



What is a Death With Dignity?

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ABSTRACT

Proponents of the legalization of assisted suicide often appeal to our supposed right to “die with dignity” to defend their case. I examine and assess different notions of “dignity” that are operating in many arguments for the legalization of assisted suicide, and I find them all to be deficient. I then consider an alternative conception of dignity that is based on Aristotle’s conception of the conditions on the best life. I conclude that, while such a conception of dignity fits best with our intuitions about the conditions under which a life has dignity, it supports the legalization of assisted suicide only under very limited circumstances.

Keywords: Aristotle, dignity, Ronald Dworkin, Kant, physician-assisted suicide

Proponents of the legalization of assisted suicide often appeal to our supposed right to “die with dignity” to defend their case. In fact, the Oregon statute that legalizes physician-assisted suicide in certain limited circumstances is called “The Oregon Death with Dignity Act”. During the summer of 1997, the United States Supreme Court heard two cases in which the constitutional right to physician-assisted suicide was debated (*Vacco v. Quill*, 1997; *Washington v. Glucksberg*, 1997), and human dignity was again very much on the minds of those who sought the right. As Justice Souter summarized their motivation, they “seek not only an end to pain (which they might have had, although perhaps at the price of stupor) but an end to their short remaining lives with a dignity that they believed would be denied them by powerful pain medication, as well as by their consciousness of dependency and helplessness as they approached death” (*Washington v. Glucksberg* (Souter, J., concurring), 1997, p. 407). Dignity, on this view, is a property that human beings can lose as a

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result of mental dysfunction (“stupor”) or a consciousness of dependency and helplessness, and, on this same view, dignity is a property that can be preserved, at least in some instances, through assisted suicide. A “death with dignity” is more properly described as a “life with dignity until its very end.”

Human beings are rightly concerned to protect their dignity, since dignity has often been thought to ground their claim to special moral consideration.¹ In the following discussion, I will attempt to determine whether any sound notion of human dignity can support the legalization of assistance in suicide.²

I. KANTIAN DIGNITY

Philosophical treatments of human dignity often begin with a discussion of the views of Immanuel Kant. According to him, dignity (*Würde*) is absolute and unconditional intrinsic value (Kant, 1785/1994, p. 40 (434)).³ Objects with dignity are not merely instrumental means to the satisfaction of various people’s ends, but rather, in Kant’s famous phrase, they are “ends-in-themselves” (pp. 35-36 (428-429)). As such, they are to be valued and treated with the utmost respect (p. 41 (436)).⁴ According to Kant, all human beings have dignity in virtue of their humanity, that is, their capacity for autonomous action (pp. 40-41 (435-436)).⁵ One might think that, if one is faced with the certain prospect of living in a morphine-induced stupor, or in a persistent vegetative state, one is faced with the prospect of losing the basis for the Kantian dignity that one possesses – namely, one’s capacity for autonomous action. However, on Kant’s view, the autonomous nature which serves as the basis for our dignity is not empirically manifest: we can know *a priori* that it is something that we all necessarily possess as long as we are alive (Kant, 1797/1994, pp. 127-128 (462)).⁶ Since this capacity remains whether or not it is exercised, Kantian human dignity cannot be earned and cannot be taken away. Since all human beings, as such, possess the same capacity for autonomous action, all human beings have equal dignity (pp. 96-97 (434), 127 (462)).

While many proponents of the legalization of assisted suicide appeal to human dignity to support their case, Kant himself maintains that the dignity of human beings renders suicide morally impermissible:

If he destroys himself in order to escape from a difficult situation, then he is making use of his person merely as a means so as to maintain a tolerable condition until the end of his life. However, a human is not a thing and

hence is not something to be used merely as a means; one must in all one's actions always be regarded as an end in itself. Therefore, I cannot dispose of a human being in my own person by mutilating, damaging, or killing him. (Kant, 1785/1994, p. 36 (429))

To kill oneself is to treat oneself *not* as something with absolute value, but as a mere means to an end of limited value – *viz.*, whatever desire one is fulfilling in ending one's life. Since, on Kant's view, it is morally impermissible to treat oneself without due respect, suicide is in all circumstances morally impermissible. Human dignity, as Kant understands it, does not support the legalization of assisted suicide.⁷

It might appear, however, that Kant's position on the morality of suicide is overly simplistic even from his own point of view. Surely there are some circumstances in which a respect for one's dignity as a human being, as opposed to concern for one's particular and contingent desires, requires one to commit suicide. Kant himself believed that there are many things worse than death – for example, acting immorally. Indeed, he comments that “a man of inner worth will sooner sacrifice his life than commit a disreputable act; so he puts the worth of his person above his life” (Kant, 1775–1780/1997, p. 149). So, on Kant's view, one is sometimes required to act in such a way that one can foresee will threaten one's own life: e.g., standing firm in battle. In “Death with Kantian Dignity,” Hilde Lindemann Nelson argues that the “Kantian notion of the dignity of persons” is “key to the permissibility of physician-assisted suicide” (Nelson, 1996, p. 215). When, for example, one's persistence would provide nothing but hardship for others, Nelson argues, to continue to live would be to treat these others as a mere means to one's own end, *viz.*, life. To treat others as a mere means to one's own limited ends, according to Kant, is morally impermissible, and so, on grounds of Kantian dignity, Nelson argues, suicide is sometimes required (p. 219). The problem with Nelson's account, as an interpretation of Kant's view, is that, for Kant, the existence of one's person is not a mere limited end – it is an end-in-itself of unlimited and incommensurable value. The hardship that others suffer on account of one's own survival is, necessarily, of merely limited disvalue. Therefore, in requiring others to suffer hardship by refusing to commit suicide, one refuses to treat oneself as a mere means to others' limited ends, and, on Kant's view, one acts as one is morally required.⁸

Although Kant himself did not recognize a context in which one had a moral duty to commit suicide, other scholars have shared Nelson's intuition

that, in certain circumstances, one has a “duty to die”. For example, John Hardwig has argued that as medical advances eliminate the threats of many terminal illnesses, many of us will end up living a good part of our lives “demented or debilitated”. Under these circumstances, Hardwig concludes, if our continued existence creates significant hardship for our loved ones, we would have a duty to die:

Those of us with families and loved ones always have a duty not to make selfish or self-centered decisions about our lives. We have a responsibility to try to protect the lives of loved ones from serious threats or greatly impoverished quality, certainly an obligation not to make choices that will jeopardize or seriously compromise their futures. Often, it would be wrong to do just what we want or just what is best for ourselves; we should choose in light of what is best for all concerned. That is our duty in sickness as well as in health. It is out of these responsibilities that a duty to die can develop. (Hardwig, 1997/2000, p. 123)

There is no doubt that in some circumstances one’s continued existence can lead to unfair financial or care-taking burdens being placed on particular individuals.⁹ However, it does not follow from this unfairness that the responsibility for lifting this burden is born by the individual whose existence is now in question. The burdens of caring for young children fall primarily and unfairly on women, but no one suggests that, for this reason, children have a “duty to die”. Instead, because we recognize the value of the lives of children, we respond to this unfairness by demanding that these burdens be shared more equitably.¹⁰ In contrast, Hardwig maintains that, in the case of those who are about to die soon anyway, either because they are old or suffer from a terminal illness, or in the case of those whose quality of life is low because of chronic illness or disability,¹¹ their interests in continuing to live might not outweigh the interests of those who are negatively affected by their continued existence, and so, they, unlike healthy children, would have a duty to die (pp. 126-127). By acting on this duty, Hardwig concludes, we affirm our dignity as moral agents (pp. 125 and 134).

I do not wish to dispute Hardwig’s suggestion that in some circumstances people might have a duty to die. One can easily imagine cases in which it seems plausible that one *is* morally required to commit suicide: too much of value is at stake, and suicide is the only means to preserve this value. However, I doubt that this fact could ever be the basis for a public policy such as the legalization of assisted suicide. Hardwig admits that, if

society as a whole took on a greater responsibility for providing end-of-life care for the elderly and the dying, and long-term care for the disabled, rather than letting this burden fall on the members of individual families, the duty to die would then be “virtually eliminated” (p. 132). With such a social policy in place, the continued existence of the “chronically ill, debilitated, mentally ill, and demented” (p. 132) would not pose enormous burdens on any particular individual. Hardwig himself is not especially supportive of such a social policy, and in the absence of such a policy, he argues, the duty to die will be common (p. 132; see also Hardwig, 2000, pp. 174–178).

But let’s imagine the implications of an alternative social policy of legalizing assisted suicide for those who have a duty to die, i.e., those whose sickness or disability gives rise to significant burdens for family members. How would this policy work? If access to assisted suicide were granted on the basis of an individual’s perception of when her illness or disability¹² is creating an intolerable burden to the members of her family, then whether particular individuals actually perform their duty to die would depend significantly on their willingness to make sacrifices for others. For this reason, the actual costs of the social policy of legalizing assisted suicide for those with a duty to die would fall primarily on the shoulders of those who have a tendency to discount their own needs relative to the needs and desires of others and less, or not at all, on those who have a tendency to regard the needs of others as an intolerable burden on themselves.¹³ If, however, access to assisted suicide were granted on the basis of some more objective criterion – e.g., just how much caring for the sick and disabled is costing the family relative to the family’s overall financial resources – then the duty to die would fall primarily on the poor, who would then suffer a triple jeopardy. Not only will they face the hardship of limited financial resources to meet their needs throughout their lives, but because of this disadvantage, they will suffer the greater likelihood of chronic illness or disability at an early age (National Center for Health Statistics, 1998), an increased risk which in turn would lead to the further burden that they and their loved ones will face a socially sanctioned “duty to die” when they fall ill or become disabled. However one imagines implementing access to the right to assisted suicide for those who have a duty to die, the policy is likely to have the result of multiplying injustices rather than eliminating them. A public policy that truly recognized the dignity of each human being would not allow the burdens of illness and disability to be distributed so inequitably: it would impose on all of us a “duty to share

the burden of care” rather than a “duty to die” on those who require special care.

II. THE INDIGNITY OF PAIN

Most arguments for the legalization of assisted suicide do not appeal to the burdens that the lives of some can create for others, but rather to the burdens that one’s own life can create for oneself. Hedonists, of course, would argue that once one’s life no longer offers a greater balance of pleasure over pain, it is no longer worth living for that individual. Kant would not have been overly impressed by the claim that pain could render a life not worth living, but contemporary Kantians typically acknowledge the devastating effect of “gross, irremediable, and uncompensated pain and suffering” on the quality of a human life.¹⁴ Whether this pain is an evil because it threatens one’s rational agency, or whether it is in itself a significant evil that can overshadow the significant value of rational agency, is a matter about which contemporary Kantians disagree.¹⁵ In any case, it is generally agreed that when a person’s “life involves such unbearable pain that one’s whole life is focused on that pain,” she loses her dignity as a human being,¹⁶ and in such cases, a respect for her former dignity might allow, or even require, one to help her to end her life (Velleman, 1999, pp. 617–619).

Correspondingly, in his concurring opinion in *Washington v. Glucksberg*, Justice Breyer claims that the “core” of our great interest in “dying with dignity” is freedom from “unnecessary and severe physical suffering” (*Washington v. Glucksberg* [Breyer, J., concurring], 1997, pp. 412-413).¹⁷ However, because he doubted that suicide is ever the only means for avoiding extreme physical pain because currently legal, if not commonly available, practices such as adequate pain medication, terminal sedation,¹⁸ and voluntary refusal of nutrition and hydration all offer this freedom, Breyer concluded that, at this point in time, there is no need in the United States to take the risks that many associate with expanding our legal rights to include assisted suicide (pp. 412-413).¹⁹

Although most scholars agree that physical pain can be eliminated by means other than suicide, they do not all agree that these alternative measures are compatible with human dignity. Indeed, the great majority of individuals who seek assisted suicide for themselves do not cite their fear of pain as a reason for their request,²⁰ and the Oregon Death with Dignity Act does not

even mention pain as a qualification for assistance in suicide (Oregon Revised Statutes, 1996 Supplement, § 127.800–127.897).

III. THE INDIGNITY OF DEPENDENCY

Janet Good, past president and founder of the Michigan chapter of the Hemlock Society, a society that advocates for the legalization of assisted suicide, summarizes her position in the following way: “Pain is not the main reason we want to die. It’s the indignity. It’s the inability to get out of bed or get onto the toilet, let alone drive a car or go shopping without another’s help”²¹ According to Good, dependency on the help of others can make life lacking in dignity and therefore unbearable. Dr. Thomas Quill attributed a similar aversion of dependency to “Diane”, whose suicide he assisted:

It was extraordinarily important to Diane to maintain control of herself and her own dignity during the time remaining to her. When this was no longer possible, she clearly wanted to die. As a former director of a hospice program, I know how to use pain medicines to keep patients comfortable and lessen suffering. I explained the philosophy of comfort care, which I strongly believe in. Although Diane understood and appreciated this, she had known of people lingering in what was called relative comfort, and she wanted no part of it. When the time came, she wanted to take her life in the least painful way possible. Knowing her desire for independence and her decision to stay in control, I thought this request made perfect sense. (Quill, 1993, pp. 12-13)

The thought that the dignity of one’s life is threatened by dependency also seems to have been held by many of Dr. Jack Kevorkian’s clients, even those without terminal illnesses. For example, the early stages of Alzheimer’s disease forced his first client Janet Atkins to rely on her husband to remind her of her tennis appointments, and threatened to make her more dependent on him in the future. In the face of this diagnosis, she and her husband found it reasonable for her to commit suicide while she was still in good health and only moderately absent-minded.²² Cerebral palsy, multiple sclerosis, and amyotrophic lateral sclerosis (ALS), or Lou Gehrig’s disease, are conditions that affected more than one person seeking assistance in suicide in the United States and Canada, and in these cases as well, a sense of dependency motivated their request for assistance in ending their lives.²³

These common fears of dependency and loss of control are motivated, I think, at least in part, by the basic Kantian idea that autonomy is the key to human dignity. Whether suicide is ever rationally justifiable on this view will depend on what exactly is required to live an autonomous, and thus dignified, life. If one possesses dignity so long as one possesses the ability to engage in voluntary behavior, then suicide would always be a bad idea, for the possibility of suicide presupposes the possibility of voluntary behavior.²⁴ Others have a different conception of autonomy, according to which dependency on others threatens one's autonomy and thus one's dignity.

As infants and young children, all of us depended on others for the satisfaction of our most basic physical needs, and no one suggests that the lives of infants and children are not worth living, or even that the worth of these lives is merely instrumental, a mere means to achieving the sort of independence that normally comes with adulthood. But, so too, the "dignity" of young children is rarely an object of concern. Indeed, a large part of the charm of young children is their blissful disregard of the constraints that a concern for "dignity" places on the lives of most adults. Dignity seems to be an adult concern.²⁵

Of course, when understood as requiring complete independence, dignity is also a confused concern. The fact is: life is never a solo performance, but is always carried on in elaborate and complex cooperation with others. I can achieve my ends, and help others achieve their own, only by depending on others to do things that I need to have done but cannot do for myself. The absolute interdependency of human beings can be obscured in the United States because the needs of those who are economically privileged, healthy, strong, young or middle-aged adults are met as a matter of course: the world in which we travel has been designed largely to meet our needs. Further, most of the care-taking activity on which we depend every day is not explicitly acknowledged or valued.²⁶ For the majority, though, who are very young, elderly, unhealthy, or disabled, the fact of their dependency and neediness is more obvious, since they need additional help in order to have their needs met in a world designed to assist others.²⁷ But this fact about the design of our social world has no *direct* bearing on the value of the lives of different sorts of human beings. Dependency is an essential part of all human lives, even those most admirable and worth living. It does not compromise a human life: it simply makes a life human.

Perhaps, however, there are particular sorts of dependencies that do threaten one's dignity as a human being. Janet Good mentions getting out of

bed, onto the toilet, and to the supermarket as examples of actions that a person with dignity can do by and for herself.²⁸ But what is it about these actions, in particular, that makes them dignity-determining? We need some criterion for distinguishing between “dignity-enhancing”, “dignity-neutral”, and “dignity-threatening” forms of dependency that does not have the result, as Felicia Ackerman puts the point, that “human dignity resides in the bladder and the rectum” (Ackerman, 1998, p. 151). Unless we are willing to accept the view that *no* human life is worth living and therefore that suicide is rational for everyone, we must either give up the view that human dignity depends in any way upon independence, discover some principled distinction between “dignity-enhancing”, “dignity-neutral”, and “dignity-threatening” forms of dependency,²⁹ or reject the idea that a life worth living requires dignity. Before we give up completely on the importance of human dignity, we should consider other conceptions of it.

IV. THE DIGNITY OF CONTROL

According to Timothy Quill, his patient Diane feared not only dependency but also a “loss of control”. Although they are often related, dependency and “loss of control” are distinct. A slave-owner is dependent on his slaves, but exercises a large degree of control over his own life and theirs. The idea that our human dignity rests in our control over every aspect of our lives, including our deaths, is described by William McCord in the following passage:

The possibility of rational suicide preserves humankind’s fragile dignity in the face of brutal circumstances . . .

By affirming this uniquely human capacity to mediate and mold death, we enhance our threatened autonomy in the face of a remorseless fate. To take the opposite path – as most people do in a mindless submission to the dictates of fate – betrays our highest quality: our capacity for freedom. A death with dignity is a final proof that we are not merely pawns to be swept from the board by an unknown hand. As a courageous assertion of independence and self-control, suicide can serve as an affirmation of our ultimate liberty, our last infusion of meaning into a formless reality. (McCord, 1993, p. 27).

Dignity, in this context, appears to be a property that we possess to the extent that we are “in control” of our lives and deaths.³⁰

Of course, no one claims that we have a right to do or control whatever we want. In particular, following John Stuart Mill, it is commonly agreed that our pursuit of liberty and control should be constrained, at least in part, by the interests of others. But, Mill claims, if one's actions affect only one's own interests, then society should not coercively intervene (Mill, 1859/1989, p. 12).³¹ So far as I know, Mill does not take up the question of the legal prohibition of suicide. But following Mill's general principles and appealing to the notion of human dignity, Joel Feinberg argues that competent adults should not be legally prohibited from killing themselves:

It would be an indignity to force . . . others to die against their will, but an equal indignity to force him to remain alive, . . . against his will. Human dignity is not possible without the acknowledgement of personal sovereignty. (Feinberg, 1986, p. 354)

According to Feinberg, human dignity requires the right to commit suicide.³² Even if we think that someone is making the "wrong" decision to commit suicide, in the sense that the decision is contrary to his own interests, we should not use coercion to prevent his death:³³

Why should a person be permitted to implement a "wrong" or "unreasonable" decision to die? The only answer possible is simply that it is *his* decision and *his* life, and that the choice falls within the domain of *his* morally inviolate personal sovereignty. (Feinberg, 1986, p. 361)

A similar view is endorsed by other liberal political theorists. In the "Philosophers' Brief", Ronald Dworkin, Thomas Nagel, Robert Nozick, John Rawls, Thomas Scanlon, and Judith Jarvis Thomson assert the right of a person to make her own decisions about matters "involving the most intimate and personal choices a person may make in a lifetime, choices central to personal dignity and autonomy" (Dworkin et al., 1996/1998, p. 431).³⁴ Since death is among the most significant events of human life (p. 432), they argue, one has the right to make "a momentous personal decision, such as the timing and manner of one's death" (p. 434). To assure this right for all people, assisted suicide must be legally permissible (p. 440).

It would seem to follow from this line of reasoning that the right to assisted suicide should be offered to all competent adults, since the interest to which Dworkin et al. appeal is an interest that we all share (Ackerman, 1998, pp. 149–164). Yet few proponents of this line of reasoning are willing to draw

this conclusion. Dworkin et al., for example, suggest that physician-assisted suicide might be reasonably restricted to the terminally ill:

A state might assert, for example, that people who are not terminally ill, but who have formed a desire to die, are, as a group, very likely later to be grateful if they are prevented from taking their own lives. It might then claim that it is legitimate, out of concern for such people, to deny any of them a doctor's assistance [in taking their own lives]. (Dworkin et al., 1996/1998, p. 439)³⁵

But what, then, about such people's dignity? Can their dignity be overridden in the name of their future interests? Or are some suicides "undignified", even if self-determined? Margaret P. Battin offers as an example of a suicide that does not enhance dignity: a teenager's jumping off a bridge when his favorite television show was canceled. That action did not increase his dignity: it was just stupid. She also views "violent" suicides – by which she means "desperate, aggressive acts, that display both contempt and hatred for oneself and for others as well" – as dignity-diminishing (Battin, 1980/1993, pp. 281, 284).³⁶ If a person's dignity can be overridden in the name of her future interests, then an appeal to human dignity is insufficient to justify the legalization of assisted suicide for all competent adults. If some acts can be self-determined and fail to enhance dignity, then dignity does not consist solely in control: some ways of exercising control enhance dignity, but others do not. In either case, an appeal to dignity, when understood as the ability to control, does not *by itself* justify the legalization of assisted suicide.

V. THE DIGNITY OF "INTEGRITY"

In *Life's Dominion*, Ronald Dworkin makes an extended case for legalizing physician-assisted suicide by appealing to the notion of human dignity. Initially, Dworkin defines human dignity as "the moral right – and the moral responsibility – [of humans] to confront the most fundamental questions about the meaning and value of [our] own lives for [our]selves, answering to [our] own consciences and convictions" (Dworkin, 1993, p. 166). In addition to our moral right to "confront" such questions, our dignity rests on our right to act on the answers we give to them. So, it seems to follow, if we believe that our life has no value, or if we anticipate that it soon will lack value, our human dignity rests on our ability to commit suicide with the assistance of a trained

professional, and even to order in advance our own euthanasiation in circumstances in which we are incapable of participating in our own demise. To treat another person with dignity requires us to respect his right to decide for himself how he wants to end his life: “Making someone die in a way others approve, but he believes a horrifying contradiction of his life, is a devastating, odious form of tyranny” (p. 217).³⁷

Thus far, Dworkin’s position seems straightforward: a society that treats its citizens with dignity allows them to end their lives as they see fit. However, it turns out that matters are not so simple. Sometimes, on Dworkin’s view, treating a person with dignity requires us to treat him paternalistically. For Dworkin defines “the right to be *treated* with dignity” in the following way:

A person’s right to be treated with dignity, I now suggest, is the right that others acknowledge his genuine critical interests: that they acknowledge that he is the kind of creature, and has the moral standing, such that it is intrinsically, objectively important how his life goes. Dignity is a central aspect of the value we have been examining throughout this book: the intrinsic importance of human life. (p. 236)

Here, Dworkin is adopting a position that bears a strong resemblance to Kant’s.³⁸ On Dworkin’s view, human lives have intrinsic value, whose “central aspect” is dignity. Because of the intrinsic value of people’s lives, it is important how these lives go. The quality of a person’s life depends on the satisfaction of her “critical interests”, which Dworkin defines as interests that make a life “genuinely better to satisfy, interests that [one] would be mistaken, and genuinely worse off, if [one] did not recognize” (p. 201). Because we should treat all human beings with dignity (i.e., respect their critical interests), Dworkin claims, we should not allow prisoners the option of submitting to torture in exchange for a shorter sentence, even if they would prefer this choice (p. 259, n. 23). Correspondingly, respecting a person’s critical interests might require one to “commit[] [a young, healthy person] to an institution, or violat[e] his autonomy in other ways” (pp. 192-193) in order to prevent him from committing suicide; it could also support forcing a person not to smoke.³⁹ Since people do not always know best, or act on, their own critical interests (pp. 223, 226), treating a person with dignity can sometimes mean intervening coercively in order to protect their intrinsically valuable lives. But then, in principle, it would appear that Dworkin’s initial account of “dignity”, which he defines as the right to consider and act on our answers to

“the most fundamental questions about the meaning and value of [our] own lives,” and his account of what it means to “treat someone with dignity”, which requires us to respect the critical interests of others, can conflict: to intervene coercively to prevent a young, healthy person’s suicide is not to respect his right to act on his conclusions to the most fundamental questions about the meaning and value of his own life.

Dworkin does not explicitly address this apparent tension in his view. He seems to believe that, for most competent adults, their interest in self-determination and their other critical interests will only rarely conflict, and so, we will only rarely find ourselves in a position in which our respect for their critical interests will force us to restrict their right to self-determination. For, on Dworkin’s view, it is by asking, answering, and living in accordance with one’s answers to questions about the meaning and value of one’s life that one creates intrinsic value in one’s life and therefore becomes in the first place the sort of thing that has critical interests and thus the sort of thing that could be treated with (or without) dignity (p. 230). The exceptions to this generalization, which, for the most part, Dworkin mentions only in footnotes, are never explained.

Nonetheless, Dworkin’s notion of the “integrity” of a life gives him the conceptual resources to distinguish between justified and unjustified paternalistic intervention. Dworkin regards a human life as an artistic creation of a particular sort:

Any surviving child is shaped in character and capacity by the decisions of parents and by the cultural background of community. As that child matures, in all but pathological cases, his own creative choices progressively determine his thoughts, personality, ambitions, emotions, connections, and achievements. He creates his life just as much as an artist creates a painting or a poem. (p. 83)

Just as the ending of a novel can make or break its overall quality, so too a particular kind of death can destroy the value of a life. “Integrity” is the term that Dworkin uses to refer to the narrative unity of a life – that is, its ability to illustrate and express “a steady, self-defining commitment to a vision of character or achievement” (p. 205). Whether a death just happens to us or is actively and deliberately pursued by us, its “appropriateness” will be a function of whether it contributes to the integrity of the life as a whole, that is, whether it “keeps faith with the way we want to have lived” (p. 199. See also p. 213).

People who ask questions about the meaning and value of a life, who discover consistent answers to these questions, and who use these answers to guide their actions will live a life that exhibits integrity. They will also exercise the moral right that Dworkin identifies as “human dignity”. However, those who fail to act in ways that enhance the integrity of their lives will threaten the dignity of their lives; for, according to Dworkin, lives that lack integrity also lack dignity.⁴⁰ For example, it would be contrary to the integrity and dignity of life for a young, healthy, active mother of two who is deeply committed to her family, friends, community, and work to jump off a bridge because she had a flat tire and did not want to get her hands dirty. Presumably Dworkin would also argue that it is contrary to the integrity and dignity of her life for this same person to smoke cigarettes and commit a kind of “slow suicide”. The values by which she has conducted the majority of her life are incompatible with her motivation for jumping off a bridge and smoking. However, if this same person were faced with a debilitating illness, Dworkin would give a different ruling:

For such people,⁴¹ a life without the power of motion is unacceptable, not for reasons explicable in experiential terms, but because it is stunningly inadequate to the conception of self around which their own lives have so far been constructed. Adding decades of immobility to a life formerly organized around action⁴² will for them leave a narrative wreck, with no structure or sense, a life worse than one that ends when its activity ends. (pp. 210-211)

For the most part, according to Dworkin, people jealously protect the integrity of their lives, and seek a death that will enhance it: “It is not just a matter of taste on which people happen to divide, as they divide about surfing or soccer. None of us wants to end our lives out of character” (p. 213). For such people, a respect for their dignity will require us to allow them to end their lives as they see fit. But because some people, like the bridge-jumper or smoker, are tempted to act in ways that threaten their ability to end their lives “in character”, we should be prepared, in the name of their dignity, to intervene.

Dworkin’s view, then, reflects a clear vision: our dignity is enhanced, and so our lives go better, when we are allowed to live in accordance with our own coherent answers to the most important questions about life’s meaning and value. To the extent that we fail to live such integrated lives, our dignity is threatened, and other people’s respect for our dignity might require them to intervene coercively.

I am not, however, convinced by Dworkin's view that lives with dignity are necessarily lives that exhibit what he calls "integrity", or "a steady, self-defining commitment to a vision of character or achievement."⁴³ Our lives are not entirely subject to our control: we can unexpectedly find ourselves pregnant, we can acquire a chronic illness or disability, a person with whom we planned to share our life can disappear from our life, we can lose our job, we can lose our home, we can lose our homeland, we can grow old. Such changes in our life situation might be incompatible with our own sense of what is valuable; and the life that we are forced to live might be contrary to our present character. As such, they would threaten what Dworkin defines as the "integrity", and hence dignity, of a life. But such changes are not atypical of a human life,⁴⁴ and many people who experience such change in their lives speak of it as initially unwelcome, but ultimately life-enhancing, turn of events.⁴⁵ To respond effectively to radical change requires immense courage and spirit, but to muster such traits, it seems to me, enhances, rather than threatens, one's dignity as a human being.⁴⁶

Despite the theoretical apparatus that allows Dworkin to remain officially neutral on the content of lives with dignity and focus only on the formal qualities of consistency of these lives with a person's own values and the stability of a person's values over time, all of the examples that he gives of dignity-threatening changes of life situation involve physical or mental disability. It seems to me that Dworkin must either concede that his judgements about the dignity of a life are informed by substantive value judgements, or he must introduce some other formal apparatus that would explain why certain radical value-contradicting changes of life and not others threaten the dignity of human lives. In any case, it is not obvious that it always enhances the dignity of a life to allow a person to commit suicide with assistance whenever her life is subject to radical change that is contrary to her current values.

VI. "ARISTOTELIAN" DIGNITY

Despite my criticism of the concepts of dignity to which many proponents of the legalization of assisted suicide appeal, I do believe that there is *something* to the notion of a "death with dignity". As I argued above, human dignity does not require complete independence or a life characterized by a single vision. Nor is it guaranteed by control. Instead, human dignity is a very

complex phenomenon. Consider Margaret P. Battin's impressionistic account of the components of human dignity:

Working from a large range of observed phenomena, we can then begin to formulate the components of dignity; they are probably jointly sufficient for the application of this term, though they do not all seem to be necessary. These characteristics include, to begin with, autonomy vis-à-vis external events, self-determination, and responsibility for one's acts. Dignity also includes self-awareness and cognizance of one's condition and acts, together with their probable consequences. Dignity usually involves rationality, though this may not always be the case. It can also be said to involve expressiveness, or rather self-expressiveness, an assertion of oneself in the world. It surely also involves self-acceptance and self-respect: an affirmation of who and what one is. We can also suggest what tends to undermine dignity: anonymity, for instance, as in an impersonal institution; alienation of labor, crowding, meaningless and repetitive jobs, segregation, and torture . . . [W]here an act of mine would tend to destroy your capacities for such things as autonomy, self-awareness, rationality, self-expressiveness, and self-respect, then we will begin to want to say that I lose my own dignity in doing such an act to you. (Battin, 1980/1993, pp. 282-283 (notes omitted))

Such an account of the conditions for human dignity, while seeming intuitively right, raises both theoretical and practical puzzles. If these conditions are not *all* necessary for human dignity, which ones are and which ones are not? How many conditions, and in which combinations, are sufficient for human dignity? Why are these conditions, and no others, important to dignity? And what, if anything, do these conditions have in common, such that they all are relevant to human dignity? While Battin herself does not answer these questions, I would like to propose the following answer.

The seemingly disparate characteristics that Battin identifies as important to human dignity correspond to many of the capabilities that Aristotle identifies as the human virtues of thought and character.⁴⁷ On Aristotle's view, the human virtues are those cognitive and emotional capabilities whose exercise allows a person to live a good, distinctively human life (Aristotle, *NE* I 7-13). Since, for example, human beings are interdependent and since resources are scarce and hard to obtain, all human beings will need to develop their capabilities for effective information-gathering, problem-solving,

value-judgment, social interaction, loving intimacy, and control of fear and desire (Aristotle, *Rhetoric* I 9, 1366a37-b22).⁴⁸ Such capabilities are instrumentally valuable for the satisfaction of one's most basic human needs – e.g., the needs for shelter, clean air, and healthy food and drink. But, in addition, on Aristotle's view, the potential for such cognitive and emotional capabilities is part of what makes one human, as opposed to feline, plant-like, or mineral (Aristotle, *On the Soul* II 3). For this reason, the exercise of these capabilities is not only instrumental to the satisfaction of basic needs, but, in addition, is in itself constitutive of a good human life, or *eudaimonia*.⁴⁹

Although the match is not exact, our notion of dignity seems to correspond most closely to Aristotle's notion of the *kalos* (the admirable, noble, or beautiful) whose opposite is the *aischros* (shameful or ugly).⁵⁰ The virtues themselves are admirable, on Aristotle's view, and that which is productive of, conducive to, or an effect of virtue, is also admirable (Aristotle, *Rhetoric* I 9, 1366b23-31).⁵¹ Although Aristotle does not speak of a life with dignity *per se*, I would suggest that when we speak of a life with dignity, we have in mind a life in which one engages in activities that either develop or exercise the human virtues. It is a further question, which I cannot answer here, whether a life without any dignity – that is, a life in which none of the human virtues is developed or exercised – is a life worth living. While we all have an interest in living a life with dignity, since such a life is the best life for a human being, it does not follow without further assumptions that a life without dignity is without any value at all.⁵²

This Aristotelian conception of a life with dignity as a life of activities that develop or exercise the human virtues accounts for the intuitions behind, and the limitations of, the independence, control, and integrity models of dignity. To live a good life, it is typically necessary for humans to have the ability to develop and execute complex, long-term life plans, and thereby to exercise their capabilities for effective information-gathering, problem-solving, value-judgment, social interaction, intimacy, and control of fear and desire. To develop and execute these life-plans, human beings must have some amount of independence and control. If one has fully acquired the human virtues, one's actions are consistent with one's values and one's character is stable (Aristotle, *NE* I 10, 1100b18-22). But, as we have seen, much dependency, lack of control over external circumstances, and change of character are compatible with lives with dignity, and much independence, assertion of control, and stability of character are incompatible with lives of dignity. Whether these variables enhance or detract from the dignity of a life will depend on whether,

in a particular context, they promote or prohibit the development or exercise of the human virtues of thought and character.

On this Aristotelian conception of dignity, then, “deaths with dignity” are deaths that are consistent with a life lived with dignity.⁵³ So, for example, the woman who jumped off the bridge because she did not want to get her hands dirty did not have a “death with dignity”: her life would have been better had she been less finicky, more courageous, more considerate of the needs of those affected, or better able to recognize the value of her options. Similarly, a man who attempts to starve himself in order to coerce his wife into staying with him fails to act with dignity: such coercive tools threaten the community in which human life flourishes. In contrast, an example of a suicide that Battin, at least, regards as a “death with dignity” is that of “Elsie Somerset”,

an 80-year-old woman who had for two years been living in a nursing home. She suffered from glaucoma, which had almost completely blinded her, and from cancer of the colon, for which she was receiving chemotherapy. Her husband was recently dead. To relieve her chronic pain, and perhaps to mitigate the side effects of chemotherapy, she was being given hydromorphone, a morphine-like drug. (Battin, 1980/1993, p. 277)⁵⁴

Concerning her case, Battin comments:

An unfortunately realistic picture of old age suggests that she can expect increasing debility, dependence, financial limitation, loss of communication and affection; increasingly poor self-image; increasing depression, isolation, and due to her glaucoma and cancer, blindness and pain. There are alternative possible futures, of course: one of them is suicide. Another is that which she no doubt wants: continuing, pain-free, socially involved, productive, affectionate life. But, given her physical condition and the social conditions of the society in which she lives, this may no longer be possible, and so her options may be reduced to only two: suicide, or the catalog of horrors just described. Suicide, then, may be constitutive of human dignity in at least a negative sense; in Elsie Somerset’s case it may leave one less example of human degradation in the world. (pp. 281-282)

Here Battin mentions a variety of features of Elsie Somerset’s life that contribute to our intuition that her life is going very badly. But, on my view, what accounts for Battin’s intuition that the evils that befall Elsie detract from the *dignity* of her life, in particular, is the fact that Elsie is no longer able to

engage in activities that are either develop or exercise her distinctively human virtues of thought and character. Because she is in a state of “human degradation”, Battin concludes that it may maximize the dignity of Elsie Somerset’s life overall for her to commit suicide now.⁵⁵

However, when we are considering whether we *as a society* should legalize assisted suicides in any circumstance, we must consider the effects of the options that are available to us as a society on the dignity of those affected by our choice. According to Aristotle, laws are good to the extent that they make it genuinely possible for citizens to lead a good life (Aristotle, *Politics* VII 2-3). Given the options available to us as a society, it might not maximize her dignity for us to make it legal for Elsie Somerset to obtain assistance in committing suicide; instead, we might do what we can to give her a “pain-free, socially involved, productive, affectionate life” in which she has the opportunity to promote or exercise whatever virtues of thought or character she still possesses. As Battin notices, it is not merely Elsie Somerset’s physical condition, but also “the social conditions of the society in which she lives” that contribute to the “catalog of horrors” that constitutes her life. Before we offer her the right to assisted self-termination, a decision which we might in the end endorse, we have the obligation to think creatively about how changes in social conditions might enhance the dignity of the life she is currently living.

Human lives come in many different forms, and long human lives have several different stages, each of which is characterized by different strengths and weaknesses. Unless we are victims of a fatal accident or disease early in our lives, most of us will experience some sort of physical disability at some point in our lives. On an Aristotelian view, physical disability does not in itself detract from the dignity of a life, but, in some social circumstances, it can make it more difficult to develop or exercise one’s virtues of thought and character.⁵⁶ A society that is concerned with the dignity of human lives will consider the physical needs that must be met if all persons at all stages of their lives are to live their lives with dignity, rather than offer them a right to terminate their existence when our past social choices make it impossible for them to develop or exercise their virtues of thought and character. When physical pain is overwhelming or when it can be alleviated only through powerful sedation, it might be impossible for a person to continue to live a life with dignity no matter what social policies we put into place. Whether granting a legal right to assisted suicide in these limited circumstances is worth the very real risks associated with offering this right to anyone is a

further question,⁵⁷ but in this situation, at least, an interest in a “death with dignity” would count in its favor.⁵⁸

NOTES

1. See, for example, United Nations (1948) which presupposes the “inherent dignity” of “all members of the human family.”
2. I will leave open the question whether any other defense of the legalization of assisted suicide is successful.
3. Numbers in parentheses indicate the page numbers in the fourth volume of the *Preussische Akademie der Wissenschaften* edition of Kant’s works.
4. There is some question about what exactly Kant means when he claims that we must treat people as “ends-in-themselves” and thus with respect. For a helpful discussion, see Hill, 1980, pp. 84–99.
5. It is not clear whether Kant thought that women possess this capacity. See Kant, 1761/1994, p. 104.
6. Numbers in parentheses indicate the page numbers in the sixth volume of the *Preussische Akademie der Wissenschaften* edition of Kant’s works.
7. Of course, it does not follow that human dignity, as Kant understands it, supports the legal *prohibition* of assisted suicide. To get to this conclusion, we would need further assumptions about the relationship between morality and the law.
8. It would seem to follow from Kant’s view about the dignity of persons that in cases in which the lives of others are at stake, it is at least an open question whether one should commit suicide. Kant considered a case in which a rabid person threatens the lives of many others, but concluded without explanation that the case is “casuistical” (Kant, 1775–1780/1997, p. 146). Margaret P. Battin claims that Kant recognizes another exception to his general prohibition of suicide – Cato’s suicide (Battin, 1980/1993, p. 278). However, the textual evidence that she cites does not support this interpretation. In his *Lectures on Ethics*, Kant recognizes that this case is tricky, but, in the end, he denies that Cato made the right choice: “If Cato, under all the tortures that Caesar might have inflicted on him, had still adhered to his resolve with steadfast mind, that would have been noble; but not when he laid hands upon himself. Those who defend and teach the legitimacy of suicide inevitably do great harm in a republic” (Kant, 1775–1780/1997, p. 148).
9. Just how much burden is unfair is not obvious. Felicia Ackerman argues persuasively that Hardwig has an ageist double standard when it comes to the burdens different family members should have to bear: the burdens that parents bear for their children are apparently more just than the burdens that adult children or spouses often bear for their elderly, sick, or disabled parents or spouses (Ackerman, 2000, pp. 172–185).
10. See, for example, the policy suggestions offered by Williamson, 2000.
11. For an examination of this common assumption that the quality of life of those with disabilities is necessarily low, see Section VI below.
12. Once we’ve granted the right to assisted suicide to those with a duty to die, why should we restrict this right to those who are sick or disabled? Certainly these are not the only conditions under which our lives can create hardship for others. See Ackerman, 2000, p. 182.

13. Susan M. Wolf argues that, since society already expects them to make great personal sacrifices for the members of their families, the “right” to assisted suicide is likely to be exercised more by women than by men (Wolf, 1996, pp. 282–317).
14. See, e.g., Hill, 1983/1991, p. 95; Kamm, 1998, pp. 42–3; and Velleman, 1999, p. 618.
15. Hill and Kamm endorse the former position; Velleman the latter.
16. The commonly expressed lament that “even a *dog* wouldn’t have to suffer like this” perhaps reveals an implicit commitment to the view that such suffering is contrary to human dignity.
17. See also Arras, 1998, p. 282.
18. There is a small percentage of patients whose discomfort cannot be alleviated without giving them so much sedating medication that their death is dramatically hastened. Such comfort methods are known as “terminal sedation”.
19. See also the New York State Task Force on Life and the Law, 1994.
20. See Breitbart, W., Rosenfeld, B.D., & Passik, S.P., 1996, pp. 238–42; and Chin, A.E., Hedberg, K., Higginson, G.K., & Fleming, D.W., 1999, pp. 577–584. Only one of the fifteen people who availed themselves of the opportunity to have physician-assisted suicides during the first year of the legalization of The Oregon Death with Dignity Act expressed a concern about pain at the end of life. The rest cited concerns about loss of autonomy and loss of control over bodily functions as their reasons for seeking assistance in suicide (Chin et al., 1999, pp. 577, 580).
21. *Washington Post*, August 11, 1996. I owe this quotation to Not Dead Yet, n.d. Not Dead Yet is an organization of individuals with disabilities who are actively opposed to the legalization of assisted suicide and voluntary euthanasia.
22. This case is described in detail in Betzold, 1993.
23. For accounts of some of these cases, see Betzold, 1993; and Koch, 1996, pp. 50–61.
24. Of course, euthanasia is a different story: while one is still in the possession of one’s rational capabilities, one might reasonably draw up an advance directive to be euthanized, whether passively or actively, when one is no longer in the possession of any rational capabilities. See Hill, 1983/1991.
25. I will return to this suggestion in Section VI, below.
26. See Tronto, 1993, pp. 111–124 for a discussion of the ways in which “caring” activities have been systematically ignored and undervalued.
27. For an illuminating discussion of “the social construction of dependency”, see Silvers, 1995, pp. 32–55; Wendell, 1996, chs. 1 and 2.
28. The Ninth Circuit also focuses on excretory functions:

A competent, terminally ill adult, having lived nearly the full measure of his life, has a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end of his existence to a childlike state of helplessness, diapered, sedated, incontinent. (*Compassion in Dying v. State of Washington*, 1996, p. 814)

29. In section VI below, I suggest a possible ground for such a distinction.
30. Reflecting on the relative value of physician-assisted suicide and other means of relieving pain at the end of life, David Orentlicher also speaks of the control-enhancing features of physician-assisted suicide:

Terminal sedation . . . prevents patients from retaining a sense of control over the timing and circumstances of their death, a sense that may be critical to the psychological well-

being of dying patients. Dying patients have little control over their lives. Critical matters will be determined almost entirely by their disease: How much longer they will live, where they will spend the remaining days or months of their lives, how many of their routine activities they will be able to manage by themselves and how much discomfort they will have. In addition, if they are in a hospital or other institution, their schedules will be determined in large part by the needs of their health-care providers. The option of assisted suicide gives patients more control because they ultimately decide when they will die. (Orentlicher, 1998, p. 306)

See also Orentlicher, 1997, pp. 947–968. Even in health, many aspects of our life are not within our control, and many of the losses to control which those with terminal illnesses experience could be regained by policy changes other than granting access to the means of self-termination. See Lynn, J., Schuster, J.L., & Kabcenel, A., 2000.

31. Mill does not speak here about human dignity, but it is clear that he has some such idea in mind. See Mill, 1859/1989, pp. 58–59.
32. On Feinberg's view, human dignity grounds a number of human rights. See Feinberg, 1980, p. 151.
33. One might think that Feinberg has overlooked the fact that suicides often have negative repercussions for others, and so, fall within the scope of liberties that are legitimately restricted. In Feinberg 1978, he considers this possibility and comments that "some suicides may violate the rights of *other* persons" (p. 247). In this same paper, he endorses a prohibition on a fictional "spring rite" in which "males of a certain age" are encouraged to be "armed with knives, clubs, bows, and arrows, and then turned loose in a large forest. For an hour every man is both hunter and prey" (p. 245). Feinberg's grounds for prohibiting this right are (1) it is against the public interest for a large number of these men to be killed, and (2) the "voluntariness" of the ritual is suspect (p. 250). In Feinberg 1986, he seems to assume that, at least in certain cases (he does not specify which cases), these two grounds would not support the prohibition of suicide.

Others would disagree. Justice Stevens, for example, makes the following claim about the harm *to others* that could arise from a suicide:

The State has an interest in preserving and fostering the benefits that every human being may provide to the community – a community that thrives on the exchange of ideas, expressions of affection, shared memories and humorous incidents as well as on the material contributions that its members create and support. The value to others of a person's life is far too precious to allow the individual to claim a constitutional entitlement to complete autonomy in making a decision to end that life. (*Washington v. Glucksberg* [Stevens, J., concurring], 1996, p. 391)

Many others have worried about the coercive pressure to commit suicide that would be exerted on those who are granted the legal right to assisted suicide. See, e.g., Velleman, 1992, pp. 665–681; P.A. King & L.E. Wolf, 1998, pp. 91–112; and Arras, 1998, pp. 279–300.

34. "The Philosophers' Brief" is an *amicus curiae* brief against the constitutionality of New York's and Washington's laws prohibiting assisted suicide, presented to the Supreme Court in *Washington v. Glucksberg* and *Vacco v. Quill*. The formulation here is taken from the Supreme Court's previous ruling in *Planned Parenthood v. Casey* (1992), 505 U.S. 833, 851.

35. See also Dworkin, 1993, where he suggests that paternalistic intervention might be justified, for example, to prevent a “young, healthy person” from committing suicide (pp. 192-3). I discuss Dworkin, 1993, in section IV, below.
36. I discuss Battin’s view in section VI, below.
37. On Dworkin’s view, we can *respect* someone’s right to end his life as he sees fit without feeling obliged to assist him in ending his life: “We have a right not to act in ways that we believe deny our sense of the moral importance of someone else, even if he would prefer that we do” (1993, p. 259, n. 23). However, according to Dworkin, if others are willing to assist to someone else’s voluntary suicide, we have no right to prevent them.
38. In fact, Dworkin himself draws the comparison: “Understanding that dignity means recognizing a person’s critical interests . . . provides a useful reading of the Kantian principle that people should be treated as ends and never merely as means” (p. 236).
39. “I am assuming . . . that it can be in a person’s overall best interests, at least sometimes, to force him to act otherwise than as he wants – that it can be in a person’s overall best interests, for example, to be made not to smoke, even if we acknowledge that his autonomy is to some degree compromised, considered in itself, or against his interests” (p. 257, n. 15).
40. “Integrity is closely connected to dignity, moreover: we think that someone who acts out of character, for gain or to avoid trouble, has insufficient respect for himself” (p. 205). It seems to me that Dworkin is using the notions of “dignity” and “integrity” in a slightly different way here. “Dignity” is identified with “self-respect” and “integrity” is a matter, not of living a life characterized by a single vision, but of acting on one’s values, however much they might change over a lifetime. For the purposes of this discussion, however, I will assume that Dworkin believes that his point holds for “integrity” and “dignity” as he defines them elsewhere.
41. The example of the fastidious woman with tire trouble is mine, but Dworkin could easily include her among “such people”.
42. Dworkin seems to be assuming here (incorrectly, I think) that a life with disability is a life “without mobility”, and that a life “without mobility” is a life without action (p. 210).
43. Although Dworkin does not suggest that integrity, as he defines it, is sufficient for the dignity of a life, it is clear that it is not. Consider Plato’s example of the person whose life is organized around his sole, easily satisfiable desire to scratch himself (*Gorgias* 494c). Such a life would exhibit integrity, on Dworkin’s view, but it hardly counts as an example of a life with dignity.
44. For an illuminating discussion of the ways in which many good human lives are lived with discontinuity and change, see Bateson, 1989.
45. See, for example, Wendell, 1996, in which she writes with great eloquence about the ways in which an unwelcome chronic illness nonetheless enhanced the quality of her life. Stephen Hawking writes about the ways in which ALS helped him to find direction in his life for the first time (1994).
46. I defend this claim in section VI, below.
47. Aristotle’s particular catalog of human virtues includes knowledge, judgment, good deliberation, wisdom, insight, understanding, comprehension, courage, self-control, generosity, magnanimity, self-respect, gentleness, friendliness, wit, justice, and friendship. Aristotle, *Nicomachean Ethics* (*NE*), *passim*, and *Rhetoric* I 9.
48. See Nussbaum, 1993, pp. 242–269, for an illuminating discussion and development of Aristotle’s conception of human virtue.

49. On Aristotle's view, while physical ability can be instrumentally valuable for the development and exercise of the virtues of thought and character, the exercise of physical ability is not in itself constitutive of a good human life (*NE* I 13, 1102a15–17). Although Aristotle is not explicit about this point, it would seem to follow from his account that physical ability is an "external good", like wealth, a good which is, in certain circumstances, instrumentally valuable for exercising one's cognitive and emotional capabilities (*NE* I 8, 1099a32-b6 and I 9, 1100b25-28). There is some debate among Aristotle scholars whether the exercise of the human virtues is wholly or only partially constitutive of the best life. For a defense of the view that happiness consists solely in the exercise of virtue, see Kraut, 1989. For the view that happiness consists of a number of intrinsic goods, see Ackrill, 1980, pp. 15–34.
50. See Aristotle, *Rhetoric* I 9 and *NE* II 3 1104b31 and VIII 13, 1162b35-1163a2. I say that the match is not exact because our notion of dignity does not have all of the aesthetic implications that Aristotle's "kalos" possesses (see *NE* I 8, 1099b3-6).
51. In the *Rhetoric*, Aristotle is primarily concerned to spell out for the orator the assumptions that the members of an Athenian audience are likely to hold. Although he does not commit himself to the truth of these assumptions, Aristotle maintains that commonly held views are unlikely to be very far from the truth (*NE* VII 1, 1145b3-9).
52. We saw above that a problem with some accounts of the nature of a "death with dignity" is that they have the implication that the lives of children lack dignity and so are not worth living. I have suggested that a life without dignity may still be worth living, but it seems wrong to suggest that children's lives, as such, cannot be highly valuable. It follows from Aristotle's account of the conditions for living the best life, that is, for possessing *eudaimonia*, that children cannot be counted as *eudaimôn*; for it takes a long time to acquire the human virtues and a life counts as *eudaimôn* only if it is long enough to allow for the development and exercise of these virtues (Aristotle, *NE* I 7, 1098a17-21 and I 10-11). Children who die young cannot be said to have lived the best life, no matter how well their lives were going before their death. But, on what basis do we judge that a child's life is going well? Though Aristotle does not address this question explicitly, it would seem to follow from what he does say that a child's life is going well if she is in the process of developing the human virtues through the exercise of her immature capabilities, that is, if she has ample opportunities for cognitive stimulation, loving intimacy, and social interaction. Her life would also count as a life with dignity because she is engaged in activities that develop the human virtues.
53. Aristotle thought that all suicides reveal a lack of justice to the community (*NE* V 11, 1138a10-14). I cannot agree with him.
54. Battin takes this case from E.M. Brecher, "Opting for Suicide," *The New York Times Magazine*, March 18, 1979, who in turn quotes the October 1978 issue of *Hospital Physician*.
55. In this paper, I focus on the way in which the notion of a "death with dignity" can help us to decide in what situations suicide is rational. Although I do not develop this point here, I think that this same notion can help us to decide whether it is rational for a person to seek life-saving treatment or withdraw from life-saving treatment.
56. See note 49, above.
57. For a useful discussion of these risks, see Arras, 1998, pp. 279–300.
58. An earlier version of this paper was presented at the Oxford-Mount Sinai-King's College, London, Conference in Bioethics, April 1999 and to the 1998-99 fellows in Medical Ethics at Harvard Medical School. Many thanks to the participants on these occasions for stimulating and challenging conversation, and to Roger Crisp, Fred Feldman, and Walter Robinson for very helpful written comments.

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