

SUICIDE AND ETHICAL THEORY

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Except in the present century, suicide has been viewed throughout Western history as an act having ethical significance, one for which moral blame or praise was a proper response. Response, of course, varied with the times. During the Stoic era of Greece and Rome, suicide was praised as the morally responsible act of the wise man. During the medieval Christian era, it was blamed as the most reprehensible of sins. With the influence of Durkheim and Esquirol at the close of the 19th century, however, the old ethical view of suicide was replaced by a newer, scientific one. Suicide came to be seen as the result of sociological and psychological conditions for which the person could not be held responsible, and for which neither blame nor praise would therefore be appropriate.

But this view itself is now under scrutiny, and contemporary thinkers are beginning to suggest that ethical considerations do apply in at least some cases of suicide. This issue is an attempt to look at the ethical foundations of such views, and to examine the way in which contemporary ethical theory treats the issue of suicide.

Contemporary ethical theory divides roughly into two major camps: the utilitarians, both classical and contemporary, and the Kantians and their deontological descendants, the modern Kantians and the libertarians. Roughly speaking, the difference between the two major groups is this. Utilitarians are consequentialists, who assess the moral status of an act by inspecting the outcomes or consequences it would have. To decide whether a certain thing would be good to do, you consider what would result if you did it. If it would produce happiness, pleasure, or other valued outcomes, not just for oneself but for all those affected by your action, and would do so to a greater extent than any alternative action open to you, it is the right thing to do. If not, you ought not do it. This is just to say that you ought to do that act which, of all the possibilities available, produces (in Bentham's famous phrase) "the greatest happiness of the greatest number," or (in other classical formulations) the greatest good, or the greatest balance of pleasure over pain, or (as contemporary utilitarians are likely to say) the maximal satisfaction of acceptable preferences. On a basic utilitarian view, it is wrong to commit suicide if it will destroy not only

that life which is a benefit to oneself, but if it will cause other persons anguish, sorrow, and other emotional, social, and financial disbenefits due to deprivation and loss.

In contrast, nonconsequentialists (and there are many varieties, including not only Kantians but formalists of various sorts, including Ross, Rawls, and the libertarians) claim that considerations other than consequences are also relevant, and are, in fact, central in any moral choice. One ought to honor contracts and keep promises not just because the outcomes would be good, but because contracts ought to be honored and promises kept. Some forms of nonconsequentialism posit formal moral rules, such as "do not steal," "do not lie," or "do not kill." In Kantian theory, underlying and justifying this set of moral rules is a moral general principle requiring *respect for persons*, or, in Kant's specific view, respect for the human being's capacity as a rational being to generate moral law. Ethical abuses are, in the end, a kind of affront. They are actions which fail to respect the humanity and moral worth of the persons who are their victims.

Most of us harbor both utilitarian and Kantian sorts of intuitions about suicide. On the one hand, deploring suicide, we point to its horrible consequences—not only the loss of a person's life, but the anguish, grief, and irrational guilt that suicide breeds for the family members, friends, or other survivors. On the other hand, also deploring suicide, we point to the way in which suicide violates one of our most fundamental moral rules: "Do not kill." Since suicide is killing and killing is wrong, we often claim, suicide is wrong even without reference to the consequences it might produce.

It is usually assumed that both utilitarianism and Kantianism prohibit suicide, except perhaps for utilitarianism in those rare cases where the suicide of one destructive or burdensome individual will constitute a benefit to others. Kant says explicitly that suicide is wrong. However, it is less than fully clear that such assumptions are justified, and even Kant's own claim that his theory prohibits suicide may not be correct. Rather, the phenomenon of suicide may seem to serve as a test case *par excellence* for both kinds of moral theory. Perhaps because of taboos surrounding suicide and because of the post-Durkheim, post-Equirol view that suicide is simply a clinical problem, very few moral philosophers of either utilitarian or Kantian allegiance have actually addressed the issue, at least until very recent years. Does either utilitarian or Kantian moral theory, in its classical or contemporary formulations, prohibit suicide?

To examine this question, we have asked four distinguished philosophers to examine suicide as a test case of the fundamental ethical theories to which they subscribe. This is not an invitation simply to discuss one isolated applied-ethics issue, but to address a much more fundamental issue in ethical theory. There is already a substantial literature concerning suicide within the field of applied ethics. (It is reviewed exhaustively here in David Mayo's comprehensive survey). In most of this literature, attention is directed to such issues as whether suicide can be rational, whether it can be morally permissible, and whether obligations to society or to other individuals override any right one may have to end one's life. These questions are increasingly frequently raised as patients'-rights groups point to the possibility of self-administered death as an option in painful terminal illness, and as it becomes increasingly clear that there is no firm legal precedent on the status of suicide. However, there is also a more fundamental way to consider the issue of suicide, and it is in this way that suicide can be considered a test case for moral theories themselves. This is to realize that suicide is not just an act like any other, but that there is something unique about its role in morality. In the last entry in his *Notebooks 1914-1916*, Ludwig Wittgenstein hints at the fundamental nature of the relationship between suicide and morality itself:

If suicide is allowed, then everything is allowed.

If anything is not allowed, then suicide is not allowed.

This throws a light on the nature of ethics, for suicide is, so to speak, the elementary sin.

And when one investigates it, it is like investigating mercury vapour in order to comprehend the nature of vapours.

Or is even suicide in itself neither good nor evil?

But Wittgenstein does nothing more to articulate the nature of this relationship, or, indeed, call it into question.

Equally disturbingly, if we look at the views of the two great progenitors of utilitarianism and Kantianism, we discover in both cases a kind of discontinuity or gap between views on suicide and moral theory itself, when we might expect the relationship to be close. Consider, for instance, the views of John Stuart Mill. Would they permit (self-respecting) suicide, or not? Nowhere does Mill discuss this issue, though it might seem to be the best test of his anti-paternalist views. And one can imagine arguing the case on his behalf either way. For instance, given his strong emphasis on autonomy and self-determination, one can imagine that he would permit suicide in any

self-respecting case and would forbid all paternalistic suicide prevention, at least where there are no impairments due to psychopathology, very young or very old age, etc. But one might also imagine that Mill would argue that because suicide, like slavery, does not bring about a greater range of freedom, it cannot be allowed. Thus, on the one issue which might permit us to determine the relative importance Mill assigns to considerations of self-determination and the achievement of liberty, Mill himself is silent. Similarly, Kant inveighs against suicide in numerous places in his works, and yet, in the *Lectures on Ethics*, appears to admit as acceptable the suicide of Cato. Furthermore, in the casuistical questions of the *Metaphysics of Morals*, he clearly recognizes that the moral prohibition of suicide can be challenged in a variety of cases. Does Kant's view of moral integrity permit suicide in certain kinds of cases (for example, altruism, or to avoid degradation) or does it prohibit suicide altogether? Again, commentators have argued both ways, and Kant himself does little to resolve the issue.

Of the four moral philosophers represented here, none adopts a straightforwardly utilitarian approach, although Jan Narveson's paper, particularly where it inspects the rationality and morality of a personal suicide decision, employs traditional utilitarian criteria and terminology. Thomas Hill is a Kantian, a classical one, and provides an answer to the issues Kant failed to address. Donald Regan examines the position a utilitarian (even a sophisticated, contemporary one) must take, and the position of a sophisticated, contemporary Kantian as well. This latter is the libertarian view, also shared by Rolf Sartorius. Jointly, these philosophers show not only the ways in which contemporary moral theory has failed to contend with an issue that poses perhaps its most difficult test case, but at the same time point the way for its solution.

Narveson's treatment begins by distinguishing what he takes to be two very different issues: whether it is *wrong* to commit suicide, and whether it is advisable, rational, or desirable to do so. The former is to be determined by seeing whether there is a good reason, from the point of view of society in general, for forbidding it. This is based on a contractarian view. The

latter, discussed in utilitarian terms, is a difficult question involving life-values. On the first issue, Narveson points out that in many particular cases, there will be definite obligations to particular persons that could be violated by committing suicide—but, of course, there may not always be such obligations. Where there are not, it is not plausible to insist that one has obligations to the community strong enough to make suicide immoral.

Turning to the issue of personal suicide decisions, Narveson holds that one can hardly claim that suicide is *necessarily* imprudent or inadvisable. Nevertheless, suicide is probably, in most cases, a mistake, and for that reason, Narveson holds, we should be generally disposed to prevent suicides when we can. He then returns to the basic question of whether people have the right to look at their lives in this way, a way which presumes that one can use the results of a long-range, cost-benefit analysis to decide whether to commit suicide. Thorough endorsement of this way would amount to the view that people “belong to themselves.”

He puts the question this way: “Do we *own* ourselves—that is, is my life my own, so that I may do with it as I please?” Some objects which we take ourselves to own, he argues, are nevertheless objects we ought not destroy—major artworks, for example. But our own lives are not always of value in the way that great works of art are, and the needs, interests, and desires of other persons do not supply an adequate reason for our staying alive. Even under a fundamentally contractarian assumption, Narveson asserts, we do own ourselves. We are thus free to choose to live, or to commit suicide, on the basis of the hedonistic judgment-on-balance we make in predicting the future courses of our lives.

Narveson recognizes that this conclusion has far-reaching implications for suicide prevention. If a person judges that, on balance, his life will not go well and will mean less pleasure, more pain than he chooses to endure, we must be prepared to help him change this balance before we have the right to interfere. His life is his own, to do with it as he will.

Hill's account, in contrast, takes a classical Kantian view. Although the ethical background of this piece is quite different from Narveson's, like Narveson's it focuses primarily on those cases of suicide which do not primarily

have to do with its effects on other persons. A Kantian moral theory, Hill claims, provides an objection to suicide, even where it does not affect persons other than the agent himself.

To show this, Hill considers four kinds of cases we intuitively find somehow less than ideal: the impulsive suicide, the apathetic suicide, the suicide who abases himself, and the suicide who (like Narveson's central case) decides to act as the result of a hedonistic calculation. Developing an extended account of Kant's principle asserting the intrinsic value of life as a rational, autonomous agent, Hill modifies it to exclude cases where gross, irremediable pain or suffering render rational, autonomous agency impossible or intolerable. Nevertheless, he finds that the principle, even as modified, will count suicides of impulse, apathy, self-abasement, and hedonistic calculation less than ideal. The attitudes expressed by such a suicide can be described as those of the "consumer," who looks ahead to count up the pleasures and pains he can expect from the purchase of additional life, or the "obituarist," who looks backward to assess the overall character of life to this point. Both attitudes fail to recognize the value of one's own capacity as a rational, autonomous being to create one's own life and values, much as the author of a story creates the characters, the storyline, and the values expressed in the story he writes.

This "author perspective," Hill claims, comes closest to describing the modified Kantian ideal. It would permit some suicides, for instance, of persons facing the onset of permanent vegetative states, of persons in irremediable pain, and of persons who act from strong moral convictions, but it would not commend suicides which are out of line with this ideal. Since many of the suicides we most frequently confront do fall short of this ideal, the Kantian moral theory Hill is exploring provides an objection to them.

Regan, in turn, addresses both the utilitarian and the "modern Kantian" views of suicide, distinguishing (as Hill does) the "modern Kantians" from Kant. Both utilitarianism and modern Kantianism, according to Regan, fail to provide moral condemnation of suicide where they should. They fail because they are unable to specify what a person ought to do with his own life. Since they cannot say what a person ought to do with his life, they cannot say (at least in those self-respecting cases where consequences to others are ruled out) why a person ought not simply end his life. But,

Regan insists, in most ordinary cases a person ought not to end his life; that is intuitively clear. These are the cases, typically, in which people do not contemplate or attempt suicide; these are the "normal" cases, into which most (nonsuicidal) persons fit. Generally speaking, suicide in these cases would be morally wrong, but neither utilitarianism nor modern Kantianism is able to show why this is so.

However, to say that in most ordinary cases a person ought not commit suicide is not to say that no one should, or that the people who do contemplate, attempt, or actually commit suicide should not. Indeed, Regan holds, there are a number of kinds of cases in which suicide is permissible or even commendable, including the soldier who kills himself to protect the secret military information torturers would otherwise extract from him and the person in the final stages of an agonizing terminal illness. Both utilitarianism and modern Kantianism are able to show what makes these suicides morally acceptable. But they are unable to show why ordinary people in ordinary situations ought not kill themselves—that is, why even those who are not considering suicide, or are not at risk for suicide, nevertheless ought not do so.

That most ordinary persons who ought not commit suicide are not actually contemplating it does not alter the philosophical problem Regan finds with the two major ethical theories. Most of us do not contemplate, say, murder or robbery; but both utilitarianism and modern Kantianism can easily provide reasons why in most ordinary cases we ought not do so. Yet they cannot show why suicide would be wrong in the vast majority of cases. Hence, both theories fail at a crucial point.

To remedy this deficiency, Regan supplies an account of his own, drawing on the ethical intuitionism of G. E. Moore. Moore's theory, like utilitarianism, measures the moral value of actions in terms of the consequences to which they lead, but it posits two major sorts of good: pleasurable knowledge of certain natural and cultural objects, and pleasurable enjoyment of certain kinds of relationships with other people. Regan's Moorean view insists that one ought to attempt to attain these goods; doing these things is what one ought to be doing with one's life. Hence, one ought not commit suicide; there is something one should be doing instead.

Despite the fact that this view will provide a reason for preventing suicide in most ordinary cases (although suicide is not likely to be attempted in these cases), it does invite a rather different attitude toward the person who actually does attempt or complete suicide. The appropriate moral attitude is not so much condemnation as pity. This

person has not managed to create enough of the major sorts of good, both in themselves pleasures, in his life. Regan notes the odd irony of this point. Had such a person acted in a morally correct way and "done the right thing" by remaining alive, not only would this life have been of greater intrinsic value, but it would have had more good in it, and thus more pleasure, for him as well.

Sartorius examines moral theory as it becomes the basis for public policy, with particular reference to suicide prevention. Libertarianism, the ethical stance he adopts, is a variety of modern Kantianism, and is now the focus of considerable political as well as philosophical interest. Much recent libertarian writing has been concerned with the appropriate role of the state. Sartorius is interested here not so much in official governmental activities, but in those of quasi-official institutions and aggregates of persons, such as hospitals, medical boards, policy planners, and suicide-prevention centers.

In Sartorius' view, the liberty of the individual is of paramount importance. This is because what gives meaning and value to life is the freedom to choose one's own life plan and to live as one sees fit. This liberty should be limited *only* when a person would otherwise constrict the liberty of others, or do them harm. If a person chooses to live badly, that is his right, providing he does not harm others. We are not entitled to coerce him into self-improvement. Furthermore, if a person freely chooses not to live at all, this too is his right. Except for unwarranted harms to others, we have no right to force him to stay alive.

Sartorius examines this view by addressing the statistical problem, no doubt familiar to many readers of this volume, that aggressive policies in suicide prevention raise. Given the imperfect reliability of suicide prediction measures, a policy designed to prevent suicide by involuntary hospitalization and treatment will, in practice, mean that some persons who would not in fact have committed suicide are subjected to hospitalization and treatment in order to prevent those suicides which would otherwise actually occur. Sartorius draws an analogy to the criminal law: suicide prevention, as we practice it, is like a legal system which incarcerates all those who might commit crimes in order to be sure to catch those who will actually do so. But this is fundamentally unjust, and, Sartorius claims, so is suicide prevention which limits a person's liberty when it has less than adequate evidence that he would otherwise kill himself. A scientific community and treat-

ment network which identifies persons "at risk" of suicide and confines or treats them against their will on this basis is operating on shaky moral ground, if the base rates are low and the false positive rates high. This is not to claim that we ought to scrap suicide-prevention efforts altogether or that we ought never step in to prevent a self-inflicted death. Rather, the claim is that we ought to display the same concern for human liberty in civil commitments as we do in the criminal law. If we insist, as we do, on very high standards of reliability for the limitation of liberty under the criminal law, we ought to insist on similarly high standards for civil commitment too. The higher the standard, of course, the lower the valid positive rate, and the more frequently actual criminals and irrational suicides will go free. So there must be a tradeoff, Sartorius recognizes. He offers no calculus for determining how it should be made in either case, but he does argue that compensation is owed to those who have thereby been unjustly deprived of their freedom.

Sartorius' libertarian view has one further consequence for suicide prevention. Under this view, no one is *entitled* to be prevented from suicide. If a person attempts suicide, no one else, and no group, is obligated to try to save him. If they do so, it is a matter of generosity, above and beyond the call of duty. Consequently, the prospective suicide ought not count on any attempt to rescue him. No one can complain that inadequate rescue efforts, or no rescue efforts at all, were made on a suiciding individual's behalf.

This collection is not just a "philosophers' volume." After all, the moral theories employed in our culture are what give form to our views about what is right and what is wrong to do; they are reflected in custom, public policy, and law. It is easy to assume that all of these weigh against suicide in any and every form, but a more careful philosophic analysis suggests that this is not so. Of course, such results do not show that we ought to alter our views about public and clinical policy without further consideration, and the reaction of sociologist Ronald Maris and psychiatrist Jerome Motto are presented here to voice the kind of critiques that may arise in response to the philosopher's abstract, theoretical view. Nevertheless, social scientists, psychiatrists, and philosophers all acknowledge that earnest rethinking of our ethical commitments concerning suicide is in order, and we may hope that discussion among them will mark the genesis of a more informed and sensitive view.