

SUICIDE

A PHILOSOPHICAL AND ETHICAL PERSPECTIVE

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and that I have not previously, in its entirety, or in part submitted it at any university for a degree.

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Signature

Date: 18 January 2001

SUMMARY

Suicide is a truly philosophical problem. Judging whether life is or not worth living amounts to answering the fundamental question of philosophy.

In Africa, suicide is not uncommon as evidenced by the Botswana experience. Suicide acts are the forefront of the daily existence even today. Suicide is felt in different areas of Botswana and while the study draws heavily on Africa especially Botswana, reference is also made to countries outside Africa. Hence, suicide in this thesis is not addressed in a restrictive manner. But its manifestation in essence is assessed in a general mode. This implies that the escalation of suicide is viewed from the sociological, psychological and philosophical implications.

Although it is not easy to accept and live with suicide, people are beginning to accommodate it as an inevitable concept. However, the family and friends of a person who has committed suicide still feels ashamed, humiliated and sometimes guilty.

The aim of this assignment is to analyse and evaluate the moral argument for and against suicide and to focus on the moral implications of committing suicide. While agreeing that individuals' autonomy are personal, the writer tries to suggest a way out of this self-destruction (suicide) which is just a means to an end and not an end in itself. The writer in the concluding chapter tries to explore the *pros* and *cons* of suicide, and comes up with the conclusion that the right to live should be given attention than the right to die, at least to preserve its generations which all creatures strive for.

Areas of focus:

- The concept of Suicide
- The nature and incidence of Suicide.
- Arguments in favour of Suicide
- Arguments against Suicide
- The Suicide / Euthanasia Debate.

OPSOMMING

Selfmoord is 'n ware filosofiese probleem. Om te oordeel of 'n lewe die moeite werd is om gelewe te word, vereis 'n antwoord op 'n fundamentele vraag van filosofie.

In Afrika is selfmoord nie ongewoon nie, soos gesien in die geval van Botswana. Selfmoord kom baie algemeen daar voor. Selfmoord word aangetref in verskeie areas in Botswana, en, alhoewel die studie fokus op Afrika - en spesifiek Botswana, word daar ook verwys na lande buite Afrika. Maar die manifestasie daarvan word in essensie en in die algemeen aangespreek. Dit beteken dat die toename in selfmoord in terme van die verskynsel se sosiologiese, sielkundige en filosofiese implikasies aangespreek word.

Alhoewel dit nie maklik is om selfmoord te aanvaar en mee saam te leef nie, begin mense dit aanvaar as 'n onvermydelike verskynsel. Maar die familie van 'n persoon wat selfmoord gepleeg het voel steeds skaam, verneder en soms skuldig.

Die doel van hierdie werkstuk is om die argumente vir en teen selfmoord te analiseer, te evalueer, en om te fokus op die morele implikasies van selfmoord. Alhoewel die outeur saamstem dat individue outonoom is, word sterk teen die morele aanvaarbaarheid van selfmoord geargumenteer. In die gevolgtrekking ondersoek die outeur die *voordele* en *nadele* van selfmoord en eindig met die bevinding dat die reg tot lewe meer aandag behoort te kry as die sg. reg om te sterf.

Areas waarop gefokus word:

- Die konsep "selfmoord" as sodanig
- Die aard van selfmoord en (hoe algemeen dit voorkom.)
- Argumente ten gunste van selfmoord
- Argumente teen selfmoord
- Die selfmoord -genadedood debat

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FOREWORD

Throughout history and across cultures, attitudes towards suicide have varied from strict condemnation and total disapproval to acceptance and even encouragement. Philosophies and religions have evidenced a similar broad range of attitudes.

Beliefs towards suicide can lead to many other complications: stigma, shame and secrecy surrounding suicide can arise. However, recognition of suicide today exists within the context of wider awareness of mental health problems, so there is a decreased tendency to moralise and condemn suicide. All the same, the stigma and shame are still associated with such deaths.

In all, as an enigma, suicide is a mythology to many people, and facts about the phenomenon are not yet well known.

CHAPTER 1: INTRODUCTION

The main aim of this assignment is an ethical analysis of the ever-increasing dilemma in our society called *suicide*. Suicide is felt in all areas of Botswana, and while the study draws heavily on Africa, more especially Botswana, reference is also made to European circumstances since suicide is a universal phenomenon. In this discussion, suicide is not addressed in a restrictive manner (addressing only one particular form of suicide) but its manifestation in essence is assessed in a general mode. In other words, the escalation of suicide is viewed in terms relating to sociological, psychological, and philosophical implications. The social, personal, emotional and economic consequences experienced as a result of suicide will also be assessed against the lifestyle situation of Botswana as a nation, Africa as a continent and indeed the whole world.

1.1 BACKGROUND

In Africa, suicide is not rare, as evidenced by Botswana experiences. It is not a recent event in the contemporary society. Suicide has always been with us and dates back to ancient times and is prevalent in almost all cultures.

The Cyrenaics, the Cynics and the Europeans, all permitted suicide, and the Stoics made it one of the central tenets of their philosophy. Among them, a number of prominent thinkers, like Zeno, Cleanthes, Cato and Seneca, not only advocated what we could call the right to commit suicide, but also put their beliefs to practice by taking their own lives. (Dworkin et al: 1998: 24).

Suicide acts are at the forefront of daily existence even today. Causes pertaining to people committing suicide not only are common, but they strike as not surprising any more. Although it is not easy to accept and live with suicide, people are beginning to accommodate it as an inevitable part of life. Factors leading to suicide are varied and well scattered. However, the operational mode reflect that mostly the trend (suicide) has engulfed the general populace, inflicting heavily on the young, energetic and productive citizenry in Botswana. Suicide is steadily carving its niche and cases abound, indicating

the much increased rate at which people commit suicide for this or that reason.

Suicide is caused by psychache - referring to the hurt, anguish, soreness, aching psychological pain in the psyche (mind). It is intrinsically psychological – the pain of excessively felt shame, guilt, humiliation, loneliness, fear, dread of growing old, dying badly or whatever. When it occurs, its reality is undeniable. Suicide occurs when the psychache is deemed by the person to be unbearable (Schneidman 1993).

The underlying consequences of suicide are felt by the family and the nation at large. Teachers, lawyers, policemen, soldiers, teenagers, adults and many other professionals are affected by suicide. All these are torchbearers of the nation and their decrease has an instant and long- term impact on the welfare of the society.

The number of orphans is increasing at an alarming rate while families are broken apart by suicide. As if it is not enough, suicide has rendered the marriage household weak. Married couples are faced with the plight of losing their partners untimely. As the nation gears itself towards the struggle for the realisation of the vision 2016 objectives, cases of suicide on the other hand are militating against the government's intended goals. (The Botswana Gazette, April 2000)

1.2 OBJECTIVES

The main thrust of this assignment is to critically discuss the morality of suicide. Day in and day out, incidences of suicide are witnessed as either attempted suicide or a successful suicide. Suicide is increasing among young people, especially males, and decreasing among females, while with elderly people there are high occurrences of suicide (Papalia & Olds 1992). The dissertation will consequently look into the causes and impact of suicide on individuals and society at large

1.3 STATEMENT OF THE PROBLEM.

It is apparent that studies have been carried out as an attempt to explain suicide. A varying degree of these attempts point out that suicide in itself is a difficult variable to comprehend at most. People who commit suicide have now become revolutionised 'in their quest for success'. The increasing use of guns instead of less certain methods like poison suggest that more people who commit suicide are determined to succeed (Papalia & Olds 1992). Since many suicides go unreported, the writer hastens to indicate that statistics can give an understatement of suicide as some deaths may be reported as 'accidents' while in the true sense of the matter, they could be self-imposed.

Statistics available in Botswana may, if judged superficially, give an alarming picture. However the researcher assumes that the statistics present us with only a tip of the iceberg, as the country is vast and places where suicide numbers may be registered are inadequate country wide. Not every place in Botswana has a clinic or police station. Therefore, a considerable number of suicides go unnoticed. "Some deaths may look like traffic accidents, accidental overdoses of drugs or unintentional failure to take life-preserving medicine" (Papalia & Olds, 1992: 62).

A scapegoat in suicide has been found as people decide to seek solace in taking their own lives. As stated in the introductory remarks, suicide cuts across all walks of life. Categorising it will present the writer with the following taxonomy:

- I. Suicide among young children
- II. Suicide among adolescents
- III. Suicide among adults

Not everyone is vocal in nature and young children; adolescents and adults are in danger of committing suicide.

Very young children may be particularly at risk because they generally believe that death is reversible (Papalia & Olds, 1992: 63).

Teenagers today are under much more stress than their counterparts in past days. Drugs and alcohol play a role in most of the teenage suicide attempts. However, it ought to be

noted that through actions of miscalculation, teenagers are liable to die before they attain help. Older people who take their own lives seem to plan carefully and to know just what they are doing, "as can be judged from the fact that 1 out of every 2 suicide attempts in old age is successful, compared with only 1 out of 7 among adolescents" (National Council on Aging, 1978).

Elderly people may feel that the quality of life is too low to continue living. They find it hard to come face to face with the deprivations of old age, possibly due to over identification with their duty roles or leaving them with no identity after they cease working. A case in point, which spread over the local media, is that one of a prominent member of the Botswana political fraternity, the former president of Botswana People's Party, Dr. Knight Maripe. Dr. Maripe is a victim of an attempted suicide of recent, and according to local media publications, his attempt was prompted by political frustrations.

Hardships in the African context are there to be removed by hard work, but local experience suggest to the writer that it is not everyone who can sustain poverty and endure a lack of basic needs in their lives. Older people in Botswana are in despair. Loss of work, friends, memory, health and self-esteem and hope are all irreversible and may compel adults to commit suicide.

1.4 SIGNIFICANCE OF THE PROBLEM

Suicide is a universal phenomenon. It cuts across all nations and does not discriminate. Suicide seems to transcend human knowledge. We must bear in mind that the suicidal person will do anything in his/her power to conceal the suicidal motive by striving to appear as normal as possible as he/she moves along the path of complete self-destruction (Roker: 1997).

Suicide does not only impact on the immediate family but it wrecks havoc to the entire community. Every human being from a moral point of view is to be viewed as a potential contributor to the moral fabric of the society. Despite this, one can read between the lines

to allude to the fact that suicide claims lives, which are very crucial in many respects.

When a teacher kills himself/herself, somewhere in the country his/her services are bound to be missed. The same applies to the core of other professionals such as lawyers, bankers, policemen and company directors. Elderly people are the twine legends of our culture and customs, but happenings in our society indicate that through suicide we are liable to lose their crucial input.

Africa is faced with a mammoth task in the struggle against HIV/AIDS and headmost among the nations is Botswana. Add to that scourge the problem of escalating suicide, and one realises that our hands have a lot of work to do. In the United States of America, and parts of Europe suicide, is regarded as the second largest killer of people after road accidents. In Botswana and Africa at large, suicide is proving to be among the highest killers of people.

“Durkheim found that a low suicide rate was associated with political upheaval. The suicide in France fell after the coup d'e`tat of Louis Bonaparte.” (Haralambos and Holborn: 1995:818)

In Botswana, more particularly, the writer has observed a situation, which is likely to backfire unless abated. Botswana is at peace, there is no upheaval whatsoever. However, the observed scenario is that suicide itself is an upheaval among Batswana. Suicide in Botswana is being committed at an alarming rate. There is no clear-cut reason(s) for committing suicide. To prevent more suicide, stakeholders need to be in possession of detailed information about the occurrence. But the style in Botswana is not permissible to the unraveling of suicide mysteries. The situation is unimaginable that a nation with such potential is fast eradicating itself by acts of digression.

The economy in the long term suffers because of suicide; the social structure is threatened as well. The family strata itself is in trouble as breadwinners are so highly immersed in difficulties (personal) that they view suicide as the only remedy to their worries. The

implications are very frightening if pictured and the writer has found it imperative to discuss this controversial issue.

CHAPTER TWO: THE CONCEPT OF SUICIDE

Windt in defining suicide writes:

“Suicide is often defined simply as ‘self-killing’ or an act of taking one’s own life. More careful definitions – accidental or coerced taking of one’s life. Intentional self-destruction, the act or instance of taking one’s own life *voluntarily and intentionally*.” (Windt in Pabst, B & Co, 1980:39)

Arguing that the concept of suicide is ‘open-textured’, he provides a Wittgensteinian analysis of the concept ‘suicide’ in terms of criteria and characteristics in virtue of which an event is a suicide, but there are neither necessary nor sufficient conditions for the event to be termed a suicide. (Pabst, B & Co. 1980: 39).

However, the claim that a concept is open-textured need not indicate that it is arbitrary, vague or inconsistent, because different criteria may be involved in different cases. We should expect to find similarities among the whole family of cases which justify their assimilation under a single concept. Such similarities will be the result of different circumstances. Similarities are capable of degrees and variations. We might find that some cases of suicide are paradigms, while others though still genuine cases of suicide, exhibit various atypical characteristics. (Windt in Pabst, B 1980: 40)

Suicide can also be said to be *intentional self-killing*. Wide definitions would include martyrdom and self sacrifice; narrow definitions would be motivated by the thought that cases are frequently noble and heroic. A person may allow himself or herself to be killed in order to achieve some greater goal, for example, the giving of one’s life to save someone else’s. In this case, the surrender of life may be martyrdom or an act of love and heroism. All actively provoked martyrdoms may not be the same as suicide, since death is not the aim, merely the consequence of intended action.

In an important British legal decision, March 1987, a judge ruled that:

“Every act of self-destruction is in common language, described by the word suicide, provided it be the intentional act of a party knowing the probable consequences of what he is about. This is, I think, the ordinary meaning of the word.” (M. Pabst and D. J. Mayo 1980: 48)

But for the philosophical difficulties with the terms ‘voluntarily’ and ‘intentionally’, there seems to be no problem here, though there is a considerable tradition of philosophical writing, that wants to deny that a number of cases which fit all these definitions are in fact suicides. Such writers maintain that all suicides are morally forbidden. Kant, for example, wants to count all suicides as violations of duty, but claims that those who fall on the field of battle are not suicides but the victims of fate. (Pabst et al. 1980: 48)

Accordingly Maurice Van Vyve (quoted in Pabst et al 1980:63) distinguishes between what he calls acts of suicide, unacceptable self-killing and sacrifice. He has the tendency to think some acts are acceptable, despite official Catholic doctrine. Thus:

“To sacrifice oneself is to accomplish one’s duty, to be ‘engaged’ to the end; to renounce life for a greater good; to commit suicide is to give it up out of egoism; to give up in the face of one’s duty.” (Pabst B. and Co. 1980: 64)

Here, the word suicide carries with it the implication of moral disapproval. He excuses cases of ‘indirect’ self-killing, which satisfy the double-effect criteria, but in conflict with that doctrine, also excuses ‘directly willed’ self-killing for the greater good and he still condemns self-killing for selfish motives. He calls the first class of actions ‘passive sacrifice’, the second ‘active sacrifice’ and the third ‘suicide’. (Pabst B. et al. 1980: 64).

R. B. Brandt works intention into the analysis of suicide in a more promising way. He proposes the following definition:

“Suicide is conveniently defined for our purposes, as doing something which results in one’s death, either from the intention of ending one’s life or the intention to bring about some other state of affairs (such as relief



from pain) which one thinks it contains or highly probably can be achieved only by means of death or will produce death.” (quoted in Donnelly J. 1998: 154-155)

However, this analysis is too broad. By this definition, most deaths would qualify as suicide. Thus, we cannot be satisfied by Brandt’s definition as it stands. It is too close to Durkheim’s definition of suicide. Therefore, Brandt’s definition needs amendment.

The analysis of suicide that seems to work must include deaths that are brought about as a means to some ulterior purpose and it must exclude deaths that are a foreseen but not intended consequence of deliberate actions. This can be achieved by dropping the last four words of Brandt’s analysis: “or will produce death”. It is this phrase that brings in deaths that are foreseen side effects of deliberate actions.

Incorporating into Brandt’s definition the changes made, we get ‘suicide is defined as doing something that results in one’s death in the way that was planned, either from the intention of ending one’s life or the intention of bringing about some other state of affairs (such as relief from pain).

However, alternate descriptions or intentions present a more difficult consideration. In the case of a martyr, his or her death is incidental though foreseen. Thus, even though she acted in such a way that her death was inevitable, she did not commit suicide. There is an alternate description or intention of her act to criticise and preach. But, this business of alternate intention and description requires greater scrutiny.

For instance, there is a big difference between an alternate intention and an ulterior intention. Some cases of self-caused death are ‘over determined’. An individual may wish to preach the Word of God and also die so as to become a martyr. She intends to do more than one thing by her action. Here, one can say that there is a suicide just in case the death is a sufficient reason for the death provoking action (as could be true for the escaping convict).

This notion of alternate description or intention echoes the 'doctrine of double-effect', which turns on 'a distinction between what an individual foresees as a result of his voluntary action, and what in the strict sense he intends.' An individual intends in the strict sense, both what he aims at as ends, as well as those things he aims at as means to those ends.

On the other hand, a person does not intend the foreseen consequences of his actions where these are neither the ends aimed at nor the means to them.

"The words 'double effect' refer to the two effects that an action may produce: the one aimed at, and the one foreseen but in no way desired."
(Donnelly J. 1998: 164)

On the whole, it could be said that when an individual takes his own life, then it is a suicide, unless one of the following two conditions obtains. He expects to die soon so doesn't 'choose' to die, or there is an alternate description or intention such that his death is not intended as a means to the end aimed at. When the latter condition obtains, the individual's death is but a foreseen, incidental outcome of his action. Consequently, the prospect of dying is not sufficient to prompt the act, which results in his death.

Marcus (1996:34) claims that "at its simplest, suicide is the act of killing oneself on purpose. Suicide according to Marcus comes from the Latin word 'sui' meaning 'self' and 'caedere' which, means 'to kill'. But in reality it means different things to different people: tragic, shocking, horrifying, enraging, mysterious, a relief, a release, a shame, a stigma, a shattering legacy, a cry for help, a release from pain, selfish, heroic, insane, a way out, the right choice, the last word, punishment, desperate, upsetting, unsettling, revenge, a protest, a weapon, a political statement, a mistake, angry, tempting, dramatic, devastating and unforgivable". (Marcus, 1996)

It is evident from the above paragraph that suicide has a propensity to various explanations and (Stengel 1973:77) defines it as this:

The conventional notion of a genuine suicide act is something like: A person, having decided to end his life, or acting on a sudden impulse to do so, kills himself, having chosen the most effective method available and having made sure that nobody interferes. When he is dead he is said to have succeeded and the act is often called a successful suicide attempt.

Stengel (1973) further, underscores that death is the only purpose of this act and therefore the only criterion of success. Joseph Margolis in **Negatives: The Limits of Life** (1975) proclaims that suicide is thought to be a telling test for a moral theory because unlike murder, it is problematic whether, and how, it can be plausibly condemned. As far as linguistic usage goes, there is no clear sense in which characterising an act of suicide is not reprehensible: it may or not be.

An initial difficulty in deciding the issue concerns the sorting of specimen instances. Margolis maintains that a man may knowingly go to his death, be rationally capable of avoiding death, deliberately not act to save his life, and yet his death may not account as a suicide. We usually exclude a man who sacrifices his life to save others; the religious martyr who will not violate his faith, the patriot who intentionally lays down his life for a cause. Not that men in such circumstances may not be suicidal; only that they cannot be said to be suicidal solely for those reasons. However, Emile Durkheim thought otherwise. "Suicide", says Durkheim, "is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself which, he knows will produce this result."

Beauchamp and Childress (1994) argue that a start in the direction of a definition of suicide is the following: the death of a person is suicide only if (1) the person's death is intentionally self-caused and (2) the person's action is non-coerced.

2.1 SUICIDE AS PROBLEM-SOLVING

Douglas's approach to suicide has been developed further by the French sociologist Jean Baechler. He makes extensive use of case studies of suicide in existing literature and he makes a classification of suicide (Haralambos and Holborn 1995). Baechler sees suicidal behaviour as a way of responding to and trying to solve a problem. Suicide is attempted when there seems to be no alternative solution. From this perspective, it then becomes possible to classify suicides according to the type of solution they offer and the type of situation to which they are a response - in other words, according to end pursued by the suicidal individual. On this basis Baechler divides suicide into four main types.

1. *Escapist Suicides* take three forms. Some people take their own lives as a means of flight from an intolerable situation. For others, suicide is a response to grief about the loss of something in particular, perhaps a loved one or even a limb. Suicide may also be a means of self-punishment used by a person if they feel they have done something unforgivably wrong.
2. *Aggressive Suicides* are a way of harming other persons or people. There are four types of aggressive suicide. Vengeance suicides intend to make other people feel guilty or to bring condemnation on them from society. For example, a wife might commit suicide to draw attention to her husband's cruelty. Crime suicides involve killing another person during suicidal behaviour, for example when someone shoots a spouse and then turns the gun on himself. Blackmail suicides are used to persuade someone else to change their behaviour and treat the suicide victim better. Appeal suicides are used to show the person concerned is in need of help. Blackmail and appeal are often the ends pursued by those who make suicide attempts that either fail or are not entirely serious.
3. *Oblative Suicides* are ways of achieving something that is particularly valued by the suicide victim. Sacrifice involves giving up one's own life to save another person. A person uses transfiguration suicides so that they can obtain a more desirable state. For example, to join a loved one in the after life.
4. *Ludic Suicides* involve taking deliberate risks that might lead to death. There are two types, the ordeal and the game. Ordeals are ways in which individuals try to prove to themselves and to others by showing their bravery. Games involve taking risks 'for the hell of it', for example playing Russian roulette with nobody else present.

Haralambos and Holborn (1995) maintain that Baechler is more explicit than Douglas in suggesting that causes of suicide can be found. However, unlike Durkheim he does not believe that suicide can be explained wholly or even mainly in terms of external factors. As Baechler puts it, "whatever the external factor considered, it always happens that the

number of those who do not commit suicide is infinitely greater than those who do." Not everyone whose business fails, spouse dies or who is a Protestant in an urban area kills themselves. Thus to Baechler, suicide must always be at least partially explained through "personal factors" that are particular to an individual. Baechler differs from the studies of suicide examined so far in that he includes attempted suicides under his general definition of "suicidal behaviour".

Atkinson's research (Haralambos & Co,1995) focuses on the methods employed by coroners and their officers to categorise death. His data are drawn from discussions with coroners, attendance at inquests in three different towns, observation of a coroner's officer at work and a part of the records of one particular coroner. (Haralambos and Holborn 1995: 823).

Haralambos and Holborn (1995) hold that; "Atkinson argues that coroners have a 'common sense theory' of suicide. If information about the deceased fits the theory they are likely to categorise his or her death as suicide. In terms of this theory, coroners consider the following four types of evidence relevant for reaching a verdict.

1. They take into account whether or not suicide notes were left or threats of suicide preceded death.
2. Particular modes of dying are judged to be more or less likely to indicate suicide. Road deaths are rarely interpreted as an indicator for suicide; whereas drowning, hanging, gassing and drug overdose are more likely to be seen as such.
3. The locations and circumstances of death are judged to be relevant. For example, death by gunshot is more likely to be defined as suicide if it occurred in a deserted lay-by, than if it took place in the countryside during an organised shoot. In cases of gassing, a suicide verdict is more likely if windows and doors are closed and ventilators have been blocked to prevent the escape of gas.

4. Coroners consider the biography of the deceased with particular reference to his or her mental state and social situations. A history of mental illness, a disturbed childhood and evidence of acute depression are often seen as a lead for suicide. A recent divorce, the death of a loved one or relative, lack of friends, problems at work or serious financial difficulties are regarded as possible causes for suicide. This, as Atkinson points out, is remarkably similar to Durkheim's notion of social interrogation.

2.2 DEFINING ATTEMPTED SUICIDE

Suicide research is retrospective in nature. Usually one needs to rely on hearsay or whatever the information the victim left behind. Stengel (1973: 19) claims that attempted suicides have often been for research into the causes and motives of suicide, the assumption being that they are minor suicides.

What constitutes a suicidal attempt is far from being simple. Stengel (1973: 81) asserts that;

If a person is taken to hospital in a drowsy or comatose state, having left a suicide note behind, and if he admits that he wanted to take his life, there is no problem about the nature of his actions. However, if another person, having been admitted in a similar condition denies suicidal intentions and contends that he took an overdose by mistake, or because he wanted to have a good sleep, is he to be regarded as a suicidal attempt?

Or if a teenager, after a row with her boyfriend, swallows a boxful of her mother's sleeping pills in his presence, with the previous intention of impressing him, is she to be classed as a suicidal attempt? (Stengel 1975). It should be noted that the degree of damage and even the outcome of a suicidal act might depend on outside intervention, irrespective of the seriousness of the suicidal intent.

According to Stengel (1975: 82), “many people deny suicidal intentions after an act of self-damage, because they feel so harmed and guilty. They might not want to tell the truth, or their intention may have been confused at the time.” Stengel (1975) is convinced that

It is generally believed that most if not all people who commit suicidal acts are clearly determined to die. The study of attempted suicide does not bear this out. Many suicidal attempts, and quite a few suicides, are carried out in the mood “I do not care whether I live or die”, rather than with a clear unambiguous determination to end life.

The **Grolier Academic Encyclopedia** (1995) purports that; “ A person who denies, after what seems like an obvious suicidal attempt, that he really wanted to kill himself, may be telling the truth.”

Stengel (1975) feels that doctors and others who have to make up their minds about acts of self-damage have to adopt a definition like this:

A suicidal act is any deliberate act of self-damage which the person committing the act could not be sure to survive. Clinicians as well as laypersons ought to regard all cases of potentially dangerous self-poisoning or self-inflicted injury as suicidal acts whatever the victim's explanation, unless there is clear evidence to the contrary.

For Stengel (1975) if a person who is ignorant of the effects of drugs takes a double or three times the prescribed dose, this might have to be regarded as a suicidal attempt because in taking that overdose the person takes a risk may prove to be fatal. However, if a doctor or nurse took the same dose, the act may not be regarded a suicidal attempt but only as a gesture. The same applies to injuries with cutting instruments, and to other means of self- damage.

In Farberow (1980) terms, early psychological theories, and especially those of Sigmund Freud, contend that individual, internal psychological forces, rather than social forces,

could lead to depression and suicide. Farberow (1980:44) points out that for Freud;

An essential aspect of understanding suicide was to view it as part of an instinctive human tendency toward aggression and destruction. He regarded suicide as one manifestation of his theorised “death instinct”, Eros. In suicides the death instinct somehow manages to overcome the life instinct. Freud’s second, considerably more complex explanation is based on the notion that an individual who commits suicide feels aggression and anger over the loss of love objects but turns these feelings inward on himself or herself.

Behavioral theories in psychology assume that suicide, like all other behaviour, is learned and can be unlearned. Thus, suicide can result from habits and learned associations and the reinforcement of such behaviours- or the lack of reinforcement of other, more appropriate and adaptive behaviours. It may also occur through imitation of others. (Evans in Farberow, 1988).

American psychologist Edwin Schneidman has theorised that suicidal persons share a number of attributes. They are ambivalent about suicide, wanting to die but at the same time wanting to live. Prominent among these are thwarted or blocked psychological needs, and the perception that circumstances and problems are unsolvable and that nothing done will be helpful. That is such a person’s experience of a sense of helplessness and hopelessness. As a result of constriction in their cognitive abilities, suicidal individuals also typically fail to see alternative ways to cope with their circumstances. (Schneidman 1985). The Journal of Social Problems (1988) holds that more recent research findings suggest that biological factors possibly play contributing roles, particularly in the production of depression and subsequent suicide. These bio-chemical substances may be involved in producing depression and ultimately suicide. Much research remains to be conducted in order to clarify the role of biology in suicide.

2.3 TYPES OF SUICIDE

The suicide rate fluctuates with the integration of an individual into his society. Haralambos and Holborn (1995) point out that, from his analysis of the relationship between suicide rates and a range of social facts, Durkheim distinguished four types of suicide. He believed that the suicide rate was determined by the relationship between individuals and society. In particular, suicide rates were dependent upon the degree to which society regulated individual behaviour. On this basis he distinguished four types of suicide.

1. Egoistic Suicide

A lack of meaningful social interaction subjects members of a society to a personal isolation. For example, a single person who has a few close personal friends is at a greater risk of suicide than a married individual.

2. Anomic Suicide

A lack of participation in the societal structure deprives persons of normative restraints. This position may occur when a person is deprived of position, wealth, and spouse etc..

3. Altruistic Suicide

This takes place when the individual is so well integrated into society that he sacrifices his own life out of a sense of duty to others. In the past Hindu widows would kill themselves at their husbands' funerals (suttee), and in traditional Ashanti society some of the king's followers were expected to commit suicide after the death of the monarch. The Japanese practiced 'harakiri' while in Uganda one can cite the number of suicides of people in the context of a promised life in heaven.

4. Fatalistic Suicide

This occurs when society restricts the individual too much. It was the suicide of persons with futures pitilessly blocked and passions violently choked by the oppressive discipline. Durkheim thought this type of suicide was of little importance in modern societies, but it was of some historical interest, being the cause of high suicide rates among slaves.

CHAPTER 3: ATTITUDES TOWARDS SUICIDE

Throughout history and across cultures, attitudes towards suicide have varied from strict condemnation and total disapproval to acceptance and even encouragement. Philosophies and religions have evidenced a similar broad range of attitudes. Attitudes dealing with culture have time and again been influenced by religious beliefs. According to Alvarez (1972:31):

“Those beliefs associated with cultures have produced intolerance of suicidal behaviours along with religious as well as legal penalties. In addition to the denial of burial and other religious rites throughout much of the world in earlier times, government often discarded and abused the body of suicide and seized his or her property”.

Beliefs towards suicide can lead to many other complications. Stigma, shame and secrecy surrounding suicide can arise. However, Bonger (1991:89) observes that:

“Recognition of suicide today exists within the context of wider awareness of mental health problems, so there is a decreased tendency to moralize and condemn suicide. Frequently, however the stigma and shame are still associated with such deaths. Surviving family members and friends of the suicide are particularly affected and many experience grieving and bereavement associated with the mode of their loved ones”.

The growing number of older adults and increasing concerns about health has influenced most attitudes toward suicide. In recognition of this notion, Dunne et al (1987:49) concurs that:

“The emergence of organisations and “how-to” manuals

to aid terminally ill persons and others in suicide as well as the controversy over physician – assisted suicide has forced society to begin re-evaluating its views.

These volatile topics, as well as the accompanying legal questions surrounding the right to die under circumstances, are likely to continue being debated in coming years”.

3.1 MYTHS AND FACTS ABOUT SUICIDE

“As an enigma suicide is a mythology to many people, and facts about the phenomenon are not well known”. (The Journal of Moral Education 1997 Volume 2).

Lester (1997:81) outlined the following as myths and facts about suicide:

(i.) Myth: People who talk about suicide do not commit suicide.

Fact: About eight out of ten people who kill themselves give definite warnings of their suicidal intentions. People who make suicidal threats and attempts must be taken seriously.

Based on the above fact by Lester, it is logical to assert that the analysis makes sense as different authors have recited the same notion.

(ii.) Myth: Suicidal people are fully intent on dying.

Fact: Most suicidal people are undecided, often right up until the last minute, about living or dying and they “gamble with death” leaving it up to others to save them.

(iii.) People are suicidal, they are suicidal for the rest of their lives.

Fact: Fortunately most people are suicidal only a limited period of time. If they are saved they can go on to lead meaningful lives.

(iv.) Myth: Improvement following a suicidal crisis means that the risk of suicide is over.

Fact: Most suicides occur within three months after the onset of a period of "improvement" when people have the energy to turn their suicidal thoughts and feelings into action. Relatives and physicians should be especially vigilant during this period.

The above fact is shared by the editor of True Love Magazine (vol 1 Jan 2000), Khanyi Dlomo, when she asserted that, "South Africa's teenage curse bring about waves of shock and disbelief. This curse is in the name of suicide, and often teenagers who have been diagnosed as suicidal make people closest to them believe that they have discarded their suicidal thoughts." The editor underscores that, such teenagers or any other person who was initially suicidal will take their own lives at a later forgotten time.

(v.) Myth: Suicidal individuals are mentally ill and suicide is always the act of a psychotic person.

Fact: Although suicidal people are extremely unhappy, they are not necessarily mentally ill. Their unhappiness may result from a severe emotional upset, a long and painful illness, or a temporary loss of hope.

The above sentiment, is shared by other authors, like Roberts (1997:18) who declared that:

"Suicide represents the final submission to self destructive machinations. Negative reactions against the self are an integral part of each person's psyche, ranging from critical attitudes and mild self-attacks to severe assaults on the self".

Looking at our local community the youth is today surrounded by difficult situations that may lead to suicide. As stated by one concerned citizen in the local media, The Botswana

Gazette of April 2000, “the youth too is now going through a very trying time these days. Lack of employment and failure to achieve certain goals contribute a lot towards the depression most of our youth suffer.”

(vi.) Myth: Suicide is inherited or “runs in the family” (i.e. genetically determined.)

Fact: Suicide does not run in families and no suicide gene has been identified.

(vii.) Myth: Suicide occurs more frequently among certain classes of people, i.e. the rich or poor.

Fact: Suicide is neither a rich man’s disease nor a poor man’s curse. Showing no class prejudice, suicide is represented proportionately in all strata of society.

3.2 OCCURRENCE

How often does suicide take place in Botswana as a country, Africa as a continent or even the entire world?

Grolier Academic Encyclopedia (1995 volume 17 p330), points out that:

“Most countries maintain official mortality records based on death certification to provide data regarding suicides. In the US for example, it asserts that there are approximately 30 000, suicide deaths annually, which averages 17 Americans per day. The rate of suicide varies wildly across cultures, but the level of suicide within any particular country tend to remain fairly stable over time, except when increased, most typically by economic depressions and recessions, or decreased during wars. In the United States about 12 persons in every 100 000 die by suicide each year”.

Although to the Americans the above figures are said to be alarming, I wish to make a comparative analysis based on the Botswana situation. The American figures are fairly

moderate when they are compared to suicide figures of other nations (Grolier Encyclopedia volume 17 1995). The writer subscribes to the above point because America has a large population while the population of Botswana is quite small. The population is less than 1.5 million but the rate of suicide is considerably alarming.

Papalia and Olds (1992:546) hold that statistics probably under-states the number of suicides, since many go unreported and some 'accidental' deaths may actually be self-inflicted. Also, the figures do not include suicide attempts. The National Committee for Citizens in Education, NCCE (1986) alludes that:

“Although there are about six thousand documented suicides a year among young people, some mental health professionals estimate that each year as many as four hundred thousand children and teens try to kill themselves and fail”.

The US Department of Health and Human Services, (USDHHS 1990) maintains that suicide is increasing among youth and males and decreasing among females. White people are almost as twice as likely to kill themselves as black people. Elderly people have especially high rates of suicide; after decreasing from 1950 to 1980, the rate for the elderly went up again during the 1980s. Reasons for the decrease in female suicide as posited by USDHHS include the following;

Females could be lacking the bravery possessed by men when wanting to end their lives.

Females are more open when faced with difficult situations while men bottle up their problems.

Men are more accessible to guns, poisonous substances and other means.

In my opinion the US department of Health and Human Services, (USDHHS 1990's) view that white people are more likely to commit suicide than black people is only a façade because suicide is a cross-cultural phenomenon. The writer believes that both white and black people of America are exposed to similar methods normally used to commit suicide.

In support of suicide being a cross-cultural problem, Lester (1997:81) claims that; 'it is a myth that suicide occurs more frequently among certain classes of people.' He qualifies his assertion by asserting that:

“Showing no class prejudice, suicide is represented proportionately in all strata of society”.

It could be true that in the US elderly people are committing suicide in large numbers, because they are exposed to guns. However, the situation in Botswana compels the writer to beg to differ from the USDHHS (1990's) view because it is evident that Botswana is starting to lose its workforce and youth alike because of suicide. Elders in Botswana are not that suicidal, probably, because they do not possess adequate physical powers to either hang themselves or do otherwise. Guns in Botswana are not very accessible to elderly people but are actually proving to becoming readily available to the youth.

3.3 SUICIDE RATES AMONG TEENAGERS

For Papalia and Olds (1992), boys have an elevated suicide rate. Suicide is the leading cause of death for 15 to 24 years old white males and the third leading cause for this age group generally.

The editorial of Guardian newspaper dated March 1999, claims that the 15 to 24 year age group is a youthful group and is made up of the police, teachers, students, soldiers and lawyers. In Botswana this age group forms the nucleus of the youth and therefore they are the most affected by suicide.

3.4 POLICE REPORT ON SUICIDE RATE IN BOTSWANA UP TO 1998

The number of persons who are committing suicide are increasing yearly as evidenced by cases recorded by the police in the last three years. According to a police report, from 1996-1998, 610 people committed suicide as recorded in various police district reports.

This includes 511 male and 99 females.

In 1996, 162 males and 35 females committed suicide and these figures rose to 167 male and 40 females in the 1997. During the year 1998, 182 males and 24 females committed suicide. These figures are very high taking into consideration the small population of Botswana which is spread over an area of 582 000 square kilometers. In most of the incidents, the victims are either found hanging on the trees or found hanging in the rafters of their homes by relatives or passersby who then report to the police. The body of a suicide victim will not be removed from the scene under normal circumstances until the arrival of the police. Reasons being that some of the victims may have been murdered and then their assailants faked suicide. The police have to examine the scene to see that there was no foul play before they can hand the body to their relatives for burial.

From the police records, the number of male persons involved in suicide, are always higher than those of the females in any given period. It is not yet clear why men are topping the list of suicide cases since the female population is higher than male population in Botswana. One may ask whether this is because men are more brave, to take the decision to end their lives or they are better at climbing trees than women.

Police records from 1970-1998 October show that 2692 people of both sexes committed suicide countrywide. Between 1970 and 1979, 243 people committed suicide, the figures rose to 736 in the period between 1980 and 1989. The writer sees the escalation as an area of concern especially, since all creatures tend to preserve life rather than destroy it.

CHAPTER 4: ARGUMENTS IN FAVOUR OF SUICIDE

Persons who say suicide is morally wrong must be asked which of the two positions they are affirming. Are they saying that every act of suicide is wrong?, everything considered; or are they merely saying that there is always some obligation – doubtless of serious weight - not to commit suicide, so that very often suicide is wrong, although it is possible that there are countervailing considerations which, in particular situations make it right or even a moral duty? (Donnelly 1998: 228). It is thus quite evident that the first position is somewhat absurd while the second has a chance of being defensible.

The Journal of the American Medical Association (1967) in an editorial declared that:

“The contemporary physician sees suicide as a manifestation of emotional illness. Rarely does he view it in a context other than that of psychiatry. It was thus implied, the emphasis being the stronger for not being articulated, that to view suicide in this way is at once scientifically accurate and morally uplifting”.

However, Szasz (1971) submit that it is neither that, instead:

“This perspective on suicide is both erroneous and evil: erroneous because it treats an act as if it were a happening; and evil, because it serves to legitimise psychiatrists’ force and fraud by justifying it as medical care and treatment...”

Inferring from the above, Thomas Szasz rejects the argument that suicide is a manifestation of emotional illness. He believes that this perspective is erroneous because psychiatric coercion is commonly justified by the notion that the psychiatrist is providing medical care. According to Szasz, successful suicide in general is an expression not of sickness but of individual desire for greater autonomy. The consequence of this imposed value system is a struggle for power. Further, the punishment of psychiatric labeling and coercive care by the state may in fact increase the desire for self destruction (Szasz 1971).

One well-known type of argument against suicide may be classified as theological. St Augustine and others argued that the sixth commandment (thou shall not kill) prohibits suicide, and that we are bound to obey a divine commandment. But Beauchamp (1978:126) claims that another theological argument with wide support was accepted by John Locke, who wrote:

“Men being all the workmanship of one omnipotent and infinitely wise maker, all servants of one sovereign master set into the world by His order and about His business, they are His property and everyone is bound to preserve himself, and not quite his station willfully” (Beauchamp 1978: 126).

A second group of arguments may be classified as arguments from natural law. St Thomas says it is altogether unlawful to kill oneself for three reasons. First, because beings naturally love themselves, the results is that everything naturally keeps itself in being, and resists corruption as far as it can. Therefore, suicide is contrary to the inclination of nature and to charity whereby every man should love himself. Hence suicide is always a mortal sin. Secondly, while it is true that most human beings do fill a stronger edge to live, the human being who commits suicide obviously feels a stronger inclination to do something also.

It is as natural for a human being to dislike, and to take step to avoid, say great pain, as it is to cling to life. (Kant, quoted in Beauchamp 1978:126) writes:

“The maxim of a person who commits suicide is from self-love”.

“I make it my principle to shorten my life if its continuance threatens more evil than it promises more pleasure. The only further question to ask is whether this principle of self-love can become a universal law of nature. What Kant finds contradictory is that the motive of self-love (interest in one’s own long range welfare) should sometimes lead one to struggle to preserve one’s life, but at other times to end it (Beauchamp 1978: 127). But where is the contradiction? One’s circumstances change, one sometimes maximizes one’s own long-range welfare by trying to stay alive, but at other times by bringing about one’s demise”.

(Beauchamp 1978) further points out that:

“It could sometimes be morally justified to commit suicide, even if the act will harm someone. Must a man with terminal illness undergo excruciating pain because his death will cause his wife sorrow - when she will be caused sorrow, a month later anyway, when he is dead of natural cause?”.

Hume’s views on suicide are anti-theological and in support of a right to commit suicide. He argues that if God is the creator of the world, his will, must be expressed in all events. Thus, if all events equally reflect God’s will, then suicide cannot be a departure from that will. Hume further contends that suicide is not always harmful and even finds some ‘laudable’. In his essay on suicide, Hume asserts that:

“If we have been given the power to alter the course of nature by building dwellings, inoculating children against small pox, and so many other actions, it would be inconsistent to blame us for doing so in committing suicide, and if altering the course of nature with respect to ending our own lives is to be made into an exception, it must also be unnatural and against God’s wishes for us to risk our own lives through heroic acts. Since this is not the case, suicide ought not to be condemned on such grounds either” (quoted in Dworkin et al 1998).

However, Kant asks himself whether:

“A person may in certain circumstances, take his life when he judges that his continued existence is humanly pointless. Surprisingly, the great apostle of personal autonomy holds that such a person would be acting immorally” (quoted in Charlesworth 1993).

Kant argues that one contemplating suicide is caught in a ‘contradiction’ in that he is, on

the one hand, concerned to promote his self-interest by seeking to escape further suffering or dying in a situation where he has lost control over himself and become a 'vegetable'; but on the other hand he wishes, by taking his life to abolish his 'self' and all possibility of securing his future self-interest.

Since what is contradictory is irrational, suicide is as well. Undercutting Kant, Lucius Annaeus Seneca (4BCE-CE65), a Roman philosopher, and Stoic proposes that; 'just as I shall select my ship, when I am about to go on a voyage, or my house when I propose to take a residence, so I shall choose my death when I am about to depart from life.' According to Donnelly (1998: 35), the Stoic view holds that suicide is rational and appropriate to the individual as he or she sees one's life. For the Stoic;

"Life has carried men with the greatest rapidity to the Harbor, the harbor they were bound to reach when even if they, tarried on the way, while others fretted and harassed. To such a life, as you are aware, one should not always cling. For mere living is not good but living well. Accordingly a wise man will live as long as he ought, not as long as he can. He always reflects concerning the quality, and not the quantity, of his life. As soon as there are many events in his life that give him trouble and disturb his peace of mind, he sets himself free". (Donnelly 1998: 35).

Inferring from the above, one can make a connection with the contemporary happenings in Botswana and other nations. The most affected people, with suicide are endorsed by the stoic view whenever they take their own lives. More so, looking at the pressures faced by the youth. For Seneca, unemployment, poverty, lack of educational opportunities and love affair breakdowns as present in Botswana society are reasons enough to justify the youth to commit suicide. HIV/AIDS scourge abounds and people are suffering due to this disease. For Seneca, suicide is the rational act when one suffers from this dreadful disease. Donnelly (1998), holds that the Stoic view posit that you can find men who have gone so far as to profess wisdom, yet maintain that one should not offer violence to one's

own life, and hold it accursed for a man to be the means of his own destruction; we should wait, for the end decreed by nature.

But to one who says this does not see that he is desperate, Seneca asks: 'must I await the cruelty either of disease or of man? When I can depart through the mist of torture, and shake off my troubles?' Seneca believed it was criminal to live by robbery, but noble to die by taking one's own life. Opposing suicide, St Thomas Aquinas postulated the Catholic view which virtually forbids suicide in all circumstances.

For Aquinas, 'every part belongs to the whole. Just as every man belongs to the community. Hence by killing himself he injures the community. The Catholic view, further, looks at God as the sole provider of life and as he being the only creator to claim it. However, HUME, holds a different view, as he proposes that human beings are morally justified to end their own lives. Hume states the following;

"Were the disposal of human life so much reserved as the peculiar province of the Almighty, that it were an encroachment on his right for men to dispose of their own lives, it would be equally criminal to act for the preservation of life as for its destruction. If I turn aside a stone which is falling upon my head, I disturb the course of nature; and I invade the peculiar province of the Almighty, by lengthening out my life beyond the period, which by the general laws of matter and motion, he had assigned it". (Hume in Donnelly 1998: 46).

For Hume, his birth is a culmination of a long chain of causes, of which many depended upon voluntary actions of men. A man may disturb society, no doubt, and thereby incur the displeasure of the Almighty; but the government of the world is placed far beyond his reach and violence. Hume added that a man who retires from life does no harm to society; he only ceases to do good which, if it is an injury, is of the lowest kind. All our obligations to do good to society seem to imply something reciprocal. I received the benefits of society

and therefore ought to promote its interest; but when I withdraw myself altogether from society, can I be bound any longer?

The writer begs to differ from Hume, as societies invest in their human brethrens. Right from the home, to the national level, society has contributed to its citizenry in the form of love, affection, economical assistance, and social needs and in the education of the individual. It is not therefore far fetched for the family, friends and the nation as a whole to expect such an individual (raised by the society) to give back to it satisfactorily. Hume and Seneca feel that the time for death is ripe, when suicide is committed. However, they ought to have considered other factors before reaching that conclusion. Are they satisfied that they have offered enough or played their part enough in society? These questions are imminent because the societal needs are vast and wide spread, meaning that one person can judge that he or she has concluded his work in the community.

Embracing the above assertion, Kant, has proposed what he terms as duties towards the body in regard to life. Donnelly (1998:50), maintains that for Kant "life in the absolute has been invested by nature with indestructibility and it is an end in itself; hence, it follows that man can not have the power to dispose of his life." Suicide, Kant, holds, can be regarded in various lights; it might be held to be reprehensible, or permissible or even heroic. In the first place we have the specious view that suicide can be tolerated. Its advocates argue thus. So long as he does not violate the proprietary rights of others, man is a free agent. With regard to his body there are various things he can properly do; he can have a boil lanced or limb amputated, and disregard a scar; he is in fact, free to do whatever he may consider useful and advisable. But, Kant asks if then he comes to the conclusion that the most useful and advisable thing that he can do is put an end to his life, why should he not be entitled to do so? Donnelly (1988:51) provides the answer quoting Kant:

"We may treat our body as we please, provided our motives are those of self preservation. In taking his life one does not preserve his person. He disposes of his person and not its attendant circumstances, he robs himself of his person. This is contrary to

highest duty towards our selves; for it annuls the condition of all other duties. It goes beyond the limits of the use of free will, for this use is possible only through the existence of the subject”.

How then in Kant's terms does suicide become rational and a virtue? With the present state of affairs, where people are killing themselves due to lack of communication, breakdown of love affairs and many a plethora of factors? There are cases of terminal diseases today, which may compel the physician to speed up death to rid one of pains and suffering, there are maladies inflicting deaths of children resulting in their being born with deformities and there are as well people or adults with mental abnormalities. Suicide might seem plausible in such incidences, but Kant nullifies them and only finds Cato's death a suicide of virtue. According to Donnelly (1998: 51), Cato knew that the entire Roman nation relied upon him in their resistance to Caesar but he found that he could not prevent himself from falling into Caesar's hands. What was he to do? It is the one example of its kind, which has given the world opportunity to defend suicide.

For Kant, it is obviously our duty to preserve our honor, particularly in relation to the opposite sex, for whom it is merit; but we must endeavor to save our honor only to this extent, that we ought not to surrender for selfish and lustful purposes. Risking one's life against one's enemies, and even to sacrifice it, in order to observe one's duties towards oneself. Those who fall on the field of battle are not suicides, but the victims of fate. "A man who shortens his life by intemperance is guilty of imprudence and indirectly of his own death; but he did not intend to kill himself" (Donnelly 1998: 52).

Freedom has been widely misappropriated, and people have in turn committed suicide because they feel they have the freedom to their lives, but in contradiction to this notion, Donnelly (1998:58) suggests, that for Kant:

“Suicide is in no circumstances permissible. Humanity in one's own person is something valuable; it is a holy trust; man is master of all else, but he must not lay his hands upon himself.

He who behaves with no respect for human nature and makes a thing of himself, becomes for everyone an object of free will”.

It is evident that Kant castigates acts of suicide and calls for the utmost upholding of morality above one's own suicidal thoughts. He advocates for respect of oneself and the ability to use autonomy for life preservation, not for destruction. Suicide is not abominable and inadmissible because life ought to be highly priced. Were it so, we could each have our own opinion how highly we should price it, and the rule of prudence would often indicate suicide as the best means. But the rule of morality does not admit of it under any condition because it degrades human nature below the level of animal nature and so destroys it. To observe morality is far more important. It is better to sacrifice one's life than one's morality. “To live is not a necessity; but to live honorably while life lasts is a necessity”. (Quoted in Donnelly 1998: 53).

Those who labour just for happiness are more liable to suicide, because having tasted the refinements of pleasure, and being deprived of them, they give away to grief, sorrow and melancholy. We are duty bound to take care of our life. Suicide can be seen as cowardice as some people fear the realities of life. In a utilitarian society, happiness is aspired for, but if it happens that a portion of that society is not fully happy, they as members of the society ought to seek help rather than kill themselves. For Kant, man's cowardice dishonors humanity. It is cowardly to place a high value upon physical life (Donnelly 1998: 58-59).

Though Kant sees all suicides as immoral, it ought to be noted that modernity has changed the course of nature as many complicated cases arise. Elsewhere in this section, it has been outlined that deformities, cancers, mental instabilities are all life threats and have transformed the medical fraternity. Diane E. Meir maintains that:

“From the time of Hypocrites, codes of professional ethics have prohibited mercy killing by doctors, and it remains illegal for a physician to actively assist in the death of a patient. In recent years however, many social forces have combined to

lead to heightened public and professional debate about the morality and legality of physician –assisted dying. In Washington State and California, for example, proponents of physician –assisted dying gathered sufficient signatures to place initiatives on recent ballots calling for physician aid in dying under carefully regulated and defined circumstances. Both initiatives were defeated by narrow margins after extensive medical campaigns financed in part by right to live organisations”. (Quoted in Humber et al. 1993:5).

John Fletcher in his essay on the quality of life versus sanctity of life, claims that is harder morally to justify letting somebody die a slow and ugly death, than it is to justify helping him to escape from such misery. Baird and Rosenbaum (1989: 86) quoted Fletcher as follows:

“The traditional ethics based on the sanctity of life, which was the classical doctrine of medical idealism in its pre-scientific phases, must give way to an ethics of the quality of life. This comes about for humane reasons. It is a result of modern medicines successes, not failures”.

It is true that one can not help but bemoan the suffering experienced by patients in hospitals, and in this regard as Kant, says, (“only act on that maxim which you wish could become a universal law”,) I would not endorse the physician who aids the death of a patient who is terminally ill. Pain, however, is part of life, and ought not be avoided at all costs. However, suicide cannot become the practical answer. Kant advocates the sanctity of life in any form, even when a patient is in pain. Although suffering in its multiple dimensions is a factor of life, which causes great pain and human anguish, it must not be used to justify the direct taking of human life. From an ethical point of view, therefore, it seems there is less justification for suicide. The writer puts forward this question: Do people have a moral right to die when it pleases them?

4.1 A MORAL RIGHT TO DIE?

Charlesworth (1993: 36) asserts:

“A US president’s commission report, on life –sustaining treatment dilates at some length on what it calls the ‘disservice done by empty rhetoric’ apropos of death and dying. Discussions in this area, the report complains, ‘have been confused by the use of slogans and code words such as ‘right to die,’ ‘death with dignity’, quality of life, euthanasia, etc, whose meanings have become hopelessly blurred.”

He goes on to claim that:

“In recent years many have commented on the claim that patients have a ‘right to die with dignity.’ Much can and should be done to ensure that patients are treated with respect and concern throughout life. In so far as death with dignity means that the wishes of dying patients are solicited and respected, it is a concept the commission endorses. Many who use the phrase seem to go well beyond this, however, to a vision in which, everyone is guaranteed a peaceful and aesthetically appealing death” Charlesworth (1993:36).

The writer claims that there is confusion in the slogan “right to die” because right is tied to responsibility. If a person has the responsibility of a family and takes his own life, his deed is morally questionable.

Charlesworth (1993: 37) also writes:

“The right to die holds that the right to moral autonomy of Kant carries with it a subsidiary right to control the duration of one’s life and the manner of one’s dying. A person may expose herself to certain death or ‘sacrifice’ her own life (for example to save or defend another) or refuse medical treatment in certain circumstances, while knowing that she will surely die as a consequence, or she may directly take her life when she judges that continued existence would directly be pointless because she

would no longer be an autonomous agent capable of making life humanly meaningful in any sense at all”.

Charlesworth concludes his assertion on the right to die, maintaining that:

“If I have a moral obligation to end my life in such a situation then I ought not to be penalized by the law for exercising that right, and I may reasonably ask another to assist me in ending my life either by not giving me certain medical treatment or by helping me to bring about my own death. For that assistance, the other ought not to be penalized for acting as my servant. If it is not, in certain cases, morally wrong to end my life, it cannot be morally wrong for another to assist me in this act”.

This is supported by the English moral philosopher Phillipa Foot, who argues that:

“It does not seem that one would infringe someone’s right to life in killing him with his permission and in fact at his request. Why should someone not be able to waive his right to life, or rather, as would be more likely to happen, cancel some of the duties of non-interference that this right entails?”

She concludes:

“An objection might be made on the ground that only God has the right to take life but... religion apart, there seems to be no case to be made out for an infringement of rights if a man who wishes to die is allowed to die or even be killed” (Phillipa Foot, quoted by Robert 1997).

One’s right to control as far as possible, the mode of one’s dying includes the right to control the mode of medical treatment, and this in turn, dictates the nature of the death. Apropos, the Karen Quinlan case, where a completely comatose patient was kept alive by artificial means. McCormick argues that the problem there arose because it was assumed by her physicians that they had a right to treat the patient unasked. He proposes that:

“The individual, having the prime obligation for his own health care, has also the right to the necessary means for such basic health care – specifically, the right to self determination in the acceptance or rejection of treatment.

When an individual puts himself into a doctor’s hands, he engages the doctor’s services; he does not abdicate his right to decide his own fate” (Quoted in Charlesworth M. 1993: 38).

Moreover, McCormick cites a statement by Pope Pius XII in 1957, making the same point says that:

“The rights and duties of the doctor are correlative to those of the patient. The doctor, in fact, has no separate or independent right where a patient is concerned. In general he can take action only if the patient explicitly or implicitly, directly or indirectly, gives him permission” (Quoted in Charlesworth 1993: 38).

One would need to qualify the idea that the patient – physician relationship is analogous to the master – servant relationship (where the patient calls the shots and the physician is the servant) since the physician and other health carers have their own professional autonomy, which, has to be respected. The patients’ autonomy needs to be respected also. Nevertheless, as against the old paternalistic model – physician is to patient as parent is to child.

It follows from the subsequent argument so far that in a democratic society, based on the principle of moral autonomy of the individual, the law should not be concerned with preventing people from taking their lives in certain circumstances. In other words, whether suicide may or may not be morally admissible in some situations, it should not be a crime. It would have to be shown that suicide involved direct harm to others and was in some obvious sense an anti-social act before it could be made a crime. Of course, some argue on consequentialist grounds that suicide is not morally wrong in itself. Its legal toleration would in effect give state endorsement and support to it and would encourage suicide among mentally disturbed people (Charlesworth 1993: 39).

However, the fact that some state decriminalises suicide does not imply that it endorses suicide as morally acceptable, any more than the decriminalisation of prostitution and homosexuality means the state endorses the uncontrolled sexual practices as morally acceptable. What the state does in effect, ought to be declare that suicide, like prostitution and homosexuality, falls within the province of personal or private morality and is, as such, not the law's business.

Again, it is not adequate simply to agree that the decriminalization of suicide and providing assistance to suicide may possibly have deleterious disadvantages for society as a whole. One would need to show empirically that those anti-social consequences are significantly probable or likely. This notion is ascribed to by (Charlesworth 1993:39), who proposes that:

“The same argument from mere possibility has of course been used in the past against the decriminalisation of prostitution and homosexuality. But as we know, society has not in fact been seriously injured by the law's toleration of them”.

According to Charlesworth (1993), the recent Remmelink commission's report on euthanasia in the Netherlands (1991) raised some questions about the effects of descriminalising assisted suicide (euthanasia) and possible abuses of the present tolerant systems in that country. But it is difficult to ascertain whether the virtual decriminalisation of assisted suicide in the Netherlands has brought about any significant increase in the number of doctors and nurses inducing death in their patients without the latter's consent, since there is no base data about the situation that prevailed in the Netherlands before the present legislation.

Again, the remedy for any abuses would appear to be more stringent controls over the determination of the actual or implied consent of patients, rather than the total prohibition of euthanasia at the request of patients. Charlesworth (1993: 40) maintains that:

“Certainly some hospitals in the Netherlands take extreme care to ensure that patients are able to make a genuinely informed decision about requesting assistance to end their lives” (Charlesworth 1993: 40).

It ought to be noted that it is not all evident that a policy of preserving human life at all costs, against the wishes of patients and overriding their autonomy, testifies to community respect for the sanctity of human life. As a French theologian, Patrick Verspieren, has argued:

“What significance does the prolongation of biological life have if it is obtained at the cost of serious interference with someone’s liberty?” (quoted in Charlesworth 1993: 40).

It is, however, far fetched to assert that if suicide is moral and legal, assisting a person to commit suicide should also be moral and legal. As Plato in *The Republic* (his most comprehensive Socratic dialogue around 380 BC) has asserted, the state does have a right to step in to control such situations in order to ensure that the patient is capable of initiating and consenting to such an arrangement in an informed way. (Solomon 1999: 41-42).

However, according to Charlesworth (1993: 40), the Dutch law allows exceptions to the law, formally recognised by the supreme court, if certain conditions are fulfilled. The patient’s request must be completely voluntary and persistent; he/she must be in a ‘hopeless situation’ or suffering from a serious illness without any hope of recovery. The physician’s decision-making process must be confirmed with colleagues. If those conditions are met, the physician involved will not be held to have committed a criminal offence.

This situation is similar to the legal provisions governing abortion in many societies. Abortion is legally a criminal offence but under certain specified conditions (if for example, the woman’s physical or physiological health would be harmed by continued pregnancy)

it is not deemed to be a crime.

The writer would suggest that for now the decriminalisation of suicide should have same status as the decriminalisation of abortion. In other words, while suicide and assistance to suicide remain criminal offences, like abortion, in some places, exceptions will be specified as being allowed, subject to regulation and control.

Margaret Pabst Battin states the following:

“Contemporary euthanasia practices sometimes involve violations of the principle of autonomy. It is true that much euthanasia, both passive and active, occurs at the request of or with the consent of the individual who dies; passive euthanasia practices are provided for, in natural death legislation and the use of durable powers of attorney and living wills. But we are also beginning to see the widespread development of hospital policies concerning non-resuscitation, and more frequent, routine physician exercise of this practice”. (The Least Worst Death, 1994: 117).

However, it is important to make hospitals, and the health care system generally, sensitive to the autonomy of the individual patient, particularly in the delicate but momentous time of a patient deliberating on his manner of dying. Here, more than in any other sphere of medicine, physicians must see themselves as the ancillaries of the patient while maintaining their own professional autonomy and recognising their own professional obligations.

CHAPTER 5: ARGUMENTS AGAINST SUICIDE

Is there morality in the claim that a person has a “right to die”? Before discussing the issue it is important to examine the concepts ‘morality’ and ‘right’.

Morality. Beauchamp and Childress (1994: 5) define morality as the social conventions guiding right and wrong human conduct that are so widely shared that they form a stable (although) usually incomplete communal consensus. To say an action is right or wrong depends on the use of moral arguments. ‘Good’ or ‘harm’ to people should be defined from a general point of view, with which every rational person would hopefully agree. Although ethical values are seldom universally valid, ethical argumentation strives to be universally valid.

Rights. Beauchamp and Childress (1994: 71-72) define rights as “justified claims that individuals and groups can make upon others or upon society.” Legal rights are claims that are justified by legal principles and rules, and moral rights are rights that are justified by moral principles and rules. A right then is a justified claim or entitlement, validated by moral and legal principles and rules. Most authors on this topic agree that there is no such thing as an absolute right. Seldon (1970: 2) puts it like this: in their dealings with one another, people lay claim, assert, demand, exercise, waive, relinquish, transfer or even forfeit the rights they have.

In the light of the above concepts, we will examine arguments against the right to kill or take one’s life or self-killing.

Life has an important value in any civilised society or community, so if this value is threatened, the state has an obligation to uphold it. Hence the need for law enforcement agency in any civilized society. Now the question is: “What is a value? And why is life given such an important value?”

Simon Blackburn (1996:390) defines value in this way:

“To acknowledge some feature of things as a value is to take it into account in decision-making or in other words, to be inclined to advance it as a consideration in influencing choice and guiding oneself and others”.

JJ Degenaar (quoted and translated by Van Niekerk 1994: 173), defines value as:

“Values are differential regulative principles of organisation that indicate desirability and non-desirability that function normally in the reflections, judgment, decision-making process and actions of people”.

Striving to live is universally desirable. Why life is such an important value, was explained by Harris (1985: 14-27), Thus:

“We value human life because the human being is a person. A person is characterised by rationality and self-consciousness, which differentiate him/her from animals. Each person values his/her own life and persons have got different reasons for valuing their lives. So it is morally wrong to terminate a person’s life, or leave him to die when he wants to live. Human life is an important value because of each individual’s love for life”.

Even Thomas Aquinas reaffirmed the point when he asserts that:

“Each human being is part of some social group”. “In killing myself I injure the group by depriving it of whatever contribution I could make” (Quoted in Encyclopedia of Philosophy+ 1992 vol 7).

Scorer (1975:11-14) says it is the unchanging biological constitution of man and his spiritual nature, which differentiates him/her from other organisms. Human life is greater than any other because the divine Hand is upon the person’s creation, that is, human life is something given by God, so this makes it a greater value.

The right to kill oneself cannot be said to be an absolute right and a suicide can forfeit his right if it infringes on the right to a greater value, and this right to a greater value is human life.

5.1 THE SANCTITY OF LIFE

"I cannot but have reverence for all that is called life. I cannot avoid compassion for all that is called life. That is the beginning and foundation of morality" (Albert Schweitzer, In *Reverence for Life*, Quoted in Donnelly 1998).

Most of us think it is wrong to kill. Some think it is wrong in all circumstances, while others think that in special circumstances (say in a vegetative state in life) killing oneself would be justified. But even those who do not think killing is always wrong normally think that a special justification is needed. The assumption is that killing oneself can be justified to avoid a greater evil. But, Aristotle maintains that: "To kill oneself as means of an escape from poverty or disappointed love or bodily or mental anguish is a deed of a coward rather than a brave man" (Aristotle, quoted in *Encyclopedia of Philosophy* 1992 vol 7).

It appears not obvious to many people what the answer is to the question: "Why is killing or taking one's own life wrong?" It is not clear whether the wrongness of taking one's own life should be treated as a kind of moral axiom, or whether it can be explained by appealing to some set of principles.

To say killing is always wrong may lead us to absolute pacifism. But clearly, a pacifist and non-pacifist can share the view that killing in itself is wrong. They need only differ about when, if ever, killing is permissible to avoid other wrongs. A better approximation is 'taking life is directly wrong' where the word directly simply indicates that the wrongness is independent of effects on other people. In its simplest form, it should be 'taking life is intrinsically wrong' (Quoted in Donnelly 1998). The writer supports by adding that life is a gift and deliberate taking of life is impermissible unless it is the only way to prevent some larger evil. Battin Pabst bases her argument on the gift metaphor. She argues that there are some gifts which do not deserve gratitude. According to Battin:

"A gift may be unattractive, ill fitting, or spoiled. It may be damaging to one's health or ones values. It may be unnecessary, burdensome, or embarrassing". (Pabst 1982: 48). She concludes:

"If the life you are given is an unsatisfactory one, one involving a diseased and deformed body, severe poverty, desperate political repression, terrifying in sanity, unbearable grief or deprivation, we would be very much less likely to be grateful for it. Gratitude in such a circumstance might seem impossible or perverse." (Pabst 1982: 43).

But Aristotle sees man without categorization as a social animal. Therefore, to appreciate the 'unattractive gift', it must be allowed to fall within a social category of no discrimination. The ethical significance of a person as an object is an end in itself, and is significantly appreciated socially as a value that ought to be respected by community and individuals.

5.2 INTRINSIC VALUE OF LIFE

Someone who thinks that taking life is intrinsically wrong may seem to explain this by saying the state of being alive is itself valuable. This claim barely rises to the level of an argument for the sanctity of life. For it simply asserts that there is value in what the taking of life takes away (Quoted in Pabst et al. 1980). But, sometimes there are people who are either very miserable or in great pain, and without any hope of a cure. Might such people not be better, dead? But this could be admitted without giving up the view that life is intrinsically valuable and should not be violated. Eser (1995: 98) maintains that:

"The inviolability of life is not an absolute right but a relative right which must be clarified in the individual case". Barth (quoted by Eser 1995) however, disagrees with the absolutism of the Catholic tradition of life belonging to God alone. Barth sees this as 'horribly respectable' and never sparing in its extreme demands. Yet he disapproves of:

"The wicked violation of the sanctity of human life... carried out thoughtlessly and callously".

Barth concluded by saying that:

“There is, no absolute ‘NO’ but a ‘NO’ engaged dialectically by human freedom and conscience”(ibid).

It appears that the objection to taking human life rests on what is sometimes referred to as ‘speciesism’. In other words, human life being treated as having a special priority over animal life just because it is human. An analogy is with racism or sexism in its purest form, according to which people of a certain race or sex ought to be treated differently just because of their membership to that race or sex without any argument referring to special features of that race being given. This however seems discriminatory and objectionable, partly because of its moral implications, unless there can be relevant arguments for such discrimination. Hence, Peter Singer compares speciesism to sexism and racism and argues that the same considerations that make sexism and racism morally unjustifiable make specism morally unjustifiable (Olen et al. 1996: 407).

5.3 THE CONCEPT OF A ‘LIFE WORTH LIVING’

According to Wittgenstein:

“Death is not an event in life: we do not live to experience death.” (Glover, quoted in Kuhne and Singer, 1999:198). Wittgenstein further explains that:

“In destroying life or mere consciousness, we are not destroying anything intrinsically valuable. These states of value only matter because they are necessary for other things that matter in themselves. If a list could be made of all the things that are valuable for our own sake, these things would be the ingredients of a life worth living”.

The ingredients of a worthwhile life would obviously arguable. Some people might agree

on many, but many others could be endless. It might be agreed that a happy life is worth living. But the question is: What constitutes a happy life? For some of the things that make life worth living may only debatably have to do with happiness. Hence Aristotle maintains that happiness is to be found in terms of the function of man, that is the ultimate end that is not just one good thing among others but the goal of all good things in life (Solomon 1999: 70-71).

A life worth living is not the same as a morally virtuous life. Moral virtues such as sincerity or fairness can belong to someone whose life may be relatively bleak and empty. For instance, games may enrich someone's life, or the death of a friend may impoverish it without him growing more or less virtuous. Can this be said to be a life worth living? Hence happiness may be said to be a relative concept and "life worth living" open to many interpretations.

It could be possible to explain the wrongness of killing oneself partly in terms of the destruction of a life worth living, without pre-supposing any minimal agreement as to exactly what makes life worthwhile or what constitutes a happy life.

Logically then, if life is worth preserving only because it is the vehicle for consciousness, and consciousness is of value only because it is important for something else, and value is that which is important to us then, that something else is the center of this particular objection to suicide.

Now, the question is: Is the desire to live the criterion of a worthwhile life?

This may give rise to chains of questions and answers. This question may lead one to believing that a person cannot want to end his life if it is worth living. But this is not always true; for instance, in a situation of loneliness, someone who normally gets a lot out of life may want to kill himself. And, someone who thinks he will not make heaven, may wish to prolong his present life probably to give him opportunity to amend his ways. Some people, while not believing in hell, simply fear the concept death. This shows that the desire to live is not always the outcome of a worthwhile life, but is a relative idea.

Therefore, someone's desire to take his life is not a sign that his life is not worth living. Someone whose hopes are often shattered may cling to life as the happiest person in the world. Hence happiness can be said to be relative.

This shows that our assessment of what other people get out of their lives are so fallible that only some kind of measurement scale can give a balance judgment of how a life worth living or not worth living affects the permissibility of suicide.

Helga Kushe & Peter Singer (1999)

claim that:

"The alternative which may be called the 'no-trade' view, gives an infinite value to not killing one's self. This may be because the act of killing seems infinitely appalling, which is an implausible view when we think of other horrendous acts such as torture. Or it may be because infinite value is set on worthwhile life itself".

Kushe and Singer further assert that:

"If, this second alternative is chosen, it commits us to giving the saving of life overriding priority over all other social objectives, for example, a piece of life-saving equipment is to be preferred to any amount of better housing, better schools or higher standards of living. Neither of these versions of the no trade-off view seems particularly attractive when the implications are clear."

But, social forces alone cannot predict or explain an individual suicide. A psychological approach must be used. Freud viewed the causes of suicide as mechanisms involving the breakdown of ego defences and the release of increased destructive, instinctual energy. Among these mechanisms are loss of love objects, aggression directed towards an interjected love object, narcissistic injury, overwhelming affect and setting of one part of the ego against the rest. (Haralambos and Holborn 1995).

Durkheim adds that:

“Suicidal intent may reflect negative feelings about oneself and ones world along with helplessness; and particularly among the aged, suicide may be seen as a release.”(Quoted in Encyclopedia of Philosophy 1992 vol7.)

It could be said that suicide, though not a disease, is a form of behavior, which could possibly drive a person to want to commit the act. Thus, the degree to which a given act of suicide is a voluntary or compulsive behaviour is difficult to evaluate (Quoted in Encyclopedia of Philosophy vol 7).

Although the person who commits suicide is no longer diagnosed as psychotic on the basis of the act itself, the possibility of making a ‘rational’ decision to commit suicide is still being debated. However, Beauchamp and Childress (1994: 12) maintains that autonomy is the personal rule of the self, that is free from both controlling interferences by others and from personal limitations that prevent meaningful choice, such as inadequate understanding.

Beauchamp and Childress go further to state that an autonomous action is one that is intentional with understanding and without controlling influence (1994: 23) and suicide is one of such with intentional self-killing.

Hence, the foremost modern defender of a deontological theory, Immanuel Kant, reacting to the early ‘utility’ theories of Hume and other Enlightenment philosophers, anticipate the later objections to utilitarianism by insisting that what makes an act right or wrong cannot be its consequences, which are often entirely out of our hands and a matter of luck, but the principle that guides the action (Solomon 1995: 20).

“Nothing ... can be called good without qualification, except a good will.” And having, a good will means acting with the right intention (Robert Solomon & co 1995: 20).

On Kant's theory, the court of appeal for the justification of morality is the court of reason, or what he calls "pure practical reason." Each of us is rational which means that each of us has the ability to reason and arrive in the right way to act by ourselves and without appeal to any 'outside' authority. This capacity to reason and to decide for ourselves is what Kant calls autonomy as opposed to heteronomy (being ruled by others).

Kant holds on to the fact that:

"To justify morality is to show that it is rational and to justify any particular moral principle is to show that it is in accord with the principles of reason" (Solomon 1995: 20)

For this reason, the person who commits suicide may have personal reasons for wanting or taking his life away and his personal right to die should not be questioned since questioning it does not show respect for his autonomy.

In his *Persian Letters* (1721) Montesquieu presents both sides of the case in arguments attributed to imaginary correspondents. He argues that:

"The degradation of the corpse of suicide was unjust because a person should not be compelled to labour for a society which he no longer consented to be a member of, and the act of suicide does not disturb the order of providence any more than other human acts altering the modifications of matter" (Quoted in *Encyclopedia of Philosophy* vol 7:1).

In support of this, Hume's essay on suicide (published posthumously in 1783) elaborated Montesquieu's arguments, when he says that man's life is of no more importance to the universe than that of an oyster. If the disposal of human life were reversed to the Almighty, almost any action would become an encroachment on His privilege (Hume quoted in *Encyclopedia of Philosophy* vol 7).

He concludes by saying:

“If I turn aside a stone which is falling on my head, I disturb the course of nature and I invade the peculiar province of the Almighty by lengthening out my life beyond the period which, by the general laws of matter and motion, He has assigned it” (Quoted from Encyclopedia of Philosophy vol 7).

Again, Hume, in his social argument puts forward that:

“ A man who retires from life does no harm to society; he only ceases to do good, which if it is any injury, is of the lowest kind” (Encyclopedia of Philosophy 1992 vol 7).

Accordingly, Hume insists that moral duties imply reciprocity: I receive the benefits of society and therefore ought to promote its interests, but when I withdraw myself altogether from the society, can I be bound any longer?

The writer maintains that man is a social animal and belongs to a community and should consider this in his decision to commit suicide or take his life. The state is the union of families and villages in a perfect and self-sufficing life (Stumpf 1994: 105).

Hume maintains that reason is and ought to be the slave of the passions, and can never pretend to any other office than to serve and obey them (Hume in Solomon 1999: 211).

Kant however points out that:

“Hume misunderstood the nature of morality that morality is based on reason, not just passion, and the correctness of our moral principles is indeed provable by reason!! (Solomon 1999: 250).

Therefore, the one who obeys the call to suicide is only making reason to be the slave of

passion. The important touchstone is rationality. Can suicide be justified in a rational way? Can it be applied to everyone? If suicide cannot be universally applied, then suicide is wrong because man ought to be a rational being but suicide makes man seem irrational.

CHAPTER SIX: THE SUICIDE-EUTHANASIA DEBATE

The debate on suicide and euthanasia centers around the following:

- Assisted suicide is the same as euthanasia
- Suicide is as ethical as euthanasia.
- Suicide is as unethical as euthanasia.
- Suicide or euthanasia should be an ethical individual choice.
- Suicide or euthanasia should not be an ethical individual choice.
- Legalizing euthanasia would encourage suicide.
- Legalizing euthanasia would not encourage suicide.

The concept of suicide has been explained at the very beginning of this write-up to denote self-killing.

The word "Euthanasia" is defined as an easy death or means of inducing one's death. It is the act or practice of putting to death person(s) suffering from incurable conditions or diseases. If the act is undertaken at the explicit request of a competent patient, it is defined as voluntary euthanasia. In contrast, involuntary euthanasia is the act of killing someone without his or her explicit request (Humber et al 1994:7). Implicit in the definition of voluntary euthanasia is the recognition that death is in the best interest of the patient requesting assistance, as assessed by the patient that his or her pain and suffering outweigh the benefit of any additional duration of life, and that the patient is physically incapable of suicide (e.g., incapable of swallowing pills).

6.1 ASSISTED SUICIDE - THE SAME AS EUTHANASIA

The question of euthanasia in the terminally ill patient has attracted much attention in the medical literature just as the question of suicide. However, there is sufficient material to enable one to examine approaches to the following major questions:

1. Is it right for one to actively kill a dying patient who is in great pain (active euthanasia), and may one kill oneself (suicide)?
2. Is it right to withhold care from such a patient when the medical care in question would keep the patient alive at least for some additional period of time (passive euthanasia)?
3. Is it right to provide pain relief to a dying, suffering patient where there is a significant chance that this pain relief will quicken the death of the patient?

Answers to these questions will be unfolded in the proceeding paragraphs.

“A dying patient is like a living person in all matters... One may not bind his jaws, nor may one close up his orifices, nor may one put a vessel of metal or any cooling object on his navel until he dies, as it is written, “Until the silver cord is rendered asunder” (Ecclesiastes 12:6)

In all of these cases, the intention of the actor is that the patient should die so that he or she will not suffer any more. The simplest answer to the questions above is that the patient should die to eliminate suffering. Withdrawing that which is preventing the death of a patient, have attracted two commentaries of the 16th century Polish commentator, R. Moshe Isserles, in his commentary on the Shulehan Aruch:

“It is also prohibited to cause the person to die more quickly, as in the case of a person who has been dying for a long time and cannot die. It is prohibited to cause his earlier death...but if there is something that is causing a delay in the death as for example, a noise nearby...or some salt on his tongue, it is permitted to take them away, for that is not an act but only the taking away of what prevents the death (Isserles on Shulehan Aruch Y. D. 339:1, quoting the Hagaoth Alfasi, (quoted in Humber et al 1993).

Isserles concludes by saying: "It is certainly prohibited to do something that will cause him not to die..." (Darkei Moshe on Tur Y. D. 339:1, quoted in Bender et al).

The problem that arises is that Isserles has not made a clear distinction between removing impediment and causing the hastening of death. It seems to suggest that the action is prohibited when it causes the hastening of the death despite the fact that the underlying cause of the death is the disease itself. Undoubtedly, the best theory of causality may not be able to make out the distinction between removing impediments and causing the hastening of death. Probably, several other points may help to drive home this point made because it requires a good theory of causality, which distinguishes cases of causing the death to occur more quickly from cases of merely allowing the death to occur. (Bender et al 1995).

It is clear that Isserles was in agreement with the opinion of Nissim of Gerondi, that death is sometimes a blessing, otherwise why would he prohibit doing something that will cause the patient not to die? Moreover, Isserles did not specify how imminent the death must be of the patient who is dying before one may remove that which is delaying his death.

In most public discussion of withdrawing care which is keeping a patient alive, the standard example is that of 'pulling the plug' on a respirator-dependent dying patient. From the perspective of Isserles' opinion, the question becomes whether one has taken away that which is preventing his death or causing him to die more quickly. This very question was, recently, put by Professor David Mayer, the director of Sharei Tzedek Hospital in Jerusalem, to R. Eliezer Waldenberg, a very important contemporary Israeli rabbinic figure. Waldenberg's response is summarised thus:

“The heart of the difference [introduced by Isserles] is between [on the one hand] when his action only takes away the outside cause that brings him no life of his own, where it is prohibited to apply such a thing which prevents his death, and where it is then permissible to take away that object even if it requires an action, and where [on the other hand] he still has some independent life of his own, and when his action causes a prohibited act of hastening the patient’s death ... According to Isserles it is permitted to act so as to take away the respirator only when it interrupts the living functions that come from the outside and it doesn’t do anything to stop independent living.” (Tzitz Eliezer, vol. 13:89, quoted in Humber et al 1993).

This seems to be an explanation of Isserles’ opinion. After all, Isserles supports the withdrawal of care when it is prohibited to provide it, probably because the patient must have still been capable of undergoing some independent life-functions at the time.

Accordingly, R. Meir (in Semachot 1:1-4) writes:

“A dying person is compared to a flickering flame. A man who touches the flickering flame extinguishes it. Similarly, someone who closes the eyes of the dying person is considered as though he had killed” (Semachot 1:1-4, Quoted in Bender et al 1995).

Haring (Op cit, p. 70) states that assisting suicide strikingly contradicts the role of man as the faithful steward of his life and that of others. He accepts that suicide is often the result of confusion or depression, leading to despair. He therefore points out that though assisted suicide or euthanasia remains a sin, it is not possible to assess the personal guilt involved. The above statement is recognised by the Kantian concept of morality, which gave a moral principle substance when we live in accordance with it.

According to Macniven (1993:110):

“If we hold that human life is sacred, it follows that we ought to save human life whenever possible. To say human life is sacred and to refuse to save life when the means are available indicates a lack of sincere commitment the principle of universal prescriptions”.

Steere (1984:8) warns that care should be taken with regard to respect for autonomy within professional relationships because they may unconsciously exert coercion on those concerned. Although, the motives are generally innocent, the doctor may be eager to promote what he regards as the best treatment without giving enough consideration to the patient’s autonomous ideas and decisions.

One can, therefore, say that active euthanasia on a dying patient, even one who is in great pain, should be prohibited because it is an act of killing, even if the goal in question – the death of the patient – is viewed as desirable. Desirable ends do not justify all means unless one is an act-consequentialist.

In all, many people remain convinced that euthanasia is likely to undermine the trust which exists in the ideal Doctor-Patient relationship. This was well expressed by Mason when he said:

“I never want to have to wonder whether the physician coming into my hospital room is wearing the white coat or the green scrubs of a healer...

Trust between patient and physician is simply too important and too fragile...”

(Mason 1987:233).

6.2 SUICIDE IS AS ETHICAL AS EUTHANASIA

Charlesworth, (1993:37) referring to Kant holds that:

“The right to moral autonomy of Kant carries with it a subsidiary right to control the duration of one’s life, the manner of one’s life and the manner of one’s dying. A person may expose himself to certain death or ‘sacrifice’ his own life to save or defend another or refuse medical treatment in certain circumstances while knowing that he will die as a consequence or he may directly take his life when he judges that continued existence would be pointless because he would no longer be an autonomous agent capable of making life humanly meaningful in any sense at all”.

He adds that:

“If I have a moral obligation to end my life in such a situation, then I ought not be penalized by the law for exercising that right, and I may reasonably ask another to assist me in ending my life either by not giving me certain medical treatment or by helping me to bring about my own death, for that assistance, the other ought not be penalized for acting as my servant ...”
(Kant quoted in Charlesworth, 1993:37).

To conclude, he asserts:

“If it is not, in certain cases morally wrong to end my life, it cannot be morally wrong for another to assist me in this act.” (Charlesworth 1993:37).

This is further highlighted by the English moral philosopher Phillipa Foot:

“It does not seem that one would infringe someone’s right to life. ‘I killing him with his permission and in fact at his request.’ Why should someone not be able to waive his right to life, or rather as would be more likely to happen, cancel some of the duties of non-interference that this right entails? An objection might be made on the grounds that only God has the right to take life but ... religions apart, there seems to be no case for an infringement of rights if a man who wishes to die is allowed to die or even be killed.” (Foot quoted in Charlesworth 1993:37-38).

Hume, similarly in his *Reason and Superstition* essay on suicide said that:

“Were the disposal of human life so much reserved as the particular province of the Almighty, that it were an encroachment on his right for men to dispose of their own lives, it would be equally criminal to act for the preservation of life as for its destruction.”(Hume quoted in Pabst 1994).

Supporting the ethicality of euthanasia, Derek Humphry, founder of Hemlock Society in 1980, and president of the Euthanasia Research and Guidance Organization argues that:

“Justified suicide or auto-euthanasia is an acceptable choice for those suffering from terminal illness or severe physical handicap”. (in Bender et al 1995:18).

He outlines the following conditions under which it can be considered an ethical act:

1. Advanced terminal illness, which is causing unbearable suffering to that individual
2. Grave physical handicap, which is so restricting that the individual cannot, even after due consideration and training, tolerate such a limited existence. This is fairly rare as a reason for suicide.

Derek Humphry further highlights the ethical parameters for self-deliverance as:

Being a mature adult, a clearly considered decision, (living will signing), the self-deliverance is not made at the first knowledge of life-threatening illness. Reasonable medical help is first sought. (in Bender et al 1995:18).

However, Kant in his essay on violation and injustice sees this as justice without kindness, benevolence and compassion when he asserts that:

“To medically end a person’s life out of kindness or out of concern for the welfare of others, but to fail to consider the recipient’s equal right to be free to decide to live or die, is to violate that right and therefore, to treat him unjustly. Beneficent euthanasia without justice is an anomaly” (Kant quoted in Marvin 1975:97).

Therefore, whatever reason makes suicide ethical also makes euthanasia ethical because both involve the taking of life and tend to be roughly morally equal in consequence.

6.3 SUICIDE IS AS UNETHICAL AS EUTHANASIA

“Life is valuable, and to end it through suicide or euthanasia is unethical.” In this section, this argument is investigated. Ronald Otremba, the director of Hospice Health East at St Joseph’s Hospital in St Paul, Minnesota, writes the following viewpoint:

“While ill people can ethically choose to refuse medical treatment, I believe they cannot ethically choose to take their own lives”.

He adds that:

“If the terminally ill were allowed to commit suicide, gradually society would allow others, the handicapped for example, to kill themselves”. (Ronald Otremba quoted

in Bender et al 1995:21).

He justifies this claim by drawing on the principle that life itself is intrinsically valuable and that its value is independent of one's physical or mental state of health. It is based on the principle that God is the sole creator of life and has sovereign authority over life and death. To some, this principle may seem cruel and unsympathetic, but it is, on the contrary, very respectful of the individual.

"No matter the condition of a person's life, there is still value in it. Value is not predicted on physical, emotional, economic or social status but by the mere fact that one is human" (Otremba, quoted in Bender 1995:22).

This principle might seem to contradict the principle of autonomy, which allows individuals a right to self-determination. This principle is not absolute, but is subject to a higher authority or good. In application, the individual has the right to determine any treatment decision affecting his or her life. The individual has the right to request treatment, refuse treatment or even terminate treatment but the principle does not imply, however, that if life becomes burdensome, it can be terminated. Otherwise, life would no longer have intrinsic value but one subject to the changing tides of feelings and circumstances.

Even if autonomy is often seen as the most important consideration in the process of ethical decision-making, it is only one of the considerations. For it can be over-ridden by competing principles such as beneficence and non-maleficence. This may be necessary when for example, someone takes an autonomous decision that endangers his/her life. The principle of autonomy therefore has only *prima facie* standing. (Beauchamp and Childress, 1994:126)

Supporting the unethical nature of suicide, Aristotle in the *Nicomachean Ethics* writes:

“He who through anger voluntarily stabs himself does this contrary to the right rule of life, and this the law does not allow; therefore he is acting unjustly. But towards whom? Surely towards the state not towards himself. For he suffers voluntarily, but no one is voluntarily treated unjustly. This is also the reason that the state punishes; a certain loss of civil rights attaches to the man who destroys himself on the grounds that he is treating the state unjustly.” (Quoted in Brody A. 1989).

The difference between voluntary euthanasia and suicide is that in voluntary euthanasia, someone other than the individual who wishes to die performs the final act, whereas in suicide the person himself performs the act of taking his life. It must be noted that the different types of euthanasia may be said to be roughly morally equivalent.

However, Hume holds a different view as he proposes that human beings are morally justified to end their own lives. According to him:

“A man who retires from life does no harm to society; he only ceases to do good which, if it is an injury, it is of the lowest kind. All our obligations to do good to society seem to imply something reciprocal. Individuals receive the benefits of society and therefore are out to promote its interest but when I withdraw myself altogether from society. Can I be seen any longer?”(Quoted in Donnelly 1998).

The writer begs to differ from Hume as societies invest in their human brethren. Right from the home to the national level, it has contributed to the citizenry in the form of love, affection economic assistance and social needs and in the education of the individual. It is therefore not demanding too much for families and societies to expect such an individual to refrain from destroying himself.

But how can individuals like Hume conclude that they have given enough to the community as to have a ripe time for self-life taking?

The question is:

Is the most useful and advisable thing to do, putting an end to our own lives as individuals without considering the community?

Donnelly (1998) provides the answer quoting Kant;

“We may treat our body as we please, provided our motives are those of self preservation. In taking his life one does not preserve his person. He disposes of his person ... he robs himself of his person. This is contrary to the highest duty towards our selves, for it annuls the conditions of all other duties. It goes beyond the limits of the use of free will, for this use is possibly only through the existence of the subject.”

But Tom Beauchamp asks whether choosing death in the face of misery necessarily indicates ingratitude when he asserts that:

“The removal of misery is a truly good effect and the intention to produce it cannot by itself be condemnable native, even if suicide is the unfortunate means to the end of misery; additionally, it cannot be regarded as evil or sinful in intent if accompanied by a sincere expression of gratitude to good” (Beauchamp 1980:89).

Kant however responds to Beauchamp thus:

“Misery gives no right to any man to take his own life, for then we should all be entitled to take our life for lack of pleasure...” (Kant quoted in Donnelly 1998:53).

Aquinas supports Kant's view on inappropriateness of suicide when he claims:

“Suicide is an act of gratitude, a failure to recognise that God is the owner of human life”(Barth, quoted in the Encyclopedia of Philosophy vol7).

With Aquinas, a prohibition of suicide makes sense only in the context of western monotheism where God seems to be powerful. Therefore, suicide is seen as usurpation of power.

However, David Hume in his fundamental criticism of all religious arguments asserts:

“If God is the creator of the world, his will must be expressed in all events... If all events equally reflects God will, then suicide cannot be a departure from that will”.
(Encyclopedia of philosophy vol7).

Although suffering in its multiple dimensions is a fact of life, which causes great pain and human anguish, it must not be used to justify the direct taking of human life. There is obviously not enough reason or justification for suicide or euthanasia because they are ethically not acceptable. They are both prescribed as an unwarranted intervention in an area that must be governed only by God himself. They are, in short, a breach of community morality. This is, further supported by Foot.

According to Foot (1994:269-276), the main issue – crucial but subsidiary – is not the distinction between direct and oblique intentions – that is, between what we are aiming for and what is foreseeable but unintended consequences may follow. The question is whether the difference between aiming at something – *what we do* – and obliquely intending – *what we allow* – is *in itself* relevant to moral decisions. What is so important is the distinction between avoiding injury or death (our negative duties) and bringing aid or saving lives (our positive duties). “We are not forced to the conclusion that the size of the evil must always be our guide.” As Davis (1994:301) puts it: “[What Foot suggests is] a principle of the priority of avoiding harm: *ceteris paribus*, the obligation not to harm or kill is more stringent than the obligation not to benefit people.”

6.4 SHOULD EUTHANASIA AS WELL AS SUICIDE BE LEGALISED?

Recently, different states in the United States of America have considered propositions that would legalise assisted suicide. Oregon voters approved a measure in their state; propositions in Washington and California, however, failed. The proposition elicited heated debates and much soul-searching on the part of the electorate (Bender 1995:63).

Opponents of the idea feared that legalising suicide would be equivalent to legalising murder, especially murder of the ill, elderly and disabled. It was feared that:

“There is real danger of murders being committed under cover of the claim to voluntary euthanasia ... there is a sinister likelihood that vocal minorities will soon clamor for the legalisation of involuntary euthanasia – for killing old people or the severely disabled or the terminally ill”(Bender 1995: 63).

But, most people respond to such fears by listing the safeguards already set out by law e.g.

Oregon Law requires that:

- (1) The patient has less than six months to live
- (2) A second doctor agrees with the diagnosis
- (3) The patient makes the request twice verbally, then once in writing and
- (4) The patient takes the final step of ingesting the lethal prescription.

(Oregon law quoted in Bender 1995)

Proponents believe that these safeguards will be effective. Proponents such as physician George Meyer asserts that assisted suicide:

“Is one of the most fundamental rights that a human being has – to decide if he or she wants to die”.

On the other hand, some people foresee a problem with legalising euthanasia because to such people legalising euthanasia would harm society in that it would devalue human life,

especially the lives of the dying. Charles J. Dougherty, Director of the Creighton University Centre for Health Policy and Ethics, Nebraska, maintains that:

“While, at first, euthanasia might be an option, I contend that the ill would soon feel obligated to commit suicide and physicians would feel obligated to assist.”

He believes:

“These developments would harm individuals, the health care system, and the common good of society” (Quoted in Brody et al 1989).

One might ask a question like:

How would changes in social arrangements surrounding the dying affect the common good of society?

Most people who oppose legalisation of suicide and euthanasia ground their argument explicitly or implicitly in a simple deontic foundation: It is wrong to directly kill an innocent human being, including oneself. Therefore, if it is wrong to kill directly, it is also wrong to assist in direct killing, even for a sick person or patient. For most opponents of euthanasia, these claims have a self-evident difficulty to articulate without questioning the fundamentals of morality which invites deep respect for the sanctity of human life; which entails a commitment to God's will; which requires logical reasons in argument. But, the meta-ethical insight of the intuitionist tradition from Aristotle to the twentieth century Oxford philosophers maintains that,

“Not everything in ethics can be argued for complete by or with full justification on the grounds of reason”.

Aristotle went on to assert:

“There cannot be a reason for every ethical conviction and a reason for that reason and so on, since this would initiate an invidious infinite regress. Instead, there must be some

ethical first premises, some moral data that is simply seen or given in experience” (Aristotle quoted in Bender 1995:65).

6.5 LEGALISING EUTHANASIA WOULD ENCOURAGE SUICIDE

The legalisation of euthanasia is usually championed by those who have observed their loved ones die in a very unpleasant manner. This could lead to demands for a right to die. This slogan seems misleading because the issue is not the dying but the killing. So, the issue should be right to be killed, not the right to die.

Legalising euthanasia, may lead to a kind of “euthanasia tourism”, because, once legalized in one country, people from other neighboring countries will take advantage of countries where euthanasia has been legalized.

Legalising euthanasia, may change public conscience because when a practice becomes legal and accepted, people cease to have strong feelings about it. This was most dramatically shown in Nazi Germany where the indiscriminate killing of a particular group of people eventually became a way of life.

The testimony at Nurembreg of Karl Brandt, the physician responsible for co-coordinating the German euthanasia programme, is a chilling reminder of how conscience can gradually change:

“My underlying motive was the desire to help individuals who could not help themselves... Such considerations should not be regarded as inhuman. Nor did I feel it in any way to be unethical or immoral...” (quoted in Olen et al 1996).

The writer fears that legalizing suicide or euthanasia may soon lead to legalizing an uncontrolled killing of the innocent. It will embark us on a slippery slope, the destination of which will be a very inhuman society. The writer has already alluded to the Nazi Holocaust. One may not be aware that what ended in the 1940's in the gas chambers of Auschwitz and Treblinka had humble beginnings in the 1930's. Leo Alexander, a psychiatrist who

worked with the office of the chief of counsel for war crimes at Nuremberg said:

“The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement, that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally, all non-Germans. (New England Medical Journal July 1949, quoted in Journal Of Moral Education March 1998 vol 27).

There is a saying among attorneys that ‘bad facts make bad law’ (Quoted in Bender 1995:79). This adage has always applied to arguments for legalised mercy killing / euthanasia. It perfectly fits the May 1994 Federal District Court ruling in the USA in which Judge Barbara Rothstein of Seattle held that certain people have a constitutional right to receive a doctor’s help in committing suicide. “If upheld, this unprecedented decision would undermine all state laws against suicide and euthanasia. As it stands, it shows how focusing on a few compelling individual cases for assisted suicide, which provide the bad facts, can produce a legal ruling that is likely to harm many more people than help” (Rothstein, quoted in Bender et al 1995:79).

In support of voluntary euthanasia is Timothy Quill, the associate professor of medicine and psychiatry and head of the Program for Bio-Psychosocial Studies at the University of Rochester School of Medicine and Dentistry in New York. Quill has this to say:

“Prohibition of assisted suicide handcuffs doctors who want to show compassion to patients whose bodies are irreversibly falling apart” (Quoted in Baruch 1998: 62).

E.J. Larson opposes this view maintaining that voluntary suicide is still dangerous and should remain illegal. He concludes that the government has a right and a duty to discourage suicide of any kind. (Quoted in Baruch, A. 1998: 62).

Larson, seems to suggest that voluntary suicide or euthanasia may lead to involuntary suicide. The writer suggests that legalizing euthanasia would give too much power to doctors because doctors encourage voluntary euthanasia either by their failure to provide adequate palliative treatment and control, or by insistently providing inappropriate interventions, which do not lengthen life nor improve its quality. Sometimes, diagnosis may be misjudged. This can even encourage suicide because legalizing euthanasia gives license to discriminate killing by self or by doctor.

An argument that appears in almost every critique of legally sanctioned procedures to terminate life is that it may induce seriously ill patients to seek to shorten their lives to avoid creating costs and burdens to others. R. I. Misbin writes in the *New England Journal of Medicine*:

“If a physician’s aid in dying were to become a standard part of terminal care, there is a possibility that patients might feel compelled to request it out of fear of becoming a burden to their families. The right to die could be interpreted by a vulnerable patient as the duty to die” (Quoted in Bender et al 1995: 85).

But, constitutional scholar Yale Kamisar of the University of Michigan notes:

“Why should the non-terminal nature of a person’s suffering disqualify her as a candidate for assisted suicide or voluntary euthanasia?” (Quoted in Baruch 1989:64).

This seems to be against personal autonomy Beauchamp and Childress (1994:12) see autonomy as:

“Personal rule to self that is free from both controlling interferences by others and from personal limitations that prevent meaningful choice; such as, inadequate understanding”.

It seems Kamisar is basing his argument on the fact that if personal autonomy and the

termination of suffering is not discriminatory, all persons should be allowed freedom of decision because those with non-terminal illnesses or disabilities might have endured greater suffering over time. But how can the degree of suffering be measured from a person to person?

“In a 1994 case involving a severely depressed but physically healthy individual, a Dutch Court ruled that psychological suffering is sufficient to satisfy the Netherlands’ liberal policy on legalised mercy killing or suicide. Shouldn’t that apply here too; if, as Rothstein asserted, ‘personal autonomy’ and ‘self-determination’ are the controlling factors?” (Quoted in Bender et al 1995:82).

The court’s decision dealt only with assisted suicide, in which the victim performs the final act. The logic of the ruling, however, applies equally to euthanasia, in which someone else performs the final act. Washington and some other states condemn active euthanasia as murder. Yet some otherwise competent, terminally ill people are physically unable to perform a final death-causing act.

“If assisted suicide is a constitutional right for such people, then why should they be denied a right to die?” (Quoted in Bender et al 1995).

Similarly, how can minors be excluded? In 1994, a Florida Court ruled that a mentally competent 15 year old boy had the same right to refuse life sustaining medical treatment as an adult. A similar result should follow on equal protection grounds for any constitutional right for any type of euthanasia – voluntary or involuntary. There is no certain end to this slippery slope (Quoted in Bender et al 1995: 82-83).

However, Rothstein concedes:

“Obviously, the state has a strong, legitimate, interest in deterring suicide by young people.” (in Bender, 1995).

She also recognises:

“It is well within the legislative prerogative to enact regulations to enact regulations and restrictions which will ensure that undue influence from third parties plays no part in the choice of suicide or euthanasia”. (in Bender 1995)

“If a physician’s aid in dying were to become a standard part of terminal care, there is a possibility that people might feel compelled to choose to die out of fear of becoming a burden to their families. The right to die could be interpreted by a vulnerable person as the duty to die” (R.I. Misbin, quoted in Donnelly 1998).

This was supported by Siegler (1990) when he asserts that:

“Encouraged euthanasia, whereby chronically ill or dying patients may be pressured to choose euthanasia to spare their families financial or emotional strain, may encourage more suicide cases, especially for the elderly and sick.”

But Toulmin (1998:31) states:

“In our desire to avoid laxity we create instead a rigid and legalistic ‘tyranny of principles’ that tramples not only mercy but also equity”.

Eser (1995: 97) takes a similar stance by saying that “the argument of the ‘breach in the dam’ is cited far too often in an attempt to prevent any reform of the law, and the argument of ‘misuse’ is too often used to block a better use”. Still supporting this notion, Benjamin (1990: 72) says:

“The notion of pure or perfect integrity is at best a utopian ideal and at worst a recipe for fanaticism”.

6.6 LEGALIZING EUTHANASIA WOULD NOT ENCOURAGE SUICIDE

“The claim seems unwarranted that ... legally available euthanasia ... would cause patients to ... have themselves eliminated in order to spare their family’s lives and pocket books” (Lawrence J. Schneiderman *et al*, Professor in the Department of Medicine, University of California, San Diego, Quoted in Bender D. *et al* 1995: 85).

Schneiderman and his colleagues studied terminally ill patients to determine to what extent such patients considered their families and the quality of their healthcare in decisions to continue or to end treatment. The authors concluded that because many patients already consider family and cost in their decision-making, legalizing euthanasia would not cause patients to feel the need to shorten their lives in order to ease their emotional and financial burden on family and friends. The elderly are often cited as being particularly vulnerable. If euthanasia becomes the law of the land, how long would it be before the elderly and the sick begin to feel an obligation to get out of the way? When would we see the first subtle forms of coercion used on the aging and ailing family members? (J. Farah, Los Angeles Times, 1998: 10, quoted in Pabst *et al* 1980: 84).

It is the assumption of many people that if active termination of life were to become socially acceptable and legal, seriously ill people would be forced to take into account costs of treatment and burdens imposed on others when making decisions about care at the end of life. Therefore, it is assumed that the decisions made today to forego life-prolonging treatment in the absence of euthanasia do not include consideration of the costs and burdens that might be imposed on family members, loved ones and friends. Since this assumption has not been tested empirically, it is just a claim.

The writer recognizes that these observations are open to criticisms because it could be argued that because seriously ill patients already consider the costs of treatment as a burden on others, they are likely to yield to suicide or euthanasia as a solution to possibly identified problems.

On the other hand, it could be argued that if suicide or euthanasia were made legal, patients might have more control over end-of-life decisions. "This greater sense of control might encourage seriously ill patients to gamble with risky and unpleasant life-sustaining measures, knowing that they could cut short unwelcome consequences in well-defined ways. Thus, seriously ill patients might find it easier rather than harder, to resist temptations and pressures to curtail their lives prematurely" (Bender D. et al 1995:89).

However, it is not the purpose of this discussion to add to the existing speculative claims about the advantages and disadvantages of suicide or euthanasia. It is becoming obvious that the claim seems unwarranted that "suicide or euthanasia would cause patients to begin to feel an obligation to get out of the way or 'have themselves eliminated in order to spare their family's lives and pocketbooks" (Schneiderman et al, Quoted in Bender 1995:84).

An example of this is the tragic case of Nancy Cruzan, whose automobile accident in 1983 and subsequent vegetative state has become part of American constitutional law. The *New York Times* for example, said the court had decided: "...the constitution protects a person's liberty to reject life-sustaining technology" and congratulated the court for a "...monumental example of law adjusting to life". The *Washington Post* headline read, "Court Rules Patients Wishes Must Control Right To Die". (Ronald Dworkin in *Freedom's Law*, 1996:131)

However, Chief Justice Rehnquist, who presided over the case, takes care to say that:

"He and the two Justices who joined his opinion were not actually deciding that people have a right to die. He says that they were assuming such a right hypothetically 'for the purposes of this case...He emphasized that he thought it still an open question whether even a competent person's freedom to die with dignity could be overridden by a state's own constitutional right to keep people alive" (Dworkin 1996: 131).

He went on to say

“Although the logic of past cases should embrace a ‘liberty interest’ of a competent person to refuse artificially delivered food and water, the dramatic consequences involved in refusal of such treatment would inform the inquiry as to whether the deprivation of that interest is constitutional” (Dworkin 1996:131).

However, Chief Justice Rehnquist emphasized that even if it is assumed that people have a constitutional right to refuse to be kept alive if they become permanently vegetative,

“Missouri did not infringe that right. It only insisted that people exercise the right for themselves, while still competent and do so in a formal and unmistakable way, by executing a living will”. (Dworkin, 1996:131-132)

In conclusion
he said:

“With such a living will, people would make up their minds how they would want to be helped should there be need for a quiet proud death, bodily integrity intact. So if a living will is encouraged, and euthanasia is legalised, then suicide would be out of it, except in desperate cases” (Dworkin 1996: 136).

CHAPTER 7: DECISION - RATIONALITY AND SUICIDE

The argument for and against suicide has been put up in the preceding chapters. At this point the writer wishes to examine what makes intentional self-killing unjustified.

St Augustine firmly repudiated the spectrum of opinions in favour of suicide and issued a condemnation of suicide that was absolute. Indeed, in his eyes, Judas' hanging himself was a more serious, more unforgivable sin than his betrayal of Jesus (Donnelly 1998: 228).

The writer takes for granted, as the premise for her discussion, that intentional self-killing is *prima facie* wrong. To evaluate Judas' case above, the question for a person committed to the Bible is not whether suicide is wrong, but how wrong is suicide?

There is tension between two biblical principles. The believer is not owner of his body, and furthermore, it is the house of God himself, so suicide is a very serious affair. On the other hand, a person's life does not belong to him in the sense that it is at his free disposal, so that violence to his own body is a sin against God just as, violence to others is also a sin against God. In other words it is still a sin to kill, whether one kills another or oneself.

Sometimes it is argued that for a self-killing to amount to suicide, it is necessary that the dead person was rational in his intention to bring about his death. If those who hold this view mean that a person cannot commit suicide if he is irrational, the writer agrees because a person who is not rational seems non-autonomous and in my own view, although a person who is non-autonomous can take his own life, his death is not a suicide. On the other hand, the view that a person must be rational before we count his suicidal self-harming as suicide, could imply that a person who acts irrationally cannot commit suicide. In this case, the writer disagrees because a person can commit suicide irrationally. After all, a person can be so irrational that he becomes non-autonomous.

However, he may act irrationally while maintaining his autonomy. Rationality, the writer

purports, is a matter of degree. None of us acts fully rationally all the time. For instance, we may react irrationally to a neighbour who has behaved impolitely towards us when we are hurrying to work but this does not mean that we are necessarily non-autonomous. Therefore, rationality is closely bound with the question of understanding.

At this point, it may be objected that since it is the individual's own life, no justification is required. Taking a life, even one's own life, is to destroy something of apparent value. Therefore an explanation is required in defence on the destruction done to this life in questions.

Most moral critics of suicide hold that there is some moral obligation not to do what one knows will cause one's death. But it cannot deny that circumstances exist in which there are obligations to do things which in fact, will result in one's death. If so, then in principle it would be possible to argue, for instance, that in order to meet my obligation to my family it might be right for me to take my own life as the only way to avoid catastrophic hospital expenses in a terminal illness. But St Thomas Aquinas, in his discussion of suicide may seem to take the position that such an act would be wrong, for he says:

"It is altogether unlawful to kill oneself." (Summa Theologica, II Q 64, Art 5)

The writer is in support of Thomas Aquinas' idea on suicide on the grounds that it is against ethics. Promoting suicide is promoting indiscriminate killing, thus reducing human life to no value.

Hence, Immanuel Kant's categorical imperative and his idea of the sanctity of life insist that if suicide is not universally acceptable, then it is morally not right. But how do we weigh what is to be universally acceptable with differences in culture and belief systems?

One of Kant's central moves is to argue that the unity of consciousness itself presupposes universal and necessary laws. It is this part of his work that constitutes his attempts to answer the inductive scepticism, and subjectivity about causation left by Hume, who, Kant remarks, awoke him from his dogmatic slumber (Simon and Co.1996: 205).

Haring (*op cit*, p.70) states that suicide strikingly contradicts the role of man as the faithful steward of his life. Suicide, he added, is often the result of confusion or depression, leading to despair therefore he points out that although suicide remains a sin, it is not possible to assess the personal guilt involved.

Aristotle defines good as something that fulfils its purpose, that is, a good tool is one that does its job properly. This is to say that each person and thing has a natural purpose, and actions are right or wrong depending on whether they fulfill or frustrate the intended purpose (see Solomon 1999: 68). In the case of a suicide, a person cannot fulfill his

intended purpose. A person who believes in God may say that his or her idea of the wrongness of suicide comes from God – that it is a quality revealed by God and is used to describe actions which conform to God's will. In this case suicide would be completely condemned. "Thou shall not kill" (Exodus 20:13)

Plato admitted exceptions to the prohibition on suicide, maintaining that it could be poverty or affliction by any extraordinary sorrow or inevitable turn of fortune. Aristotle however repeated the prohibition without the exceptions. According to him, suicide is a (the worst?) form of cowardice and an offence against the state. Aristotle maintains that 'a state' exists for the sake of a good life and not for the sake of life only (Stumpf 1994: 105).

But, Epicurus is of the opinion that if life ceases to be a pleasure the remedy for a free man is to end it. The Stoics too, regarded it as part of human freedom that a man continues to live by his own consent. (Quoted in Encyclopedia of Philosophy vol7: 43).

Though Seneca argued eloquently in favour of suicide as the end of suffering and a deliverance from the decay of old age, he admitted the general duty to live for others such as for a child or a wife (Quoted in Encyclopedia of Philosophy vol7: 43).

However Aristotle maintains that:

"A state exists for the sake of a good life and not for the sake of life only (Stumpf 1994:105).

He concluded that:

"The state is the union of families and villages in a perfect and self-sufficing life. Man is a member of the family". (Stumpf1994: 105).

The writer adds that for a man to make up a family, it is by self-preservation not destruction, which suicide entails.

Though some argue for determinism, that everything has a cause, and if all causes were known, human activity, including what happens to be the result of moral choice, would be explained. This follows that if God's will is done through everything that happens, is an individual more than a blameless puppet? (Thompson 1994). Of what use then is man if he is said to be a rational being? If a person who commits suicide is a normal being, he or she ought to be accorded the status of rationality and consequently of blame where necessary. Otherwise, man would degenerate to a moral idiot because all known creatures attempt to preserve life and man should do so if there is to be continuity of life.

7.1 THE PROPOSED SOLUTION

Looking at the question of suicide as has been previously discussed, what should be done? Is suicide a means to an end or an end in itself? Is suicide ethical or unethical? What should counselors do to try and remedy the situation if possible? The following points are suggested:

It must be noted that whichever platform one chooses at any time to look at the issue of suicide may depend upon one's circumstances. For example:

- A therapist is likely to look at a client's act of committing suicide primarily on the basis of his or her personal development.
- A judge is likely to evaluate it in terms of what is socially acceptable or possible.
- A religious believer, irrespective of prevailing secular trends, is likely to follow the guidelines of his or her faith, using its values to aid the process of moral choice.

These platforms are not mutually exclusive.

Suicide may not be said to be an end in itself, but a means to an end. This is so because the victim, though dead, leaves lots of problems for people around, especially children. For example, if someone commits suicide because he is indebted, his or her child may be made to honour the debt. The debtor perhaps, instead of suicide, could have tried

counselling programmes that may have helped put an end to suicidal thoughts, suicidal attempts or a sense of hopelessness.

7.2 CONCLUSION

Of all the ethical issues which people face today, suicide seems to be the one that most clearly illustrates the contracting bases upon which moral judgments are made. The facts are not in doubt because the arguments have been presented time and again, and up to now there is no consensus view. In fact, the writer will want to say that no consensus is possible, because while some feel that individuals have the right to choose to live or die, others feel that life is sacred and should be treated as such.

The suicide issue can be approached logically, or pragmatically, or from the standpoint of the personal, physical and emotional needs of the person who commits suicide. It can be seen as an intensely personal issue, or one that is a touchstone for the protection of human rights throughout society. On one side, it may seem humanly right to commit suicide, especially when life is becoming meaningless with protracted illness. On the other hand, it could be said to be a step towards compulsory euthanasia. This is why the usefulness of ethical decisions should concern all rational beings, to deal with this deadly disease, which could be said to be escalating as cancer of the mind. Hence Liezl Van Zyl has in her recently completed doctoral dissertation, shown very admirably how medical ethics have moved from duty to a virtue based conception in our time. The basic moral question for every rational being is "what kind of a person should I be?" (Niekerk A.A.1998).

The answer to the above question remains as food for thought for all to answer. Since suicide reduces man to a moral idiot that lacks rationality, suicide should not be encouraged or legalized. What the person contemplating suicide needs is care, not killing, and this care will lead him into knowing and being himself / herself.

7.3 RECOMMENDATIONS

Based on the discussion on suicide, the writer makes the following suggestions:

1. The school system ought to redress its approaches in the endeavour to curb mal-actives experienced in the contemporary society such as suicide. The writer ascribes to the old Setswana adage “Lore lo ojwa le sale metsi”, (A twig is easier to bend while still green). Thus it is imperative to teach the young ones life skills as early as primary level so that they can develop independence and abilities to combat suicide during their youth and adult lives.
2. The church ought to define its duties and be more proactive to the youth needs so that even sensitising them about the dangers of suicide can become a concern of the church.
3. The police are social instruments and they have to be seen providing social services that encourage the continuity of the nation. Workshops and panel discussions hosted by the police can be ‘kick-started’ in the same manner which, crime prevention concerts are hosted.
4. Social workers, working hand in hand with the council youth officers, can form youth clubs geared towards education about suicide. Village chiefs and ward headsmen ought to be involved in the education of the youth about the impact of suicide in the lives of the youth.
5. The most valuable help comes from the family, and therapists of people who are potential suicides. The family ought to be aware of an individual and changes taking place within such an individual. Openness is advocated for on the part of families and friends. Parents can go a long way in assisting their children on this matter.
6. The government ought to promote counselling and guidance centers in both peri and urban centers around Botswana. Youths are to be targeted since pressures are experienced more or less the same by both the rural and urban-based youths.

7. Moral education centers are thus called to develop more autonomous and rational individuals and their students need to be exposed to critical contemporary moral dilemmas including suicide, HIV/AIDS and rape.

8. The person contemplating suicide needs to have extended a friendly hand; here the physician needs to work hand in hand with his patient.

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