Autonomy, Life as an Intrinsic Value, and the Right to Die in Dignity¹

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Abstract: This paper examines two models of thinking relating to the issue of the right to die in dignity: one takes into consideration the rights and interests of the individual; the other supposes that human life is inherently valuable. I contend that preference should be given to the first model, and further assert that the second model may be justified in moral terms only as long as it does not resort to paternalism. The view that holds that certain patients are not able to comprehend their own interests in a fully rational manner, and therefore ‘we’ know what is good for these patients better than ‘they’ do, is morally unjustifiable. I proceed by refuting the ‘quality of life’ argument, asserting that each person is entitled to decide for herself when it is worth living and when it is not. In this connection, a caveat will be made regarding the role of the family.

Introduction

In democratic societies, it is assumed that the state has a responsibility for the welfare of its citizens, including protecting their lives, and that murder is a crime. The question arises, however, in the case of gravely ill or crippled people, as to whether or not this principle is still applicable or can the commitment to secure the lives of such patients be broken? Modern technology enables comatose people to remain alive in circumstances that at least some of them would have previously dreaded. Due to speedy treatment of persons with brain injuries, well-equipped medical centers, early diagnosis by scanning techniques, advanced surgical methods, and highly developed intensive care units (including intensive care ambulances) and post-operative care, modern technology has increased the number of survivors following the acute phase of trauma, strokes or heart failure. Many of these survivors remain in a stage of prolonged unawareness. These patients or their families, as well as medical experts, are often expected to decide whether technology should be utilized to keep gravely ill people alive, or whether death should be allowed or even encouraged. Physicians confront a delicate situation where their duty to act for the welfare of patients might contradict the...
physician’s duty to respect the liberty of patients. Society needs to formulate guidelines on when to allow seriously afflicted people to die, if they so desire, or if it would be in their best interest. Courts or ethical committees should lay down criteria to assist physicians in making such judgments. It is the duty of courts or ethical committees to determine what role the patients’ families play in deliberating the future of the unconscious patients. Consideration has to be given as to whether or not patients had given prior consent for cessation of treatment upon reaching a designated stage of illness, and whether patients understand the medical explanations submitted to them by physicians.

The aim of this paper is to examine two models of thinking about the issue of the right to die in dignity: one takes into consideration the rights and interests of the individual, her or his autonomy; the other supposes that human life is inherently valuable without paying much attention to the notion of the individual’s autonomy. The notion of autonomy involves the ability to reflect upon beliefs and actions, and the ability to form an idea regarding them, so as to decide the way in which to lead a life. The first model of thinking which emphasises autonomy is associated with the prevalent liberal thinking. Christian theologians and Jewish Halachic thinkers are among those who employ the second model, that human life is inherently valuable. I argue that preference should be given to the first model, and further assert that the second model may be justified in moral terms as long as it does not resort to paternalism. This model cannot be justified when imposed on patients who do not conceive life as inherently valuable, hence are willing to entertain the thought of ending their lives. The view that holds that we should always preserve life no matter what the patient wants, and that patients who opt for dying might not be able to comprehend their own interests in a fully rational manner, therefore ‘we’ know what is good for these patients better than they do, is morally unjustifiable. This view is morally unjustifiable because it ignores the wants of the patients and does not acknowledge that the preservation of one’s dignity may be valued more by some patients than the preservation of life.² We must strive to reconcile the duty of keeping a person alive with her right to keep her dignity, which may also be considered as an intrinsic value.

The interests of the individual

This model of thinking considers the rights and interests of the individual. According to this view, respecting human life permits and, in some cases, supports mercy killing. Precedents prescribe withholding medical care if such a course of action represents good medical practice,³ and if it is done “in the best interests of the patient”.⁴ This reasoning, that accentuates the best interests of the patient, has been reiterated in several court decisions and has become a cornerstone in British law. When determining these interests, the court balances the benefit of continued treatment against the pain and suffering of the patient concerned. In Re J, Lord Donaldson of the Court of Appeal delivered opinion against resuscitating a severely brain-damaged child since the pain and suffering likely to be experienced exceeded any benefit accruing from prolonging his life. Lord Donaldson argued