# 'A liberal, humanist critique of the "Completed Life" law'.

My objection to the Completed Life (CL) initative is similar to my objections to legalized euthanasia and assisted suicide. All emanate from the suicidal initiative of the patient and are, as such, suicide. To tolerate or assist suicide of select groups is wrong on two counts. **First**, it is an abrogation of our commitment to **moral equality** to approve of suicides of some categories of people and not others. To meaninfully serve the interests of autonomy (individualist rather than relational), we must approve of (and/or assist) either *all* suicides or *none*. Thus, the “completed life” (hereafter CL) proposal (and the Drion pill), though it widens the posibility of suicide to more people, still makes people fundamentally unequal, drawing a line between those whose suicides we strive to prevent and those for whom we offer to push from the cliff edge. Second, whereas suicide is sometimes in the interest of the individual, the moral basis of community demands that we afford protection to each member, sometimes against themselves.

I then wish to object to CL from a historical/sociological perspective. It can never be equal, because its impetus comes from the need to remove the weakest and least useful members of society rather than from any connection with autonomy. Indeed, CL, in applying only to the elderly, is a dramatic demonstration of this fact. Rather than from a need for autonomy or a crisis of old age, euthanasia developed to streamline society by removing the inconvenient. Today’s call for euthanasia follows the same pattern as it did in the early 20th century, when it was advocated for alcoholics, prisoners, the physically and mentally disabled, and even the children of the poor. Today it is the elderly who are deemed most expendable but also undesirable as representatives of a past that is increasingly seen as morally tainted.

### Is euthanasia suicide?

Is euthanasia – or even assisted suicide – the same as suicide? Some think not. Oregon’s Death with Dignity Act, which legalized assisted suicide in 1997, changed the term “physician-assisted suicide” to “physician-assisted death” in 2006. Ed Gogol of Final Options Illinois said: “Physician-assisted dying isn’t suicide legally, morally, or ethically. Patients already are dying and therefore are not choosing death over life but one form of death over another.”[[1]](#footnote-1) This is dishonest. In a natural death, there is no responsibility for the action. The action of the jumpers from the twin towers is solely the responsibility of the terrorists who crashed the plane into the towers. But the responsibility for eventuating their own death in euthanasia and voluntary euthanasia lies solely with the patient.

The American Association of Suicidology recently published a statement entitled “‘Suicide’ Is Not the Same as ‘Physician Aid in Dying.’”“In suicide, a life that could have continued indefinitely is cut short,” we are told. (Indefinitely?!) In medical aid in dying, or assisted death, “the individual who is already facing death often experiences intensified emotional bonds with loved ones and a sense of deepened meaning as life is coming to an end; in suicide, by contrast, the individual typically suffers from a sense of isolation, loneliness, and loss of meaning,” continues the website of the American Association of Suicidology. [[2]](#footnote-2) But, we might object, we are all in some way facing death. And, as the work of Els van Wijngaarden has noted, those elderly people in the Netherlands who wish for euthanasia suffer from “feelings of loneliness and uselessness ...often lie behind these wishes”.[[3]](#footnote-3)

The term suicide clearly makes proponents of legalized euthanasia and assisted dying nervous. There are so many terms for assisted dying that skirt around suicide, including completed life, Physician Aid in Dying, Medical Aid in Dying and “auto-euthanasia”[[4]](#footnote-4). One thing we can conclude is that the term “suicide” still carries some moral disapproval; this is why those who favour legalized means of assisting suicides seek to draw a line between assisted death and suicide. Of course, there is an important distinction to be made between euthanasia and suicide in who accomplishes the act. But the initiation of the act begins with the individual, just as happens in a suicide. As the author of a study of the question published last year concluded: “We need more evidence either that the two acts are fundamentally different or that emphasizing differences between them is not likely to do more harm than good.”[[5]](#footnote-5)

The key similarity, and something that distinguishes suicide and euthanasia from more passive forms of euthanasia – refusing food and drink, drinking too much or overdosing on drugs, or participating in very dangerous activities – is that euthanasia and suicide must begin with a *conscious* wish for death and a determination to take action to initiate it. The only real distinction necessary for our purposes, I conclude, between suicide and those legal acts is that assisted suicide and euthanasia are considered public acts sanctioned by medicine. After all, anyone is capable of causing his or her own death; the purpose of the involvement of a doctor is similar to involvement of a priest in the past – to validate that decision.

### Inequality of suicide provision

Medically Assisted

Dying and Suicide

How Are They Different, and How Are They Similar?

Medically Assisted

Dying and Suicide

How Are They Different, and How Are They Similar?

If we accept that CL (along with all the other euphemistic terms) is suicide, my main objection is that it is a differential valuation of human lives depending on their physical capabilities. We treat a 24yr old who is lovesick as someone whom we should save, whose suicide we should prevent, whereas we treat someone who is over 74 and similarly sees no value in their life is disposable, simply by virtue of their age.

Society owes both of these members of the community protection from violence, from being stabbed, shot or poisoned, even by themselves. Many who deeply disapprove of state violence in relation to capital punishment seem to tolerate the same drugs administered to those who have committed no crime but simply do not see the point in living.

As the sociologist Emile Durkheim noted, one reflection of the equal value we place on all members of the community is reflected in our homicide laws.[[6]](#footnote-6) It is no less serious in law to murder an 86yr old than it is to murder a 24yr old. We do not think that killing one is any more permissible than killing the other.

Why should this be any different for suicide? Suicide is not illegal in most places (It is still illegal in India but legislation passed in 2017 allows it in the vast majority of cases) and, in the UK, under the 1961 Suicide Act, suicide has been decriminalized. This is good, as prosecuting and punishing a suicide is counterproductive and cruel. But the 1961 Suicide Act **did** criminalize assisting a suicide because it recognized that the attitude of the community towards suicide must be to prevent rather than encourage or facilitate it. The law has barely been used.

We owe members of our society equal protection from violence. Most believe violence against anyone is wrong. As lawyer Walter S. Logan noted, arguing against legal euthanasia: ‘The moral effect [of legalizing euthanasia] would be entirely bad. The safety of human life against violence in our day is due very largely to the sacredness with which it is held.’ People are horrified when police fail to protect some communities while protecting other wealthier communities. A duty of protection – sometimes from individuals themselves – is what we owe all members of society.

Individuals are not equal, of course, and if a doctor was faced with an individual decision about whether to save a 24yr old or an 86yr old, or if I was faced with a decision of whether to save my daughter or a stranger, we would be forgiven for making our decisions. These are more privatized, particular decisions.

Our powers to prevent suicide are rightly limited in law. We may not force someone to live. We may not constrain a competent free adult from suicide by locking them away and removing their belt and shoelaces. We may not force medical treatment on someone. As John Stuart Mill noted, we can warn someone about a dangerous bridge but we cannot prevent them from walking upon it. But we may intervene when someone is in imminent danger of physical harm.

When I was taught lifesaving skills in swimming classes, one of the things we were taught is how to immobilize someone who is drowning so that they would not endanger themself or us. This is, of course, assault, but it was considered that our interest in saving a person in imminent danger was more important than a potential assault charge. This is true of suicides, too.

We should try to prevent the suicides of all if we are in the position to do so. We do not interview someone who is drowning to see if it is worth our time to save her and we do not assess the circumstances of the man standing on the ledge. We protect them – in this case, against their own inclinations.

Some will say that it is the individual who should decide whether to live or die. Yes. Practically, there is little one can do to stop a determined suicide. But it is right to **assume** that the suicide, if prevented from completing the act, acted in haste and that, if prevented, will not try again. Studies have shown that 9 out of 10 people who attempt suicide will not go on to die by suicide.[[7]](#footnote-7)

### The historical basis of euthanasia

Here I simply want to make three points. First, euthanasia has, historically, designed to serve the needs of society, not those of the individual. It removes the weakest and least useful members of society. Second, the issue of euthanasia resonates amongst people since the 1970s who are increasingly terrified of growing old. Third, more recently the elderly are seen as representatives of the terrible values of the past with its racism, homophobia, and other outdated and harmful values.

Society has long expressed hostility to those it deems superfluous and unnecessary. But it has simultaneously opposed the suicides of those it deems necessary. An early proponent of euthanasia thought suicides in some “ought to be encouraged” as the greates act theycould accomplish. “But,” he qualified, “there is another side to the question, and that is when a man who is a help to the nation and a head of a family commits suicide to rid himself of his own troubles. Such action is to be despised, as it is selfishness.”[[8]](#footnote-8) Because of this imperative, it will never be offered to all on an equal basis of autonomy.

Historically, the pattern has been that euthanasia (euthanasia became defined as mercy killing only in 1870) emerged because of medical developments, such as chloroform, the undermining of religious mores by Darwinism; and capitalism’s tendency to measure all things in exchange value rather than use-value, and reduce human beings to products or objects. In the early 1900s euthanasia became popular for reasons of social utlity and it was only when racial science was discredited in the 1930s that euthanasia proponents adopt the term “voluntary” in order to sell the idea.

What is relatively recent is the receptivity of the public to the idea of it. In this, there is a crisis of age that makes many people receptive to what had been in the past a cranky concern of Malthusians. From about 1970, what Christopher Lasch called “The Culture of Narcissism” emerged. As he notes, “[w]e are fast losing the sense of historical continuity, the sense of belonging to a succession of generations originating in the past and stretching into the future. It is the waning of the sense of historical time – in particular, the erosion of any strong concern for posterity – that distinguishes the spiritual crisis of the seventies…”

Old age, in a generation alienated from past and future generations, terrifies many people. Again, Lasch: “The usual defenses against the ravages of age – identification with ethical or artistic values beyond one’s immediate interests, intellectual curiosity, the consoling emotional warmth derived from happy relationships in the past – can do nothing for the narcissist.” Narcissism, as he sees it, is not admiration of the self but an inability to see the world as anything but a giant mirror of the self, detached from others and unable to see oneself as part of a historical continuum.

“Suicide,” noted Lasch, “becomes the ultimate form of self-defense in a world perceived—not just by writers but by ordinary men and women ...as a comfortable concentration camp.”[[9]](#footnote-9) Lasch’s writings accord with some of the observations made by Els Van Wijngaarden[[10]](#footnote-10) and Theo Boer[[11]](#footnote-11) when they speak of feelings of loneliness and uselessness that often lie behind the wish for euthanasia. It is to prevent a terrible life rather than a terrible death.

Besides fear of the last years of life, there is an undercurrent of disrespect and dismissal of one’s elders today. They are despised today as representatives of a past that is increasingly seen as evil, as colonialists and racists, as oppressors of women, tainted by the terrible deeds purportedly done by their generation. This adds to the sense that they are a burden and that the world will be better off when they have gone.

### Conclusion

In some ways, the CL initiative is a logical extension of legalized assisted dying in a society that increasingly views growing older with fear. Not only is based on the fear of dying of a terrible disease, it is fear of what is in fact a part of life – one that people used to look forward to, were they lucky enough to live to an old age, as they would be venerated and valued members of the community who would value their wisdom and experience. Now, however, they are seen as burdens that contribute nothing (never mind their past contributions) or, worse, representatives of a racist, sexist, homophobic past. However, I predict that suicide of young ostensibly productive members of society will never be tolerated, ensuring that Dutch euthanasia criteria have limits.

I hope I have shown a secular analysis of the problems with CL and other initiatives connected with legalized euthanasia and assisted suicide and provided a basic reason for opposing the initiative.

1. Cited in <https://deathwithdignity.org/terminology/> [↑](#footnote-ref-1)
2. American Association of Suicidology, “ Statement of the American Association of Suicidology: ‘Suicide’ Is Not the Same as ‘Physician Aid in Dying,’” 2017, <https://ohiooptions.org/wp-content/uploads/2016/02/AAS-PAD-Statement-Approved-10.30.17-ed-10-30-17.pdf> . [↑](#footnote-ref-2)
3. Els van Wijngaarden, Ab Klink, Carlo Leget and Anne-Mei The, “Assisted dying for healthy older people” *BMJ: British Medical Journal* , 15 May 2017 - 21 May 2017, Vol. 357 (15 May 2017 - 21 May 2017, 3. )<https://www.jstor.org/stable/pdf/26944571.pdf?ab_segments=0%2FSYC-6080%2Fudeg-test&refreqid=fastly-default%3A78de2921695acc25ab26c3d8054ab8b8> [↑](#footnote-ref-3)
4. The latter is included in Ton Vink, “Self-Euthanasia, the Dutch Experience: In Search for the Meaning of a Good Death or Euthanatos,” *Bioethics*, (2016). [↑](#footnote-ref-4)
5. Phoebe Friesen, “Medically Assisted Dying and Suicide: How Are They Different, and How Are They Similar?” *Hasting Center Report* (January-February 2020), 32-43. <https://onlinelibrary.wiley.com/doi/epdf/10.1002/hast.1083> [↑](#footnote-ref-5)
6. Emile Durkheim, George Simpson, ed., John A. Spaulding and George Simpson ,tr., *Suicide: A Study in Sociology*, (New York: The Free Press, 1951), 280. [↑](#footnote-ref-6)
7. Attempters’ long-term survival, T. H. Chan School of Public Health, Harvard University <https://www.hsph.harvard.edu/means-matter/means-matter/survival/> [↑](#footnote-ref-7)
8. Cited in Kevin Yuill, “A man should be permitted to go out of this world whenever he thinks fit.” Suicide, euthanasia, and autonomy in the American press in the 1890s” *Journal of Policy History* (May 2022), 3. [↑](#footnote-ref-8)
9. Christopher Lasch, *The Minimal Self: Psychic Survival in Troubled Times* (London: Norton, 1984), 99. [↑](#footnote-ref-9)
10. Wijngaarden et al, “Assisted Dying for Healthy Older People”. [↑](#footnote-ref-10)
11. Boer TA. Why Using Religious Arguments in the Euthanasia Discussion is Problematic. Rev. latinoam. bioet [Internet]. 2021Jul.23 [cited 2021Jul.23];21(1):127-136. Available from: https:// revistas.unimilitar.edu.co/index.php/rlbi/article/view/5450 [↑](#footnote-ref-11)