

Chapter 2

Reconsidering Categorical Desire Views

Travis Timmerman

Can death ever be bad for the person who dies? Epicureans¹ believe that it cannot, while almost everyone else believes that it can. Deprivation views of the badness of death are almost universally accepted among those who hold that death can be bad for the person who dies. In their most common form, deprivation views hold that death is bad for the person who dies because, and to the extent that, it deprives her of the net value she would have gained had she not died at the time she did. Deprivation views can be paired with any account of well-being one wishes, including desire satisfactionism.² Contrast this with what I will call moment of death desire-based (MODD) views, which hold that death is bad when it thwarts the possibility of a person having a certain set of their desires, possessed at the moment of death, satisfied. The degree of badness of one's death will be determined by the strength and number of the set of relevant desires thwarted by death. MODD views posit a connection between death's badness and having the relevant set of desires at the time of one's death. It is this connection that creates trouble for MODD views or so I argue. In this chapter, I will focus on categorical desire views of the badness of death, which are a subset of MODD views.³

Roughly, categorical desire views hold that the degree to which death is bad for a person is determined by the extent to which death thwarts that person's categorical desires. Categorical desires are desires that are not conditional upon one being alive, although they do provide reason for the agent to continue living to ensure that those very desires are satisfied.⁴ Categorical desires may be contrasted with conditional desires, which are desires that one has only on the condition that one is alive.⁵ For instance, I might have a conditional desire to eat lunch tomorrow because I only want to eat lunch if I am alive (and hungry) and a categorical desire to publish my monograph on the metaphysics of death because I want that desire to be satisfied whether or

not I am alive. Additionally, having a categorical desire to publish my monograph gives me a reason to continue living since, we may suppose, I need to take steps toward ensuring its publication if it is going to be published. The details remain a bit fuzzy, likely because the distinction between categorical and conditional desires, though somewhat intuitive, is also ambiguous and perhaps ultimately untenable.⁶ I ignore that issue in this chapter, however, and grant proponents of categorical desire views, for the sake of argument, that we can satisfactorily distinguish between categorical and conditional desires.

I argue that categorical desire views are subject to two serious problems that deprivation views are not. This chapter proceeds as follows. I first provide a more detailed exposition of categorical desire views. In the second section, I argue that categorical desire views entail counterintuitive consequences in a case I call Operation. Specifically, they entail that it is not bad for someone to not be resuscitated after dying a bad death. I then consider six ways proponents of categorical desire views could respond to the problems raised by Operation and argue that the first four proposed solutions fail, while the fifth and sixth are likely to be rejected by proponents of categorical desire views. In the third section, I argue that categorical desire views cannot account for cases in which it is good to prevent beings from coming into existence or cases in which it is good to prevent them from continuing to exist. This leads to counterintuitive consequences in a case I call The Island of Suffering. I then review how Belshaw attempts to handle cases akin to The Island of Suffering and suggest that his approach is either ad hoc or renders categorical desires superfluous. I conclude that we have good reason to reject categorical desire views in favor of deprivation views.

1. CATEGORICAL DESIRE VIEWS AND DISRUPTION CASES

I will use the term categorical desire views to refer to the set of views that are committed to the claim that “The badness of death for agent S is (at least partly) determined by whether S’s death thwarted the possibility of S satisfying her categorical desires.”⁷ I employ this use to include the following three views under a single umbrella term.

- (I) Death thwarting S’s categorical desires is sufficient, but not necessary, for S’s death to be bad for S.
- (II) Death thwarting S’s categorical desires is necessary, but not sufficient, for S’s death to be bad for S.
- (III) Death thwarting of S’s categorical desires is both necessary and sufficient for S’s death to be bad for S.

Bernard Williams was the first to defend a categorical desire view in print⁸ and although his precise view remains a bit cryptic, he appears to have been arguing for (III). It remains a viable possibility, however, that Williams actually took himself to be arguing for (I).⁹ Acknowledging some ambiguity about the range of desires that can accurately be classified as categorical,¹⁰ Christopher Belshaw explicitly argues for (II). Susan Wolf argues that categorical desires are a necessary condition for leading a meaningful life and seemingly accepts (II). I primarily focus on Belshaw's account in this chapter simply because it is the most detailed and plausible categorical desire view. Yet, my criticisms apply to all existing categorical desire views.

I will now provide a brief exposition of Belshaw's specific categorical desire view and, importantly, discuss how Belshaw attempts to handle disruption cases. It is variations of disruption cases that best illuminate the first problem I identify with categorical desire views. As previously mentioned, Belshaw accepts (II), arguing that the thwarting of the possibility of fulfilling one's categorical desires is necessary, but not sufficient, for death to be bad for the one dying. In addition to having categorical desires (a) one's categorical desires must be realistic and able to be fulfilled by the agent were she to continue living, (b) the remaining life the agent would live were she to not die (at the time she will, in fact, die) must be one that she prefers to her actual death, and (c) one should not have conflicting desires (e.g., a categorical desire to ϕ and a desire to die, which would entail $\sim\phi$ -ing).¹¹ On Belshaw's view, these extra conditions, along with the existence of categorical desires, are jointly sufficient for an agent's death to be bad for her. The extent to which an agent's death is bad for the agent will be determined by the strength and number of categorical desires that death thwarts.¹²

Thus far, Belshaw's view probably seems straightforward and perhaps even relatively uncontroversial.¹³ As with most philosophical views, however, particular cases pose a challenge. Since babies, severely cognitively disabled humans and (most) nonhuman animals lack categorical desires, it follows from Belshaw's view that death cannot be bad for any of them. Belshaw recognizes this, of course, and bites the bullet. Other, less obvious, cases prove to be even more challenging. Imagine someone who dies while she is asleep or under anesthesia. Surely that person's death is bad for her, even if she does not have categorical desires at the time of her death. Or imagine someone in a coma or persistent vegetative state (PVS). Again, if that person would have recovered had she not died, dying in a coma or PVS seems to be bad for that person. Recognizing this, Belshaw offers a strategy to account for these disruption cases. He is the only proponent of categorical desire views to do so and, as such, much of my discussion will focus on Belshaw's specific view. Although Belshaw does not attempt to provide constitutive conditions of disruption cases, he seems to have in mind any case in which an agent loses

her categorical desires, but would end up regaining the very same (or a sufficiently close) set of categorical desires absent any interfering events (e.g., death).¹⁴ In such cases, Belshaw holds that it would be bad for the person to have died during the time at which she lacks categorical desires.

The first thing worth noting about some such cases is that while one's "desires are for some period not evident, they [call still be] present, latent, or tacit throughout that period."¹⁵ When I am asleep, for instance, I still exist and retain my desire, in some sense, to publish my monograph on death. My desire is just latent at the times I am asleep. Other disruption cases preclude the possibility that agents can retain their desires in a latent or tacit sense. Belshaw accepts that cases in which someone is temporarily in a persistent vegetative state or temporarily severely depressed are disruption cases. Considering a patient in a PVS, Belshaw notes that although there are no categorical desires now, "there were previously and, without death and other serious mishaps, there will be again" and "in most cases . . . the very same desires are recovered."¹⁶ The same is true for people in a temporary state of depression. Although such persons do not have categorical desires at the times they are depressed, their categorical desires would return absent interfering conditions. Crucially, for Belshaw, this is the structural difference between disruption cases and nondisruption cases, such that death can be bad for agents when they lack categorical desires at the time of their death in disruption cases, but not otherwise. Belshaw has provided a nice way for categorical desire views to generate the intuitively correct verdicts in disruption cases. It is with this solution in mind that I turn to what I take to be the problematic variations of disruption cases.

2. OPERATION

2.1 The Case

I grant that categorical desire views can generate the intuitively correct verdicts in the considered disruption cases. However, in this section I argue that such accounts generate the wrong verdicts about whether it is not bad for someone to not have his bad death reversed. This is best illustrated by considering the following case.

Operation: Unlucky Louie undergoes a heart transplant in the hopes that he will continue to live to satisfy his many (categorical) desires. Let's also suppose that Louie's desires are consistent, that his (categorical) desires would be fulfilled were he to continue living and even that the life he would live, were he to survive the operation, is one that he strongly prefers to dying during the operation.

Being unlucky, however, Louie dies on the operating table. But Louie's bad luck need not get the best of him this time. For as it turns out, Louie's doctor is skilled enough to bring Louie back to life.¹⁷

Louie's doctor believes that since Louie is now dead, he no longer has any desires, categorical or otherwise. If left alone, he will never again have any desires. She reasons that although Louie's death was bad for him when he died, since he presently lacks any (categorical) desires and will (if left alone) continue to do so, not resuscitating Louie is not bad for him. Since not resuscitating Louie is not bad for him, the doctor lets him remain dead.¹⁸

This conclusion should seem absurd or at least very counterintuitive. If Louie's death is bad for him because it thwarts the possibility of him fulfilling his categorical desires, then why isn't not resuscitating Louie bad for the same reason? There seems to be no relevant difference between the way in which Louie's death seems bad for him and the way in which not resuscitating Louie seems bad for him. In the absence of reason to think otherwise, we should regard both as bad for Louie for the same reason. Yet, existing categorical desire views are unable to account for this, as Louie has no categorical desires at the times at which he is not resuscitated nor will he ever again (unless the doctor resuscitates him).

I will now briefly explain how deprivation views can generate the right verdict in cases with the same structure as Operation. Then, I will consider how proponents of categorical desire views might attempt to handle Operation and similarly structured cases. If all such solutions fail, then *ceteris paribus*, we have reason to reject categorical desire views¹⁹ in favor of deprivation views.

2.2 The Deprivation Solution

The way in which deprivation views generate the correct verdict in Operation (given any particular account of well-being) is relatively straightforward and can be illustrated in two steps. First, assume whichever account of well-being (e.g., hedonism, desire satisfactionism, objective list theory) one finds plausible. Second, stipulate in Operation that if Louie is resuscitated, he would live a good life according to whichever account of well-being has been assumed.²⁰ Now, by not resuscitating Louie, the doctor deprives Louie of many more years of a good life. This entails that it is bad for Louie not to be resuscitated. If categorical desire views of the badness of death are to remain a viable option, they will need to be able to render a plausible verdict in Operation and similarly structured cases. I will now consider six ways proponents of categorical desire views may attempt to do just that. I argue that none of the solutions are satisfactory.

2.3 Potential Solutions for Categorical Desire Views

Potential Solution 1. Louie does not exist at the time the doctor decides to not resuscitate him, so it cannot be bad for Louie not to be resuscitated.

This is not so much a solution as a way to try and sugar the pill of accepting a view that entails that it is not bad for Louie not to be resuscitated. Now, it is probably true that Louie no longer exists as the time the doctor chooses not to resuscitate him,²¹ but he also might not exist while he is in a PVS²² or during periods of other disruption cases. The literature on the relationship between death, nonexistence, and harm is rich and complex, but orthogonal to the issue at hand. This is because Belshaw's solution to disruption cases applies whether or not the agent exists at the times she lacks categorical desires. Furthermore, any categorical desire view must accept as much if it is going to be able to generate the intuitively correct verdicts in disruption cases. So existence cannot be a relevant asymmetry between the badness of death and the badness of not being resuscitated from a bad death. At any rate, I will return to the problem of harming nonexistent beings in the next section.

Potential Solution 2. Louie still has categorical desires at the time the doctor decides not to resuscitate him.

One way in which proponents of categorical desire views may attempt to resist the undesired verdict in Operation is to insist that Louie does not lose his categorical desires once he dies on the operating table.²³ Admittedly, this solution has some prima facie plausibility, but it is ultimately untenable. First, if one does not lose his categorical desires at the moment she dies, when does she? Do all deceased persons still have categorical desires? This strikes me as absurd. Socrates, who has been dead for over 2,400 years, no longer has any desires, categorical or otherwise. Any attempt to distinguish between dead people who still have categorical desires and those who do not will either be ad hoc or will entail absurd conclusions.²⁴ Second, most proponents of categorical desire views would not want to accept this proposed solution because it would allow for posthumous harm. I'll say more about this in my discussion of the sixth proposed solution. Finally, if people do not lose their categorical desires once they die, then it is unclear whether death thwarts the possibility of the satisfaction of their categorical desires. If it doesn't, then categorical desire views would entail that death is not bad for these people. In Operation, Louie's death would not be bad for him. Only his not being resuscitated would have been bad for him. This is a consequence proponents of categorical desire views would likely want to resist.

Potential Solution 3. Not resuscitating Louie would have been bad for Louie if he is resuscitated.

Suppose that the doctor changes her mind and ends up resuscitating Louie. Was resuscitating Louie good for him? It seems quite clear that it was. Perhaps, then, categorical desire views could be slightly amended to treat this version of Operation similar to a standard disruption case. Here is what that amendment might look like. The fact that Louie does regain his previous categorical desires is sufficient for it to have been bad for him had he been left dead. After all, why should the badness of not being resuscitated (and, for that matter, Louie's death itself) hinge on whether Louie would have, barring intervening events, regained his categorical desires? It seems rather implausible to hold that the badness of some event E for an agent S at time t depends upon whether S either has categorical desires at t or would regain previously lost categorical desires at t^* (where $t < t^*$) if nothing interferes with S . Shouldn't it suffice that the categorical desires do return, regardless of whether they return as the result of some organic process, as in the case of sleep, or as a result of a doctor causing them to come back by medical intervention?

Still, this proposed solution will not work. Revising categorical desire views in this way will make it violate a plausible form of the principle of normative invariance. Usually, the principle of normative invariance is formulated in terms of moral obligation, but it can also be formulated using broader normative language and still retain its force. Here is one such formulation.

The Principle of Normative Invariance: Whether it is good (or bad) for agent S to ϕ does not depend upon whether S ϕ 's.²⁵

More specifically, this principle entails that it cannot be bad for S to $\sim\phi$ if she ϕ 's and not bad for S to $\sim\phi$ if she $\sim\phi$'s. This principle has great prima facie plausibility, for how could the descriptive fact that some act was performed in any way alter the evaluative ranking of performing said act? It is a cost to any view that must deny the abovementioned formulation of the principle of normative invariance. Unfortunately, the proposed solution being considered does just that. Whether it is bad for the doctor not to resuscitate Louie depends upon whether she does, in fact, resuscitate him. If Louie is not resuscitated, he will not regain his previous categorical desires (nor would he have if left alone). So it follows that it is not bad for him not to be resuscitated. If he is resuscitated, then the fact that he regained his previously held categorical desires makes it such that it would have been bad for him had he been left dead. This seems absurd.

Potential Solution 4. Past categorical desires suffice to make not resuscitating Louie bad for him.

One challenge for proponents of categorical desire views, then, is to generate the intuitively correct verdict in Operation without either violating the principle of normative invariance or incurring new, comparably difficult, problems. Perhaps this could be done by revising categorical desire views in such a way that the mere fact that Louie had categorical desires in the past is sufficient to make not resuscitating him bad for him. Unfortunately, this strategy proves too much. To see why, imagine Operation with the following additions. The amount of time Louie's brain was deprived of oxygen caused severe brain damage. Suppose it is so severe that Louie will never again be able to have categorical desires and, let's say, he would live a life of constant suffering were he to be resuscitated. Given these additions, it seems good for Louie that he is not resuscitated, as the alternative future where he lives contains nothing worth living for. The lesson here is that the goodness of Louie being resuscitated (for Louie) will depend on what his life would be like in the future and not solely (or at all) on what his life was like in the past.

Potential Solution 5. Potential future categorical desires suffice to make not resuscitating Louie bad for him.

The same kind of problem arises for an analogue strategy—viz.—holding that the fact that Louie would gain categorical desires, he could fulfill, if resuscitated is enough to make it bad for him to remain dead. This strategy also proves too much. First, it would entail that a baby's death would be bad for the baby, which Belshaw explicitly denies.²⁶ This doesn't strike me as an absurd consequence, however. Others inclined to accept a categorical desire view could accept this consequence, although none seem to do so. Notably, this revised version of a categorical desire view is practically a mere notational variant of a desire satisfactionist deprivation view. A second, more extreme, consequence of this strategy is that it entails that it is bad for all possible persons to not come into existence. Imagine a couple in an affluent nation who did not conceive last month. If they had conceived, they would have had a child who would eventually gain categorical desires that would be fulfilled and have led a life worth living. Is it bad for this merely possible person that she never came into existence? Most people think it is not and that is the intuitively correct answer. If this standard intuition is right, then Louie's potential future categorical desires do not suffice to make it bad for him that he is not resuscitated.

Potential Solution 6. Having categorical desires in the past and potential future categorical desires suffice to make not resuscitating Louie bad for him.

In light of the problems with the proposed potential solutions 1–5, one might amend categorical desire views in the following way. In order for some event (e.g., not resuscitating Louie) to be bad for an agent, it must be the case that the agent had categorical desires in the past and would regain the very same, or sufficiently similar, categorical desires if some other event occurs (e.g., using a defibrillator to resuscitate Louie). If this amendment is supplemented with Belshaw's conditions (i)–(iii), it would allow for a categorical desire view that entails (a) death is not bad for babies, (b) nonexistence is not bad for merely possible beings, (c) not resuscitating Louie would not be bad for him if severe brain damage precludes the possibility of regaining categorical desires and yet, (d) not resuscitating Louie would be bad for him if he would regain his previously held categorical desires if resuscitated.

For what it is worth, I think this is the best solution available to categorical desire views, but it is one that proponents of such views will likely reject. One reason is because this amendment allows agents to be posthumously harmed.²⁷ Supposing it to be implausible that people can be posthumously harmed, revising categorical desire views in this way may cause it to lose this (supposed) advantage²⁸ it has over certain deprivation views.²⁹

The main issue is that this solution significantly reduces the distinction between categorical views and deprivation views. The degree to which an agent's death is bad for her is not solely dependent on the type of being that loses its life (e.g., one with numerous strong categorical desires), but is also determined by the type of life death prevents that agent from living. Call this addition the deprivation requirement since it just is a deprivation view in its most general form. Crucially, a categorical desire view is only able to generate the correct verdict in Operation by adopting the deprivation requirement. Once a categorical desire view adopts the deprivation view requirement, there seems to be no reason to retain the link between having categorical desires at the time of death and death's badness.

2.4 Generalizing the Argument

The problem illustrated by Operation generalizes to all MODD views. This is because MODD views necessarily link the badness of one's death with the possession of desires at the time of one's death. So, the problem with categorical desire views is not categorical desires per se. Rather, it is simply the requirement that agents possess the relevant desires at the moment of death (or, in disruption cases, that the agent would regain the relevant desires absent

intervening conditions). Operation may be amended to reveal absurd implications in any MODD view. To do so, simply redescribe Operation while substituting out “categorical desires” for whichever set of desires is picked out by the MODD view in question.

3. THE ISLAND OF SUFFERING

3.1 The Case

In this section, I argue that categorical desire views cannot adequately account for cases in which it is good to prevent beings from coming into existence or cases in which it is good to prevent them from continuing to exist. To see this, consider The Island of Suffering.

The Island of Suffering: Sorcerer Steve has the power to either ensure or prevent a person (call her Suffering Susie) from coming into the existence in the near future. If Susie does come into existence, she will end up isolated on the Island of Suffering, enduring many years of constant agony before finally dying. No one will be able to help Susie once she exists. Prior to, and during, existence Susie has no categorical desires.³⁰

We can now ask a few questions about Susie. Is it good for Susie to be prevented from coming into existence? Would it be bad for Susie to come into existence? If Susie does come into existence, would it be either good or bad for her to die? It seems quite clear that it is bad for Susie to come into existence and perhaps good for her to never exist. Moreover, if she does come into existence, it is better for her to meet a premature death than to live out her life. But since Susie does not have any categorical desires before she exists and, we can stipulate, during her life, categorical desire views, in themselves, are incapable of generating the right answers to these questions.

My challenge may be thought of as a two-horned dilemma for categorical desire views: either nothing is good or bad for Susie since she lacks categorical desires or the evaluative rankings of these events are dependent on something other than categorical desires. Any categorical desire view committed to the first horn should be rejected on the grounds of a *reductio ad absurdum*. Plausible ways of accepting the second horn seem to require assuming enough of a deprivation view to render categorical desires superfluous. Neither option is good for proponents of categorical desire views. The reason why we might think it is good for Susie to never be born is because her non-existence deprives her of a life of constant agony. The reason why it is bad for her to be brought into existence (and not killed) is that these actions result in her suffering agony much worse than an experiential blank.³¹ Notice that this explanation has nothing to do with Susie’s (nonexistent) categorical desires.

The same explanation may be provided for why it is good for Susie die as soon as possible were she to ever come into existence viz., death deprives Susie of constant agony. The challenge for proponents of categorical desire views, then, is to find a way to generate the right results in *The Island of Suffering* case without undermining their categorical desire view or rendering categorical desires superfluous.

3.2 Antinatalism as a Possible Solution

Belshaw is the only proponent of a categorical desire view who has developed a view meant to handle the issues I raise with *The Island of Suffering*.³² Regrettably, I do not think that it meets the challenge I pose for categorical desire views. I will now provide a brief exposition of Belshaw's view before discussing why I think it fails to meet my challenge. Belshaw defends a brand of antinatalism (i.e., the idea that it would have been better to have never been born) for nonpersons (e.g., babies, most nonhuman animals, and severely cognitively disabled humans).³³ He succinctly summarizes his position when he writes that "it would be better for [non-persons] were they not to exist. Best is if they never come into existence. Second best is if they die painless deaths, not as soon as possible, but before they next suffer pain."³⁴ Because of his antinatalism, Belshaw believes that we have good moral reason to not bring any such beings into existence.³⁵ Belshaw reasons that the lives of nonpersons always contain a nontrivial amount of suffering and since nonpersons lack a conception of themselves existing over time, it is supposed to follow that such lives consist of nothing more than a series of disconnected pleasurable or painful experiences.³⁶

Now, for the purposes of my argument, here is the crucial element of Belshaw's antinatalism. He argues that one can determine whether it is good for nonpersons to come into existence (or continue to exist or die) by comparing each of these events with their most likely counterfactual alternative. So, if dying deprives a severely cognitively disabled human from a life of only pleasure, then (Belshaw thinks) death would not be good for that human.³⁷ Alternatively (as Belshaw appears to think is always the case), if death deprives a severely cognitively disabled human from some amount of suffering worse than nonexistence, then death prior to that suffering is good for that human.³⁸ Considering the case of human babies, Belshaw writes that "if death isn't bad for them then, as . . . a means of avoiding this pain, it's good for them."³⁹ This explanation sounds promising to me, at least insofar as the evaluative ranking of an event is determined by the experiences a being would have had the event not occurred. This view is, in broad strokes, the one I provided to motivate the intuitively correct judgments about Susie in *The Island of Suffering*. It is simply a particular kind of deprivation view.

My objection is that, by adopting a deprivation view to handle cases like *The Island of Suffering*, Belshaw has undermined his categorical desire view (or rendered its categorical desire requirement superfluous). Here is why. First, it's not clear what role categorical desires need to play if the badness of events, such as death, can be determined by deprivations of the kind of life one would have led were she not to die at the time she did. Here is one strategy Belshaw might adopt: have his categorical desire view and antinatalism complement one another by applying his categorical desire view to persons and his deprivation view to nonpersons. But this does not seem to be a promising strategy. Combining these two views in this way results in ad hoc distinctions between the evaluative ranking of events for persons and nonpersons. To see this, note the following consequence of Belshaw's view. The sum pain my death prevents me from experiencing does not necessarily contribute to the value of my death, but it would if I were to lack categorical desires at the time of my death.⁴⁰ Why should having categorical desires cause the sum pain prevented by my death to be irrelevant to the evaluative ranking of my death? To put the point a different way, why would the amount of suffering that death prevents a baby from experiencing affect how bad that baby's death is for the baby, but not how bad my death is for me? I see no good reason for making such a distinction.

Perhaps Belshaw (or other proponents of categorical desire views) do not wish to make this distinction. Belshaw could consistently hold that the deprivation of pain affects the evaluative ranking of death for persons and nonpersons and that categorical desires only affect the badness of death for persons. In other words, one could adopt a kind of hybrid view for persons. This strategy is appealing insofar as it seems to be able to generate the correct verdict in *The Island of Suffering*. But its appeal does not seem to extend far beyond that. This is, in part, because this hybrid view is much less unified than a standard deprivation view. More importantly, a deprivation view is able to generate the same correct verdicts for persons in *The Island of Suffering* (and, I think, all relevant cases), so it is unclear what work the categorical desires are doing in the hybrid view. Finally, this hybrid view still generates the wrong conclusion in *Operation-style* cases because of the categorical desire requirement. In short, the categorical desire requirement in the hybrid view is superfluous in some cases and causes the view to entail absurd conclusions in other cases. For these reasons, it should be rejected.

4. CONCLUSION

I have sought to do a few things in this chapter. I first distinguished deprivation views from categorical desire views. In the second section, I argued that

all existing categorical desire views are incapable of generating the right verdict in a case I call Operation. After raising this new problem for categorical desire views, I consider six potential solutions to the problem and argue that each is ultimately unsatisfactory. I then argued that the problem highlighted by Operation extends to all MODD views. The problem with MODD views is that they require an agent to possess desires of any kind during the times at which events are bad for them. In the third section I argued for the more specific conclusion that categorical desire views are ill-equipped to generate the right judgments about Susie in *The Island of Suffering*. I then considered how Belshaw attempts to handle cases like *The Island of Suffering* and argued against his solution. I concluded that unless a proponent of a categorical desire (or, more generally, a MODD) view provides a more detailed positive account that absolves the worries I raise in this chapter, we have good reason to reject such views in favor of a deprivation view.⁴¹

NOTES

1. For the best contemporary defenses of the Epicurean view, see Rosenbaum (1986) and (1989), Draper (2004), and Taylor (2012).

2. On this categorization, Luper-Foy's (1993) desire satisfactionist view about the badness of death counts as a deprivation view.

3. However, as will become clear later, my criticisms extended to all MODD views.

4. See Williams. (1973: chapter 6).

5. To be sure, categorical and conditional desires are not the exhaustive categories. Consider, for instance, someone's unconditional desire to not suffer. This is not a conditional desire because one does not desire to avoid suffering only if they are alive. Nor is it a categorical desire, since a desire to avoid suffering does not give one a reason to continue living. Some purely altruistic desires also resist both of these categorizations. My desire that people whom I'll never be able to meet (even if I am alive) live happy lives is not conditional on my being alive nor does it give me a reason to continue living.

6. See Ben Bradley's and Kris McDaniel's (2013) for more on this issue.

7. In addition to Belshaw's work and Williams' work, defenses (of sorts) of categorical desire views may be found in (Cigman 1981); (Wolf 1997); (Wisnewski 2005) and (Scheffler 2013, Lecture 3). Cigman argues that having categorical desires are a necessary condition for having a right to life (p. 59). Wisnewski argues that an immortal life may be desirable because one may maintain and satisfy categorical desires indefinitely (pp. 33–35). On Wolf's account, possessing categorical desires are a necessary condition for one to lead a meaningful life (p. 211). Scheffler appears to endorse Williams' view as is before noting that it reveals a problem with any exceeding long life (not just immortal) lives.

8. Williams 1973: chapter 6.

9. Belshaw 2013: 276–77.

10. See (Belshaw. 2009: chapter 5) and (2013: 275–78).

11. Belshaw 2013: 276.

12. Nowhere does Belshaw discuss the relationship between the other jointly sufficient conditions of death being bad for an agent and the degree to which one's death is bad for that agent. Yet, a charitable interpretation of his view requires assuming that the three other conditions also partly determine the badness of a person's death. See (Belshaw 2009: 116) and (Belshaw 2013).

13. Then again, categorical desire views do not analyze death's badness by comparing the actual good of one's life with the good of some counterfactual life. Consequently, these views sever the tie between deaths' badness and reasons to avoid death and this will strike many as implausible. To see this, consider the following question. Can death be worse than (or better than) continued life according to the categorical desire view in question? If the answer is "no, comparisons between actual lives and counterfactual lives cannot be made," then categorical desire views are unable to account for the self-interested reasons people have to continue to live (or die). For instance, it would not allow that a terminally ill person should seek euthanasia because dying prematurely would be better for this person than continued life. Alternatively, if the answer is "yes, such comparison can be made," then categorical desire view in question need not be involved in anything more than a mere verbal dispute with a deprivation view. Thanks to Jens Johansson for raising this problem and helping me to think clearly about it.

14. Requiring that the regained categorical desires are sufficiently close is meant to preclude Jeff McMahan's *The Cure* from counting as a disruption case. See (McMahan 2002: 77).

15. Belshaw 2013: 280.

16. Belshaw. 2009: 116; Belshaw 2013:280.

17. I am assuming that it is at least metaphysically possible to reverse death. However, those who think that death is metaphysically irreversible should feel free to amend the description of my example. All that is necessary, for my purposes, is that there has been a complete breakdown of function in the organism (i.e., Louie's body) as a whole. Unless someone intervenes, this breakdown will not be reversed. Louie's death is then autonomously irreversible.

18. It is worth noting that Operation poses a similar problem for Epicureans. Louie does not exist and has no conscious experiences while he is dead. Epicureans hold that nothing can be good or bad for one while they do not exist and have no experiences. Consequently, Epicureans are committed to the claim that not resuscitating Louie is not bad for him.

19. Indeed, we have reason to reject all MODD view in favor of deprivation views.

20. Particular deprivation views may be rejected because they commit themselves to a false account of well-being. In this chapter, I remain as neutral as possible on the correct account of well-being. Operation is meant to show that the correct account of well-being will have to accommodate the fact that it is bad for someone who dies not to be resuscitated if (a) he can be resuscitated and (b) he would live a good life if resuscitated.

21. Interestingly, Belshaw believes that Louie does exist when he is dead on the operating table. He just exists as a corpse.

22. If one does not exist while in a PVS, then it seems that one could not die while in a PVS. However, the organism that was the person could still die (or permanently cease to function).

23. Or, similarly, he has dispositional categorical desires or dispositions to have categorical desires.

24. One might suggest that a principled way to make this distinction would be to hold that deceased people maintain their categorical desires while it is still nomologically possible for them to be brought back to life. This strategy is certainly not ad hoc, but it does seem to lead to absurd conclusions. To see this imagine a world where a machine has been invented that can bring any deceased person back into existence by reconstructing them from the atoms that composed them at the moment they died. Suppose furthermore that this machine is never used. In that world, every deceased person maintains their categorical desires for all time. This proposal does not fare much better in the actual world either. Suppose Louie is never resuscitated. On this proposal, there is a time t at which Louie (perhaps only dispositionally) desires p , yet Louie neither exists nor is conscious at t and for every time t^* (where $t < t^*$), Louie neither exists nor is conscious.

25. For more on the standard formulation of the principle, see Portmore (2011: 245).

26. Belshaw 2009: 118–22; Belshaw 2012: 125; Belshaw 2013: 279.

27. Belshaw denies that agents are posthumously harmed in normal circumstances in chapter 6 of his (2009). This is because, for the most part, events that happen after a person's death would not affect the conscious experiences of the deceased. However, Belshaw wants to allow that agents can be posthumously harmed at times at which, if the agent had not died, they would be living a life worth living. In this respect, Belshaw's account of when an agent is harmed is identical to the one Bradley defends in his (2004).

28. Of course, it is far from clear that it is implausible to allow for agents to be posthumously harmed. I actually accept the account of posthumous harm Bradley defends in his (2004). However, proponents of categorical desire views may be unwilling to allow agents to be posthumously harmed and so will want to reject any proposed revision that entails this consequence.

29. Not all deprivation views commit themselves to the existence of posthumous harm. A plausible alternative holds that death is a timeless harm. For more on this, see (Silverstein 2010).

30. This case is similar to (and modeled on) those used to motivate the first proposition of McMahan's Asymmetry. That is, the proposition that a "person (who) would have a life that is 'worth not living'—a life in which the intrinsically bad states outweigh the good—provides a moral reason not to cause that person to exist, and indeed a reason to prevent that person from existing." See McMahan's (1981); (2002: 280–88) and (2009).

31. I need not assume that Susie's well-being level while she does not exist is 0. It may well be undefined and yet determinately worse than existing in constant

agony. For more on one's well-being level when they do not exist, see (Bradley 2009: 98–105).

32. See his (2006) and (2009).

33. Belshaw 2012. The distinction between persons and non-persons is vague and, perhaps, not a useful moral category. However, I set these issues aside in this chapter, as I want to grant Belshaw as much of his view as possible for the sake of argument.

34. Belshaw 2012: 122.

35. Although he also thinks that these moral reasons may be overridden by other considerations, such as our own interest in creating persons or having pets.

36. Belshaw 2012: 122.

37. It would not be bad for this human either on Belshaw's view. While Belshaw does not rule out the possibility that experienced pleasure might be good for non-persons, he does deny that being prevented from experiencing pleasure is bad for non-persons in a morally relevant sense.

38. This is true on Belshaw's view regardless of how much pleasure follows the period of suffering.

39. Belshaw 2012: 125.

40. At least, the sum of the pain experienced would contribute to the value of non-person's death. Belshaw believes that pain is intrinsically bad for everyone, but denies that pleasure is intrinsically good.

41. I thank Christopher Belshaw, Ben Bradley, Sophie Grace Chappell, Michael Cholbi, Sean Clancy, Yishai Cohen, Kirsten Egerstrom, Karl Ekendahl, Jens Johansson, Li Kang, Frederik Kaufman, Hille Paakkunainen, Duncan Purves, Jason Raibley, Kara Richardson, Byron Simmons, David Sobel, Stephen Steward, Preston Werner, and participants at the first International Association for the Philosophy of Death and Dying Conference for very helpful comments on earlier drafts of this chapter.

REFERENCES

- Belshaw, Christopher. 2006. My Beginnings. *The Monist* 3: 371–89.
- Belshaw, Christopher. 2009. *Annihilation: The Sense and Significance of Death*. New York: Routledge.
- Belshaw, Christopher. 2012. "A New Argument for Anti-Natalism." *South African Journal of Philosophy* 1: 117–37.
- Belshaw, Christopher. 2013. "Death, Value and Desire," in *The Oxford Handbook of Philosophy of Death*, eds. Ben Bradley, Fred Feldman, and Jens Johansson. New York: Oxford University Press.
- Bradley, Ben. 2004. "When is Death Bad for the One Who Dies?" *Noûs* 38: 1–28.
- Bradley, Ben. 2007. "How Bad Is Death?" *Canadian Journal of Philosophy* 37: 111–27.
- Bradley, Ben. 2009. *Well-Being and Death*. New York: Oxford University Press.
- Bradley, Ben. and Kris McDaniel. 2013. "Death and Desires," in *The Metaphysics of Death: New Essays*, ed. James Stacey Taylor. New York: Oxford University Press.

- Cigman, Ruth. 1981. "Death, Misfortune and Species Inequality." *Philosophy and Public Affairs* 10: 47–64.
- Draper, Kai. 2004. "Epicurean Equanimity Towards Death." *Philosophy and Phenomenological Research* 69: 92–821.
- Luper-Foy, Steven. 1993. "Annihilation," in *The Metaphysics of Death*, ed. John Martin Fischer. Stanford: Stanford University Press.
- McMahan, Jeff. 1981. "Problems of Population Theory." *Ethics* 92: 96–127.
- . 2002. *The Ethics of Killing: Problems at the Margins of Life*. Oxford: Oxford University Press.
- . 2009. "Asymmetries in the Morality of Causing People to Exist," in *Harming Future Persons: Ethics, Genetics and the Nonidentity Problem*, eds. Melinda Roberts and David Wasserman. New York: Springer.
- Portmore, Douglas. 2011. *Commonsense Consequentialism*. New York: Oxford University Press.
- Rosenbaum, Stephen. 1986. "How to Be Dead and Not Care: A Defense of Epicurus." *American Philosophical Quarterly* 23: 217–25.
- . 1989. "The Symmetry Argument: Lucretius Against the Fear of Death." *Philosophy and Phenomenological Research* 50: 353–73.
- Silverstein, Harry. 2010. "The Time and Evil of Death," in *Time and Identity*, ed. Joseph K. Campbell, Michael O'Rourke and Harry S. Silverstein. Cambridge: MIT Press.
- Scheffler, Samuel. 2013. *Death and the Afterlife*. New York: Oxford University Press.
- Taylor, James. 2012. *Death, Posthumous Harm, and Bioethics*. New York: Routledge.
- Williams, Bernard. 1973. *Problems of the Self*. Cambridge: Cambridge University Press.
- Wisniewski, Jeremy. 2005. "Is the Immortal Life Worth Living?" *International Journal for Philosophy of Religion* 58: 27–36.
- Wolf, Susan. 1997. "Happiness and Meaning: Two Aspects of the Good Life." *Social Philosophy and Policy* 14: 207–25.