Metaethics of the Duty to Die

Jose Luis Guerrero Quiñones
Independent scholar
Badajoz, Spain
Email: jlgqresearch@gmail.com
ORCID: 0000-0002-8855-4221

Abstract:

This paper straightforwardly addresses one of the strongest, from an ethical perspective, objections presented to the duty to die, the one concerned with the lack of a normative theory to support it, offered by Seay in his paper *Can there be a "duty to die" without a normative theory?* The aim of the paper is to provide strong metaethical grounds to support the duty to die without the need of a moral normative theory. First, the definition and main argument for the duty to die will be presented. Second, Seay's objection will be described and clearly explained. Third, our metaphysical assumptions and a preliminary metaethical discussion will be offered to situate and understand the context. Finally, we will show how the duty to die can be integrated within the metaethical approach previously presented, defending that there is no need of a normative theory to provide good justification and strong ethical grounds for the duty to die, because they will have already been provided by our metaethical argument.

Keywords: duty to die; metaethics; intuitionism; principlism; Wide Reflective Equilibrium; bioethics

Introduction

This paper straightforwardly addresses one of the strongest, from an ethical perspective, objections presented to the duty to die[1], the one concerned with the lack of a normative theory to support it, offered by Seay (2002) in his paper *Can there be a "duty to die" without a normative theory?* The aim of the paper is to provide strong metaethical grounds to support the duty to die without the need of a moral normative theory. First, the definition and main argument for the duty to die will be presented. Second, Seay's objection will be described and clearly explained. Third, our metaphysical assumptions and a preliminary metaethical discussion will be offered to situate and understand the context. Finally, we will show how the duty to die can be integrated within the metaethical approach previously presented, defending that there is no need of a normative theory to provide good justification and strong ethical grounds for the duty to die, because they will have already been provided by our metaethical argument.

1. The duty to die

1.1. Definition

The notion of the duty to die was first suggested by Lamm (1997) with the intention to focus our attention on the concentration of health resources in a ridiculously small proportion of the population: the sickest 5%. The extended understanding of death as a right to which we are all entitled, concealing its true nature as an event that will irremediably occur to us, conveys the belief that no delimitation of health care should be stablished, that a person has the right to use as many resources as necessary before her life ends. However, this concentration of expenditures on the dying process implies an unjust distributin of resources amidst other population groups who might benefit more from them. It is imperative, then, as a society, to acknowledge how important the just distribution of healthcare resources throughout a person's lifespan is. Understanding dying as a duty means to comprehend that we cannot bankrupt the next generation by the disproportionate allocation of resources in our dying bodies.

After the Lamm's brief presentation of the duty to die as an ethical quandary, John Hardwig (1990, 1997b, 1997a, 2000, 2013) is its main advocate, and the first to present a compelling argument to support its existence, as we will see in next subsection. Now, we must explain what the duty to die exactly is, how it must be understood, and clarify the concept's demarcations to comprehend what is implied by it[2]. First, the duty to die has to be read as a pretheoretical notion, interchangeable with the terms "responsibility" and/or "obligation". By that, Hardwig intends to remain aside from the metaethical and theoretical questions that the notion "duty" could arise, furtherly clarifying in a footnote (1997b, 42) that his choice comes from the familiarity of the term after Lamm's paper. Second, the underlying idea of Hardwig's duty to die is our moral responsibility to alleviate one's loved ones and family members suffering by the acceptance of our own death:

> But I cannot imagine it would be morally permissible for me to ruin the rest of my partner's life to sustain mine or to cut off my sons' careers, impoverish them, or compromise the quality of their children's lives simply because I want to live a little longer. This is what leads me to belief in a duty to die. (Hardwig, 1997b, 38)

Finally, the duty to die is a *prima facie* duty[3], that is, other existing personal responsibilities could outweigh one's duty to die. The duty to die should always consider other family members' opinions and interests, but it must remain a personal responsibility, where the person autonomously ponders all the relevant elements and make a final decision.

1.2. Main argument

The argument to defend the duty to die was presented and defended by Hardwig on his paper *Is there a duty to die?* (1997b), although Hardwig's first mention of such a duty appeared as part of an Ethics anthology on a chapter titled *Dying at the right time: reflections on (un)assisted suicide* (1997a). Despite it being presented in those articles, it will be laid out here by the usage of

bullet points, for the sake of clarity and a better understanding, as Hardwig himself did years later in another paper (2013). The argument rests on three main premises, from which the existence of a duty to die will be deduced. Those premises are:

I. *Our medical decisions do not exclusively affect ourselves but have a direct impact on the lives of those we love, which will affect them in important and long-lasting ways.*

That is especially true in societies[4] where medical treatment costs are sometimes too high, economically speaking, to be afforded, with no further significant impact on the lives of those taking care of the expenses[5]. However, in societies where health care is of a public nature and all the treatment costs are covered, the emotional and physical burdens imposed in some cases by certain illnesses shall be considered weighty enough to contemplate the possibility of the existence of a duty to die[6].

II. *Medical decisions must be made considering what is best for all concerned, that is, the patient cannot, and should not, only measure their own interests and well-being when deciding for the treatment course to follow. Again, the interests of family and loved ones must be considered.*

Modest as it might seem, premise II involves a significant shift from the predominant approach to bioethics, which is a patient-centred one. In this case, patient-centred bioethics should be abandoned, moving to a family-centred one. Similarly, this change would require the redefinition of the concept of autonomy, which has a central role in Bioethics. Those issues were previously addressed by Hardwig in a paper considering the family role in medicine (1990). In there, he questions the extent to which the family interests can and should be sacrificed when making medical decisions. There is a paradox and an anomaly in medical decision-making, he states, because the process excludes those around us (family and loved ones) from the consequences of our actions/decisions about treatment or other medical procedures. That is of foremost importance because an understanding of bioethics so centred on the patient forgets about the family dynamics, where sometimes the weakest member is not the patient, thus not the one most in need of protection.

As a result, the notion of autonomy needs rethinking, since patients also have moral responsibilities towards others; without question, the right course of action to take might not always be the one that promotes the patient's own interests. However, autonomy is understood in biomedical ethics contexts as having two essential conditions, liberty and agency, which acknowledges the value and decision-making rights of individuals. Similarly, when speaking about autonomous choices in bioethics, what is implied is the patient's competence and informed consent (Beauchamp & Childress, 2009, 101–140). Autonomy is understood as a *prima facie* principle which plays an important role to define and comprehend the rest of the bioethical principles (Beauchamp & Childress, 2009, 101–114; Gillon, 2003). Hence, what would be necessary is not so much a complete redefinition of the notion of autonomy, but the inclusion of the family interests when patients consider all the treatment options available. For, the autonomy of all members of the family, and especially those whose autonomy would be significantly

compromised, must be considered. The most significant consequence of those changes would be the increased weight that fairness and justice have in medical ethics. Equality must be the guiding principle when weighing interests; medical and non-medical, personal, and family members' interests must be similarly considered, and balanced when they conflict.

Despite the radical appearance of this shift, we consider that it is simply a specification and an amend to the notion of autonomy as currently considered in Bioethics, which would not necessarily have a significant impact, nor will it create the need of redefinition, on the concept of autonomy. We do not believe, as Hardwig does, that a complete change into family-centred bioethics is necessary. Autonomy will retain its relevance within biomedical ethics, but it is important to remember that, as a *prima facie* principle, there might be situations where it could be outweighed. To conclude, ideally, on a day-to-day basis, patients would consider their family and loved ones´ perspectives and would together decide what the best course of action to follow is.

We arrive at our third premise:

III. *The elderly also has responsibilities to their loved ones, among which the protection of the well-being of the family must be included. It is important to note that those responsibilities and obligations remain despite their illnesses. Counterintuitive as it might seem, moral agency cannot be obliterated by chronic illness and/or debility.*

It would be inadequate to deduce from this premise that duties of care are removed completely from discussion. Loving relationships are a two-way street where reciprocal care and responsibilities arise. This third premise attempts to highlight an often oversight perspective. Indeed, the moral duties of an ill person vary significantly when they are sick, some of them might totally disappear; but new ones could also arise and need to be addressed with caution.

Once we accept the already presented premises, the rest of the argument goes as follows:

IV. *Some burdens are too great to legitimately expect, ask, or even allow others in one's family to bear.*

V. *In some cases, there is no way to go on living without imposing those burdens upon others.*

VI. *In those cases, we still have a duty to try to protect our family and loved ones from those burdens. That duty might sometimes be a duty to die, for death would be the only, more appropriate, and/or morally preferable, option at hand to avoid imposing unnecessarily onerous emotional, physical, or financial burdens on a person's loved ones.*

It is important to note that the relevant philosophical issue here is not the number or percentage of cases where a duty to die may arise. It is enough for the sake of the argument to find at least few situations, regardless of how seldom they might be, where the duty to die can be clearly defended. However, to appreciate the surprisingly common and familiar character of cases where a duty to die might arise, consider Hardwig's example:

> An 87-year-old woman was dying of congestive heart failure. Her APACHE score predicted that she had less than a 50 percent chance to live for another six months. She was lucid, assertive, and terrified of death. She very much wanted to live and kept opting for rehospitalization and the most aggressive life-prolonging treatment possible. That treatment successfully prolonged her life (though with increasing

> debility) for nearly two years. Her 55-year-old daughter was her only remaining family, her caregiver, and the main source of her financial support. The daughter duly cared for her mother. But before her mother died, her illness had cost the daughter all of her savings, her home, her job, and her career (1997b, 37).

The question now is: what is the greater burden/evil? On one side, the mother is solely giving up a 50% chance of another six months of life; whereas her daughter, on the other side, has compromised and lost everything, savings, home, and career, at age 55. More cases like this one could be created, where the person bearing the greatest burden could be undoubtedly pointed to. The truly relevant issue lying here to defend that there exists a duty to die is the consideration of the moral importance of the daughter's burdens to bear in her mother's final decision (Hardwig, 1997b, 37–38). Death, or ending one's own life, is not always the greatest burden; moreover, it is sometimes preferable to a life full of pain and suffering. When we add to this consideration the idea of a family-centred bioethics, advocated for by Hardwig, we can clearly elucidate the main motivation he has to defend the existence of a duty to die.

2. Need of a normative theory?

A major objection to Hardwig´s argument defending the duty to die points to the lack of a normative theory which could provide ethical support of his claim. For Seay (2002), Hardwig would need such normative theory to protect his argument from objections that might be offered against it; however, it seems that Hardwig rejects any kind of normative ethical theory because it would depersonalise relationships. It is important to recall the relevance that family and loving relationships have in the advocacy for a duty to die. For, they are precisely those types of relationships which are situated at the core of Hardwig's argument and provide the ethical foundation and justification of the duty to die: dying so others we love might live better lives, free of the burdens that our staying alive would impose upon them.

What are, then, the consequences of missing a normative ethical theory? Seay (2002) argues that Hardwig's argument thus lack the capacity to offer a proper moral justification of his claim. Moral justification, Seay follows, consists in offering reasons to support our conclusions in arguments about the right thing to do. For reasons of logical consistency similar judgments need to be made about similar cases, and to do that we need normative and evaluative principles that make our moral reasoning possible. Otherwise, we would be lost without the guidance of a theory which could help us apply the same principles to similar specific situations:

> The point of normative and evaluative principles in ethics, after all, is to allow us to pick out morally relevant common features of actions, agents, and their contexts, so that—for reasons of logical consistency—similar judgments will be made about similar cases. That is what moral justification is, and it is in this way that we give reasons to support our conclusions in arguments about the right thing to do in a given case. Without arguments, there is no moral reasoning (Seay, 2002, 271).

More specifically, in the medical care context, those universalistic principles are required to provide solutions in concrete clinical cases.

This absence of a normative theory takes us to two critiques Hardwig (1990) seems unable to accommodate in his defence of a family-based model of bioethics. First, how can we defend personal rights in a family-centred model when interests conflict within the family? Hardwig has no alternatives to defend his argument from objections of this sort. For, family interests could sometimes impose themselves over the patient's medical decision, even if the latter is to be generally accepted as the right thing to do. Seay (2002, 269) presents the example of a 16-year-old girl within an ultra-catholic family who is secretly pregnant and wants to abort. In a family-centred model, the girl's decision would be stopped and her right to privacy violated, for the family would need to be informed and their interests considered prior to reaching any agreement regarding the medical alternatives and final decision. This case is a clear situation where the patient's autonomy would be left unconsidered because of the potential detriment to their family. Secondly, and furthermore, physicians must never permit patients to make decisions autonomously because the interests of any family member involved should be equally considered and they would be violated in cases of exclusive patients' decisions. That would imply a return to a doctor's paternalistic attitude towards patients and could involve a violation of their fiduciary duty to their patients, which would ultimately make people lose trust on their physicians and withhold information from them.

3. Metaethical preliminary reflection

Following Seay's requirement quoted above, the main objective of this section is to offer a metaethical foundation for the duty to die. The only purpose is to find justifiable grounds for the duty to die to be properly supported and well-founded. The intention is to show how the duty to die might appear in a variety of moral situations where action is required, and thorough consideration is needed, before offering a final response to the quandary posed by that specific situation. To provide further moral justification, principles will be necessary. The metaethical debate about moral properties is far from concluded, consensus has not been reached regarding the "nature" of moral properties, whether they aim to describe the world, thus could be true or false, and neither about the means there are available for us to gain knowledge of those moral properties[7]. As a preliminary discussion, the metaphysical assumptions my argumentation will rest upon must be clearly stated.

3.1. Moral cognitivism

When debating about the origins[8] of moral beliefs, there are at least three predominant options available, based on the answer they provide to the question: "do moral judgements express moral beliefs?". First, reason can be the origin of our moral beliefs, implying that empirical or rational intuitions are appropriate means of justifying our moral beliefs. This

position is called "cognitivism", it defends that ethical claims can be true or false, and it implies that ethical language aims to describe the world. On the opposite side, as a second possible answer, non-cognitivism argues that ethical claims/judgements, do not express a cognitive mental state, but simply state a personal attitude or feeling towards a specific situation or action. As a result, ethical claims cannot, and do not, aim to describe the world, nor can they be true or false. Accordingly, moral judgements would simply serve as a guide of action based on what we feel compelled to do or sanction in determined circumstances. There is yet a third and final alternative, moral relativism and the acceptance of the absence to find any possible form of justification for our moral judgements. On this view, society is the unique source of moral judgements, so morality is the equivalent of a record of different codes of behaviour that diverse groups of people have accepted and shared throughout history.

Inversely to the exposition order offered in the paragraph above, I will briefly try to show the flaws of the last two approaches and, consequently, the strengths of the cognitivist view that I will adopt as a metaethical support for the duty to die and its relevance in the field of bioethics. There are three quick arguments that clearly demonstrate the strengths of moral cognitivism, while exposing the deficiencies of the other two options[9]. First, the possibility of being mistaken about morality is widely intuitively accepted. That is, persons usually fail when judging a given situation, maybe because they have not been aware of all the morally relevant features of it or due to a lack of development on their moral character. For example, we could initially judge as wrong the act of stealing, but later, when a thorough insight has been obtained (i.e., about the fact that such person needs the stolen money to buy food for their children), change our judgement to the acceptance and moral justifiability of the action itself. In a second instance, and maybe more controversial, morality feels like a demand from outside. When behaving in a morally sanctionable way or weighing the alternatives before choosing a specific course of action, we feel compelled to do the right thing, or at least avoid doing the clearly wrong alternative. The "demand" to choose correctly, to do the right thing, feels weighty every time we face a situation with moral features. Finally, the idea of moral progress also supports cognitivism, for the possibility to offer justification of our moral claims appealing to something "real", to a property our actions have, together with the possibility of them being validated with the way the world is, is only plausible and arguable under cognitivism; because mistakes in moral reasoning would be thus explained by an erroneous attempt to identify those properties when justifying our claims and judgements. For these reasons, moral cognitivism will be accepted and assumed in the following.

3.2. Moral intuition, foundationalism, and Wide Reflective Equilibrium

Within metaethical cognitivist discussion, the duty to die can be understood as a moral intuition when a person encounters a situation where letting themselves die or actively hastening their deaths is morally required and the morally right thing to do. By moral intuition I mean "a pre-theoretical ethical belief or attitude, where this may include anything from a pre-cognitive

"gut reaction" on the one hand, to a considered ethical judgement on the other" (Lillehammer 2011, 185). That definition includes the idea that moral intuitions need not be the result of inferential reasoning; however, it is important to add that moral intuitions do not need to be reached immediately, like sensitive perception (McMahan 2013, 104–105); that is, they might be acknowledged after a period of reflection. This epistemological conception of the moral duty to die is compatible with Hardwig's personal understanding of the notion[10]. However, this understanding of moral intuition does not suffice as a valid form of moral justification on its own, it needs a more robust ethical structure to support it.

Our metaethical approach here follows McMahan (2013), for although intuitions are discovered first, when we encounter an ethical situation which needs solving, they take us to general moral principles which will furtherly help us justify those initial intuitions. The main idea is that intuitions are a reliable guide for moral knowledge, they are epistemically intelligible; but further reflection in search of moral justification will take us to moral principles. Are principles morally required? Yes, in two separate ways. First, in the sense we have just stated, because they are the foundations of morality, since they serve as moral justification of our intuitions, as it was previously indicated, which are nevertheless reliable sources of moral knowledge. Principles help us identify the morally salient features of the moral problems we have intuitions about, facilitating the appropriate moral approach and examination of them. But there is still a second way in which principles are needed: they provide/enhance intuitions with higher credibility. For, in that way the latter can be subsumed under plausible moral principles also applicable to other similar situations. In this sense, our claim is principlist, because accordance to principles will serve as a criterion of justifiability, and as a source of epistemological robustness. To the defence of principles as the foundation of moral justification, we must add a coherentist methodology. The coherence method adopted here is Wide Reflective Equilibrium (WRE), which requires principles to be tested for coherence and consistency with other intuitions and principles (Rawls 1975). The methodological requirement of WRE helps to show that our intuitions are presumptively credible not because they have some special property, but due to the good evidence that if they survive in a state of wide reflective equilibrium they are not relying in ethically irrelevant claims/principles/intuitions, for the latter would have exposed and eliminated discreditable criteria of assessment (Lillehammer 2011, 188–189). Finally, it is important to specify the three main commitments that, following Nichols (2012), WRE has. First, universal revisability. Every considered moral judgement, principle, or background theory in WRE is subject to constant scrutiny and possible rejection. It is important, having reached that point, to anticipate an objection regarding the viability of our version of WRE with an intuitionist foundation, for it could be objected that if intuitions can be revised, they are not self-evident. However, we shall bear in mind, before presenting such concern, that the self-evidence of moral intuitions does not entail infallibility, incorrigibility, or indubitability. Second, restricted epistemic priority, that is, cases, principles, and background theories have all the same epistemic

status/preference. Third, and last, the method of coherence, where holism is the methodology of discovery in bioethics, thus no linear (bottom-up or top-down) model of moral beliefs discovery would be appropriate to describe what we do in the field of bioethics.

3.3. Possible objections

a) Ethical particularism

The first objection to our metaethical considerations previously explained could be observed in ethical particularism, which postulates the non-existence of moral principles (Dancy 1983). Its most imminent consequence for our purposes is the impossibility to appeal to bioethical principles to justify and ground the notion of the duty to die. For particularism, morality must be approached on a case-by-case basis, where specific moral features of a concrete scenario cannot be extrapolated to others, independently of how similar the two could be. For, moral properties can make a difference in some cases but be completely irrelevant in other. Thus, the rightness, or wrongness, of individual acts can be discerned without the need to appeal to moral principles. The particularist alternative is to consider the specificities of a case, identifying the salient moral aspects of it, and judging them accordingly. In Dancy's words: "we discern directly that individual acts are right without needing any detour through principles." (1983 543)

There are three problems pointed by particularism to be wrong about the defence and necessity of moral principles to justify our morality. Firstly, there is a problem of consistency, for conflicts of duties seems unsolvable. Retaining clashing principles appears impossible after disagreements over which one must prevail in a determined moral quandary. How could a moral subject keep both and apply them in a different situation once the conflict has been elucidated? The second problem concerns the epistemology of moral principles; in other words, the means to acquire knowledge of those principles. For particularists, moral principles are not self-evident and cannot be proved so[11]. And, finally, there is the difficulty to account for the moral relevance of principles in distinct situations: "why should we admit that if a property 'makes a difference' in a particular case, then it generally 'makes a difference'?" (Dancy 1983, 534)

However, the possibility to offer a robust moral justification without pointing to principles into which our claims can be grounded, even if they simply serve as an initial guideline, seems difficult. To begin with, it is simply not the way we behave and operate in our moral life. The identification of morally relevant and salient features of specific situations is not enough to justify our moral actions, for it would be empty without the justificatory power of principles. The epistemological strength of our argumentation would be severely weakened if there is nothing else to tie our moral justification to than the identified features; it could perfectly be the case that we misinterpreted the scenario and, with it, the morally significant elements to be considered. Thus, how could anyone rest assured that the chosen features serve as justification if there is nothing else to appeal to than themselves? Principles provide us with a starting point from which we can begin reasoning and seeking moral justification in diverse situations, "playing" with different arguments,

previously employed with success, which seems initially applicable to new scenarios. That is not to say, as considered by Dancy, that we are truly switching arguments in a strict sense, for it is not the case that we take a moral argument and apply it, without further consideration, to a new situation with similar but not identical relevant moral features. What we in fact do when we reason ethically is to flexibly apply principles we have learned from previous experience to new circumstances. Those principles are admittedly quite elastic and might perfectly adapt to a variety of cases, as if they were a regular sock which can fit three consecutive foot sizes. Continuing with the sock analogy, the fact that our principles sometimes fit quite tightly does not mean that they are the wrong match for our moral situation, it might just be that we have encountered a quite rare scenario (or just an unusual foot size for our socks). So, it would be a mistake to think that in such situation any piece of cloth would be completely useless; for it could be simply the case that we misinterpreted the moral relevant characteristic of the situation and we are truly dealing with a hand instead of a foot, thus we would need a glove or, in a more appropriate moral terminology, another principle under which the scenario could be subsumed.

Similarly, as an answer to Dancy's questions previously offered, Hooker (2000 7–11) points to some possible counterexamples to particularism, where moral properties that "make a difference" in a determined situation also "make a difference" in general; in other words, there are moral properties that are always on the same side of the moral problem. Amidst the examples offered that can be place on the side of rightness we find seeking non-sadistic pleasure, benefiting others, and promoting justice. Examples of properties that count always on the wrongness side are promise-breaking and stealing. Those considerations need to be taken cautiously, for they are just understood as general moral pluses or minuses in specific situations. That means that, for example, even when promoting non-sadistic pleasure is always a moral plus, there could be a situation where it could be outweighed by opposing moral minuses, such as promise breaking. There are situations where moral pluses are not justified or opposite ones where moral minuses are justified. Imagine that someone needs to steal a drug to save a close friend's life. Stealing in that case is morally right and justifiable when weighing other relevant features, but that does not make stealing in general neutral, much less a moral plus to extrapolate to other circumstances. Moral cases like that help us fine-tune our principles.

There is still a final argument against particularism offered again by Hooker, who indicates the absence of any predictability in particularism. A particularist defence of moral justification makes impossible to predict how others will behave in the future. There could be no sureness that a particularist would not attack us, rob us, or break their promises to us. Trust seems impossible. Appeals to principles as a means of justification gives morality with the share commitment needed to provide people with the assurance that nobody will attack them, rob them... Widespread acceptance of particularism would have bad net effects on human well-being. To conclude, "the overall plausibility of a moral view is seriously impaired if it denies that one of the points of morality is to increase the probability of conformity with certain mutually beneficial practices." (Hooker 2000, 22)

b) A critique of Reflective Equilibrium

The second set of objections worth mentioning and considering focuses on Reflective Equilibrium, on its wide version, as an appropriate methodology for bioethics. In fact, this criticism questions the viability of Wide Reflective Equilibrium (WRE) and the idea that coherence could provide sufficient justificatory power for our moral claims and principles. On that line of argumentation, Arras (2007) also points to some concerns linked to the one just mentioned, which are more likely to appear in the field of bioethics. First, he questions whether WRE is truly practicable, for there are, on his view, justification difficulties due to the need to constantly check our moral beliefs with the entire network of beliefs. Closely related to this, as a direct consequence, WRE would not provide a precise guide for action, which is imperiously necessary in current bioethical decisions. The endless enterprise of checking our moral beliefs against the rest of cases, principles, and background theories, to reach an equilibria situation seems inadequate to proceed in healthcare settings where time is a crucial factor making medical decisions. Secondly, and going back to the problem of the justificatory power of WRE, Arras criticises the absence of epistemologically privileged moral beliefs and principles in WRE, which does inevitably convey that anything is equally susceptible of being expelled from the equilibrium. Moreover, coherence between elements in reflective equilibrium on its own is not sufficient to provide justification for our judgements. This is the result of a wrong analogy with the scientific methodology, where observation statements provide "datum" for further theorising in physical sciences, guaranteeing a sufficiently stable support in which justification can be firmly grounded. Besides that, the scientific model also provides mutually supporting beliefs or "credibility transfers" across disciplines, raising the epistemological status of the whole set of beliefs (Arras, 2007 51; 57–62). Hence, coherence alone is unable to provide justification for our moral beliefs.

It is now time to clarify the misunderstandings that led to the previously offered objections and, also, to offer counterarguments in defence of a more precise comprehension of WRE, its possibilities, and limitations. First, regarding the lack of practicability of WRE, it is important to note that equilibria shall not be understood as a final reachable stage where all of our moral judgements, principles, and background theories do harmoniously cohere. As Nichols emphasises, the method of WRE is never finished, nobody will ever be in that state, which means that we should never stop to employ the methodology and to subject our moral beliefs to scrutiny and revision: "all we can do is to use our best judgement in determining when we have subjected our beliefs to enough scrutiny to be able to justifiably use them as the basis for moral action" (Nichols 2012, 334). Second, in relation to the justificatory power of WRE, an initial misunderstanding on Arras's side needs to be clarified, which is the same that Nichols unveils in Strong's (2010) argument against WRE as a valid methodology in bioethics. The confusion rests on an inappropriate conception of WRE, for both Arras and Strong consider that the methodology of WRE entails coherentism for epistemic justification. However, the role coherence plays in the above defended version of WRE is methodological, and it does not play a justificatory

role as well in our belief system, but merely contributes to it. Coherence is necessary for justification, but not sufficient. What coherence can do is to elevate the epistemic credentials of a moral belief. The foundationalist WRE, together with the intuitionist nuances that have been specified and defended before in section 4.2., avoids the criticism relative to the lack of justificatory power of reflective equilibrium by presenting a set of reliable principles that will be called upon when justification for particular cases is needed. Moral intuitions could serve as the *observation statements* we find in sciences, providing support and epistemological justification to our claims, which will later be included in reflective equilibrium to be finally evaluated against previously accepted moral statements.

4. Metaethics of the duty to die

How, thus, is the duty to die to be metaethically supported in this approach? As stated above, the duty to die could be considered a moral intuition; that is, specific morally salient features can be identified in a situation where a person might have the responsibility to end their life as a way of preventing becoming a burden for their family and loved ones. The frequency of such duty is irrelevant for the purposes of moral justification, for, even if seldom, the duty to die might appear and thus deserves moral consideration. However, it might be the case that the duty to end one´s life before one would have otherwise initially thought is more common than usually believed. Even when Hardwig (1997a, 1997b) first presented his advocacy for the duty to die in a medical care context, the USA´s one, where most services respond to the economic interests of private companies, i.e., a private medical insurance scenery, morally similar situations could be encountered in public healthcare contexts, where resources are nevertheless scarce and a just distribution of them could never suffice to cover everyone´s needs[12]. To conclude, the identification of the duty to die with a moral intuition seems appropriate, for it does have its own specific and characteristic moral features. Situations where we might have responsibilities to those we love are often experienced by anyone with sufficiently strong affective bonds. Truth be told, those duties are not always equally demanding from us, but it is not difficult to picture a scenario where the circumstances could be so extreme that require from us to give up some of our lifetime, even more in situations where the end is inevitably near (e.g., terminal illness with a prognosis of two months of life) to ensure a better life for those we care about and love.

To avoid any possible confusion or misunderstanding of the moral advocacy of the duty to die, it must be clear that even though the socioeconomic circumstances of countries/nations is a crucial factor which will determine the possibilities that such duty arises, a lack of funding in healthcare institutions, where they are supported with taxpayers' money, could be never justified by the existence of such a duty. For, the duty to die is a personal one, so political ineptitude, when distributing resources and giving public institutions their due importance for the general interest and citizens' wellbeing, should never be evoked as a counterargument to justify that the duty to die is more common than it truly is. In other words, the fact that the duty to die arises in

socioeconomic and political contexts where resources are inevitably scarce and a just distribution of them is difficult is just that, a factual determinant, therefore it could not be appealed to as a moral argument, or else a fallacy would appear.

Returning to previous metaethical reflections, once we have stablished, and argued for, the duty to die as a moral intuition, accordance to moral bioethical principles should be proven to provide our intuition with a more robust moral justification. In the field of bioethics, principlism is embodied in Beauchamp's and Childress' (2009) theory of the four ethical principles to justify medical practices, which also employs WRE as a method to integrate those principles and provide them with greater coherence, and thus epistemological strength. Within that bioethical framework, the duty to die as a moral intuition can be subsumed under the principles of beneficence and justice; however, there might happen to be extraordinary circumstances which could make appealing to the principle of non-maleficence necessary[13].

The principle of beneficence is rooted in the idea that morality shall not merely consist in avoiding to harm others, but also taking positive steps to help them. As a principle, it focuses on the moral obligation to act for the benefit of others. Regardless of who the "other" is, the duty to die rests precisely on that assumption: that is, sometimes it is our moral duty, or responsibility, to weigh all possible available alternatives, considering other people's interests and wellbeing as well as our own, when making medical decisions. It could be argued that moral obligations emerging from beneficence would be extremely demanding, thus beneficence requests would be rendered as ideals that cannot be enforced. However, there are a number of prima facie rules of obligation, or duties, justifiable from bioethical principles that serve as a support to morally defend the duty to die. Beauchamp and Childress (2009 204) mention some of them: a) protect and defend the rights of others; b) prevent harm from occurring to others; and c) remove conditions that will cause harm to others. Presumably, nobody would deny that situations are far more common than initially thought where a terminal illness with a death prognosis could endanger other family members' or loved ones' chances to have access to education or would suppose a great burden due to the care needed, putting at risk their life goals and/or projects. That is not to say that everyone should have to do it, nor that a third-party could occasionally enforce it, for the duty to die must be understood as a *prima facie* moral obligation that must be weighed against other salient moral features in each specific case, which could perfectly leave it off the ethical considerations to consider before making any important medical decision. On the other side, it does not mean that situations where the duty to die is unavoidable, from a moral perspective, could be encountered. I would like to emphasise that what seems troublesome for most people when faced with the possibility of having a duty to die is not at all different from the fear of dying itself, regardless of the means employed or the reasons to do it. I do not intend to deny the extremely arduous process that the acceptance of the duty to die might be, coming to terms with the idea that one is going to die would likely make us all cling to life and seek any possible reason to stay around for a little longer. But it would be morally irresponsible and

unjustifiable to let our fear ruin our loved ones' lives. If we focus on the beneficence rule c) stated above, we could easily picture a situation where our staying alive for a couple of months more, when already suffering from a terminal illness that would nevertheless end our life within that period, became the removable condition that could prevent harm of others[14]. It is also important to pinpoint the distinctive character of the bonds created with our family and loved ones, for they generate specific benevolence, creating a more demanding moral behaviour towards them.

Focusing now to the principle of justice, it normally addresses bioethical problems concerning the distribution of scarce resources in the context of limited funding and expensive treatments and medical technologies. So, the term justice is commonly associated to its societal perspective, for when talking about distributive justice we refer to "the fair, equitable, and appropriate distribution of benefit and burdens determined by norms that structure the terms of social cooperation" (Beauchamp & Childress 2009, 250). Thus, it might appear to be a decision which must be determined on a political/social level, not on a personal one. Justice is concerned, in the biomedical discussion, with the equal treatment of persons attending to their material differences, in an effort to guarantee the same opportunities to access medical services. Societies are morally obliged to treat every citizen in the same way, protecting everyone´s right to healthcare, and assuring a decent minimum of services which cover their fundamental needs. How is the duty to die then related in any significant way to the principle of justice, where they appear to be implemented at different tiers, individual and societal, respectively? Well, let me show it with an example. A person has a remaining period of between two to three weeks left before a terminal disease ends their life. The technologies and treatment necessary to maintaining that person's life during that period amounts to a sum of money that could be redistributed to significantly improve the chances of life of other patients. Provided that such redistribution of the saved resources be possible, should the referred person desperately cling to life or accept its end therefore saving others? Trying to escape one's responsibilities towards others in a situation like the one presented seems unfair, unjust, to those in need of those medical resources. Especially so in cases where one has accepted their death, left everyone settled and has provided for their loved ones; once again, one's incapability to come to terms with and accept death cannot be sustained as a morally sufficient reason to stay alive. Just to clarify, it is enough to defend the argument for the duty to die to accept that there could be some cases where this *prima facie* duty would arise, even when in most other situations there would be heavier moral considerations which would tip the scales in favour of staying alive.

Conclusion

Notwithstanding the relatively limited metaethical considerations, for implications have not been thoroughly discussed and some assumptions have been made, this paper offers a valuable insight into the possibility of a moral justification of the duty to die. Similarly, the argument presented satisfactorily solves Seay's objection that pointed to the necessity of a normative theory to support the duty to die.

The paper defends that the duty to die can be understood as a moral intuition arising in specific medical context where a person might have to acknowledge it to avoid becoming a financial and/or emotional burden for their family or to society by making an unfair use of scarce resources. As a moral intuition, its moral characteristic features are first identified in a given scenario to be later on supported by strongest biomedical principles. In the case of the duty to die, those principles are beneficence, for the person who has a duty to die must consider the wellbeing of others whose lives could be ruined if the patient fails to recognise her duty; and the principle of justice, for healthcare resources must be justly distributed amidst all members of society to guarantee equal access to health opportunities, thus the duty to die can require that a person stops employing medical resources that could be better use to save others' lives.

The metaethical approach of the duty to die offered in this paper makes a substantial contribution to the discussion, for it provides a more robust ethical ground where the duty to die can be established. The scope of our metaethical reflection is limited to the assumption of moral cognitivism as the preferred alternative to support our arguments, but it nevertheless points to the possibility to justify and argues for the existence of a duty to die within a strong, well established ethical paradigm.

Endnotes:

1. The idea of the duty to die was first philosophically defended by John Hardwig (1997b, 1997a). And although there has been more discussion on the topic, it focuses on practical bioethical problems. Cf. (Battin 1994; Buchanan 1984; Daniels 2008; Ehman 2000).
2. It is important to emphasise that the purpose of this sections is merely to offer a sufficient explanation of the notion, which are enough to acquiesce to its bioethical interest.
3. Cf. (Menzel 2000).
4. Take as a paradigmatic example the US private health care insurance context.
5. Cf. (Rehmann-Sutter 2019; Winter & Parks 2012).
6. The expression of a wish to die for reasons including the avoidance to become a burden for loved ones and family members is common also in countries with public healthcare systems. Cf. (Pivodic et al. 2013).
7. Authors, as Robert L. Holmes, question the relevance of metaethics, normative, and applied ethics for what he calls "substantive morality", understood as "the ongoing process of making moral judgements that all of us engage in during the course of living", in (1990 145).
8. It is important to specify that the word "origins" here means the justificational source of our beliefs, and not a mere causal initial relation.
9. The arguments are so quickly exposed for the sake of brevity. They just intend to show the plausibility of moral cognitivism as a sufficiently robust theory to ground the further practical ethical claim of the existence of a duty to die.
10. See (Hardwig 1990, 1997b, 1997a, 2000, 2009).
11. We have already argued for the self-evident character of moral intuitions, such as the duty to die, so discussion will not be furtherly offered here.
12. See (Battin 2005, Chapter 14) Cf. also Hardwig's later considerations regarding the likelihood of a duty to die in Europe (2013).
13. There are so few cases that it is not even worthy to mention and seriously consider them. For moral

obligations subsumed under the principle of non-maleficence are stated negatively, as prohibitions of actions, and must be impartially applied.

14. That is precisely what Hardwig tries to show on his work advocating for the duty to die. Cf. (Hardwig 1997b, 1997a, 2000, 2009).

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