



Lay Summary

Assisted Suicide and Autonomy

Project team

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1. Background

Appeals to autonomy are predominant in the public as well as in the philosophical debate about assisted suicide. Especially in public debates, proponents argue that respect for autonomy is a decisive reason in favor of this practice, while the opponents also draw upon the notion of autonomy in order to make a case against the practice of assisted suicide. This indicates that there is much unclarity and disagreement about the specific meaning and application of the principle of respect for autonomy, especially with regard to controversial practices such as assisted suicide. Put in a pointed way, it seems that the principle of autonomy is often employed in a biased and potentially distorting way: those who believe that the decision to request assisted suicide is wrong or immoral tend to argue that the principle of autonomy does not apply to the specific case, or that the decision does not meet the relevant conditions that constitute autonomy; by contrast, those who do not regard the decision as problematic tend to neglect the critical questions that their opponents raise and believe that respect for autonomy decisively speaks in favor of the practice. In this way, the principle of respect for autonomy seems to be used to validate and enforce specific conceptions of the good.

The research project starts from the observation that the described way of (mis-)employing the principle of autonomy is, at least partly, characteristic of recent (public) debates about the prohibition and regulation of the practice of assisted suicide. Its central aim is to clarify the meaning of the principle of respect for autonomy and its normative role/function from the background of the general philosophical debate about the concept of autonomy, and to make this general discussion relevant to the debate about assisted suicide. Such a systematic discussion has not yet been provided, but seems to be strongly called for, since the principle of autonomy figures importantly in the debate about assisted suicide and is assigned a high priority, e.g., by the Swiss population according to recent polls. By taking a step back from the public, political, legal and medical discussions, the research project promises to provide a distinct and systematic perspective on these discourses.



2. Goals of the project

Our goal was to illuminate the concept and normative role of autonomy in the debate about assisted suicide, by raising three closely related questions:

- (i) What are the conditions that persons have to fulfil so that their decision to request assisted suicide counts as autonomous? How can the different conceptions of autonomy that have been suggested in the public and philosophical debate be evaluated, and the principle of autonomy be given a more precise content?
- (ii) What is the normative force and status of the principle of autonomy in the debate about assisted suicide? How should an autonomy-based right to assisted suicide be understood, and what does it demand from others?
- (iii) Is the principle of autonomy sufficient to justify a ‚right to assisted suicide‘? Are there any limits to it, which are provided by other moral principles such as beneficence, dignity, or protection of life?

These questions were discussed in the light of two guiding conjectures: Firstly, we supposed that an acceptable specification of the concept of autonomy in the debate about assisted suicide would yield rather undemanding or minimal conditions of autonomy. Secondly, we conjectured that this result will be regarded by many as normatively problematic, but we believed that it helps to facilitate discussions about the normative role of autonomy and about the relevance of other moral principles and their relation to the principle of autonomy.

3. Methods

The central questions and our conjectures were discussed by using the following methodological approach and by proceeding in three steps: *In a first step*, the debate about assisted suicide and the various ways in which the principle of autonomy has been specified in the public and ethical debate were reviewed and examined in some detail. The aim was to provide a comprehensive review of the

debate and to illustrate that there is much disagreement about how to understand the principle of autonomy.

In a second step, the question whether, and in which ways, certain conceptions of autonomy can be shown to be more adequate than others was addressed. The aim was not to provide a fully developed positive account of autonomy, but rather to render plausible, on the one hand, a critical stance towards those conceptions of autonomy in the debate that include demanding conditions and provide ample resources for a regulation and restriction of this practice; and on the other hand, to explore and specify some minimal conditions of autonomy.

In the last step of the project, the question what the normative role of autonomy is, and what entitlements can be justified by it, was addressed. In this regard, we asked whether the right to autonomy is to be understood as a *claim right* (Does respect for autonomy yield a duty to help on part of third parties?) or as *liberty right* (Does the right to autonomy amount to the claim that a person should not be prevented from assisted suicide? Should a person have the right to authorize another person to assist her in terminating her own life?) More generally, in this step, we also tried to show how our reflections about the meaning and normative force of autonomy can facilitate discussions about the limits of autonomy and the relevance/importance of other moral principles and their relation to the principle of autonomy.

4. Results

The main results of the project, which will be further explained below, are the following:

- (i) Conditions of autonomy: The conditions under which a decision counts as autonomous must *not* vary with what the decision is *about*. For reasons of *public acceptability*, *consistency*, and *justifiability*, the decision to terminate one's own life with the help of others should be regarded as autonomous if it is competent and „minimally authentic“ (in the following, we use the less misleading term „voluntary“ instead of „minimally authentic“).
- (ii) Respect for autonomy: Making respect *for the autonomous decision* of a person dependent upon further objective constraints or moral principles is in strong tension with the idea of respect



for autonomy (the person's subjective viewpoint).

(iii) Normative role/function of autonomy: The autonomous decision to terminate one's own life by the help of others creates a *moral permission* for the other person to help. However, in contrast to what some think, it does neither generate a *duty* nor a *reason* to help on part of the others. In this sense, the normative role of autonomy in the debate about assisted suicide is important, but more limited than some defenders of the „argument from autonomy“ think.

4.1. Conditions of autonomy

One initial hypothesis of the project was that the concept of autonomy is mostly used by proponents and opponents of assisted suicide alike in a normatively loaded and biased way. While this hypothesis clearly applies to much of the public discourse about assisted suicide, a survey of the relevant philosophical literature showed a more complex picture: arguments which rely on substantial conceptions of autonomy with overtly normative presuppositions do not play a pivotal role in the current discussion. These are mostly (Neo-)Kantian positions which link personal autonomy to moral rightness and hold that the decision to end one's life (with or without the help of others) can never be autonomous because its content contradicts the moral law. The survey indicated that such conceptions are marginal in the debate because of their peculiar understanding of personal autonomy and mostly employed in the discussion about the moral permissibility of suicide (not *assisted* suicide).

Accordingly, most arguments in the debate rely on non-substantial conceptions with structural/procedural conditions for autonomous choice: a decision is autonomous if and only if the person is competent with respect to this decision („competence conditions“ ensuring that the person the capacities to make such a choice) and if the respective person makes the decision in the absence of coercion or other undue influences („authenticity conditions“ ensuring that the choice really is the person's own or „voluntary“). Such procedural accounts thus do not entail specific normative content like substantial positions, but they are formulated in more or less demanding ways.

The questions raised by this survey are the following: How should we decide which concepti-

on of autonomy should be accepted, and how can this conception be further specified? One strategy is to appeal to an adequacy condition of „content neutrality“, which would be a decisive reason to rule out substantial conceptions of autonomy. But although one might argue that liberal contexts indeed require a non-substantial notion of autonomy, and, therefore, that normatively loaded conceptions should be discarded from the beginning, this seems to beg the question against substantial positions: from the perspective of opponents of assisted suicide it is precisely the main point of contention if the practice should be handled liberally or not. Thus, the strategy to dismiss illiberal conceptions of autonomy on conceptual grounds proved to be insufficient.

However, there is a weaker version of appeals to „content-neutrality“ that looks more promising and is also instructive with regard to the question how demanding procedural conditions of autonomy should be formulated: to be able to discuss the ethical evaluation of assisted suicide in terms of autonomy, proponents and opponents alike need common conceptual ground. Therefore, it should be avoided to make substantial assumptions about the evaluation of assisted suicide part of the respective notion of autonomy. A notion of autonomy should be *publicly acceptable*, since otherwise it loses its distinct role in the discourse.

An additional and related reason that speaks against substantial as well as demanding procedural conceptions of autonomy in this regard is *consistency*: appeals to autonomy within the debate about assisted suicide should be consistent with appeals to autonomy in other contexts. Conditions of autonomy should not vary with the *content of the decision* (what the decision is about), because in this way normative assumptions about the evaluation of assisted suicide enter the picture again. From the perspective of autonomy, to put the point slightly different, it cannot be *justified* why the conditions of autonomy should be different and more demanding in the context of assisted suicide.

Since the predominant and widely accepted conception of autonomy in other contexts is rather minimal, the conditions of autonomy in the context of assisted suicide should thus be formulated accordingly: a person's decision to terminate her own life by the help of others is autonomous if it is *competent* (the person knows what she is deciding and can relate her decision to her values) and *voluntary* (the person is not coerced or forced to make the decision).

4.2. Respect for autonomy and the normative role of autonomy

If a person's decision to terminate her own life by the help of others is autonomous if it is minimally competent and voluntary, it seems natural to say that she then deserves *respect* for her decision. However, in the debate about assisted suicide, some participants have suggested that *respect for autonomy* should be made dependent upon further constraints. One important result of the project is that its main idea allows to raise doubts about such arguments, while at the same time it can make sense of them by clarifying what respect for autonomy means and what its normative impact is.

The main idea is the following: (a) Taking respect for autonomy seriously is incompatible with making respect for her decision dependent upon further objective constraints (e.g. that the person is terminally ill or that her decision has to be based upon good reasons). (b) In contrast to what many who endorse such further constraints think (and what might motivate them to introduce these constraints), respect for autonomy *does not yield a reason or a duty to help* on part of the assisting person. Respecting the autonomous decision rather means to accept/respect that the other person makes it *morally permissible* for one to help her in terminating her own life. These two elements of the main idea will now be further explained and illustrated:

4.2.1. Respect for autonomy

Objective constraints on respecting a person's decision can be further classified in autonomy-external and autonomy-internal constraints: The former constraints, which claim e.g. that the person has to be terminally ill or has to suffer from unbearable pain, are frequently used to restrict access to assisted suicide and are implemented in many legal regulations of the practice. Despite the widespread public intuition that such constraints should be a prerequisite for the permissibility of assisted suicide, most scholars in the philosophical debate hold – rightly, in our view – that such conditions should not be put forward in conjunction with an autonomy-based argument: placing moral value on the autonomous decision and favoring the subjective perspective of the affected person stands in tension with external conditions which obtain objectively and thereby independently of the person's point of view. While the focus on autonomy takes serious how the person



herself evaluates her life-situation, the introduction of external conditions undermines this idea. Thus, despite its popularity and prevalence in many contexts, positions that make *respect for a person's autonomous decision* dependent upon further objective constraints do not fit well with embracing respect for autonomy. This applies to any conditions that are sometimes put forward in the debate: having a terminal illness or suffering from unbearable pain should not *per se* be taken as reasons not to respect the person's autonomous decision.

With regard to autonomy-internal constraints, the most popular position holds that a person's decision should only be respected if the person has (objectively) *good reasons* for making her decision. Instead of proposing an overtly morally loaded and biased conception, the guiding assumption is that some requests for assisted suicide do not deserve respect since the person's reasons for wanting to die are *bad ones*: choices to end one's life without a good reason are taken as a reason not to respect that person's decision. However, against the background of the general considerations about public acceptability, consistency and justifiability given in 4.1., such a strategy is clearly problematic: if we adhere to the conditions for autonomy embraced in other contexts – in which the evaluation of the subjective reasons a person has as (objectively) „good“ or „bad“ is not part of the question whether a decision is autonomous (although the person should be able to articulate her subjective reasons) –, decisions to terminate one's own life by the help of others cannot be rejected as non-autonomous on such grounds, and thus they deserve respect.

This result of the project is especially worth emphasizing, because many participants in the debate implicitly invoke more demanding conditions of respect for autonomy that appeal to the idea of „good reasons“, and thereby conceal normative assumptions that are incompatible with the idea of respect for a person's autonomous decision – a decision that is *competent and voluntary*.

4.2.2. The normative role of autonomy

If a person's decision is to count as autonomous if it is competent and voluntary, and if respect for a person's autonomous decision should not be made dependent upon further objective constraints, what does this mean for the practice of assisted of assisted suicide? What is the normative import of a person's autonomous decision to request assisted suicide? What does it mean for the helping person to respect her autonomous decision? These questions were addressed in the last step of the project,

and we consider it to be one very important insight of the project that these questions are – in contrast to many discussions – *distinguished and clearly separated* from questions about the conditions of autonomy and about the conditions for respect of a person’s decision.

With regard to questions about the *normative import*, the main claim of the project is, to repeat, that a person’s autonomous decision to request assisted suicide does *not yield a reason or a duty to help*, but rather makes helping her to terminate her own life *morally permissible*. This claim is based upon general considerations about the role of autonomy and its normative role:

In the suggested conception, autonomy is a necessary condition for exercising one’s rights. It is widely (and also legally) accepted that a person has a right to determine the time and manner of her own death, and we assume that a person has such a right. To exercise this right, the person has to be autonomous, i.e. she has to be competent and voluntary. By autonomously deciding to end her own life, a person then *exercises her normative power* to make it permissible for other persons to help her. If a person is denied this normative power, the requirement to respect (the autonomy of) persons is violated.

Respect for autonomy thus means to respect that a person has the normative power to make it *morally permissible* for the other person to help her. This claim is an important result of the project and emphasizes the importance and distinct role of autonomy in the debate about assisted suicide. It follows from this analysis of the normative role and import of autonomy that an autonomous decision to terminate one’s own life by the help of others does *not create a reason or a duty to help*. Exercising one’s normative power can only – for conceptual reasons – make it morally permissible to help her. At this point, considerations about other morally relevant factors such as terminal illness, unbearable suffering, good reasons to die etc. have their place.

To sum up, the normative role of autonomy within the debate about assisted suicide can be described as follows: If the person who is *helping* considers the question whether she *should* assist the requesting person, or whether she even *has a duty*, she cannot draw on the idea of respect for autonomy alone. But if this person or the society considers the crucial question whether assisted suicide is *morally permissible*, appeals to respect for autonomy are decisive. We regard this finding to be of the utmost importance for further scientific and public discussions.

5. Significance of the results for science and practice

In the light of our three important and original findings, we have the following suggestions and recommendations for policy makers and experts from the practical realm:

First, attempts to regulate access to assisted suicide by appeal to rather demanding conditions of autonomy should be met with scepticism. In this regard, our claim that the conditions of autonomy should not vary with what the decision is about also raises worries about the legal concept of competence („Urteilsfähigkeit“) that might be in tension with this claim. It should be accepted that the conditions of autonomy are to be understood in a rather minimal way – requiring only competence (the person knows what the decision is about and can relate her decision to her values) and voluntariness (the person is not coerced into her decision).

Second, we hold that making respect for the autonomous decision of a person dependent upon further objective constraints or moral principles is incompatible with the idea of respect for autonomy (the person’s subjective viewpoint). This means that a person’s autonomous decision to terminate her own life should be *taken seriously and respected*, instead of being disregarded by appeal to other conditions such as terminal illness or unbearable suffering (considerations that play an important role when it comes to the question of the role of physicians in assisted suicide).

Third, we contend that the autonomous decision to terminate one’s own life by the help of others creates a *moral permission*. This is a very important result that highlights the role of autonomy within the debate: a person has *the normative authority* to exercise her right to determine the time and manner of her death, and can thereby *make it morally permissible* for other persons to help her. It does not create a *duty* nor a *reason* for those helping, however, and thus the question of a regulation of this practice is not answered by appeals to autonomy alone.

Instead of conducting these discussions as discussions about autonomy („Is the person requesting assisted suicide *really* autonomous?“) – and thereby disrespecting the normative authority of persons and their autonomy – , such discussions have also to be about other values and moral principles. That a person autonomously decides to terminate her life yields a *moral permission* to help her, but it does not release the helping person from the *responsibility* that she has in taking part in this practice. In the light of this important finding, further research is called for – when do we have *reasons* or even a *duty* to help a person who autonomously requests assisted suicide?