may not stem solely from the principle of autonomy that “humanity is an end in itself”, but is more likely attributable to an implicit “theological and heteronomous” orientation in his thought. At the same time, Kant regarded this argument as valid based on his presupposition that moral maxims must be simple and clear; yet, in fact, there exist many maxims that are not simple but nevertheless possess universality (Hare & Shang, 2023).The issue of active euthanasia presents precisely such a borderline situation: for a terminally ill patient suffering from both physical and mental torment, whose bodily functions have irreversibly deteriorated and whose dignity has been completely lost in exchange for only the mechanical maintenance of vital signs, his personhood as a human being may have substantially disintegrated, and the capacity of the rational being for self-legislation and moral action may also have been suspended. At this point, preserving biological life itself may no longer be the vehicle for realizing “humanity as an end in itself”, but instead has become alienated into a meaningless, purely physiological prolongation of suffering. In such a context, the patient’ s choice to end his life does not consist in using personhood as a means to escape from suffering; rather, it is a refusal to allow personhood to be forcibly reduced to a carrier of suffering. Ending suffering itself is a defense of the last respect for humanity, not an instrumentalization.Therefore, under conditions of irreversible and extreme

suffering, if this universal principle of Kant's is rigidly applied to mere biological existence, it may instead violate the original intent of "humanity as an end in itself". By way of inference, a more rationally self-conscious choice of active euthanasia can be regarded as a dialectical return to the connotation of "humanity as an end in itself" in the end-of-life context, serving as an embodiment of the rational patient exercising autonomy as a moral agent and preserving his ultimate dignity, thereby obtaining a moral justification based on reason and the form of universalizability.

In summary, having clarified the above content, we are thus able to explore the possibility of active euthanasia on the premise of reconstructing, rather than deviating from, Kantian moral philosophy.

### **3. The Basis of Grounding: A Dual Deliberation on Principles**

#### 3.1 The Basis of Form: Deliberating on the Universalizability of Active Euthanasia

The deliberation on the justification of active euthanasia is often met with resistance from opponents who invoke the slippery slope fallacy derived from its consequences. Their concern is that once an individual's right to end life is recognized, the overall social evaluation of the value of life will inevitably shift downward, vulnerable groups may be led toward death under implicit pressure, and medical practice may also turn from treating illness and saving lives to efficiency-based disposal. Such concerns are not entirely unfounded, but their fundamental presupposition is that the moral judgment of active euthanasia should take the possible social consequences as its primary measure.

However, in Kant's view, one does not simply deny the morality of an action by

considering only its one-sided consequences. He emphasizes that an action done from duty has its moral worth not in the purpose to be attained by it, but in the maxim according to which it is determined (Kant, 2005, p. 406). The profundity of Kant's view lies in the fact that the morality of an action has nothing to do with the external consequential tendencies it realizes; rather, the fundamental point is whether its maxim can pass the requirement of universalization of pure practical reason, that is, whether it can be willed as a universal moral law. This establishes the core of moral judgment: the purity and universalizability of the maxim. In other words, only when an action proceeds from the autonomous will of a rational agent and its maxim can be consistently willed as a universal law does the action possess moral worth. It can be seen from this that the crux of the normative controversy surrounding active euthanasia does not lie in what social consequences this practice might bring about, but rather in whether the specific maxim on which the terminally ill patient's request to end life is based can be consistently willed as a universal law by rational agents.

As stated above, the connotation of active euthanasia does not imply that anyone who suffers may end his life; rather, the formulation of its maxim must be internally connected to the patient's prudent decision as a finite rational agent. Proceeding from the premise that the patient is a finite rational agent, it emphasizes that the core of the maxim is not driven by emotion, but is based on a rational assessment of his pathological condition and quality of life. By inference, seeking death merely due to pain is clearly not a valid universalizable maxim, meaning that a finite rational agent would not emotionally decide to end his life merely because of suffering. As is seen in

end-of-life medical practice, a 93-year-old patient who is a veteran of the War of Resistance against Japan, despite his overwhelming pain, still chooses to receive life-sustaining treatment in order to fulfill his children's filial piety (Sun & Chen, 2025). It can be seen that suffering itself is difficult to serve as a sufficient reason for self-legislation. That is to say, if the maxim underlying such a choice is to be conceived as a universal law, it would be necessary to exclude the irrational factors arising from mere emotional impulses caused by sensible inclinations such as suffering. By the same token, the same end-of-life decision made by a finite rational patient in the terminal stage of illness, after a prudent rational assessment, should be recognized as having an equal moral standing. Taking the first euthanasia case in Hanzhong, Shanxi Province, China, in 1986 as an example, the patient, Xia Suwen, suffering from advanced liver cirrhosis complicated by hepatic encephalopathy, endured the torment of ascites ulceration and maggots in bedsores, and cried out for death many times while conscious. Although the act of active euthanasia performed by her family members and doctors based on compassion and professional judgment was once prosecuted by the judicial authorities as "intentional homicide", the appeal was ultimately rejected in the second instance, and the persons involved were acquitted (Wang, 1990; "First Euthanasia Case Concluded," 1992). Evidently, Xia Suwen's repeated requests for death while conscious were not merely impulsive needs for relief triggered by momentary pain, but a lucid expression of her rational cognition regarding her life condition as a moral agent herself. In this sense, such a rational will that transcends mere sensible needs possesses the possibility of universalizability if it

is refined into a universal maxim containing strict limiting conditions. As Kant emphasized, “the moral worth of an action lies not in the effect expected from it, and so too not in any principle of action that has to borrow its motive from this expected effect”(Kant, 2005, p. 408). Thus, it can be seen that this proposition can be universalized in form without leading to self-contradiction at the level of the will. It is precisely on this basis that the Kantian approach does not deny the external consequential tendencies that active euthanasia might produce, but rather distinguishes the content of the maxim from its generalized understanding in the ordinary sense. By establishing the principle of rational autonomy, it seeks to dispel the concern about unconditionally permitting choices of death, thereby finding a universalizable moral approach for active euthanasia. As for the concerns arising from the slippery slope argument, they should be regulated by delineating rigorous legal rules and enforcement procedures, rather than using them to deny the universality of its moral justification.

### 3.2 The Basis of Substance: Deliberating on “A Human Being as an End in Itself” in Active Euthanasia

It is well known that in Kant’s moral philosophy, the principle “a human being is an end in itself” is a substantive proposition of central importance. Kant emphasizes, “a human being is not a thing, hence not something that can be used merely as a means, but must in all his actions always be regarded as an end in itself” (Kant, 2005, p. 437). On this basis, traditional arguments against active euthanasia have long invoked this principle, criticizing at the transcendental level that if active euthanasia

were universalized, it would alienate a human being into a tool subordinated to sensible preferences, thereby not only dissolving the status of human subjectivity but also fundamentally negating the absolute moral law that a human being is an end in itself. Admittedly, by the above approach, we can simply examine the universality of its moral justification; however, if we ignore the transcendental category, it would be difficult to achieve moral perfection. In this regard, we may first proceed to examine the end in itself.

In the perspective of Kant's moral philosophy, an end is by no means an object of desire at the empirical level, but rather an existence that possesses transcendental and absolute value. Just as Kant delineated the essential distinction regarding ends in the *Groundwork*, he pointed out that "those subjective ends, whose existence has a value for us merely as a result of our action, are not objective ends, that is, things whose existence in itself is an end, and indeed one for which no other end can be substituted, and which all other things ought merely to serve as means" (Kant, 2005, p. 436). It can be seen that subjective ends are merely sensible orientations of the results of action, possessing a relative value that migrates with desires, whereas objective ends point to the true moral law. It is precisely this distinction that constitutes the transcendental foundation for our understanding of ends. On the surface, the traditional arguments against active euthanasia appear to be an absolute adherence to its moral law. In fact, however, although they adhere to logical universality, they overlook the essential point that objective ends are inherent in rational beings as such, and fail to take into account the particularity of the patient-subject in the end-of-life medical

context, thereby possibly falling into a category mistake. As a result, they misinterpret a human being as an end in itself as meaning that life itself is an end, and consequently regard the biological continuation of life as a transcendental, inalienable objective end. What follows from this orientation is that, in the name of the justifiability of biological life-sustenance at the noumenal level, they carry out the instrumentalization of techno-rationalism at the phenomenal level, thereby indefinitely prolonging the biological life of terminally ill patients, and in reality encroaching upon the rational patient-subject's autonomy over the end of life. As reflected in the interview data of existing research, a 77-year-old patient with liver cancer said: "I felt unwell yesterday morning, and then the pain was so severe that I could not bear it. At that moment, I thought: stop tormenting me like this, let me die sooner, I wish I could die sooner" (Wang, 2023). Moreover, if this inference is accepted, it would mean that prolonging biological life under any circumstance should be regarded as a moral duty, even though continuous tracheal intubation may gradually disintegrate the patient's personhood, reducing the rational subject to a mere medical digital sign devoid of autonomy. Clearly, the objective end established on the basis of this inference would then lack its transcendental and absolute value. The ultimate reason lies in the fact that the core concept in the moral domain is not that the continued existence of life is an end in itself, but rather the rational subject's self-legislation regarding its own state of existence. If one departs from this connotation and speaks of ends merely in terms of the fact of continued existence, then one conceptually mistakes the carrier for the source of value. In other words, one

should not rashly equate biological life in the phenomenal world with the personhood of the rational subject, nor arbitrarily include all individuals who retain vital signs into the category of finite rational beings. For a terminally ill patient who continuously receives life-sustaining treatment, it is difficult to maintain the integrity of consciousness structure, autonomous judgment, and moral action merely by means of a biological shell. When the individual's existence is completely taken over by instruments, the presence of personhood can no longer be realized.

It can be seen from this that, in the extreme end-of-life medical context, active euthanasia may be consistent with the principle of "a human being as an end in itself". Its maxim is not motivated by the sensible preference to end physical suffering through death, but rather aims to refuse the continuous reduction of the finite rational subject to a mere appendage of life-sustaining technology. Therefore, active euthanasia might be understood as the finite rational subject's ultimate affirmation of its own personal dignity. The essence of its moral character lies in the rational subject's final purposive act of autonomy out of personal dignity, intending to prevent its further instrumentalization, rather than originating from a mere sensible preference for arbitrary or conflicting disposal of the biological carrier.

#### **4. The Path of Approach: Addressing the Challenge of Normative Acceptance of Active Euthanasia from "Nourishment" to "Respect"**

##### 4.1 The Normative Challenge of Active Euthanasia from the Dimension of Filial Nourishment

Although we have already examined, in the strict sense of Kant's moral

philosophy, the justifiability of self-legislation by a patient as a finite rational subject in the end-of-life medical context, based on the fact of extreme suffering, for the sake of maintaining the integrity of rational personhood, it should still be noted that pure reason alone is not sufficient to fully drive moral practice. As some scholars have pointed out, human beings are not purely rational beings; they cannot act in accordance with moral laws solely by virtue of rational cognition. In the practice of human morality, emotion is indispensable (Hui, 2023). Furthermore, the sentiment of “Bu Ren” has long been deeply rooted in the Chinese ethical landscape. As Mencius states in *Gongsun Chou Shang*, “All men have a mind which cannot bear to see the suffering of others... If men suddenly see a child about to fall into a well, they will without exception experience a feeling of alarm and distress. They will feel so, not as a ground on which they may gain favor with the child's parents, nor as a ground on which they may seek the praise of their neighbors and friends, nor from a dislike of the reputation of having been unmoved by such a thing”. Thus, “Bu Ren” can be regarded as the germ of *ren* (benevolence), while filial piety is the root of *ren*. Consequently, the sentiment of “Bu Ren” naturally constitutes the primal motivation for filial piety. What children or relatives, imbued with this sentiment, often desire is the presence of a morally complete loved one, as exemplified by the story of “Tasting Decoction for the Mother” in *The Twenty-Four Filial Exemplars*: “Emperor Wen of Han, named Heng, the third son of Emperor Gaozu, was initially enfeoffed as the King of Dai. His birth mother was Empress Dowager Bo. The emperor served her without any remissness. When his mother was ill for three years, the emperor did not

close his eyes in sleep and never removed his girdle. He would not allow any decoction to be administered unless he had personally tasted it. His benevolence and filial piety were renowned throughout the realm”. In the traditional ethical context, the act of children serving their parents day and night without removing their clothes during prolonged illness is often regarded as the ultimate expression of filial piety. However, in the current end-of-life medical context, if children rely solely on the sentiment of “Bu Ren” while neglecting the expressed will of the finite rational patient, the practice of filial piety may deviate from respecting the patient's subjective personhood, potentially sliding into a form of paternalism wrapped in warmth. Qualitative research has also pointed out that among elderly patients with multiple chronic conditions, some, in their expectation of a good death with respect to autonomy, prefer that their family members respect their own wishes regarding end-of-life decisions. Other patients, based on reasons such as avoiding increased end-of-life suffering, saving resources, and fear of losing autonomy, express that they do not wish to receive aggressive treatment or resuscitation (Zhang et al., 2025). It is evident that the practice of filial piety based on the sentiment of “Bu Ren” by children may conflict with the patient’s autonomous wishes. If the children’s decision is taken as absolutely dominant, this sentiment of “Bu Ren” may also easily slide into paternalism, plunging life-and-death decisions into a moral game. Consequently, it becomes difficult to effectively safeguard the end-of-life medical rights of the finite rational patient-subject, thereby creating an antinomial moral dilemma between emotional care and autonomous rights in the end-of-life medical context.

In fact, the crux of this normative acceptance dilemma lies in how, within the framework of rational logical principles, the emotions of diverse “ji” (selves) belonging to patients, children, and family members can be realized comprehensively. To address this ethical problem concerning ji, one may first appeal to the profound insights of Confucian ethical wisdom. In *The Analects*, “Wei Ling Gong”, when Zi Gong asked Confucius, “Is there one word which may serve as a rule of practice for all one’s life?”, the Master replied, “Is not reciprocity such a word? What you do not want done to yourself, do not do to others”. This ethical method of extending oneself to others allows one’s own emotional experience, including that of filial care, to be cautiously extrapolated to the end-of-life situation of others, thereby establishing a measure of empathy to reconcile the emotional conflicts among the multiple ji. At the same time, however, some scholars have pointed out that although extending oneself to others and Kant’s moral law are similar in form, the former does not indicate that it is based on logical principles, and thus it may still be disintegrated by the emotional differences among various “ji” (Deng, 2020). It can be seen that extending oneself to others, though providing a methodological prototype to some extent, is not sufficient to fully resolve the ethical problem of ji. Then, it may be worthwhile to further trace the origin of the emotion of ji. It is not difficult to find that filial emotion is intrinsically connected to the value orientation of clinical care for terminally ill parents, and it often exhibits a tendency to emphasize nourishment over respect. In theory, this practical tendency not only reflects a certain value of the concept of filial piety in contemporary end-of-life medical care, but may also, in long-term practice,

lead to a shift in the connotation of filial piety, transforming it from the traditional connotation centered on respect and based on nourishment into a modern tendency that overemphasizes nourishment and may thereby marginalize or even obscure respect. That is, it focuses more on the value dimension of “nourishment”, the continuation of the parents’ biological life at the end of life, while relatively neglecting the value dimension of “respect”, the autonomous will of the patient.

#### 4.2 From “Nourishment” to “Respect”: A Possible Response to the Challenge of Active Euthanasia

If the value hierarchy of filial nourishment and filial respect can be sufficiently clarified in end-of-life medical practice, it may be possible to alleviate the above-mentioned antinomic moral dilemma. Conversely, if the value hierarchy of the two is blurred, and the relatively weighty sentiment of filial nourishment and the family members’ sentiment of reluctance to see the patient suffer, which is called “Bu Ren” in the Confucian tradition, come to dominate in the context of Eastern Familism, they will be difficult to reconcile with active euthanasia. In other words, we may attempt to appeal to an adjustment of the value hierarchy from “Nourishment” to “Respect” in order to explore a possible way to mitigate the normative challenge of accepting active euthanasia.

The concept of “respect” stands as one of the core tenets of Confucian filial piety. The hierarchical relationship between “respect” and “nourishment” is explicitly articulated in *The Analects*, specifically in the chapter “Wei Zheng”. It records: “Zi You asked about filial piety. Confucius replied, “Nowadays, filial piety is considered

to be merely the ability to provide nourishment. However, dogs and horses are also provided with nourishment. Without respect, what is the distinction?" In the view of Confucius, the distinction between human beings and dogs or horses lies not in the capacity to provide "nourishment", but in the capacity for "respect". Therefore, the essence of filial piety does not merely emphasize the "nourishment" that sustains the biological existence of parents; rather, on the basis of nourishment, it should prioritize "respect" as its core value orientation, thereby manifesting concern for the personal dignity and emotions of one's parents. Furthermore, the complete implication of filial piety should encompass not only the practice of filial nourishment at the level of maintaining the parents' biological life, but also, more importantly, the practice of filial respect in the process of respecting and understanding the parents as finite rational subjects. This means that in the special context of the parents' terminal illness, children indeed have an obligation to perform filial nourishment, but they should also be mindful of its limit, namely, recognizing that "nourishment" is not based on an absolute or unlimited value scale, and that the value hierarchy between "nourishment" and "respect" should be carefully assessed. Patients in the terminal stage often find it difficult to achieve a state of comfort and ease associated with peacefully ending one's days. At this stage, if children rely excessively on medical technology to forcibly maintain biological life, the patient's existence may have only a symbolic presence on a purely technological level. Given the irreversibility of the disease, the irrational reluctance to let go may, to some extent, deviate from the core requirement of "respect" in filial piety. As a result, it can neither fulfill the children's original intention of filial

nourishment nor meet the terminally ill patient's expectation of a good death. As relevant research has pointed out, when family members, due to an excessive emphasis on filial piety, neglect the patient's own demands, forcing them to undergo treatments such as intubation and mechanical ventilation to sustain and prolong a life filled with suffering, this effectively constitutes an injustice to the patient (Liu et al., 2023). Therefore, in the end-of-life stage, specifically under the premise that a patient with finite rationality actively expresses a will for active euthanasia, we might look back to the emotions extended from the core hierarchical value of filial "respect" in Confucian thought. This involves attempting to restrain the emotional impulses originating from the "nourishment" of the parents' biological life. Consequently, children should perhaps not merely stop at the level of "nourishment" that sustains biological life, but may instead embody this sentiment of filial "respect" rooted in blood ties within their end-of-life filial practices. In doing so, they may attempt to mitigate, to a certain extent, the emotional limitations resulting from an insufficient moral drive under the rule of rational law, thereby providing a possible line of thought for addressing the normative dilemma of active euthanasia.

Furthermore, we may also draw on the moral feeling evoked by the concept of "respect" in Kant's moral philosophy to attempt a further supplement to the problem of insufficient moral motivation. In the end-of-life medical context, a situation may arise in which children, even though they cognitively affirm the value hierarchy of "respect", may still experience an inner moral conflict arising from the sentiment of "Bu Ren" rooted in blood ties, making it difficult for them to fully comply with the

parents' autonomous will. The crux of this problem lies in the fact that sensible emotion cannot transcend its own emotional preferences and cannot easily serve as a universal moral motive, and thus may be insufficient to lead to a consistent choice. It is worth noting that although Kant's emphasis on "respect" and the Confucian emphasis on the question "without respect, what is the difference?" share a certain resonance in value orientation, namely, that both point to a moral feeling that transcends one's own sentiment of "Bu Ren" and emphasize regarding the finite patient as a moral subject, they are nonetheless different, because the sources of these two feelings are significantly different.

In Kant's philosophy, "respect" is the only emotion acknowledged as having legitimacy on moral grounds. This emotion is entirely aroused by pure practical reason; its source is not any sensible object or empirical inclination, but the direct presentation of the pure moral law itself within the consciousness of the rational subject. As he points out, "only that which is connected with my will merely as a ground, but never as an effect, that which does not serve my inclination but outweighs it, or at least excludes it entirely from calculation in choice, and hence the mere law itself, can be an object of respect and thus a command" (Kant, 2005, p. 407). In short, the essence of "respect" lies in the rational subject's transcendence of the domination of sensible inclinations, realizing a pure obedience to and intrinsic identification with the moral law. Relevant research, based on a reconstruction of Kant's doctrine of respect, has pointed out that so-called respect is respect for the moral law itself, which in sensible experience manifests specifically as a moral feeling accompanying the

recognition of duty. Respect does not arise out of nothing; rather, it is the result of the joint practical effect of three susceptible predispositions: conscience, love of humanity, and respect, which respectively stimulate, extend, and personally confirm the subject's moral feeling (Zhan, 2025). Therefore, when this is projected onto the end-of-life context, children may begin with the feeling of respect that bears pure moral motivation. By gradually eliminating the tendency toward self-conceit arising from the feeling of filial nourishment, and by attempting to suppress the sensible preference that transfers their own sentiment of "Bu Ren" onto the patient's autonomous will, they may be able to form, in their own minds, an attitude of respect that transcends blood ties, thereby making a moral choice that is more balanced and more respectful of the autonomous will of the finite rational patient-subject.

It is particularly important that Kant profoundly pointed out: "It is impossible to conceive anything at all in the world, or even out of it, which can be taken as good without limitation, except a good will"(Kant, 2005, p. 400). This means that the "good" possesses uniqueness and supremacy, and should not be presupposed on any other empirical end. By drawing on Kant's concept of respect, we may provide a philosophical justification for the legitimacy of "filial respect" as a good. In the discussion of active euthanasia, if children, as significant stakeholders in end-of-life decisions, still insist on maintaining equipment or constantly administering resuscitation when the patient's life course has become irreversible, their actions may appear to be good deeds motivated by filial piety, but from Kant's perspective, they may not arise from a pure good will. Such actions may in fact be an attempt to reverse

the parents' terminal condition by means of blindly employing excessive medical treatment at a high cost. Clearly, an action based on such sensible material may disregard the parents' physical and mental suffering as well as their autonomous will, and thus does not meet the fundamental requirement of the "good will" as articulated by Kant. Conversely, if children, out of the feeling of respect, always regard their terminally ill parents as ends in themselves possessing rational autonomy, rather than as objects to be "saved" or as means to satisfy their own emotional need for filial nourishment, their actions may then approach the good will emphasized by Kant. This practice of filial piety, motivated purely by respect, aims at the recognition and preservation of the parents' complete personhood as finite rational subjects, and may therefore be regarded, in the end-of-life context, as a good act in the sense of a higher rationality.

From this perspective, "respect" that integrates emotional concern and rational self-consciousness may not dissolve traditional filial piety, but rather represents an exploratory attempt within the context of modern end-of-life ethics. It seeks, on the basis of respect for the personhood of the subject, to find a prudent moral choice and the possibility of balance for the finite rational patient-subject under certain strict conditions, thereby perhaps reconciling the moral conflicts among multiple "ji" and offering a possible path for addressing the normative challenge of active euthanasia. Of course, beyond this, if the finite rational patient-subject has not expressed a wish for euthanasia, children should not impose it; rather, on the basis of grasping the value hierarchy between "nourishment" and "respect", they should continue to provide

appropriate medical care, which is itself an expression of “respect”.

## 5. Conclusion

Admittedly, it is undoubtedly a heavy matter for children to discuss their parents’ good death, and even more so to discuss active euthanasia. Yet if children, due to an incomplete understanding of “filial piety”, avoid this heaviness and choose life-sustaining treatments that forcibly maintain their parents’ lives, then this heaviness will be transferred onto the parents, causing them to endure unnecessary suffering in irreversible illness. This paper attempts, through a dialogue between Kantian moral philosophy and Confucian filial piety ethics, to clarify the value hierarchy between “nourishment” and “respect” in the contemporary end-of-life context. It emphasizes that if a finite rational patient-subject has clearly expressed his or her will and meets the conditions of strict rational self-determination, then the Confucian notion of “respect” may be taken as the core value orientation of filial practice, while Kant’s concept of respect can provide a legitimate moral motivation on the basis of moral grounds, thereby offering, to a certain extent, a possible approach to the normative challenge of accepting active euthanasia. It should be emphasized that this exploratory analysis is limited to theoretical ethical discussion. Active euthanasia has not yet attained general legal legitimacy under current legal frameworks, and this paper neither intends to evaluate nor advocate for any legal system, but merely attempts to provide a possible cross-cultural comparative ethical perspective for understanding value conflicts in end-of-life decision-making.

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