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Suicide, Euthanasia and Human Dignity

Kant has famously argued that human beings or persons, in virtue of their capacity for rational and autonomous choice and agency, possess dignity, which is an intrinsic, final, unconditional, inviolable, incomparable and irreplaceable value. This value, wherever found, commands respect and imposes rather strict moral constraints on our deliberations, intentions and actions. This paper deals with the question of whether, as some Kantians have recently argued, certain types of (physician-assisted) suicide and active euthanasia, most notably the intentional destruction of the life of a terminally-ill, but rational and autonomous patient in order to prevent certain serious harms, such as enduring or recurring pain or the loss of the meaning in life, from befalling him really are inconsistent with respect for the patient's human dignity. I focus on two independent, though interrelated explications of the rather vague initial idea that the patient (as well as the doctor), in intending and bringing about his death, treats his person or rational nature merely as a means and so denigrates his dignity: (i) that in doing what he is doing, he does not act for the sake of his person, but for the sake of something else; (ii) that, by trading his person for pain relief, he engages himself in an irrational and hence immoral exchange. After critically discussing some suggestions about how to understand this charge, I eventually find Kantian objections to suicide and (active) euthanasia, based on the idea of human dignity, less than compelling. For all the paper proves, suicide and (active) euthanasia may still be morally impermissible, but then this must be so for some other reason than the one given above.

Keywords: suicide, (active) euthanasia, human dignity, reason and value, Kant, D.J. Velleman

1. Introduction

Consider the following three situations.

("Unbearable pain") "Skin cancer has riddled Matthew Donnelly's tortured body ... A physicist, he had done research for the past thirty years on the use of X-rays. He has lost part of his jaw, his upper lip, his nose and his left hand. Growths have

been removed from his right arm and two fingers from his right hand. He was left blind, slowly deteriorating, and in agony of body and soul. The pain was constant; at its worst, he could be seen lying in bed with teeth clenched and beads of perspiration standing out of his forehead. Nothing could be done except continued surgery and analgesia. The physicians estimated that he had about a year to live.” (from J. Rachels, *The End of Life*)

(“Recurrent pain”) “It was on the eve of his 300th operation that Danny Bond decided he wanted to die. The 20-year-old’s chest looked like an Ordnance Survey map: a collision of scars drawn from 18 colostomies, 19 ileostomies, 150 septicaemic infections, a dozen haemorrhages and the sharp contours of malnutrition — a summary of Danny’s life in ward E7 of Southampton general hospital. Danny is suffering from a rare condition called chronic pseudo obstruct, which prevents the nerves between the brain and the digestive system communicating. When he tries to digest, his brain tells his gut to clench then forgets to release it. The result is a permanent obstruction: he is attached to a feeding machine 10 hours a day and has never been able to empty his bowel. ... Since he underwent heart surgery five weeks after his birth he has never spent more than a couple of months out of hospital and has only celebrated two birthdays and two Christmases at home. Still, during rare periods of relief, he likes to practice sport and was even admitted to a higher education college, until after 11 weeks the strength of the drugs he was on made his mind cloudy and unfit for exams and he had to quit. Two months ago, Danny had come to the end of the line. Nerve damage was making his operations increasingly painful and the more disheartened he grew the less able he was to cope. Twice, he gained access to the pill box and tried to commit suicide.” (from a report in *The Guardian*)

(“No point”) “Betty Rollin has described, in her moving book *Last Wish*, how her mother developed ovarian cancer that spread to other parts of her body. One morning her mother said to her: ‘I’ve had a wonderful life, but now its over, or it should be. I am not affraid to die, but I am affraid of this illness, what it’s doing to me ... There is never any relief from it now. Nothing but nausea and this pain ... So what happens to me now? I know what happens. I’ll die slowly ... I don’t want that ... Who does it benefit if I die slowly? ... There is no point in a slow death, none. I’ve never liked doing things with no point. I’ve got to end this.’” (Betty Rollin, *Last Wish*, quoted in Singer 1993; 198-9)

What is the morally appropriate attitude for one to adopt towards the more or less explicitly expressed wishes of Matthew Donnelly, Danny Bond and Betty Rollin's mother to die? Do their requests for our help in terminating their lives make a valid moral claim on us? And if yes, is it because they have a right (to be helped) to die, or because we have a duty to prevent harms to other people when we can, or to respect their autonomous decisions, or because it would be done out of a morally praiseworthy motive, such as compassion or generosity, or for some other moral reason? And, last but not least, are their requests equally binding on us or can we find some morally relevant differences in their respective circumstances (in the severity of their pain and suffering, the likelihood of recovery, the reasons they give for wanting to terminate their lives, what they can still make of the rest of their lives ...)?

In this paper I am not offering or defending any direct and systematic answers to the above questions. I do believe that there is a duty to meet the aforementioned patients' requests for assistance in terminating their lives, even though it may not be perfectly clear who it is that is supposed to discharge such a duty. Rather than arguing in favor of this claim, I would like to discuss certain objections raised against an even weaker view, according to which these patients' requests are perfectly morally legitimate and as such capable of at least providing a justification for, if not also grounding a duty of, our assistance in helping them die.

In the paper I will focus on one particular type of argument against one particular (though fairly typical) instance of PAS and active euthanasia,¹ a situation where the patient's request for mercy killing is motivated by the prospect of uncompensated future suffering, or irreversible loss of the meaning in life. The argument I am going to discuss (and ultimately find unconvincing) makes appeal to Kant's notion of human dignity. While the idea behind the argument can be traced back to (at least) Kant, it found its most detailed, complete and persuasive formulation in arguments advanced in a series of recent articles by David J. Velleman. Briefly, Kant's idea is this: people, in virtue of being persons or rational and

¹ Throughout the paper I will take euthanasia to be every act or omission that intentionally brings about the death of another person for her own benefit. Euthanasia differs from physician-assisted suicide (PAS) only in that the final act or omission is undertaken by someone other than the patient, but at his request and on his behalf. (Kamm 1998) I will simply assume without proof that this difference bears no moral relevance, at least as far as the argument from the violation or degradation of human dignity is concerned, and treat voluntary euthanasia (active and passive) and PAS as morally on a par. To avoid further complications, however, I want to restrain my conclusions only to cases of *voluntary* euthanasia and PAS.

autonomous agents, enjoy a very special moral status; their rational nature, their capacity for rational and autonomous choice and agency, accords/guarantees them unconditional and incomparable worth; this worth or dignity commands unconditional respect and this, in turn, sets rather strict limitations on the permissible ways of treating them — constraints that also rule out, among other things, the deliberate destruction of one's (own or someone else's) life in exchange for certain benefits (such as a gain in the quantity of overall pleasure in life, or the increase in its value) or the relief of certain harms (such as present or future pain and suffering).

2. An impossible task?

Let me start with a concession. The task I undertook, the proof that the deliberate taking of human life for the benefit of its subject is consistent with the respect for human dignity, may look rather hopeless. There is overwhelming “evidence” to the contrary which I would have to explain away. First of all, there is Kant's own derivation of the absolute prohibition on hedonistic (self-interested) suicide in the *Grounding* (Kant [1785] (1981); 429) along with numerous other remarks on the impermissibility of killing and suicide scattered all over his body of work.² Secondly, there is a whole range of interpretations of Kant's principle of humanity as an end in itself by some of the most distinguished contemporary Kantian scholars, who all admit, as one of the direct implications of this principle, that killing human beings for hedonistic or prudential reasons is at least *prima facie* inconsistent with the acknowledgment of unconditional and incomparable worth of humanity in persons.³

² For example, in his *Lectures on Ethics*, p. 148-9, Kant takes up the common idea that everyone is free to do whatever he or she pleases with his or her own body, as long as (s)he does not violate the proprietary rights of others. So if one comes to the conclusion that the most useful and advisable thing that he can do is to put an end to his life, why should he not be entitled to do so in order to, say, rid himself of looming misfortune, torment and disgrace? True, he would rob himself of full life, but escape once and for all from calamity and misfortune. Kant dismisses this idea on the ground that we may only treat our bodies as we please provided our motives are those of self-preservation. Everyone has the right of disposal over his body to preserve his person. Yet in taking his life he does not preserve his person, he robs himself of it. And this, according to Kant, is contrary to the highest duty we have towards ourselves, for it annuls the condition of all other duties (capacity for rational and autonomous choice).

³ See Hill (1991), Korsgaard (1996), Velleman (1992), Velleman (1999b), Wood (1999).

What gives credibility to my project, on the other hand, is the fact that, as some other Kantian scholars have lucidly pointed out, a plausible reading of the principle of humanity as an end in itself leaves room for the possibility that even if humanity in persons is of absolute worth, the life of every person with humanity must not always and at any cost be preserved. Kant himself famously stated that “life is not to be highly regarded for its own sake.” (Kant [1775-80] (1963); 150) Furthermore, Kant’s own argument against hedonistic suicide does not entail that *life* is of unconditional, incomparable and irreplaceable value, but only that nothing of mere prudential or interest-relative value can be put in place of a destroyed *humanity* (Hill 1980; 94). And, last but not least, acting in ways that affect the person for her sake and not for my own or someone or something else’s sake (which is a hallmark of morality), does not, as some authors rightly emphasize (Anderson 1993; 26; quoted in Sturgeon 1996; 517), entail that we should always be guided, in our action, by a concern for the persons’s *existence* — one may quite consistently both care about the person in a morally required way and welcome her death (provided life was no longer a good for her).

3. Kantian concerns

There is widespread agreement, or so it seems, among Kantians that at least PAS and active euthanasia for those who have lost the capacity for even minimally rational, autonomous living would not be ruled out as impermissible by the formula of humanity. (Hill 1991; 100, Velleman 1999; 617) But there is also an almost unanimous opposition to making so-called hedonistic or self-interested suicide and euthanasia, i.e. the termination of one’s life in order to escape present and future pain and suffering, a legitimate exception to the prohibition on killing persons.⁴ Velleman (1999; 616) nicely summarizes the point of Kantian opposition to suicide:

“Kantians don’t object to suicide per se, nor do they oppose it on the grounds that it destroys something of value. They object to a certain type of suicide and euthanasia, those committed for prudential reasons (in order to obtain some interest-related goods, i.e. benefits, or escape

⁴Hence a Kantian would find euthanasia and PAS permissible in the case of “Unbearable pain”, but not also in the other two cases, in “Recurrent pain” and “No point”, since only in the former, but not also in the latter, pain can, in virtue of being unbearable, virtually switch off the patient’s rational capacities.

some interest-related evils, i.e. harms), on the ground that such acts denigrate the person's dignity by trading his person for interest-relative goods, as if it were one of them."

The view I want to defend is the direct denial of the above claim. I set out to prove that it may be morally permissible for the still-rational patient to request that a doctor or some other authorized person (as well as for them to meet such a request) deliberately cause, hasten or facilitate his death in order to stop or relieve his present, or prevent his future, pain and suffering, provided this pain is considerable enough (I am not saying that one may commit suicide in order to escape a banal physical and/or psychological discomfort caused by, say, fear of impending surgery). Against Velleman (1999), Korsgaard (1996a; 126), Wood (1999; 147-8) and (perhaps) Hill, but in accordance with Kamm, I will argue that this so-called hedonistic or prudential suicide and euthanasia does not violate Kant's Formula of Humanity (the prescription to always treat persons as ends in themselves), nor does it denigrate the dignity of persons, and is consequently not impermissible (at least not for this reason). Hence it is not just in circumstances where the patient's humanity, his capacities for rational and autonomous choice and agency are irredeemably compromised, that we may, at his request, destroy his life. Such a request can be perfectly legitimate even when the patient's capacity for rational and autonomous choice is left more or less intact, provided death is the only efficient means of sparing him severe pain and misery.⁵ The issue, as I see it, ultimately turns on the question of whether severe pain, or the prospect thereof, can by itself justify the destruction of a person's life (and, consequently, her personhood) or whether considerations of pain have only indirect bearing on, or only conditionally provide us with compelling reasons for decisions favoring death over life, in the sense that the painfulness of a proposed option (either of an action itself or its outcome) is only relevant, in the moral deliberation and action, insofar as it impairs on the person's humanity or rational nature.⁶

⁵ If I had to qualify my conclusions, I would probably want to add: provided death is imminent anyway.

⁶ In my endeavor I have an ally in Hill (1991), who defends a plausibly qualified Kantian view on suicide. According to his view, some types of suicide (the ones he calls impulsive, apathetic, self-abasing and hedonistic calculated suicide) are expressive of mistaken/erroneous attitudes to life (Hill specifically mentions two, "consumer" and "obituarist" perspective) and hence either are wrong or at least such that they fall short of a moral ideal. Hill qualifies several aspects of Kant's account: he suggests a reduction of the normative strength of considerations of humanity (rationality and freedom) — the ends of preserving, cultivating, developing, exercising and symbolically honoring humanity should no longer be taken as always overriding considerations of pleasure and pain with which they might conflict. And he allows many more exceptions to the moral prohibition on suicide

4. Common ground

Let me start by presenting what I take to be the common assumptions more or less shared by all the parties in the dispute. Here is a tentative and by no means exhaustive list.

- (i) The patient is a competent, responsible, rational agent who gives his state of physical discomfort (pain, nausea, ...) as the reason for intending his death.

It is at least sometimes morally permissible to intend and intentionally cause a person's death.⁷

Death is in the patient's interest (i.e. good for him) and pursuing it is prudentially rational — death shortens his life so that the life has fewer bad things in it and does not deprive him of any significant good things because there would not have been any.⁸

— some types of suicide (such as suicide when human life is no longer possible, suicide to end severe irremediable pain and suicide based on self-regarding moral beliefs) are morally unobjectionable, while some others, such as hedonistically calculated suicide, may be regrettable, but not condemnable (they are less than good in the sense that “a person's life story would be morally better if it did not end in one of these ways” — p. 88). He proposes to accept the spirit of Kant's theory but adopt the above qualifications. As a guiding principle in choices of life and death he advocates the following: “A morally ideal person will value (her) life as a rational, autonomous agent for its own sake, at least provided that the life does not fall below a certain threshold of gross, irremediable, and uncompensated pain and suffering.” (ibid.; 95) — where “valuing one's life as a rational and autonomous agent for its own sake” includes basic awareness that one's life is valuable not only in virtue of its content (let alone the proportion of the episodes of pleasant experiences in it), but also in virtue of being expressive of the agent's choices as its author. To a great extent I agree with both Hill's criticism of Kant's explication and application of the formula of humanity and his own proposal for dealing with the issue of suicide. The implications of his regulative principle for the question of self-interested euthanasia and PAS are less clear, however. According to him, the qualified version of the principle would still sustain “a strong presumption against killing human beings in most circumstances”, but “euthanasia for those who have lost the capacity for even minimally rational, autonomous living would not be ruled out.” (ibid.; 100) If we are to understand this as saying that euthanasia and PAS would be permissible *only* under those circumstances, then his account is disappointingly weak. I believe a case for moral permissibility of PAS and euthanasia can be made under less severe conditions as well.

⁷ This rules out the possibility that whenever one, by choice upon deliberation, adopts some person's death as the proposal, then aiming at this person's death or trying to bring it about is immoral. See Grisez & Boyle (1971) for a defense of such claim.

⁸ This assumption serves to rule out the possibility of a denial to the effect that any choice involving death must be irrational. Devine (1978); 238, for example, claims that, since it is a precondition of rational choice to know what one is choosing, but no one can know, either by his own experience or by the testimony of others who have experienced it or something very like it, what

- (ii) The patient doesn't have any duties-to-others that his death would prevent him from discharging.
- (iii) The patient's choice of immediate death over continued life (and the doctor's implementation thereof) does not violate anyone's rights nor does it do any harm to anyone.
- (iv) Dignity sometimes requires not only the preservation of what possesses it but also the destruction of what is losing it, if the loss would be irretrievable — when, say, the value of the objects of dignity would deteriorate in ways that would offend against that value, respect for dignity can (and does) command its destruction.
- (v) If one cannot sustain both life and dignity, intending his own destruction may be not only permitted, but obligatory.

Pain is a bad thing.⁹

- (vi) It is morally permissible to intend one's own destruction in order to escape unbearable pain.

Given these assumptions, the problem we have to solve can be stated as follows. Suppose that propositions (i) to (ix) are all true. The courses of action that the terminally-ill patient is contemplating as a way of relieving/stopping present and escaping future pain, PAS and active euthanasia, neither harm anyone nor violate anyone's rights or constitute/entail or eventuate the failure, on the part of either the patient or the doctor, to discharge any obligations to others. How then can such an action, given that it also pursues the noble aim of alleviating harm (pain and suffering), possibly be morally objectionable?

he is choosing in choosing his own death, it is not possible to choose death rationally. Even knowing what one desires to escape by death doesn't help, for in order to make a rational choice one must have knowledge of both alternatives, and one can never, for the reasons given above, know whether a certain degree of pain is worse than death or not.

⁹ This is not too generous a concession to a proponent of self-interested euthanasia and PAS, though, for, as will become clear later, pain itself, no matter how great it is, cannot justify anything close to euthanasia or suicide, unless it is unbearable. In which case, however, as Kantians insist, it is the unbearableness of pain rather than its painfulness that justifies it — such a pain undermines the patient's rational agency and consequently his dignity, by preventing him from choosing any ends for himself other than pain relief and so reducing him to the psychological hedonist's image of a person as a pleasure seeking animal, which is undignified indeed. Such a view has two important direct implications: (i) the bearing of what makes pain bad in itself on the moral status of the self-interested euthanasia and PAS is merely indirect; (ii) intending one's own destruction in order to relieve great, yet not unbearable, pain, is never permitted, and the same is also true of the attempts to make one's life better by giving up the (future) portion of it devoid of all meaning.

5. The Formula of Humanity — spelling out the normative content

Kant himself believes that an absolute prohibition of hedonistic or self-interested suicide can be directly derived from the Formula of Humanity. This formula requires every person to treat the humanity or rational nature of every person, including himself, always as an end in itself and never as a means only. Here is how Kant believed we can arrive at an absolute prohibition of self-interested suicide (and, consequently, euthanasia):

“... the man who contemplates suicide will have to ask himself whether his action can be consistent with the idea of humanity as an end in itself. 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 till the end of his life. *Man*, however, is not a thing and hence is not something to be used merely as a means; he must in all his actions always be regarded as an end in himself. Therefore, I cannot dispose of *man* in my own person by mutilating, damaging or killing him.” (429) (all emphases are mine)

So what is wrong with hedonistic or self-interested suicide, according to this picture, is that such an action is never consistent with treating one’s own humanity as an end in itself. The self-interested suicide makes use of his person merely as a means of maintaining a tolerable condition till the end of his life, or to escape some looming physical discomfort. And this in turn is wrong because by so using his humanity or person he objectifies it, treats it as a mere thing, as something possessing mere relative value, something that is in principle there for everyone to serve some purpose, replaceable with other things that can serve the same purpose equally well. In other words, something one can, in virtue of its propensity to satisfy our needs and desires, put a price upon and exchange for other things of the same or similar value. But persons are not things and are not to be treated as such. Our humanity, our capacity for rational and autonomous choice is not simply one of the (relatively) valuable things, it is the source and the ground of all relative value. As such, it possesses dignity, that unconditional, absolute, incomparable and irreplaceable value (or we, humans, possess such value in virtue of our rational nature). Hence no exchange in which we would trade our rational nature for some thing with mere relative and conditional value can ever be rationally and morally justified.

This passage, however, seems to introduce the following puzzle. Given that the patient possesses dignity in virtue of his autonomy alone, that he has himself consented to death and that death is in his overall best interest, how can he then be treated, in euthanasia and PAS, as a mere means and how can he possibly have his dignity denigrated?

Here are two distinct, though closely related answers, that I have formulated, each based on an idea implicit in the above passage: (1) by intending his own destruction in order to escape pain and suffering, the self-interested patient does not treat his humanity as an end in itself, but merely as a means to some further end, namely pain relief; (2) by giving up (the existence of) his person in return for pain relief the self-interested patient treats his humanity as having mere price and hence as a thing, not a person; for he treats it as exchangeable for benefits and hence as sharing with them the same essential nature or type of value, i.e. price, and only things have price. In what follows I will take up these two challenges, one after another, and show that each of them is based on certain misconceptions of what is going on in the suicide's deliberation, intention and action.

6. Treating persons as ends in themselves and acting for the sake of them

Let's start with the first charge. Is the self-interested suicide really using the destruction of his person merely as a means of gaining pain relief? Let us, for the sake of clarity, separate this question from a somewhat different question of whether he has adopted and pursues, in what he is doing, his humanity as one of his ends. As to the first question, it seems clear to me that the patient does not intend the destruction of hi(m)s(elf as a) person neither as a means to pain relief (the means he uses is rather the destruction of (himself as) a sentient being) nor as an end in itself (the evidence for this being that the destruction of hi(m)s(elf as a) person or some further consequence thereof is not something he is likely to put forward as a justification for anything he does). Rather, the destruction of hi(m)s(elf as a) person is a foreseeable, but unintended consequence of what he is doing, namely of taking his life. Just a brief illustration of the rather well-known fact that not all the results of one's action need be intended either as a means to some end or as an end in itself: if I drive by car to Ljubljana for a concert I will inevitably use petrol and pollute air; but neither result of my action forms part of my intention, which is just to get to Ljubljana safely and on time for the concert. Now just as you cannot drive a car in order to get to Ljubljana without using petrol and polluting the air, you cannot destroy yourself as a sentient being in order to escape pain without thereby destroying yourself as a rational being.¹⁰ Both are unavoid-

¹⁰ The only way to switch off one's capacity for feeling pain, this rebuttal seems to presuppose, is by destroying what sustains life, namely your brain and the whole neural system. But can the same result not be achieved by the use of drugs instead? Well, the problem with this solution is that

able side-effects of the use of that particular means; and just as using petrol and polluting air is intended neither as a means to getting to Ljubljana nor as an end in itself, so destroying yourself as a rational being is not a part of the patient's intention, either as a means or an end.¹¹

Let me pass over to the second question then. Does the patient, in intending his death in order to relieve pain, treat his humanity as an end in itself or not? What does it mean or require to treat one's rational nature as an end in itself? I will show that once we resolve this tricky question, we see that the patient is not guilty of violating this requirement either.¹²

Here are some attempts at clarifying what it actually means to treat one's person as an end in itself.

- (A) you treat your person as an end in itself if your intentions and actions are expressive of rational evaluative attitude towards persons, such as respect, love, admiration, honor, ... (Anderson 1996);
- (B) you treat your person as an end in itself if you do what you do for the sake of that person and not for the sake of someone or something else. But what does it mean to say that someone acts for the sake of some person? Several accounts have been proposed: (1) you act for the sake of a person if in deciding what you do and in doing what you do you pay due attention or respect to her feelings, wishes and wants;¹³ (2) you act for the sake of a

drugs usually switch off not only our capacity for feeling pain, but also our capacities for those activities that make our life, as rational agents, worth living — and the greater the pain, the more they do so. So although they can be seen as an alternative means to achieving the same end, they also require a rather high price — they let us preserve life, but at the cost of devoiding it of most of the value it has as a life of a rational agent.

¹¹ Something similar to this line of argumentation is briefly suggested, but not further elaborated upon, by Kamm 1999b; 602.

¹² The contradiction one might see here between saying that the destruction of a person is not intended, by the patient, as an end, and the claim advanced here that he pursues his person as an end in itself, is merely apparent. First of all, Kantians, in order to capture a sense in which one can pursue some person as an end without thereby necessarily promoting or bringing about some state of affairs that essentially includes that person, draw a strict distinction between the end as an intended aim of an action and the end as its motivating object (i.e. that with a view of which one acts). A person can thus be the end pursued in one's action without something about that person forming part of his intention or aim. Secondly, what I said the patient did not intend, or aim at, is the destruction of himself (as a person), whereas what he is now said to be pursuing, as one of his ends, is the person itself, and these two ends are clearly not identical.

¹³ This is clearly too weak — Kant denies, rightly to my opinion, that wishes, feelings and wants as such can have any underived normative force.

person if you act out of respect for her personhood, where this may mean either simply (a) that you take into account, in your deliberations and actions, the fact that she is a rational agent with her own interests, wants, plans and rational ends (what Darwall calls appraisal respect); or (b) that you take only those considerations as providing sufficient reasons for action, or to set rational ends for you to pursue, which every other person could rationally accept as such;¹⁴ or (c) that you let those decisions and actions of yours which affect her be (at least partly) determined by her own judgments and evaluations; (3) you act for the sake of a person if you act out of concern for that person's good or well-being (which most of the time, but not always, includes concern for her existence) rather than someone else's (Sturgeon 1996; 517); (4) you act for the sake of a person if you were moved to act with a view to that person, i.e. if that person, and not her existence or well-being, was the object of a motive operative in your action (Velleman 1999a; 356-8);¹⁵ (5) you act for the sake of a person if you act for reasons, or on principles, that express your rational attitudes toward that person, i.e. when you treat considerations in favor of or against doing something that affects her as reasons only on the condition that they adequately express your rational attitudes towards the person (Anderson, *ibid.*).¹⁶

I am not going to discuss this first strategy at length. I certainly find some of the proposed accounts of what it means to act for the sake of a person, or to treat her as an end in itself, more illuminating than others. I believe that those accounts can provide relatively clear and reliable guidance as regards morally admissible conduct in many situations. For example, all of them clearly rule out as inadmissible

¹⁴ "To express respect for rational agents is to act only on considerations that all rational agents can accept as reasons for action." (Anderson 1996; 543) This account entails the acknowledgment that the consideration of my own and others' personhood imposes rational and moral constraints both on the adoption of my ends and the choice of the means for their pursuit, such that they cannot be easily, or not at all, outweighed by any countervailing considerations, whether they be hedonistic, prudential or of some other kind.

¹⁵ Notice, however, that since persons form a special category of ends, self-existent ends, the characteristics of which is that they are objects of evaluative attitudes that value them as they already are and not as possibilities to be brought about, acting for the sake of a person does not require bringing about, or maximizing the number of, some state of affairs that essentially includes them, such as their happiness or well-being or even existence.

¹⁶ One could probably include Hill (1993) under this heading, since he also insists on the relevance of the suicide's attitude to his life as a rational being, as its author, insofar as these can be discerned from his deliberation and action, for the moral assessment of suicide.

drunkenness and the abuse of drugs, imposing one's will on another person by use of physical threats or violence, lying, manipulating people's beliefs and attitudes by nonrational techniques, disrespectful attitudes such as, or as displayed in, mockery, contempt, snobbery, servility, and so on. (Hill 1991; 94-7; Wood 2000; 140) But I don't think they are (with the due exception of Sturgeon's proposal,¹⁷ which, however, is rather controversial as an explication of the *Kantian* idea of persons as ends in themselves)¹⁸ of that much help in the context of the present discussion. The reason is that certain other, more fundamental issues have to be resolved first, before we can really derive an unambiguous practical conclusion from the test. Let me illustrate this point by way of using one of the most promising proposals, that of Elizabeth Anderson.

According to Anderson's suggestion, you act for the sake of a person if you act for reasons, or on principles, that express your rational attitudes toward that person, i.e. when you treat considerations in favor of or against doing something that affects her as reasons only on the condition that they adequately express your rational attitudes towards the person. This constraint on admissible reasons for action might, at first glance, seem to imply that certain actions done for certain reasons would always come out as irrational and hence inadmissible. Such as, for instance, to take Anderson's own example (1996; 545), committing adultery for the apparently noble purpose of deepening one's understanding of, and strengthening one's appreciation for, the love for a marriage partner (since committing adultery for that reason cannot adequately express my love for her).

Now let's try to apply this test to the case of prudential suicide and euthanasia. We would have to start by determining the patient's reason for wanting to kill himself and then proceed to an assessment of whether wanting to kill oneself, or someone else, for that reason can and does adequately express his rational attitudes towards his life and person. The suicide's motivating thought or consideration is that by killing himself he would relieve pain and escape the serious harm that the pain presents. This consideration, insofar as it is expressive of his concern for the person's good, may be thought to reflect a fully rational attitude towards a person.

¹⁷ This proposal works well for a proponent of self-interested euthanasia and PAS, since both the patient and the doctor do act, by presupposition, out of concern for the patient's good.

¹⁸ Another weakness of Sturgeon's proposal is that one can act out of concern for a person's good without this concern itself being motivated or justified by the right kind of consideration. For example, the act of giving for charity out of concern for the good of the people in need may be motivated by an utilitarian or welfarist concern for the maximization of the aggregate well-being rather than by a concern for those persons' good for the sake of those persons.

Note, however, that what he is really, even if only implicitly, saying is that “being in pain, or facing a prospect of a future pain, is a sufficient reason for destroying the life of a person”. And now one can legitimately ask whether treating the life of a person as so easily disposable, as being exchangeable for a relatively small gain such as “maintaining a tolerable situation till the end of life”, is really consistent with attributing, to persons as persons, final, unconditional, incomparable and irreplaceable value. Note, however, that now the whole issue of the permissibility of self-interested euthanasia and PAS turns on whether adopting such an evaluative attitude to persons as persons is rational in the first place or not. Hence, while applying Anderson’s test for actions done for the sake of the persons, we can come to a conclusion which provides guidance in cases of self-interested euthanasia and PAS, the opponent can now reasonably question the premise which characterizes the appropriate evaluative attitude to have towards persons. As will transpire later in the discussion, this characterization is highly problematic — while we may be rationally obliged to attach to our own and others’ rational nature unconditional value (in some narrow sense of the word), there is no rational ground for treating it as also being incomparably and irreplaceably valuable.

Let me therefore put aside the first approximation to spelling out the normative implications of the principle of humanity as an end in itself and pass over to the second one. According to this suggestion, what was wrong about self-interested euthanasia and (physician-assisted) suicide was the fact that by giving up (the existence of) his person in return for pain relief the self-interested patient/suicide treats his humanity as having mere price and hence as a thing, not a person; for he treats it as exchangeable for benefits and hence as sharing with them the same essential nature or type of value, i.e. price, and only things have price. So when he exchanges dignity, the value in persons, for (things that have) mere price, the (things that have only) interest-related value, he engages in something that is deeply irrational and hence immoral. So what is it that goes wrong in exchange of these goods?

7. Treating persons as things, not persons

7.1. Dependency thesis

This chapter deals with what I take to be the core idea behind Kantian's opposition against hedonistic or prudential suicide and euthanasia. As mentioned before, the Kantians denounce the exchange implicit in such actions as irrational and hence

immoral. What the patient who intends his death for the sake of pain relief is guilty of is some inadmissible trade-off in exchanged goods or values. The idea underlying this charge is not simply that the goods exchanged are of different values, but rather that they are of a different *kind* of value. The person and its pain relief belong to two completely different categories of values: the former to the class of unconditional goods and the latter to the class of those goods whose value depends on (something about) the unconditional goods. By treating the person as exchangeable for pain relief, however, the patient treats the two as equivalent, in their value and/or essential nature, to each other and so demeans the specific value of the person. The most plausible account of what this purported categorial mistake consists in is captured in what I will call the Dependency Thesis, the various interpretations of which I will discuss next.

Dependency: The value of whatever prudential good, of whatever is good for a person, depends (in the sense to be further specified) on the person whose good it is. Destroy the person and you will rob it of all its value.

What is it about persons that the value of prudential goods is supposed to depend upon? I can think of three possible answers:

- (1) prudential values directly depend on the *existence* of persons for their value
- (2) prudential values directly depend on the *workings or activities* of persons, in particular on the exercise of their capacity for rational choice and agency (and only indirectly on their existence)
- (3) prudential values directly depend on the *value* of persons

7.2 Does the value of prudential goods depend on the existence or the workings or the activities of persons?

Both Velleman (1999; and Korsgaard (1996; 126) contend that the patient pursuing pain relief as his end at the expense of his continued existence (i.e. using the destruction of his life and person as a means to it) is irrational not only in the sense that he has closed a bad deal (for he is sacrificing something of greater value in order to get something of lesser value), but also in the stronger sense that he is contradicting himself. For the patient is sacrificing his existence as a rational being in order to maintain a tolerable condition till the end of his life, but the latter is a good thing, and hence a rational end to pursue for him, only insofar as it is the object of his rational choice, i.e. on the condition that, and insofar as, it has its

value conferred upon itself by his rational choice. What he does not see is that by destroying (himself as) a rational agent, he destroys the circumstances of rational choice and cuts off the source of the value of this end — thereby devoiding it of all value and its very status as an end that it is rational (for him or anyone else) to pursue.

Hence, according to the above suggestion, we should find a contradiction inherent in something like the following reasoning that lies behind the patient's request for death:

Y is something good (for me); Y, besides being good (for me), is also better than X; getting Y requires giving up X and no alternative route to that end is available; so I am going to use the destruction of X as a means to getting Y (or: I am going to destroy X for the sake of getting Y);

The patient thereby overlooks, however, that the value of Y, however valuable Y may look at first glance, depends on the existence of X, since X is the sole source of Y's value. Without X, Y stops being good (and worth pursuing as an end). Hence it cannot really be rational to pursue Y at the expense of X.

Now the mistake that both Kant and Korsgaard and Velleman are guilty of here can be described as follows: they all overlook that the expression “the source of Y's value” is ambiguous between “the supervenience base of Y's goodness (the good-making properties of Y)” and “the constitutive grounds of Y's goodness”. Now (on the assumption that Kant's theory of value is basically correct) Y's goodness may be said to depend on the existence of X either directly or indirectly. X's existence bears directly upon Y's goodness in the sense that if X does not exist, then nothing about X, no state of affairs that essentially contains/involves X, including X's pain relief, can be good, because there simply are no such states¹⁹. And X's existence can be said to bear upon Y's goodness indirectly in the sense that if X does not exist, then X cannot make rational choices and consequently nothing can be valuable in virtue of becoming their object.

Now it is quite obvious why Kant, Korsgaard and Velleman may have found the idea that Y's goodness depends on the existence or the workings of X plausible — because they take X to be the source of Y's goodness in the latter sense (i.e.

¹⁹ However, what about the state of affairs “X exists”? if it makes sense to say of a nonexistent being X that it would be a good thing (for it) if it existed or came into existence, even more, if this is a true thing to say about X, then it must be true that this merely hypothetical state of affairs can be good (for X) even though there exists, at present, no X and even though it is not an object of X's rational will — this suggests that there is something fundamentally wrong with the proposed account which makes the value for X dependent on the existence and/or actual rational will of X.

its constitutive grounds). But it is equally obvious that, if we take the ambivalent expression “the source of Y’s value” as referring to the supervenience base of Y’s value, Y’s goodness (for X) depends neither on the existence nor on the workings of X(’s rational will) (except in the trivial sense that there can be no such thing as pain relief for X without there being an X who can experience both pain and the relief), for it is both true that the goodness of Y is not dependent on the existence of anything else but Y’s intrinsic properties, and that X is not the source of Y’s value. The following familiar story should find some resonance even among the Kantians. What makes pain relief for X good and worth pursuing (not only for X, but for every rational agent alike), is not the fact that it is X’s pain relief, but rather that it is a *relief from pain*. Similarly, what makes X’s pain a bad thing and as such worth stopping or preventing from occurring (again for every rational agent alike), is not the fact that it is X who feels it, but rather that it is a *painful and unpleasant* experience. Everyone who takes his pain’s painfulness to be a sufficient reason for him for wanting it to stop and for taking active steps towards stopping or preventing it, must thereby admit that the same applies to whoever might be in pain; so that eventually the painfulness of anyone’s pain, and not its being this or that person’s pain, must be regarded by every rational agent as a sufficient reason for trying to stop or prevent it wherever it threatens to occur, as well as for refraining from causing it.²⁰

²⁰ The following objection won’t really work. One would perhaps want to argue that such an attitude towards, and a treatment of, one’s own and others’ pain and pain relief is only binding on those who happen to dislike pain and try to avoid it for the reason given above. Masochists who take the painfulness of a painful stimulus to constitute a sufficient reason for them for preserving the stimulus, will, along the same lines, come to the opposite conclusion about the appropriate response to the plea of people in pain and to the requests for pain relief. What this example clearly shows, then, is a crucial difference in the nature of respective values, the one residing in pain relief and the one inherent in rational nature. While respecting one’s own and others’ rational nature is obligatory for everyone, regardless of whether he happens to feel aversion to pain or likes it, relieving pain is not. And that’s what makes the former an objective end and the latter a merely relative one. I don’t find this strategy very promising, however. First of all, it arms those critics of Kant who raise the charge of futility against the test of the universalizability of maxims (nothing binding on the wills of all rational agents could come out of its application to particular types of actions). And secondly, the above objection simply assumes without proof that phenomenal and/or affective properties of pain are merely contingent properties of the episodes of pain (since, as the case of masochists shows, there can be experiences of pain that are neither painful nor result in a typical withdrawal behavior). Such a bold assumption is *prima facie* unwarranted, because it is irreconcilable with our ordinary concept of pain. So far as the latter is concerned, masochists don’t feel the pain, or at least don’t feel it as being painful, and so cannot take its painfulness as a consideration that can count either in favor of a certain course of action or against it.

Let me summarize. The Kantians claim that the person's rational choice is the sole source of whatever has value for that person, that it alone confers value on things that are good for that person, and that therefore the person's pain relief would (and does) become utterly worthless, devoid of all its value (and as such unsuitable for a role of a rational end), if that person ceased to exist (and when it does). The source of their error might be thought to lie in the following. They arrive at such a false claim by erroneously inferring from the statement "whatever is good for some person, must be the object of her rational choice (provided that she has and exercises the capacity for it)" which expresses a conceptual truth about (prudential) value, that "the goodness of whatever is good (for some person) originates from its being the object of that person's (actual) rational choice", a statement which, however, asserts a fairly different, substantive ontological fact about the origin of (prudential) value in the world.

The claim about the dependence of value (for persons) on the existence of persons or rational beings can be understood in a weaker, more plausible way, however. One does not need to subscribe to the above controversial ontological view on the origin of value in the world to hold that there could be no value in the universe devoid of rational beings. The following, alternative line of reasoning could be taken to give sufficient support to the above claim of dependency. Values do not depend on beneficiaries for their existence (i.e. there may be good things that are not good for anyone, and dignity, the value in persons and not for them, is such a "egocentric" good), but they do depend on actual or potential valuers for it. Since for something to be valuable is for it to be such as ought to be valued in some way — respected, loved, admired, wanted, treasured, pursued, or the like (this definition looks a bit circular!), "the very concept of value", says Velleman, "contains the concept of a valuer, actual or potential." (1999; 609). On the assumption that only rational beings or persons qualify as valuers, the anti-Kantian would then seem to be drawn to the unwelcome conclusion about the dependency along the following inference: if no rational beings, then no (actual or potential) valuers; if no valuers, then no values; hence if no rational beings, then no values.

Let me just say that I am not really convinced by the above argument for the dependency thesis. Admittedly, it is ontologically much more neutral than the one relying on the controversial persons-as-creators-of-values-premise. Still, what the purported conceptual truth about values establishes, is, I believe, not even the need for the existence of a *potential*, let alone *actual* valuer. The premises fall short of supporting the conclusion "in order for there to be values, there must be rational

valuers”. Instead, they support a much weaker conditional “if there are to be values in the world, then rational valuers, *provided there are any*, would have to respect, love, admire, pursue, treasure them”. I also don’t see how one can rule out, on conceptual grounds alone, the possibility of something being “good for a sentient being”, even if there were no rational beings around in the world to appreciate it or love it or pursue it. What Velleman stipulates as a conceptual truth about value does not warrant his further conclusions: to say that being V is being such as ought to be valued in some way, is not to say that being V requires any acts of evaluation, either actual or potential, and consequently any actual or potential valuers, who would carry out these evaluations. Numerous works critical of attempts to reduce the normative to the factual are evidence enough for this. Hence I propose to reject even this, somewhat weaker, proposal. The concept of what is good for someone or something presupposes or requires neither the existence of rational beings as creators of value nor their existence as valuers, i.e. discoverers of value.

7.3. Do prudential goods depend for their value on the value of persons?

One could, however, use Velleman’s remarks to construct a rather different argument. Maybe what the value of goods for persons ultimately depends upon is not the existence, or some activity, of persons (say, the exercise of their capacity for rational choice), but rather their value. What makes the exchange of one’s own person(hood) for pain relief irrational and hence immoral, is the following crucial difference in the nature of the respective values of exchanged goods: while the value that the person possesses is absolute and unconditional, i.e. does not depend on the existence or the value of anything else in the world, the value of prudential goods such as pain relief is not only conditional, but it is conditional on the *value* of persons. As Velleman puts it: “What’s good for you wouldn’t matter if you didn’t matter. ... What’s good for a person is worth caring about only out of concern for the person, and hence only insofar as he is worth caring about. ... Of course, we assume that a person’s good does matter. But we make this assumption only because we assume that people matter — that everyone has a value that makes him worth caring about.” (Velleman 1999b; 611) But we don’t just assume that people are worth caring about, but also that they are worth caring about for their own sake: “We assume that every person already matters for his own sake, because of embodying an interest-independent value.” (ibid.)

How would an argument that starts from this idea and then tries to arrive at the conclusion about the irrationality (and immorality) of exchanging the existence of the person for her pain relief, inherent in prudential suicide and euthanasia, proceed? First it would try to establish the premise that benefits such as pain relief, and harms such as pain, are merely good for a person; once this is done, it would proceed to a proof that the value of those things which are only good for some person is conditional on the value ascribed to that person — so that these prudential goods of hers are worth caring about only out of concern for that person herself. And it would then end up by saying that since this is so, it makes no sense for us to care about this or that particular good of a person (such as, for example, her pain relief), unless we also care about that person herself.

This is the route Velleman takes. As a first step, he tries to show that according to the best account of a person's good available, goodness for some person is no more a categorical value than goodness for some purpose. Velleman tries to support this claim by reference to an analogy with the means-ends relation: "What's good for a purpose is only worth caring about out of concern for the purpose and hence only if that purpose is worth caring about. Similarly, what's good for a person is worth caring about only out of concern for the person, and hence only insofar as he is worth caring about. Therefore, a person's good depends on the value of the person himself." (611)

I have several quarels with this part of his argument. Firstly, Velleman assumes that if it is true that the patient's pain relief is good because it is good for the patient, then it must be only conditionally good. What he simply overlooks is the possibility that pain relief may also be, besides being instrumentally, i.e. conditionally good, intrinsically good. If, as I have suggested above, pain is bad because of its painfulness, then it is bad for what it is and not for what it affects or caused by — what makes it bad are those of the neurophysiological, phenomenal and affective intrinsic properties of this state that account for its painfulness. But pain can also, besides being intrinsically bad, be instrumentally good. As a signal of serious physical damage to our body, or a breakdown in its functioning, it alerts us to certain health risks and thereby enables us to direct our attention and resources to their suppression. There is even a case for saying that since pain is unconditionally bad, pain relief or the absence of pain is unconditionally good. The defense of this rather stronger, but by no means implausible, claim would require us to reject some well-known counter-examples, such as the absence of pain for a wounded terrorist who refuses to disclose information about the whereabouts of

the planted bomb which could save lives of dozens of innocent people, as merely apparent — maybe by insisting that pain relief is still unconditionally good in this case, but that the state of affairs “the terrorist who doesn’t want to disclose information that would save lives of innocent people at risk because of the bomb he has planted has his pain relieved” on the whole is bad.²¹ Whether this can be really shown or not, to treat pain relief as an interest-relative good is a mistake.

Secondly, Velleman tries to support his thesis that prudential or interest-relative goods depend, in their value, on the value of persons by way of an analogy to the means-end relation. According to this analogy, the value in a person stands to the value for a person as the value of the end stands to the value of the means to it. The value of the means cannot overshadow the value of the end, hence it makes no sense to get rid of the end for the sake of the means. The same holds true, Velleman contends, of dignity in relation with prudential or interest-relative goods: the value for a person cannot overshadow the value in a person and hence it makes no sense to get rid of the value in a person in order to get value for a person. I agree with Kamm that this analogy is imperfect. As she rightly points out, “in the case of the means-end relation the value of the end is to be identified with the value of the existence of the end, since the end is here understood as something we try to bring about.” This, however, may not be true of persons, since these are not ends in the sense that we must bring them into existence.²² This has an important implication: “what is good for a person (pain relief) may take precedence over the existence of the person without taking precedence over the value of the person, in the way in which means cannot take precedence over the existence of the end. Hence, what is good for a person does not necessarily involve commitment to his existence, what is a means to an end does involve the existence of the end.” (Kamm 1999; 598)

One could wonder whether this really rebuts the point of Velleman’s argument from analogy. Isn’t what Kamm showed just that by giving precedence to what is good for a person over her existence we don’t necessarily give precedence to what is good for a person over the *value* in a person? But this is not to prove that one can consistently treat goods for a person as a rational end for him to pursue without according to that person a final value. Yet such a complaint would be premature.

²¹ For one possible defense of the view that pain is intrinsically and unconditionally bad see Lemos (1996).

²² Cf. Velleman’s insistence that persons form a very special category of ends, the so-called self-existent ends, and his explanation of what that means in Velleman 1999a.

Kamm's rebuttal does have one very important implication for the issue of pricing and objectionable exchange. If it stands on its own, then it shows the values of the aspects of persons or their situations and the values of interest-relative goods belonging to the same category and thus not essentially different in nature. If her reasoning is valid, then it follows from it both (1) that there is no real difference, in their respective essential natures, between the values of the aspects of, or the facts about, persons and the values of prudential or interest-relative goods; and (2) that from how much value one attaches to the existence of a person, no conclusions whatsoever can be derived about her evaluations of that person himself. Applying this insight to the case of self-interested euthanasia and PAS, we come to the following conclusion: the fact that the suicide finds his pain relief preferable to his continuing existence, provides no ground for a Kantian accusation that he thereby denies or denigrates the value inherent *in* his person, for there are simply no direct links between the attributions of value either to states that essentially include persons (such as "I am dead"), or to their aspects (such as "my future painful existence"), and evaluations of those persons themselves.

8. Is trade and exchange really pernicious?

Suppose I have conclusively shown prudential goods not to depend for their value on the value of a person whose goods they are. There is one further argument against PAS and euthanasia that merits attention but that I haven't dealt with so far. It is premised on the idea that underlying the suicide's intention and action is an exchange of goods (give up X in order to get Y) in which the good inherent in the person of a suicide, is treated by him in a morally objectionable way. What is supposed to be morally objectionable about the given exchange? The person's dignity is weighed against the value of various benefits and harms; in order for this to be possible, the price (must) have been put on a person; since only things can have price, a person was thereby reduced to one; hence the patient, in exchanging his person for pain relief, treated his own person as a thing. The purportedly pernicious inference hence runs like this: the patient gives up his humanity in order to obtain some benefit or escape some harm (pain relief) → he exchanges himself for this benefit → he treats the value of his person as commensurable with the value of various benefits and harms → he puts a price on himself (as a person) → he treats his own person as having a price only → he treats himself as a thing, not as a person.

How should one go about this challenge? First of all, let me say that I find Frances Kamm's critique of this argument, in the form in which it was advanced by Velleman 1999b, very persuasive and that whatever I will have to say are just footnotes to her text. Kamm tries to break down the pernicious inference, first, by providing an example which proves that priceless objects, such as works of art with their intrinsic aesthetic value, can be permissibly exchanged for other, interest-relative goods, such as money or food. And since in this case the exchange of priceless objects for objects of price does not necessarily imply that we treat priceless objects as having mere price, why would the exchange of the person for pain relief be any different? Velleman rejects this example by reminding us that what is missing in the case of participation in a market of artworks, but is crucial for the parallel to work, is the destruction of an artwork for the purpose of producing ordinary goods. According to him, the real issue behind the whole dispute is: is justifying the destruction of a priceless object in terms of ordinary goods thereby produced (or finding such a justification acceptable) compatible with treating this object as being priceless? Neither artworks nor their values are being destroyed in trade, hence we cannot learn anything interesting about the (im-)permissibility of destroying priceless objects in order to get some interest-relative goods from our intuitions regarding the market for artworks. Velleman rejects this analogy as irrelevant to the case at hand, namely self-regarding or self-interested suicide and euthanasia, because while it may be permissible to trade the works of art for money and food, it is not permissible to destroy them in order to produce ordinary goods; what one gives up in selling an artwork is possession of the artwork, in return for possession of something else. The artwork still exists, to be appreciated by its new owner. Passing the ownership of an artwork to another appreciative owner is perfectly compatible with regarding its beauty as priceless in the Kantian sense. But Velleman's rejection of the example as irrelevant to the given issue misses Kamm's point. What the example with artworks is supposed to do is not establish a complete analogy between artworks and persons. Rather it is to provide minimal evidential support for the following conclusion: "the exchange of things of non-interest-relative value for things of mere market price does not necessarily imply that they must share the same essential nature or type of value — the same might be true of persons". (Kamm 1999; 600) The example of the market of artworks manages to vindicate this claim, because if the described exchanges of the priceless objects, objects of intrinsic aesthetic value for merely interest-relative goods are permissible, then there is really no need to treat, in the exchange, objects which possess

fundamentally different kinds of values (say, priceless and priced) as sharing the same essential nature or type of value. Hence, exchanging (the existence of a) person for pain relief won't necessarily mean treating them both as things with mere value.

Velleman also rejects, as irrelevant, Kamm's second example, taking away severe pain by removing a kidney because this acts as a cure for the pain, without this implying that we have placed a price on the kidney. In doing so he explains in more detail what bothers Kantians about the exchange taking place in self-interested euthanasia and PAS.²³ The point of the Kantian objection to self-interested suicide and euthanasia, he says, is not that it involves treating oneself literally as a commodity or as having a price in the literal, monetary sense. The objection is rather that it involves treating oneself as commensurable in value with ordinary harms and benefits and hence as having price in the Kantian sense. (Velleman 1999b; 623)

If you treat yourself as commensurable with ordinary harms and benefits, then, you treat yourself as having a price and consequently as a thing, not a person.²⁴ The self-interested suicide does just this, in intending his death in order to relieve pain, hence he is guilty of irrational and immoral exchange. What should one think of this argument against self-interested euthanasia and PAS? I will discuss just one of the possible worries. Why assume that what the suicide compares, in exchange, is the value of the person and the value of benefits and harms, rather than the values of certain states of affairs or facts *about* them? In the rest of the paper I will present my reasons for finding the latter suggestion more plausible. If this is true, if what the suicide really compares, are the values of certain facts about his person, of certain states of affairs that include it, then the Kantian has no case against the self-interested suicide, for, as shown before, there are no direct links between one's evaluations of, say, the continuation of a person's life or the destruction thereof, on the one hand, and of the person itself on the other.

²³ Kamm's second example is meant to show that one can exchange a kidney for pain relief without necessarily placing a price on either — "we removed the kidney, we did something to it because that caused pain relief without intermediate exchanges of it for something else that causes pain relief — but then, by analogy, when I take away your severe pain by helping you to kill yourself, because death eliminates the pain, we eliminate a person, we do something to it because that causes pain relief without intermediate exchanges of a person for something else that causes pain relief."

²⁴ This need not presuppose that dignity should never be treated as commensurable, just that it should never be regarded as commensurable with interest-relative value — whenever you exchange an object of dignity for a prudential good, or whenever you justify the sacrifice of one's person with prudential reasons only, you treat it in this objectionable manner.

What does the patient compare, then, in exchange: the values of certain states of affairs that essentially involve his person (i.e. “facts” about it), the value of his person, the value of being a person or the value of the existence of (himself as) a person?²⁵ I find the first proposal closest to the truth, and this for the following reasons. It seems most appropriate to describe the suicide’s evaluations and choice as being either between the state of affairs “me being alive, but in pain” and “me being relieved from pain, but dead”; or as being between “me going on living in pain” and “me ceasing to exist”; or as being between “shorter and more pleasant/satisfying life” and “longer and more painful life”, or something similar to the aforementioned. Why so? Well, because the activity he is engaged in is not simply directing his evaluating attitudes at different things as their possible objects. The suicide is trying to decide what to do in the given situation, what possible rational ends to pursue, and the primary objects of evaluation that precedes rational choice, is always some state of affairs that can be brought about by action. Hence even if one grants the Kantians that things and not just states of affairs can be the objects of evaluations,²⁶ what the patient evaluates are those states of affairs, the bringing about of which he can set himself as an end (or aim) to pursue by his action.

The advantage of this account of the suicide’s evaluation and deliberation is that it fits well with the Kantian account of persons as self-existent ends. If persons are not to be regarded as ends that are to be brought about and if acting for the sake of them does not necessarily imply promoting some state of affairs that essentially includes them, then persons as such certainly cannot enter deliberation as simply one of the objects of evaluation (even though the most valuable) among many others. They are negative ends, “ends that are not to be acted against”, and in this role they impose or constitute constraints on the choice of admissible ends and the means to them. As such, they certainly don’t enter, and figure in, the agent’s deliberation as carriers of value, or as first-order evaluative considerations. But if so, why then suppose at all that what precedes or underlies the suicide’s

²⁵ Even if his choice were ultimately not between states of affairs, but between different aspects of the person’s life or existence instead — if the patient were comparing the values of such objects as “my continued painful existence” and “my painless immediate death” — such evaluations surely would not involve any more direct evaluation, let alone the pricing, of the person himself. The same seems to hold true if ultimately the object of his evaluations were his actions and not just their outcomes.

²⁶ See Rabinowicz W. & Ronnow-Rasmussen T. (1999) for a compelling defense of this thesis.

choice of death over life is the attribution, to his own person, of mere price, its treatment as a mere thing, not person?²⁷

I hence conclude that persons are not literally or directly the objects of evaluations. No value is ever really put on them in the process of deliberation and the evaluation preceding it, and consequently the suicide cannot be, as Kantians would want it, guilty of an objectionable evaluation of himself (as a person). This, as we have seen, holds true even if one admits that the suicide, as his choices seem to reveal, accords less value to his continuing existence than to his pain relief, for the comparison made is between the values of those two states (and not perhaps between the value of his person and the latter) and the former can never reliably be taken as direct evidence of his attitude towards his own person.²⁸

9. Conclusion

In the paper I have defended the so-called self-interested suicide and euthanasia indirectly, by rebutting the Kantian objection that by intending his death in order to relieve present, or avoid future, pain a patient treats himself (his humanity or

²⁷ This rather quick answer leaves many questions open. How are comparisons in value between different states of affairs involving persons possible at all? How can one possibly determine the impact that the value of a person has on the value of a given state of affairs, which essentially involves it, as a whole? And does such calculation not presuppose the objectionable pricing of the person? My guess is that the impact of the value of the person on the value of the whole state of affairs would probably be indirect — what ultimately accounts for the value of the state of affairs “P neglects his talents” or “P died of cancer” is not the value of the person as such, but of something about her: her existence, her activities or the lack thereof, her relations with other persons, ... Every evaluation that underlies or precedes decisions about conduct, or the choice of ends, is thus objectifying in the sense that it treats facts about the persons as the building stones in the construction of overall value. But there is nothing objectionable about that. Nor does anything change if we add the assumption that all these facts about the person are bearers of value only in virtue of being facts about the *person* — so that, for example, the fact that P neglects his talents only matters because P is a person and this neglect is an action or an omission of a person. The impact of the value of the person will still remain indirect, similar to indirect and rather complex ways in which deliberations and reasons behind the choices we make were said earlier to be indicative of respect for, or love of, persons.

²⁸ So, in trying to meet Velleman's challenge, I pursue a slightly different strategy from that of Kamm's. Kamm's two examples are meant to show that the exchange of the person's life for pain relief need not involve either (i) the pricing of the person (since you can, as the example of permissible trade of the works of art indicates, rationally exchange goods of essentially very different natures without necessarily treating them as having the same essential nature) or (ii) its pricing in the objectionable sense (i.e. commodification). My point, on the other hand, is that there are no good grounds for even holding that such an exchange must involve or presuppose any evaluation of the person as such, or any comparison, in value, between the person and her pain relief.

rational nature) in a morally objectionable way. I have critically assessed various attempts at explicating what it is that the suicide is guilty of, what makes his intention and action morally objectionable: (i) that he treats his humanity merely as a means to relieving pain; (ii) that he does not treat his humanity as an end in itself; (iii) that he is not doing what he is doing (and intending it) for the sake of his person, but for the sake of something else; (iv) that he is not pursuing pain relief, this otherwise unobjectionable end, for the right reason; and finally (v) that by exchanging his person for pain relief he treats the former as a thing, as something with mere price, not dignity. I have shown that none of these accounts of the wrongness of prudential suicide and euthanasia really works as a justification for an absolute moral prohibition on them. Either the charges directed against them are completely unfounded (as is the case with (i)), or misapplied (as with (ii)), or based on misconceptions about what is really going on in the suicide's deliberation and action (as is the case with (iv) and (v)). Once the background assumptions of particular proposals are dug out and scrutinized, there is not much meat left on the bones of the Kantian idea that the self-interested suicide, by intending his death in order to relieve or escape severe pain, denigrates his human dignity and hence acts immorally. For all I have proven (or at least attempted to prove), there may still be valid moral grounds left for opposing self-interested suicide and (active) euthanasia, but then these better be sought elsewhere and not in the limitations drawn by our (idea of) human dignity.²⁹

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²⁹ I would like to thank the audience at the 3rd conference on current philosophical issues in Rijeka (May 2001) for a helpful and stimulating discussion.

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