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# When Choice Itself Hurts the Quality of Life

Richard Stith

*Valparaiso University*, [richard.stith@valpo.edu](mailto:richard.stith@valpo.edu)

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[Richard Stith, a Research (non-teaching) Professor of Law, is a board member of Consistent Life Network ([www.consistent-life.org](http://www.consistent-life.org)), where this article was published on Sept. 7, 2016. It is reprinted with Professor Stith's permission.]

### **When Choice Itself Hurts the Quality of Life**

*Richard Stith*

Here's a question about "choice" and abortion, assisted suicide, and voluntary euthanasia: Could the very existence of these options have a negative impact on the legally-authorized choosers, no matter what they choose?

Consider that women who refuse legal abortion may be blamed for their choice by boyfriends, families, employers, and others. Infirm or dying people may find family and other caregivers upset by their refusal to agree to assisted suicide, if it's available as a legal option.

These are the sorts of overlooked consequences of choice that this blog is about. Society sometimes limits choice that's harmful to the chooser. For example, we might not permit people to sell their organs because they might seriously harm themselves by preferring money to health.

But there's a second kind of harm that could befall voluntary organ sellers, not from what they choose but from their having been able to choose in the first place. Simply because they had a choice, they may lose support among friends, family, and employers.

Compare the plight of someone who needs expensive and time-consuming special care because of an operation forced on her by an illness—say, cancer surgery—with a person having the same health needs resulting from her free and deliberate choice (not extreme economic necessity) to excise and sell part of her body. Cheerfully-given help for the post-surgery care of the voluntary seller will be less forthcoming, for her sad situation will be said to be her own fault.

This is separate from any evaluation of which choices are good and which are bad. If the sale of one's organs were legal, someone who refused to sell them could also be blamed for her own voluntary impoverishment. ("Don't ask me for a loan. You could have a lot more money if you wouldn't insist on keeping both your kidneys!") She incurs this blame simply because of having a choice. If organ sale had remained illegal, others would have been more sympathetic to her economic needs.

Even if she made a wise choice in not selling a kidney, her having a choice to sell or not to sell may make some people less sympathetic to her financial plight. This has nothing to do with the paternalistic notion that society should intervene to save people from making unwise choices. Here we (society, the law) cause her harm simply by leaving this choice open. She may be blamed by some no matter what she does.

Care for the most vulnerable among us, those at the beginning of life and those who may be nearing the end of life, requires solidarity. Truly single parenting is nearly impossible; the help of others is needed to bear and raise a child, and solidarity

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with the child is needed as well. Likewise, the afflictions of age and illness are often too much to bear without family or friends standing in solidarity.

Yet autonomous choices are now being proposed for human life in its initial and final stages. Those choices concern the existence of life itself: “Should I choose abortion or birth?” and “Should I choose assisted suicide?”

But the ability to choose—to undergo or to refuse abortion or suicide—may isolate the chooser. It may leave her without the solidarity she needs to implement her choices. That undercuts real autonomy.

Throughout human history, children have been known to be the consequence of sexual relations between men and women. Both sexes knew they were equally responsible for their children. Contraception didn’t change this; it makes fertilization and birth less likely, but mother and father are still equally responsible if fertilization and birth nevertheless occur.

Elective abortion changes everything. Abortion absolutely prevents the birth of a child. A woman’s free choice for or against abortion breaks the causal link between conception and birth. It matters little what or who caused conception. It matters little that the man involved may have insisted on having unprotected intercourse when the woman didn’t want it. It is she and she alone who finally decides whether the child is to be born.

A grandmother’s “right” to assisted suicide or voluntary euthanasia means that she has been given a way out. So her suffering seems no longer to call for as much family compassion or social support. In choosing to continue living in great dependency, a grandmother may be felt to be deeply selfish, preferring to benefit herself at a heavy cost to her family.

Similarly, social policy planners may reason that the option of voluntary death diminishes any public duty to regulate toxic industries, or to secure health insurance benefits, to decrease the risk of suffering. Even if governmental acts or omissions cause suffering, it may be thought, no duty of solidarity arises where the victim has refused an accessible option of suicide.

Here’s another question: can a life chosen as an option ever have the dignity of a life simply accepted? Does a child a mother once chose not to abort suffer from her having been able to choose otherwise? Does the severely disabled but suicide-rejecting person suffer from having an existence that needs to be justified? Does making choice possible bring a profound change to our perception of the life that is made optional?

Choosing to let a being live confirms a radical domination over that being, like the upraised thumb of a Roman emperor in the Coliseum—when thumbs-down was always possible.

That makes the chooser—and others—less likely to respect the object of choice.

Even if someone ends up being evaluated so highly that one would never choose her death, when an evaluation was required rather than the person simply being accepted for who she is, something very valuable has been lost.