

The eReview provides analysis on public policy relating to Canadian families and marriage.



## Choice, dignity and death

*Why those who believe autonomy alone confers strength are wrong*

By Clement Ng

Death, as philosopher Ludwig Wittgenstein famously quipped, is not really an event in one's life (no one lives through death). Nonetheless, a multi-partisan committee of the Québec Assembly thinks that The End can be performed quite well when a doctor is offered by the state to coach. Last month, Québec's Select Committee on Dying with Dignity published a report proposing "medical aid to die." Like the 2010-11 Royal Society of Canada Panel on End-of-Life Decision Making, the Assembly working group applauds the sovereign self as the ultimate author of life's drama, the one who decides when and how to exit the stage.

Sovereignty. Autonomy. Choice. Many who welcome the report treat death like an item to pick up at a shopping mall. The motto of the group Dying with Dignity (DWD) sums it up: "It's your life. It's your choice." Their mission includes expanding "choice in dying for all Canadians." There's even a sports fundraising event called "Curl for Choice."

Choice is an expression of personal autonomy. In health care, the principle of autonomy is one of the central rules around which physicians and nurses arrange their practice. Historically, it protected the patient from the designs of overzealous or experimenting doctors. Today, the principle is regularly invoked to accommodate all sorts of dubious procedures, ranging from sex re-assignment surgery to the voluntary amputation of healthy limbs. The latter phenomenon was brought to light by the 2003 documentary *Whole*, which examined cases where perfectly fine arms and legs were severed. [1, 2]

Certainly, that is an extreme example. Nonetheless, it follows from the definition of autonomy as an inherent good. Defenders of this view often point to the importance we attach to self-determination and integrity. Our plans and decisions shape part of our identity, making us who we are. Moreover, these identity-defining projects need to complement one another for us to enjoy harmony.

Therefore, self-determination and integrity can only be realized if we have a maximum of space to pursue and integrate those goals we deem the most important. Autonomy can thus be said to add value to a person's endeavours, even misguided ones, because it fits them into his or her storyline.

However, this definition of autonomy as a "value creator" has some disquieting implications. If rights to assisted suicide and voluntary euthanasia are supposedly based on this view, then should they not be extended to every competent adult? Why should terminal illness be a requirement if autonomy is doing all the heavy lifting? Surely the decision of a depressed but otherwise healthy person to kill himself must still be valuable in some respect, because his choice was, after all, self-determined.

Anyone who dismisses this as a hypothetical problem should recall the 2007 assisted suicide requests of George and Betty Coumbias, the latter of whom was not sick but simply wished to die with her husband, who had cardiac disease. [3] Yet, without much argument, the Royal Society of Canada Panel confidently declares that "there is no principled basis for excluding them [the non-terminally ill] from assisted suicide or voluntary euthanasia." [4] Not surprisingly, the Québec Committee does not wish to limit "aid in dying" to the terminally ill either. [5]

There is a way to avoid this deeply erroneous conclusion. Properly understood, autonomy is an instrumental condition, like money. Money is not desired as an end in itself but as a means to ends. Likewise, autonomy is not a goal but is a path to human flourishing. No one acts for the sake of autonomy. It has no purpose, no point in mind. Rather, we act for the sake of genuine goods, such as life, knowledge, family, friendship, health and beauty. These are the ultimate ends in which we find our fulfillment. We should certainly use our autonomy to secure these genuine goods, for their significance is best grasped when we are not coerced by others. But it is these goods, not autonomy, that have true worth. [6]

What does this have to do with the family? Plenty. Parents do not raise their children in isolation, expecting them to ignore societal examples. To thrive, families need to be embedded in a society where the institutions do not advise the young that all dignity is ultimately a product of personal calculus. People do not become undignified by simply contracting a disease or having an accident, no matter how debilitating it turns out. As a genuine good, human life always has intrinsic dignity, even when (sadly) some individuals ascribe little significance to their continued existence.

Laws prohibiting assisted suicide and voluntary euthanasia limit our freedom but do not undermine our autonomy, because the choosing of self-death, even to end great pain, does not confer any additional worth on the act, just as stuffing money under a mattress achieves no good end. The mistake of groups advising legalized euthanasia is to think that dignity is just a feeling we autonomously create or

eliminate, when, in fact, genuine dignity is the worth of the person itself. Autonomous choice simply reveals this value we already have.

*Clement Ng is a Saskatoon-based writer and has an MA in philosophy from the University of Western Ontario. He has been a political staffer in the Office of the Prime Minister and research fellow at the Centre for Cultural Renewal.*

## Endnotes

[1] Gilbert, M. (2003). *Whole*. New York: Sundance Channel.

[2] For a defense of voluntary amputation of healthy limbs, on the grounds of autonomy, see Baye, T. and Levy, N., (2005). Amputees by choice: Body integrity identity disorder and the ethics of amputation. *Journal of Applied Philosophy*, Vol. 22, No. 1.

[3] The Coumbias travelled to Switzerland, where assisted suicide is legal, only to have the joint request turned down. Mrs. Coumbias later died of cancer, while her husband continues to live with heart disease. Schaefer, G. (2007, September 23). Until assisted suicide do us part. *The Vancouver Province*. Retrieved from [http://www.canada.com/theprovince/news/etoday/\\_story.html?id=a4e68551-1671-49b5-9f01-c9cf3b6375b4&p=1](http://www.canada.com/theprovince/news/etoday/_story.html?id=a4e68551-1671-49b5-9f01-c9cf3b6375b4&p=1)

[4] Schüklenk, U., van Delden, J. J. M., Downie, J., McLean, S., Upshur, R. and Weinstock, D. (2011). End-of-life decision-making in Canada: The report by the Royal Society of Canada expert panel on end-of-life decision-making. Ottawa: Royal Society of Canada, p. 101.

[5] Gaudreault, M., Hivon, V., Champagne, N, Charbonneau, F., Charette, B., Chevarie, G., Khadir, A., Reid, P. and Richard, M. (2012). Mourir dans la dignité: Le rapport de la commission spéciale sur la question de mourir dans la dignité. Québec City: Assemblée nationale du Québec, Secrétariat des commissions, p. 84. An English summary is available at <http://www.assnat.qc.ca/en/document/55417.html>

[6] For further explication of this approach to goods see Lee, P. and George, R. P. (2008). *Body-self dualism in contemporary ethics and politics*. Cambridge: Cambridge University Press.

Permission is granted to reprint or broadcast this information with appropriate attribution to the Institute of Marriage and Family Canada