**Choice of Death**

The choice of death implies that death may be a choice. I want to explore who makes that choice.

The European Court of Human Rights… states that there is a right to life. That implies anything that threatens this is wrong. So implicit in that there is no right to death.

Some time back there was an interchange on the web about dying. Stu sent out this ironic piece.

“Cost Benefit Analysis provides irrefutable (factual) evidence that keeping the elderly and sick of any age alive (regardless of whether the cause of their illness  is Covid or anything else)  is a wholly unjustifiable financial burden on those who pay. Compulsory euthanasia is the obvious solution, as it would dramatically enhance the wealth of the majority and consequently their happiness too.

Best wishes

J. Swift”

That got me thinking about suicide and euthanasia. So I start thinking about death. This is a whistle-stop tour.

When we lived in caves death was something that happened if you lacked food or were killed by an animal. But people had other accidents like falling off a cliff. This put in their mind that death like that could be a conscious choice for oneself.

Then fellow humans entered the ring. Tribes became hierarchical and someone higher up might decide whether you died. Then it was neighbouring tribes. Tribes began to dominate a bigger area and the concept of nations began. Death became about bravery and valour with fighting or execution if you were a bad person.

Then along came Jesus. There is much debate about what happened but eventually Rome took over the Christian religion in AD…. God came to the front in a big way and dominated what happened when you died. People had a soul which carried on after physical death so God your life owned your life. Christianity decreed that suicide was a mortal sin and the treat of hell was very real to most people. Religion was all about power but even when there was a big split between Catholics and Protestants God still owned death.

The power of the church declined and an economic view of life grew. If anybody else was involved with you death then they probably had an economic motivation.

In the last hundred or so years we can delay when people die. This can be seen clearly from life expectancy figures. To begin with it was improving sanitation then medicine stepped in with antibiotics. This unfortunately had the effect for a lot of people of increasing the time they had to suffer.

In *The living Sea of Waking Dreams by Richard* *Flanagan* an old and very ill woman is in hospital surrounded by her children. A line I find so apposite is “She had not understood her children’s resolve that she should live. If she had, she might have feared it more than death itself”

People die of cancer, heart disease or a stroke but that become much more likely as we grow older. Biologist Andre Steele defines aging as “the exponential increase in death and suffering with time”

There is a new discipline of biogerontologist whose object is “getting older with getting old”. We can expect this area to grow a lot in our lifetime.

So where are we now? Suicide is not illegal with the Suicide Act in 1961 but helping someone else do that is. Traditionally suicide happens when a person is unable to cope with a certain aspect of their life which leads to a premature death. They are in dark tunnel and can see no light at the end of it. Sometimes people are mentally ill. Drug overdoses can be more contentious.

When I started to prepare this talk Kieren sent me a link to “the lure of death: suicide and human evolution” by Nicholas Humphrey from Royal Society Publishing.

In it there was some fascinating statistics. Today no fewer than 1.4% of all deaths worldwide are attributed to suicide making the world’s leading cause of violent death. Suicides seem to be classed as either altruist or egotistic. Obvious examples of altruism are Jesus or Captain Oates. Most suicides are egotistical.

A lot of suicides are impulsive. Susan Sontag has written ‘How thin the line between the will to live and the will to die. How about a hole ... a really deep hole, which you put in a public place, for general use. In Manhattan, say, at the corner of Seventieth and Fifth. A sign beside the hole reads: 4 PM–8PM/MON WED & FRI/SUICIDE PERMITTED. Just that. A sign. Why, surely people would jump who had hardly thought of it before’

The philosopher Wittgenstein once told a friend that ‘all his life there had hardly been a day in which he had not thought suicide a possibility’. Most things are learned by experience. For example the fear of not being fed came from repeated famines. Or you can learn through other people’s experiences. Death is different.

Now we should look at suffering and mental capacity.

Few people choose to suffer and the last chapter of life is often about pain relief. People go to Dignitas in Switzerland because they choose not to suffer any more (and they can afford it) but then is the big question that should a person who accompanies them be prosecuted.

If it is up to the individual then society has to decide if that person is mentally capable of making that decision. Even so there might have to be some view on who benefits. It is more likely that one would say when you become mentally incapable there is no point in going on living.

We end up in a world where lots of people are kept alive simply because what’s what we do. One idea is the default position is that over 80 you agree to suicide in one year’s time, you can delay it each year but if you are not up to renewing it then you are euthanized.

That is not a serious suggestion but it brings us on to the topic of euthanasia.

This next part is from the BBC web-site

Euthanasia is the termination of a very sick person's life in order to relieve them of their suffering.

A person who undergoes euthanasia usually has an incurable condition. But there are other instances where some people want their life to be ended.

In many cases, it is carried out at the person's request but there are times when they may be too ill and the decision is made by relatives, medics or, in some instances, the courts.

The term is derived from the Greek word *euthanatos* which means easy death.

Euthanasia is against the law in the UK where it is illegal to help anyone kill themselves. Voluntary euthanasia or assisted suicide can lead to imprisonment of up to 14 years. When a person wants to kill their self but are not up to it physically then they need help from the doctor or another person.

The issue has been at the centre of very heated debates for many years and is surrounded by religious, ethical and practical considerations.

## Types of euthanasia

### Voluntary euthanasia

The person wants to die and says so. This includes cases of:

* asking for help with dying
* [refusing burdensome medical treatment](http://www.bbc.co.uk/ethics/euthanasia/overview/medicalburden.shtml)
* asking for medical treatment to be stopped, or life support machines to be switched off
* refusing to eat
* simply deciding to die

### Non-voluntary euthanasia

The person cannot make a decision or cannot make their wishes known. This includes cases where:

* the person is in a coma
* the person is too young (eg a very young baby)
* the person has dementia
* the person is mentally retarded to a very severe extent
* the person is severely brain damaged

### All these assume that there is no possibility of a recovery

### Active euthanasia

Active euthanasia occurs when the medical professionals, or another person, deliberately do something that causes the patient to die.

### Passive euthanasia

Passive euthanasia occurs when the patient dies because the medical professionals either don't do something necessary to keep the patient alive, or when they stop doing something that is keeping the patient alive.

* don't carry out a life-extending operation
* don't give life-extending drugs

Others are on the border between the two like turning off a life support machine on disconnecting a feeding tube.

### The moral difference between killing and letting die

Many people make a moral distinction between active and passive euthanasia.

They think that it is acceptable to withhold treatment and allow a patient to die, but that it is never acceptable to kill a patient by a deliberate act.

Some medical people like this idea. They think it allows them to provide a patient with the death they want without having to deal with the difficult moral problems they would face if they deliberately killed that person.

Simon Blackburn in the Oxford Dictionary of Philosophy states:-

The doctrine that it makes an ethical difference whether an agent actively intervenes to bring about a result, or omits to act in circumstances in which it is foreseen that as a result of the omission the same result occurs.

Thus suppose I wish you dead, if I act to bring about your death I am a murderer, but if I happily discover you in danger of death, and fail to act to save you, I am not acting, and therefore, according to the doctrine, not a murderer.

**Consider The killings in the bath**

The philosopher James Rachels has an argument that shows that the distinction between acts and omissions is not as helpful as it looks. Consider these two cases:

* Smith will inherit a fortune if his 6 year old cousin dies.
* One evening Smith sneaks into the bathroom where the child is having his bath and drowns the boy.
* Smith then arranges the evidence so that it looks like an accident.
* Jones will inherit a fortune if his 6 year old cousin dies.
* One evening Jones sneaks into the bathroom where the child is having his bath.
* As he enters the bathroom he sees the boy fall over, hit his head on the side of the bath, and slide face-down under the water.
* Jones is delighted; he doesn't rescue the child but stands by the bath, and watches as the child drowns.

According to the doctrine of acts and omissions Smith is morally guiltier than Jones, since he actively killed the child, while Jones just allowed the boy to die. In law Smith is guilty of murder and Jones isn't guilty of anything.

However, most people would regard any distinction between their moral guilt as splitting hairs.

Arguments in favour of euthanasia can be broken down into a few main categories:

### Arguments based on rights

* [People have an explicit right to die](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)
* A separate right to die is not necessary, because [our other human rights imply the right to die](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)
* Death is a private matter and [if there is no harm to others, the state and other people have no right to interfere](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml) (a libertarian argument)

### Practical arguments

* [It is possible to regulate euthanasia](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)
* [Allowing people to die may free up scarce health resources](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml) (this is a possible argument, but no authority has seriously proposed it)
* [Euthanasia happens anyway (a utilitarian or consequentialist argument)](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)

### Philosophical arguments

* [Euthanasia satisfies the criterion that moral rules must be universalisable](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)
* [Euthanasia happens anyway (a utilitarian or consequentialist argument)](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)
* [Is death a bad thing?](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)

### Arguments about death itself

* [**Is death a bad thing?**](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml)

[**Top**](http://www.bbc.co.uk/ethics/euthanasia/infavour/infavour_1.shtml#top)

## Regulating euthanasia

Those in favour of euthanasia think that there is no reason why euthanasia can't be controlled by [**proper regulation**](http://www.bbc.co.uk/ethics/euthanasia/overview/regulation_1.shtml), but they acknowledge that some problems will remain.