

Chapter 14

“You Got Me Into This...”: Procreative Responsibility and Its Implications for Suicide and Euthanasia

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Abstract This paper investigates connections between procreative ethics and the ethics of suicide and euthanasia. Regarding euthanasia/assisted suicide, we might think it too demanding to ask parents to help euthanize their terminally ill, suffering child, but had the parents not procreated, their child wouldn't need euthanizing. If you need help killing yourself, shouldn't your parents, who got you into life in the first place—without your consent—help you out of it? Yet knowing that your parents would help you kill yourself may increase your desire to die: a conundrum. Regarding suicide, the fact that we are forced into life should bolster the right to suicide, even for reasons that others might find wanting. The ways in which we are brought into life have moral implications for the ways in which we are entitled to get out of it.

14.1 The Ethics of Starting and Ending Life: Are They Linked?

Usually, when we think about the connections between the ethics of starting life and the ethics of stopping life, we are more focused on the morality of the end than we are on the morality of the beginning. We may be concerned about when we may permissibly end life, at its earliest and latest stages, i.e., the ethics of abortion and euthanasia. Questions regarding the permissibility of these two kinds of killing often center on issues related to personal identity and when people begin to have interests, particularly an interest in continuing to live. Regarding abortion and euthanasia, if we get clearer on how and when identity and interests form and disintegrate, we might be able to set parameters to personal identity and interests.

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And if we successfully set personal identity and interests parameters, we may think that we can permissibly kill outside those parameters (see McMahan 2003). But, setting our murderous impulses aside, what other connections may there be between the ethics of beginning and ending life?

We might question whether these connections exist at all and, even if they do, whether they are of sufficient strength and interest to warrant our attention. We have reason to be skeptical because it seems clear that there is a difference between our evaluations regarding whether a life is worth starting and our evaluations regarding whether a life is worth continuing. For example, although we might regret the fact that we began to exist, that does not rationally compel us to kill ourselves (see Smilansky 2007; Benatar 2006) because we may value the continuation of something that we would not necessarily have chosen to begin. I would not have chosen to walk into that seedy bar but I do not want to break up the party so I go in with my friends. Once inside the seedy bar, I meet a really interesting person—a seedy person, admittedly, but one I find interesting anyway and I then choose to stay even after my group has left. I value the continuation of something even though I did not value starting it. If I had to do it over again, I would still prefer not to go to a seedy bar even though it worked out well for me this time. The difference between our ways of evaluating whether a life is worth starting and whether a life is worth continuing can seem to argue for a disconnect between the ethics of the beginning and the ethics of the end of life.

However, if we analyze the reasons for distinguishing between what might make a life worth starting and what might make a life worth continuing, we will see that these reasons, while persuasive as far as they go, don't provide us with reasons to sever the ethics of the beginning and end of life more generally. There are two main reasons for distinguishing between a life worth starting and a life worth continuing:

- (a) *Risk*: The nature of the risk we take by starting life and by continuing life is radically different. When procreating, we impose tremendous risk on the future person since we don't know whether they will suffer a terrible birth defect or early life trauma. There is a lot we don't know and can't control about a future person's birth circumstances, and birth circumstances can be very important to determining the course of a person's life. Once a person is born, although life still poses great risks, some of those risks have passed. The person is alive, and we now know whether their birth circumstances have saddled them with terrible burdens or not. The risks of their being born with terrible problems may have been high but those risks may not have ripened into harms and, now, the risk of their continued life may be relatively low for burdens and high for benefits. It may have been a bad idea to create that person but it may still be a good idea for that person to continue living the life that no one should have started for them. The valuation is different.
- (b) *Investment*: Another major difference between the value of starting and continuing life is the investment people make in their lives. Before we exist, we have no interests, projects, or commitments and we therefore have no

investment in the life we might lead should we start leading it. Once we start living, however, we usually take an interest in our own life; we invest in projects and pursuits and we may want to see those through. We may have an interest in getting a return on our investments or simply in continuing to pursue them because we enjoy or value them. Personal relationships are another example of investments we make, once alive, that may provide us with reason to want to continue our lives. But these relationships don't necessarily provide us with a reason to start our lives. Indeed, sometimes we don't enjoy those relationship very much at all but we have committed to them and invested in them and that gives us reason to want to continue them, but it does not necessarily give us reason to have started them in the first place.

We can accept all this and still wonder what implications our procreative ethics might have for euthanasia, assisted suicide, and suicide, assuming that these ways of ending life are at least sometimes permissible.¹ That is what I would like to explore. I will begin with euthanasia, proceed onto assisted suicide, and end with some thoughts on suicide.

14.2 Procreative Responsibility and (Voluntary) Euthanasia

In the Ibsen (1881, Act III) play, *Ghosts*, Oswald, a man suffering from inherited syphilis, begs his mother, Mrs. Alving, to euthanize him:

Oswald: Well, now you have got to give me that helping hand, mother.

Mrs. Alving (with a loud scream): I!

Oswald: Who has a better right than you?

Mrs. Alving: I! Your mother!

Oswald: Just for that reason.

Mrs. Alving: I, who gave you your life!

Oswald: I never asked you for life. And what kind of a life was it that you gave me?

I don't want it! You shall take it back!

Is Mrs. Alving obligated to take it back? Is she, as Oswald's mother, particularly responsible to help him die? If someone is terminally ill, in unrelenting pain, and

¹I am not going to consider the arguments for and against suicide, assisted suicide, and euthanasia. Instead, I will explore the questions regarding the connections between procreative responsibility and suicide, assisted suicide, and euthanasia. For purposes of this discussion, I assume that these ways of ending life are sometimes justified and permissible. I am also not going to consider the possibility that children owe their parents help with ending life, out of gratitude toward their parents for having created or raised them (or for any other reason). In my view, the obligation children may have to their parents is more complex and controversial than the obligations parents have toward their children. I leave filial obligations for others to investigate.

is begging to be euthanized—if someone deserves and wants to be euthanized, whatever you take that to entail—who ought to do the euthanizing?

A popular candidate for the job is The Doctor. This candidate is so popular that some people have all but renamed euthanasia “physician-assisted suicide.” But why doctors? Is it the angelic/scientific costumes—the white coats, the stethoscopes, the blood pressure cuffs, the note pads—that lend doctors the air of purity and gravitas that seem appropriate to the euthanizing task? That may explain why some think doctors should do our euthanizing but it does not justify it. A justification might be that doctors (perhaps especially palliative care or hospice doctors) have the knowledge and skills required to end life reliably and with minimal suffering. But that knowledge is not that hard to acquire, even for a layperson. Why should doctors shoulder the burden of killing? Killing people, even when done at their request and in order to avoid a more painful and prolonged death, is difficult and stressful. It’s not clear to me that doctors are obligated to undertake this burden.

Remember executioners? We still have them, actually, though we don’t identify them the way we used to. We could hire the euthanizing job out. Surely, there’d be takers. But somehow this is off-putting. We don’t want eager volunteers killing our loved ones. We don’t want people who are not eager but are desperate for a job and therefore decide to become euthanizers either.

So who should a person in need of euthanasia turn to for help? Why not their own parents?² We can think of many good answers to that question. For starters, the job is likely to be more painful, stressful, awful, and difficult for the parents than for almost anyone else. We might think it nearly impossible for a parent to be able to kill their own child, even in order to relieve unremitting suffering and avoid a more painful and prolonged death for the child. That’s why god, clever dude that he is, tests Abraham’s loyalty by commanding him to kill his own son, Isaac. Killing your own child seems like the ultimate sacrifice, and one we should not ask of people. Besides, given the difficulty that euthanizing one’s own children would likely pose, parents are not the most reliable candidates for the job.

But they might still be the ones most responsible to do it. Parents are more obligated, in most cases, to help their children than anyone else is, unless others have put that child in the position of needing the help or have made an explicit commitment to help. So if Harry throws Sally under the bus, he is more responsible to help her recover from her injuries (or to pay for her burial) than are Sally’s parents. But, if Sally is dying slowly and painfully from an incurable terminal illness and is in need of euthanasia, Sally’s parents seem more connected to and responsible for Sally’s predicament than anyone else. They are the ones who put Sally at risk of this outcome when they decided to toss their condoms out the window and have a child. It can seem particularly fitting, I suggest, to ask the people who put you into life to help you out of it.

²Assuming, of course, that their parents are still alive. Given that terminal illnesses usually occur later in life, often this will not be the case. I am interested here in situations where it is the case that a parent of the person in need of euthanasia is still alive.

Just as drivers who hit pedestrians who are crossing the street in accordance with the traffic lights are responsible to alleviate harm or mitigate damages when the risk they pose to the pedestrian ripens into a harm, we may consider parents whose children are suffering from a painful and prolonged terminal illness responsible to alleviate the harm that results when the risk they pose to their child by creating her ripens into this sort of harm. Procreation imposes foreseeable risks on future people. Parents procreate knowing, or in the position to know, these risks, sometimes quite specifically (as is the case of many autosomal recessive diseases, for example, which run in carrier couples at a 25 % risk to their children). But we don't need specific knowledge of particular risk conditions in order to bear some responsibility for alleviating the resulting harm. Knowing, as we all do, that procreation imposes all of life's risks on our children is enough to implicate parents in the harm their procreativity foreseeably imposes on their children.

To clarify, the central source of the responsibility I am talking about is the responsibility we incur when we impose risks on others or expose others to risk of harm. We all impose risks on each other all the time—it's the cost of doing business, of living life. Merely breathing near others exposes them to risk (of airborne contagions). As a society, we decide how to handle risk. In my view, this is contractual: we choose the rules that we think are fair to all to live by. Very roughly speaking, we generally:

- Permit the risks that we deem worthwhile or necessary;
- Set a standard of care that we require to be met in the imposition of those risks;
- Deem those who fail to meet the standard to be negligent and liable for their negligence whether the risk ripens into a harm or not.
- When the standard of care has been met but the risk ripens into a harm anyway, we usually require the risk imposer or exposer to mitigate damages and/or compensate the victim.

To continue our driving example, we allow people to drive. We set a standard of care that includes being a certain age, being sober, passing a test about the rules of the road, etc. But, if the risk we pose to others by driving ripens into a harm anyway, e.g. we slide in the rain into a parked car, then we have to mitigate damages, compensate the victim, pay to fix the car. This risk model is what I have in mind when thinking about procreative responsibility for euthanasia. When people procreate, they expose their children to many life risks, including the risk of getting a painful and terminal illness. If the risk ripens into a harm, the parents may be obliged to mitigate/compensate (Might others be obligated as well, for whatever reason? Quite possibly. But that is not my concern here). I am concerned here about the implications of procreative responsibility and, by exposing children to the need for euthanasia, it is possible that parents incur the responsibility to euthanize their children who need it. What grounds the responsibility is not the fact that parents caused their child to be sick enough to need euthanasia and it is not the fact that parents caused unjustified harm to their child. Rather, it's that creating persons exposes them to significant risks. One of those risks is the risk of a painful terminal illness. Even if one has not negligently procreated—you didn't drive

drunk—if the risk ripens into a harm, the imposer may be obligated to mitigate the risk or compensate the victim.³

I am not suggesting that parents are required to compensate their children for any and all life burdens. That is similar to a strict liability standard⁴ that we hold people to when they engage in very high risk behavior for no good reason. An example would be something like owning a pet lion. That's an unnecessary pastime that puts your neighbors at high risk of injury. If injury does occur, you are responsible even if your pet lion was guarded by an electrical fence that it shockingly managed to breach. Having children, however, is something that people have a strong and legitimate interest in doing. Moreover, some harms that befall people are their own fault or someone other than their parents' fault. These factors explain why procreativity is not an act held to a strict liability standard of care. So strict liability is not the reason why I think that parents may be obligated to euthanize their children, when euthanasia is called for. The reason is simply that if someone ought to help Sally by euthanizing her, her parents seem more connected to the risk that ripened into her need for euthanasia than anyone else (unless she is dying because she chose to take up smoking, for fun, in her thirties, say). And, for those who find talk of risk imposition speculative or beside the point, we can simply point to the fact that parents are generally more obligated to help their children than other people are. Just as we expect parents to help their children emotionally, physically, and financially, we may expect them to help their children euthanasia-ly, should the need arise.

There are various views held about the source of parental obligations and how they are incurred (see Weinberg 2008). Whatever one's view of the basis of procreative parental responsibility—be it risk imposition, gestation, causation, intent to raise, genetic relation—all theories of what parental responsibility includes, whatever their basis, seem to cover whatever significant needs children have that they are unable to provide for themselves and that parents are able to provide for them (at not undue cost). Thus, regardless of one's view regarding how parental obligations are *incurred*, most people think that parental obligations usually *include* the obligation to care for and raise one's children and to care for them, even once they are adults, in a variety of special ways (barring special circumstances or justified estrangement). If your child is in serious and legitimate need of something that they can't provide for themselves and that you can provide for them, your special caring role as a parent, or your special obligations as a parent, or whatever view you take to be correct regarding parental-child relations, will likely direct you to provide it. I am suggesting that euthanasia might be that serious and legitimate something that your child needs, that she cannot quite provide for herself, and that you can provide for her.

³David Boonin has suggested that this reasoning may apply to those who breed a dog and raise it as their pet.

⁴Shiffrin (1999) argues in favor of holding all parents to this sort of standard. I argue against Shiffrin's view in Weinberg (2015).

14.3 Exceptions and Objections

14.3.1 *Someone Else’s Fault*

As I noted earlier, an exception to holding parents particularly responsible to help euthanize their children, when euthanasia is appropriate, is the category of cases where the need for euthanasia is someone else’s fault (not the parents’). If Harry beat Sally within an inch of her life, causing her to need euthanasia to relieve her suffering so that she dies quickly and less painfully rather than slowly and more painfully, it is the person who beat Sally who is most obligated to help her. But, in that sort of case, Sally, her parents, and almost everyone else probably don’t want Harry anywhere near Sally and it would probably increase Sally’s suffering to have Harry involved in helping her die. Still, there may be other cases where the fact that Sally is in need of euthanasia is someone else’s non-criminal, non-sadistic fault and in those cases that person might be more obligated than Sally’s parents to help Sally die. Imagine that Harry introduced Sally to smoking when he was 22 and she was 19. She should have had the good sense to resist engaging in this sick-making act but Harry was really charming and charismatic. Sally succumbed. Now she’s dying, very slowly and agonizingly, of lung cancer. Between the two of them, Harry and Sally are more responsible for Sally’s dying than Sally’s parents are. Sally’s parents are off the risk imposing hook, though they are still, in some sense, responsible to help Sally for any reason and in any way—that’s what parents do and that’s what we think they ought to do (usually, anyway).

If Sally’s dying is mostly her own fault, say due to her own risk taking, that too may distance her parents from Sally’s need for euthanasia that might result. If Sally has a sky diving or motorcycle accident that puts her in the position of needing euthanasia, we might think it is her own damn fault and that her parents have suffered enough as it is, by watching this whole process. We would not then find it fair to add to the parents’ suffering by requiring them to be the ones who euthanize their reckless daughter. Sally’s own risk taking distances her parents, in terms of the risk that ripened into a harm, from the harm that befalls her as a result of her self-imposed risk. The connection between Sally’s harm and her parents’ procreativity may be too weak at this point to obligate her parents to help euthanize her. But if Sally inherited her risk-taking proclivities from her parents, who are thrill-seekers themselves and know that thrill-seeking is a heritable trait (see Gower 2000; Friedman 2005), then maybe Sally’s parents are implicated in a close enough way as to reinstate the obligation. In any case, as I suggested earlier, even if we set the risk imposition claims aside, the obligation parents have to help their children, period, regardless of why help is needed, argues in favor of holding parents responsible to help their children with euthanasia, should that need arise.

We might also wonder about the possibility of cases where people fight very hard to stay alive, and consciously choose to live.⁵ Years later, if they need

⁵I owe this case to Justin Weinberg.

euthanasia, are they now solely responsible for risks posed by their own lives, including the risk of needing euthanasia? Are they “born again,” of their own choice, so to speak? I am not sure about this sort of case because it is hard to imagine a realistic instance that is not strongly influenced by the very strong biological survival instinct, which casts doubt on the possibility of true “born again of one’s own volition” type cases.

14.3.2 Too Demanding

It may be too hard for parents to actively participate in the death of their own child. This may be the case (though maybe people should think about these potential obligations before they have children). On the other hand, when a person is suffering terribly and euthanasia would be the most merciful act to do for her, parents may want to do it, even though it is hard. Watching your child die a slower and more painful death might be even harder. Some of the most famous and influential lawsuits pressing for the right to die and demanding to be disconnected from life support were filed by parents on behalf of their children (as happened in the Karen Ann Quinlan case).⁶ Although parents, in those cases, were asking for hospital removal of life support, their lawsuits serve as reason to think that, if necessary, the parents would gladly have removed the life support themselves (though it does not give us reason to believe that the parents would prefer it was them rather than the hospital that euthanized their child). On the other hand, we also have cases where parents are suing hospitals to maintain life support even though the hospitals insist that the patient is brain dead and there is no life to continue to support (see Shoicet 2013). Even though these parents’ reactions to their child’s terminal illness seem to contradict each other, what they have in common is parents trying or thinking that they are trying to do what is best for their children. That’s what most parents try to do and they succeed often enough for me to conclude that, in many cases, when euthanasia is in their child’s best interests, parents will find that they are able to do the extremely difficult act of euthanizing their own child.

As a parent, though, I find myself shuddering as I write this and wondering if there might not be something a little (or a lot) wrong, both morally and emotionally, with a parent who is up to the euthanizing task. You can kill your own kid? What’s wrong with you? The depth of feeling and attachment you should have for your own child, and the unique quality of parental love, should make it impossible for you to kill your child. On the other hand, if your kid needs killing and you don’t do it, what kind of mother (or father) are you? Who is your love and caring helping? Is this love for your child or your own selfish self-protection? Maybe both. With regard to euthanasia, parents may be in a dilemma: damned if they do and damned if they don’t.

⁶In re Quinlan (1976).

Still more damned if they don't, I think, given that euthanasia, if and when needed, is something one might do for the sake of another, despite the cost to oneself. That is consistent with the way that parents are often (though certainly not always) expected to treat their children.

14.4 Procreative Responsibility and Assisted Suicide

The case for the parental obligation to help their child die is stronger if the child is not in need of euthanasia but, instead, requests assistance with their own suicide, as an adult, because they find life not worth living. The case against parental help with this sort of assisted suicide is stronger as well. It is a more vexing dilemma because the situation is more closely connected to parental decisions to procreate. Let me explain.

Shiffrin (1999) famously argued that all procreativity is morally problematic because it violates children's consent rights, since children are created without their consent even though it's no harm or deprivation not to exist. I have argued elsewhere against Shiffrin's view on the basis of children's lack of consent and autonomy rights (Weinberg 2015). I won't go through the entire argument here but the gist of it is that parents are entitled to procreate without their child's consent because children, being not yet fully competent, do not have autonomy or consent rights. Just as parents are entitled to make many other decisions that affect their child without their child's consent, parents can procreate without their child's consent (so long as it is reasonable for the parents to think that being procreated will not be contrary to their child's interests).⁷ But what if, despite the parents' reasonable and justifiable procreativity, it turns out that the child, once grown, doesn't enjoy life and doesn't want to continue living it? Just as it may be reasonable and within one's paternalistic authority to give your child violin lessons without asking them first (if they are very young, as they must be if they are to have any shot at getting good at it), it's also reasonable for the child to stop playing the violin as she grows into an adult who doesn't enjoy playing the violin. Not playing the violin is pretty easy to do on one's own so no one needs to help their grown children abandon the violin in favor of pursuits that the grown children do enjoy. But if your children grow into adults who don't enjoy living, it is not as easy for them to abandon life even if they really hate it. And since you got them into it, maybe you should help them out of it.

Before the child becomes a grown up, paternalistic authority may be exercised to prevent her suicide—the child is not old enough to be sure that she really wants

⁷I say “not contrary” to the child's interests rather than “in the child's interests” because I don't think that anyone has an interest in being created. That's why paternalism alone will not justify procreativity, in my view. My view is that parents procreate to further their own interests in becoming parents but they are permitted to do so despite not being able to obtain their child's consent because the child does not have consent rights, among other reasons.

to end her life. She is not yet competent to make that sort of decision. But, if a child, once grown, realizes that not only does she no longer want to play the violin, because it is not worth the effort, she also no longer wants to live because it is not worth the effort, she may find walking away from the violin much easier to do on her own than walking away from life by killing herself. It can be hard to commit suicide even if one genuinely wants to die and wishes one were dead. We are biologically programmed for survival and that is an instinct that, like all strong instincts, is involuntary and hard to ignore even if, rationally, we want to ignore it. Moreover, suicide is a leap into the unknown, which is scary to contemplate and no less scary just because one may really not want to live anymore. At least life is the devil you know. Suicide also hurts those who love us, which is a very unfortunate side effect and one that many people who really really want to die are still loath to put their loved ones through. And a suicide attempt—that is, a failed suicide—can leave a person worse off than they were before. If you jump out of a fifth story window and live, the life you then live is likely to make you both more interested in dying and less able to kill yourself than you were before you tried to kill yourself by jumping out a fifth story window. As we see, there are serious obstacles to getting out of a life you don't want and never agreed to lead.

But with a little help from your friends, or, even better, your mama, these obstacles can be alleviated. It's easier to do something scary with help and support from a friend or a family member. It can make the leap into the unknown feel less lonely and overwhelming. If your loved ones help you commit suicide, you might be justified in thinking that your suicide, while still difficult for them, will be less of a trauma than it would be if you slit your wrists alone at home in the tub, leaving them to find you only after they don't hear from you for three weeks and get the police to open your door. And, finally, if you have help with your suicide, you are less likely to screw it up and therefore less likely to be worse off than you were before. All this adds up to a good case for wanting help with your suicide. It can make it a more bearable process.

Who should help you? A natural answer is, "no one." If you want to kill yourself just because you don't like living, it is not so easy to see why anyone has to help you, given that it is not the kind of help that is given at little cost—well, not the kind of help given at little cost by anyone you might want help from, i.e., no Dr. Kevorkian or ax murderer types need apply. What you want is help from your loving and supportive family and friends (yes, even people who have loving and supportive family and friends may tire of living and wish to stop). If you are going to kill yourself regardless, and it would make your end so much easier for you if you could have some help with it, why shouldn't your family, who are first in line to help you with all of your needs, help you with this one?

If a person wants help killing themselves, shouldn't their parents, who got them into life in the first place—and without their permission or consent—help them get out of life, if it turns out they don't enjoy living? It might be too hard, even harder than the case of euthanasia (for the terminally ill). Whereas euthanasia presents parents with the tragic task of helping their child avoid a prolonged death, helping a child kill herself because she does not enjoy living is not only tragic but also

possibly a huge and lethal mistake. Not everyone who wants to die at some point later regrets that they did not then die at that point. In fact, one of the few to survive jumping off the Golden Gate Bridge described an experience common to attempted suicide. He said: “I still see my hands coming off the railing.... I instantly realized that everything in my life that I’d thought was unfixable was totally fixable—except for having just jumped.”⁸ And even if a suicidal person is correct in thinking that her death wish will not pass and that she genuinely will be better off dead, her loved ones might want to work to help her enjoy her life rather than help her end it. It’s hard to give up on your own child.

I should hope! Isn’t believing in your child and always holding out hope for her one of a parent’s jobs? But, as a parent, you might still think that if your child is going to kill herself anyway, in order to exit a place you entered her into without her agreement, you should help make that exit easier. The problem is that knowing that your parents will help you kill yourself may, perversely, give you more reason to want to die: your own parents will help you kill yourself! You might as well die. It is reasonable to assume that, normally, if your parents love you as deeply and unconditionally as they are supposed to, they will not be able to participate in your suicide, even as a favor to you. It’s too much like giving up on you. This, I suggest, presents a dilemma for procreative ethics: As parents, you should help your child not want to die yet also help your child if it turns out that they would prefer to die, but the very knowledge that you would help your child die may contribute to your child’s desire to die.

Enough dilemmas. Let’s get to the good news. The good news is that thinking about procreative responsibility will help justify your suicide, should you wish to kill yourself.

14.5 Procreative Responsibility and Suicide

It is often thought that it is somehow morally or rationally remiss to kill yourself for no especially compelling reason. Over the course of human history, committing suicide has been considered, at one time or another, a sin, a crime, a sign of madness or some combination of all three. I am at a loss as to why suicide has gotten such a bad rap. If I am not enjoying a party, why am I an evil, criminal, maniac if I decide to leave?

We may note that the fact that we are born without our consent may bolster our right to kill ourselves, even for reasons that others might deem insufficiently weighty. Simply being tired of living should suffice. Our parents may have been within their rights to create us if the odds of our enjoying life were good. But that doesn’t mean that if we defy the odds and don’t enjoy life, that we need anything more than that as a reason for suicide. Just as we can stop playing the violin

⁸Ken Baldwin, as quoted by Friend (2003).

because we just don't feel like it, we can kill ourselves because we just don't feel like living.

I concede that last bit of reasoning may have been too quick. Kantians may tell me to respect my rational agency and not use myself as a mere means to my own happiness by killing myself. Consequentialists might point out that my suicide will decrease the happiness in the world because it will make people feel sad and guilty (though if I am miserable enough or make others miserable enough, I may be able to offset that decrease in happiness with the increase in happiness gained by ending my life). Aristotle might tell me that I am not being a good citizen and that I am certainly not faring well by contemplating suicide (though I may have already noticed this myself). All of these reasons against suicide may be good reasons though it is not clear that they are decisive, but it is not my aim here to show that.

What I am suggesting here is that the nature of the reasons we may have to want to die may not need to be as strong as some may have thought in order to justify suicide. Life was thrust upon us and some of us might not appreciate it. We didn't ask for it. We might not like it. In the words of Bernhard's (2003) character in *Amras*, "Why do we still have to live?"⁹

As with euthanasia and assisted suicide, so too with suicide: the ways in which we are brought into life affect the ways in which we are entitled to get out of it.

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⁹The fact that we did not ask to live does not, by itself, tell us that we have no duties of any sort to continue to live. It's possible that some duties are involuntary. My point here, however, is that the fact that we did not ask to live counts in favor of our being able to stop living, should we so desire.

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