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# Suicide: The Next Pro-Life Frontier

Dennis J. Horan and Edward R. Grant

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Suicide was once a taboo subject for public discussion. Today, however, it is properly recognized as a leading public health problem. For example, its increasing rate has made suicide the third leading cause of death among adolescents. Nevertheless, American attitudes toward suicide are currently in a posture of ambivalence. The rate of suicide, particularly among teenagers, is increasing at an alarming rate. This raises a call for public concern, for increased attention to the mental health of adolescents, and for growth in suicide prevention efforts.

At the same time, however, there is increasing clamor for acceptance of suicide as a "rational" choice, particularly for the terminally ill and the handicapped. "Self-deliverance" societies from France, Great Britain and the United States have boldly advocated this stance by publishing manuals with detailed "recipes" for lethal poisons. "Suicide pacts" have been publicized by the death of author Arthur Koestler and his wife, Cynthia, and by the death of Jean Humphrey, an Englishwoman whose husband, Derek, has since moved to the United States, remarried, and founded the Hemlock Society, the purpose of which is to create an aura of social and moral acceptance for suicide and to create a legal right to assist at suicide. Proponents of this position have argued in court that a right to suicide is protected under the 5th and 14th Amendments of the United States Constitution.

All of these factors are converging to shape public policy and public attitudes toward suicide within the United States, and to challenge the traditional attitude of opposition to suicide as reflected in current law which makes assisting at suicide a crime in most states in America and most countries in the world. Under current law, suicide has been decriminalized in most jurisdictions, not out of approval for the practice, but because of recognition that the victim of a failed suicide attempt is not

deserving of society's punishment, but rather, of society's assistance. This means that the act of suicide itself is no longer considered by the law to be the legal equivalent of self-murder which, under the early English common law, could result in dire punishment when the attempt failed, or loss of family wealth when successful.

However, prohibition against assisting suicide either directly by statute, or by case law interpreting acts of assistance as equivalent to the commission of homicide, are still in existence in most states. It is these laws which are likely to come under attack by the advocates of "rational" suicide. This could come about by direct challenge, i.e., by an individual who wishes to commit suicide with the assistance of others, asking the court to strike down such law which prohibits that assistance, or by virtue of a criminal defendant charged with assisted suicide raising the deceased victim's alleged constitutional "right to suicide" as a defense to his own actions. Such defense, they argue, is supported in law by the case of *Roe v. Wade*, which found the right of privacy in the Constitution to be broad enough to contain a woman's right to abortion and by the case of *Karen Ann Quinlan* which expanded the individual's right of privacy to protect other persons involved in the decision to terminate life-support systems. To the contrary, the law has always recognized the state's legitimate interest in the prevention of suicide. This interest has been long recognized and has been re-examined and re-affirmed in the recent spate of termination of treatment cases. This state interest is strong enough to allow the temporary restraint and even incarceration of potential suicides in order to protect them from themselves. Society has always praised the state's efforts to assert this interest in order to prevent citizens from self-harm. The civil law has recognized a similar interest in each citizen by allowing them to interfere in order to prevent a potential suicide. Such interference is not classified by the law to be a breach of the suicide's privacy nor is it an unlawful restraint or tort, such as assault and battery.

### **If Court Found Right to Suicide**

However, if a right to suicide or to assist at suicide were found by courts in the Constitution or created by legislatures, then interference by either the state or an individual would be wrongful - amounting to a breach of that privacy and an assault and battery on the would-be suicide. In other words, prevention of suicide would then be an actionable wrong for which the would-be suicide would be entitled to damages. Under these circumstances, persons, agencies and public bodies would interfere with a potential suicide only at their peril, having first reconciled themselves to the potential suit by the would-be suicide for a breach of his/her civil rights, resulting in the imposition of actual damages, possible punitive damages and, certainly, court costs and attorney's fees. By the creation of a constitutional right to suicide, the societal help would-be suicides need so badly — both medically and otherwise — would be effectively prevented. Thus a supposed public policy — a right to suicide argued to be beneficial for self-autonomy and freedom — would be most harmful to the very ones,

the potential suicides, whom the policy was supposedly created to protect — a public policy irony which should not be overlooked by the progenitors of these policies. There would be no legal way to help the thousands of would-be suicides by first interfering with their suicide attempt and then assisting them in solving their problems. Studies have shown that the attempt at suicide is a cry for help. It would indeed be ironic if creating a new constitutional right would effectively stifle all help legitimately asserted in response to another citizen's cry for help. Surely we are capable of better solutions to our public policy problems.

At issue in any such case attempting to create a constitutional right to suicide will be the validity of society's traditional opposition to suicide — an opposition premised upon respect for the sanctity of all human life. Those who support the right to suicide and the right to assist at suicide generally emphasize two basic themes to counter this sanctity of life ethic. First, they maintain that life itself is not an absolute good, but is only one among a series of goods from which all human beings must make choices. Among these other goods are freedom from pain, dignity, intellectual capacity, physical ability — those things which give life its quality. In order to serve one or more of these goods, in cases where life has become painful or burdened by loss of human capabilities and enjoyments, the taking of one's own life may be a "rational" choice, they argue. The second theme is the principle of personal autonomy. The argument is that society has no right to interdict against suicide because it is a matter which solely concerns the person choosing to take his or her own life. The autonomy principle, they argue, permits an individual to make and carry out the purportedly "rational choice" in favor of suicide. In legal terms, they find the genesis of the autonomy principle in the unwritten right of privacy which the Supreme Court, in 1973, found to encompass a woman's decision to obtain an abortion.

### **Focus of Proponents**

The proponents of rational suicide and personal autonomy focus great attention on the plight of the terminally ill and the handicapped. Their cause was personified in the Koestler case, where the terminally ill author and his healthy wife took simultaneous drug overdoses, and in the case of Elizabeth Bouvia. Mrs. Bouvia, a quadriplegic victim of cerebral palsy from birth was, despite her handicap, married and employed. In 1983, however, after the failure of her marriage and other setbacks, she admitted herself to the psychiatric ward of a California hospital and requested that she be allowed to starve herself to death, while receiving care for pain relief. The hospital refused her request, whereupon Mrs. Bouvia went to court, seeking an order to have her wishes enforced. The court denied her request, ruling that Mrs. Bouvia had no right to force the hospital to cooperate in her suicide plan. However, the court did state that she "has a fundamental right to terminate her life". No explanation was given for the origins or limits of this right; however, if other courts agree that the right is

"fundamental" under the U.S. Constitution, any efforts to prevent suicide by competent adults, or to punish those who assist in suicide, would be fruitless.

The cases of Arthur Koestler and Elizabeth Bouvia, while important, do not tell us enough about contemporary attitudes toward suicide. Between 1969 and 1979, deaths from suicide in the United States increased approximately 22 percent. Most of this increase was attributable to a drastic rise in the suicide rate for those aged 15-24. Suicides in this age group increased 74 percent among males and 33 percent among females. In 1981 alone, 5,600 young men and women under age 25 took their own lives. In communities as geographically disparate as Texas, New York and Illinois, suicide "epidemics" have been reported. It is noteworthy that rates of suicide among teenagers in affluent areas are particularly high. In such communities, there is often a prevalent pressure to achieve, which is reinforced by both parents and peers, leaving troubled adolescents in an isolated position. However, suicides are not limited to the "under-achiever" or the outcast; honor students, star athletes, and homecoming queens are among the victims. This demonstrates that lack of self-love and self-esteem is not limited to those who have failed in their pursuit of the material goals of American society, nor is the need for unconditional love and acceptance any less for those who have achieved highly. Adolescents are particularly susceptible to despondency resulting from a gap between a high level of expectation or achievement and a low sense of self-respect.

One positive development on the issue of suicide is the increased attention of physicians and mental health professionals to the problem. Their work has served to increase the possibilities of successfully identifying and treating the potential suicide victim. Studies have also confirmed that, in general, suicide victims are probably afflicted with a prior psychiatric disorder. Implicitly, this means that there are signs of psychological disorder even before a person manifests specific suicidal thought and behavior. Among adolescents, the withdrawal induced by such prior disorders can take many forms. Immersion into schoolwork is a possible means of withdrawal, as is avoidance of work, family and responsibility.

### **Three Typical Conditions**

One researcher has identified three conditions which are present in virtually every suicide: abnormal self-hatred, a negative mental attitude, and a narrow constriction of the mind which allows the person to see only the unbearable difficulty, and only one means of escape. These three conditions may bring about a suicide when the victim concludes that cessation, or death, is the only way of putting a stop to the unbearable pain. Ironically, it is when this conclusion has been reached that the suicide victim will often experience a sudden lifting of sadness, depression or isolation. Having decided upon a solution, and having resolved, single-mindedly, to carry out that solution, the victim may give the false

appearance of recovery and improved outlook on life. The inner reality, however, is much different.

Researchers have also identified credible warning signs of suicide, particularly among adolescents. These signs range from the obvious (previous suicide attempts, expressions of a desire to end life and purchase of lethal materials or weapons) to the subtle (giving away of prized possessions, changes in behavior or long-established habits, family disruptions). Since most victims give some warning of their intent, crisis intervention techniques may be employed to divert a potential suicide and obtain necessary professional help. The primary "technique" for intervention is to show the potential victim that someone really cares — by listening, being affirmative and suggestive, and taking seriously the victim's emotional or psychological distress. However, these are only primary steps. A serious situation such as this requires appropriate expert assistance and consultation.

Stories of suicide reported in the media further belie any notion that this can be a rational, ethical or in any way beneficial course of action. All of the characteristics of the suicide victim discussed above are present in the cases of "celebrity" suicide: Jean Humphrey, Arthur and Cynthia Koestler, Elizabeth Bouvia. The manner of death of these victims displays no heroism and evokes little admiration. Their stories are essentially stories of despair, of hopelessness and lack of courage. They are to be pitied for the depth of spirit into which they sank before their deaths, but one would scarcely wish to emulate their condition, or their response. Their decision to react to their condition by choosing "cessation" means that they had denied all possibility of fulfillment or enjoyment for the remainder of their lives. The advocates of rational suicide claim that they are not pro-death, that they are simply refusing to attach "absolute" value to life and instead, are considering life in the context of other "goods," loosely defined as the "quality" of life. However, the attitudes and actions of the victims of so-called rational suicides demonstrate that these deaths are just as nihilistic and desperate as any other act of suicide. Life is not a "good" like other goods which can be pursued for a time, then foresworn, and resumed once again. The decision to take one's life in *any* situation is a declaration of the utter futility and meaninglessness of that life. The Judeo-Christian tradition has always treated such despair as a grave matter, although the Church now recognizes that judgment of such actions must take into account subjective factors such as psychiatric illness or chemical dependency on the part of the victim. Yet one need not call upon religious tradition to understand that such a declaration of futility is not a rational or ethical position, and even if such a declaration is made, that it hardly justifies the taking of one's own life.

### **A Basic Ethical Principle**

As philosopher Germain Grisez has written, a basic ethical principle common to many systems of secular philosophy is that one ought not to



attempt to serve a human good by acting in a way detrimental to other human goods. Put more abruptly, "The end does not justify the means." With regard to human personhood, this dictum mandates that persons never be treated as means to an end, but always as an end themselves. That is, respect for the human is a paramount value which may not be subverted in pursuit of other goods. To contravene this principle is to insult the dignity and potential of the individual, to diminish the capacity of this person to "flourish" in his own personhood, as Grisez puts it. One may even think, after due consideration, that the person being used as a means will benefit from the action, or at least not be harmed. However, this deliberation fails to take into account the qualities, potentialities and sensitivities of that person which cannot be known, even to that person himself. Any rational system of ethics must take into account these unknown possibilities; to do otherwise would be to deny a critical facet of the human nature. Hence, the utter desperation of the suicide victim, no matter how rational or possessed of faculties the victim appears to be, is in all cases a non-rational position which denies the possibility of other human goods to be served by the continuation of life. Unlike the hopelessly, terminally ill patient who foregoes a burdensome regimen of hospital treatment to die at home or in a hospice, the suicide victim is no longer open to any possibility for good which life may afford. Defiantly, he has declared that his life is devoid of value, and thus, may be destroyed. This judgment is no more rational than that of the murderer who disclaims or is utterly indifferent to the value of the life he has taken.

It may be argued that the case for the intrinsic, unknown potential of human life does not apply in all cases, that certain lives are utterly devoid of value, and that the individual is alone qualified to make the judgment in this regard. However, this argument provides no basis for determining how or why that life is without value, other than to defer to the subjective vision of the potential suicide victim. Indeed, any attempt to identify objective criteria for determining whether or not a life has value would result in the classification of *all* persons sharing such criteria as having meaningless lives. From this point, mandatory euthanasia or "suicide" of these individuals would be a relatively small step. Thus, any defense of rational suicide on supposedly objective criteria would necessarily implicate a much broader assault on the value of human life. Once the door is opened, there is no way to limit the application of suicide or assisting at suicide to a narrow category of carefully defined "humanitarian" cases as the progenitors of this policy argue. The aged, senile, ill and handicapped would all be at risk of coercive family and public health policies. Certainly, if the suicide is truly "rational," then it not only should be rational for this victim, but for all other persons faced with similar circumstances. If this "rational" choice is further refined to become the *only* rational choice for a person in these circumstances, then the link between "rational suicide" and "compulsory suicide" is firmly established.

## Results of Rejected Notion

If this notion is rejected, then we are left with the subjective vision of the potential suicide victim as the only arbiter of the intrinsic value for the victim's life. This alternative is equally unsatisfactory, for once again, it fails to identify any difference between the subjective judgment of the "rational" suicide victim as opposed to other suicide victims. The "rational" suicide — Arthur Koestler, Elizabeth Bouvia — believes that he or she has his/her entire life situation figured out and under control. Life holds no hope or promise other than suffering or pain or, perhaps, life holds no hope or promise which would justify the suffering of terminal illness or incapacitation. These persons ask that their judgment as to their own life's worth be respected. Their judgment, however, differs in no significant degree from that of any of the more than 5,000 teenagers who committed suicide in the past year. Society is traumatized by such deaths, shocked at the waste of human potential. But the ethic of rational suicide cannot make an exception for these cases. These teenagers, sadly, were of the same mind as an Arthur Koestler or Elizabeth Bouvia. Their lives held no hope or promise, and were full of unbearable psychic pain. They could see no value in future existence, and their act of suicide was just as certain or defiant as any other. If the suicide ethic is to be applied consistently, then many or most of these teenagers must be classified as "rational" or "justifiable" suicides. Attempting to distinguish the Koestler case because of terminal illness, or the Bouvia case because of disability, only brings the discussion back to the objective criteria discussed above. If this is done, we are implicitly saying that the lives of the handicapped or terminally ill individuals are less worthy of respect than those of affluent teenagers.

The case for rational suicide, therefore, appears to be little more than an attempt to rationalize suicide. Certainly, the rational suicide ethic provides no principled basis for treating certain suicides as "rational" and others as "irrational". Nor does it provide any basis for preventing a regimen of mandatory euthanasia/suicide of certain classes of persons. Indeed, the arguments for rational suicide are disturbingly similar to those proposed to support euthanasia, all essentially stemming from the notion that there is such a thing as a life not worthy to be lived. It is difficult to estimate what impact this ethic already has had upon society, but the impact is visible. In France, at least half-a-dozen suicide victims employed poisons or overdoses recommended in a suicide manual, and copies of the manual were found near their bodies. In the United States, adolescent suicide seems to have a ripple effect, as one suicide may lead other teenagers to view suicide as the deliverance from their problems. In countries all over the world, euthanasia is slowly gaining acceptance, as courts exonerate physicians who, by passive or active means, have brought the lives of terminally ill or profoundly disabled persons to an end.

In all of this debate, the views of those who have considered or even attempted suicide, and have recovered, are rarely heard. Once such person



is Anne-Grace Scheinin, the daughter of a manic-depressive suicide victim. Mrs. Scheinin was also manic-depressive, and attempted suicide several times by her early 20s. Viewing the grief and pain caused by her mother's suicide, Mrs. Scheinin resolved that she could never commit suicide. Writing in *Newsweek* in 1983, she said:

Suicide is not a normal death. It is tragic beyond the most shattering experiences, and the ultimate form of abandonment. There is no fate on which to place the blame. It rests squarely on the shoulders of the victim and the people left behind, many of whom spend the rest of their lives wondering, never knowing, if there was anything they could have done to prevent such a tragedy.

There is something about suicide that, even when done as an escape from an agonizing terminal illness, signals complete and utter defeat. It is without any semblance of nobility or pride. Life can become too heavy a burden to bear, but the release that suicide offers is not a triumph of life, the ultimate mastery of self over fate, but a grim renunciation of hope and a failure of the human spirit.

Testimony such as Mrs. Scheinin's convincingly demonstrates the danger and illogicality of the rational suicide position. Those who enjoy sound mental health can debate the merits of the suicide ethic in a detached fashion; however, those afflicted by numbing self-hatred and despair may grasp onto the suicide ethic as the encouragement they need to resolve their pain through self-destruction. Herein lies the insidiousness of the pro-suicide position. It says to persons in times of weakness, stress and great anguish that their lives are not worth continuing. Rather than affirming human dignity, and offering assistance to both recognize and overcome the underlying problems afflicting the potential suicide, this ethic destroys the last glimmering vestige of self-esteem and encourages victims to step over the brink. Since it is recognized that suicide is almost always the product of pre-existing psychiatric disorder, to exploit the weakness brought about by such disorder by offering the alternative of suicide is inherently irresponsible. The only responsible course is understanding, love, and appropriate professional care and supervision. This course will not always be successful; however, our appropriate sympathy for the suicide victim should not blind us to the ultimate irrationality of his act. The victim ought not to be condemned, and his survivors ought not to be abandoned in their grief. Our reaching out to the survivor-victims to share their pain should convince us, if nothing else does, that the solution offered by the suicide ethic does not alleviate, but rather exacerbates human suffering.

The prospects for change in the law on suicide are uncertain. Advocates for the sanctity of life must be vigilant, however, for the proponents of suicide and euthanasia have a definite strategy to erode the legal prohibitions which now exist. Much as the proponents of abortion did 20 years ago, these parties are attempting to lead the legal system away from a position of respect for the intrinsic value of all human life.

In 1973, we were told by the Supreme Court that the life of the unborn was not "meaningful" because it could not exist without the mother's

support. In the 1980s, we increasingly hear that the lives of the handicapped, the terminally ill, the victims of Alzheimer's disease, and the chronically depressed are not meaningful because they are dependent on others for basic means of support. In a society which glories in individual, material achievement, such an ethic has a way of creeping into the public consciousness so that its presence is not detected until it has been successful in altering public policy. This ethic will receive further impetus from the economic pressures already straining the health care system. It is critical, therefore, that pro-life efforts take account of the problem of suicide, and that opinion leaders and citizens speak out forcefully against the pro-suicide and pro-euthanasia efforts. As stated at the beginning of this article, the taboo on public discussion of suicide has all but vanished. Supporters of the sanctity of life must be both bold and understanding in countering the tendency to make suicide morally and socially acceptable and must be conscious of the persistent efforts to legalize assisted suicide which are being exerted now subtly, but which soon will be asserted boldly in courts and legislatures.

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