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Death in Our Life

By

Joseph Raz

Abstract: This is the text of the Annual Lecture of the Society for Applied Philosophy, delivered in Oxford on 22 May 2012. I kept the talk style of the paper. It examines a central aspect of the relations between duration and quality of life by considering the moral right to voluntary euthanasia, and some aspects of the moral case for a legal right to euthanasia. Would widespread acceptance of a right to voluntary euthanasia lead to widespread changes in attitudes to life and death? Many of its advocates deny that, seeing it as a narrow right enabling people to avoid ending their life in great pain or total dependence, or a vegetative state. I argue that the right cannot cogently be conceived as a narrow right, confined to very limited circumstances. It is based on the value of having the normative power to choose the time and manner of one's death. Its recognition will be accompanied by far reaching changes in culture and attitudes, and these changes will enrich people's life by enabling them to integrate their death as part of their lives.

1. Introductory background

We care about the quality of our life, and we care about its duration. We care about the quality and duration of the life of others. These are generalisations of how things are and how they ought to be. They are not without exceptions. Sometimes we do not care, and

sometimes (not necessarily the same) we have no reason to care. My topic is the relation between the two: between concern for the quality of life and concern for its duration, or more specifically the relations between the reasons for the two concerns.

That they are interdependent in various ways is obvious, and we are or can be aware of the connection any time we choose an activity that involves some risk to our life, a risk greater than that of some available alternatives, because it is worth it.

It may be tempting to think that we live in order to live well and that therefore duration is entirely subordinate to quality of life. But that view is unsustainable. First, there is a stark asymmetry between the reasons that bear on the life of others and those that bear on the agent's own life. There are severe limits to one's freedom to shorten (without consent) the life of another even for the sake of the quality of life of that other. But even regarding one's own life it would appear reasonable to forgo benefits in order to extend the duration of one's life. There is a good deal of writing aiming to establish the right balance between quality and duration, perhaps in ways that secure a greater benefit to the person concerned over all. For reasons that may be apparent from other work of mine, but that will remain unexplored today, I tend to doubt most of the conclusions so reached. While caring for longevity with no quality may be irrational, as are attitudes that ignore the inherent implications of one's choices and commitments, for the most part it seems plausible to hold that there is no right balance. Much seems to be a matter of non-reason-based attitudes, which need not be long enduring ones. For good or ill, this will be the background for my observations today.

The relations, and potential conflict, between duration and quality of our life is most dramatically before us when considering, practically or theoretically, voluntary euthanasia. My talk today is not about the legalisation of voluntary euthanasia (and I will consider that to include mercy killing at the request of the dying as well as assisted suicide, and many of the considerations I mention apply to suicide as well). Legalisation involves many practical difficulties that I will not discuss. I will consider some aspects of the morality of voluntary euthanasia to illustrate the tangle of connections between concern for the duration and concern for the quality of life. And naturally, what I will say has a bearing on the way we think of voluntary euthanasia as an independent issue. I will suggest that our attitude to voluntary euthanasia has wide implications, that it affects fundamental aspects of the kind of societies we live in, and therefore also the opportunities and limits we encounter in them.

2. A note on the limitations of a right of conscientious objection

Perhaps I could start with a small point, illustrating the direction of travel rather than the main question that I want to examine. In considering voluntary euthanasia I will consider both the case for a moral right and the (moral) case for a legal right to voluntary euthanasia. Their scope need not be identical, as a variety of considerations, both principled and practical, may suggest that the legal right could be wider in some respects and narrower in others. Most obviously its administration may require conforming to certain preconditions that are not part of the moral right itself. Furthermore, the legalisation of voluntary euthanasia may mean no more than that engaging in or assisting with it would be lawful activities incurring no legal disapproval of any kind. It may also mean that under certain conditions publicly

provided administrative and medical services would be required to assist in its administration. Given my aim in this talk, except for my next comment, I will not consider the case for this positive assistance by public bodies or at public expense.

Assume that we are resolved to legalise some form of regulated voluntary euthanasia (and whenever I refer to euthanasia I will be referring to voluntary euthanasia only). The law would entitle people who met certain conditions to assistance in committing suicide. They might even have a right to be killed on request – always subject to certain procedural and substantive conditions. Now, assume that this would impose institutional requirements on some medical and other bodies to provide such a service. Needless to say, some people will have deep reservations about taking any part in the preparation for or the performance of euthanasia, and I am going to assume that such people will be able to avail themselves of a conscientious objection exception to any duty to participate.

But those who object to euthanasia will not find such an exception satisfactory. I mean that they would not find it adequate to the task that conscientious exceptions are meant to serve, namely enabling people not to suffer serious disadvantage by living according to their moral convictions. For one thing, those who will claim conscientious objection will find their employment opportunities restricted. Given the public duty to provide the institutional facilities required by law for people to be able to avail themselves of their (legal) right to a regulated euthanasia, those who have conscientious reservations may be disadvantaged in various ways. For example, they will not be able to obtain or keep jobs if doing so will make it difficult for people to avail themselves of the right to euthanasia. Furthermore, the objectors will point out that they object

not merely to active participation in administering the right, but also to living in a society where euthanasia is legal, with all the implications that will have for public attitudes to death and dying.

Such objections are familiar from other areas of legal reforms such as abortion, gay adoptions and gay marriages. In as much as the objections are based on a claimed personal right of the conscientious exception kind, both objections fail. No one has an unconditional right to be a medical practitioner. One has a right to a fair opportunity to become a medical practitioner provided one is able and willing to perform the duties that go with jobs for which medical skills are needed.

The conscientious exemption from a duty to participate in administering the right is allowed because, and so long as, it does not threaten the provision of the service. Therefore, if many otherwise qualified medical practitioners claim the exemption, they will not be able to get medical jobs. Those will go to people willing to provide the service. The same considerations apply to administrative and other staff involved in the administration of a right to voluntary euthanasia.

I will shortly examine the character of the public culture likely in a society that recognises a right to voluntary euthanasia. At the moment we are considering the claim by some people that they are entitled not to live in such a society because they find its public culture deeply objectionable. They object to the society because of its moral character. But the right they claim is that those who do not share their condemnation of the society should nevertheless avoid encouraging it in order to spare them the necessity of living in such a society. This is a self-protecting attitude, not to be confused with the demand that others should conform to the principles one holds dear for their own sake, or for the sake of truth, god, or anything like that. Yet it cannot be

respected except by forcing others into living under a public culture that they in turn will find deeply objectionable. And one's objection to a condition cannot warrant subjecting others to the same condition. A degree of local separation of neighbourhoods can provide some accommodation, but in principle the objection cannot be accommodated. It is a conflict of reasons in which the conscientious objectors lose.

So if one is justified in legalising euthanasia then widespread consequences for professional and occupational opportunities and for the public culture can be expected to follow, and cannot be objected to. But while such claims to personal exemption must be rejected in principle, they have considerable practical force, and they have to be taken seriously in deliberating about whether the legalisation of euthanasia should be undertaken at the present time, and how it should be regulated: these decisions should depend in part on the degree of aggravation the legalisation of euthanasia will cause to sections of the population, and on the size of those sections.

3. The narrow rationale view

There is, of course, another, more direct, way in which the objection to the public culture that will prevail once euthanasia is legalised may constitute an objection to legalisation. It need not be advanced as a claim based on a personal difficulty in living in a society with a certain public culture. It may be an objection to that public culture based on its reprehensible character. For example, it is often said that if voluntary euthanasia were legalised the elderly would be under pressure to opt for it to spare their friends and relatives the need to care for them, or in order to let the beneficiaries of their wills inherit sooner rather than later, or more rather than less.

Let it be assumed that some such consequences would follow the legalisation of euthanasia and that they are undesirable. We will return to this question later. The issue we must face now is whether they do constitute a sound objection (a) to legalisation, or even more radically (b) to the case for a (moral) right to voluntary euthanasia.

I will assume that the case for the legalisation of euthanasia is based not on an alleged public good that it will secure (reducing the cost to the public of providing medical services?), but on a claim of an individual right to have the option of voluntary euthanasia at least under some conditions. It would seem to follow that if the adverse consequences attributed to legalisation are a result of an abuse of the legal right that legalisation will establish, they constitute a case against the legal recognition of the moral right to euthanasia, but they do not count against the existence of that right.

Some would indeed argue that these adverse consequences cannot be more than the result of abusing the law, and that the proper reaction to the abuse is to protect people from it, to couple the legalisation of euthanasia with protections against its abuse. Any reform brings with it new opportunities for abuse. They should not be allowed to stop reform where reform is otherwise justified, it will be claimed. Though one should do one's best to fight the abuses.

So long as one allows that the prospect of abuse may affect the timing and manner of reform this seems an appropriate response to the risk of abuse. But are the pressures that legalised voluntary euthanasia will impose on the elderly nothing but a result of abuse of the law, and of the moral principles underlying it? Here is an argument suggesting that this pressure will not be entirely due to possible abuse, that in part these

anticipated pressures are legitimate consequences of legalised voluntary euthanasia:

A legal right to voluntary euthanasia provides people with an option they do not currently have, the option of deciding on the time and conditions of their own death even when they can no longer commit suicide unaided. We would not only expect, we should encourage people to use that option for good reasons. People who become aware that they are losing the affection and good will of their friends and relations may well consider that they will be better off availing themselves of the new option so as to retain their reputation with members of their families after they die. People's self-interest, those who would reason in that way assume, does not end with the end of their life. People have an interest in their posthumous reputation. It is therefore not an abuse to provide them with reasons to use the option to die in a way that will serve their posthumous reputation.

This is a somewhat crass argument. But why? Perhaps because it rests on a misunderstanding of the rationale of the right to voluntary euthanasia. Perhaps its rationale is to protect people, not all people, but many, from being condemned to live **a life not worth living**. There are various ways in which one may conceive of the relations between the right to euthanasia and escaping a life not worth living. To keep matters simple I will describe two: the pure and the mixed variations of **the life-not-worth-living thesis** as I shall call them. Both deny that the right aims to provide people with an option that can be rationally chosen for any reason for preferring death to continuing alive.

According to the pure view, the rationale for the right is to spare people from having to carry on living once their life is not worth living anymore. But the right aims to spare people this fate in a way that

protects them from mistaken application of that rationale, and from being taken advantage of by unscrupulous misuse of it. That is why each one of us is given the sole power to decide when to ask for euthanasia. Acting rationally one would choose not to carry on living once life is no longer worth living, and only then. And the fact that each one of us has the sole power to decide when that point is reached minimises mistaken applications of the right, and protects people from abuse, the abuse of a power to decide when life has become not worth living that would have occurred had that power been entrusted to some public authority or to relatives, etc.

The mixed view differs in allowing that people may have cogent reasons against opting for euthanasia even if their lives are not worth living. They may, for example, be attached to people for whom their death would be a great loss. Or, they may believe that they have reasons against euthanasia, which while not cogent they may rationally believe to be valid. They may, e.g., have religious beliefs that, while false, are not irrational for them to hold. Like the pure view, the mixed one sees the point of the right to euthanasia in offering the option of escaping a life not worth living, but unlike it, it does not assume that it is always best to take advantage of the option.

Both views see the rationale of the right to euthanasia in providing an escape from a life not worth living, and both see the case for providing this escape route in the fact that such a life is bad for those whose life it is. Therefore, both views deny that one has such a right whenever one's reasons for ending one's life are better than the reasons for not ending it, let alone that one has a right to euthanasia, or even to suicide, which is unconditional and can be properly used whenever one chooses to do so.

4. Euthanasia and a life-not-worth-living

The problem is that both versions of the 'life-not-worth-living' thesis are flawed. First, both focus on the outcome – the avoidance of a life not worth living, regarding the right to euthanasia as justified by the fact that it is a good way of securing the outcome. In doing so neither finds intrinsic value in the right itself, or in the choice that it secures. Second, both assume that one should use the right to euthanasia only if one's life is of a kind that can be correctly described 'a life not worth living'.

I will address the second criticism first. As you will have gathered from my opening remarks I readily acknowledge that some lives are better, enjoy greater levels of well-being, than others – just think of lives of pain, or of repression and the frustrations and suffering it induces, or of self-hatred, self-loathing, etc. and compare them with lives that are relatively free from these manifestations. Yet for the most part there is no truth of the matter as to which life is better.

Even if this bold assertion, which cannot be justified or explored here, is true, it is possible that while only relatively few comparative judgements are true, important non-comparative ones are, and can be known to be, true. In particular, possibly there are kinds of life that are not worth living. I would not wish to deny that. The question is, or one question is, is the narrow rationale view of the right to voluntary euthanasia based on that fact? I think that it is not, for the standard arguments for a narrow understanding of the case for euthanasia apply beyond cases of a life not worth living.

Typically at least four conditions are often thought to justify voluntary euthanasia: (a) a life without consciousness, known as a vegetative life, (b) a life of unremitting great pain, (c) a life of total dependence on others,

(d) a life of greatly diminished mental capacities (severe loss of memory, absence of linguistic capacity, unremitting severe mental distress, fear etc.). The vegetative life is not worth living. That is an easy case, for it is barely an animate life at all. It is a vegetative life, and the reasons to preserve inanimate life based on its intrinsic value are not very strong. Regarding the last three, matters are much less clear.

Some people do prefer, or think that they will prefer, even a life of pain, or of dependence, to death, and I do not know what mistake they are making. But if they are not making any mistake then perhaps their choice is self-vindicatory – their life is (for them) worth living. Yet this may not be the right conclusion to draw because other people do choose death over a life of unremitting pain or over a life of dependency. I do not know what mistake they are making either. Assume that neither makes any mistake. It cannot be that their life is both worth living and not worth living. Could it be that it is worth living for those who choose to live and not worth living for those who choose to die?

Of course, those who choose to die may well say that they do so because they find their life not worth living. But possibly this is merely an expression of their preference rather than a specification of a reason for it. Or, it may be no more than an expression of the kind of preference they have: they prefer death to this life not in order to benefit others but because of the quality of the life that they can expect. If so then their use of the term does not vindicate the idea that there is a kind of life that is not worth living.

That idea assumes that life may have a quality that, for any human being, renders it not-worth-living. (And I assume that being “not worth living” is inconsistent with being “worth living”). Preferences to live or to die can therefore be justified or criticised by whether they reject or fail to

reject a life that is not worth living. But if that is the notion of a life worth living we have in mind then it fails to apply to a life of total dependency or of unremitting pain. Such a life is not 'not-worth-living' and yet it may well justify voluntary euthanasia, or so its advocates claim. In reaching this conclusion I have relied on the assumption that some may prefer to die rather than have a life of, say total dependence, while others may prefer to remain alive, without either making any mistake. But is the assumption justified? Of course, some such preferences may be irrational or be based on false assumptions, e.g. that one is subject to a divine command to choose one way or the other. But they need not be. People in the conditions imagined may have some reasons to remain alive: they could, if they try, savour the good of being in the world, experience and observe some of it. And they may be able to retain or even develop valuable relations with others. Some would not find that these reasons outweigh the reasons – of pain, sense of humiliation and others – for ending their lives. But this is another context in which I believe that the conflicting reasons are incommensurate, and either decision is – or can be (depending on the details of the circumstances, and the way it is taken) reasonable or justified.

An interim conclusion: I am considering the case of a narrow rationale for a right to voluntary euthanasia. There could be a limited right to voluntary euthanasia that applies only to vegetative life on the ground that that is not a life worth living. But the typical claim for recognition of a right to voluntary euthanasia that applies to lives of unremitting pain, or total dependence, or greatly reduced capacities cannot rely on the notion of a life not worth living, for it is false that such lives are not worth living.

5. Right to euthanasia and the quality of life

If there is a right to voluntary euthanasia with the scope its advocates commonly espouse it must rest on a different rationale. Moreover, in casting doubt on the possibility that the right can be based on a case for providing people with the option to escape from a life not worth living we also, indirectly, raise doubt about the possibility of its being based on the case for an option of ending one's life because of its poor intrinsic quality, understood as a low level of well-being. In examining the case for that possibility, namely for a right based on the poor level of well-being one would enjoy (but that falls short of constituting a life not worth living) a natural way to proceed is to relate it to a low level of well-being that makes preferring death reasonable. It may be the case that the reasons for carrying on living that the quality of life one would enjoy provides do not defeat the reasons one has for ending one's life because of its poor quality. So the low well-being does not constitute a decisive or conclusive reason for ending one's life, but it makes that option reasonable.

The difficulties with this approach are considerable.

First, it would open the door wide to requests for euthanasia well beyond the standard cases. People who dishonoured themselves do sometimes commit suicide to escape a life of shame, or of self-hatred, and so on and so forth. I am sure that some advocates of voluntary euthanasia would deny that a desire to escape a life of shame and dishonour makes a decision to end one's life reasonable. But I do not believe that there is a cogent case for such a conclusion. Again, there is not much that I can say, given the limited time, other than that I do not believe that there are compelling objections to the view that people may reasonably feel or believe that there is no point to carrying on. The

explanatory reasons for such feelings/beliefs may or may not include normative reasons. But either way they may be beyond criticism. (Which does not of course mean that there is anything amiss with trying to change the mind of those who actually feel that way.) It is true that in various cultures some views or other about what makes such choices reasonable are common. However, without a good case for supporting them it would be wrong to base a moral conclusion merely on the prevalence of such views.

A similar charge of arbitrariness would be my reply to those who may develop a case for the right to euthanasia not from an assessment of quality of life or level of well-being generally but on specific conditions needed to justify the right. It may be argued, e.g., that severe pain makes a choice of ending one's life reasonable even for people whose overall quality of life is quite high. Again, many will, in those circumstances, prefer to stay alive, but those who prefer dying need not be unreasonable in their choice. The charge of arbitrariness is raised not against recognising the significance of pain, but against underplaying the significance of damaged self-respect, of feelings of guilt for having betrayed what is most dear to one, feelings of hopelessness about ever forming deep relations with others, and other conditions that lead people to prefer dying. All of these, and many others, when well-founded, render a choice for dying reasonable because of the quality of the life one will have.

A second objection to the poor quality of life condition is the arbitrariness of excluding other kinds of reasons from the scope of the right. In cultures known to me suicide is approved of most, sometimes celebrated, if committed for the sake of others, or in pursuit of a noble cause. Of the many examples let me just mention the real and fictional

people who committed suicide when, during WWII, they fell into the hands of the Gestapo, and did so to avoid betraying colleagues under torture. Cases of this kind are not mentioned in discussions of euthanasia presumably because those discussions are limited to occasions in which people are physically unable to commit suicide unaided. But while it may well be that assistance at public expense should be limited to people unable to end their life on their own there is no reason to think that the moral right to be assisted is limited in that way.

6. A respect-based right

I am exploring the possibility that a right to euthanasia is limited to a special class of cases, for example to the four categories I mentioned earlier, and that the rationale for the right and for its limited scope is based on the reasonableness of choosing to die for reasons to do with the quality of one's expected life. My conclusion is that quality of life considerations, first, will not limit the right in the ways that its advocates sometimes assume, and second, they cannot be the only considerations on which the right is based.

This last observation brings me back to the second objection to the life-not-worth-living thesis that was so far left unexamined. I remarked that the thesis misses out on the significance of having a right to euthanasia, and regards it as merely a way of minimising abuses, minimising the number of cases in which euthanasia occurred, or pressure for it to take place was exercised, when it should not have been. Following a familiar line of thought, I would like now to suggest that we are concerned with a right to euthanasia because the ability to choose how and when one's life will end is valuable in itself. Its value provides an alternative basis for the right to euthanasia.

This thought echoes the considerations that also underlie the right to life, or the duty not to kill people – for our purposes it does not matter whether the duty derives from the right or not. What does matter is that the duty is one we have regarding all persons in virtue of their being persons. Disregarding disagreements about what it is about persons that warrants having a duty not to kill them, I will assume that the duty derives from the fact that persons are rational beings, creatures possessing the powers of rational agency. When the duty conflicts with others the resolution of the conflict, if it has any, depends on additional considerations, and possibly the expected quality of people’s lives is among them. But it is not the ground of the duty.

The capacity for rational agency, I will join many in assuming, is the basis of a duty to respect those who have it, a respect that extends, within certain bounds, to the exercise of that capacity, namely to the way people lead their lives. And that includes its exercise to determine when and how to end one’s life. Having that option is valuable, and therefore it is protected by the right to euthanasia. The right to life protects people from the time and manner of their death being determined by others, and the right to euthanasia grants each person the power to choose themselves that time and manner.

In shifting attention to the significance of the **right** to euthanasia I do not mean to imply that there are no reasons for euthanasia that are not involved with it, not a result of it. We have reasons to end the life of animals of any species to save them from the misery of extreme pain at the end of their lives, and in some circumstances these would apply to human beings as well. But when it comes to rational agents, the duty to respect their rational powers, and protect their ability to use them, modifies the implications of quality of life considerations: they become

matters to be considered by each person regarding their own lives. Others have to respect their decisions. Contemporary claims for a right to euthanasia are claims to this right-based approach. They recognise that there are quality of life reasons for ending life, but take them to be matters over which each person has sovereign power to decide his or her course. And if nothing else then that sovereignty means that the right can be exercised for a variety of reasons, and also for presumed reasons that are either no reasons at all, or not adequate to justify ending one's life.

7. Death in our life

Those who deny a moral right to euthanasia fear that legalisation of limited and regulated euthanasia will be the thin end of a substantial wedge. As you see, I believe that there is something to that fear. Believing as I do in a right to euthanasia you may expect me to favour the legalisation of a sweeping, broadly defined right. But that is not so. As we know, for a non-technical law – one we expect to be known by and relied on by the public at large – to succeed it has to be understood, at least in a rough and ready way, and to be consonant with broadly accepted attitudes. Possibly this would be true of a narrowly defined legalisation of euthanasia, but clearly not regarding broadly conceived legalisation. Where I differ from 'thin end of the wedge' opponents of legalisation is in welcoming shifts of public opinion towards a broader right, which they fear.

I left untouched many questions regarding the scope of the moral right. Instead I will conclude with some reflections about the ways in which it would be good if attitudes to death changed.

The clear difference between what I called the narrow and the broad right to euthanasia is that the latter takes it to protect not only

the option to escape certain undesirable conditions at the end of one's life, but also and primarily to protect an option to shape the way one's life ends, by deciding on its time and manner. And inevitably shaping one's dying contributes to giving shape, contributes to the form and meaning one's life has. Those who reflect, plan and decide on the manner of their dying make their dying part of their life. And if they do so well then by integrating their dying into their life they enrich their life.

But do I not exaggerate? Interestingly, while the debate about voluntary euthanasia has a contemporary air, it relates to traditional ideals first about good ways of dying and second about a good time to die.

Various religious and other popular views of life relate a human life to a task or several tasks and a cycle of preparation, different stages of achievement, and then relative retirement from active involvement or pursuits. Typically they see death as regrettable or lamentable if it happens before the final stage of retirement, but natural and acceptable when it happens at that stage. Grief will accompany it whenever it happens, grief over the loss of a person who or whose presence was significant to those now left without it. But concerning those who die after the time for achievement is over the grief will be accompanied by knowledge that the deceased had his or her life, and whether it turned out well or not, there is nothing that can change it now. The time is ripe to die. The ideal form of death is often taken to be dying in the presence of close friends and relations, being reconciled to the appropriateness of the arriving death.

Such conceptions of when and how to die are still widespread but they are weakened if not undermined by radically different ideas about what people may properly strive to accomplish in their lives, and by the

radical increase of life expectancy. We are used to thinking that people can find different content to their life: a second or third career, voluntary involvement with charities, political organisations, or other more personal pursuits. So that until one's health radically fails there is no end to the phase of achievement. Alongside that change, a more radical change became dominant in many circles, according to which continuation of life is more or less unconditionally good, whatever kind of life one has.

I mention these shifts of culture and opinion because recognition of a right to euthanasia is likely to boost the old traditional ideas, albeit in a contemporary form. This is beautifully illustrated by Eddy Terstall's 2004 Dutch film **Simon**, in which the dying scene is a celebration of Simon and his life. There are no moral or normative recipes for the correct and valuable use of the power to shape one's dying. It is not inherently limited to the standard cases of euthanasia, or to euthanasia at all. With time the practice may spread to suicide, assisted suicide, or consensual killing of people who are not dependent on external help, but choose to use it. Participation itself may acquire a bonding meaning. Meaning is socially dependent and develops with changing circumstances.

But decisions on time and form of dying must remain marginal to our life – mortality may be a major factor influencing the duration, shape and content of human enterprises, and imaginative reflection and fantasies of dying also play an important role; our own dying, however, stands outside any of our personal attachments and pursuits.

Can it be otherwise? Can it be inherent in any personal ambition that it culminates in dying? Of course. But, assuming that such pursuits and ambitions are bound to remain of marginal appeal, I will not speculate whether any of them may have any merit.

The main way in which making death part of our life by giving us greater control over its time and manner changes our life is not, however, by its impact on specific attachments or pursuits. The main impact is likely to be more pervasive and diffuse. Consciousness of death and fear of dying - a separate factor, to be sure, but one that in our life is hard to separate from knowledge of our mortality - have a way of colouring much of our life, and the changing attitude I am envisaging will likewise affect our life, real and imaginative, in multifarious and diffuse ways. So, while the power to decide the time and manner of one's death, when wisely used, will contribute to the value of various episodes in one's life, the main positive effect I have in mind is of the full, guiltless acceptance of the power itself. It can transform one's perspective on one's life; reduce the aspects of it from which one is alienated, or those that inspire a sense of helplessness or terror. It is a change that makes one whole in generating a perspective, a way of conceiving oneself and one's life free from some of those negative aspects.

An important area where control over the time and manner of our dying may make a significant difference is in its impact on others. This is a cause of concern for many when contemplating legalising euthanasia. Would not people be driven to shorten their life in order to spare others the burden of caring for them, and so on? Perhaps it is possible to classify the main other-regarding concerns into four central or standard categories: (1) sparing the effort and distress that looking after ailing people causes those who are personally involved in looking after them; (2) preventing one's savings from being used up on medical and other forms of care, in order to have more to leave by one's will; (3) saving the public the expense of providing medical, nursing and other publicly provided care; (4) preventing the memory people one cares

about will have of one being of a person in decline. There are other cases, but I will use these four as an illustration of the wider phenomenon.

What should we think about decisions based on these considerations? Before we come to that we should distinguish that question from the related but distinct question of when is it appropriate for people to point out that one may be advised to ask for assistance in committing suicide, or in any way put moral or psychological pressure on one to opt for euthanasia in order to achieve one or more of these goals? Clearly, improper pressure may be applied with a view to taking advantage of people's fragility. But what constitutes improper pressure depends in part on whether these considerations are appropriate in the first place.

I see no reason to think that they are not. In contexts other than euthanasia it is common to laud people who committed suicide for the good of others, or for the public good: the person who threw himself on a grenade to absorb the impact of its explosion and save the people hiding alongside him, or indeed the other soldiers in the trench, was one of the heroic, semi-mythical, figures of my youth, and people setting out on suicidal military missions were also admired in many cultures. Similarly, it is acknowledged that there is a limit to the amount of public resources that it is appropriate to spend on any single individual. This view is incorporated most explicitly in the practice, far from perfect as it is, of NICE but deserves a more general and explicit incorporation into public practices.

Now it seems to me that if public bodies are right in limiting the resources to be spent on keeping me alive I should acknowledge that their decision is right, and in appropriate circumstances I should apply

similar standards in deciding for myself how much others should sacrifice in order to keep me alive. It is important, in considering these matters, to remember that most people's lives are enmeshed with the life of others, and that it is important that decisions of life and death should be, if possible, shared. But that does not diminish the importance of the other-regarding considerations I am discussing, and some of them, by their nature, make a shared decision difficult.

I am saying this in full awareness of the fact that it is a view that does not find much support in public opinion at the moment. This recognition is double edged. On the one hand it points to the fact that the legalisation of euthanasia, if achieved, will be implemented in conditions where the public is not fully in agreement with its true moral justification, and that may be a severe problem in the way the legalised right is administered, and practised. It is the sort of factor that makes one inclined to wonder whether the time for legalisation has arrived? Maybe the underhand, inconsistent and informal practices in various hospitals are the best we can have right now? Yet on the other hand, it makes one wonder whether we do not need a decisive step, like a limited legalisation of euthanasia, with strong protections against abuse, at the present time in order to refocus the debate in ways that would lead to a more radical reorientation of our attitudes to death, and to a saner willingness to integrate our dying as an event in our lives.