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IS SUICIDE EVER MORALLY PERMISSIBLE?

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ABSTRACT

The moral permissibility of suicide continues to be as controversial as ever. Recent, rapid advances in medicine and science, and in particular in those technologies that extend human life, have resulted in a resurgence of interest in the question. In this paper, I examine two views on suicide so as to arrive at an answer to the question of whether suicide is ever morally permissible. I look in some detail at a sanctity-of-life approach, in which it is argued that suicide is against 'natural' law and that it perverts our rational desire for the good that is life. By way of contrast, I examine a broadly utilitarian approach to the question. I conclude that it is through the application of the utilitarian approach that we are able to come to the answer that sometimes, depending on the circumstances, suicide may in fact be morally permissible, not only for reasons of suffering or ill health such as we expect to find in the context of euthanasia.

DECLARATION OF AUTHENTICITY

I declare that this research report is my own unaided work. It is submitted for the degree of Master of Arts, Applied Ethics for Professionals, in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or for examination in any other university.

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Gloria Ledger Castrillón

16th day of March, 2015

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TABLE OF CONTENTS

1. INTRODUCTION 1

2. DEFINITIONS OF SUICIDE 4

3. TWO APPROACHES TO SUICIDE 9

3.1. A SANCTITY-OF-LIFE VIEW ON SUICIDE 13

3.1.1. Can all life be equally valued? 23

3.1.2. Is Paterson consistent? 28

3.1.3. Whose sanctity-of-life to whom? 31

3.2. UTILITARIANISM AND SUICIDE: A BETTER APPROACH? 35

4. CONCLUSION 59

5. BIBLIOGRAPHY 64

1. INTRODUCTION

In his 2011 book, *Suicide: The Philosophical Dimensions*, Michael Cholbi notes an increased resurgence in "philosophical and public policy" agendas relating to euthanasia, possibly due to advances in medical care and an increased awareness of the issues (2011: 11). At the heart of this discussion in contemporary society is the question of our views on suicide and its ethical permissibility. Despite its long and often intense history, the ethical status of suicide remains complex, suited to continued analysis. In South Africa, as in much of the world, many seek actively to prevent suicide and to assist those contemplating it to avoid it, and the desire to end one's own life continues to be associated with mental illness, general irrationality, or a severe depressive state.

In addition, at least some of the traditional western Judaeo-Christian values that underpin overtly theological prohibitions of suicide seem still to inform other more philosophical approaches to the question of the morality of suicide. As J. David Velleman points out, "most moral discourse has religious sources" (1999: 615) and suicide continues to elicit strong responses from many quarters. Suicide remains controversial and central to a set of "conceptual, moral, and psychological" considerations relating to the meaning of life and death (Cholbi 2012: 1).

This paper examines two possible responses to the question of whether suicide can ever be morally permissible: sanctity-of-life and utilitarian views. The focus in the paper is on traditional, western views, which tend to be generally prohibitive of suicide. In this paper, I

argue that it is through the application of a utilitarian view that we are able to come to the answer that sometimes, depending on the circumstances, suicide may be morally permissible.

Philosophers have been writing about suicide for centuries, aptly summarised by Cholbi (2012). From a survey of the literature available, it is clear that while some find suicide morally permissible, many have found and continue to find it impermissible. Albert Camus and Jean Paul Sartre, for example, view suicide as "an assertion of authentic human will in the face of absurdity" (Cholbi 2012: 16, 17). Others, writing firmly from a traditional, Christian viewpoint see suicide as an unrepentable sin. Few, like Schopenhauer, "find nothing in principle objectionable to suicide," and such objections as he may have had are "metaphysical rather than moral" (Jacquette 2000: 48). A number of utilitarian thinkers view suicide, after Hume, as "free of imputation of guilt and blame" (Cholbi 2012: 15). In line with Jeremy Bentham's view, that suicide may be permissible if it maximises utility and minimises disutility, these utilitarian thinkers see the moral permissibility of suicide as variable, depending on its utilitarian value or disvalue (Cholbi 2012: 15).

It is, however, already quite commonly accepted that suicide for the purposes of euthanasia may be morally excusable, even if not morally permissible. In the United States, for example, the American Medical Association (AMA) allows that a patient be permitted to die (through the discontinuation of treatment, for example, but a doctor may not "take any direct action designed to kill the patient" (Rachels 1975: 78). For James Rachels, this acceptance of passive euthanasia has led to the odd situation in which 'letting die' may be less morally defensible than assisting someone to die would be (Rachels 1975: 79).[1] In this essay, I will argue that it is possible to assert that suicide is morally permissible, and that we need not only

[1] I return to Rachels' argument later in this paper.

have this view in cases in which death is the only alternative to extreme suffering or ill health.

As has been indicated above, Western views on suicide have tended generally to be negative, despite the fact that it is no longer considered a legally punishable act of 'self-murder'.[2] As Richard Brandt points out, there appears to be two broad positions adopted by those who argue that suicide is morally impermissible. On the one hand, there are those who hold that "every act of suicide is wrong, *everything considered*"; and, on the other hand, there are more nuanced views which appear to assert that "there is always *some* moral obligation … not to commit suicide" but that this obligation need not preclude there being "countervailing considerations which in particular situations make it right or even a moral duty" (Brandt 1992: 318, emphasis in the original). In the context of this broad distinction, this paper looks in some detail at an approach to suicide that fits into Brandt's first category.

The first approach canvassed, exemplified by the work of Craig Paterson (2003a, 2003b, 2008) argues that suicide is against 'natural' law and perverts the sanctity-of-life. I look then at a consequentialist, utilitarian view by way of contrast and in line with Brandt's second category. I avoid, however, any argument, regardless of source, that asserts at base that suicide is always and ever a manifestation or irrationality or mental illness, or that adopts a religious approach to the question of its moral permissibility. I examine in the essay how each approach answers the question of whether suicide is ever morally permissible and argue that, for reasons to be explicated below, the utilitarian view in Brandt's latter category is

[2] Yet other views, predominantly from Eastern cultures, are accepting or approving of suicide. For example, Confucian philosophy allows for suicide to be either a good death or a bad death depending on the intention and reasons (Ping-Cheung, 2010: 74; Young, 2002). According to Zen philosophy, suicide is neither good nor bad, it is just death (Lester, 2006:526).

preferable.

2. DEFINITIONS OF SUICIDE

Defining suicide is a contested area that more often than not reveals the differences in the moral standpoints adopted by the writer doing the defining. For the purposes of this essay, I cannot simply assume that any definitional inclusions or exclusions I intuitively make will be shared by the reader, or that reader's by me. As many have shown, even the 'common sense' or ordinary language meanings, such as those found in dictionaries, are not sufficient for our purpose.[3] Michael Cholbi sums the issue up thus: "views about the nature of suicide often incorporate, sometimes unknowingly, views about the prudential or moral justifiability of suicide and are therefore not value-neutral descriptions of suicide" (Cholbi 2011: 2). Although Cholbi's discussion focuses more on our understanding of suicidal behaviours – which may or may not result in the actual death – than on the act of suicide, it raises interesting considerations. As Cholbi points out, there are self-initiated deaths that could be said not to be suicide – mistakenly swallowing a poison in the belief that it is lemonade, for example (Cholbi 2012: 3).

In simple terms, and for the purposes of this report, a suicide results when the self-killing intends the resulting death. Thus the above example offered by Cholbi is not a suicide because, although a self-killing, the death that results is based on a *mistake*: the drinking of the 'lemonade' was never intended to cause death. Romeo's death, on the other hand, is

[3] See Craig Paterson (2003a), Michael Cholbi (2012) and Richard Brandt (1992), for discussions of the difficulties of defining 'suicide'.

clearly a suicide. His drinking of the poison was no mistake – he intended to drink it and he intended consequently to die. His death was thus a suicide, despite the fact that he intended to die as a result of his mistaken belief that Juliet is dead.[4] As Cholbi points out, in suicide there is a "*non-accidental* relationship between suicidal behaviour and death" and the self-inflicted death (or its attempt) reflects an intentional choice to die (2012: 3). Given the level and intensity of the debate, there seems still to be a "great willingness" in the writings on suicide to "categorize self-killings intended to avoid one's just deserts as suicides" (as for example, in the case of Hitler), rather than "self-killings intended to benefit others" (as in the case of Socrates or Jesus, for example) (Cholbi 2012: 2-3). Thus the debate about whether 'suicide bombers' or religious martyrs are to be considered suicides at all continues unabated (Frey 1981: 193-202).

Daniel Hill's definition leaves aside the purpose or alternate consequences of the suicide that are possible, and focuses on the relationship between the death, and the goal to be achieved by the death thus:

> *A* commits suicide by performing an act x if and only if *A* intends that he or she kill himself or herself by performing x (under the description 'I kill myself'), and this intention is fully satisfied (Hill 2011: 192).

Likewise, Brandt argues that a sound definition of suicide must contain both the potential for its permissibility and impermissibility. Brandt asserts that we need a characterisation of suicide that does not render it implicitly immoral and that thus allows us to "make all the evaluations anyone might wish to make" (1992: 315). For Brandt, whatever definition we use

[4] *Romeo and Juliet*, Act V, scene iii, lines 130-1.

should be "neutral" enough to permit for a consideration of whether a particular suicide is "rational, morally justifiable, and so on" (1992:315). Brandt thus defines suicide as:

> doing something which results in one's death, either from the intention of ending one's life or the intention to bring about some other state of affairs (such as relief from pain) which one thinks it certain or highly probably can be achieved only by means of death (1992: 315).

Brandt's definition removes the presumption of moral blameworthiness from the definition by including in its scope those suicides that "are not sinful or blameworthy" (Brandt 1992: 317).

Craig Paterson rejects Brandt's definition of suicide for a number of reasons. Key among these is that, for Paterson, a definition of suicide requires more than the "mere knowledge" that the action A is taking may result in A's death (Paterson 2003a: 354). Thus, for example, if A intends to alleviate her suffering by taking a certain amount of morphine, she does not intend to end her life even though she thinks that "it [is] certain or highly probabl[e]" that the result can "be achieved only by means of death" (Brandt 1992: 315). On Brandt's definition, A has committed suicide. In Paterson's view, however, A has not done so. Paterson rejects Brandt's definition of suicide on the grounds that the "action's consequence can be certainly known, yet not be intended" as he wishes to avoid the distinction between intention and foresight thus preventing the application of the doctrine of double effect (Paterson 2003a: 354). Applying the doctrine of double effect to A's case above would mean that "the permissibility of an action that causes a serious harm, such as the death of a human being" would be morally permissible if it has, as a side effect, the promotion of a good result, such as that person's release from suffering (McIntyre 2014:1). For Paterson, Brandt's definition

is not acceptable as it inappropriately brings an action such as A's "intentional behaviour […] under the act-description of suicide" (Paterson 2003a: 354).

Paterson's definition clearly delineates 'suicide' as a category of acts in which the person's own death is the intended outcome. For Paterson therefore,

> [suicide is] an act or omission whose proximate effect results in the person's own bodily death, voluntarily and knowingly undertaken, with the intended objective (whether as an end in itself or as a means to some further end) that one's bodily life be so terminated (Paterson 2003a, 354-5).

The definition contains the deontological premise (although not explicitly) from which Paterson's argument will proceed: what is defined as suicide will be found wanting precisely because the intention is to end the bodily existence of the person committing the act.

Brandt's definition is thus broader than Paterson's and does not examine the consequence or reason for the suicide; Paterson's definition conversely focuses on the purpose of the commission of the act. Paterson thus excludes from the category of suicide those cases in which he feels there is a moral justification for the taking of one's own life, such that the consequences (my death) may be known (I will die if I throw myself on that grenade), and yet not intended (so as to save the lives of my comrades). Brandt, on the other hand, would not necessarily exclude all such instances of self-killing from the category of suicide, as demonstrated above with the example of A.

Furthermore, Paterson is clear that he does not want a definition that permits for a "coercion exception clause" to be included in its terms as the "question of an agent's degree of culpability should be regarded as a second-order question" (Paterson 2003a: 354). He offers us Tom L. Beauchamp's definition of suicide thus: "an act is a suicide if a person brings about his or her own death in circumstances where others do not coerce him or her into action" (in Paterson 2003a: 354). Paterson does not agree with Beauchamp, and wants to remove the possibility of circumstances that could be seen as coercing a particular result (suicide) and could consequently lead to us "exonerating" the suicide (2003a: 354). For example, Paterson does not agree with Beauchamp that there could be degrees of pain and suffering that may mitigate the blameworthiness of death. For Paterson, suicide is wrong and no factors of 'coercion' or 'force' alter this. Where there are concerns of sufficient force that they override the prohibition against suicide, (for example, a man who kills himself to save his family), the fact that the suicide is aimed at saving his family means that it is not a suicide. To wit Paterson states:

> it is also a valid concern for the competent to altruistically assess what the burdens of treatment and care might entail for others. It is not unreasonable for persons to determine that they may not wish to place their families in the position of carrying the extended emotional and financial burden of treating and caring for them … Such altruism is, I think, permissible as a form of *self-sacrifice*, for the intention need only be to avoid the burdens associated with treatment and care, not the deliberate hastening of death (2008: 198, emphasis added)

While Brandt would see this as an instance of suicide, Hill would probably not, and Paterson expressly renders it an instance of self-sacrifice. It is clear, therefore, that how we define "suicide" at the outset is tied up with our consequent evaluation of its wrongfulness. Thus the question of what constitutes suicide is open to much debate, but is not a focus of this paper.

In this paper I focus on those deaths Paterson and I would most likely agree to characterise as suicide.

3. TWO APPROACHES TO SUICIDE

There are many varied responses to the question of the moral permissibility of suicide. Michael Cholbi outlines the key categories into which secular arguments regarding the permissibility of suicide fit (2011): there are those who argue against suicide from the broad perspective of natural law, and the value or sanctity-of-life (2011: 54), those who oppose suicide from the point of view that one's life is owed to others as a social good (2011: 58), and those who argue the related point that one has a debt of reciprocity to society (2011: 60). Additional arguments against suicide come from the point of view of 'role responsibilities,' in which suicide prevents us from fulfilling our moral obligations to others and, in fact, causes harm to those around us (Cholbi 2011: 62). And there are broadly Kantian arguments that largely view suicide as a denial of human autonomy (Cholbi 2011). Yet others argue that our emotional responses to suicide are not to be ignored. Christopher Cowley disagrees with Brandt that some suicides may not be 'irrational' and may also be morally permissible (2006). Cowley wants us to focus on what he calls the three key elements of suicide: the horror, pity and mystery of suicide (2006: 496). For Cowley, our *feelings* on hearing of a suicide are more instructive on questions of the permissibility of suicide than are the answers to the question of whether a suicide is rational or irrational in its context (Cowley 2006: 496).

Often conversations around suicide, particularly in the context of voluntary active euthanasia,

centre on the notion of the patient's[5] rights. While this is an approach worth mentioning, it does not form part of the detail of this paper. Rights-based views, on the whole, tend to see suicide as morally permissible. People are seen to possess certain rights, among these being the right to determine their own fates. Usually, this right flows from other rights seen as inalienable human rights. Rights-based arguments differ however, on the question of precisely which human right is the source of the so-called right to die. It must be mentioned at this point, that there are two difficulties canvassing rights-based arguments about suicide. The first is that they are so often tied up with jurisprudential discussions relating to the legal and constitutional rights at issue. The second is that they focus predominantly on euthanasia in quite specific terms, rather than on suicide in general terms. Nonetheless, I outline briefly below the kinds of high-level considerations of the rights-based approach to suicide by way of contrast to that of Paterson and the utilitarian which follow.

Libertarian rights-based thinkers "assert[…] that the right to suicide is a *right of noninterference*, to wit, that others are morally barred from interfering with suicidal behaviour" (Cholbi 2012: 22). On the basis of this right, we have the right to "decide those matters that are most intimately connected to our well-being, including the duration of our lives and the circumstances of our deaths" (Cholbi 2012: 23). Others have argued that the right to terminate one's life is a liberty right, whether alone or in combination with the right to privacy. We have the freedom to commit suicide, and no duty to not commit suicide as it "violates no other moral obligations" (Cholbi 2012: 22-3). In "The Philosophers' Brief"[6] (Ronald Dworkin *et al* 1997) the *amici* focus on a number of legal rights issues pertaining to

[5] "Patient" is used, given the medical context of euthanasia. Of course, the notion of rights in the context of a 'right to die' need not be limited to euthanasia.

[6] This document was prepared by philosophers Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls and Judith Jarvis Thomson, among others as part of the brief filed in their capacity as *amicus curiae* in a number of cases before the United States Supreme Court.

the status of assisted suicide. The *amici* state clearly at the outset that their position is based on the right to *liberty* enshrined in the Fourteenth Amendment of the *Constitution* of the United States (1997: 5) and argue that "a person's interest in following his own conviction at the end of life is so central a part of the more general right to make 'intimate and personal choices' for himself that a failure to protect that particular interest would undermine the general right altogether" (1997: 5). As Yale Kamisar points out, this view has been adopted by the United States courts when concluding that the manner and time of one's own death is a constitutionally-protected right (1996: 482). Finally, an argument for the permissibility of suicide may proceed from the premise that we have the right to autonomy, flowing from which is the subordinate right to self-determination. In this sense, the meaning of autonomy is distinct from the Kantian notion and is rather one in which having choices and the "means with which to implement them" are viewed as "goods" (Velleman 1992: 667).

It is clear that there is no single rights-based argument, and that it is important in these discussions to differentiate the legal and philosophical strands in the works canvassed. In general, however, arguments from rights acknowledge that suicide is a special case, as "[m]ost people in normal circumstances do have a duty not to kill themselves that is derived from the rights of other people who rely or depend on them" (Feinberg 1978:119). There are, of course, difficulties with rights-based view of suicide, including, but not limited to those raised by Cholbi. First, considering the right to die as a right does not always mean that we have examined the other moral obligations this may violate, including our obligations to other people (2012: 22). Secondly, given that the notion of self-ownership is fundamental to some such rights-based views, particularly libertarian views, and that this notion is not unambiguously agreed upon, it impacts on our understanding of the exercise of rights in respect of one's 'self'. Self-ownership is not as clear as it may at first appear. We are not

simply distinct from our bodies and cannot 'own' and dispose of them in quite the same way as we own other objects (Cholbi 2012: 23). Thirdly, if we use the right to self-determination then this appears to imply that we have the right to determine the course and length of our own lives. Such a right is viewed as the natural corollary to a right to life.

Although beyond the bounds of the discussion in this paper, it is clear that there are limitations on each of the different kinds of rights-based approaches, in part because of which right is seen as fundamental. Also, as the kinds of rights that form the focus of a discussion on suicide are individual rights, and inhere in persons as individuals, there is no clear mechanism through which to address the nature of potentially competing rights in the context of the morality of suicide. Although there are clearly several *prima facie* difficulties with a rights-based approach, whether based on an inverse right to life, the right to non-interference, the right to dignity, or the right to autonomy, it is clear also that there are grounds here from which the moral permissibility of the decision to terminate one's life may be considered. Such a discussion is, however, beyond the scope of this paper.

From the brief outline above, we go into some detail on two key approaches. These are the sanctity-of-life (natural law) arguments and broadly utilitarian arguments. Expressly excluded from the discussion are the theological, psychiatric and medico-legal approaches to suicide. What I hope to argue through an examination of the sanctity-of-life and utilitarian approaches is that the latter is able to address many of our natural intuitions regarding the social and ethical aspects of suicide, and all come to an answer about the moral (im)permissibility of suicide. I would like to put forward an argument for why suicide is sometimes permissible. In the discussion of the sanctity-of-life approach to suicide, I will focus on one author, Craig

Paterson, as broadly representative of a contemporary sanctity-of-life approach to the question of suicide. Clearly, however, what refers to Paterson's views may not apply equally to all sanctity-of-life views, and the focus is, rather, on his view as indicative of the broad features of this kind of approach. My discussion of Paterson's arguments will form the basis for an examination of utilitarianism.

3.1. A SANCTITY-OF-LIFE VIEW ON SUICIDE

As a starting point into the question of whether suicide is ever morally permissible, it is worth taking a look in some detail at a view that argues that it is never permissible. One such approach is offered to us by deontological, sanctity-of-life thinkers. Broadly speaking, a sanctity-of-life or natural law view asserts that killing is wrong because all human life is inherently sacred and is thus, regardless of its form or status, always valuable in itself. The argument applies equally to abortion, euthanasia and suicide, for example. Although traditionally sanctity-of-life views have derived from predominantly religious perspectives in which religious precepts dictate, roughly, that life is god-given and may only be taken away by the same god, sanctity-of-life views are not restricted to the religious. There are sanctity-of-life approaches that are strongly held and argued by secular theorists (Cholbi 2012: 18; Cholbi 2011: 54). A vigorous proponent of such a secular sanctity-of-life argument is Craig Paterson. He argues that his opposition to voluntary active euthanasia (and hence to suicide) derives from a *"secular* natural law ethics perspective" (2008: 13, emphasis in original) which does not overtly or impliedly trade on "revealed theological doctrine" (2008: 14). Thus whether the source of the sanctity of human life is seen as divine or not, the sanctity-of-life view approaches suicide as an act that violates our moral duty to honour the *inherent* value of

human life, regardless of the "value […] that life has to others or to the person whose life it is" (Cholbi 2012: 18). Paterson argues that the key element of his natural law approach to the question of suicide in all it manifestations is that it must concern itself with "how rational human beings ought to act" while addressing a person's ability to deliberate and to choose (2008: 14). It is worth elucidating some of the strands in Paterson's thinking underlying this assertion, fundamental as they are to his thinking.

Paterson proposes a secular, "objectivist" view to the moral permissibility of suicide (as euthanasia), grounded in human reason and not based on "appeals to any form of knowledge other than natural human knowledge" (2008: 15). He argues that his view is consequently "trans-historical as well as trans-cultural" (2008:16) and evidences these universalities because all humans are intrinsically in possession of practical rationality *as human beings*, regardless of cultural, legal or other differences. In Paterson's view, human beings evince practical rationality and, consequently, always seek the good and avoid the evil. Paterson differentiates his secular, sanctity-of-life view from what he characterises as "naïve vitalism" (2003b: 13; 2008: 119); a view he rejects. Vitalism holds that "human life is an absolute moral value and that it is wrong either to shorten the life of an individual human being or to fail to lengthen it" (Keown 1998: 256). Although Paterson says his views on life as a primary good are different to those of vitalism, it is not very clear on exactly what basis he argues this, as may become evident later.

The goods to which practical rationality lead are "primary goods" which are the "ultimate reasons" humans have to act (Paterson 2008: 90). Paterson is convinced that we may not select from among these primary goods, nor may they be ranked or separated into constituent

parts. Each primary good is "irreducible, non-derivative and incommensurably diverse" (Paterson 2008: 90). Each good makes and generates its own unique requirements that govern the ways in which we act. Primary goods, he continues, can never be treated as secondary goods, nor can primary goods ever be "downgraded" to secondary goods as a result of subjective attitude or opinion. Under no circumstances may primary goods ever be treated as though they were "means-end instrumentalities" (Paterson 2008:91). Because practically rational humans actively seek primary goods, these goods are immutable, objective, moral statements of what 'ought to be'. The application of these principles for Paterson means that they are true, no matter what we may think. He uses the example of slavery to illustrate his point. Once an accepted social institution, slavery is nonetheless objectively wrong and, perhaps more importantly, was objectively morally wrong even when socially accepted. Likewise, he asserts, the contemporary social acceptance of euthanasia in the Netherlands "may still be radically at odds with objectively discernible moral standards" (Paterson 2008:16).

In stark contrast to the primary goods humans seek, are those evils we actively avoid. For Paterson, suicide is morally impermissible because it is "death *per se* that is really the objective evil for us" as it "ontologically destroys the current existent subject" (Paterson 2003b: 19). Paterson asserts "human life is an intelligible good whose goodness is not deduced or derived from the goodness of other goods and whose goodness is not reducible to any other good" (Paterson 2008: 84). For this reason, "human life *qua* human life is an intrinsic good for all persons" (Paterson 2008: 84). Practical rationality prohibits us from treating human life as though it were a "non-intrinsic good" and to do so would constitute an unreasonable wrong (Paterson 2008: 84). Death is simply never preferable to life. Suicide is wrong because "[t]o deal with the sources of disvalue (pain, suffering, etc.) we should not

seek to irrationally destroy the person, the very source and condition of all human possibility" (Paterson 2003b: 19-20). The agent of death – whether the self or another – is thus making a morally impermissible choice in choosing death over life, as such a choice "directs our actions in a less than fully reasonable way" (Paterson 2008: 84-5).

Aside from the fact that human life is an objective good, Paterson is also of the view that all suicide is classifiable as a homicide. In his words, "the killing of a person is surely entailed" by suicide and it makes no difference to the definition whether the person was "self-executed" or whether the homicide was carried out by another (Paterson 2008: 115). For this reason, suicide, assisted suicide and voluntary euthanasia are all, in Paterson's view, equally instances of 'homicide' and are thus equally subject to the "scope of a concrete moral absolute prohibiting the intentional killing of an innocent person, regardless of any further appeal to end of consequences" (Paterson 2008: 115). The moral case for the permissibility of suicide cannot be sustained by the argument that a person suffering or in pain would be 'better off dead', as such a conclusion is unreasonable (Paterson 2008: 115-116). For Paterson, suicide, assisted suicide and active voluntary euthanasia are thus impermissible.

Despite this conclusion, he nonetheless argues that passive euthanasia may be permissible where "it is indeed licit to withhold or withdraw life-preserving treatment" (Paterson 2003b: 13). It is not clear on what basis he deviates from his own characterisation of death as the ultimate evil, and how, given that we are not permitted to rank or select from primary goods, this particular death brought about by inaction is permissible. Nor is it clear why this death is not considered homicide. If it is not considered, it is unclear why not. Paterson attempts to pre-empt these concerns thus: "there need be no essential incompatibility between, on the one

hand, placing severe restraints on interference with the persistent choice of patients, even though they are intentionally suicidal, and yet, on the other, still uphold[ing] the respect due to the good of human life" (2003b: 14). He argues that there may be several reasons for why we should not interfere with a persistent wish to die. Included among these reasons are that successful treatment requires the participation of the patient, that the morale of the patient and his or her family would be negatively affected, perhaps even resulting in trauma. Even more important, Paterson argues,

> the imposition of such an overt act of countermanding a patient's decision, would serve only to undermine the already tested reputation of the medical profession, suspicions of paternalistic interventions by physicians, and with it, a concomitant perception of disregard for the dignity of the individual patient. (Paterson 2003b: 14)

Paterson argues that this deviation from his own principled approach to suicide does not "amount to a policy of condoning the aiding and abetting of a suicide" (2003b: 14). Rather, he argues, "it presents a principled decision to intentionally act for a good objective, the common good of patients, and the community generally" (2003b: 14). Notwithstanding Paterson's attempts to differentiate these from other cases, it is still unclear why the moral status of the death in the case of the person who elects passive euthanasia and the moral status of the death in the case of the person who elects voluntary active euthanasia are different. It makes little sense to base a distinction on either the dignity and sense of freedom of choice of the patient in the context of a sanctity-of-life argument or, more bewilderingly, on the reputation and perception of the medical profession.

Nonetheless, leaving that distinction aside for the moment[7] it is against this broad backdrop that Paterson believes that his argument against the moral permissibility of suicide will overcome the arguments from opponents to the sanctity-of-life approach. Paterson characterises opponents to his view as proposing a counter view that rests on a false duality; one that insists on the separation of biological life from the "higher order functions or properties of personal life" (Paterson 2003b: 2). It is the latter quality of personal life which is thought to constitute a desired quality of life if present, and a lower or lack of quality of life if absent. Paterson argues that utilitarian thinkers such as Peter Singer and James Rachels have changed our understanding of 'quality of life' to distinguish between "being alive" and "having a life" in which the former (biological) life has less meaning or value than the latter (higher order, personal life) (Paterson 2003b: 3). Paterson argues that this duality is unacceptable and that the ranking of one as more important than the other means that quality of life proponents have to use a variety of "threshold sufficiency criteria" to determine whether or not a life is one "worthy of protection" (Paterson 2003b: 5). It is not entirely clear, though, how this is substantively different from the approach to passive euthanasia Paterson allows for above.

Paterson argues against 'quality-of-life' opponents to sanctity-of-life asserting that, at base, a quality of life view is premised on someone who, having not reached the threshold test, is no longer considered a 'person'. In Paterson's view, there can be no such category of thing as "human non-person" in contrast to a "human person" such that only the latter's life can be said to have value (Paterson 2003b; 7).[8] In keeping with the fact, then, that life is a primary

[7] We return to the question of active versus passive euthanasia and their respective moral statuses in the final section of this paper.

[8] I think, incidentally, that Paterson is correct in this – surely one does not become a non-person by virtue of changes wrought by illness, or insanity, or even arguably imprisonment. I examine Paterson's arguments here

good, and that humans in possession of practical rationality seek out this primary good, Paterson asserts that *all* human life has value, regardless of whether individual members of the human species are not rational, or do not have quality of life, and so on. He refers to Aristotle's view that we are "by nature 'rational animals'" as "defining the essential universal nature of the species" (Paterson 2003b: 9). Thus *all* humans must be offered the "rightful protection offered to the archetypal members of our species because of what they essentially are *irrespective of the particular circumstances of any given member*" (Paterson 2003b: 10, emphasis in the original).

In a number of places, Paterson asserts that any concern with or focus on quality of life considerations in itself negates or undermines sanctity-of-life considerations. If we accept that in a quality-of-life evaluation the focus is on "assessing … the worthwhileness of the patient's life" (Keown 1998: 260) then, consequently, the view may be taken that certain lives may "fall below a quality threshold, whether because of disease, injury, or disability" (Keown 1998: 260). It is still not clear, however, that a below-threshold life is necessarily a worthless life; simply that it is a life less than the worthwhile ideal. Singer adds to the quality of life considerations the caveat that not all questions of quality of life and of whether it is moral to commit suicide or not in the context of life's quality relate to issues of illness or suffering. They may equally relate to issues of boredom, or tiredness (Singer 2003: 535). For the person tired of or deriving no meaning from life, the quality of that life may indeed be poor enough to warrant wanting an end without in any way impacting the 'sanctity' of that life. It seems to me that these two views are not necessarily as dualistic as Paterson assumes them to be. Broadly speaking, quality of life considerations include questions relating to the "welfare and

for what they elucidate about his own views, rather than for their value as critique of quality of life views. It can be argued, for example, that what Paterson attributes to quality-of-life thinkers is not actually what they attribute to themselves. The minutiae of this counter argument is, however, beyond the scope of this paper.

wishes of the patient" (Jewell 2005: 1), as well as respect for the autonomy, suffering and choices of rational beings relating to their lives as they live them (see Jewell 2005: 3 and Singer 2003, for example). Thus despite having himself had some concern with these kinds of issues in the case of passive euthanasia, Paterson roundly rejects such considerations in general, stating that as life is a primary good, it is simply not possible to say that any person can be said to have a life "worth not living" (Paterson 2003b).

Paterson's characterisation of the value-of-life and sanctity-of-life approaches as diametrically opposed and competing approaches is worth quoting in full:

> Thus, there are effectively two primary categories of human life to be identified: 'personal life' manifesting feature(s) X … Z, and 'non-personal life' that is incapable of manifesting feature(s) X … Z. Human life is valued as long as it is capable of instantiating the feature(s) sufficient to constitute personal life. Mere non-personal life (not worth living and thus not worthy of full protection from intentional killing) is thus heavily contrasted with personal life (worth living and thus alone worthy of full protection from intentional killing). Jonathan Glover, James Rachels, Peter Singer, Helga Kuhse and John Harris all subscribe to the notion that what is truly valued is not human life as such but personal life, life that is capable of manifesting the sufficient feature(s) X . . . Z — rationality, self-awareness, consciousness, etc., or some composite thereof. (Paterson 2003b: 5)

Paterson's view is that we ought never to be able to argue that some lives are not worth living: "there is quite simply no critical threshold that can be crossed, such that a diminishment in flourishing ceases to instantiate any inherent good genuinely worth

preserving" (Paterson 2003b: 11). It follows then that in Paterson's view, any argument in which the sanctity-of-life is not preserved in its absolute form results in approaches that assert at base that "[w]hen human life itself fails to live up to our expected requirements, it can ultimately be dispensed with" (2003b:5). Paterson argues that views in which life is seen as an instrumental good and not as a self-evident human good, result in the rejection of the sanctity of life itself. For Paterson, "any rejection of human life itself cannot be warranted since it is an expression of an ultimate disvalue for the subject" and results in the destruction of the person (Paterson 2003b: 19).

In my view, Paterson's dismissal of quality of life concerns is largely unsatisfactory. It cannot simply be that, because one may not value a certain kind of life or living, it can be concluded that one does not value 'life' at all, or all life, nor is this what quality-of-life proponents appear to be arguing. In Singer's view, surely it is more than simple brain function that we ought to value. Rather, he argues, "what we care about – and really ought to care about – is *the person* not the body" (Singer 1995: 334-5, emphasis in original). Paterson himself takes a view on quality of life: glossing over his own assertions about the relative unimportance of these considerations, he nonetheless agrees that "[a] life endowed with more flourishing … is a fuller life than a life impaired in its ability to flourish" (Paterson 2003b: 11). He simply does not permit for these considerations to play any role in assessing the circumstances of an individual life, and the possible value or disvalue of suicide under those conditions.

And so it remains that we need, as Peter Suber indicates, to "rethink the nature and value of life," particularly as our moral and legal frameworks developed "during the long pre-technological age in medicine when the cessation of breath and pulse always coincided with

the cessation of brain function and consciousness" (1996[9]). As Suber points out, in contemporary medical contexts brain function and consciousness "no longer coincide" and we are left without a guide as to when "biological animation is life inviolate" and when it is not (1996).[10] Against this backdrop, Suber argues, sanctity-of-life proponents paint their view "as the only one in the field for people who abhor murder" when the position "is not that comprehensive or exclusive in fact, and when articulated must give up some of the territory it occupies by virtue of vagueness and moral bullying" (1996).

Clearly there are a great number of sanctity-of-life proponents who continue to assert their views with respect to the issue of suicide and its relative, euthanasia. As with any approach however, there are obviously deviations from the specific view offered by Paterson. Nonetheless, he is a fair representative of a secular, sanctity-of-life approach to the question of suicide and has explicated in detail his views across a number of concerns and in a variety of publications. For the purposes of this argument, then, we have focused on his views, to which we now pose a set of questions. It will be argued that the answers to these questions are less than satisfactory particularly as they do not provide us with a way to address the very real feelings we may have that a view that neglects the quality of a life, and the circumstance in which it is lived, is somehow lacking.

[9] Suber's essay is a dated, but un-paginated manuscript, hence no page references are given for this piece.

[10] Suber's essay speaks to the broadest form of sanctity-of-life arguments available: including that which may pertain to "sagebrush, slugs, and Socrates". Suber does, however, pose some interesting questions about how and why we would cling to traditional sanctity-of-life arguments when the very definitions and characteristics of human life itself appear to be shifting and changing as the medical advances continue. It is to this key element of Suber's essay that this essay refers: not all human life is equal simply because it seem to continue to be some form of life, however biologically or medically defined.

I will focus on three difficulties inherent in Paterson's approach:[11] first, is it acceptable to us to assert that all 'life' be equally valued, in and of itself, as if this is always more important in the most absolute terms than any other considerations (regardless of what these are) as to the quality, experience or value of the life lived? Secondly, even if all life has equal value, are there no circumstances in which a suicide could be said to be justified or morally permissible? Further to this, if there are circumstances in which suicide could be considered justified, would Paterson's view permit for these? Finally, whose estimation of the sanctity-of-life weighs, or weighs more? The person whose life it is, or the sanctity-of-life thinker?

3.1.1. Can all life be equally valued?

There is something inherently appealing about Paterson's assertion that all life has value, no matter the circumstances. Clearly, for Paterson, there is no illness, nor indignity, nor loss of any faculty that undermines the quality or nature of a person's life to the extent that it no longer has value. Paterson argues that we must value the life of the anencephalic infant and that of the person in a persistent vegetative state as much as we value the life of any other person (Paterson 2008: 190; 194), even when they are incapable of valuing their own lives. This thought, that all human life is valuable and that its value does not rely on it being 'given' value by another as it derives from an objective source outside of and independent from others, is appealing and at many levels feels right. However, the problem is that when it is applied to all instances in which 'life' is at issue, it is an exceedingly difficult position to maintain. It is also a position in which the lack of sensitivity to circumstance (whether of the person him/herself, or the lives of those around him/her or any other considerations) seems

[11] There are a number of concerns with the value-of-life arguments that have been identified by Michael Cholbi (2012) and Peter Suber (1996), for example. We focus on these three in this essay for their direct relevance to suicide.

counter-intuitive. To assert that every single instance of human life – no matter what form it takes - has and must have equal value such that suicide is never an option is surely a denial of the realities of the many and varied circumstances in which lives are lived.

The source of our discomfort with such an approach is that it feels unreasonable to negate in their entirety the realities of questions pertaining to the kinds of lives humans have. Humans' lives vary greatly and depend not only on internal factors, including belief systems, and psychologies, but also on external factors such as the variable distribution of resources that permit life to continue and, indeed, to flourish. These factors include water, food and other fundamental sources of sustenance in many places but may extend also to the obligations, needs and interests of others, whether family, community or state.

At what cost can we demand that a life that contains very little 'flourishing' be sustained, for example? I am not certain that it is as simple as saying that the absolute value of any individual life is more than or at least as important as all the other concerns including those that pertain to the person him/herself, that person's family, colleagues, community or state. Furthermore, where the means – whether economic, cultural, familial or personal and psychological – do not exist, it seems irresponsible to insist that all life, regardless of how utterly devoid of anything positive it may be, has an equal value and that that value equates to more than the value of *any other consideration* that we may wish to – or even have or be forced to - take into account. Arguably, it feels wrong to impose such a rigid interpretation onto others: you will live your life regardless of how flourishing or how torturous it because all life is valued.

The insistence on an absolute application of the principle of the sanctity of all life could have severely unfair impacts on the person whose life it is. Moreover, such an insistence could impact more unfairly on some more than others. Consider, for example, how an absolute prohibition on abortion results in the dismal imposition of the recognition of the sanctity of the life of the unborn child at the cost of the woman whose body happens to contain it, sometimes to the extent that the sanctity of her life is significantly undermined. Surely here we are ranking primary goods in the way that Paterson warns that we may not. I suspect that most of us agree that life is obviously something we treasure as humans; it is obviously a primary good. But it is not clear to me how we get from the view that life has this intrinsic value to the view proposed by Paterson: that any and all life, regardless of quality, comfort, meaning or resources, or the lack thereof, has exactly equivalent value in the absolute terms he dictates.

Paterson is not unaware of these difficulties. For example, in arguing for the sanctity of all life, he objects (rightly I believe) to the application of the arbitrariness with which decisions are made about which new-borns with Downs Syndrome are worth saving and which are not (Paterson 2008: 192). But the same concerns about arbitrariness may result from Paterson's own approach. If the sanctity of life is to be imposed on all regardless of the nature of the life in question, the resulting 'life' may be better or worse depending on a set of circumstances completely arbitrarily determined. So, for example, it is easier to countenance keeping a badly mentally and physically compromised child alive in a healthy, sterile and medically advanced context in which support, treatment and appropriate care are possible and potential risks and suffering are continuously mitigated. But the decision to enforce this same

requirement in a context where, for arbitrary reasons, such resources are not available may very well have a significantly negative impact on the child and its family and may result in more suffering and misery. The reason for the suffering is not the child's state, nor is it that the child is 'kept alive'; it is the fact that the manner in which the child is forced to live causes undue suffering and hardship as a result of such arbitrary determinants as access to medical technologies, care, food and so on.

The closest Paterson appears to come to an answer to this concern is that: "[the] correct locus of evaluation to be focused upon in medical contexts … should be whether a proposed treatment for a patient is worthwhile or not, not whether a patient's very life, in and of itself, is worthwhile or not" (2008: 118). But the question is moot when the life to be valued is to be found in circumstances that are such that this question cannot even be asked. Paterson's response is that in situations where there is suffering, or pain or other burdens, the "only reasonable way to respond to those burdens is to do all we can to cure or diminish the pain and suffering of patients *as best we can*" (Paterson 2008: 119, emphasis in original). I believe this evades the very real difficulties relating to the limitations of circumstance. It is possible to imagine a person who acknowledges that all life has value, but that the value of life in her life is such that she is simply unable to give it expression. In Paterson's view no acknowledgement is possible of the fact that the value of 'life' is for most of us expressed through 'living'. If she were to commit suicide she would, for Paterson, always be acting impermissibly.

In addition, Paterson glosses over questions of the imposition of sanctity-of-life principle in contexts where they are, for whatever reason, impracticable. By neglecting to delve into the

implications of this, he reveals a bias in his view that is discomfiting. Without making this discussion about the kinds of choices we need to make in situations where difficulties exist, or resources are scarce, I wish to point out, rather, that it is illogical to assume that there are *no circumstances whatsoever* which may impact on the impermissibility of ending a life. Despite Paterson's assertion that "when faced with the reality of pluralism in contemporary society" we need to find an objective stance that is able to "provide us with the shared moral underpinnings for social life together" (2008b: 13), it seems that his view is so rigid that it is hardly able to cope with the exigencies of life, let alone with the very real debilitations so many people face on a daily basis. The stance he proposes just cannot be rigidly maintained and consequently is unable to address the variable nature of moral decision-making that circumstance demands of us.

It remains unclear still whether it in fact is morally right to insist that someone - explicitly not me - live with intense pain, or in a state of deep ennui, suffering or deprivation. It is equally difficult to accept that it is morally wrong for me actively to prevent a person, or at least to place stumbling blocks in his / her way, to end his or her life.[12] Finally, it seems problematic to gloss over the real cases in which circumstances or factors, whether internal or environmental, limit our ability in practical ways to value life at all. It seems problematic at least to impose on all the view that all life has equal value when the very imposition of this would in practice result in extremes of value and disvalue, including but not limited to those factors which have to do with geographic, economic or political accident. As Peter Suber observes, a sanctity-of-life argument does not make "triage unnecessary just because it makes choice impossible. When not all sanctified lives can be saved, then either we develop criteria

[12] In the final chapter of his book, Paterson argues that his natural law approach to the issue of suicide, assisted suicide and euthanasia, provides a solid basis for the use of legal coercion (as well as the justifications for placing limits on these) to enforce "some moral requirements" (Paterson 2008: 167).

to save a good number, or we wring our hands in righteousness" (1996). Paterson's exhortation to do the best we can is one such instance of hand-wringing. In sum, we need a way in which to acknowledge the sanctity of all life as life, without also rigidly requiring that all life be equally valued regardless of type or circumstance.

3.1.2. Is Paterson consistent?

In the previous section, I looked at whether it is, in fact, possible to argue that all life, regardless of how it is experienced and by whom, can be equally valued. We looked at the kinds of constraints that may limit a person's ability to enjoy the life given, or to live the life in a manner that at least reflects in basic terms its value as a life. Considering that most of us live in the context of a family, at the very least an insistence on the absolute value of a life over all other considerations may impact negatively on their lives too, for example. A further problem is that despite Paterson's arguments presented in the section above, and notwithstanding his insistence all lives are of equal value, there are instances in which he himself makes exceptions to this view. It is not clear what the basis of these exceptions is, other than that they refer to something outside of the explicitly sanctity-of-life approach that he favours. It is clear then that Paterson does not always and everywhere prohibit killing, making his insistence on a strict prohibition of suicide even more confounding. Paterson permits for the withdrawal of lifesaving treatment in circumstances of suffering even though this may result directly in the death of the person. He acknowledges that the death of the person – thus a suicide in our definition – may be the intention of the patient in this context, and that the intention of such a withdrawal of treatment is what would give the suicide effect. In Paterson's words, however, this does not amount to his condoning suicide (Paterson

2003a: 14). It is hard to see how this is the case, however, as the act fulfils his own definition of suicide.

In a second case, Paterson quite logically rejects the death penalty as an appropriate response to crime (2008:96). There are few who would argue with this interpretation, whether from a sanctity-of-life approach, or a rights-based approach, so this is hardly surprising. On the other hand, however, Paterson unquestioningly accepts the right to kill in self-defence, as: "the causal threat to self-preservation is such that respect for intrinsic human life does not demand from us that we must set absolutely set aside any resort to intentional killing" (2008: 118). But this does not make sense. It is entirely possible, for example, that capital punishment for murderers could be justified through a reworking of the principle of self-defence proffered by Paterson.

As a third example, Paterson excludes from the category of suicide those self-inflicted or self-caused deaths where the intention is to force a particular outcome through the effecting of one's own death. These instances, he argues, are cases of self-sacrifice and must be distinguished from suicide by their intention, even if they involve the suicide of a man to save his family suffering, as in the case of self-sacrifice, above. It is still not clear why Paterson thinks it acceptable to commit suicide to save one's family from suffering, but never acceptable to do so for oneself, except where it involves the (passive) withdrawal of treatment. There is no real basis other than, in Paterson's view, that in these cases the action of causing or bringing about his own death is distinct from the intended outcome of the death itself (Paterson 2008: 21; 198).

The above three instances of Paterson's deviation from his own rule demonstrate the subtle and not so subtle inconsistencies in his application of the principle of the sanctity of all life. There are clearly cases in which Paterson thinks it is acceptable to kill (including one's self) and instances in which it is not. But it is not always clear *how* he works out these differences. He does not account at all for them, and even in rendering them exceptions, does not attempt to define what, if anything, they have in common. It is inconsistent to assert that the value of life is immutable in all circumstances - except some - and then not to have access to an equally persuasive principle through which to define these exceptions.

I believe that the source of this inconsistency in application derives from the fact that Paterson is not as insensitive to circumstance as he believes he is (as is shown by his attempts to define certain actions as 'not suicides'). The exceptions outlined above demonstrate a clear acknowledgement of the circumstances that may make one deviate from the strictest application of the sanctity-of-life principle. For example, the suffering of the person for whom death may be accelerated without treatment; the distaste most of us would feel at having to terminate the life of someone else, no matter how distasteful that person's crime may be; the threat to one's own life, and the terrible suffering we may subject our family to if we were to insist on living: all of the exceptions relate to circumstances that determine to how lives are lived. However, Paterson's insistence on the rigid approach to the question of the sanctity-of-all life (and to suicide in particular) makes it impossible for him to apply this as a rule. The only way to retain the rigidity of the principle is through making exceptions. By way of contrast, a circumstance-sensitive approach does not grapple with these variations and

is able to address the similarities and dissimilarities between cases and reach sensible, objective ethical determinations for each.

3.1.3. Whose sanctity-of-life to whom?

Paterson argues that we value the life of the anencephalic infant and that of the person in a persistent vegetative state as much as we value the life of any other person, even when they are incapable of valuing their own lives (2008: 190; 194). He rejects the view that we ought not to value these lives on the grounds that the persons themselves cannot do so and points out that the inability to function as we would normally expect of a person does not itself undermine the humanness of the individual in question and thus does not negate the value of that person's life (2003b: 7). The fact that we are able to "identify with 'human non-persons,'" (such as those in debilitated states or those in whom personhood is "imperfectly manifested") is precisely what "helps to make sense of the observation that people can and do seek to defend and promote human life without seeking an explanation for protecting or preserving human life in those who are profoundly damaged *beyond an appeal to that good itself*" (2003b: 7, emphasis in original). Our identification with these persons, continues Paterson, is not "merely a product of convention, sympathy, or compassion, but is ultimately ontological in nature" (Paterson 2003b: 8).

For the sake of argument, assume Paterson is correct: we do not want to see others in that position as sub- or non-human, for to do so denies in some measure our sense of who we are, of how we are human. However, it is not clear on what basis we move from this assumption about "imperfectly manifested" humans to 'perfectly manifested' humans in full possession of reason and choice. In a way, it is easier to assert this observation about those incapable of

making their own decisions about the value of their own lives *because* they are incapable of doing so. We have recourse to the primary good of life, to which no one, after all, truly objects. But I cannot see that this gives us sufficient grounds to say the same thing about persons *who are* capable of making the determination for themselves. Notwithstanding that the primary good is life, the grounds on which we are to assert the supremacy of this over the life as experienced or valued by the person living it are not evident. Human life needs a person for it to be valued in. And if that person is able to make decisions and judgments about the value of his her own life then that person is entitled to reach a determination about its value.

For Paterson, the situation remains simple: "If a person is not a non-innocent, then he or she can never be intentionally killed. Respect for the primary good of human life is incompatible with all such actions" (2008:180).[13] Elsewhere we have seen that Paterson includes suicide in the category of homicide (intentional killing) and it thus falls under this proscription. There are for Paterson no circumstances whatsoever, "neither consent of the patient, the condition of the patient, resource questions, nor the interests of third parties (or some combination thereof), [that] can justify intentional killing" (Paterson 2008: 181). Bearing in mind that Paterson's definition does not permit for any exceptions, as those where the justifications for the death have already been excluded (for example, self-sacrifice to the needs of or protection of others), there are no instances ever in which a morally permissible suicide may take place.[14]

[13] Presumably by "non-innocent" Paterson means someone who has not tried, for example, to take another's life thus necessitating the need to kill him /her.

[14] I leave aside all issues pertaining to the role of others in suicides for simplicity's sake.

So, for Paterson, the sanctity-of-life and its expression can never be differentiated from the expression of life itself for that person. All life, regardless of how minimally present, or minimally good, is equally valuable. This is no less true for the person who does not see her own life as having value than it is for the person incapable of knowing that her life has value. All life, no matter its quality, has value and the value of the life to the person living it is completely outweighed by the value of that person's life attributed to it by the sanctity-of-life doctrine. I believe this kind of argument creates difficulties for us as, for example, we could then be obliged to insist that all living persons, regardless of their circumstances, are required to stay alive even in cases where extreme suffering for the person or his family and friends could result. This would be no less true for situations in which life is deemed to be 'only' biologically present, as it is in cases where the sentient person is fully aware of his or her life and expressly wishes to terminate it. I do not see that this is a position that may be sustained.[15]

Paterson's response to this concern, to some extent encapsulated in his responses to the quality-of-life considerations he counters and which have been examined earlier, is somewhat convoluted. He asserts that there are simply no circumstances in which the value of a life can be viewed as so degraded that it ceases to be inherently valuable (2003a:14). But because it seems to be illogical to assume that there is no manner in which a poor quality of life undermines or degrades the value of a life at all, Paterson himself makes exceptions. So, he argues, in circumstances where great suffering is experienced, for example, and the person wishes to die, and the doctors treating the person withhold the treatment necessary to sustain

[15] Of course, other questions may also be raised in connection to a sanctity-of-life approach such as Paterson's. If we were to insist that all living beings be kept alive, would this not impose on us some kind of obligation to ensure that the basic needs of such life be provided, especially in instances where it is simply not possible for the person to do it for himself? If this is not the case, then on what basis do we insist that others live to satisfy our principles? Although beyond the scope of this paper, these are nonetheless interesting implications for a fully-realised sanctity-of-life principle.

life thus effecting death, the withholding or withdrawing of treatment from a person is permissible. The fact that Paterson views this as "a principled decision to intentionally act for a good objective, the common good of patient, and the community generally" does not excuse the patient in this case from "their own wrongful actions" (Paterson 2003b: 14; 15). While this makes sense of the doctors' ethical obligations and responsibility perhaps, the patient is never to be exonerated from his own death. For Paterson "anything, whether caused naturally or caused by human intervention (intentional or unintentional) that drastically interferes in the process of maintaining the person in existence is *an objective evil for the person*" (Paterson 2003b; 19, emphasis added), and there are consequently no circumstances in which a suicide is permissible.

In sum, Paul Jewell notes that a belief in the sanctity-of-life remains "a powerful influence, a deeply held intuition" (2005:6), one that may, in fact, be instinctive. There can be no question that arguing that suicide may sometimes be morally permissible does not mean that one does not value life *per se*. There are unquestionably aspects of a sanctity-of-life view that have a key place in our determination of whether and when a suicide may be considered morally permissible, but when applied wholesale to the question of suicide across all varieties of circumstances and in the rigid, austere form given to it by Paterson, it is unable to perform some of the ethical differentiations we feel we need when it comes to the question of when it is morally permissible to end one's own life.

The great value of a sanctity-of-life approach is its focus on an appreciation of what suicide means in terms of its potential harm both to the person wishing for death and for those around her. Rights-based approaches, for example, take a more individual approach, focused as they

are on the rights of the person. Regardless of which approach we select, many would agree with Christopher Cowley that our first response on hearing of a suicide is feelings of horror or pity, or questions as to why (2006: 496). Nonetheless, and despite these initial feelings, we may not necessarily feel that every suicide is morally blameworthy, that every death is an evil. Sometimes we do feel relief for the other person, or for her family, and we need an ethical approach that permits for us to address the entire spectrum of suicides. I propose below that utilitarianism offers us such a circumstance-sensitive approach.

3.2. UTILITARIANISM AND SUICIDE: A BETTER APPROACH?

Perhaps the biggest challenge to addressing the question of whether suicide is ever morally permissible is that it is our sense that suicides are unique and that each one needs almost to be assessed individually in order to determine its moral status. So two people may have, for example, exactly the same dreadful life situation and they may wish equally to end their lives for the same set of reasons. However, one of them may have the means to change this and one may have no means whatsoever to do so. One may have dependants with no other means of support; the other may be free from dependants. Clearly, were both to act in exactly the same way, our intuitive judgment of their decision may differ. Thus the reasons for why someone wants to or has committed suicide may be very different, the impact on that person's own life of these reasons may differ, the impact on the people she leaves behind may be variable, and the values and beliefs of the two individuals concerned may also be divergent. It is possible, then, that in moral terms we would reach two different decisions about two ostensibly similar suicides. In the same way as we often differentiate between killing as an act of aggression and killing as an act of self-defence, even though they are both

killing, we need a way in which to address our intuitive sense that not all suicides are of equal moral status.

If we accept that there is something important about circumstances and the actions to which they lead, then it is fair also to say our sense of the moral permissibility of an act depends equally on aspects of the circumstances leading to the act, and the consequences or results of the act. We generally accept, for example, that killing is wrong. And yet as a society we accept that sometimes it is permissible to kill if, for example, by not killing, then one's own life would be taken. In the same way we may feel instinctively that it is wrong for someone to be in the position of wanting to die, rather than of wanting to live. To address this we seem prepared to recognise that there are circumstances in which just such a desire may be not only be understandable but also morally permissible to act upon. To say that something is understandable in its context is not, however, a moral standpoint; it is simply descriptive of the fact that we have empathy for the situations of others. But surely it is important for our moral systems to be premised somehow on this empathic sense of our own and another's realities? Surely for an ethical system to be of value, it needs not only to provide the rules, but also to be flexible enough to address the realities of the application of these rules in the contexts in which we live and decide how we will live. Also, as contexts change, an ethical system must address the social, economic, scientific and other developments that continue to affect our lives as humans, our consequent circumstances and resulting decisions.

Assuming then that there is something appealing about circumstance-sensitive moral approaches, the sanctity-of-life approach such as that suggested by Paterson becomes increasingly difficult to sustain, no matter how much we may wish to do so. Craig Paterson is

insistent that the deontological, sanctity-of-life principle he supports is inviolate. Recognising the difficulties of such deontological absolutism in moral norms, he characterises his view as different to that of the deontologists who hold that "moral norms can never be absolute" (2008:132). In order to address this rigidity, he argues that for these theorists,[16] "the underlying appeal of consequentialism is that an otherwise exceptionless negative moral norm, like the intentional killing of the innocent, can be overridden or trumped in at least some hard cases" (2008:132). He refers to this as the deontologists' "safety-valve feature" (2008:132), the thresholds for the application of which are subject to debate and rely on "a critical mass of irregular bad consequences" which are significantly important enough to "jettison the bindingness of regular obligations" (2008: 132).

I agree with Paterson's conclusion that to use consequentialism to address the failings of deontological approaches leads to morally discordant results, including uncomfortable trade-offs between the "weight of bad consequences" and the "wrongness of violating deontological obligations" (Paterson 2008: 108). As Paterson concludes, "[d]eontology and consequentialism have fundamentally different conceptions about the basic structure of moral thinking" (2008: 108). It is my argument that the fact that we sense that some suicides may just be more morally permissible than others means that the deontological norm that suicide is always wrong is inadequate. We need a more effective approach than that offered us by the sanctity-of-life view from which to assess whether suicide can ever be morally permissible.

[16] Paterson lists these theorists as "Charles Fried, Thomas Nagel, Tom Beauchamp and James Childress, and Robert Nozick" who "while their deontological systems differ from one another in many key respects, they all ultimately agree that deontological approaches to ethical deliberation are concerned with regular boundary setting (2008: 131)."

As indicated earlier, Paterson deals with those self-selected deaths he feels are not wrong as exclusions to the definition of suicide (2008). Given the rigidity of deontological moral systems, this is essential. In a consequentialist view, however, there is no need to exclude certain deaths from the definition of suicide in order to find them morally acceptable. For example, using Hill's definition of suicide, which focuses on the relationship between the act of killing oneself and its goal, a suicide occurs when A performs an act "x if and only if *A* intends that he or she kill himself or herself by performing x (under the description 'I kill myself')" (Hill 2011: 192). However, all suicides in this definition would be impermissible to Paterson.

It is in a broadly consequentialist, utilitarian approach that I think we are able to find a better answer to the question of whether suicide may ever be morally permissible or not. In keeping with my sense that morality must be linked somehow to our sense of ourselves as humans able to connect with and understand each other and the contexts and circumstances in which we live, a utilitarian view is pre-eminently based in circumstance and outcomes. At this juncture, it is important to note that this is not an argument for utilitarianism in general, nor will I be attempting to justify its use in general terms by challenging the potential shortcomings and counter-arguments in any sustained way.[17] The paper aims simply to counteract the presumptions of a sanctity-of-life view such as that proposed by Paterson by offering an alternative approach, one able to address the shortcomings of the rigidity of the sanctity-of-life view. The issue of suicide, and its relationship to euthanasia, continues to

[17] One of the clearest concerns with a utilitarian approach to suicide could be, for example, that suicide move from becoming a choice made by an individual in the context of her circumstances to something that is imposed upon her by an external evaluation of these same circumstances. It would, for example, go against most of our instincts to insist that those whom a society, family or community cannot or will not care for be terminated to ensure the maximization of happiness for all. Secondly, I have kept the context of the utilitarian evaluation personal, as to generalise from the individual to the state, for example, would be far too complex a question for this kind of paper. For this reason, I have ignored the social justice aspects of the utilitarian approach completely.

pose a challenge to us. But it seems that it ought not to be more difficult than other ethical questions. It is my sense that the question of suicide may lend itself more readily to utilitarian analysis than to sanctity-of-life considerations, in the same way, perhaps, as the competing statuses of woman and their unborn foetuses lend themselves more readily to rights-based paradigms.

Broadly speaking, utilitarian views on suicide address the question of whether suicide is morally right or morally wrong by assessing the results or consequences of the act against other possible acts (for example, not killing oneself) with potentially different consequences possible in the circumstances.[18] Judith Driver explains that utilitarian views suggest that the "rightness of an action" is determined only by a "consideration of the consequences generated" (2005: 34). Thus a suicide (the action) would result in a set of consequences which lead to a particular state of affairs. Likewise, not committing suicide would also lead to a particular set of (different) state of affairs. It is the respective values of these resulting states that are used to determine whether the consequence achieved the best state of affairs possible and also then whether the act was morally permissible or not. In a utilitarian view, nothing that is relevant, including the context, surrounding circumstances and the "intrinsic nature of the act" is excluded from the determination of the rightness of the act (Sinnott-Armstrong 2011:3). Whether an act is right or wrong depends entirely on the "non-moral goodness of [the] relevant consequences" (Darwall 2003:27). Importantly, it is not the consequences themselves that are judged morally right or morally wrong. They are, rather, assessed against values held to be prior to and independent of morality (Darwall 2003:26-7).

[18] Clearly utilitarian views (and there are many diverse forms of these) are consequentialist as opposed to deontological. In places in this report the terms "consequentialist" and "utilitarian" are used somewhat interchangeably, and in their broadest senses.

We approach the question of whether suicide may ever be morally permissible from either an act-consequentialist or a rule-consequentialist viewpoint. In an act-consequentialist view, the rightness of an act is seen as dependent on the value of the consequences for that particular act compared to the value of other acts possible in the circumstances (Darwall 2003:27). In this view, we assess the permissibility of a suicide by asking whether the consequences of the act of suicide are more 'good' than the consequences of not committing suicide would be. The rightness of the act of suicide can thus be determined by whether the suicide would "most promote the good" (Driver 2005:40). In this view we could argue that a suicide that prevents extreme harm to oneself is permissible, for example, notwithstanding the generally assumed prohibition on self-killing.

Like Paterson, who removes the religious arguments from his secular sanctity-of-life approach to the question of suicide, utilitarian views are secular. Rachels and Rachels explain that the principle of the utilitarian view is designed precisely to work outside of a set of abstract moral rules or references to a deity (Rachels & Rachels 2010: 98). Historically, the utilitarian principle of the maximisation of happiness was located in the context of social reform (Rachels & Rachels 2010: 98). In a utilitarian view, the benefits or harms of an act of suicide may be weighed against the benefits or harms of a continued life – there is no presumption of preference inherent in either (Rachels & Rachels 2010: 100-101). Considering that behind much of the contemporary engagement with the question of the permissibility of suicide is the need to reform the ways in which we view suicide in the context of increasing medical advances, a utilitarian view seems fitting. In broad terms, it is utilitarianism that will permit us to ask 'is suicide ever morally permissible?' while allowing us to focus in a more plausible, coherent manner on all the relevant considerations and issues including the preferences and rights of the would-be-suicide, as well as all those surrounding

him. We could, for example, consider the weight of the would-be suicide's atheism against the weight of his friends' religiosity. We could consider the pain the would-be suicide is suffering, against the loss his friends and colleagues may experience. We could certainly weigh the would-be suicide's desire for death against the fact that he has elderly parents who rely on him financially and physically. And so on. A utilitarian view by nature includes all aspects of the outcomes of a situation as directly relevant to the judgment of its permissibility. It asks us to indicate what is and what is not relevant to the assessment of moral worthiness in the context of the maximisation principle. Given our sense that not all suicides are ethically equivalent, we can use a utilitarian view to address the morality of suicide in a way that is able to take balanced cognisance of the context.

It is perhaps this appreciation of context and individual circumstance that Richard Brandt recognises in the broadly utilitarian approach he proposes to suicide. He looks in broad brushstrokes at the possibilities that are open to us in this paradigm, using the morally neutral definition he proposes. Brandt's injunction to us to remain as neutral as possible in assessing the permissibility or impermissibility of a suicide means that we may be in a position to address the shortcomings of the kind of absolutist approach offered us by Paterson's sanctity-of-life view. In his seminal 1975 article, "The Morality and Rationality of Suicide", Brandt poses three questions he considers key to contemporary philosophy on suicide. These are: is suicide always "necessarily morally blameworthy" even when it occurs in circumstances in which it is "objectively morally wrong"? (Brandt 1992: 315); when is suicide "objectively morally right or wrong"? and, finally, "when is it rational from the point of view of an agent's own welfare for him to commit suicide"? (Brandt 1992: 315). In Brandt's view the last question is the most important. His article and the questions he poses in this piece have had and continue to have a significant impact on thinking about the morality of suicide, and

many contemporary writers continue to respond to his arguments.

To reiterate the point made in the introduction to this section, above, Brandt states that it is "obviously" rational that a person with a painful terminal illness would want to commit suicide unless there are "social activities or responsibilities" more important to the patient than the pain (1992: 327). In Brandt's view the "decision to commit suicide for reasons other than terminal illness may in certain circumstances be a rational one" (1992: 332) and one to which we may not take exception. Even if we disagree with Brandt's views on suicide, his first question articulates the key instinct that what we feel about suicide in general may not always align to what we think of the permissibility of a particular suicide. In Brandt's words, "to be morally blameworthy or sinful for an act is one thing, and for the act to be wrong is another" (1992: 316). This distinction is useful, for example, in instances such as determining the nature of an act and its moral permissibility. Thus it is wrong to kill another; but it is not blameworthy to do so when there is no alternative but to be killed oneself. The distinction drawn by some utilitarian thinkers, such as Brandt, between wrongfulness and blameworthiness is a useful one for us here, particularly given the nature of some of our responses to suicide and its permissibility. It is worth teasing these strands out a little before we proceed.

Brandt offers us several examples of objectively morally wrong suicides. First, consider a person who commits suicide because he believes that he is morally bound to do so to release his family from the burden of his terminal illness as an example of an objectively morally wrong suicide. The person does not want to commit suicide, but he does so because of his sense of duty to his family. Secondly, suppose a person commits suicide because he is

"temporarily of unsound mind" (1992: 317). Finally, Brandt offers the example of the person who commits suicide because she is temporarily not herself, perhaps "frightened or distraught, or in almost any highly emotional frame of mind" that renders a person not her usual self (1992: 317). In the three cases above, Brandt argues, we would not find that person's suicide morally *blameworthy* even though in the instance it may have been *objectively* morally wrong for the person to have killed him or herself at that time.

Brandt, applying a broadly rule-utilitarian approach, defines that which is morally unjustified as:

> prohibited by the set of moral rules the currency of which in the consciences of persons in his society a rational person would choose to support and encourage, as compared with any other set of rules or none at all (1992: 318).

Moral blameworthiness, on the other hand, refers to the character of the actor which is "in some respect below standard" and whose acts are a reflection on this "defect of character" (Brandt 1992: 316). Thus Brandt picks up on a key issue articulated above, that our sense that not all suicides are equal may relate to our feeling that they are not all always equally morally impermissible. We may hesitate to render all suicides morally blameworthy, and seek rather to find ways to examine and weigh the relevant circumstances and outcomes. Brandt's significance lies in his suggestion that a more nuanced approach to the question of whether suicide is morally permissible is possible. The questions go to the heart of our disquiet: if we do not always think every suicide morally impermissible, how are we able to account for that?

Thus far I have shown that a broadly utilitarian view is able to addresses the question of whether a specific suicide is morally permissible or not by answering the question of whether the suicide on balance 'maximises utility'. If the answer to the assessment is yes, then the suicide would be morally permissible. If the answer is no, then it would not be permissible. Clearly this is a gross oversimplification of the enquiry, but in broad brushstrokes it renders the moral permissibility of suicide as a question that remains to be answered depending on the circumstances that pertain. We ought also to be able to derive some general guidelines (I hesitate to call them principles) as to what kinds of circumstances are more (or less) likely to render a suicide permissible or impermissible. What we do know is that a sound utilitarian argument on suicide could focus on a wide range of factors. It is worth, at this point, looking at an example of a utilitarian argument about suicide in action.

In the words of Rachels and Rachels, for an act to be moral in a utilitarian view it must not merely produce the best possible result from a range of options, it must produce the result that expressly "oppose[s] suffering and promote[s] happiness" or achieves the "greatest balance of happiness over unhappiness" (2010: 98-99). In his masterful 1975 piece, "Active and Passive Euthanasia," (in which active euthanasia is a clear example of the election to commit suicide), James Rachels deftly demonstrates how our assumptions about what is and is not moral may result in an outcome that creates significantly less happiness (and hence is less moral) taking into account all concerned. We look at elements of Rachels' approach as a basis for an analogous discussion of the moral permissibility of suicide.

Rachels focuses his arguments about the natures of active and passive euthanasia specifically on the view taken by the American Medical Association (AMA) doctrine which states that it

is permissible for a medical practitioner to allow a patient to die, but that it is impermissible for the doctor to "take any direct action designed to kill the patient" (Rachels 1975: 78). Active euthanasia (assisting the actor to commit suicide) is forbidden by law, whereas passive euthanasia (allowing the person to die) is not.[19] Leaving aside the distinctions between the various kinds of euthanasia that would be relevant to a more detailed discussion of this issue, it is enough to differentiate between 'active' and 'passive' for the purposes of Rachels' argument that the AMA view is misguided. The issue relating to the morality of the doctor who would be assisting the actor in the commission of suicide needs to be excluded from this paper. Rather, we focus on Rachels' main arguments in support of his position that the guide to ethical conduct set out by the AMA forces a doctrine on doctors that may be morally indefensible (1975: 80). On what grounds does Rachels assert this view?

What is instructive about Rachels' argument is how he demonstrates that a proper assessment of the *moral* differences between active euthanasia and passive euthanasia requires us to fully appreciate and evaluate the state of affairs resulting from the *consequences* of both. Rachels shows, in this piece, that our presumptions about the differences between them, and particularly about which is the better approach, may change once we have examined the implications of the resulting state of affairs. To this end, for example, he shows how the commonly held assumption that 'killing' is worse than 'letting die' is not necessarily supportable. He shows that "the bare difference between killing and letting die does not, in itself, make a moral difference" (Rachels 1975: 79). It works like this: whether one kills someone or lets them die, the motive of both is to bring about their death. If this is true, then

[19] Of course, if the focus in this paper was euthanasia and not the broader question of suicide, we would have to distinguish 'assisted suicide' from 'voluntary euthanasia'. The distinction is, logically enough, based on whose action is the last in the sequence of events leading to the death. Thus the action of administering a lethal injection to someone desirous of death is 'voluntary euthanasia', whereas the self-administered lethal medication provided by a medical person would be 'assisted suicide'.

from a consequentialist view, killing and letting die are morally the same. However, and this is the salient point, the assumption that active euthanasia is morally 'worse' than passive euthanasia does not hold. The reason that it does not hold lies in the value of the states of affairs that result from each of these actions. Thus, in killing a person to bring about his death because the person is in "terrible agony" (Rachels 1975: 78), the suffering is immediately terminated. However, the withdrawal of treatment from this person may cause him to take "longer to die, and so he may suffer more than he would if more direct action were taken and a lethal injection given" (Rachels 1975: 78). For this reason, the withdrawal of treatment – carried out on humane grounds – may ironically be less humane than the deliberate termination of his life would be. For our purposes, then, it is simply not possible to argue that it is *always* better to live than to die. Rachels' argument demonstrates how such a consequentialist view permits for insight into the morality of our commonly held presumptions. In a related manner, Rachels asks also that we consider the idea that killing is somehow worse than letting die because the former involves action, while the latter simply requires inaction. As Rachels demonstrates, in this context of killing and letting die, both are actions subject to moral appraisal.

The AMA approach is premised on the desire not to prolong agony. Obviously, this is a commendable intention and not one to which most people would object. What Rachels shows, however, is that the consequences of this apparently commendable doctrine may be diametrically opposed to its stated intent: passive euthanasia prolongs agony in ways that active euthanasia simply does not. Important also is Rachels' discussion of arbitrariness. Bearing in mind Paterson's dislike for arbitrariness in passive euthanasia, Rachels points out that the decision to cease the "employment of extraordinary means to prolong ... life" (1975: 78) may ultimately depend on reasons irrelevant to the need for euthanasia, and may thus be

morally unsupportable. Thus for Rachels the AMA doctrine is unsound (1975: 78).[20]

The consequentialist lens applied to the active / passive euthanasia distinction, shows us how a commonly held assumption about the moral wrongness of an action may in fact be misplaced. The usual reason for not wanting to cause someone's death is that causing someone's death is evil. As we have seen, however, in the case of euthanasia, death may very well be more desirable than the suffering that precedes it. A medical team may, apparently ethically, act to cause *more* suffering by withholding treatment on the instruction of a patient to effect a suicide (passive euthanasia), but is not permitted to assist the same person in the same circumstances to achieve this end without suffering.

In his argument about the difference between active and passive euthanasia, Rachels points us neatly to the key issue, which is not the *fact* of death, which will result regardless, but the consequences, the state of affairs which will pertain after the course of action is decided upon. He shows how it may be preferable to choose the approach that ameliorates suffering most efficiently and painlessly. The relevance of Rachels' argument for the question in this paper lies in the distinction drawn between active and passive euthanasia, and its basis in their respective consequences.[21] If active voluntary euthanasia is akin to 'suicide' in that they both involve the termination of a person's life at her rational request, and assistance is only required because the person is unable to undertake the performance of the suicide herself, then passive euthanasia is no less 'passive suicide'. In a consequentialist view, the difference

[20] For interest's sake, this approach to the distinction between action and inaction applies equally to sanctity-of-life approaches, although clearly not for consequentialist reasons. In a deontological viewpoint, such as that put forward by Paterson, allowing a new-born to die from its congenital birth defects (passive euthanasia) is as much a killing as injecting the child the same as "non-voluntary euthanasia, for the omission to treat [the child surgically] was intentionally taken with a view to hastening the death of the infant" (Paterson 2008: 192).

[21] Clearly, the AMA was not examining the consequences of the two actions from a utilitarian approach, regardless of the reliance on consequence in the distinction drawn between active and passive euthanasia.

between the two suicides is simply the means by which the life is terminated, not the nature of the death by suicide itself and yet there are different moral proscriptions relating to each. The suicide (or killing) at the heart of the act of active euthanasia is prohibited, while the 'passive suicide' (euthanasia through the withdrawal of treatment) is not prohibited. This distinction suggests that those who have accepted that passive euthanasia is necessary in some instances have actually accepted the permissibility of 'passive suicide' on consequentialist grounds, whether or not this is acknowledged.[22]

Although the argument presented by Rachels does not directly speak to the question of suicide as at the heart of the permissibility of euthanasia, it nonetheless provides us with useful insights into how a utilitarian argument may move us beyond commonly accepted moral standpoints on issues and force us to interrogate our assumptions about these. Consider the now famous case of Diane Pretty, and the related question of Ms B, discussed by Peter Singer after the court found in Ms B's case (Singer 2002). Both women were "paralysed, competent adults" (Singer 2002); both wished to die. Ms B requested the courts to approve the withdrawal of her treatment (she was on a ventilator) whereby her life would end; Diane Pretty needed someone to help her to commit suicide. In the case of Ms B, permission was granted; in the case of Diane Pretty, however, she died the death she so actively tried to avoid. As Singer indicates, the decisions would not have surprised the legal mind; they were consistent with the legal principle that a competent adult always retains the right to refuse treatment, in this case, even when the doctors do not wish to cease treating her (Singer 2002: 234). It was the application of this legal principle that meant that Ms B was permitted to bring about her own death. On the other hand, however, Diane Pretty was refused her request

[22] Of course, there are still some who could argue for the exclusion of instances such as these from suicide, as demonstrated in the discussion about definitions of suicide, but we leave these considerations aside for the moment so as to not impede the flow of the argument here.

because laws preventing us from assisting others to die are in place and were upheld. As Singer points out, therefore, although there is no legal inconsistency (and this is worth quoting in full),

> we have arrived at the absurd situation where a paralysed woman can choose to die when she wants if her condition means that she needs some form of medical treatment to survive; whereas another paralysed woman cannot choose to die when or in the manner she wants because there is no medical treatment keeping her alive in such a way that, if it were withdrawn, she would have a humane and dignified death (Singer 2002: 234).

For Singer, although the two cases are 'essentially similar … these similarities are, from an ethical perspective, more significant than the differences between them" (2002:235). It is these kinds of absurdities that utilitarianism is able to avoid.

Thus the kinds of consequentialist considerations that may be at the heart of the desire to make exceptions to the permissibility of *certain types* of suicide is directly relevant to the argument presented here. A focus on the nature of the consequences of an action or the application of a rule allows us to understand the impact of the commonly held moral preconceptions we may hold. Using such an approach, what can we assert about whether suicide may ever be considered morally permissible? It is possible that some circumstances may not be more preferable than the circumstance of death. Perhaps we do think that death is not always the worst outcome, which is why we consider passive euthanasia morally permissible. More broadly, though, how could the different kinds of circumstances be used to assess the moral permissibility of suicide across a variety of contexts? We examine a few of these scenarios below.

Consider a man, X, who has been diagnosed with an incurable illness. The disease causes him no pain or discomfort now, and he is not presently in physical distress. He lives a comfortable existence, surrounded by his family and friends. None of his family members are his dependants. He wishes to end his life in this happy state. He is not religious, and sees no impediments to his ending his own life. He has decided that he does not want to wait for the disease to take effect and for the symptoms to begin to impact on him negatively. Imagine that this disease is such that should the symptoms take effect, the man will lack the physical capacity to commit suicide but not the mental awareness of what ails him. He will thus be aware of his surroundings, will be able to see and hear but not speak or move. This inevitable outcome concerns him terribly. He does not wish to reach the stage in the illness where he will be forced to endure what he sees as insufferable entrapment until eventually he wastes away and dies. He will also have to watch his family and friends endure the strain of having to care for him. His friends and family are in accord with his feelings and although they will grieve his death, they will experience no additional negative consequences relating expressly to his earlier, rather than later death. Like him, they will be spared witnessing the suffering he inevitably faces, and will be spared the futility of trying to ameliorate this. After intense consultation with his doctors, family and friends, he decides to die a peaceful, self-inflicted death at home and in comfort.

In an act-utilitarian framework, if the resulting state brought about by the consequences of X's suicide are better than those of X's continuing to live, then the suicide ought to be judged morally permissible. Using the above example, the consequences of the suicide are that the man's life ends, there is significant grief on the part of his family and friends, but there is

equally no suffering of any sort for X. The memories of X are left intact and are (mostly) positive for those left behind. We can be satisfied that X has not reached his decision lightly, nor with undue haste (given due respect to the expected timelines of the disease). We are satisfied that he has sought ways in which to live, rather than to die as a result of the disease and that these are not available. We would expect him to ensure that any and all obligations to others that may be resolved, be resolved, and that provision is made for the satisfactory settlement of his affairs prior to his death. Were he not to kill himself he would have to endure a situation he views as torturous for himself and others, and which the others also view as torturous.

The consequences of choosing death are preferable to those of the alternative: to live until the disease takes its natural course. To continue to live means the slow and miserable demise X's doctors predict and he dreads. In that future, X believes he will suffer, those around him will also suffer; they will endure him suffering, and he their suffering. Death and grief would result also, although eventually after an undefined period of time. The memories of X would be dominated by the pain and suffering he has been through, at least for some time. For X and his friends and family, the state of affairs resulting from the consequence of X's suicide are preferable to those that would pertain were he to continue to live until the illness takes effect and causes his death. In the case of X, his suicide is morally permissible.

Let us now consider a case in which the alternative to death is not a prolonged and agonising illness. Consider the case of A. She is a mature woman, in possession of both her health and all her faculties. Her parents have died, she has no siblings with whom she is in contact, and she has achieved many, if not all of the goals she set for herself as a young person. She is not

strongly motivated by relationships with people, and has no lover or friends to whom she feels a particularly strong attachment, or they to her. She lives an averagely fulfilled life, with the occasional social outing, and is a pleasant and agreeable companion in a social setting. She performs satisfactorily at work, and leads a team of people which, due to its nature, experiences a constant and regular turnover of new, young staff. A is not depressed, she is not lonely and she is not sad. She feels no lack in her life, and is comfortably satisfied that she has had as much of it as she would like to experience.

However, she is hugely discomfited by the thought of a future in which, as an old person, she is cared for by strangers; surrounded by people to whom she feels no connection. She has no children, nieces, nephews, or any other person on whom she could call should the need arise. She does not fear death, nor does she feel or fear loneliness; she simply does not see why she ought to want to live for however many years she has left in such a state. She decides that what she would like is a suitably comfortable end to her comfortable life. She arranges for a trip to a destination she has always wanted to visit, and obtains the medication she will need to end her life without pain, by falling into a deep sleep. She places the remainder of her estate in a trust with the requisite papers leaving her estate to her preferred charity lodged with her attorney.

Her attorney, now apprised of the situation, wishes to understand her decision.[23] They have known one another for many years, and he is aware of the circumstances of her life. He would not miss her if she were no longer part of his life, just as she would not miss him. He would not mourn her death. On this they agree. He wonders, aloud, whether her decision

[23] Let us assume no attempt on the part of the attorney to change her mind, nor to 'report' or prevent her from enacting her decision. This is, after all, a story for the purposes of the argument.

would change if, for example, a whirlwind romance were around the corner, or a sudden financial windfall were to come her way. Her response is simply that she can no more count on this happening than she can count on it not happening, and so such thoughts in no way impact on her choice. He then asks her whether she has considered that her choice is selfish. She replies that it is indeed selfish, and that that in itself makes no difference to the nature of her current or possible future situation, as she has no dependants or indeed anyone to feel the impact of her selfishness. Selfishness, she replies, is only 'bad' if it negatively impacts on someone on whom it ought not to do so. In fact, she believes that while her act is selfish (it serves her own interests), it may be viewed as unselfishness in that the charity and its recipients benefit from her estate. In this instance, the consequences of her death lead to a state of affairs better than the current state of affairs for the charity to which she has left her money. It is arguably permissible for A to commit suicide.

What types of consequences could affect the moral permissibility of her suicide? I suspect that there may be less discomfort with X's reason than with A's in the examples above. We may find X's wish for suicide more acceptable than A's because X's future, were he to live, is sure to hold suffering and pain for him and those around him. A's, on the other hand, seems to hold little more than that it is boring. Bearing in mind the discussion on the Rachels piece, above, we need not focus on the deaths of either A or X in this analysis. Rather, we ought to focus the kind of living that takes place up to the point at which death happens 'naturally'. We can understand more easily that the suffering in X's future would be intolerable. We can see that it would be worse for X and his family than the death through suicide he wishes to choose. In the same way as Rachels shows that passive euthanasia may have worse consequences than active euthanasia given the state of affairs which results from the action or inaction, it is not as difficult for us to understand X's position as it is, perhaps,

for us to understand A's. The fact that X's reasons may be more readily understood, however, does not necessarily mean that they are more moral. Given the factors outlined above, and all things considered, both deaths result in an overall better state of affairs, thus arguably both suicides are morally permissible.

It is clear that our views on death are often conflicting. It seems to natural to want to avoid death and to want to avert the death of others. As Cowley (2006) points out, we do respond with shock to the news of a suicide and Western society on the whole continues to find suicide repugnant. Notwithstanding this, death is not always necessarily seen as the worst possible outcome of a set of circumstances and we do not always avoid it, at least not in the form of passive euthanasia, as the discussion on Rachels (1975) and Singer (2002) has shown. If our usual reasons for fearing death as the ultimate evil are absent, and if on balance to continue to live is not better than to die, then there is no reason to view suicide in these instances as morally impermissible. This is clearly not a revelation. It is, however, a far cry from a position that holds that that all suicides for whatever reason or circumstances are wrong.

As is alluded to above, the types of circumstances in which people find themselves may not be sufficient to override the moral impermissibility of suicide. Thus, for example, although we may, on the basis of suffering (or potentially another kind of exception), view a certain suicide as permissible, these same circumstances alone are not necessarily sufficient for moral permissibility. Let us amend the circumstances such that the conclusion reached above does not pertain.

A man, call him Y, has been diagnosed with the same incurable illness as X. All the circumstances pertaining to X pertain to Y, with a crucial difference. Unlike in X's case, Y has a partner and three young dependants. His partner is very ill, and her illness is already manifest physically. She is consequently weak and unable to work. It seems that she may succumb to the illness soon. Y, however, wishes to end his life now. Like X, he is not religious, and sees no reason to not end his own life now. He is also sure that in this way he will spare himself the loss of his partner. Although he does not know how long it will take for him to be affected by his illness, it is clear that Y will outlive his partner, disease notwithstanding. Y's family and friends have outlined in detail for him how his partner will battle with looking after herself and the children, and that without his continuing income the financial burden for the children will fall to those who survive him. Y's children have a legitimate interest in their father staying alive as long as he can, as they will be without a mother in the near future. They will need all the kinds of support that a parent can give in the context of the loss of another parent. They will also need their father to make the necessary arrangements for their futures to ensure, as far as possible, that their schooling and other needs are seen to. Thus notwithstanding Y's desire to end his life without suffering (as in the case of X), the fact is that the circumstances of his life, and the dire consequences of his early death, would render his wishes untenable for his family and friends.

It follows that this is a different situation to that of X. There can be no question that the consequences of Y's suicide would be far worse, and for many more people, than in the case of either X's or A's suicides. To clarify this a little: the consequences of Y's suicide for Y are preferable to the consequences of his continuing to live. He may not want to stay alive to make plans for his children, to suffer the death of his life partner, and to endure the illness that is certainly in his future. So ending his life would prevent his future suffering but would,

significantly, initiate and aggravate the suffering of his partner and his children. Although the consequences of Y's death are better for Y, they are unquestionably *worse* for Y's partner, children, family and friends. The only way for their circumstances to be better is for Y to live. Thus if Y were dead, the resulting state of affairs, would be far worse *on the whole* than if Y were not dead. In this case, and no matter how harsh, it is clear that Y's actions are not to be condoned and that his suicide is morally impermissible. By way of contrast, and notwithstanding A's lack of recognisable suffering, the consequences of A's suicide do not impact negatively on others, do not create evil circumstances, and do not undermine the future of any other persons, Rather, her suicide will, through the act of her donation, improve the overall state of affairs. Thus her suicide is permissible.

In a utilitarian framework, it is the circumstances that guide the assessment. Thus in the case of X, where he and his family and friends are in agreement as to what should happen, there is little controversy to address. Likewise, in the case of Y, it is fairly certain that we would all agree that he has an obligation not to commit suicide.[24] However, let's assume a slightly different scenario for X by giving him a spouse, Mrs X, who is absolutely adamant that X ought not to commit suicide at all, for any reason whatsoever. Not only does Mrs X *strongly oppose* her partner committing suicide, she expresses this vociferously. It is clear that in very real terms the best outcome overall is still that X commits suicide. But if he does, he will be betraying his relationship with Mrs X and acting in direct contradiction to her views. She will be devastated. What is the utilitarian solution to this problem? It is possible, for example, to argue that Mrs X has a right against X that he not commit suicide; an obligation he is bound

[24] This would be an interesting case to examine from a rights-based perspective. If, as some libertarians would argue, Mr Y 'owns' himself, and if that ownership is overriding, how could we make an argument that it is wrong for a person in this position to commit suicide? We would need to ensure that the rights of Mr Y could be counterbalanced by his obligations towards others such that his weighed more than his.

to honour. This right may derive from, for example, the nature of the vows they made to one another when they married. Or, perhaps, it need not be that specific, it may just be that we suppose that a spouse has a general right to have a say in the decisions about what is done to and by the person to whom she is married. How then do we, in a utilitarian framework, address this apparent imbalance?

The fact is that Mrs X's feelings are neither irrelevant, nor weightless; they are simply not sufficient to override the fact that X will experience overwhelmingly negative outcomes were he to stay alive. Balanced against the suffering that Mrs X would experience (and notwithstanding her commitment to his staying alive), it is nonetheless morally permissible for X to commit suicide. This assessment would be true even if a different framework were to be applied to that of utilitarianism, for example, a rights-based argument. In this approach, X's obligations to Mrs X would weigh against his rights not to suffer unduly and unnecessarily). X may not be forced to suffer so that his wife's wishes, which are not overriding, can be met.

Why then would we not adopt a utilitarian approach to the question of suicide? In a utilitarian approach we have the ability to balance competing interests at play in the different situations, even where (perhaps especially where) they appear alike. As has been shown by the examples above, there is nothing that is of itself irrelevant to a utilitarian consideration of whether a suicide is or is not permissible. Even in instances - such as those of X and Y - where the situation appears the same, or in the case of A where we would at first blush refute the permissibility, the focus on the state of affairs that results from the action taken allows us to consider all the relevant factors. These may include the impact of the suicide on all affected parties, the specific consequences for the person and for his or her family, the religious views

of the person and his or her family, the kinds of resources and support mechanisms accessible to the family, the person's state of health, the family's financial need, the needs of dependants, and so on. A utilitarian approach is by its very nature sensitive to the circumstances that pertain in a situation such that the overall result is what is best for the greatest number of people. As Peter Singer points out, "the consequences of an action vary according to the circumstances in which it is performed," and a utilitarian view "can never be accused of a lack of realism or of a rigid adherence to ideals in defiance of practical experience" (2011:3). Such outcomes are prevented in a utilitarian view precisely because such a view is directly rooted in the circumstances in which a decision is being made, as has been demonstrated above. Given that whichever approach we apply has to address the complicated nature of suicide, it is argued that it is a utilitarian view that has the inherent ability to do so, founded as it is in the assessment of the 'maximisation of happiness' of all consequences and outcomes of actions, and their relative moral permissibility. In Peter Singer's words, "ethics is not an ideal system that is all noble in theory but no good in practice" (2011:2).

Brandt demonstrates that in order to address the kinds of deaths that are 'suicide' but that may serve a 'greater' purpose, several writers have resorted to defining these out of the category of 'suicide' and into another category such as sacrifice, beneficence and so on. From a utilitarian viewpoint, such definitional gymnastics are not necessary. The utilitarian argument allows us the flexibility needed to answer the question of when suicide may be morally permissible, as well as to deal with instances in which we feel it may not be. It is possible in a utilitarian view to weight the value of a life over lives, to weight the value of an action against its consequences, and to decide as a result of this, and regardless of the sadness and the horror of the death, that a person who committed suicide did the right thing. As

Singer indicates with lying, sometimes an action is morally permissible and sometimes it is not, even when it is the same action. Thus in general lying is wrong and to be censured. But to say it is always and everywhere wrong to lie is nonsensical: "it may normally be wrong to lie, but if you were living in Nazi Germany and the Gestapo came to your door looking for Jews, it would surely be right to deny the existence of the Jewish family hiding in your attic" (Singer 2011:2). The "act-utilitarian judges the ethics of each act independently" (Singer 2003: 527).

If, as seems to be our intuition, there are conditions under which we would consider suicide morally justifiable, utilitarianism permits for us to assess each situation and reach some general principles. Notwithstanding the fact that there may be difficulties involved in making a utilitarian assessment of suicide, these challenges are common to all approaches. The question of the moral permissibility of suicide is complex and difficult. Given the variety of social and economic contexts in which we live today and the variations between these, it seems sensible to adopt an approach able to address a variety of cultural, economic and social variations. The maximisation of utility principle allows us to decide on the permissibility of suicide neutrally, but within relevant contextual and circumstantial considerations.

4. CONCLUSION

In this paper, I have argued that a utilitarian approach to suicide permits us to reach a finding as to its moral permissibility that is circumstance-sensitive. Circumstance sensitivity means that we will be able to address the many and varied ways in which our medical and other contexts impact on our understandings of life and death. I note that in contemporary western

societies, suicide continues to be associated with wrongfulness. I have shown that it is possible, using a broadly utilitarian framework, to argue that suicide is morally permissible in certain instances, and not only in those situations one would ordinarily associate with euthanasia of one sort or another.

In order to argue this, I first examined a broadly sanctity of life approach, represented by Craig Paterson. I demonstrated that the application of a sanctity-of-life approach is too rigid for our purposes, and leads to harshness and absolutism in our moral decision-making. On the other hand, a utilitarian approach, despite its shortcomings and challenges, enables us to address at least some of our intuitions regarding suicide, and arrive at answer moral judgments in line with our desire for a more flexible view.

Paterson argues that killing is wrong because all human life is always valuable. The most primary good is life, which is immutable and objective. As human beings, we seek the good and avoid evil. No matter what we may think of a particular suicide, for Paterson, suicide is always morally impermissible as death really is "the objective evil for us" (Paterson 2003b: 19). Not only is suicide always wrong, but also assisted suicide and voluntary euthanasia are instances of homicide and thus subject to the standard prohibition on intentional killing (Paterson 2008: 115). No suicide can therefore be justified on the unreasonable grounds that it may be better to be dead (Paterson 2008: 115-116).

Importantly, however, Paterson himself finds it difficult to apply his principle of the sanctity-of-life equally to all instances. Thus he condones passive euthanasia where it is "licit to

withhold or withdraw […] treatment" (Paterson 2003b: 13). And yet, he overtly rejects all considerations based on the quality of a person's life (2003b: 5). I hope to have shown that Paterson's dismissal of all quality of life considerations is unsatisfactory. I indicated a number of weaknesses with respect to Paterson's argument that relate to how and whether we may assert that all life is equally valued, whether there are no circumstances whatsoever in which a suicide may be morally permissible. Given that Paterson himself wishes to permit the withdrawal of treatment, a form of suicide, these are key questions. Finally, I looked at the question of whether it can be said that the view of the person who places no value on her own life is less important than the sanctity-of-life thinker's view of her life. The inflexibility of Paterson's approach is difficult to apply across all situations, and may result in a keen lack of understanding of the real life circumstances of many. Furthermore, the consequences of the imposition of this rigid a view on others may be equally subject to moral censure.

In response to the fact that we may feel that suicides are unique, and that we would like to be able to respond to them as such, I turned to utilitarianism. Given that circumstances and the actions to which they lead do have relevance to the assessment of moral permissibility in this view, I examined a few ways in which the approach could be adjusted to provide ore a more circumstance-sensitive approach to the moral permissibility of suicide.

Utilitarian views on suicide ask whether a suicide is permissible or impermissible or by conducting an appraisal of the results or consequences of the suicide against all possible other possible actions (for example, continuing to live). Each of these actions leads to a different state of affairs, which are, in turn, assessed. The rightness of a suicide will be determined by whether it "most promote[s] the good" (Driver 2005:40), and may be weighed against the

consequences of a continued life (Rachels & Rachels 2010: 100-101). As Brandt (1992) points out, we may not find all suicides morally reprehensible, and a nuanced approach to the question of whether suicide is morally permissible is possible, by answering the question of whether the suicide on balance 'maximises utility'.

Thus the kinds of consequentialist considerations that may be at the heart of the desire to make exceptions to the permissibility of *certain types* of suicide is directly relevant to the argument presented here. A focus on the nature of the consequences of an action or the application of a rule allows us to understand the impact of the commonly held moral preconceptions we may hold. Using such an approach, what can we assert about whether suicide may ever be considered morally permissible? It is possible that some circumstances may not be more preferable than the circumstance of death. Clearly, it is this belief that is at the core of the common acceptance of passive euthanasia.

In the discussion of the cases of X, Y and A, the varying kinds of circumstances that may be relevant to a finding of moral permissibility or impermissibility are suggested. The utilitarian sensitivity to circumstance means that it "can never be accused of a lack of realism or of a rigid adherence to ideals in defiance of practical experience" (Singer 2011:3).

Nonetheless, it seems to me that a utilitarian approach is best suited to addressing our concerns about the rights and obligations of all involved, our apparent instinctive dislike of suicide (whether intuitive, social, cultural or religious in origin), and the consequentialist considerations that may play a role. We can do all of this while still retaining an account of

suicide that keeps open the question of permissibility based on the context of the act. While it may be said that sometimes adopting a utilitarian approach means that in order to maximize the good and minimise the bad we have to choose between two evils, it seems better to choose the lesser evil than to make no choice at all. It is hoped that this paper has demonstrated that we can still feel strongly that life has value and know that suicide may, in some instances, be morally permissible. To appreciate the sanctity of life does not require us to value all kinds of life in every circumstance, disregarding all constraints. In a utilitarian paradigm, we are able to carry these considerations into our assessment of each of life's contexts, enabling us to decide whether suicide is permissible or not.

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