

ISSUE 6

*Individuals can/cannot be mentally  
competent and/or rational if they choose  
suicide (and a fortiori assisted suicide or  
euthanasia) as the best choice for themselves*



*Act Utilitarianism as a Moral Basis  
for Justifying Assisted Suicide*



Although I did not find that autonomy alone could serve as a moral basis for the decision to commit suicide, that was not the end of it. For as I read more deeply I came to realize that autonomy could be understood as something other than a freestanding moral system based on the unchallenged value of humans defining themselves by means of their choices. In this new understanding, autonomy is a conception that is necessary to the broader philosophy of utilitarianism. As I explained, the philosophy of utilitarianism requires that the moral actor make constant choices among alternative actions (or inactions). Autonomy provides the individual with the “space” in which to make these choices. Thus, one does not exercise autonomy for its own sake within this utilitarian framework. Just as the purpose of using a saw, computer, or blender is not to validate the importance of saws, computers or blenders, autonomy’s significance within the world of utilitarianism is as a means, a tool, to achieve a task.

I’ve already discussed—and rejected—utilitarianism as a moral basis for condemning suicide and assisted suicide. But this portion of my journey was going in the opposite direction, and that led me back to utilitarianism, this time to act utilitarianism.

It seems plain that, under act utilitarianism, a particular suicide under particular circumstances could be found to be a right action. My father

was such an example. He was suffering, in severe physical pain that could only marginally be controlled, and was losing his mental and physical capacities. He had done all he could to ensure that my mother would be taken care of when he was gone, and our whole family prayed that it would end for him. Put all that in the act utilitarian calculus, and the balance of consequences is clear: suicide is good.

This is not surprising. Utilitarianism can serve as a strong philosophical support for the prosuicide (assisted suicide) movement. Yet one can quickly grasp the irony. Utilitarian philosophy, with its focus on actual consequences in the world and the necessity that the individual be given the accompanying space to choose among alternative actions (or inactions) in the face of these perceived consequences, can also lead to the conclusion that a particular suicide is wrong. No other religious or nonreligious philosophy I studied convinced me that suicide, in whatever form, is always immoral. Act utilitarianism, in contrast, is not bound to such all-encompassing absolutes. As such, it is capable of labeling some suicides as bad.<sup>1</sup>

Imagine that a certain surgeon has perfected a lifesaving operation that only he can perform successfully. His wife leaves him, and with conscious thoughts of punishing her and “all those who’ve never appreciated me” he plans to commit suicide. If he carries out his plan, 100 people who would otherwise have lived productive, happy lives as the result of his remarkable surgical procedure will die. Put in the utilitarian calculus, the outcome is just as clear: suicide is bad.

When dealing with the very sick, and particularly the terminally ill, like my father, there is, however, a serious problem in applying a utilitarian system driven by autonomy. The entire system presupposes that two conditions exist as to the choosers: (1) they have full information,<sup>2</sup> so, for example, I can stop an uninformed person from jumping off a bridge;<sup>3</sup> and (2) they are competent.<sup>4</sup> Here act utilitarianism looks beyond the particular action to the integrity of its entire ethical system. Somebody totally misinformed and completely delusional could nevertheless make a choice that in balance results in a maximum good. Over time, the odds of this repeating itself on a routine basis, however, are probably not that great. Utilitarianism depends on people using their self-knowledge, reason, and access to rules of thumb (i.e., the cultural lessons about the predictable consequences of certain types of actions) to make the best choices. Adequate information and mental competence are, thus, necessary preconditions for the human decisions that will drive the utilitarian system.

The first precondition seems to me to be the lesser of the problems, at

least from a moral perspective. None of us is likely to have full and accurate information about much. The type and magnitude of information we're talking about here, however, are not like that regarding the conflict in the Middle East. Answers to such questions as "Is the diagnosis accurate and can this pain be brought under control?" would appear to suffice.

The precondition of mental competence, on the other hand, raises very difficult issues, particularly when you're talking about suicide and the terminally ill.<sup>5</sup> One school of thought holds that no one who seriously attempts suicide is mentally competent. By definition, if you try to take your life you have a severe mental problem.<sup>6</sup> And, in truth, most people who attempt suicide do have some associated mental problem. But we're not talking about some heartbroken teenager or misfit 30-something. My concern is with the elderly, terminally ill person like my father. The question, then, is whether the idea of a rational suicide is a logical impossibility. Those adhering to the position that an attempt at suicide is a clear indication of mental illness would say yes. I disagree.

However, even if suicide is associated with mental problems,<sup>7</sup> that does not lead to the conclusion that the individual is incompetent. A significant percentage of people in the American workplace suffer from clinical depression, a variety of character disorders, and even (medicated) psychosis. Many of these people function successfully in high-level jobs. They may lead troubled or even tormented lives, but no one would say that they were not mentally competent. No doubt there are those who commit suicide who, at the time of their final act, we would consider incompetent. But the mere existence of a mental disease, by itself, does not lead to this conclusion. Depression is not the same as incompetence.<sup>8</sup> And, in fact, empirical research has not found a clear correlation between depression and decision-making competence.<sup>9</sup>

Nevertheless, I think this is the toughest question I faced in thinking about suicide and the terminally ill. Did you ever have the flu—the four- or five-day, sick as a dog flu? Lying in bed, aching, half sleeping and half waking, drifting in and out of dreams, too weak to move, snatches of conversations and faces of caretakers briefly moving through your consciousness and then forgotten, and always a pervasive sense of being miserable. For the worst of those four or five days, you did not live in the same world as other people. The sick do not. And that's the flu.

Now imagine dying from pancreatic cancer. You've taken all kinds of extremely strong medications, at extremely high doses, many of them painkilling narcotics. As your blood chemistry begins to get out of balance,

you tend to become confused. At times, you experience such excruciating, wracking pain that there is no longer a you. The self is obliterated; there is only pain.<sup>10</sup> When the pain is under control again, you feel relief, but at the same time you are apprehending that it will return. You become depressed, as life is just lingering, waiting, with time marked by the space between times of crisis when you have to be rushed to the hospital. You are also exhausted. Everything is so difficult, so unpleasant, and there is no hope. So you suffer in this misery. And even if you fully comprehend the treatment choices and options, all of this can lead to “affective” mood disorders, which skew how you weigh and value these options.<sup>11</sup>

So how could my father move from his world (with its logic of pain, suffering, routine, endurance, and just maintaining)<sup>12</sup> and cross the bridge into ours—a world demanding detached reason and review of options, a world demanding its notion of competent decision making?

Near the end, as his organs began to fail and his blood chemistry went awry, Dad was very, very confused. When he asked me and my sister to kill him, however, it was weeks earlier, and he was totally calm and rational. At the moment, his pain was under control, though he was generally uncomfortable and very worried about what would happen to Mom. He was probably also very depressed. Why shouldn't he have been? His life had been great, and in a snap of a finger it was all being taken away. And it was being taken away by a horrible disease that was relentlessly breaking down his body and driving him nearer and nearer to the imminent death for which he had to patiently sit and wait. Depression under these circumstances seems as rational a response to his condition as was his desire to accelerate the end via suicide. This seems very different from the kind of clinical depression (responsive to drugs such as Prozac and Zoloft) during which a person might say, “I have a wonderful wife and kids, a great job and friends—I know—but it never seems to be enough. I'm always disappointed in myself and others, sad and miserable, but why?”

Also I think competence must be understood as a relative, contextualized concept, not an absolute, all-or-nothing one. Look at our notion of task competence. A ten-year-old child is competent to care for a pet, make breakfast, and operate much commercially available technology. He or she is unlikely to be competent to drive an 18-wheeler or be an airplane mechanic. I believe mental competence is the same. A person in the final stages of a terminal illness may or may not be competent to make decisions about the wisdom of committing to a complex real estate transaction. The capacity to make the decision that it is time to end it all is quite different.

On the most basic of basic levels, such persons understand who they are, whose life it is, and whether they want it to go on. That, I believe, is enough for being competent to make that particular decision.<sup>13</sup> I believe that, but, again, this is the area regarding suicide (and assisted suicide) that I find most problematic. I am not alone in my uncertainty. Those in the mental health community recognize that the notion of competence is not really a scientific concept. It is a creature of social policy formed in the negotiation between patient autonomy and medical paternalism.<sup>14</sup>