

Suicide

Because we are mortal, and furthermore have some CONTROL over when our deaths occur, we should ask: When is it acceptable to end one's own life?

1. Rationality vs. Morality: Kagan begins by distinguishing between two questions:

- When is it (pragmatically) *rational* to end one's own life?
- When is it *morally permissible* to end one's own life?

Kagan assumes that the question of when an action is (pragmatically) rational and when it is morally acceptable come apart. Indeed, they seem to:

- Something can be morally wrong, even if it is the (pragmatically) rational thing to do. For instance, cheating on a test may be the rational thing to do whenever there is a very good chance that one will get away with it (after all, it helps you to pass a course and gain a degree, and there will be no negative repercussions). Yet, doing so seems *morally wrong*.
- Something can be morally acceptable but (pragmatically) irrational. For instance, imagine that you got into W&M and another much worse school. Surely it would not have been IMMORAL to have gone to that other school. But, it would probably have been IRRATIONAL.

So, morality and rationality, immorality and irrationality, do not always go hand in hand.

2. Is it Ever Rational to End One's Own Life?: Is it ever rational to end one's own life? It seems that the obvious answer is: Yes; namely if one would be *better off dead*.

A note about comparison: Now, "better than" is relation between two things. So, it may at first glance seem that the claim that one would be "better off dead" requires a COMPARISON between one's actual state and the state of being dead. In short, if a suffering, dying patient would be "better off dead", one might think that that claim is being made due to the following line of reasoning:

The remainder of the patient's life will have some negative value (say, -100). But, if the patient is dead, then the patient's state of non-existence will have a value of zero. Clearly, -100 is worse than zero, so the patient would be better off if she were dead.

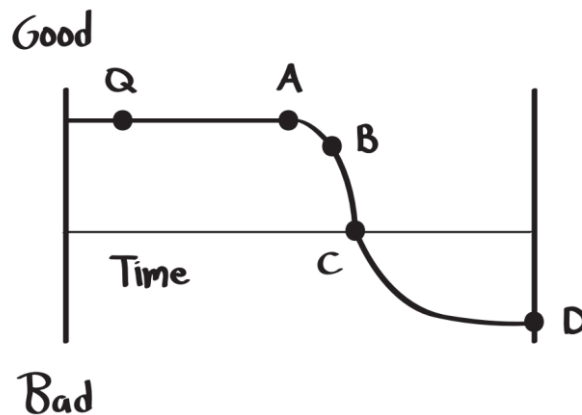
Note that this requires us to compare existence with non-existence. But, many philosophers take issue with this (and perhaps you do too). As we said, "better than" is a

relation between two THINGS. But, non-existence isn't a THING. How can we say that "being dead" has some quantitative VALUE for the individual? Being dead is NON-EXISTENCE, NOTHINGNESS. It doesn't have any sort of value for anyone AT ALL! Because of this, we simply cannot make such comparisons between existence and non-existence.

Reply: Kagan presents a way of getting around this worry. We needn't be able to COMPARE existence with non-existence. Rather, we need only be able to compare the value that one's actual life will have if they continue living with the value that one's actual life would have if it ended presently.

For instance, imagine that someone's life up to now has had a positive value of +100. Unfortunately, she is now terminally ill with a very painful, incurable disease. If she continues living, the pain and suffering will contribute -10 to her life. Well, now we can compare the value that her life WILL have if she continues to live until the disease takes her (+90; i.e., +100 - 10) with the value that her life would have if it ended prematurely right now (+100). On this calculation, it is clear that she would be better off dead—and we arrived at this conclusion without comparing existence with non-existence. (Note that we are implicitly arriving at this very same conclusion whenever we take a suffering, dying pet to the vet to be "put to sleep").

So, we seem to have a simple answer to the question, of When (if ever) is it (pragmatically) rational to end one's own life? Answer: When one would be better off dead. And we determine this by adding up all of the future goods and bads that one has to look forward to, should he or she continue to live, and see whether that quantity is positive or negative. For instance, suicide would be rational at point C during the following life:



Note1: Kagan speaks only of pain and pleasure. But, depending on how we answered the question of well-being, we might also add the satisfaction of desires, or items from an objective list (e.g., appreciation of beauty, acquiring of knowledge, friendship, etc.). Perhaps life itself even has some intrinsic value. If so, then, if the value of life itself is great enough, then the value of the remainder of one's life could NEVER be negative (because it would be outweighed by the positive value of merely living). We will set this view aside—most find it implausible, as evidenced by the fact that, e.g., putting a suffering dog to sleep seems to be a good thing, not a bad one.

Note2: There may be other kinds of rationality besides pragmatic (i.e., self-interested) rationality. For instance, it might be rational to jump in front of a bullet, or onto a grenade, to save the life of a loved one—though it is not clear that doing so would be in your self-interest. Such an instance might be considered a form of suicide (albeit an atypical one). We will ignore this sort of case.

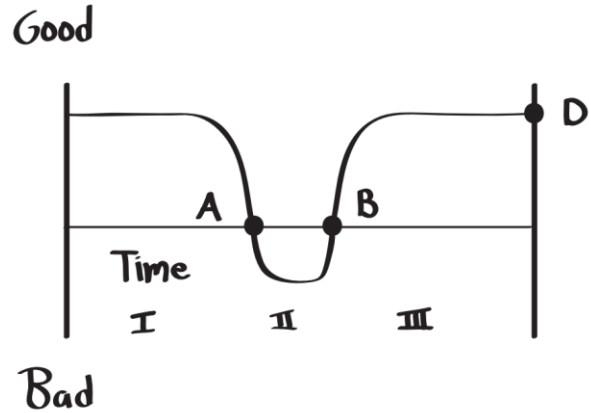
3. Uncertainty and Thinking Clearly: A worry comes up here. We might think that, even if ending one's own life in a circumstance where one's life had negative value (e.g., it was full of pain and suffering) and was guaranteed to continue in this negative state permanently (e.g., this seems true of terminally ill patients), can one ever even BE rational when in such a state?

Can a suicidal person ever think clearly? Consider: In order for a life to be not worth living, it would need to be filled with significant pain—so much that it would likely be overwhelming and debilitating. But, then, is it possible to even think clearly in such a state? The answer might be 'NO'. But, then, if one is not thinking clearly, then one should not trust one's own judgement that one is indeed IN one of the special circumstances where suicide is rational. If that is the case, then it turns out that it is actually NEVER rational to end one's own life. What we want is rational, informed consent. But, it simply may not be possible for someone to gather or consider the information rationally, or truly consent to death when they are in so much pain.

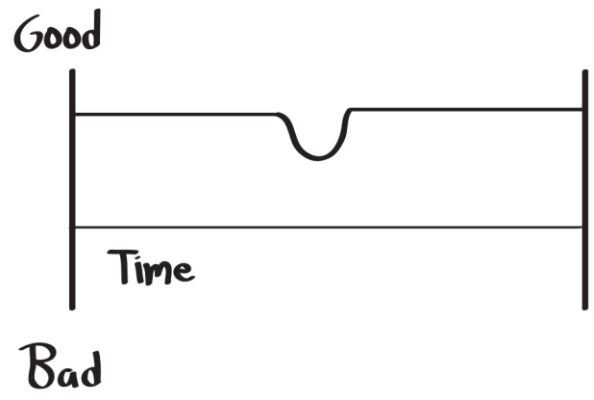
Furthermore: **We cannot know the future with certainty.** We do not have a crystal ball, we're not all-knowing. In real life, it seems that can very rarely (if ever) have confidence that we ARE in fact in a state where suicide would be rational.

Thus, even if suicide might be rational in certain extreme circumstances IF (i) one were thinking clearly AND (ii) one had complete knowledge of ones future, we might worry that neither of these conditions is ever met. That is, we might worry that (i) We can never KNOW when we are in those circumstances, and (ii) If we WERE in such circumstances, we could never be thinking clearly enough to think rationally (especially regarding such an important decision).

Indeed, nearly all suicides are probably due to a MISTAKEN calculation of what one's future holds. For, even if one is experiencing a very bad period of one's life, most likely, a graph of one's well-being looks like this:



Or even this:



Clearly, suicide would be irrational in either of these two circumstances. Sadly, due to mistaken and incomplete knowledge of one's future, some choose to take their own lives in such situations. In these cases, suicide is a terrible tragedy.

Indeed, even in cases of painful, incurable terminal illness, where doctors tell you that there is no hope of recovery or escape from pain, perhaps there is still a CHANCE that life will turn out to be worth living. For, new cures are discovered all the time. Also, some patients miraculously and inexplicably recover from supposedly "terminal" diseases.

Reply to Uncertainty: Regarding the question of uncertainty, consider that you are a contestant on a twisted game show:

Game Show You are required to pick one of two doors. If you pick Door #1, there is a 99% chance that you will be tortured for a week, and a 1% chance that you will be given a free, wonderful vacation for a week. If you pick Door #2, you will be put into a dreamless sleep for one week.

Which door would you choose? Kagan believes that you will choose Door #2, or at least, that it would be rational for you to do so.

Now, what if the two doors offered “prizes” that would occur for the rest of your LIFE!? (i.e., 99% chance of lifelong torture and 1% chance of lifelong vacation vs. 100% chance of lifelong dreamless sleep). Kagan says that it would still be rational to pick Door #2.

Now, what if there were only a 90% chance of being tortured if you picked Door #1? Probably you would still pick Door #2.

Kagan’s point here is that we need not be 100% CERTAIN of our future in order for suicide to be rational (Door #2 effectively represents suicide). We need only be “PRETTY SURE”.

Reply to Irrationality: Regarding the ability to make rational decisions when suffering extreme pain, Kagan turns the tables. He says, if such pain made one incapable of making informed decisions, then this would rule out not only decisions about suicide but also those about treatment.

Imagine a suffering, dying patient who is enduring unimaginable pain. The doctors have a cure that is nearly 100% likely to relieve the pain and save the patient’s life. Surely it would be rational for the patient to choose to be cured. But, if the objection above is correct, then we should not give the patient the cure, because the patient lacks the ability to give rational, informed consent to it. Clearly, this is absurd. So, the objection above is absurd.

[Is Kagan right about this? There seems to be an important difference. When the patient is deemed unfit to give informed consent, doctors typically act based on “hypothetical consent”—i.e., whatever a rational, informed patient likely WOULD consent to. For instance, they will resuscitate a patient whose heart has stopped without permission because it is assumed that this is what the patient would want. The default is LIFE, not death. If a patient IS overwhelmed by extreme pain, the default will still be life, not death. We cannot assume that the patient would hypothetically consent to euthanasia.]

Nevertheless, perhaps Kagan is at least right in saying that it is at least POSSIBLE to rationally conclude that suicide is the best option (the objection was that one could NEVER come to this conclusion rationally). [Is he right about this? What do you think?]

4. Is it Ever Morally Permissible to End One's Own Life?: Even if it could be RATIONAL to end one's own life, this does not guarantee that it would be morally PERMISSIBLE to do so. So, let's look at that topic now.

Some ethicists say that, when assessing whether or not an action is morally wrong, we need only look to the *consequences*. If the consequences of the action are good, then the action is morally permissible. If the consequences are bad, then the action is wrong. This view is called **utilitarianism** (a type of **consequentialism**). Typically, utilitarians go even further. They say that the morally right action is the one that brings about the BEST consequences—and all other actions are morally wrong.

Suicide Can Be Morally Permissible on Utilitarianism: If consequences are all that matter, then suicide would clearly be morally permissible when it is the BEST option (taking into account the future harm to yourself, and to others, etc.). That is, if death would be a GOOD thing for the person (because their entire future is not worth living), then suicide brings about a good consequence.

However, some believe that moral rightness or wrongness is about ACTIONS, not consequences. For instance, consider this case:

Organ Harvest: A doctor is caring for three dying patients, all of them in need of organ transplants (they need a kidney, a heart, and a liver, respectively). A healthy patient comes in for a routine check-up. The doctor sedates him, cuts him open, removes his organs, and performs the transplants, saving her three patients. No one ever discovers how she obtained the organs.

On utilitarianism, what the doctor does is morally permissible. Even worse, it is morally OBLIGATORY! That is, if the doctor DOESN'T kill the one healthy patient and harvest the organs, then she does something morally wrong (since killing the patient brings about the BEST consequences). However, this seems mistaken to most people. If we are correct in judging the doctor's action to be morally wrong, then utilitarianism must be false.

Utilitarianism might be summed up by the slogan "The ends justify the means." In Organ Harvest, the ends (saving 3 lives) justifies the means (killing one individual). But, many reject this claim. Perhaps the means must be justified by themselves (i.e., perhaps killing is just plain wrong, even if doing so saves 3 other people).

Suicide Morally Wrong On Deontology?: The view that certain actions are morally wrong in and of themselves (regardless of the consequences that they bring about) is called **Deontology**. On Deontology, if killing someone (even one's self) is always wrong, then suicide would be morally wrong.

Deontologists typically say that it is wrong to lie, steal, kill, harm others, etc. But, surely even a deontologist would agree that it is at least sometimes morally permissible to harm others in the short term under certain conditions—especially if we have their consent, and it leaves them better off overall. For instance, it is normally morally wrong to remove someone's kidney even if it saves someone else's life. But, now imagine that your kidney is cancerous and you have consented to having it removed in order to save your life (this happened to my own grandfather!). Surely the deontologist won't object to this on moral grounds.

So, if cutting someone open is sometimes permissible even on deontology (e.g., if they **consent**, and doing so **makes them better off**), then perhaps killing someone is also sometimes permissible. And, though suicide is an act of killing someone (yourself), it seems to resemble the surgery case in these two important respects.

Let's look at these two features:

Consent: Consent doesn't seem to automatically make it morally permissible for someone to kill you. If someone walks up to you and says, "Kill me, I give you permission," it still doesn't seem permissible to do so—even if the consent is:

- (i) given freely
- (ii) informed
- (iii) given by a competent decision-maker, and
- (iv) for good reasons.

On the other hand, surely **SOMETIMES** consent makes it permissible to kill an innocent person—e.g., yourself, if you throw yourself on a grenade to save 5 others. We often think this is morally commendable.

Makes One Better Off: It seems that **MERE** consent won't do. Probably we should add:

- (v) and the action benefits the person consenting to it.

But, then, perhaps suicide is morally permissible even on a deontological view, so long as they consent to it (which they clearly do if they are killing themselves) **AND** doing so makes them better off (which would be true if the rest of their life is not worth living).