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Felicia Nimue Ackerman: I support the right to die — but please . . . after you!

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By FELICIA NIMUE ACKERMAN



Imagine Emma Sue Schroeder, an 83-year-old terminal cancer patient, who has been told that she has approximately four months to live. She signs an advance directive against artificial life support. But that does not satisfy her. She wants to die right away, although she can still eat and breathe on her own. She wants her doctor to prescribe lethal pills so she can commit suicide. Should it be legal for him to do this?

It is legal in Montana, Oregon, and Washington State. Many mainstream bioethicists support such legalization. Their arguments involve appeals to personal autonomy. For example, Ronald Dworkin, professor of law and philosophy at New York University, believes that a blanket legal prohibition against such physician-assisted suicide “is a devastating, odious form of tyranny.”

Now imagine Emma Sue’s daughter, Rachel. Forty-five and healthy, Rachel has lost her executive job, her house, her looks, and her husband. Having endured five years of living alone in a one-room apartment and getting subsistence wages for drudge work she detests and considers beneath her dignity, Rachel wants her doctor to prescribe lethal pills for her. Should it be legal for him to do this?

It is not legal in any state; nor do mainstream bioethicists advocate legalizing physician-assisted suicide in cases like Rachel’s.

Why not? Why isn't a blanket legal prohibition against physician-assisted suicide in such cases also a devastating, odious form of tyranny? What could justify legalizing physician-assisted suicide for only the terminally ill?

Here are some common answers:

Physical agony: Assisted-suicide advocates often describe terminal patients who want to die because of terrible, uncontrollable pain or other physical agonies like breathlessness and nausea. Some terminal patients do suffer such agonies. But some do not, and some people suffer terrible, uncontrollable pain from nonlethal conditions like severe arthritis. Moreover, misery like Rachel's can be as excruciating and uncontrollable as physical agony.

Loss of dignity: The slogan "death with dignity" reflects the widespread view that illness and disability undermine human dignity. Prominent physician Timothy Quill believes that "suicide could be appropriate for patients if they did not want to linger comatose, demented or incontinent." This invites a flippant question: Hasn't Dr. Quill ever heard of Depends — incontinence underpants readily available in drugstores?

To put the matter less flippantly, why should the law pander to the view that the terminally ill have less human dignity than the healthy? If, as a Supreme Court brief by six high-status philosophers argues, physician-assisted suicide should be legal for a terminal patient who seeks to avoid "an existence the patient believes to be one of intolerable indignity," then why shouldn't physician-assisted suicide be legal for healthy people who have this attitude toward circumstances like Rachel's?

Little chance for a brighter future: A common claim is that the terminally ill (unlike people in Rachel's circumstances) have little chance for a brighter future. But longer life means greater prospects for protracted suffering as well as for improvement. If autonomy is really the issue, shouldn't all competent adults be free to decide for themselves whether the prospects for protracted suffering outweigh the prospects for a brighter future?

Inability to commit suicide on one's own: Some advocates maintain that healthy people can commit suicide on their own, but the terminally ill need someone to prescribe lethal pills and bring them to the bedside. Not all or only terminally ill people are bedridden, however, and those who are can starve themselves. Suicide by medically prescribed pills would be gentler, but such suicide would also be gentler than the suicides that many healthy people could commit without medical assistance.

In an influential discussion of illness, disability, and death, Dworkin advocates "a régime of law and attitude that encourages each of us to make mortal decisions for himself." Maybe we should carry this view to its logical conclusion. That would mean legalizing physician-assisted suicide (presumably with such standard safeguards as screenings to make sure that those requesting suicide assistance are competent and their decisions are informed and voluntary) for healthy young adults — the very adults our society values most — as well as for the terminally ill.

Do you recoil at this? Are you healthy? Do you think that your life is more valuable than a terminally ill person's? Do you think that his life deserves less protection because his suicide would be more reasonable?

If so, the disability-rights magazine *Mouth* has a bumper sticker for you: "I support the right to die. You go first."

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