

“SUICIDE AND EUTHANASIA”

by

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in

DEATH, DYING, AND EUTHANASIA

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SUICIDE AND EUTHANASIA

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1. INTRODUCTION

Many attacks upon the moral permissibility of suicide and the legalization of euthanasia involve assumptions which are easily rejected. For example, sometimes a religious believer attacks these practices on the authority of his own religious tradition; a nonbeliever can brush aside such an argument. However, one can oppose suicide and euthanasia on strictly philosophical grounds.

One can argue that suicide is morally wrong simply because one should not directly destroy the basic human good of the life of a person, and that euthanasia should not be legalized, because even voluntary euthanasia is morally wrong and there are good reasons why *this sort* of morally wrong act should be a crime.

Those who defend the moral permissibility of suicide and the legalization of euthanasia must answer such a philosophical argument with an argument of their own. They admit that the life of a person ordinarily is a basic human good; there is a *prima facie* moral rule against killing people.

However, they claim that there are several generally accepted exceptions to this rule. Most people admit that one may bring about one's own death by laying down one's life in testimony to one's faith (martyrdom) or by acting courageously to save another from death (heroism). No one holds that people are morally obliged to use every possible means to prolong life; if one omits or discontinues the use of an available means one surely contributes to the causation of one's death. Most people admit that one may bring about another's death in some cases of individual self-defense and also in certain cases of social self-defense (capital punishment and war).

Killing oneself or another—the argument in defense of suicide and euthanasia proceeds—is justified in such unusual cases provided that the act of killing is rationally necessary. Killing is rationally necessary if it is the lesser of two or more evils, or if the act of killing brings about some good which outweighs the evil of death. More stringent moral requirements thus can override the *prima facie* obligation to respect human life. To deny this position would be to claim that life must be treated as the highest good, a good so great that the evil of its destruction is worse than any other evil.

However—proceeds the argument of those who defend suicide and euthanasia—even if human life is a basic good, mere life is not an absolute good. Life is a necessary condition for consciousness in which personal and interpersonal values are realized. But mere biological life is only a condition for what is truly personal in a human being. If respect for life is allowed to interfere with the protection or attainment of personal goods, then right order is upset. The merely instrumental good of life should not block action for the intrinsic values of the person.

Moral responsibility—the argument continues—requires one to take into account all factors in the situation in which one acts, and to do what is best all things considered. If one is inhibited in acting by some moral absolute, and if due to this inhibition one produces a state of affairs less good than one could produce, then one is morally at fault.

The argument in defense of the moral permissibility of suicide concludes that it is sometimes morally permissible and even rationally necessary to kill oneself in order to preserve and foster intrinsic personal values. Since suicide can be morally right, one can have a moral obligation to assist another who desires to die.

Voluntary euthanasia—its proponents argue—can violate no one's right to life, for a right is not violated if the person who has the right willingly gives up what the right protects. Then too, if it is morally right that a person's life be terminated, such a person has no right to life which can be violated. Society must foster life, but it also must respect other rights and promote the common welfare.

Besides—those who urge the legalization of euthanasia argue—it is cruel to compel persons who are suffering greatly and who would freely choose death to go on living simply to

maintain an absolute legal prohibition of homicide. It is a sound, general libertarian principle that the freedom of all members of society to do what they believe right in their own affairs ought to be respected. Furthermore, many physicians now break the letter of the law and will go on doing so if it is not amended to permit what is becoming a more and more widely accepted practice. The freedom of physicians also ought to be respected.

Then too, there is a class of individuals, including but not necessarily limited to severely defective infants, whose lives seem to many proponents of euthanasia to lack the quality which alone makes life worth living.

The argument for the legalization of euthanasia concludes that society ought not to interfere with the right of individuals to end their own lives or with the duty of others to aid them in this good deed.

In what follows, I argue that suicide is immoral and that euthanasia should not be legalized. In my argument, I deal with the case just summarized for the position which I reject.

In section two, I define the act of committing suicide in a way which distinguishes it from other acts by which one brings about one's death. In section three, I argue that the claim that other goods sometimes outweigh the good of life is meaningless. In section four, I argue that the good of human life is an intrinsic good of the person, not merely an instrumental good. In section five, I argue that it is always wrong to act against such goods intrinsic to persons. In section six, I argue that although not every immoral act should be a crime, euthanasia ought to be a crime.

2. DEFINITION OF SUICIDE

Most people do admit that martyrs and heroes can bring death upon themselves without thereby committing suicide. Also, most people do admit that sometimes individuals may blamelessly contribute to the causation of their own deaths by omitting the use of available means to prolong life. Those who argue for the moral permissibility of suicide think these admissions amount to exceptions to a *prima facie* moral rule against killing. Assuming that the rule already has several exceptions, why not make additional exceptions?

A clear definition of the moral act of committing suicide will not answer this argument, but it will help to answer it. Most people who consider suicide immoral do not classify as suicides martyrs, heroes, and those who draw a reasonable line beyond which they will not carry efforts to prolong life.¹ A proponent of the permissibility of suicide might argue that such cases are not classed as suicides simply because "suicide" means "the wrongful killing of oneself." But this is not so. A definition of the moral act of committing suicide will make clear that many suicides are not morally wrong, because they are not moral acts at all, while some self-destructive acts other than suicide surely are morally wrong.

The reluctance of most people to call "suicide" every act which brings about one's death is not arbitrary nor is it based upon a moral dividing line. This reluctance rather reflects the insight that suicide is a human act, and that as such it is defined by what one is *doing*, not simply by what one is *causing*.

One does a moral act of suicide if and only if one brings about one's own death by an action which one chooses as a means to an end which one expects will be served by one's dying or by one's being dead.

In this definition, the expression "moral act" does not mean an act which is morally *good*, but an act which is morally *significant*—that is, an act which counts morally as good or as bad.

An end is served by an action if a desired good is realized or its realization promoted—for example, by being rendered more probable—or if a feared evil is forestalled or mitigated. The relation of one's action to the end need not obtain in reality; it is sufficient that the agent expect that his act will serve the end he has in view. The suicidal act always is chosen as a means; no one regards dying or the condition of being dead as an end in itself.

The suicidal act need not be a deed; it can be an omission if the omission is proposed as a method of killing oneself.

If one does not succeed in bringing about one's own death, one does not commit suicide. If the other conditions are given for a moral act of suicide but one accidentally fails to bring about one's death, one has attempted to commit suicide.

The action by which one brings about one's own death can be consent to a deadly deed upon oneself by another; if

the other conditions are given, such consent is sufficient for suicide, and the act can be called "assisted suicide."

The definition I have proposed of the moral act of suicide will be clarified further by the following considerations bearing upon the meaning of "an action which one chooses." One chooses an action only if one deliberates about what one could do, and in the course of deliberation proposes to oneself two or more alternative possible deeds and/or omissions between or among which one settles upon a single deed or omission as the possibility to be carried out.

Deliberation begins when the spontaneous course of behavior is blocked. One is aware of a conflict. One could act this way or that, but any possible course of action will be unsatisfactory in some respects in which an alternative would be satisfactory. One's interests or purposes have incompatible implications; no possible course of action which one can think of will be entirely satisfying. One is aware that one must consider each of the two or more possible courses of action which suggest themselves, and then make up one's own mind what one will do. The consideration of possibilities is *deliberation*; the making up of one's mind which terminates deliberation is *choosing a course of action*.

As one deliberates, one takes into account many sorts of facts. One is aware of one's own powers and their limits. One also is aware of the states of affairs apart from oneself which facilitate but also limit what one can do. One is aware not only of the relevant present, but also of the relevant and likely future. For example, one thinks about some of the consequences which are likely to follow from the carrying out of each alternative one is considering. Taking facts into account is part of the process of deliberation, but not its distinctive feature. Statements about these facts are *descriptive* statements. One might consider these facts in a merely *theoretical* frame of mind.

What is distinctive about deliberation is that factual observations take on a more than theoretical interest as they are organized by their relevance to practical *proposals*. One proposes to oneself the possible courses of action from which one will choose what one will do.

In the case of suicide, the proposal to kill oneself is among the proposals one considers in deliberation and this proposal is settled upon by the choice which terminates deliberation.

For example, a person who for some reason is suffering greatly might think: "I wish I no longer had to suffer as I am now suffering. If I were dead, my suffering would be ended. But I am not likely to die soon. However, *I could kill myself*. But I also want to live. *I could put up with my misery* for a while longer, and perhaps find another way out." One thinking in this way is deliberating. In saying to oneself "I could kill myself," one proposes suicide. If the alternative thus proposed is chosen and carried out, one commits suicide.

In saying to oneself "*I could kill myself*," one is not merely observing a possibility which might or might not be realized. "Could" here means more than causal contingency. It does express one's capacity to cause one's own death. But it also expresses the practical possibility of using this capacity; it projects the use of this capacity in a context in which one thinks its use requires only one's own choice to use it. "I could kill myself" is a *proposal* that one should act in a certain definite way. If one adopts this proposal by choice and executes the choice by action, then one's action is in reality precisely what one proposed in deliberation.

One can propose to kill oneself without saying to oneself "I could kill myself." One might say something *which one would accept* as equivalent in meaning: "I could destroy myself," "I could rub myself out," "I could end it all," "I could put myself to sleep permanently," or something of the sort. Again, one might say something *which one would accept* as amounting to "I could kill myself" although not equivalent in meaning to it, such as "I could shoot myself" when what one has in mind is shooting oneself in the head and thereby causing death, not merely shooting oneself in the leg and causing a wound. In a more subtle case, an individual might propose an omission, such as "I could refuse to accept this medical treatment," and if it were pointed out: "By refusing this treatment, you will be killing yourself," might reply: "That is precisely what I have in mind."

This last example begins to bring out the subtlety of defining suicide in terms of suicidal choice and clarifying the latter in terms of what one *proposes* in deliberation. If a proposal to kill oneself is adopted by choice and this choice is successfully executed, many people would say that one's bringing about of death, one's dying, and one's being dead are "deliberate," "voluntary," and "intentional." Hence, such language often is used in defining "suicide" in an effort

to distinguish the moral action of committing suicide from actions of other kinds which also make some causal contribution to one's own death.

There is a sense of such expressions in which they might be used to define the moral act of committing suicide. For example, there is a sense in which what one intends when one chooses a course of action is precisely what one proposed to do when in deliberating one articulated the possibility which one adopts by choice. However, words such as "deliberate," "voluntary," and "intentional" have various meanings; in most of their uses, as a few examples will show, they do not clearly mark out the relevant distinctions.

An individual who has had several operations for cancer and who is not hopeful about the possibilities of greatly prolonging his life by additional surgery, upon noting the recurrence of symptoms which suggest that he should see his physician, might deliberate and articulate the following possibility: "I would like to avoid further painful treatment. *I could ignore these symptoms.* If they indicate a recurrence of the disease, it is of course likely to kill me sooner than if I seek further treatment at once. But my agony would be prolonged by any further attempt to extend my life." Such an individual *observes* the probable consequence of omitting to go to the doctor: that he is likely to die sooner than if he does go.

Because of this observation, many people would say that if he chooses to omit further treatment, he is deliberately, voluntarily, or intentionally contributing to the causation of his own death. But such an individual is not unreasonable if he thinks that his adoption of the proposal to ignore the symptoms is not a choice to kill himself, for *as he understands this proposal* it is neither equivalent in meaning to nor does it amount to "I could kill myself."

The preceding example suggests a clarification of the distinction drawn in Roman Catholic moral teaching between "ordinary" and "extraordinary" means of medical care. This distinction is not descriptive.² It need have nothing to do, for example, with the distinction between the natural and the artificial. Nor is this distinction reducible to the one physicians make between what is required by the common standards of medical practice and what exceeds these standards.³

I think that a means should be called "ordinary" in a moral sense if one who is deliberating in a reasonable and careful way would take a proposal to omit this means as amounting

to a proposal to kill the person in need of care. Thus, if it is always wrong to adopt a proposal to kill a person, it is by definition always wrong to neglect ordinary means of care. It can also be wrong to neglect extraordinary means of care if this neglect is understood as a way of killing or of carrying out some other wrongful proposal.

The concept of "deliberating in a reasonable and careful way," used in the preceding paragraph, is too complex to explore fully here, but it certainly requires that rationalization and self-deception be excluded, that facts be considered, that advice which would throw light on the facts be sought, that logical fallacies be avoided, that so far as possible ways of thinking which generally lead to truth be followed, and that an effort be made to find alternatives besides those which come easily to mind.

Another example of a kind of action which contributes to the causation of an individual's death but which is not an act of suicide is the typical martyr's laying down of his or her life. Such a person—of whom St. Thomas More is a good example—reasons as follows: "I would like to please everyone and I would like to stay alive. But they are demanding that I do something I believe to be absolutely wrong, something which would involve compromising a principle which should not be compromised. So I propose to refuse to do what is demanded. Of course, they are likely to kill me." Such a person proposes only to refuse to do what he believes is wrong.

Others, especially if they do not understand his reasoning, are likely to say that the martyr is deliberately, voluntarily, or intentionally bringing an end to his own life. However, he does not propose to kill himself. He is on firm ground in thinking that what he does propose—to refuse to do what he believes wrong—is not equivalent to and does not amount to a proposal to kill himself. The first persons for whom the martyr bears witness to his belief are his persecutors; they are free to accept this testimony and in the martyr's view they ought to accept it. Thus, the martyr's refusal to give in does not *bring about* the act of his persecutors, which results in the martyr's death. The martyr only fails to win over his persecutors and thus to forestall their deadly deed.

The case of the typical martyr must be contrasted with that of a person who does propose to kill himself or herself as a means of serving some end in view. A virgin, for example, might propose to kill herself in order to forestall violation. The adoption of such a proposal clearly is a suicidal choice.

Similarly, a war-protestor might propose: "I wish to make clear the horror of this war. *I could* douse myself with gasoline and *set myself afire*." An individual considering this proposal might well admit that it amounts to a proposal to kill himself. If so, the execution of the choice would be a moral act of suicide. If the individual did not admit the proposed demonstration to be suicide, the reasonableness of his deliberation could be questioned.

For example, if someone claimed this sort of demonstration would not amount to self-destruction but only to an emphatic communication similar to that of the typical martyr, it would be fair to ask whether a like communication could not be made without this deadly deed. If so, why was this proposal adopted? Is it not precisely the horror of *such a manner of dying* which is expected to make the desired point? If so, the proposal is to kill oneself in the service of peace.

The definition which I have given of the moral act of suicide will help not only to clarify why certain self-destructive acts are not suicidal but also why many suicidal acts are not regarded as morally wrong even by those who maintain that a moral act of suicide is never morally justifiable. Many suicidal acts are not moral acts of suicide either because they are not moral acts at all, or because they are moral acts which execute some choice other than a suicidal choice.

A person who is suffering psychological stress—even though not mentally ill—can reach a point at which deliberation and choice become impossible. Perhaps the thought of suicide has recurred over and over again, and the proposal has been rejected each time it has come to mind. But at some point the possibility of a deadly deed against oneself can become obsessive. Without one's own choice, every other possibility is excluded from awareness. One can think only: "*I will kill myself*." A person in such a state is not necessarily insane and in some sense can be said to be acting "deliberately," "voluntarily," and "intentionally." But the deadly deed executes no choice; such a person acts without adopting a proposal to treat his life as an expendable means to some other end.

Someone with an intimate knowledge of suicidal thinking—whether that knowledge is based upon introspective experience or upon close study of others—is likely to object that the foregoing vastly oversimplifies the confusion in the mind of an individual who is about to commit suicide. I agree. But

my purpose here is not to describe the complex phenomena of suicidal thought and action.⁴

Perhaps unconscious determinants of behavior play as large a role as conscious ones in the genesis of the deadly deed. Certainly, people often engage in behavior which has self-destructive potential without being conscious of it. Moreover, even when one is conscious of what one is doing, one's action can be ambiguous. For example, an individual who proposes "I could take the pills" might not be sure whether the pills are deadly or not, and might not be clear whether the proposal amounts to "I could kill myself" or only to "I could make them see how desperate I am."

None of this complexity and confusion is excluded by the definition of suicide which I have given. The function of a definition is to show what is involved in a paradigm case, and to indicate how borderline cases arise and how they are to be understood. My definition of the moral act of suicide and my distinction of such an act from a suicidal act which does not execute a choice apply to clear-cut cases. By calling attention to what is involved in these cases, I also try to clarify why so many cases of suicide are existentially ambiguous and to suggest how ambiguous cases are to be understood—namely, by reference to what the one performing the deadly deed *proposed and adopted* (in morally significant acts) or *projected and executed* (in suicidal acts wholly determined by factors other than one's own choice).

Some suicidal acts execute choices which are not suicidal choices. One might believe that some fundamental principle to which one is already committed demands that one here and now kill oneself; one might have integrated this principle so completely that one proceeds without deliberation and choice to do what seems necessary. For example, a person who believes in God might be convinced that God is commanding that he kill himself. Given a sufficiently blind faith, such an individual might not think of disobeying. Similarly, persons in some cultures in which ritual self-destruction is expected in certain situations perhaps carry out the ritual without considering any alternative to compliance with received customs. In cases like these, the morally relevant choice is not in respect to suicide, concerning which no choice is made at all, but is a commitment to the fundamental principle—for example, the religion or the culture—which now requires such behavior.

Certain nonsuicidal acts which bring about one's own death would be held to be morally wrong by most people, including many who think that a moral act of committing suicide can be morally right. For example, a daredevil might accept very high risks of death carrying out deeds which do not involve great skill or other noble qualities. He might do this simply in order to create a sensation by pandering to morbid curiosity, hoping in this way to acquire considerable wealth with little effort. He might very much desire to survive to enjoy his wealth. If he dies, he has not committed suicide. But I think that most people would regard such risk-taking as immoral.

Actions of this sort must be distinguished from moral acts of committing suicide which are executed by means which have a limited probability of success. For example, the proposal to play Russian Roulette is a proposal to kill oneself conditioned only upon something—which chamber the bullet is in—wholly outside one's knowledge and control. Simply because the bullet *happens* not to be in the chamber, the Russian Roulette player cannot claim that the proposal to play did not entail a proposal to kill himself. The daredevil differs in that he accepts *risk* to his life for the sake of an end which will be served only if he survives.

Finally, even if one neglects to obtain or refuses to accept medical treatment upon a proposal which does not amount to one's killing oneself, still such neglect or refusal could be morally wrong. For example, an individual who has a special and very great obligation to prolong his life might be morally blameworthy if he refused to use available means, even though he might refuse those means only to avoid the pain of the treatment itself, not to kill himself. In a case of this sort, those who use the terminology of "ordinary" and "extraordinary" means might say that the patient has an obligation to use extraordinary means.

In sum. A moral act of committing suicide involves the execution of a suicidal choice, and a suicidal choice is the adoption of a proposal to kill oneself or of a more specific proposal which amounts to this. This definition is not simply a reflection of the received moral judgment upon suicide. However, the definition does make clear why most people wish to distinguish between suicidal acts and other sorts of acts which contribute to the causation of one's own death. Thus, the clarifications I have provided in this section show that there

is no inevitable inconsistency or arbitrariness in the position of those who maintain that the moral act of suicide is always wrong, and yet who admit the permissibility of certain deeds and omissions which in fact contribute to bringing about one's own death.

3. CAN OTHER GOODS OUTWEIGH LIFE?

No one holds that the continuation of a person's life—on any terms and under any conditions—is the supreme human good. This is evident because no one holds that every human life must be prolonged as much as possible, no matter what the cost; likewise, no one holds that every other good must be subordinated to bare survival. Thus, even those who maintain that every act of committing suicide which is morally significant at all is morally evil agree that it can be right to act—as do martyrs, heroes, and those who draw a reasonable line beyond which they will not go in efforts to prolong life—for other goods to the detriment of the good of life.

From these facts those who argue in defense of the moral permissibility of suicide draw what they think is a logical conclusion: The good of human life can be outweighed by other goods of the person, goods such as the quality of life, personal dignity, well-being, and happiness. The good of human life, they add, can be outweighed by other goods even in some cases in which one is deliberating about a proposal to kill oneself. In such cases, they conclude, the moral act of suicide is permissible and even indicated.

Further, those who defend the moral permissibility of suicide argue that those who hold that suicide is always wrong are unreasonable. Absolute opponents of suicide, they assert, must defend one of two implausible theses: (1) the value of mere human life always outweighs the personal values involved in any alternative to a proposal to kill oneself, or (2) the adoption of such a proposal remains wrong even when it involves a lesser personal evil or yields a greater net personal value than any alternative. The first of these theses is implausible because it seems to imply that life—which admittedly is not the supreme good in cases where self-sacrifice and letting oneself die are permissible—suddenly becomes the supreme

good in every case which would require the adoption of a proposal to kill oneself. The second of these theses is implausible because it seems to imply that human values, which are the goods of persons, must be subordinated to an impersonal moral rule prohibiting suicide. But, the defenders of suicide argue, it cannot be wrong to choose the alternative which would be most fruitful in personal goods.

I hold that the moral act of committing suicide is always wrong. I do not hold that "mere life" is the supreme human good. I do not say that the good of life always—or ever—outweighs other personal goods. Nor do I defend the second implausible thesis, which pits morality against the good of persons. In my view, which I sketch out in section five, human goods do ground the norms by which a morally upright person acts. How, then, do I avoid the conclusion that suicide is justified when the good of life is outweighed by other goods? I avoid this conclusion by denying the assumption that various human goods *are measurable and commensurable*, that *they can be weighed and balanced against one another*.

The defense of the moral permissibility of committing suicide rests on a general theory of moral judgment. This theory, which I call "consequentialism," claims that the truth of a moral judgment is its conformity to a fact. For example, the truth of the moral judgment that one ought to commit suicide in a given case might be said by a consequentialist to rest upon the fact that a greater net human value will be achieved or preserved in that difficult situation if one adopts the proposal to commit suicide than if one adopts any alternative proposal.⁵

In general, consequentialists maintain that a moral judgment refers to the comparative value in a state of affairs which can be achieved or preserved by means of human acts.

Some versions of consequentialism are direct; they locate the preponderance of value which justifies an action in each particular act and its consequences. Other versions of consequentialism are indirect; they look to the consequences of accepting some rule or other principle by which particular acts will be judged. Again, some versions of consequentialism are pure; they admit no moral obligation which cannot be justified by consequentialist arguments alone. Other versions of consequentialism are mixed; they hold that some moral obligations can be justified only by using some nonconsequentialist principles.

All versions of consequentialism fail in the same way. But for the sake of simplicity, in what follows I do not mention indirect and mixed consequentialism. The interested reader will be able to apply what I say about direct and pure consequentialism—which often is called “act consequentialism” or “act utilitarianism”—to more complex versions of this theory.

Likewise, I will use expressions such as “preponderance of value” and “greater good” to refer to any outcome of the weighing and measuring of values and disvalues which any version of consequentialism considers sufficient to justify a choice. Thus “greater good” includes “lesser evil,” and refers as well to any other comparative value which any consequentialist proposes as the truth-condition of moral judgment.

Given these clarifications, the defense of the moral permissibility of suicide can be restated as follows. When one is making a moral choice, one ought to choose that alternative by which one expects to bring about the greater good. The choice and execution of the proposal to kill oneself can be expected to bring about the greater good in certain difficult situations—for example, if the only alternative is a slow, miserable, and undignified process of dying. Hence, in such cases one ought to commit suicide.

I contend that this argument suffers from a concealed logical fallacy. Either “greater good” is used in different senses in the two premises or it is not. If it is, then the argument is invalid because of equivocation. If it is used in the same sense in both premises, then “greater good” either is used in a sense which presupposes and includes *moral* goodness, or it is used in a sense which can be specified without invoking prior moral principles, *or it is used ambiguously in both premises.*

If “greater good” is taken in both premises in a moral sense, then everyone will agree with the truism that one ought to do what is morally good. But only those who defend the moral permissibility of suicide will grant that this act is at times good. In other words, understood in this way, the argument is question-begging.

This brings us to the second possibility: “Greater good” in the premises of the argument must be taken in a sense which can be specified without invoking prior moral principles. As a matter of fact, those who use this argument usually accept this alternative. They hold that “greater good” is

defined in terms of human goods such as quality of life, personal dignity, well-being, and happiness. They claim that these goods—which they regard as the ultimate goods of human persons and communities—can be defined apart from moral considerations. They regard these goods as pre-moral or nonmoral goods, not as inferior to moral goods but rather as superior to them. For the consequentialist, the goods on which all morality depends must be like moral goods in being human and personal but must be prior to moral goods, for the latter only lead to and serve these ultimate values.

I grant that “greater good” can be used meaningfully in extramoral contexts provided that one is interested in measuring the relative value of means to a specific, nonmoral objective. Some mouse-traps are better than others for catching mice. Some routes are better than others for getting to a specific destination. For carrying out any specific task, some techniques are better than others. Some generals are better than others at winning wars, and some politicians are better than others at achieving any particular, peacetime goal. But in all such cases, the *moral* rightness or wrongness of adopting the particular objective as one’s own remains an open question. A better H-bomb is not necessarily a weapon for which there is any morally acceptable use whatsoever.

The consequentialist proposes to draw an ethical conclusion from premises in which “greater good” can have only a nonmoral or premoral sense. Logically, as I shall show more fully below, the consequentialist cannot succeed. He is trying to deduce a moral “ought” from a comparison of values which is a mere “is” so far as morality is concerned. He is trying to derive prescriptions for acts from descriptions of facts.

There remains only one possibility: The consequentialist is committing a logical fallacy, but one which is concealed. It is concealed by equivocation upon “greater good.” This equivocation is not between one premise and the other in a consequentialist argument. Rather, “greater good” in consequentialist arguments must bear two incompatible meanings *at the same time*. Such arguments appear valid because the ambiguity is the same throughout. However, a consequentialist argument’s exigence that “greater good” bear at once two incompatible meanings altogether deprives the expression of meaning.

If I can establish this thesis, it has the following relevance to the argument about suicide. If I am right in think-

ing that "greater good" in the consequentialist argument for suicide loses all meaning, then when I argue that suicide is always wrong I need maintain neither that life is man's supreme good nor that morality requires one to subordinate a greater to a lesser personal good.

The consequentialist simply takes for granted what I maintain to be impossible: that one can balance nonmoral goods against one another and that one can make an estimate of preponderant value which is relevant to moral judgment.

The consequentialist is assuming that if one maintains that the good of human life may not be subordinated to other personal goods, then one must maintain that the good of "mere" life is the *highest* human good. But if "greater good" is meaningless, this assumption is false.

My rejection of the consequentialist's assumption rests not only on the maxim that "ought" cannot be derived validly from "is," but also on the following considerations which make clear the sense of this maxim and its relevance in the present argument.

I agree with consequentialists on one very important point. Moral judgments primarily bear upon possible courses of action and direct one to adopt some proposals rather than others. One makes a moral judgment as to what one ought to do when one is considering what one could do. Thus, moral judgments can shape one's action only when one is deliberating.

Deliberation begins when one experiences a conflict of desires or interests.⁶ One is aware of incompatible possibilities, such as either acting or refraining from action. Something in oneself draws one to each of the alternatives. The conflict makes one stop and think. Each alternative is somehow attractive, but none promises complete satisfaction: If only one had some previously established principle which clearly dictated that one alternative had to be carried out, one would have no need to make a choice. But when one is aware of no such unquestionable assumption, one feels that a choice must be made. One finds oneself in a practical impasse; deliberation is a quest for a way out. One deliberates, considering the advantages and disadvantages which probably would follow from the adoption of each proposal.

While one is deliberating, one regards alternative proposals as genuine possibilities. Any of the proposals under

consideration could be adopted. One expresses this possibility by saying to oneself: "I could adopt this alternative, and then again I could adopt that one." As I explained in section two, this "could" expresses a *practical* possibility. One is projecting a use of one's capacity in a context in which one thinks its use requires only one's choice to use it. Thus, a person who deliberates is aware of alternative proposals for action and he thinks that he can and must settle among these alternatives. "The choice is mine and I must make it," one says to oneself.

If some possibility did not appear good in any respect at all, that possibility would be of merely theoretical interest. Only what seems good can become a practical proposal which must be chosen or rejected. The proposal which is adopted at the end of deliberation is chosen precisely for the sake of the good which kept it in the running to the end. Hence, when one has made a choice, one always can give a reason for one's choice by citing the good for the sake of which one adopted this alternative.

Now, the consequentialist holds that the goods involved in each alternative are commensurable, and that a person ought to adopt that proposal which promises the greater good. But this "ought" is vacuous if it is impossible to choose any other alternative. Let us suppose that a person makes a consequentialist moral judgment and acts upon it. By hypothesis, such a person *does* adopt the proposal which promises the greater good, but he *could* instead have adopted an alternative proposal promising measurably less good. The question is: How could anyone knowingly choose the lesser good?

Whether or not one is a consequentialist, a choice by a person of an alternative known to promise a lesser good would be puzzling indeed. One might suppose that the wrong choice is made by mistake. But this supposition does not help the consequentialist, for he holds that the morality of one's actions is determined by one's conformity to one's actual appraisal; moral evil is not merely an honest error in computation. One also might suppose that the wrong choice is made due to the influence of unconscious factors upon choice. However, this supposition also is no help to the consequentialist, for he offers his theory as a method of intelligent adjudication between values and disvalues which he claims can be rationally measured and compared in deliberation.

Therefore, the consequentialist must maintain that one *could* purposely adopt a proposal which promises less good

than an alternative proposal which one *should* adopt. But there is never any reason for choosing the alternative which one does choose except the good it promises. If one alternative promises a measurably greater good than any other, a person who is deliberating has all the reason for choosing the alternative promising the measurable greater good that he has for choosing any other, and he has the further reason for choosing the former provided by the extra good it promises.

Thus, given the commensurability demanded by the consequentialist's theory of moral oughtness, no one can purposely prefer the lesser good. The reason for choosing the greater good would be not merely a good reason but a sufficient reason. Hence, one *could not* purposely adopt any proposal other than that which the consequentialist says one *should* adopt. But this implies that no one can do moral evil. Yet consequentialism is advanced as a theory of moral judgment, and a theory of moral judgment must leave open the *possibility* of wrong choices.

Someone might object that the foregoing argument presupposes that choices are free, and that this supposition is question-begging against consequentialists, who can reject free choice and defend some form of determinism or compatibilism. As a matter of historical fact, many famous consequentialists have rejected the libertarian conception of choice; Bentham, Mill, and Sidgwick are examples, and others easily come to mind. Many such consequentialists base their determinism on a psychological theory of motivation according to which one always chooses in accord with the stronger motive. This theory involves the same assumption as consequentialism: that prospective goods are commensurable. Psychological determinists and consequentialists often use the same analogy—that of the balance scale. The greater good or the stronger motive tilts the balance to one side.

I do think that people can make free choices.⁷ However, my present argument does not presuppose *freedom* of choice. All I need for the present argument are the *phenomena* of deliberation and choice. Someone like Mill who is both a psychological determinist and a consequentialist holds both that one necessarily chooses the greater good and that one ought to do so. The two positions are incompatible. If the goods promised by alternative proposals were commensurable, then one could pursue the greater, but one would have no choice about it, and so it would be senseless to say that one ought to choose the greater good.

In fact, choices are possible, for "greater good" has no definite meaning *antecedent* to the choice which ends the perplexity which gave rise to deliberation. The goods promised by different proposals are diverse and incommensurable. Thus one can and must choose, and the consequentialist's advice to adopt the proposal which promises the "greater good" is meaningless; anyone who is deliberating is uncertain where the "greater good" lies. Even if one's practical perplexity, one's belief that one can and must resolve such perplexity by choice, and one's feeling that one chooses freely are all illusions caused by determining conditions of which one is not aware, still the two requirements—that one be able to know the greater good and that one be able to choose the lesser—cannot be simultaneously met. But both of these requirements are essential to consequentialism for they are implicit in saying that one *ought* to choose the greater good.

Someone might object that it must be possible to know what is better and yet choose what is worse, for such perverse choice is at the heart of immorality on any account of it, non-consequentialist as well as consequentialist. I grant that one can know what is morally *better* yet do *what is* morally worse. What is bad from a moral point of view can be good—and a greater good—from some other perspective. Moral goodness and the good one is tempted to prefer to it simply are incommensurable, until one renders them commensurable after choosing one or the other, by stipulating as one's standard the mode of goodness which rendered interesting and eligible the proposal one adopted.

When the consequentialist argues for the moral permissibility of suicide—or of any other kind of action—in certain situations, he considers the possibilities in the light of his own prior commitments. These prior commitments need not have involved adopting any proposal for his own conduct, but might have involved condoning the act of another. Moreover, these prior commitments need have had nothing directly to do with suicide, but they have had sufficient bearing upon the various goods involved in the proposal to kill oneself and its alternatives that the consequentialist has assigned a definite weight to each of these goods allowing him to compare them one with another.

Thus the consequentialist is confident that he knows what is the "greater good." But "greater good" here means only the "good which anyone with my commitments would

prefer." Nevertheless, the consequentialist wishes his judgment to be a *moral* one, to express an objective criterion which any reasonable person should accept. So while the consequentialist means by "greater good" the good anyone like him would prefer, he also wishes this expression to mean the "good which any unprejudiced person ought to prefer."⁸

In sum. The consequentialist aspires to provide an objective norm of morality. But he succeeds in proposing a merely subjective standard. A moral standard is required only when choice is possible. But whenever a choice is possible, "greater good" is meaningless unless one good is stipulated to be greater than another. Whenever "greater good" does have a definite meaning, one for whom it has this meaning has no choice to make. If he tells someone else who does have a choice that he ought to choose the greater good, this advice fails to convey any intelligible guidance, for it can mean no more than "Choose as I would choose."

That consequentialism is not really a workable method of moral judgment is confirmed by several familiar objections against it.⁹ If consequentialism were meaningful, one making a moral judgment as it directs would need a way of defining and measuring human goods. He also would need an objective way of delimiting possibilities, of drawing the line in the investigation of consequences, and of determining whose interests should be considered.

A consequentialist talks in vague language of the "quality of life," "personal dignity," "well-being," "happiness," and the like. Such expressions are well suited to commend one's own preferences, but they hardly lend themselves to the measurement suggested by the analogies of weighing and computing, which are implicit in "greater good." In the mouth of a consequentialist, "quality of life" means whatever he is ready to accept as sufficient to justify an attack upon "mere" life. It is notorious in ethical theory that no one ever has produced a workable method of computing so-called "utilities," such as enjoyments or desire-fulfillments. Still, this insoluble problem is treated as if it were a mere technical difficulty. Commensurability is held as an article of consequentialist faith.

Similarly, only prior commitments delimit the possible alternatives to be considered and the extent to which inquiry into consequences is to be pressed. Very often, the consequentialist considers no alternative to the action he seeks to

justify except not acting at all. Ordinarily, he considers consequences only up to the point at which his view seems to gain some intuitive plausibility.

For example, a consequentialist defending the moral permissibility of assisted suicide in order to assure "death with dignity" discusses none of the range of choices open even to a dying person—to curse, to pray, to jest, to moan, to think of this or that. Nor does he discuss the much wider set of alternatives open to the individual who proposes to serve "dignity" by doing the deadly deed. Instead, the only possibilities seriously entertained are to kill or not to kill. And usually only one consequence of omitting to kill is considered: "useless suffering and the prolongation of *mere* life."

In considering whose interests are to count, the consequentialist usually opts for absolute impartiality. An egoistic option obviously would lack objectivity; impartiality between egoism and altruism (in theological consequentialists, "Christian love") gives consequentialism an appearance of moral objectivity. However, absolute impartiality is no better a moral standard than is egoism.

With respect to suicide, the implications of complete impartiality are serious. For if the consequentialist thinks that it is morally permissible to take one's life for the sake of one's own greater good, the logic of his method compels him to hold that it can be morally obligatory to take one's life for the sake of the greater good of another or of society at large. The inference from permissibility to obligation follows on consequentialist principles because the only right choice is the one which adopts the proposal which will yield the greater good; any other choice is not merely a less admirable moral option but a morally wrong option. The inference from one's own greater good to the greater good of another or of society at large follows on consequentialist principles because impartiality (or "Christian love") excludes as immoral any general preference of one's own interests to the interests of others.

In sum. The consequentialist who defends the moral permissibility of suicide in some situations seeks to justify this choice, but in his attempted justification the consequentialist adopts a perspective in which one will seem to have no choice but to take this course of action. The consequentialist says that sometimes the greater good is promised by the proposal to kill oneself, and that in such a case one *ought* to adopt this proposal. But no one can rationally choose what is measur-

ably less good, and so if the consequentialist were correct about the "greater good," one could not help choosing as he says one ought to choose.

4. IS HUMAN LIFE AN INTRINSIC GOOD OF THE PERSON?

Those who defend the moral permissibility of suicide might admit that consequentialism is meaningless and that goods are incommensurable. Still, they will object, any ethical theory must admit a radical distinction between those fundamental goods which are intrinsic to persons and those goods which are merely instrumental—for example, all the things money can buy. Such instrumental goods, in due measure, are necessary for the flourishing of persons. But wealth and property must serve persons; persons must not become slaves of their possessions. Likewise, the objection concludes, mere human life is only an instrumental good.

If "mere" life is only an instrumental good, then no doubt it should be subordinated to the goods intrinsic to persons. But I maintain that the life which is destroyed when one kills oneself is not only a necessary condition for consciousness but also one of the intrinsic goods of a person.

In saying that human life is *not only* a necessary condition for consciousness, I do not deny that life *is* a necessary condition for consciousness. Like other personal goods, such as theoretical truth and genuine friendship, human life is prized for its indirect as well as for its direct contribution to the flourishing of persons. But life can be and often is valued for its own sake, without reference to other personal goods. The same cannot be said of merely instrumental values.

Most people fear death; very few ever deliberately adopt a proposal to kill themselves. The ordinary person is perplexed if he is asked why he fears death or why he does not kill himself. The goodness of life and the evil of death are too obvious to need explanation or to be susceptible to it. The great masses of people throughout history, and probably the majority of people today, devote most of their energy and concern to the simple project of maintaining their own lives and the lives of their children. Only a few of us enjoy a degree of affluence such that we can take "mere" life for granted.

But if life is threatened by an accident or an illness, we quickly return to fundamentals: "If only my loved one survives"; "I would give anything to regain my health."

Jews and Christians traditionally endorsed and reinforced the common human valuation of life. Life and death are the great symbols of good and evil; the hope of salvation is for life and more abundant life; the wages of sin are mortality and eternal death.¹⁰ Jews and Christians did not consider human life is a mere extrinsic condition of personal goods, for they believed the human person to be a *living body*. Commenting upon St. Paul's teaching on the resurrection of the body, St. Thomas Aquinas expressed the common Judeo-Christian view:

. . . man naturally desires his own salvation. Now since the soul is part of the body of a man, it is not the whole man, and my soul is not my self. Hence even if the soul attains salvation in another life, yet *I* do not, nor does any man.¹¹

According to this view, the self does not survive death. Death not merely takes away one's most useful instrument or most valued possession, but utterly destroys one's self. The only hope of salvation for the human person is in his descendants or in personal resurrection to a new, bodily life.

Classical modern philosophy substituted a radical dualism for the Judeo-Christian concept of man. Descartes set in opposition the thinking subject and material objects of thought. The thinker's own body was placed among objects of thought in the material world. For Hume, the "mind" theoretically is merely a bundle of impressions and ideas, and one's own body like any other object is part of this bundle. But in practice Hume treats the mind as a receptive and active center, and places the body among other contents processed by the mind. For Kant, the person is identified with the autonomous self—an extraempirical reality which alone is the principle of moral life and human dignity—while the body is consigned to the purely factual world of nature, from which all value is banished. For Hegel, the human mind brings about the self-realization of Absolute Spirit, but any particular human body is a merely contingent datum with no ultimate meaning or value.

Philosophers since Hegel have tried to restore the unity of the human person, but they have not succeeded in doing

so. Some call man an "incarnate spirit"; they use a theological adjective to modify a substantive description of the person as a reality to which bodiliness is alien. Others struggle to reinsert spirit into the world, but find that the bodily person is permanently displaced in the categories of existential phenomenology, for one's body is neither the-being-which-is-in-the-world nor the-world-in-which-being-there-is.

Even Marxists and pragmatists, who exclude any reality beyond the dialectic of nature or the interaction of organism with environment, separate the center of praxis or the problem-solving intelligence from the bodily self. For both Marxists and pragmatists, the living human body is part of nature and is a tool for transforming the whole of nature, including human nature itself. But the transforming agent *looks forward to abiding in* a future more suited to itself. Despite their struggle to overcome dualism, the user and the used must be diverse, and this diversity, taken as metaphysically fundamental by Marxists and pragmatists, leads them inexorably back to dualism.

Few contemporary philosophers would defend an explicit dualistic theory of the person. Such a theory would frankly state that a person owns and uses a body, but that a person is *not* a body. Hardly anyone defends a dualistic theory of the person because there are well-known, conclusive objections against such a position. It renders inexplicable human thought and action, for these involve the living body not merely as tool and as material, but as a mode of personal reality presupposed by one's taking account or making use of anything whatsoever. The bodiliness of human persons is especially evident in the phenomenon of communication among persons. If our bodies were not really our *selves*, we would be literally *out of touch* with the world and one another.¹²

Yet dualism remains implicit in many theories of the person, and it becomes explicit in ethical discussions. Classical utilitarianism, for example, locates value in conscious experience. For practical purposes, the person is nothing but the conscious subject, which has experiences of pleasure and pain, and which calculates, manipulates the world including the body itself, and receives a pay-off in pleasurable experience. Since one is not one's body, the destruction of the living body is not a direct attack upon any intrinsic personal value.

A very clear example of the influence of dualism on ethics is the following statement by Joseph Fletcher:

Physical nature—the body and its members, our organs and their functions—all of these *things* are a part of “what is over against us,” and if we live by the rules and conditions set in physiology or any other *it* we are not men, we are not *thou*. When we discussed the problem of giving life to new creatures, and the authority of natural processes as over against the human values of responsibility and self-preservation (when nature and they are at cross-purposes), we remarked that spiritual reality and moral integrity belong to man alone, in whatever degree we may possess them as made *imago Dei*. Freedom, knowledge, choice, responsibility—all these things of personal or moral stature are in us, not *out there*. Physical nature is what is over against us, out there. It represents the world of *its*. Only men and God are *thou*; they only are persons.¹³

For Fletcher, the body and its members, our organs and their functions, belong to physical nature; physical nature is not the person; everything of moral significance is located exclusively *within* the person. Thus, Fletcher argues in another work:

The right of spiritual beings to use intelligent control over physical nature, rather than submit beastlike to its blind workings, is the heart of many crucial questions. Birth control, artificial insemination, sterilization, and abortion are all medically discovered ways of fulfilling and protecting human values and hopes in spite of nature's failures or foolishnesses. Death control, like birth control, is a matter of human dignity. Without it persons become puppets. To perceive this is to grasp the error lurking in the notion—widespread in medical circles—that life as such is the highest good. This kind of vitalism seduces its victims into being more loyal to the physical spark of mere biological life than to the personality values of self-possession and human integrity. The beauty and spiritual depths of human stature are what should be preserved and conserved in our value system, with the flesh as the means rather than the end.¹⁴

For Fletcher, the living human body is a pure means. Anything which is done to a person's body, in Fletcher's view, takes its whole ethical significance from "things of personal or moral stature" which are "in us, not *out there*."

A sound understanding of moral principles cannot be based upon assumptions which are indefensible. Since the living human body is not extrinsic to the person, human life of itself is personal. Therefore, the practical dualism which underlies typical arguments in defense of the moral permissibility of suicide ought to be rejected. Whatever value human life has, this value is not merely instrumental and infrapersonal as Fletcher and others would have it be.

Those who defend suicide often argue that a person is justified in taking his own life, because one's body is *one's own*, and one has a right to dispose as one wishes of what is one's own. But one's body is not one's property. This is not to say that it is someone else's property. A living human body does not belong to anyone, not even to God.

Ownership is a moral power over parts of the environment which are somehow joined to one's body and thus assimilated to one's bodily self. One's body is too immediate to be a possession, for one's bodily self is necessarily presupposed by all possessions. As for God—as Jews and Christians conceive of him—his dominion over human life must be understood on the model of the care of a kingly leader or of a father, not on the model of a property holder such as a slave owner.

Someone might object that in killing a person, one does not destroy the person as a whole. Life is only part of the person. Perhaps it is *intrinsic* to the person, but other parts of the person are more properly personal, more specifically human. Even carrots live, and those who argue for the permissibility of suicide often argue that a person who is barely alive is little more than a vegetable.

Those who take this view look upon the life of a living human body as if such life were merely a generic property common to persons and to other organisms. Growth, nutrition, and reproduction are vital functions. Thus, it seems that life is nothing but this set of functions. Biology, the science of life, studies these functions. Biology does not study the person as person. And so, it seems, life is at most an inferior part of the human person, a part shared with other animals and even with carrots.

But this objection neglects a very important fact: Life permeates the person and every aspect of personal reality. Existence is not merely one characteristic among other characteristics of existing things. Neither is life merely one characteristic among other characteristics of organic entities. Life is the existence of the living being.

Even from a biological point of view, growth, nutrition, and reproduction are not really *common* functions of all organisms. As an abstract generality, all organisms do have such functions. But in concrete reality, what is involved in the growth, nutrition, and reproduction of human persons is not precisely what is involved in the growth, nutrition, and reproduction of any other kind of organism. *Human* physiology is a special story which could not be told if one limited the account to "common" biological functions.

Moreover, although living things have some generically common functions, it does not follow that the life of a human person is nothing more than a collection of organic functions. The organism is a unity; the functions of each part are exercised for the sake of the whole. In saying this, I do not embrace the metaphysical theory that there is a vital principle apart from all of the functions; such a theory is itself a dualistic philosophy of organic life. Rather, I embrace a theory of organic individuals—especially of living, bodily persons—which regards them as substantial unities.

From the modest metaphysical premise that a human person really is *this something*—which is *some-one*—it follows that the life of a person is more than each of the organic functions, more even than all of these organic functions together. The exercise of these functions is the realization of certain possible aspects of a person. If all organic functions cease, there is no life, no organism, no person. Yet the unified life of the whole person embraces the multiplicity of his vital functions. The *one* life of the person cannot be identical with his *many* functions.

Furthermore, growth, nutrition, and reproduction are not the only vital functions. Sensation and anticipation, memory and emotion, and other functions belong to certain species of organisms. Thinking and choosing and using are functions characteristic of the human species. It is dualism to divide organic functions from so-called "personal" functions, and to define "mere life" in terms of the former. The life which is terminated when a human person is killed is not merely a set of

organic functions. If I take my life, I do not merely stop *my* heartbeat, *my* breathing, and *my* brain waves, I eliminate at one stroke the single principle of these and also of *my* knowing, *my* choosing, and *my* responsibility. If something of myself nevertheless survives and somehow acts, that something is only the ghostly remains of me, and is no more *I* than my corpse—my bodily remains—is *I*.

Dualistic conceptions of the human person, which are often concealed in ethical arguments, lead to a falsely atomistic or monadic notion of human life. In reality, bodily life transcends individuals; it unites persons with one another and living human bodies with the natural environment. Sexual reproduction unites at least three persons in a vital, personal bond; this link is the foundation for all community. Nutrition and respiration unite persons with the environment. Suicide is the ultimate step in a process of alienation between one's "autonomous" agent self and one's dependent bodily reality.

Those who fail to see that human life is an intrinsic personal good, who regard "mere life" as a good only instrumental to the goods of the person, not only presuppose a theoretically indefensible dualism. They also accept an opinion which is at odds with experience. Common sense knows better, as is clear whenever ordinary men and women celebrate the hope and joy of new life, the anxiety and grief of death. In concrete experience, a person whom one loves and the life of such a person are the same.

5. IS SUICIDE EVER MORALLY PERMISSIBLE?

In section two, I defined the moral act of suicide and carefully distinguished this act both from the suicidal deed which is not morally significant inasmuch as it does not carry out a choice at all, and from the moral act which leads to one's death but which carries out a choice other than that carried out by a moral act of suicide. A moral act of suicide carries out a choice by which one adopts a proposal to kill oneself or a proposal which amounts to this. (In what follows, I refer to the moral act of suicide simply as "suicide.") In the present section, I argue that suicide is always wrong.

If consequentialism were correct, it would be pointless to consider the morality of suicide as defined in section two, precisely because this definition distinguishes cases in which one adopts a proposal to kill oneself from cases in which one adopts a proposal to do something else which will have the same result. For example, a consequentialist naturally resists making any morally significant distinction between killing oneself and letting oneself die.

In my view, suicide is not the only morally blameworthy deed which results in one's own death; moreover, malign neglect *can be a method* of committing suicide. Nevertheless, if consequentialism is indeed meaningless—as I have argued in section three—the distinctions built into the definition of suicide need not be nugatory. For on a nonconsequentialist theory of moral judgment, such as the one I am about to sketch out, moral good and evil do not depend upon the expected results of one's choices, although probable results must be taken into account.

Those who defend the moral permissibility of suicide by using a consequentialist ethics usually assume that the only alternative to consequentialism is a morality of duty. Such a morality, they argue, enslaves persons to a set of impersonal, absolute moral rules. Consequentialism, by contrast, they say, grounds morality in the good of persons.

I agree that morality must be grounded in human goods which constitute the flourishing of persons, as individuals and in communities. Yet I regard consequentialism as meaningless. I hold suicide always wrong precisely because I consider it to be an attack upon human life, which is an intrinsic good of persons. I shall now propose a nonconsequentialist way of grounding moral judgments in the basic human goods which contribute intrinsically to the flourishing of persons.

Consequentialism and many other ethical theories fail to account for the origin of the moral "ought." This "ought" cannot be derived from the "is" of facts about premoral human goods.

Many philosophers have held that the only way to maintain the truth-value of moral judgments is to regard propositions about the moral quality of various kinds of acts as statements about so-called "moral facts," which are supposedly known by moral intuition. But this view involves many difficulties, not the least of which is that it precludes rational argument about these "facts." The question of the morality

of suicide, for example, would have to be left to moral intuition, and arguments about the question would be excluded as useless.

However, there is another possibility. The propositions about the moral quality of various kinds of acts can be regarded as practical precepts, which are derived from basic principles of practical reasoning. On this view, practical precepts are not true by conforming to any special sort of fact, but by articulating the necessary conditions for fully rational human action. Intuition of a sort is required, but this intuition grasps basic principles rather than specific moral precepts. Because these precepts articulate intrinsic conditions for human action, they are not extrinsic commandments, nor are they imperatives issued by one part of oneself to another. Rather, practical reasoning shapes human action from within and shapes it in the form of moral goodness if arbitrariness in choice-making does not interfere.¹⁵

On this approach, reason is not theoretical by nature and practical only by some additional factor. To be practical is natural to human reason. Reason is doing its own work when it guides action just as when it leads to theoretical truth. "Ought" requires no special act legitimating it; the "ought" of the principles of practical thinking is not derived from any "is," although practical principles do involve an action-oriented interpretation of certain data.

The principles of practical thinking establish the minimal conditions without which no human act is possible. No one chooses except in view of an intelligible good; no one acts except for an end. Thus the first principle of practical reason is that good is to be promoted and protected, and that what interferes with or threatens good is to be avoided or opposed.¹⁶

This primary principle does not *exclude* any good accessible to a person by action. The "is to be" is not yet an "ought" of moral obligation. The first principle provides only a framework which makes deliberation possible. Every proposal which is considered in deliberation, even if it is an immoral proposal, is articulated within this framework, just as every logically coherent proposition which can be entertained is articulated within the framework for meaningful discourse provided by the principle of noncontradiction.

The framework provided by the first principle of practical reason must be given content by the various modes of human

good for which one can act. The goods promised by each proposal considered in deliberation provide reasons for adopting it.

The reason for any particular choice is revealed when one asks: "Why did I choose *that*?" or "Why is he doing *that*?" The answer must be given in terms of the good one sees in it. Each choice aims at some good. This good was not compelling in deliberation to the exclusion of alternative proposals, or one would not have had a choice to make. Each proposal offered its own limited and incommensurable good, and the good promised by each proposal was sufficient to make possible one's adoption of it.

The immediate good sought in a particular choice often is subordinate to some ulterior good. One works for wages in order to buy food, and one buys food in order to satisfy hunger. A chain of purposes quickly comes to a purpose beyond which there is no further end in view. A good which is intrinsic to oneself or to another person or persons whom one loves is perceived as a self-sufficient end which extrinsic goods serve.

If one considers from a psychological point of view the ultimate goods for which people act, one can distinguish various categories of basic human needs. These are broader than the specific objects of physiological drives which in other animals are satisfied by instinctive behavior. People are interested not only in satisfying hunger and thirst, in avoiding specific threats, and so on, but in preserving their lives, cultivating health, promoting safety and security.¹⁷ Moreover, human needs include thirst not only for water but also for truth, hunger not only for food but also for justice.

Considering *all* of man's basic needs in this way, we discern *all* of the goods for which a person *can* act. One can act only by choice; one can choose only by adopting an interesting proposal; one can formulate proposals only in the light of an understanding of what they promise as goods to be pursued.

By experience one is aware of one's tendencies or inclinations and of what satisfies them. One's own longings, frustrations, and delights are data, which one observes as one observes other facts. But one is aware of *possible* objects of one's tendencies in a practical way when one understands the data with an orientation to action—that is, when one considers the possible, in the framework of the first practical principle, as a good-to-be-done.

I call these various modes of human good, which provide content for the first principle of practical thinking, "basic human goods." For my present purpose it is not necessary to try to make a list of all the basic human goods. Such a list might include the following goods, all of which are intrinsic to persons and all of which can be sought for their own sake: life and health, play, esthetic experience, theoretical truth, inner peace, truth to oneself, justice, friendship, and holiness. Many other candidates for such a list would have to be critically examined, and either rejected or given a place on it: enjoyment, freedom, self-fulfillment, success, honor, patriotism, quality of life, a sense of dignity, and so on. For the present argument, I do not need to exclude candidates from the list of basic human goods; I only need assume what I argued for in section four: Human life is one of the basic goods, which contribute not merely instrumentally but intrinsically to the flourishing of persons.

The basic human goods, understood as practical principles, provide possible grounds for adopting various proposals considered in deliberation. But even before deliberation can begin, they give the possibilities open to one the form of intelligible proposals. For example, it is only because one assumes that play is a good to be pursued, that the possibility of engaging in some recreational activity presents itself as a proposal worth considering as one completes or finds oneself blocked in some other activity.

Thus, when one deliberates one sees in each alternative an attractive, practical possibility—a "live option" as William James calls it. Something about each proposal makes it appealing; it calls out to be adopted and realized. The principles underlying this practical mode of thinking usually are taken for granted. For example, in arguments about public policies, if a certain proposal would lead to a loss of human life, this fact is taken at once as relevant and as a reason—even if not decisive—for rejecting the proposal. An adverse effect on human life has such immediate relevance in deliberation only because a principle too obvious to require explicit formulation is taken for granted: Human life is a good to be protected, and what damages it is to be avoided.

But the gerundive force—the "is to be"—of such a practical principle is not yet a moral "ought." The basic human goods described thus far underlie *every* proposal a person can consider, whether that proposal be morally good or bad. When

one deliberates, the moral goodness of some choices and the moral badness of others is a factor one is aware of, but moral goodness is not necessarily a compelling factor. Just as the basic goods are incommensurable with one another, so moral goodness is incommensurable with various modes of premoral human good. In other words, there are *intelligible* alternatives to what one morally ought to do; immoral action is not sheerly irrational behavior. If this were not the case, one could not choose contrary to moral judgment.

It is at this point that the consequentialist suggests his solution: 'The right act is the one which of available alternatives realizes as fully as possible the concrete result—human well-being or the whole circle of possible human goods—indicated by all the practical principles together. As I explained in section three, this suggested solution is unworkable, because alternative proposals cannot be evaluated by the standard of the "greater good"—that is, by the "as fully as possible" of the preceding formulation.

Another solution is necessary. But any solution must be consistent with the fact that not every choice is morally evil, and yet every choice responds to the appeal of the human goods promised by one proposal and leaves unanswered the appeal of the equally basic and incommensurable human goods promised by one or more other proposals. Thus the principles which underlie deliberation are not moral norms merely by being practical principles. The underlying assumption that human life is to be preserved does not of itself dictate that no one is ever to be killed.

The distinction between moral good and evil is primarily a distinction between ways in which proposals are related to the principles of practical thinking. Some proposals are *consistent with all* of the principles of practical thinking, although they *promise only some participation in some* of the basic human goods towards which these principles direct action. Other proposals are *consistent with some* of the principles of practical thinking—those which direct action to the goods promised by these proposals—but *inconsistent with at least one* principle of practical thinking. Proposals of the former sort are morally good, while those of the latter sort are morally bad.

A morally bad proposal is intelligible because of the good it promises. It can be adopted if one is prepared to regard the good with which it is inconsistent as a lesser good than the

good it promises. It is possible to regard one basic human good as a lesser good than another precisely because the goods are incommensurable, and so any of them can appear to be a lesser good if it is judged by a standard of goodness specified by a competing mode of goodness.

However, it also is unreasonable to regard any basic human good as a lesser good than another precisely because the goods are incommensurable. If a person cares for all of them insofar as they are goods, not insofar as they are particular modes of goodness toward which he has a special bias, he never judges one of them by a standard of goodness specified by another.

One who is about to choose in the morally right way respects equally all of the basic goods and listens equally to all of the appeals they make through the principles of practical thinking. Because of the incompatibility of practical alternatives—in other words, since one cannot do everything at once—a choice is necessary. No single good, nothing promised by any one proposal, exhausts human possibilities, realizes the whole potentiality for mankind's flourishing. However, just as two propositions having no common terms are not inconsistent with each other, so also a proposal is consistent with those principles of practical thinking to which it is merely irrelevant.

Thus, one can adopt a proposal which promises certain goods and is irrelevant to other goods promised by an alternative proposal without violating the practical principle which directs action to these other goods. In this case, one remains open to these other goods. One does not adopt a restrictive standard of good. One's understanding of the various goods, one's appreciation of their special potential contribution to the flourishing of persons, remains the same after choice as before.

One who is about to choose in the morally wrong way does not respect equally all of the basic human goods and does not listen equally to all of the appeals they make through the principles of practical thinking. The proposal which one is about to adopt involves detriment to some human good. One is tempted to accept this detriment for the sake of the service accepting it will render to another good—that is, to another instance of some basic human good. Such a proposal is based upon at least one principle of practical thinking and it might be merely irrelevant to—and so consistent with—some others,

but it is relevant to and inconsistent with the principle which directs action to promote and respect the good to which the proposed action will be detrimental. Yet the principle which is to be violated is as basic as the one upon which the proposal is based; the good which is going to be served is no more basic than the one which is going to be harmed.

A person who adopts such a proposal cannot remain open to the good promised by alternatives, for this good is going to be violated. In choosing to accept this violation, one implicitly adopts a restrictive standard of good. One's understanding of the various goods is affected by the choice. The good which is violated is no longer regarded as equally basic and incommensurable with the good to which it is sacrificed. The good which is violated now becomes a "lesser good," and the good to which it is sacrificed becomes a "greater good." The choice, which is partially irrational insofar as it conflicts with some principle of practical thinking, is rationalized by reducing to the extent necessary a basic human good from the status of an end to that of a means.

The unfolding of the complete ethical theory implicit in this way of distinguishing between moral good and evil is an extensive project.¹⁸ But from the basic distinction there follows directly a relevant ethical principle: *While one cannot always promote and protect every basic human good in all of one's actions, one ought never to adopt a proposal to serve one or more of the basic goods intrinsic to persons by acting in a way detrimental to one or more of these same goods.* This ethical principle articulates the classical maxim that evil may not be done that good might follow therefrom.¹⁹ It also is expressed, though more loosely, in the saying that the end does not justify the means.²⁰

The morality of respect for persons which Kant attempts to articulate in one of the versions of his categorical imperative also is based upon the same insight. Kant's ethical theory is deficient because of his formalistic conception of practical reasoning, but he comes very close to an accurate expression of the relevant ethical principle when he says: "Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as a means only."²¹

The basic human goods against which one ought not to act are not impersonal; the moral norms forbidding violation of these goods are not mere legalistic rules. These goods make an intrinsic contribution to the flourishing of human persons.

They do not transcend persons by subordinating their good to some "higher," nonhuman purpose. The goods only transcend persons as they are by drawing them toward what they are not yet, but still can come to be by their creative effort.

The absolute negative norms which demand unconditional respect for these basic goods of persons are not restrictions imposed to limit the flourishing of persons, but rather exclusions of the arbitrary limits which are implicitly placed upon the principles of human action by the adoption of any proposal to act against a basic human good. To diminish in no way the full scope of these basic principles is to maintain an indispensable condition for human flourishing, for it is to keep open all the possibilities of actions which might promote this flourishing.

Beyond one's immediate choice, there always remains an unlimited and unforeseeable possibility of "something more," of human goods still to be realized in oneself and in others. This something more will unfold as it should only if people in choosing remain creatively faithful to it, and such faithfulness demands unconditional respect for the principles which ground its very possibility.

A consequentialist, observing that any choice is relevant to two or more human goods, proposes that morality be determined by reference to all of the goods involved. However, consequentialism focuses only on the goods as they are concretized in limited, prospective good results, and confines the person within the limits of measurable goods, reduced to one mode of goodness by the standard adopted arbitrarily for the occasion. Thus, a consequentialist attitude not only demotes the "lesser good" from its proper status as end to the status of a mere means, but also demotes the "greater good" from its proper status as an inexhaustible aspect of potential human flourishing to the status of an attainable goal, an objective to be achieved and then replaced by some new objective.

A sound ethical theory also proposes that morality be determined by reference to all of the goods involved, but respects the complexity and richness of human goods and maintains openness to human flourishing beyond the present situation, beyond any measure even conceivable at a given moment in a person's life and in the life of mankind. Moral norms limit a person only from limiting himself more narrowly than is inevitable for a limited being.

A proposal to kill oneself is a proposal to act against one's life as a means to some other good. Human life is an intrinsic good of persons. One ought not to act in a manner detrimental to such a good. Therefore, one ought not to commit suicide. If one does commit suicide, one reduces the good of human life in oneself to the status of a mere means, one regards one's life as if it were a measurable good which may be disposed of in the service of some other, "greater good."²²

As I pointed out at the beginning of this section, "suicide" here means the moral act of suicide, as defined in section two.

In arguing that suicide is wrong and in admitting no exception to this proposition, I make no judgment on individuals who choose to kill themselves. Not everyone who commits suicide acts with full moral responsibility. Various circumstances can diminish the evil of the act and mitigate responsibility for it to an extent no one can judge. Moreover, it is not for us to judge one another's moral guilt.

Rather it is for us to regard one another with a compassion which never condones the evil act but which always communicates love to warm the chilled heart and hope to encourage the faint heart. Perhaps most of us can recall occasions upon which fear alone rather than good will restrained us from an attempt upon ourselves; probably all of us at some time in the future will need the compassion of others. But when that time comes, our hearts will need to be warmed and lifted up, not merely anesthetized by the sentimental insensitivity of others to the evil of the act we have done.

The fundamental principle of moral goodness—the consistency of a proposal with *all* of the principles of practical thinking—has implications for one's existential attitudes toward oneself, toward other human persons, and toward God.

In reference to oneself, respect for all the basic human goods means that one will always strive to promote one's own good and will never willingly restrict or cut off one's own possibilities. In reference to other human persons, respect for all the basic human goods means that one will strive to contribute to their flourishing and will never willingly limit or break off community with them. In reference to God, respect for all the basic human goods means that one will recognize that these goods have an objective validity whether people respect them or not, and that in difficult cases there is a real ground

for confidence that absolute respect for human goods is not irrational.

Considered from each of these points of view, suicide can be seen to be wrong, apart from any impossible weighing of good or bad consequences. I next briefly articulate these considerations. They do not stand alone; they build upon the preceding argument and manifest its existential significance.

Those who argue for the moral permissibility of suicide often point out that one who kills himself does not violate the right to life, since a person has no rights against himself. Moreover, at least in some cases one who kills himself does not thereby fail to fulfill any duty, for duties bear only upon one's relationship with others, and in some cases an individual who kills himself is incapable of serving others in any significant way.

The trouble with this argument is that rights and duties themselves are derivative moral principles, grounded in the basic human goods. Consequently, not all morality is a matter of rights and duties. An individual who decides not to develop his talents, because he prefers trivial satisfactions to the goods he could promote if he made the effort, does what is wrong, although he violates no one's rights. The basic principle is to do what is good, and this principle excludes as immoral the wasting of one's life. This is so even if one has no specific duty to others and even if one excludes, as I would, the concept of duty to oneself. Fundamental moral obligations are too profound to be analyzed in terms of rights and duties alone.

Considered in this perspective, the claim that one may commit suicide if he wishes, because one may do as he pleases if he violates no one's rights, seems to undermine morality even more radically than does the defense of an injustice. Perhaps this point is what Wittgenstein—who was himself tormented by the temptation to commit suicide—had in mind when he wrote that if suicide is allowed then everything is allowed, and added: "This throws a light on the nature of ethics, for suicide is, so to speak, the elementary sin."²³

Suicide is an elementary sin because one who commits it implicitly rejects as meaningless the most fundamental question about morality—"Why should I be moral?" He removes himself permanently from the range of the primal demand *to do what one can*, to serve human goods, to communicate human meaning to every aspect of life and of the world.

Even if suicide in some cases does not conflict with any specific duty which a person has to others, it does terminate one's capacity for community. A person who separates himself from his own bodily life takes the last step in what is usually a long process of withdrawal from intimate communion with the world and with other persons. One who commits suicide breaks off relations definitively; he does not go gently and reluctantly from our midst, but leaves willingly, as it were slamming the door as he departs. The shock is bound to upset those who are left behind.

Moreover, each individual who willingly abandons the project of human life in community makes it more difficult for others to carry on. This is especially so for others who also are discouraged. Each fresh example of self-destruction compels many sensitive people to think once more about the unthinkable. Thus, one who commits suicide bequeaths his own misery to others and intensifies their suffering.

Furthermore, one who commits suicide is taking an irreversible step into darkness. He does not *know* where this path leads; he gambles on the unsure supposition that he cannot be worse off than he is. Religious beliefs regarding a divine commandment and a threat of punishment in an after-life are not decisive for nonbelievers. However, nonbelief does not eliminate Hamlet's *perhaps*—"perhaps to dream."

Moreover, philosophical arguments which are independent of religious faith can be proposed for thinking that there is a creator whose intelligence and goodness stand behind the meaning and value of human life, and whose plan of creation ensures that human faithfulness to moral goodness will not prove vain. Even for a believer, the possibility of offending God is not a possibility of either hurting or enraging him. Rather, to offend God is to love the Good which he is less than some other good. Since one who loved Goodness Itself would love every human good, which is an image of divine goodness, as wholeheartedly as it can and should be loved, one who offends against any of the intrinsic goods of human persons does not love God and does offend him. This is why Christians believed that love of one's neighbor and of oneself spontaneously follow from love of God.

Someone who defends the moral permissibility of suicide is likely to be unimpressed by such considerations offered to manifest its existential significance. He will propose a case in which an individual has minimal future possibilities, because

his useful life is at an end, and the only remaining alternatives are a quick and painless death or prolonged and useless suffering. Such an individual might kill himself quietly, and even take care to make his death appear accidental. Arguments for the reality of God and for the possibility of an after-life might be dismissed as theoretical, weak, and thus negligible in practice. Surely, it will be argued, such an individual's suicidal act is not evil in any important sense.

Undoubtedly, if one grants all the suppositions of this counterexample, it is impossible to point to any harm likely to result from the suicidal act. However, since consequentialism is not true, measurable harm is not the criterion of moral evil. The counterexample helps to make clear—if one grants all its suppositions—that there can be cases in which it makes no difference ulterior to the act itself whether one does moral good or moral evil. However, even if there can be such cases, this does not show that suicide is sometimes morally permissible. It only shows that—under these suppositions—its moral wrongness could be irrelevant to anything else.

Many recent arguments in defense of assisted suicide for those suffering from serious illnesses refer to such suicide as "death by choice" and "death with dignity." Undoubtedly, there is a certain dignity in a person's morally significant action, even if it be evil action, which is not present in the passivity of suffering, in being overcome by accident or disease and carried unwillingly by natural forces to one's death. Psychological thinking has highlighted this motivation as one reason for suicide; one who kills himself perhaps feels that he "cheats death" as a condemned person cheats the hangman or a defeated general cheats the enemy who would humiliate him.²⁴

But one who kills himself merely in order to avoid suffering a natural death obviously does not *cheat death*. He is more like the man who is never fired because he always quits when his current employer is about to fire him. More important, the dignity which belongs to human action as such is infinitely less precious than the dignity which belongs to moral goodness. It is better to be an innocent infant than a vicious adult, better to suffer injustice than to do it. And so it is better to suffer anything, however degrading, than to do what is morally wrong. Of course, the comparison of values here is made from a moral point of view.

Furthermore, an individual who voluntarily endures suffering rather than avoid it by committing suicide also does a morally significant act. He chooses to dispose of his power to kill himself by not doing so, out of respect for the good of human life. This attitude also manifests dignity and it is far more to be respected than is the attitude of one willing to take his own life in order that it might not be taken from him.

Oddly enough, arguments for "death with dignity" often couple this appeal with one drawn from a quite different perspective—that of the humane termination of animal suffering. "They shoot horses, don't they?" puts this argument simply and bluntly. This argument clearly rests upon a rejection of the status of *human* life as a basic good intrinsic to persons. The justification for killing animals is that their life is not a good which human action must respect. Thus, if it is useless to humans that an animal live and in accord with human feelings that it die, there is nothing wrong with satisfying the human impulse to kill it.

But apart from the fact that the life of other animals is only an instrumental good for humans, the killing of suffering animals and of suffering persons differ in another important respect. No other animal can dispose of its own life, and so horses cannot voluntarily endure their own suffering. Thus the dignity immanent in a resolute choice not to kill oneself not only is overlooked in the appeal to "death with dignity," but also is overlooked in the appeal to humane treatment of animals as a model for the treatment of dying persons.

Furthermore, arguments using the slogan "death with dignity" often use examples of esthetically unpleasant and emotionally repulsive events and conditions which sometimes accompany terminal illnesses. The use of such examples manifests confusion between the dignity of persons and dignified appearances. Surely everything within reason should be done—and often far too little is done—to support the composure, maintain the comfort, and protect the privacy of persons who are dying. But no one loses his dignity merely because he loses control of his bodily functions. The idea that the human body lacks decency unless it is fully under the control of reason is merely another aspect of the dualism which has no room for the true dignity of bodily persons. The false sense of decency is probably a vestige of Victorian evasiveness about the bodily reality of persons; it is of a piece with the attitude that sexual ecstasy as such is filthy and degrading.

The consequentialist, attending only to the prospective result of choices, denies that there is any difference in one's responsibility for one's death whether one commits suicide or adopts some other proposal with the same result. I call this line of argument the "no-difference objection."

As I explained in section two, one *can* propose to kill oneself by omission, and other things being the same such an omission is morally the same as a deed. Also, potentially self-destructive behavior which is not suicidal—that of the daredevil—can be immoral. The cases of the martyr and the hero are complicated by the fact that the expected results presuppose that their proposal is *not* to kill themselves. The same can be said for cases in which individuals kill themselves without choosing to do so, but act by an earlier choice to carry out the demands of some much more general proposal—for example, a proposal to carry out unquestioningly the commands of God or the usages of one's culture.

The sort of case on which the consequentialist can build his most plausible no-difference objection is none of the preceding, but rather is one in which an individual might be justified in omitting or refusing medical treatment, although he expects this act will hasten his death, and yet would be guilty of suicide if he adopted a proposal to kill himself. Here, if anywhere, the consequentialist seems right in saying that it makes no difference whether one commits suicide or not.

The first point to be noticed in answer to this objection is that even in a case in which an individual would be justified in adopting a proposal to omit or refuse treatment, his adoption instead of a proposal to kill himself ordinarily does make some difference. I do not merely mean that there are certain other consequences which can lead the consequentialist to prefer suicide in such cases, nor that the nonsuicidal choice will result in a slightly longer lifespan than its suicidal alternative. Rather, I mean that the existential considerations outlined above with respect to the significance of suicide for oneself, for other human persons, and for one's relation to God do indicate that even in this case there is an important human difference between killing and letting die.

But there is a further point to be made in answer to the no-difference objection. Moral acts not only affect the realization of goods apart from the acts themselves, they also affect the realization of certain goods in which a human person shares precisely insofar as he is a moral agent. A person who adopts—or who is prepared to adopt—a suicidal proposal is a different sort of person from one who remains unwilling to kill himself.

One who is prepared to adopt a suicidal proposal accepts the character of killer; his moral identity is different from one who adopts a nonsuicidal proposal to omit or refuse care. One prepared to kill himself cannot regard the lives of human persons generally as a basic and intrinsic personal good, never to be violated. One who adopts a nonsuicidal proposal, even knowing that it will hasten his own death, can maintain the identity and attitudes of one who respects human life, who does not reduce it to the status of means, who does not regard it as a merely measurable good, and who *thus holds fast to the principle* on which alone it makes sense to regard the lives of other persons as *absolutely* inviolable.

The bearing of one's readiness to kill oneself upon one's own character is especially important when euthanasia is in question. For individuals might make—in fact, some are making—choices in favor of suicide under certain possible conditions long before these conditions arise. A moral commitment in this matter is more than a mere theoretical judgment. To adopt a proposal that one will seek assisted suicide is to accept the character of killer, to reduce human life generally to the status of mere means, to regard it as a measurable good, and implicitly to hold that the lives of others also may be violated under appropriate conditions.

Someone might object that even if a proposal is not precisely to kill a person, but only to do something which will contribute to the causation of a person's death, still the adoption of such a proposal is just as relevant to the good of life and inconsistent with this good as is the adoption of a proposal to kill a person or of a proposal which amounts to this. For, it might be argued, one who foresees the deadly result of his deed yet does not forbear to do the deed must be willing that the result occur, and so must be ready and willing to violate the good of life, since his deed is *in fact* detrimental to an instance of this good.

I grant that in *general* one who foresees detriment to a basic human good resulting from his deed or omission but nevertheless adopts a proposal to do such an act despite the foreseen detriment acts against the good he harms even though the proposal he adopts neither is nor amounts to a proposal to harm this good. However, in some cases it seems that one is morally obliged to adopt a proposal which cannot be carried out without contributing to the causation of a person's death, although the proposal is in itself consistent with all basic human goods.

The theoretical question of how such moral obligations can arise is one which cannot be discussed here, for an adequate discussion would require an examination of all of the modes of responsibility by which moral obligations are generated. But the predicament of the martyr is an example, for such an individual thinks both that it would be wrong to adopt the proposal to do what is demanded of him and that he will be killed if he refuses to adopt this proposal. Clearly, the martyr is willing to die rather than to do what is in itself wrong. In this sense and only in this sense, he is willing that the foreseen result of his refusal—namely, his death—should occur. However, this willingness is imposed upon the martyr by another's readiness to violate a basic human good. It is not conditioned upon the martyr's *setting himself against* the good of life, but is rather conditioned upon his *unwillingness to do what he believes is wrong*. Hence the martyr is not willing to violate the good of human life. If he were willing to violate this good, he would cease to be a martyr and would instead become a fanatic.

From the example of the martyr one can draw a general principle: A proposal is not inconsistent with any of the principles of practical thinking even if the act or omission which will execute the proposal has a detrimental effect upon some basic human good, provided that the proposal meets two conditions: (1) it is not in itself inconsistent with one or more of the principles of practical thinking, even apart from the detrimental effect, and (2) there is no morally good alternative to the proposal—that is to say, no alternative consistent with all of one's responsibilities grounded in various ways in a morally good attitude of openness to all the basic human goods.

Anyone who does not admit that one ought never to adopt a proposal to kill a human individual is likely to feel that my answer to the no-difference objection is unconvincing. If there is no afterlife and if an individual only considers the possibility of killing himself when he discovers that he has an incurable and painful disease, then it makes no great difference to his character whether he decides to kill himself or to endure a slower and more painful death. Hence, a consideration of effects upon one's character does not show that the choice to kill oneself in such a situation is always wrong.

However, my answer to the no-difference objection is not meant to show that suicide is always wrong. Rather, I assume the success of my argument against suicide based upon

the inconsistency of such a choice with the principle of practical thinking which directs action to respect human life. In answering the no-difference objection, I merely try to show that there is no inconsistency between considering suicide always wrong and considering sometimes justified the adoption of some other proposal which by its effects contributes to the causation of one's own death. For a consequentialist to demand that his nonconsequentialist opponent demonstrate in consequentialist fashion the difference made by every significant distinction a nonconsequentialist draws, is for the consequentialist to beg the question. For a nonconsequentialist to attempt to meet such a demand is not only for him to surrender his own position but also for him to undertake a pointless effort, since nothing whatsoever can be demonstrated in consequentialist fashion, because the terms of every consequentialist argument are meaningless.

A defender of the moral permissibility of suicide will raise another objection against the consistency of those who hold it is always wrong to kill oneself: Is it not equally wrong to kill others? Yet in the Judeo-Christian tradition, the condemnation of other killing has been accompanied by the justification of capital punishment and of killing in a just war. One who holds the traditional view of all these matters will answer that the prohibition of killing does not extend to these cases, for the life which is inviolable is innocent life: "Do not slay the innocent and righteous" (Exodus 23:7).

One thing is clear in this matter. Those whose grasp of the morality of killing was conditioned by the belief that divine law permits and even enjoins capital punishment and war in the cause of justice undoubtedly might have engaged in such acts of killing without setting themselves against the basic good of human life. Their proposal might have been only this: to do justice in obedience to God. If so, the peculiar ritualistic character of capital punishment and of much military combat becomes intelligible, and so does the claim that killing in capital punishment and warfare was justified insofar as it was authorized by public authority acting in accord with law, for public authority and just law were considered by both Jews and Christians to be instruments of God's governance of his people.

But it is a different question whether this traditional view of the morality of killing is correct. Personally, I do not believe that it is. Anyone today who carefully studies the Old

Testament texts relevant to capital punishment and warfare—even a person who accepts the Bible as a communication from God—is unlikely to find in these texts the last word on justifiable homicide.²⁶ The New Testament offers no clear justification of killing as capital punishment and in war, and some Christians have regarded the adoption of any proposal to kill another person as incompatible with the law of the Gospel.²⁶ On this view, human life does not lose its inviolability because of the wrongful behavior of the person who bears this life, and God does not will men to adopt any proposal to kill one another.

Still, just as one might justifiably adopt a proposal consistent with all the basic human goods which nevertheless by its effects contributes to the causation of one's own death, so one might justifiably bring about the death of another without adopting a proposal to kill him. Thomas Aquinas tried to justify killing in self-defense in this way.²⁷ However, a like analysis of capital punishment hardly seems possible. As for acts of war, it is clear that many of them do precisely propose the death of the enemy. The language adopted by government officials in talking about the Vietnam war—for example, "search and destroy operation," "body count," and "cost per kill"—as well as the whole strategy of that war made clear that the proposal was to kill as a means of breaking the enemy's will. Nuclear deterrent strategy involves the same willingness and readiness to kill as a way of influencing the behavior of others; in this respect the present balance of terror is an extension of the policy of obliteration bombing in World War II, which culminated in the atomic bombing of Japan. In all of these cases, consequentialist rationalizations were offered for murderous policies.

It is a complex question, which I have discussed elsewhere, whether any other deadly deed, in warfare or not, can be justified along the lines of the justification of self defense.²⁸ For my part, if anyone thinks no deadly deed of war can be morally justified, my sympathies are with him, although I think that some proposals which are not proposals to kill might be justified even though the acts which execute them will contribute by their effects to the death of persons. If I were persuaded that no such proposal really is consistent with uncompromising respect for the basic good of the lives of persons, then I would not approve the adoption of such a proposal to do a deadly deed even as a means to secure justice, to preserve freedom, or to serve any other human good whatsoever.

Many current arguments for euthanasia stress that morally speaking fully voluntary euthanasia must be regarded as assisted suicide. I grant this point. It is important to notice that unlike some other self-destructive acts, voluntary euthanasia must be called "suicide" in the full sense in which I am using the word here, for the individual precisely adopts a proposal that he be killed, and thus the choice bears upon the good of human life and is purposely destructive of this good. It follows that voluntary euthanasia is always wrong for the same reason that any other suicide is.

However, since suicide is always immoral, voluntary euthanasia always adds another and specific evil to that of unassisted suicide: the involvement of at least one other person, and perhaps of many other persons, in the wrongful act. What I have said above about the existential implications of suicide and about the significance of readiness and willingness to violate the basic good of the life of a human person extends to all who cooperate in suicide and other wrongful killing. One who asks another to kill him invites the other to share his character as killer.

Of course, just as a person might kill himself without committing suicide—for the deed might lack moral significance or have some significance other than that of suicide—so a person might kill another without assuming the moral character of one ready and willing to kill people. Moreover, in some cases of intense distress and emotional turmoil—for example, when a close relative kills someone suffering greatly at the suffering person's own repeated request—whatever guilt there is can be greatly mitigated, and such a killer might be quite unready to kill anyone else.

Freudian theories point to the interchangeability of inwardly and outwardly directed aggression as aspects of the death instinct. Suicide and murder often are associated in fact, and perhaps more often in potentiality.²⁹ Whatever one thinks of the psychodynamic theory of behavior hostile to human life, it seems safe to say the theory is more relevant to subconscious determinants of behavior than to the morally relevant determinants consciously present in deliberation, in choice, and in the distortion of one's attitude toward basic goods characteristic of morally wrong choices.

However, the phenomenon of aggression is not to be explained wholly by a given, unconscious force, such as the so-called death instinct. Aggression also has a moral signifi-

cance. Here, too, there is likely to be some degree of indifference about whose life is to be destroyed. For if human life is not inviolable as such, it is not absolutely inviolable in any particular instance.

There may be cultural factors, psychological conditions, or concern for certain goods at stake in particular cases which will prevent an individual who in general is ready to kill from being willing to kill in these cases. Even professional killers are selective about their victims. Hence, one cannot make predictions that an individual ready and willing to kill himself or ready and willing to cooperate in voluntary euthanasia will be ready and willing to kill in other circumstances. Nevertheless, any such individual's attitude toward human life renders it impossible that killing people should any longer be unthinkable for him. For him, killing is a proposal to think about whenever it occurs to him as a possible solution to some problem. One who is ready and willing to kill anyone at all, even if only himself, is inconsistent if he does not regard the proposal to kill as a live option.

6. SHOULD VOLUNTARY EUTHANASIA BE LEGALIZED?

Those who argue for the legalization of euthanasia usually assume that suicide is not always wrong. They then argue that in a case in which suicide is morally permissible an individual has a right to kill himself. Assisted suicide—voluntary euthanasia—would violate no one's right to life. The legalization of euthanasia would merely permit individuals to help others in the project of killing themselves. Such help is a form of beneficence which the law should encourage, not interfere with.

I have tried to show that suicide, when it is morally significant at all, is never morally permissible. A proponent of euthanasia will argue that even if suicide is immoral, it need not be prohibited by criminal law. In many jurisdictions, in fact, neither suicide nor attempted suicide is any longer regarded as a crime. Why, then, should voluntary euthanasia, which is assisted suicide, continue to be regarded as a crime? The prohibition of voluntary euthanasia means that individuals who are burdened with severe suffering and who desire

death are legally prevented from having their desire fulfilled. Is it not cruel and inhumane to require such individuals to continue suffering? Cannot the law be altered to help them?

No one will deny that the law ought to promote practices other than euthanasia which will ease the suffering of the sick and the dying. Such practices include the careful use of pain-relieving drugs as needed, even if such remedies also incidentally shorten life. Moreover, other methods of relieving pain—for example, the blocking or cutting of nerves—should be available to all who can be helped by them.

The easing of the suffering of the sick and dying also demands an effort to relieve unpleasant conditions other than pain. As part of its duty to promote the general welfare, society should support research to seek ways to minimize the suffering of the dying, should provide facilities to care for the chronically ill, and should cushion the impact of terminal illness upon the estates of those who need expensive care to ease their dying. The conditions under which people die often are horrible not because better conditions *cannot* be provided, but because health-care personnel and society at large fail to do what *could* and *should* be done.

Moreover, the dying of the mortally ill is eased considerably if a reasonable limit is placed upon efforts to prolong life. Proponents of the legalization of euthanasia usually classify a person's omission or refusal of medical treatment as "suicide" and classify any limitation by physicians upon efforts to prolong life as "euthanasia." These classifications are arbitrary; they lack foundation in morality and law.

The only reason for making them is that everyone grants the moral permissibility in many cases and the legal right of any person to omit or to refuse medical treatment provided that he does not adopt a proposal to kill himself. Likewise, everyone admits the legal right of any physician to limit efforts to prolong life provided that he does what is required by the common standards of medical practice. Moreover, a physician is not held to care for a patient who refuses to cooperate in treatment.³⁰ Proponents of the legalization of euthanasia wish to class as euthanasia what everyone admits to be permissible and legitimate, precisely in order to justify and legitimate acts which until now have been rejected as immoral and illegal.

It is often argued that with advancing medical techniques, it will become possible to keep alive indefinitely many coma-

tose patients and individuals suffering from senile dementia.³¹ However, the medical profession through its own associations and governing bodies can define standards of medical practice to limit measures which would prolong life.

The reasonable point at which to draw the line is not easily decided; it depends in part upon complex technical considerations. Medical standards ought to take into account factors such as the cost of further measures to prolong life to the patient both in money and in suffering, the degree of probability that these measures will help a patient keep or regain consciousness and a coherent state of mind, and the competing demand for health-care facilities from patients with better prospects of recovery.

Medical standards can take such factors into account, provided that no one adopts a proposal that a patient be killed either by deed or by omission. The medical profession can and should regulate the professional activities of its members in accord with respect for all the basic human goods, and sometimes such respect demands that treatment go no further. Moreover, the medical profession can and should see to it that health-care facilities are used as efficiently as possible in view of the objective of the medical art, which is to promote the life and health of everyone. Thus, sometimes these resources must be withdrawn from certain patients if others with a better prognosis are to be fairly served.

If the medical profession fails to set reasonable limits upon measures which prolong life, public authority might justly require the profession to deal with this problem. However, if medical standards are within tolerable bounds and if they do not condone omitting care as a method of killing patients, public authority would be most unwise to attempt to legislate in so complex and technical an area. But it is equally unwise for the medical profession to allow standards of care to be altered by evolving practice and custom alone.

By acting in an organized way, the profession can ensure that ample consideration be given to all aspects of the problem, and to the opinions of the public at large. Then the profession can clarify its own standards, and in doing so define the legal liability of its members. Individual physicians will thus be able to omit or discontinue measures which stretch out dying at a point which seems reasonable, and to continue to exercise such judgments without undue fear of incurring criminal or civil liability.

One thing is clear. The problem of drawing a line in active treatment is a distinct question from euthanasia. Even if voluntary euthanasia were legal under certain conditions for certain cases, physicians still would be legally responsible in all other cases for judging the point at which to omit or discontinue medical treatment. Therefore, the legalization of euthanasia would not resolve the problem of the proper limits of active treatment.

If the question of limiting active treatment is set aside, the jurisprudential issue about voluntary euthanasia is reduced to the question whether criminal law should be amended to permit someone to kill a consenting person—specifically, whether one person should be legally permitted to help another to commit suicide. Homicide in general is severely prohibited by criminal law because it violates the right to life of a member of society. Homicide upon a consenting person does not violate the right to life. Indeed, the prohibition of such homicide interferes with the liberal ideal that an individual be permitted to do as he pleases provided that he harms no one but himself. Even if suicide is immoral, the law should not attempt to prevent every immoral act. Hence, it seems to some people that voluntary euthanasia should be legalized.

I grant that not every immoral act should be regarded as a crime. Many sorts of immoral activity should be ignored by criminal law. But voluntary euthanasia is one kind of act criminal law should not ignore.

An immoral act ought not to be treated as a crime unless it violates one of the goods to which political society is directed. For example, those acts which only violate holiness ought not to be treated as crimes, because political society is not directed toward this good. But this society is directed toward justice, and so unjust acts which are likely to cause serious harm should be crimes. It is an error to suppose, however, that justice is the only good which should be protected by criminal law. Political society also is concerned with peace, including domestic peace; the general welfare; liberty; and the life, health, and safety of persons within its jurisdiction. Under appropriate conditions, acts which violate any of these goods, even if they do not violate justice, are reasonably treated as crimes.

What are the "appropriate conditions"? At least that there be a fair prospect that the law will protect and promote the good to which it is directed and that it not be itself un-

jus.. A criminal law against the manufacture and sale of alcoholic beverages, even if it met other conditions, might be ruled out on the ground that there is little prospect that it will protect and promote the goods to which it is directed. A criminal law which was retroactive, or which arbitrarily exempted some members of the society, or which seriously violated some guaranteed right such as freedom of religion would be unjust in itself.

Suicide—that is, the moral act of suicide as defined in section two—is immoral. However, such an act is not easily distinguished from many suicidal acts which fall short of moral significance. The only good always violated by suicide is the human life of the agent himself; the act does not always violate justice and usually it has little detrimental effect upon other goods in which society has an interest. If suicide is forbidden by law, there obviously is no prospect that such a law will protect the good of life. If attempted suicide is forbidden, there is hardly a better prospect for effective protection of the good at stake. Indeed, if criminal laws against suicide attempts were enforced, the criminal process probably would inhibit reporting of suicide attempts, prompt care for those who have attempted suicide, and treatment by medical and other means of nonrational, suicidal persons. For these reasons, it is reasonable that suicide and attempted suicide be exempt from criminal liability.

In practice, this is the legal policy in English-speaking countries, although in some jurisdictions the letter of the law still regards suicide or attempted suicide as criminal. Even in jurisdictions in which there is no criminal statute directly bearing on suicide, however, public policy discourages the act. One who forcibly prevents another from committing suicide is never charged with assault, as he might be if he prevented the same person from going about other legitimate business.³²

Moreover, police officers and other public officials regularly use force to interfere with suicide attempts. No doubt it is often assumed that the person attempting suicide is not acting by rational choice, and in many cases this assumption is correct. However, so far as I know, no effort is made anywhere to protect from the interference of others those who make a rational choice to commit suicide.

Thus, public policy recognizes a general right to prevent suicide, and even imposes a duty in this regard upon certain

individuals. This state of affairs is perfectly intelligible, even though attempted suicide is not regarded as criminal, since suicide does violate the good of life, in which society has an interest. It simply is not the case that individuals have a legal right to do whatever the law does not prohibit them from doing. An unrelated example is the collection of gambling debts; the law need recognize no right to collect such debts even if it does not prohibit their collection. Thus, in some cases, public policy may discourage what criminal law ought not to prohibit.

Proponents of the legalization of euthanasia also often claim that the practice already is widespread, and urge that the law be altered to conform with this practice. Undoubtedly, there is a widespread practice of limiting active medical treatment. But, as already explained, this practice—which is not fairly classed as euthanasia—does not violate existing law so long as the treatment meets the common standards of medical practice.

Again, some physicians admit that they have violated existing standards of medical practice and have purposely killed patients, sometimes by deed and sometimes by omission, sometimes at the patient's request and sometimes without it.

The claim that the criminal law of homicide ought to be altered to conform to existing practice, taken as a general proposition, is absurd. Not only certain physicians but also certain members of the Mafia and of the CIA seem to regard their behavior as exempt from regulation by the criminal law of homicide.

But proponents of euthanasia point out that physicians are members of a respectable profession and that they are particularly competent in the matter of life and death. The premise of this argument also is absurd. Public officials too are members of a respectable profession and they are particularly competent in the matter of dispensing public funds, but it does not follow that even the beneficent dispensing of public funds for purposes other than those authorized by law ought to be legalized, although this sort of beneficence now occurs in some cases.

Some who *oppose* the legalization of euthanasia suggest that the law need not be altered to permit it because physicians now do it and will continue to do it in "appropriate" cases even though this practice is "outside the letter of the

law." I regard this suggestion as vicious, however well-intentioned might be those who offer it. There ought not to be any elite group exempt from criminal law, particularly in a matter as serious as homicide. Especially in a democratic society, justice demands that everyone from the highest official to the humblest citizen be equally subject to the enforcement of the criminal law when he chooses to violate it. Anyone who encourages physicians to violate the law of homicide, moreover, encourages the whole spectrum of present violations. According to their own testimony, some physicians have killed patients without their consent.

Those who *support* the legalization of what physicians are now doing also approve the whole spectrum of present violations, including homicide without the patient's consent.

If proponents of legalization say they seek only a legal clarification to explicitly permit present practices which are at the borderline of legality, this demand still is unreasonable. On the one hand, physicians are not being prosecuted for what they are now doing. Moreover, as explained above, any problems with regard to the proper cut-off point for treatment can and must be dealt with by the medical profession itself. On the other hand, any amendment to the law which would admit some borderline practice will only move the line, not eliminate it.

To a great extent, borderline cases arise because criminal liability extends only as far as a crime *can be proved*. Wherever criminal law draws its line, there always will be cases—ones further along the spectrum of practices now engaged in by physicians who take it upon themselves to violate the law of homicide—in which the boundary is violated but admissible evidence is not available to prove this fact beyond a reasonable doubt. If the law is altered to permit an act previously forbidden in such cases, a new class of cases arises in which the same situation obtains. The initial relaxations in abortion laws which purportedly only clarified the law as to a few borderline cases illustrate how such amendments to a criminal statute relocate the boundary rather than mark it more clearly.

The central argument proposed in favor of legalizing voluntary euthanasia is along the following lines. The criminal law of homicide, to the extent that it prohibits voluntary euthanasia, violates the *liberty* of the patient and of the physician, because there is no *compelling* public interest which justifies legal interference in this matter. According to this argu-

ment, the individual who seeks euthanasia is not acting in an arbitrary way, but has a legitimate interest in avoiding suffering. Unless there is a *compelling* public interest which would justify interference, the frustration of a suffering individual's desire to escape is cruel and unjustified. Even if others regard this mode of escape as immoral, this judgment should not be imposed by law upon those who do not agree with it.³³

Clearly, if there were no public interest at all, it would be cruel to require individuals to undergo avoidable suffering, and it would violate liberty to forbid patients and physicians to follow their own judgment in this matter. However, if suicide does violate the good of life and if there is a public interest in this good, then the only question about the justification for a legal prohibition of voluntary euthanasia is whether the public interest ought or ought not to take precedence over the interest of individuals in avoiding suffering and their claim of liberty.

To answer this question, one must consider what possible ways there might be to amend the criminal law of homicide to permit euthanasia. Amendments could take either of two forms. One approach would be to entrust the decision to physicians with few formal safeguards; the other approach would be to provide formal safeguards and a legal process to ensure that legally established conditions had been met before the deadly deed was carried out.

Glanville Williams spells out the essential content of a bill which would leave the matter of euthanasia to the judgment of physicians:

It would provide that no medical practitioner should be guilty of an offence in respect of an act done intentionally to accelerate the death of a patient who is seriously ill, unless it is proved that the act was not done in good faith with the consent of the patient and for the purpose of saving him from severe pain in an illness believed to be of an incurable and fatal character. Under this formula it would be for the physician, if charged, to show that the patient was seriously ill, but for the prosecution to prove that the physician acted from some motive other than the humanitarian one allowed to him by law.³⁴

Thus, Williams would leave the matter of euthanasia to the discretion of the physician.

This means that every physician—general practitioner or specialist, young or old, experienced or inexperienced, most competent or least competent, drunk or sober, chosen by the patient or assigned by someone in charge of an emergency room, well-informed about a patient's condition or misinformed about it, on the basis of a thorough study of tests and careful consultation or on the basis of one superficial examination, primarily concerned to serve individuals or primarily concerned to serve his own or someone else's conception of the public welfare, inclined to fight losing battles or eager to have a record of never losing a patient who did not consent to "accelerated" death, honestly dedicated to saving life or venally interested in terminating it—for example, having been paid by an individual's prospective heirs or enemies—*every physician* would have a license to kill any seriously ill patient.

Once the physician could show that the patient was indeed "seriously ill"—whatever that might mean—the physician could claim that the patient did give consent and then the physician would be free of criminal liability unless the prosecution could prove *beyond reasonable doubt* that he did not act *in good faith* or that he did not *intend* to save the patient from pain or that he did not *believe* the illness to be incurable or fatal. However, once the patient was dead, the prosecution could not disprove *beyond reasonable doubt* the physician's *good faith* or his *intent* or his *belief* or his *claim* that the patient had indeed consented. Once the patient was dead, it would hardly be possible to evaluate the worth of his consent, whether it was truly voluntary or extorted, whether the patient was competent or incompetent at the time of consent. Unless a physician committed a homicide entirely outside the course of medical practice—for example, while engaged in an armed robbery—it would be impossible to rebut the presumption in his favor established by so lax an amendment to the law of homicide. Anyone who proposed to murder someone who was seriously ill would need only find a cooperative medical practitioner in order to execute the murderous purpose.

If euthanasia is to be left so completely to the judgment of physicians, it is clear that there is a *compelling* public interest in the life of an individual who voluntarily consents to his own death in order to avoid suffering. The life of such an individual is *in practice* indistinguishable from the lives of many potential victims of murder. It also is worth bearing in mind

that most individuals who are seriously ill and who genuinely desire their own death to avoid pain and suffering can fulfill their desire without endangering anyone else by committing suicide without the assistance of another person.³⁶

Therefore, one who, like Williams, wants euthanasia legalized by entrusting the matter to the discretion of physicians is ready to accept a serious risk to the lives of many who do not desire to be killed for the sake of easing the deaths of a few who wish help in committing suicide. Moreover, one who adopts this approach to legalizing euthanasia is ready to add to the anxiety most people already feel—because of the terrorism and violence so widespread today—the further cause for anxiety that some physician, acting in malicious conspiracy or in honest error, might “accelerate” their death.

A safer approach would be to provide formal safeguards and a legal process to ensure that legally established conditions had been met before the deadly deed was executed.

Conditions could be set to ensure the fact and the competence of the patient’s consent; these conditions surely would include disinterested witnesses and a waiting period, and probably should include a judicial hearing and court certification, analogous to the probating of a will. Care would be needed to assure that if consent had been given before the illness began, it was not subsequently revoked, and if consent was given during the illness, it was fully informed and not conditioned by a state of mind abnormal because of transient suffering or the psychic effect of remedies. It is hardly unreasonable that as much care be taken in disposing of a person’s life as will be taken in disposing of his property. Even if a probate process were not required in every instance of euthanasia, legal processes surely would be necessary to settle cases in which there were disputes—for example, between the physician and a member of the patient’s family—about the patient’s true wishes.

Because of the danger that an individual physician might act precipitately or incompetently or even maliciously, consultation and independent confirmation of the diagnosis would be indispensable. Thus a safe law would have to establish a committee system or a public medical board empowered to make the medical judgment which would inform the patient’s consent or certify that the conditions under which that patient previously declared his desire to be killed were in fact fulfilled.

Similar committees in the matter of abortion did not work very satisfactorily, but the problem was eliminated by the elimination of laws forbidding abortion. In the case of euthanasia, there can be no question of eliminating the problems by eliminating the relevant criminal law, for it is the law prohibiting homicide, and no society can exist without some restriction on homicide.

The legalization of euthanasia would not merely permit the practice for those who felt morally free or morally bound to engage in it. Euthanasia, if legal, would become an ordinary medical operation.³⁶ Physicians would be expected to perform it, nurses to participate in it, hospitals to permit it, and private health plans and medicare to pay for it.

The argument that euthanasia be legalized out of respect for personal liberties is modeled upon a similar argument which was made in regard to abortion. However, once the asserted right of pregnant women to abortion was given legal force by the decision of the United States Supreme Court, cases were pressed by purported advocates of civil liberties to compel public and private hospitals to facilitate abortion, and to mandate the use of public funds to pay for abortions.³⁷

If euthanasia is to be regulated so carefully by legal process and integrated so completely into important public institutions, the public interest in the life of each individual—even one who voluntarily consents to his own death—becomes *compelling*. For if voluntary euthanasia cannot be legalized without being legally regulated and institutionalized, then the amendment of the criminal law to permit such homicide will deeply involve the state and many of its members in a practice repugnant to the convictions of many citizens. This repugnance is a reasonable one—even if the conviction that suicide is morally wrong has roots in religious tradition—for purely philosophical arguments, such as those outlined in previous sections of this paper, support it.

In regulating and institutionalizing euthanasia, the state not only would respect the liberty of patients and physicians who wish to engage in this practice but also would infringe the liberty of citizens who wish to remain clear of involvement in it. When the state acts officially, all citizens are involved in its action; when a practice is institutionalized, all who participate in the relevant institution are pressed to cooperate in the practice. Those who advocate the legalization of euthanasia with ample safeguards evidence little respect for the

right of those who consider this practice murder to keep their society and themselves clear of it.³⁸

Those who favor what they call "liberalization" of criminal law to permit killing in some cases frequently use the example of sexual activities involving only consenting adults in private as a model for analyzing the jurisprudential problems raised by their proposals with regard to killing. I submit that this model is hardly relevant. Society can officially ignore what Doe and Roe do sexually with each other in private, provided that they are adults, that they both consent, and that they do not cause each other lasting bodily harm.

However, if Doe and Roe engage in sadistic practices upon Oe, even with her consent, such that her life is endangered or her body seriously injured, then the situation is more like voluntary euthanasia. If the state, to protect persons who are not masochists, as Oe is, must regulate and institutionalize the consensual practices of Doe, Roe, and Oe—for example, by issuing licenses to certain public houses in which these practices will be permitted and by requiring that there be legal certification of the consent of Oe—then a jurisprudential problem arises closely analogous to that involved in legally regulated and institutionalized assisted suicide. If these practices are to be carried on, not in public houses reserved for the purpose, but in existing institutions which were created for quite a different purpose, many of the present members of which abhor such practices, then the analogy is still more precise.

Does the public have a right to remain clear of involvement in sado-masochism? I submit that the public does have such a right, and that such practices could not be safely legalized without public involvement, by way of legal regulation and institutionalization, which would violate the right to remain clear. Similarly, the public has a right to remain clear of the killing of human beings, and even voluntary euthanasia cannot be safely legalized without public involvement which would violate the right of the public to remain clear. There is nothing liberal in a policy which would facilitate the exercise of the liberty of some citizens to act against the good of life, in which there is some public interest, by involving in activities repugnant to many citizens the legal processes and institutions in which all citizens participate willy-nilly.

In the matter of euthanasia as in some other matters, many who regard themselves as liberals seem to be intent

upon creating a society in which they and those who agree with them can live and die most comfortably, even if this supposed'y liberal society must be one from which those who do not wish to share the character of killer must find themselves profoundly alienated. The moral justification of euthanasia is part of a worldview; some people believe in this worldview and are committed to putting it into practice so far as possible in their own lives. Society can respect this worldview as a secular religious belief; the law might go so far as to forbid interference in suicide attempts by those who adhere to this form of belief.

However, proponents of this worldview are not satisfied with the legal status of their belief as one of many religions to which anyone is free to adhere or not. They wish to have their worldview accepted as a secular, established religion. In the name of liberty, they press society to adapt itself to the rites of their religion, which include the killing of human beings.

It should be noticed that a compromise between voluntary euthanasia at the discretion of the physician and legally regulated and institutionalized voluntary euthanasia would not mitigate the difficulty involved in the alternatives. Just to the extent that euthanasia is not legally regulated and institutionalized, it will be difficult to distinguish from homicide without consent; just to the extent that euthanasia is legally regulated and institutionalized, it will require the involvement of the people—through their participation willy-nilly in the law and other public institutions—in practices to which many have a reasonable repugnance.³⁹

In arguing against the legalization of euthanasia, Yale Kamisar criticized Glanville Williams' proposal that the matter be left to the discretion of physicians. Kamisar then went on to point out that adequate safeguards would make euthanasia anything but quick and easy, and that such safeguards are repulsive even to many who sympathize with the movement.⁴⁰ Kamisar did not offer the line of argument I am proposing with regard to the involvement of unwilling persons in euthanasia, but his argument was forceful even without this consideration and, I believe, sound within its limits.

In responding to Kamisar, Williams argued that the problem posed by the alternatives of intolerable formalities and a dangerous lack of formalities is not an "ordinary logical dilemma." Williams proposes a parable to clarify what he believes to be the fallacy in Kamisar's argument. The parable

concerns a mythical state of Ruritania from which citizens are not permitted to emigrate. A proposal is made to permit emigration, but its proponent "is aware of the power of traditional opinion, and so seeks to word his proposal in a modest way," including many safeguards. (The phrasing suggests the significance of any modesty in Williams' proposal for legalizing euthanasia.) An opponent attacks the safeguards as an intolerable imposition upon a free Ruritanian citizen who wishes to emigrate. Williams suggests that this attack is only legitimate if the opponent of the safeguards is willing to go farther in permitting emigration than the original proponent of legalization of emigration was willing to go.⁴¹

Williams' effort to rebut Kamisar's dilemma fails. By using the analogy of euthanasia to emigration, Williams begs the question, since the moral and legal acceptability of emigration is unquestioned while the acceptability of euthanasia is precisely what is in question. Also, in the parable, the only reason for the safeguards is to protect those who wish to emigrate, whereas the real necessity for safeguards is to protect those who do not wish to be killed. Moreover, Williams assumes that the only objection to safeguards is their interference with the liberty of the person who wishes to emigrate, while I have pointed out that safeguards required for legalized euthanasia are objectionable because they draw into the killing of human beings people who do not wish to be involved in such killing. Williams says: ". . . it is better to be allowed to emigrate on condition of form-filling than not to be allowed to emigrate at all."⁴² He simply ignores the rights of those who do not wish to be killed and who do not wish to participate by way of their legal processes and institutions in killing others, even if those who are killed desire it.

Apart from the dilemma posed by the problem of regulation, the legalization of voluntary euthanasia can be attacked on another ground: danger to the *right* to life of those who do not volunteer to be killed. This danger will arise from the increase with the legalization of euthanasia of the number of persons sharing in the character of killer and from the intensification of readiness to take human life in many persons who already share in this character. Glanville Williams tries to deal with this sort of argument, phrased as the danger that legalization of euthanasia will lead "to a general disrespect for the sanctity of life." Williams answers the argument by pointing out that the murder rate in England did not significantly

differ after World War II from what it was in 1939. He concludes:

It is clear that if war had any effect on the murder rate, it was infinitesimal. In other words, active encouragement to slaughter on an immense scale does not diminish respect for the sanctity of life outside the area permitted. It is inconceivable that permission to put an end to the existence of the comparatively small number of suffering patients who positively wish for death would bring about any widespread decline in the value attached to human life and well-being. On the contrary, it would express that value.⁴³

Williams and others undoubtedly would respond in a similar way to the danger I suggest is involved in encouraging greater numbers of people to a deeper readiness to take human life.

What exactly is the danger I foresee? The danger is not that people will develop some sort of mechanical habit of killing others or lose their inhibitions about violating the criminal law of homicide in general. Rather, the danger is that the public acceptance of voluntary euthanasia and involvement in it would alter people's perception of the value of human life. This altered perception would facilitate a variety of acts which can be rational only if human life is a merely instrumental good. These acts would include, but not be limited to, acts of homicide similar in some ways to voluntary euthanasia, such as the killing of infants who become unwanted after they are born and it is too late to abort them.

I see the danger arising not only in respect to physicians who would administer voluntary euthanasia, but also in respect to persons who would consent to it, perhaps years before the occasion arose to act upon this consent, and even in respect to persons who would in any way cooperate in or condone this practice.

In arguing that encouragement of soldiers in World War II to slaughter did not increase the murder rate in England, Williams points out one case in which a correlation is lacking. I think there are other cases in which there is a correlation; there also are reasons why the correlation should not be expected in the case Williams cites.

If it were not impossible to prove due to lack of hard evidence, it would be interesting to consider whether the train-

ing of soldiers during World War II did not affect their readiness to kill noncombatants in the war zone but off the field of battle or on the margins of that field. Soldiers returning from World War II often told stories of unauthorized killing which did not contribute to the attainment of military objectives. Among these stories were accounts of cases in which the victim was an unpopular fellow soldier or officer.

Apart from killings, other acts of unauthorized violence against persons, such as forcible rapes, did occur under war conditions.

The terroristic use of bombing during World War II, culminating in the atomic bombing of Japan, did pave the way for the nuclear deterrent strategy and the balance of terror in which the great powers are now locked. Public acceptance of and involvement in this strategy perhaps partly explains the increase of terrorism and other violence in recent years. Furthermore, there is ample evidence of atrocities against noncombatants in the war in Vietnam and in some other wars since World War II, in which terrorism has become common.

As I explained at the end of section five, an individual who is in general willing to kill may be inhibited from doing so in any particular case. Those encouraged to slaughter on an immense scale during World War II, even if they assumed the character of killer, probably were inhibited by social restraints from acting upon their altered perception of the value of human life when they returned to the very different conditions of their normal world.

But what is more helpful in explaining the lack of correlation to which Williams points is the distinction between outward behavior and the proposal which is executed by that behavior if it is a morally significant action. Soldiers in World War II brought about many deaths. But, reasonably or not, many if not almost all of these soldiers acted not on a proposal to kill, but on a more basic proposal to do one's duty as a citizen by going into combat; once in combat, many if not almost all soldiers acted on a proposal to preserve their own lives by stopping the enemy's action. The allied nations surrounded the war with a mystique which was generally reinforced by all of the institutions of society; this mystique created an illusion, at least, of justification which made it possible for many persons to do deadly deeds without assuming the character of killer.

Persons who accept voluntary euthanasia and become existentially involved in it perhaps will never have occasion to kill anyone. However, the proposal in this case clearly and precisely is to destroy human lives as a means to serve other goods. The way such persons perceive the good of human life cannot fail to be affected by their choices inconsistent with this good. For this reason, such persons are likely to proceed from voluntary euthanasia to nonvoluntary euthanasia, much as persons who were involved in terror bombing during World War II proceeded to construct the present balance of terror and to direct the atrocities of Vietnam.

Proponents of the legalization of voluntary euthanasia regularly respond to any argument which refers to its relationship to nonvoluntary euthanasia by classifying the argument as a fallacy. Arguments variously called "the wedge" or "the slippery slope" or "the camel's nose under the tentflap" are discussed in many works on fallacies. However, those who classify any argument as fallacious bear the burden of proof of showing that it does involve the fallacy they claim it does. How well do proponents of voluntary euthanasia fulfill their responsibility in this regard?

Kamisar devoted part of his article to developing an argument which he himself called a "wedge principle." He suggests the likelihood that voluntary euthanasia will lead to nonvoluntary euthanasia, and points to the precedent of Nazi Germany as supporting evidence. Kamisar also points out that defenders of civil liberties frequently appeal to the wedge principle to resist even slight, technical violations of civil liberties in cases in which there is little otherwise to be said against the violation.⁴⁴

Williams responded to this argument: "C.M. Cornford put the argument in its place when he said that the wedge objection means this, that you should not act justly today, for fear that you may be asked to act still more justly tomorrow."⁴⁵ Obviously, this response begs the question, for Kamisar had argued that voluntary euthanasia is undesirable in itself and that it leads to even worse consequences. Williams assumes that the likelihood that voluntary euthanasia will pave the way for nonvoluntary euthanasia is no argument against his position because he himself already concedes the principle at issue—*Williams advocates nonvoluntary euthanasia* for "hopelessly defective infants."⁴⁶ Moreover, Williams is prepared to think about nonvoluntary euthanasia for the elderly, although he does not propose it in today's society.⁴⁷

In this paper I have been dealing with suicide and with voluntary euthanasia insofar as it is assisted suicide. I assume that an argument against nonvoluntary euthanasia is easier than an argument against voluntary euthanasia. If the killing is not voluntary, it not only violates the *good* of life but also violates the *right* to life. Both in morality and in law, it is easier to show the wrongfulness of an act which violates a right than it is to show the wrongfulness of an act contrary only to goods other than justice. Hence, in pointing out that the legalization of voluntary euthanasia is likely to lead to the legalization of nonvoluntary euthanasia, I am arguing that we should not adopt a bad public policy today in part—but *only in part*—for fear that we shall be asked to adopt an unjust policy tomorrow.

In the legal domain, the lines between voluntary and nonvoluntary are not sharply drawn, for any program of voluntary euthanasia would raise the problem of the validity of consent by a parent or guardian for the killing of a noncompetent minor or adult.⁴⁸ If consent on behalf of the noncompetent is permitted, nonvoluntary euthanasia is a fact. The next step would be involuntary euthanasia. Individuals who refused to consent might be ruled incompetent if those around them did not care to sustain them, and if a judge or other public official designated for the purpose decided that the refusal was irrational. Then the guardian of the incompetent individual could consent on his behalf to the termination of his miserable and useless life.

Among proponents of euthanasia, Williams is by no means alone in being willing to go beyond voluntary euthanasia to nonvoluntary euthanasia, at least in the case of infants. Kamisar documents the extent of this thrust in the pro-euthanasia movement.⁴⁹ He shows that nonvoluntary euthanasia is an important part of the declared objectives of leaders of the movement. He also shows—and this point is a very telling one—that homicide without the victim's consent is the sort of killing which has occurred in many of the "mercy killings" used as illustrations by proponents of euthanasia. Obviously, if the true objective of the movement were voluntary euthanasia alone, the use of such inappropriate examples would be avoided with great care, for they would misrepresent the objective in a very serious way.

In this situation, it is disingenuous to contend that voluntary euthanasia and nonvoluntary euthanasia are unrelated

matters, and that acceptance of the first no more paves the way for the second than training to kill in war paves the way for murder on the homefront after the war. In the present situation, the public ought to realize that the legalization of euthanasia in any set of cases will lead to its legalization in a very broad range of cases, just as the legalization of abortion in a few cases led to unrestricted abortion.

Of course, there are differences. One of them is that no one who was able to think about the abortion issue was in danger of being included among the victims if abortion was made completely legal, as it eventually was. Some now thinking about the euthanasia issue are in danger of being included among the victims if nonvoluntary euthanasia becomes legal.

The analogue of unrestricted abortion for those already born would, however, be unrestricted homicide. The law cannot go so far, since the lives of those who can fight to protect themselves and the lives of those who have strong protectors must be guaranteed by law if any sort of social order is to be preserved. However, if only such lives are guaranteed by law, no principle of equal justice before the law would remain. Among citizens of such a society as among nations in today's world, justice would be little more than a word; in reality all relationships would be based upon power rather than upon any ideal principle.

The legalization of voluntary euthanasia would deprive unwanted infants of their last line of defense. Their first line of defense was that the killing of the innocent without their consent violates the right to life. But abortion breached this line. Their second line of defense is that the killing of persons with or without their consent violates the good of life, in which there is a public interest implemented in part by the existing law of homicide. But voluntary euthanasia will breach this line. After that, there will remain only the technical obstacle of using the consent of a parent or guardian to extend to the unwanted infant the same right to "death with dignity" granted to anyone competent to consent on his own behalf. Since there is no clear dividing line between seriously defective infants and normal infants and since being unwanted is certain to be regarded as a serious defect in itself, there is no reason to suppose that the killing of infants with the sanction of law would be limited to the killing of some few suffering from the most serious defects.

In some societies, birth was regarded as a magical dividing line, at which human individuals became persons and members of society. But we know too much about unborn children to believe that birth is a very important dividing line. And our technical society has little regard for magical lines in any case.

Joseph Fletcher, writing with his usual bluntness, assumes that abortion is justified and argues from this assumption that the killing of infants afflicted with Down's syndrome (mongolism) also is justified.

Now, then, if through ignorance or neglect or sheer chance (like the forty-seventh chromosome) the damage has not been ended prenatally, why should it not be ended neonatally? To have given birth innocently to a Down's case, when we would not have done so if we had known the truth, does not of itself justify our extending the tragedy. By stubbornly persisting we only compound the evil; we make ourselves "accessories" after the fact of a monstrous accident. We cannot be blamed for what we did not know, but we can be blamed when we do know.

The only difference between the fetus and the infant is that the infant breathes with its lungs. Does this make any significant difference morally or from the point of view of values? Surely not. Life and human *being* is a process, not an event; a continuum, not an episode. It is purely superstitious to assert that life "occurs" at fertilization or nidation or embryonic formation or fetal animation (movement) or birth or at school or voting age.⁵⁰

Thus Fletcher makes clear that no one's life is inviolable unless the individual meets Fletcher's criteria of personhood. Fletcher says that no one having Down's syndrome meets these criteria: "True guilt arises only from an offense against a person, and a Down's is not a person."⁵¹

This statement is brutal. What is an individual who has Down's syndrome and who can read to think when he reads what Fletcher says about such individuals? *There are individuals with Down's syndrome who could read and understand what Fletcher says about them.*⁵² Fletcher obviously lacks Glanville Williams' inhibitions about causing anxiety in potential victims of nonvoluntary euthanasia.

It also is worth noticing that Fletcher is not satisfied to claim that the killing of infants having Down's syndrome might be morally permissible. He holds blameworthy parents who love such children. He says that such parents "compound the evil" and he refers to them as "accessories." In Fletcher's view, any parent who cherishes a child whom Fletcher has decided is a nonperson is morally blameworthy.

Proponents of the legalization of euthanasia dismiss the Nazi example as irrelevant. The Nazi regime had its own absurd ideology, which is unlikely to appear again. No one today is pressing to send Jews or some other ethnic group to death camps. This dismissal of the Nazi precedent is an important part of the argument that the opposition to voluntary euthanasia on the basis of its relationship to nonvoluntary euthanasia is fallacious.

Perhaps the Nazi precedent is not precisely relevant. However, certain elements of *liberal* ideology together with a consequentialist jurisprudence can lead to an equally horrible final solution.

The liberal ideology contains two factors which can come together with explosive political force: an individualistic conception of rights and a very high regard for personal property and money.

Harriet F. Pilpel, testifying in 1966 on behalf of the New York Civil Liberties Union before a New York State Assembly committee considering the partial legalization of abortion, gave first place in her attack upon the existing statute to the tremendous social cost of illegitimacy. While admitting that it would be simplistic and callous to view the problem merely in monetary terms, she first presented the claim that the nationwide cost of supporting the "unwanted children" born during a single year could run to a public expense of seventeen-and-one-half billion dollars over a seventeen year period. She also argued that women have a right to abortion and that the foetus' competing interest in life might be regarded as "highly insignificant."⁵³ When the United States Supreme Court decided the abortion issue, the decision justified abortion as a woman's right, but it mentioned very obliquely other considerations in claiming that the decision was consistent "with the demands of the profound problems of the present day."⁵⁴ The combination of rights with economics seems to have been effective.

Consequentialism, as I explained in section three, has a logical dynamism to move from admitting an act as morally permissible to claiming it to be rationally necessary and obligatory, and from admitting an act as justified by an individual's own interest to considering it to be a duty to society. Joseph Fletcher's condemnatory attitude toward the parents of "Down's cases" who do not kill their children illustrates this dynamism. The permissible becomes obligatory because any alternative which promises a lesser good is condemned by the consequentialist as morally wrong. What is justified by self-interest becomes justified by the interest of society because the consequentialist seeks impartiality as a solution to the opposition between egoism and altruism.

Thus, whenever consequentialist arguments are used, one can expect that today's arguments to recognize an individual right will be followed tomorrow by arguments to establish a social duty in the same matter. And if it is once agreed that some individuals have a duty to society to consent to their own deaths, then it will be argued that those who fail to do their duty must be required by law to do it.

Mrs. Pilpel's testimony as the authorized representative of the New York Civil Liberties Union before the New York State Assembly committee in 1966 followed very closely a working paper she and William Kopit prepared about a year earlier. This working paper, considered by the New York Civil Liberties Union Board of Directors on April 20, 1965, claimed that most people do not regard a fetus of twenty-six or less weeks a living child, and then added with emphasis a very significant sentence: "*Moreover, acceptance of a utilitarian philosophy requires that we recognize that no person has an absolute right to life.*"⁶⁶ In legalizing abortion, the United States Supreme Court did not adopt this utilitarian principle—at least, they did not explicitly adopt it. They simply held that the law has not recognized the unborn "as persons in the whole sense" and that the law must not protect the unborn individual before birth until it is viable outside the uterus, for until then it lacks "the capability of meaningful life."⁶⁶

If liberal ideology and the implications of consequentialism are considered together, it becomes clear that no legalization of euthanasia can stop at voluntary euthanasia, or even at the nonvoluntary euthanasia of defective infants. The hesitation of Glanville Williams about the anxiety of those who feel insanity coming on and about the shocking aspects of the

idea of disposing of the elderly is hardly likely to block the juggernaut of the pro-death movement.⁶⁷

The final solution in the United States and other western societies will be unlike the final solution in Nazi Germany in its details, but not unlike it in its horror. And I fear that some who now live will experience this final solution. They will live to see the day they will be killed.

They will be killed, but not because they are Jews. They will be killed because the quality of their lives has declined to the point that such lives are judged not to be worth living.

They will be killed, but not to create a master-race. They will be killed to promote the general welfare, to reduce the social cost of maintaining individuals whose lives are judged to be without redeeming social value, to meet the demands of the profound problems of the day, to protect the right of individuals to pursue happiness without the burden of unwanted grandparents, parents, spouses, siblings, children, and other relatives.

They will be killed, but not on the authority of a secret, dictatorial decree. They will be killed to vindicate their right to die. This right will be discovered in one or several amendments to the United States Constitution, or perhaps discerned by the sharp insight of some Justice in the penumbra of the right to life. Or, perhaps, they will be killed by the fiat of the Supreme Court, which in disregard of every legal precedent will declare that they are not persons and that people like them never have been persons in the whole sense. Or, perhaps, they will be killed both to protect their rights and because they are not persons with rights to protect.

They will be killed, but not with poison gas in a shower room; their bodies will be disposed of, but not in incinerators. Technological progress surely will find a better, a more efficient, a less ugly way to do the job—a way which will not cause air pollution. How, then, will they be killed? Nobody can forecast the technical details. But one thing is certain. They will be killed with "dignity."

1. See David Daube, "The Linguistics of Suicide," *Philosophy and Public Affairs*, 1 (1971-1972), pp. 387-437, especially 433-437, for the limits of "suicide" and related expressions in several languages.

2. Pius XII, "The Prolongation of Life," *The Pope Speaks*, 4 (1957-1958), pp. 395-396 (AAS, 49 [1957], pp. 1027-1033 at 1030), perhaps regarded the distinction between ordinary and extraordinary means as descriptive. His language in the original French—"Mais il n'oblige habituellement qu'à l'emploi des moyens ordinaires (suivant les circonstances de personnes, de lieux, d'époques, de culture), c'est-à-dire des moyens qui n'imposent aucune charge extraordinaire pour soi-même ou pour un autre."—seems to hover between the purely descriptive and the frankly moral. His formulation does imply that one is obliged in every case to use "ordinary" means and can be obliged to use "extraordinary" means. I do not think any explication of the distinction which is independent of ethical criteria is likely to fit the moral judgments agreed upon by those who use the distinction, unless the descriptive explication were vague (as Pius XII's is with its use of circumstantial considerations) or circular (as Pius XII's is with its definition of "moyens ordinaires" by means of "charge extraordinaire") and so useless in practice.

3. Cf. Paul Ramsey, *The Patient as Person* (New Haven and London: 1970), pp. 118-132, for confirmation that the moral distinction does not coincide with these descriptive distinctions. Ramsey points out how the concept of *benefit to the patient* came to be built into the articulation of the distinction. If this concept is not to suffer the difficulties I point out in consequentialism in section three, then it must be moral, not descriptive, in its sense.

4. Edwin S. Shneidman, Norman L. Farberow, and Robert E. Litman, *The Psychology of Suicide* (New York: 1970), pp. 3-93, 227-304, and *passim*, extensively illustrate the phenomena and provide an introduction to much similar literature.

5. For an early version of a consequentialist argument for suicide, see John Donne, *Biathanatos: A Declaration of that Paradox or Thesis that Self-homicide is not so naturally Sin that it may never be otherwise* (London: n.d. [c. 1646]), especially pp. 170-176, where Donne deals with Romans 3.8. For a recent version, see R. B. Brandt, "The Morality and Rationality of Suicide," in Seymour Perlin, ed., *A Handbook for the Study of Suicide* (New York, London, Toronto: 1975), pp. 61-76, especially pp. 69-70. Leading proponents of suicide and assisted suicide (euthanasia) take the same consequentialist approach; for example, Glanville Williams, *The Sanctity of Life and the Criminal Law* (New York: 1957) pp. 248-350; Joseph Fletcher, *Morals and Medicine* (Boston: 1960), pp. 172-210. Consequentialism also is at the heart of the most extensive defense of euthanasia published up to now by a Catholic moralist: Daniel C. Maguire, *Death by Choice* (Garden City, N. Y.: 1974), especially pp. 126-129.

6. This summary of the experience of deliberation and choice owes much to Yves R. Simon, *Freedom of Choice*, ed. Peter Wolff (New York: 1969), pp. 75-127; Richard Taylor, *Action and Purpose* (Englewood Cliffs, N.J.: 1966), pp. 153-257; Paul Ricoeur, *Freedom and Nature: The Voluntary and the Involuntary*, trans. Erazim V. Kohak (Evanston, Ill.: 1966).

7. Moreover, I think this point has been established. See Joseph M. Boyle, Jr., Germain Grisez, and Olaf Tollefsen, *Free Choice: A Self-Referential Argument* (Notre Dame, Ind.: 1976).

8. R. M. Hare has attempted in various works to articulate an ethical theory which would systematically combine arbitrariness and the willingness to universalize in the genesis of moral principles. Hare's theory has been criticized—I believe conclusively—by several other philosophers. See, for example, H. J. McCloskey, *Meta-Ethics and Normative Ethics* (The Hague: 1969), pp. 66-80;

Henry B. Veatch, *For an Ontology of Morals* (Evanston, Ill.: 1971), pp. 26-36. One can put the essential difficulty in Hare's prescriptivism in terms of the is/ought fallacy: Hare tries to derive a moral "ought" from the "is" of a combination of facts—facts about premoral desires, facts about linguistic usage, and facts about decisions.

9. Dan W. Brock, "Recent Work in Utilitarianism," *American Philosophical Quarterly*, 10 (1973), pp. 241-276, examines many recent efforts to solve the problem of commensuration and the other difficulties I note, and concludes: "In my view, recent work in general strongly supports the conclusion that utilitarianism is an unacceptable moral theory." The difficulties with utilitarianism he is considering equally afflict any consequentialist theory.

10. See especially Dt. 30.15-20, Jn. 10.9-10, 11.25-26, 1 Cor. 15.12-26.

11. S. Thomae Aquinatis, *Super primam epistolam ad Corinthos lectura*, XV, lect. ii: ". . . homo naturaliter desiderat salutem sui ipsius, anima autem cum sit pars corporis hominis, non est totus homo, et anima mea non est ego; unde licet anima consequatur salutem in alia vita, non tamen ego vel quilibet homo."

12. See P. F. Strawson, "Persons," in G. N. A. Vesey, ed., *Body and Mind* (London: 1964), pp. 403-424; Gabriel Marcel, *The Mystery of Being*, vol. 1, *Reflection and Mystery* (Chicago: 1960), pp. 127-153.

13. Fletcher, *op. cit.*, p. 211 (emphasis his). Fletcher, who quotes Martin Buber, although Buber's attitude toward the body was quite different, goes on (pp. 212-213) to compare the relationship between "man" and his own "physical frame" to a partnership, but admits that this analogy fails and suggests instead that one's body is like the materials used by an artist.

14. Joseph Fletcher, *Moral Responsibility: Situation Ethics at Work* (Philadelphia: 1967), pp. 151-152.

15. A very common, but misleading, notion of moral norms is that developed on the analogy of rules of activities such as games. Such a conception misses the point that moral norms shape action from within. A helpful critique of this mistaken notion of moral norms has been provided by B. J. Diggs, "Rules and Utilitarianism," *American Philosophical Quarterly*, 1 (1964), pp. 32-44.

16. In my article, "The First Principle of Practical Reason: A Commentary on the *Summa theologiae*, 1-2, Question 94, Article 2," *Natural Law Forum*, 10 (1965), pp. 168-201, I explain at length and defend the view of practical reason and its first principle which I summarize here. Several other studies on the subject also are mentioned and/or discussed in the article.

17. Cf. Morris Ginsberg, *On the Diversity of Morals* (London: 1962), pp. 134-135. Robert H. Lowie, *An Introduction to Cultural Anthropology*, new and enlarged ed. (New York: 1940), has chapter headings which correspond to basic human inclinations; this reflects the fact that basic human goods are categories always presupposed by any anthropological study.

18. Germain Grisez and Russell Shaw, *Beyond the New Morality: The Responsibilities of Freedom* (Notre Dame, Ind.: 1974), pp. 76-149, is an attempt, written for nonphilosophers, at such a project.

19. The maxim is derived from Romans 3.8, where St. Paul rejects the contradictory. Christians, he says, were accused of justifying evil-doing. It is noteworthy that this point is in the context of a discussion of the ways of divine providence; God permits evil for a greater good. If both consequentialism and the theistic conception of providence were accepted, one would have a simple ethics: If in doubt as to the morality of some act, try it! Since on the theistic conception of providence, God permits no evil from which he does not draw a greater good, every act would be justified, if consequentialism were correct, by its ultimate good consequences. So Paul rejects consequentialism. Contemporary Christians, other than those who have adopted the "new morality," continue to reject it. See,

for example, Ronald Lawler, O.F.M.Cap., Donald W. Wuerl, and Thomas Comerford Lawler, eds., *The Teaching of Christ: A Catholic Catechism for Adults* (Huntington, Ind.: 1976), pp. 299-300, 314-321.

20. Joseph Fletcher, *Moral Responsibility*, pp. 21-23, as well as in other works, rejects the principle in this formulation, which he regards as an absolutization of Paul's "remark." However, Fletcher never takes the trouble to clarify the traditional meaning of the maxim that evil may not be done, that good might follow therefrom, and he takes the saying that the end does not justify the means as if it meant—what is absurd—that one can act without any end in view.

21. Immanuel Kant, *Foundations of the Metaphysics of Morals*, trans. Lewis White Beck (Indianapolis, New York, Kansas City: 1959), p. 47 (vol. 4, p. 429 in the Akademie edition).

22. *Ibid.*, Kant immediately follows his enunciation of the principle of respect for persons as ends with an argument intended to exemplify the principle: ". . . he who contemplates suicide will ask himself whether his action can be consistent with the idea of humanity as an end in itself. If, in order to escape from burdensome circumstances, he destroys himself, he uses a person merely as a means to maintain a tolerable condition up to the end of life. Man, however, is not a thing, and thus not something to be used merely as a means; he must always be regarded in all his actions as an end in himself. Therefore, I cannot dispose of man in my own person so as to mutilate, corrupt, or kill him." I think Kant's insight here is correct, although his formalism and his use of the misleading concept of "duty to oneself" detract very seriously from his articulation of this insight.

23. Ludwig Wittgenstein, *Notebooks, 1914-1916*, trans. G. E. M. Anscombe (New York and Evanston: 1961), p. 91e. For Wittgenstein, there might be ethics even if there were only a single person (p. 79e), for "I am my world" (p. 84e), and so I have a responsibility for the meaning I confer or fail to confer on the world. I think Wittgenstein was influenced in these remarks by Kant, who puts the treatment of suicide in first place in his most mature work in normative ethics, *The Metaphysical Principles of Virtue: Part II of the Metaphysics of Morals*, trans. James Ellington (Indianapolis, New York: 1964), pp. 82-85 (vol. 6, pp. 421-424 in the Akademie edition). The most relevant paragraph in Kant's argument is: "Man cannot deprive himself of his personality so long as one speaks of duties, thus so long as he lives. That man ought to have the authorization to withdraw himself from all obligation, i.e., to be free to act as if no authorization at all were required for this withdrawal, involves a contradiction. To destroy the subject of morality in his own person is tantamount to obliterating from the world, as far as he can, the very existence of morality itself; but morality is, nevertheless, an end in itself. Accordingly, to dispose of oneself as a mere means to some end of one's own liking is to degrade humanity in one's person (*homo noumenon*), which, after all, was entrusted to man (*homo phenomenon*) to preserve." The trouble with this argument is that Kant makes morality, not life, the good which is violated; he is transposing an ethics of the will of God into an ethics of human autonomy, and in doing so fails to solve the question of the relationship between moral requirements (commands of God/imperatives of one's own reason) and human goods.

24. Cf. Seymour Perlin and Chester W. Schmidt, Jr., "Psychiatry," in Perlin, ed., *op. cit.*, pp. 149-150; also see David Bakan, "Suicide and Immortality," in Edwin S. Shneidman, ed., *On the Nature of Suicide* (San Francisco: 1969), pp. 120-128, who regards this will to dominate death and life as the key to suicide in general.

25. A person guilty of accidental manslaughter could be executed (Nm. 35.26-28, 32); a family or city as a whole could be destroyed under the penalty of the ban (Ex. 22.19-20, Lv. 20.2-5, Dt. 13.13-18, Jos. 7.10-26); a victim of rape in a city or a bride discovered not to be a virgin was presumed guilty of unchastity and could be executed (Dt. 22.20-24); wars and executions based upon religion make up an important part of the Old Testament.

26. Many Christians appeal to Rm. 13.4 to justify capital punishment and killing in war. Speaking of capital punishment, Pius XII insisted upon the legitimacy of vindictive punishment imposed by public authority, but stated ("Crime and Punishment," *The Catholic Mind*, 53 [1955], p. 381; AAS, 47 [1955], p. 81): "... the words of the sources and of the living teaching power do not refer to the specific content of the individual juridical prescriptions or rules of action (cf. particularly, Rm. 13.4), but rather to the essential foundation itself of penal power and of its immanent finality." This remark seems to endorse the view that Rm. 13.4, despite mention of the sword, need not be taken as referring to the death penalty; on this view, the sword is mentioned here as a symbol of the general authority of legitimate rulers, an authority which comes from God. See also Franziskus Stratmann, O.P., *The Church and War: A Catholic Study* (London: 1923), pp. 52-80, for a discussion of the development and weakening of the just-war theology; he also traces (pp. 110-134) Christian theories of peace.

27. *Summa theologiae*, 2-2, question 64, article 7, response.

28. Germain Grisez, "Toward a Consistent Natural-Law Ethics of Killing," *The American Journal of Jurisprudence*, 15 (1970), pp. 64-96. Thomas Nagel, "War and Massacre," *Philosophy and Public Affairs*, 1 (1971-1972), pp. 123-144, offers a defense of what he called an "absolutist" position. His attempt to articulate this position (especially on pp. 133-141 and note 11 on p. 141) comes close to my own view of what *might possibly* be justifiable in war. Thomas Aquinas (*Summa theologiae*, 2-2, question 40, article 1, response) quotes and agrees with St. Augustine who condemns "the desire to harm, the cruelty of revenge, a vindictive spirit, the rage of self-defense, the lust of power, and such like" as incompatible with an upright intention in the conduct of war. It seems to me that *if desire to harm is excluded, only acts which neither are nor amount to the execution of a proposal to kill are permissible*.

29. See Perlin and Schmidt, in Perlin, ed., *op cit.*, pp. 148-149; D. J. West, *Murder Followed by Suicide* (Cambridge, Mass.: 1966).

30. See Robert M. Byrn, "Compulsory Lifesaving Treatment for the Competent Adult," *Fordham Law Review*, 44 (1975), pp. 29-36.

31. For example, by Glanville Williams, " 'Mercy-Killing' Legislation—A Rejoinder," *Minnesota Law Review*, 43 (1958), p. 11; "It is not impossible that, in the foreseeable future, medical men will be able to preserve the mindless body until the age, say, of 1000, while the mind itself will have lasted only a tenth of that time. What will mankind do then? It is hardly possible to imagine that we shall establish huge hospital-mausolea where the aged are kept in a kind of living death. Even if it is desired to do this, the cost of the undertaking may make it impossible."

32. See Byrn, *op. cit.*, pp. 16-24.

33. Williams argues along this line, briefly in " 'Mercy-Killing' Legislation—A Rejoinder," pp. 1-2.

34. Williams, *Sanctity of Life and the Criminal Law*, p. 340.

35. The truth in this matter of the saying, "Where there's a will, there's a way," is borne out by data—for instance, Norman L. Farberow, Edwin S. Shneidman, and Calista V. Leonard, "Suicide among Patients with Malignant Neoplasms," in Shneidman, Farberow, and Litman, eds., *op. cit.*, pp. 325-344.

36. Williams, " 'Mercy-Killing' Legislation—A Rejoinder," p. 7, already insisted on characterizing euthanasia as a medical operation, although he professed to expect ridicule for so doing.

37. And cases have succeeded with respect to a public hospital (*Nyberg v. City of Virginia*, 495 F. 2d 1342 [8th Cir. 1974]), a private hospital (*Doe v. Charleston Area Medical Center, Inc.*, . . . F. 2d . . . [4th Cir. 1975] decided Nov. 6, 1975 #75-1161), and the mandating of the use of public funds to pay for abortions (*Klein v. Nassau County Medical Center*, 347 F. Supp. 496 [E.D. N.Y. 1972]).

38. Indeed, I suspect that an important motivation, perhaps unconscious, of those who urge the legalization of euthanasia is precisely to generalize public cooperation in the deadly deeds of those who have assumed the character of killer. Generalizing participation not only serves the practical purpose of ensuring social acceptance of killing, but also serves the psychological purpose of establishing solidarity in guilt. In other words, just as some criminal organizations demand that new members commit a serious crime as part of the rite of initiation, so the proponents of legalized killing perhaps wish to abolish innocence, because when none is innocent, none is blameworthy.

39. An example of a compromise is the British Voluntary Euthanasia Bill (1969) which leaves a heavy presumption in favor of a physician or nurse who "acting in *good faith*, causes euthanasia to be administered to a qualified patient in accordance with what the person so acting *believes to be* the patient's declaration," but which also involves public officials in regulating declarations of desire to be killed and appointing physicians to do or supervise the killing. (The text of this bill is included in O. Ruth Russell, *Freedom to Die: Moral and Legal Aspects of Euthanasia* [New York: 1975], pp. 291-293).

40. Yale Kamisar, "Some Non-Religious Views against Proposed 'Mercy-Killing' Legislation," *Minnesota Law Review*, 42 (1958), pp. 978-985.

41. Williams, " 'Mercy-Killing' Legislation—A Rejoinder," pp. 3-4.

42. *Ibid.*, p. 4.

43. Glanville Williams, "Euthanasia and Abortion," *University of Colorado Law Review*, 38 (1966), p. 181.

44. Kamisar, *op. cit.*, pp. 1030-1041.

45. Williams, " 'Mercy-Killing' Legislation—A Rejoinder," p. 9.

46. Williams, *Sanctity of Life and the Criminal Law*, pp. 349-350.

47. Williams, " 'Mercy-Killing' Legislation—A Rejoinder," pp. 11-12; however, "Euthanasia and Abortion," pp. 178-187, seems more favorable toward such a proposal.

48. See David W. Louisell, "Euthanasia and Biathanasia: On Dying and Killing," *Catholic University Law Review*, 22 (1973), pp. 723-734.

49. Kamisar, *op. cit.*, pp. 1014-1030. The same thrust still is part of the pro-euthanasia movement; see, for example, Russell, *op. cit.*, pp. 236-247.

50. Joseph Fletcher, "The Right to Die: A Theologian Comments," *Atlantic*, 221 (April, 1968), p. 63.

51. *Ibid.*, p. 64.

52. One case of mongolism, admittedly unusual, was a girl of normal intelligence: Frank R. Ford, *Diseases of the Nervous System in Infancy, Childhood, and Adolescence*, 5 ed. (Springfield, Ill.: 1966), p. 182; another was a boy who attained the linguistic ability of a seventh-grade student, and who was anything but lacking in personal quality: May V. Seagoe, *Yesterday Was Tuesday, All Day and All Night* (Boston and Toronto: 1964).

53. Testimony of Harriet F. Pilpel on behalf of the New York Civil Liberties Union before the Committee on Health, New York State Assembly, March 7, 1966 (mimeograph).

54. *Roe v. Wade* 410 U.S. 165 (1973).

55. William Kopit and Harriet F. Pilpel, *Abortion and the New York Penal Laws*, directed as a memorandum to the Due Process Committee of the American Civil Liberties Union, December 7, 1966, with a note, "Working Paper (originally considered by the NYCLU Board of Directors, April 20, 1965)" (mimeograph), p. 7.

A footnote to the paragraph denying the absolute right to life cites Glanville Williams, *Sanctity of Life and the Criminal Law*, p. 198, as an authority for the claim that even "Catholic dogma" agrees by sanctioning killing in self-defence and during a just war!

56. *Roe v. Wade* 410 U.S. 162-163 (1973).

57. Williams, "Euthanasia and Abortion," p. 187, speaks of care for the aged: "To provide this assistance commensurate with the need may be beyond our resources, particularly if medical science continues to become more skillful in aggravating the problem by increasing the numbers of the aged and senile. Thus we still need to consider the help that could be given by a different solution, requiring not a social reorganization but a change in our philosophical attitudes." In other words, we can avoid changing society to provide justice for the elderly by changing our attitudes to provide death for them.