



Affirming Life through Death

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10 **Affirming Life through Death: Moral Issues of Euthanasia and Suicide**

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16 **ABSTRACT**

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19 When a patient can no longer experience *eudaimonia* (i.e., 'human flourishing'), he/she should be
20 allowed to die. Any attempts to prolong the dying process are contrary to the virtues of medical
21 practice. Furthermore, a doctor who acts out of temperance and compassion would not prevent a
22 patient's *eu thanatos* (lit. 'good death'). Also, a courageous patient would not 'cling to life at all costs'
23 without regard for his/her dignity or 'dying at the right time'. Since *eudaimonia* is the *telos* (i.e., end) for
24 human life and encompasses the essential characteristic of thinking beings—"articulate speech"¹, life is
25 not worth living when the potential for *eudaimonia* has been utterly extinguished. Cases of "insensible"
26 persons such as those in a Permanent Vegetative State (PVS) who "do not come into being" and also
27 those with advanced dementia are discussed heuristically.²
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40 **The Role of Intentionality in Ethics**

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44 ¹ Upon dividing life off from "nutrition and growth" and (sense-)perception, what remains for man is some sort of
45 life that puts into action that in us that has "articulate speech". See J. Sachs, trans. 2002. *Nicomachean ethics*.
46 Newbury, MA: Focus Publishing: p11.

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50 ² For Aristotle, the insensible person, that is: someone lacking in sense-perception (*anaisthêtos*), does not arise or
51 come into being very much and lacks a characteristic name since "insensibility" is not characteristically human;
52 even animals distinguish among their foods and enjoy some and not others. See R.C. Bartlett & S. D. Collins, trans.
53 2011. *Aristotle's Nicomachean ethics*. Chicago, IL: University of Chicago Press: p28.
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3 The Judeo-Christian tradition inherited by most Americans can be misconstrued to have an
4 absolute prohibition against killing, following a fervent religious reverence for the sanctity of (human)
5 life and the covenant between man, God, and community. We commonly hear that one of the Ten
6 Commandments is: "Thou shalt not kill". However, justified killing is recognized in the Bible and by
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8 Aquinas, who laid the foundation for the Principle of Double Effect (PDE) in *Summa Theologiae*, II Q. 64,
9 art. 7. For Aquinas, self-defense would justify killing under the PDE, and for God even genocide may be
10 justified:
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20 And Samuel said to Saul, "The Lord sent me to anoint you king over his people Israel;
21 now therefore listen to the words of the Lord. Thus says the Lord of hosts, 'I have noted
22 what Amalek did to Israel in opposing them on the way when they came up out of
23 Egypt. Now go and strike Amalek and devote to destruction all that they have. Do not
24 spare them, but kill both man and woman, child and infant, ox and sheep, camel and
25 donkey.'" (1): 1 Samuel 15: 1-3
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35 Literal translations of the Ten Commandments render the relevant Hebrew text at Exodus 20:13 and
36 Deuteronomy 5:17 in English as: thou shall not *murder*. On a similar note, suicide occurs in the Bible
37 without any apparent condemnation of it:
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43 When Ahithophel saw that his counsel was not followed, he saddled his donkey and
44 went off home to his own city. He set his house in order and hanged himself, and he
45 died and was buried in the tomb of his father. (1): 2 Samuel 17:23
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3 There is no term in Hebrew for suicide (2). The acts of suicide are here described in terms of the means
4 employed, and “[n]o pejorative taint [is attached] to the act either here or at any other place in the
5 Hebrew Bible where suicide is described”³ (2): p314.
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11 As noted by Pellegrino, the apparent Judeo-Christian tradition opposing euthanasia and suicide
12 stem from the faith commitments that “humans are stewards and not the absolute masters of the gift of
13 life and the Christian belief that even human suffering may have meaning” (3). Ultimately, what evolved
14 from this Judeo-Christian tradition and Aquinas’ theology was the PDE, which helped to articulate the
15 killing vs. ‘letting die’ distinction.
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24 A common example in applied normative medical ethics that I would like address involves the
25 management of excruciating (Latin *excruciātus*, equivalent to *ex-* + *cruciāre* to torment, crucify
26 [derivative of *crux* cross]) pain. To evaluate the PDE, I will use two doctors. One of whom administers a
27 significant dose of morphine to the suffering patient since this is the minimum required to relieve his
28 pain. This doctor does so knowing (but not intending) that the dosage administered will result in the
29 patient’s death. On the other hand, another doctor gives the same dosage of morphine to a patient
30 similarly in pain, but with the intention to relieve the pain by his death. According to the PDE, the first
31 doctor’s action is morally permissible, but that of the second is not.
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43 Arguably, the second doctor does not meet the criteria of all four conditions of the double effect
44 principle:
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52 ³ On the other hand, one Christian interpreter sees Ahithophel as an antitype of Judas. Ahithophel's betrayal of
53 David, and subsequent suicide are seen as anticipating Judas' betrayal of Jesus, and the gospel's account of Judas
54 hanging himself. See E.J. Pentiu. 2006. *Jesus the Messiah in the Hebrew Bible*. New York: Paulist Press.
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3 1. The act in itself must not be morally wrong; hence, there is a deontological concern
4 with the second doctor intending to kill his patient; 2. The bad effect must not cause the
5 good effect; 3. The agent must not intend the bad effect (as an end to be sought); 4. The
6 bad effect must not outweigh the good effect. (4): pp105-107
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13 If any of these conditions is not met, then the act is considered immoral by the PDE. In the above
14 hypothetical, the main moral distinction between the two acts rests upon the intentions of the doctors.
15 One merely foresees the death of his patient; whereas, the other wills/intends it in order to bring about
16 the good effect (i.e. alleviation of pain). Both of these physicians, ostensibly, behave in precisely the
17 same manner (i.e. provide the same dosage of morphine for the same condition), resulting in the same
18 consequences (i.e. the death of their patients coinciding with the alleviation of their pain). What differs
19 are their intentions, and intentionality strikes at the heart of virtue ethics since this is revelatory of one's
20 character (*êthos*).
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32 The PDE allows us to properly evaluate the second physician's intention as morally wrong.
33 Drawing on Aristotle's notion of habituation⁴ (which primarily involves *hexis*, *ethos*, and *êthos*)⁵, this
34 physician might begin treating lethal injection as a means of pain management. Ultimately, this may
35 corrupt his character (*êthos*) and result in something undesirable for health care, that is, a doctor whose
36 will and intentionality lacks a healthy aversion (as opposed to a cowardly fear) to a patient's death. He
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44 ⁴ Joe Sachs points out that *hexis* is sometimes mistranslated as 'habit' because Aquinas had read a Latin translation
45 of Aristotle that used *habitus* for *hexis* and *mos* for habit (*ethos*). The confusion that has resulted persists even
46 when *hexis* is translated as 'disposition' or 'state', words that are too general since they can mean something
47 passively present as well as something actively achieved. To be sure, a habit is a necessary precondition for the
48 formation of an active condition (*hexis*). See Sachs, op. cit. note 1, p201.
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54 ⁵ Habit (*ethos*) is a precondition for *hexis* (active condition, characteristic) of which character (*êthos*)—the focus of
55 ethics—is composed.
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3 may—foreseeably—become the doctor who is willing to consider the higher, lethal dosage (in lieu of the
4 lower and effective—albeit temporary one) without proper consideration to the prolongation of life
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6 with a dignified death, that is, ‘dying at the right time’ (cf. Nietzsche, “On Free Death”). In short, a
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8 dignified death occurs once all potential for eudaimonia has been lost so that “[i]n your dying, your spirit
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10 and virtue should still glow like a sunset around the earth”, and this can take the form of a beautiful
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12 death—which tends to occur in the courageous pursuit of eudaimonia (5): p73. If so, then the PDE is
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14 right in leading us down a different path than the second doctor.
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21 Suicide and euthanasia both have as a presumed intention the relief of (neuro-physiological)
22 pain and/or (existential) suffering, and they share the consequence of death. The existentialist—or
23 absurdist as he preferred—Albert Camus, believed that “[t]here is but one truly serious philosophical
24 problem, and that is suicide” (6): p3. Life does not come easily let alone ‘naturally’ for man. Even for the
25 man born rich and the ascetic one, the existential suffering that is so particular to man qua man may
26 overpower his will-to-live. In another sense and during a different time, self-termination under certain
27 conditions was seen to be not just morally permissible but a noble or beautiful (*to kalon*) deed in itself.⁶
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29 For example, Cato the Younger—the Roman politician who was distinguished for his integrity and refusal
30 to take bribes—committed suicide when he was unable to prevent Julius Caesar’s usurpation of the
31 Republic. In Plutarch’s *Lives*, Caesar remarked: “Cato, I grudge you your death, as you would have
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44 ⁶ Aristotle states that “[t]he courageous show courage at once in situations in which... dying is a beautiful [or
45 noble] thing” (1115b 4-5), and that “while such a person will be frightened even of such things as vary in
46 magnitude, he will endure them in the way one ought and keeping them in proportion [to the mean], for the sake
47 of the beautiful, since this is the end that belongs to virtue” (1115b 13-15). Furthermore, Aristotle explains that the
48 mean in matters of action is judged and decided not by reasoning or rules but by sense-perception (1109b 22-23).
49 For this reason, the particulars of these matters to some degree determine how one ought to act. See Sachs, op.
50 cit. note 1, p49.
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3 grudged me the preservation of your life”—understanding that by his last act, Cato had accomplished
4 something transcendently noble. In short, he died for his principles and the Republic (cf. Nietzsche, “The
5 Problem of Socrates”). These are objective circumstances that allow for a just and noble suicide, but the
6 ones which most concern us are subjective in nature. For, the subjectively determined self-termination
7 reveals the existential problem of suffering and life itself; this includes the deaths and suicides of others
8 when interpreted subjectively. As an example, for Crito the unjust circumstances that lead to Socrates’
9 imprisonment and ultimately death are profoundly troubling. Although Crito believes that Socrates’
10 ought to escape prison and enter exile with the help of his friends, Socrates argues that he is bound by
11 the Laws and must face death, for what is hemlock but the cure for the life ‘lived too long’⁷. A
12 hypothetical example worth noting is that in which a person enters into a permanent vegetative state
13 (PVS) and arguably advanced dementia. Although this is a state in which all *human* (that is: not the ‘all-
14 too-human’ but the teleological human) activity has ceased and the potential for eudaimonia has been
15 lost, those attached to the fading image of this now vegetative person may cling to this life at all costs,
16 which is perhaps understandable but certainly immoral.

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18 Although life comes to us in conception without choice, living life requires strength of will and
19 the determination to live. For an animal, life may be thought of coming naturally, but the entirety of its
20 existence consists of hunting and feeding upon other living things. On the other hand, the human need
21 for the strength to live extends beyond simple subsistence. Humans desire to have control over their
22 own fates. Furthermore, we seek control of the lives of others in our society, for the bonds of society are
23 strong and inextricably link everyone to each other. Thus, we face the absurdity of human existence. In
24 nature, man and animal alike shall never obtain all that is necessary for life because all that is living

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⁷ In the *Phaedo*, Socrates relates his last words to his disciple, Crito, asking him to offer a sacrifice to Asclepius. This suggests that Socrates’ suicide is the cure for his life ‘lived too long’.

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3 naturally perishes; whereas, men in society by attempting to live will inevitably come in conflict with
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5 other men's need to do the same. This will-to-power⁸ can never be satiated except through resignation
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7 unto death—or perhaps through sublimation⁹.
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11 One does not choose to be born nor does one choose the conditions of his birth. Thus, the
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13 majority of a man's fate is determined before he is yet capable of choice (*proairesis*).¹⁰ In order for the
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15 poor man to elevate himself from his poverty, he will either suffocate his spirit by hard labors or exploit
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17 it for the needs of the rich. In the 'land of the free'—or any land for that matter—the poor man can only
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19 succeed materially by failing spiritually. Therefore, to retain some dignity the poor must resign
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21 themselves to their impoverished fates. The ascetic life is their ideal. In other words, there exists no
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23 justice in life. Justice is merely a human contrivance arising from a sense of *ressentiment* designed to
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25 give strength to those most slighted. This contrived strength of the poor enables us to perpetuate the
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38 ⁸ *Not* for pleasure does man strive: but for power. To understand what kind of striving life is, Nietzsche states, the
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40 formula must apply to trees and plants as well as to animals, and these strive to expand, absorb, grow, or—in one
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42 word—*for power*. Thus, the striving for pleasure is an epiphenomenon of the will-to-power which, in turn, is
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44 independent of consciousness. See Kaufmann WA, trans. 1974. *Nietzsche; philosopher, psychologist, antichrist*.
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46 Princeton: Princeton Univ. Press: p262.

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48 ⁹ The sublimation of man's impulses consists in the organization of the chaos of his passions and in man's giving
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50 "style" to his own character. Ibid: p252.

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52 ¹⁰ James Watson stated in 1989 that our fate lie not in the stars, but in our genes. See Wofsy L. 1995. *Looking for*
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54 *the future: A personal connection to yesterday's great expectations, today's reality, and tomorrow's hope*. Oakland,
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56 CA: I W Rose Press.
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3 cycle of exploitation that is necessary for human life. In short, “justice” ultimately perpetuates the
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5 injustice of the rich and powerful¹¹.
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9 As in the *Parable of the Generous Employer*, the first laborers are slighted by their employer
10 according to our common human standard. But God transcends Natural Law because He defines It.
11 Thus, attaching the human concept of justice to God is meaningless since God does ‘what He will with
12 His own’. And “[s]o the last shall be first, and the first last: for many be called, but few chosen” (1):
13 Matthew 20:16. In Camus’s words, this earthly injustice is the absurdness of the world that makes life
14 appear to be not worth living. However, the weariness of life awakens consciousness and may provoke
15 “the definitive awakening”, and “[a]t the end of the awakening comes, in time, the consequence: suicide
16 or recovery” (6): p13.
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28 A classic example that may help to shed light on the typology of euthanasia, particularly
29 between active (direct) and passive (indirect) euthanasia, comes from Camus’s last novel, *The Fall*¹²:
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33 I’ll leave you near this bridge. I never cross a bridge at night. It’s the result of a vow.

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35 Suppose, after all, that someone should jump [or fall] in the water. One of two things—
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37 either you do likewise to fish him out and, in cold weather, you run a great risk! Or you
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39 forsake him there and suppressed dives sometimes leave one strangely aching. (7): p15
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46 ¹¹ In Plato’s *Republic*, a claim is made that justice is nothing other than the advantage of the stronger See Jowett B,
47 trans. 1980. *Plato: The Republic*. Norwalk, CT: Easton Press.

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49 ¹² In debt to Nietzsche, this novel may be read as a case history of the will-to-power of the weak who, as a last
50 resort, derive a sense of superiority from their insistence that they are unworthy and guilt-ridden—adding that
51 they are better than other men who refuse to admit that they are no less guilty. See Kaufmann, op. cit. note 8,
52 p422.
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3 One thing that Jean-Baptiste Clamence highlights is the uncertain effect that a potentially life-saving
4 action may have. In this case, the courageous man runs a risk of drowning himself, which would be of no
5 benefit to either party. We may consider this act to be supererogatory in attempting to preserve life
6 since the burdens potentially outweigh the benefits. If Jean-Baptiste Clamence were to forgo an attempt
7 to save the drowning person under these extraordinary conditions, we would find his action to let the
8 other person drown easier to pardon than if he *actively/directly* drowned him. What is pertinent in the
9 traditional understanding of the nature of a moral action is the motive (e.g. a virtue like compassion or
10 temperance), intent (i.e. *telos*, such as alleviating pain), and the means to accomplish that intent
11 (*technē*¹³ and *phronēsis*¹⁴). In other words, a motive is *why* one acts; an intent is *what* end one is
12 intending to achieve; and a means is *how* one acts—that is, the steps one takes to accomplish one's
13 intent (8).
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30 In the clinical setting, euthanasia is only morally permissible when the physician and patient act
31 in accordance with virtue and *phronēsis* for a *telos*—that is the good (*to agathon*) and the beautiful (*to*
32 *kalon*)¹⁵. The physician must follow the PDE so as to avoid the slippery slope towards the habituation of
33 a deficient character; such was the case for the second doctor. In addition to the PDE, three conditions
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42 ¹³ “[W]e may say generally that a master in any art [*technē*] avoids what is too much and what is too little, and
43 seeks for the mean and chooses it—not the absolute but the relative mean.” See Griffith H, trans. 2004. *Aristotle:*
44 *Nicomachean Ethics*. New York, NY: Barnes & Noble, p. 30.
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48 ¹⁴ *Phronēsis* involves not only the ability to decide how to achieve a certain end, but also the ability to reflect upon
49 and determine good ends consistent with the aim of living well overall. Ibid.
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52 ¹⁵ *To kalon* is *to agathon* that is chosen for its own sake (1176b 8-9), and hence the highest form of good, taking
53 precedence over the advantageous and the pleasant; the end that determines all virtues of character (1115b 12-
54 13, 1122b 6-7). See Sachs, op. cit. note 1, p201.
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3 must be met for an act of euthanasia to be considered morally acceptable. These conditions are as
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5 followed:

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9 1. The act of euthanasia is motivated by temperance and compassion, that is, by a
10 concern with the patient's suffering, rather than by the interests and preferences of
11 the caregiver, the family, or society in general;
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15 2. It is an act of responsible benevolence, that is, not only whether the action is
16 intended to benefit that patient but also whether it will succeed in doing so; and
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20 3. The act must convey respect to the patient, in the sense of allowing him to be
21 himself, to hold and act according to his own beliefs, values and goals. (9): p18
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26 Dying well is the 'benefit' provided by the physician to the patient who has no other means of
27 experiencing *eudaimonia*, i.e. human flourishing. Thus, euthanasia, when performed properly in
28 accordance with virtue, enables both the patient and physician to benefit—or flourish.
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33 The patient must also meet several criteria:
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36 (1) he/she must lack or be significantly impaired with regards to a considerable portion
37 of the capacities that are necessary for *eudaimonia*¹⁶, or human flourishing; and (2)
38 he/she must repeatedly and consistently express a wish to die since this would help to
39 assure another's reflective consideration of his/her own death; and (3) he/she must be
40 terminally or chronically ill. (9): p23
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48 ¹⁶ Literally 'having a good guardian spirit', i.e. the state of having an *objectively* desirable life, universally agreed by
49 ancient philosophical theory and popular thought to be the supreme human good. This objective characteristic
50 distinguishes it from the modern concept of happiness, i.e. of a *subjectively* satisfactory life. *Eudaimonia* is most
51 commonly translated as 'human flourishing'. See Honderich T. 2005. *The Oxford companion to philosophy*. Oxford:
52 Oxford University Press: p271.
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3 I take issue with the van Zyl's second criterion because a virtuous doctor should indirectly
4 perform euthanasia upon incompetent patients who are no longer capable of experiencing
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8 *eudaimonia*, such as those in a permanent vegetative state or the final stages of Alzheimer's
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10 disease.¹⁷ Finally, I propose a joint patient-physician criterion, stating: all other viable options—
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12 palliative or otherwise—must have been presented and considered against euthanasia
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14 according to the benefit/burden calculus. When these conditions are met, euthanasia enables
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16 patients to realize their last opportunity for *eudaimonia*—'dying well'¹⁸.
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20 What Constitutes a "Good Death"?

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23 The two most influential virtue ethicists of all time—Aristotle and Friedrich Nietzsche—together
24 frame the picture of what constitutes a good and virtuous death. They view moral dilemmas not as
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26 absolute either/or statements, but rather as contingent upon the virtues (or vices) that one's character
27
28 embodies. For both of them, the virtue of courage and the vice of cowardice are of utmost importance
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30 in determining whether a death is good or bad. Aristotle is quite clear in his discussion of courage in the
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32 *Nicomachean Ethics* of the cowardice present in a moral agent who actively begs for a 'mercy death':
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38 [T]o seek death as a refuge from poverty, or love, or any painful thing, is not the act of a
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40 brave man, but of a coward. For it is weakness thus to fly from vexation; and in such a
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46 ¹⁷ Euthanasia is morally tenable after the potential for *eudaimonia* is lost because this is man's *telos*—his defining
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48 attribute that which justifies his (continued) *earthly* existence and fulfills his essential characteristic capacity as a
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50 thinking being. (1098a 3-4)
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52 ¹⁸ For Nietzsche, this is the death that affirms life, one that is not blasphemous against man and earth, and one
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54 which occurs at the right time (cf. "On Free Death). For Aristotle, this is the death that is beautiful and in accord
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56 with virtue (1115b 13-15).
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3 case the suicide is accepted not because it is noble, but simply as an escape from evil.

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5 (10): p. 55
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9 In short, for any moral agent a voluntary death should not be a means of palliation. Of course, Aristotle
10 does not speak of those who are in a permanent vegetative state *per se*, but he does speak of them
11 metaphorically¹⁹. For those who do not simply vegetate²⁰, but still possess their human nature as
12 thinking beings, Aristotle does not think “those cases of terminally diseased people that suffer” to have
13 a clearly moral and virtuous option for suicide—assisted or otherwise (11). This is the case because such
14 a person might be correctly deemed a coward, an agent of vice that is not habituated to good actions,
15 whose decision is not a proper moral choice—the result of prudent judgment and a rational desire²¹;
16 thus, in this case, there is no *phronēsis* involved but the sovereign of a vice, that of cowardice which
17 gives way to extreme fear of death.²² Ibid.
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34 ¹⁹ Eudaimonia is not an active condition (*hexis*), “since it could then be present in someone who was asleep
35 throughout life, living the life of a vegetable...”. See Sachs, op. cit. note 1, p190.

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38 ²⁰ Although the vegetative element is not excluded from the “human soul”, Aristotle does not regard it as a
39 “measure of eudaimonia”. See Nagel T. Aristotle on eudaimonia. *Phronesis*. 1972; 17(3): 252-259: p254.

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42 ²¹ That is to say: a desire ‘which is chosen for its own sake’. Aristotle makes clear that the beautiful—the good
43 which is chosen for its own sake—in terms of human activity is something that can only be recognized by sense-
44 perception (*aisthēsis*; 1109b 23, 1126b 4) since “such things are in the particulars, and the judgment is in the
45 perceiving.” See Sachs, op. cit. note 1, p36.

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51 ²² It is not the case that the courageous person does not fear death, but that the fear does not have power over
52 him. For Aristotle, “the courageous person is as undaunted as a human being can be, and while such a person will
53 be frightened even of such things as vary in magnitude, he will endure them in the way one ought and keeping
54 them in proportion, for the sake of the beautiful, since this is the end that belongs to virtue.” Ibid: p49.
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3 For Aristotle, the courageous man will face death and fear “for the sake of that which is noble;
4 for this is the end or aim of virtue” (10): p54. Furthermore, Aristotle states that death causes greater
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6 pain for the virtuous man since he has made life worth living:
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11 And so, if the case of courage is similar, death and wounds will be painful to the brave
12 man and against his will, but he will face them because it is noble to do so or because it
13 is base not to do so. And the more he is possessed of virtue in its entirety and the
14 happier he is, the more he will be pained at the thought of death; for life is best
15 worth living for such a man, and he is knowingly losing the greatest goods, and this is
16 painful. But he is none the less brave, and perhaps all the more so, because he chooses
17 noble deeds of war at that cost. It is not the case, then, with all the virtues that the
18 exercise of them is pleasant, except in so far as it reaches its end. (12): p274
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30 In other words, the decision to commit suicide, or to request assistance to accomplish that, is not
31 generally moral since the deed would end any potential for *eudaimonia*. Death is the cessation of life—
32 and thus also pain and suffering²³—and while not every person may possess the courage to confront
33 pain and suffering—for which palliative care may rightly be sought—the potential for any meaningful
34 experience or catharsis may remain so long as action is not taken directly to end the suffering person’s
35 life. There are also a number of spiritual goods—recognized in both Western and Eastern religious
36 traditions—as well as existential goods that can result from suffering (13).
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54 ²³ Death is our end, and “when a man is once dead it seems that there is no longer either good or evil for him.” See
55 Griffith, op. cit. note 13, p53.
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However, since ‘man is a political animal’ and the human good—*eudaimonia*—consists in relationship to others, certain conditions that permanently impair one’s capacity for *philia*²⁴ may constitute an exception to the general prohibition against suicide and indirect euthanasia (cf. 1245b18-19). (14) An example of this would be advanced dementia or the final stages of Alzheimer’s disease. In such cases in which the patient is no longer able to be understood and requires help with nearly all daily activities, the potential for *philia qua* ‘perfect friendship’²⁵ has been utterly lost to the disease.²⁶ Of course, these extreme cases occur after the patient has already entered the dying process and therefore attempts to preserve life ought to be considered morally extraordinary.

In addition to being political creatures, humans are spiritual beings. We need something for the sake of which to live; this is eminently more important when facing death or a different modality of being—such is the case for those suffering a chronic illness. For Nietzsche, the ‘reason we live’ transcends and justifies the ‘how we live’: “If we have our own why in life, we shall get along with almost any how” (15): 12. Human life is a quest for meaning. When sickness costs a man his dignity and ‘reason to live’, self-preservation becomes something base and animalistic—or even vegetative and parasitic:

²⁴ *Philia*, here, refers to the relationships between the virtuous that lasts as long as they are good. The term can apply to any perfect friendship even between family members (1156b7-32).

²⁵ Other sorts of friendships, for pleasure or for utility, are incidental: they neither reveal the nature of *philia*, nor why it is part of a well-lived life (1157b1-5). See Rorty AO. The Place of Contemplation in Aristotle’s *Nicomachean Ethics*. *Mind*. 1978; 343-358: p354.

²⁶ In addition, Aristotle’s notion of *theoria*, or reflection and contemplation, which is the highest expression of *eudaimonia*, may be argued to be absent in these types of cases, but since the capacity for *philia qua philia* is a more apparent condition of *eudaimonia* in the human realm, *theoria* in regards to the present subject may well be considered outside the scope of this paper (cf. Book X of the *Nicomachean Ethics*).

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3 To go on vegetating in *cowardly dependence* on physicians and machinations, after the
4 meaning of life, the right to life, has been lost, that ought to prompt a profound
5 contempt in society. The physicians, in turn, would have to be the mediators of this
6 contempt — not prescriptions, but every day a new *dose of nausea* with their patients...
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8 To die proudly when it is no longer possible to live proudly. Death freely chosen, death
9 at the right time, brightly and cheerfully accomplished amid children and witnesses:
10 then a real farewell is still possible, as the one who is taking leave is still there; also a
11 real estimate of what one has achieved and what one has wished, drawing the sum of
12 one's life — all in opposition to the wretched and revolting comedy that Christianity has
13 made of the hour of death. (15): 36
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27 From this, we can discern a clear distinction between spiritual or existential meaning and religion in ‘the
28 hour of death’. Religion signifies the spiritual experience as part of an organized system of beliefs,
29 practices and knowledge—or doctrine. Religion is a response to spirituality. And we should remember
30 that Christ was not Christian and that Buddha was not Buddhist. Spirituality can exist without religion,
31 but religion cannot stand alone. Broadly speaking, spirituality is that which gives meaning and purpose
32 to life. On the other hand, religion gives us hope after making that “fatal leap” (cf. *Thus Spoke*
33 *Zarathustra*, “On the Afterworldly”).
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44 The human being is not simply an isolated biological entity. Although we experience isolation in
45 the face of death, this results from the complex psychosocial and spiritual-existential dimensions of the
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3 transcendent human spirit²⁷. Biomedicine²⁸ in itself is insufficient to assess and support the whole
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5 person as he prepares for the final stages of life. On the other hand:
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9 The tenets of palliative care embrace this multi-dimensional nature of the dying person,
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11 emphasizing the integration of physical, psychological, social, and spiritual elements of
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13 life. Medical science and technology have traditionally focused on the disease, whereas
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15 the patient's own experience of illness requires a broader perspective, including
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17 spiritual issues, to understand the whole patient. (16)
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21 Indeed, experts of all fields are vulnerable to a *pathos of distance*²⁹ that is utterly unsympathetic to
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23 laymen, but medical professionals since the beginnings of their profession have been educated so as to
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25 best serve the patient and not to see the disease in lieu of a person. When Hippocrates stated that “[i]t
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27 is more important to know what kind of person has a disease than to know what kind of disease a
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29 person has”, he meant for the doctor to sympathize or at least to empathize with the patient; for they
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31 both suffer/experience the human condition.
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36 Spirituality underlies this sentiment of sympathy that nurtures the interconnectedness of all
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38 living things—past, present, and future. Furthermore, it ties together a dying man's past self with his
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42 ²⁷ According to psychologist James Hillman, *soul* has an affinity for negative thoughts and images, whereas *spirit*
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44 seeks to rise above the entanglements of life and death See Moore T, ed. 1990. *The essential James Hillman: A blue*
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46 *fire*. London: Routledge.
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49 ²⁸ Biomedicine is a branch of medical science that applies biological and physiological principles to clinical practice.

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51 ²⁹ “[T]he *pathos of distance*, such as grows out of the incarnated difference of classes, out of the constant out-
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53 looking and down-looking of the ruling caste on subordinates and instruments, and out of their equally constant
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55 practice of obeying and commanding, of keeping down and keeping at a distance...”. See Faber M, trans. 1998.
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57 *Beyond good and evil: Prelude to a philosophy of the future*. Oxford: Oxford University Press: 257.
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3 present one and provides a sense of hope—or future self³⁰. Death, on one hand, is a biomedical
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5 termination of a life, but on the other, it begins a process of ritualized mourning. Ritualized mourning
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7 upon the death of a living being has been witnessed across diverse societies since time immemorial. This
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9 mourning allows us to experience a catharsis through the realization that death is inevitable, but not
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11 something felt by the dead. Only for the proximate survivors of the deceased does death pose a
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13 philosophical problem since the dead no longer possess a potential for eudaimonia.
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18 When one of those who are dear to us dies, part of our social structure dies, triggering an
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20 existential crisis. And for this reason, we feel forlorn, abandoned, and alone. Death is a powerful social
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22 force that requires a spiritual response to overcome it. Thus, those with chronic illnesses or who are
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24 near the end of their lives may first die from *without*. Because the existential burden of death and dying
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26 is alien to most of the living, we begin to withdraw from those who have begun the dying process and
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28 ipso facto cause them to experience a social death which is immensely more dreadful than physical
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30 death. In short, death is neither localized to the dying individual nor even to a specific moment in time
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32 but is a physical-social phenomenon that entails spirituality.
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37 Aristotle and Nietzsche speak explicitly of those who live “the life of a vegetable” and
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39 “vegetate”, respectively—for whom *eudaimonia* is no longer a potentiality. When Nietzsche refers to
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41 human beings that “continue to vegetate in a state of *cowardly dependence* upon doctors and special
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43 treatments, after the meaning of life, the right to life, has been lost”, to infer from this what we now call
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45 beings in a permanent vegetative state is tenable. When spirituality and existential suffering can no
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47 longer reasonably be experienced—such as by those in a PVS—the dying process should in no capacity
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49 be hindered or prolonged. This includes terminal cases (of advanced dementia or the final stages of
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55 ³⁰ For Nietzsche, the self wants “to create beyond itself” above all else (cf. “On the Despisers of the Body”). See
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57 Kaufmann WA, trans. 1966. *Thus spoke Zarathustra: A book for all and none*. New York: Penguin Books: p35.
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3 Alzheimer's disease) when the potential for *philia* as a measure of *eudaimonia* no longer exists. In
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5 allowing such a death to occur, we may yet call it a 'good death'—the root meaning of the term
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8 euthanasia from the Greek *eu thanatos* (13). Clinging to the living is just as cowardly as clinging to the
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10 dying. In other words, allowing those who have lost the potential for *eudaimonia* to die ennobles us, the
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12 living, by empowering us to courageously and prudently face death.
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For Peer Review

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