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Death Talk

A review by Helen McCabe

In this issue

Helen McCabe's review of Margaret Somerville's book *Death Talk* argues that the book continues to have currency in discussions about the care of people who are approaching the end of their lives or who are no longer able to care for themselves.

Bernadette Tobin's article '*Exploring life, self and others*' sketches three debates, about the value of life, about the ethical significance of the self, and about how we are related to others, which inform and at times confuse discussions about current political and social questions.

We wish our readers a happy Christmas and a rejuvenating holiday.

Please find enclosed a 'Renewal of Subscription' form for 2006.

Margaret Somerville's book *Death Talk: the case against euthanasia and physician-assisted suicide* comprises a collection of seminar papers and articles written over a period of twenty years, each of which addresses both the legal and ethical issues of pain relief and of euthanasia. The impetus for Somerville's sustained devotion to these matters possibly lies in her dying father's request: having struggled with unrelieved pain at the end of his life, Mr. Ganley had asked his daughter to ensure that other elderly, dying people did not suffer a similar fate. Somerville's *Death Talk* is, seemingly, a response to that request.

In this extensive collection of writings, the author takes the reader through a consideration of such matters as rights to health and to pain relief, euthanasia and physician-assisted suicide, individual autonomy and human dignity, competence and voluntariness, intention and causation, the use (or misuse) of language in public debate on euthanasia and, among other things, the role of the law in this respect. On approaching this work, it is important to bear in mind that, by euthanasia, Somerville means '*a deliberate act that causes death*

*undertaken by one person with the primary intention of ending the life of another person, in order to relieve that person's suffering',*³ thereby distinguishing it from those actions involving the withholding or withdrawing of overly-burdensome and/or medically-futile treatment. Taken as a whole, the book offers to the general reader a variety of insights into the way in which contemporary Western society views death; most strikingly, Somerville presents us with a consideration of human death and our responses to its inevitability from a legal scholar's perspective.

The papers and articles which comprise *Death Talk* are organised as distinct chapters under six related Parts, each of which attends to the debate concerning euthanasia in one respect or another. The reader could approach 'Death Talk' in the usual way; reading from beginning to end provides a view of the development of the author's thoughts over a period of time. Alternatively, much could also be gained from selecting particular chapters or Parts according to reader interest; while each chapter tends to the main concerns of the book it does so by engaging with a variety of related concerns, such as the distribution of health care resources to the elderly, discussions on human dignity, and the promotion of human rights.

The first Part is an attempt to situate the debate on euthanasia within a worldview which acknowledges that we can do more (scientifically and technologically) than (morally-speaking) we ought to do and, for this reason, there are some things that we ought to refrain from doing: providing euthanasia is one of them. From the beginning, Somerville sets herself apart from both those whose worldviews are highly individualistic, as well as those who embrace either what she considers scientific or religious fundamentalism. Rather, she wants to argue, primarily, that the legalisation of euthanasia would have 'a harmful impact' on 'societal values and symbols', a point she develops later in addressing the consequences of

legalising euthanasia for our medical and legal institutions. In the earliest chapters, Somerville calls for recognition of the need for a 'global paradigm' or, more controversially, a 'global society' in which we might regain a 'new sense of community', the reason for which lies in the observation that euthanasia, along with genetics and reproductive technology, is not merely a matter of purely personal morality but is, also, a matter which is critical to our shared communal values.

The Right to Health Care

The claims in this chapter recur throughout the collection at various points, evolving over time to shift towards an argument for conceiving of health, health care and pain relief as things to which we have a human right. In taking this view, Somerville argues that the recognition of such rights would serve to negate the need or desire for legalising euthanasia. In taking the particular approach to human rights that Somerville does, however, she struggles with an apparent conflict between the sense of community she wants to regain and the means of achieving it. Accordingly, we find, ultimately, the unavoidable entanglement which accompanies a focus on individual rights in the absence of a convincing account of community and the common good. Somerville's entanglement at this point is not unique however; modern 'rights talk' unavoidably runs into this problem. Nor does it detract from the fine legal scholarship which characterises her writings.

Part 2 of the collection is prefaced with a brief discussion on health care resource allocation to the elderly, noting the particular vulnerability of this group to both an exclusion from the benefits of health care, as well as to the likelihood of suffering 'involuntary' euthanasia. It is in this part of the collection that Somerville raises, for the first time, the observation that no universal, government-sanctioned, formal right of access to health care resources exists in any nation, including those which count health

care services among their social welfare concerns. Somerville returns to this point again at various stages of the collection, particularly in the final chapters of the book.

The Euthanasia Debate

As the title suggests, Somerville is opposed to euthanasia and physician-assisted suicide. In chapter 6 of the collection, she attempts to clarify her position by defining euthanasia in ways which avoid the confusion prevalent in contemporary debate, a confusion, she argues, which readily forces a simplistic 'for or against *all* interventions that would prolong life' position, as well as to encourage the attribution of an artificial distinction between 'active' and 'passive' euthanasia. More concisely, Somerville stresses that euthanasia is different *in kind* from other measures that do not prolong life, and not just in degrees, as pro-euthanasia advocates are prone to claim. This point is elaborated in subsequent chapters where the distinction between omissions of treatment that constitute euthanasia and those that do not is clarified.

Somerville is also intent upon exposing the ambiguity and distortions which follow from dubious translations of moral terms and, in turn, characterise contemporary debate on euthanasia: for instance, she rejects the tendency to collapse a (liberty) right to refuse life-prolonging treatment into a 'right to be assisted to die'. Similarly, she takes the pro-euthanasia lobby to task for rejecting the use of the word 'killing' in this debate; while they argue that euthanasia is not the violent act that the word 'killing' denotes, Somerville argues that euthanasia is neither a 'gentle act' nor an act of clinical care and to use it in such respects (as advocates of euthanasia do) is, she insists, to use it dishonestly.

The disagreements between those who advocate for the legalisation of euthanasia and those who are opposed are thought to centre on differing views of what promotes better the human spirit, humaneness and humanity. Somerville rejects the idea that euthanasia serves this goal, arguing instead for the recognition of a) a right to adequate treatment for the relief of pain or other symptoms of serious physical distress, b) a right to refuse treatment, c) the acceptance of the idea that there is no obligation to provide medically-futile treatment, and c) the prohibition of all interventions and non-interventions that are undertaken with the intention of causing death. In chapter 7, Somerville addresses objections to the use of pain relief which may act to shorten life; in a discussion of the doctrine of double effect (as it is applied by the law), together with a more comprehensive discussion of the legal notion of causation, she argues that it is ethically-legitimate to administer analgesia for the sake of relieving pain, even if it does have the effect of shortening life. In the same chapter, the point is also stressed that there is no legal or moral obligation to provide medically-futile treatment; on the contrary, Somerville insists that such treatments ought to be withheld for the sake of the common good. Of course, it is also possible to argue that medically-futile treatment ought to be withdrawn or withheld for the sake of the patient and, while this view is sometimes implicit in the author's argument, it lacks explicit expression.

It is in this part of the collection that Somerville, notwithstanding the rights talk she employs throughout, urges a rejection of the contemporary tendency to consider ethical problems from within an approach that places an 'overemphasis' on individual rights, as is done by those, she argues, who want to insist upon rights-claims to be assisted to die. Without discussing the philosophical difficulties which afflict narrow rights-based approaches, Somerville focuses on the undesirable consequences of recognising a

'right to die'. Firstly, there is the slippery slope problem of viewing euthanasia as an option also for those (particularly the elderly) who are dying and who do *not* request euthanasia. Support for this claim she finds in the experience in the Netherlands where the provision of euthanasia is legally-sanctioned and where, in consequence, the elderly have become fearful of doctors and hospitals for this very reason. From the same source, Somerville also provides evidence that euthanasia has been provided to the incompetent, including handicapped babies. Secondly, Somerville wants to reject an overemphasis on individual rights so that we can also protect communities; even if we could justify the availability of euthanasia to individual persons, its legalisation would, she insists, threaten 'human values, symbols and networks' which establish the 'web that constitutes society'. It would also undermine, or leave in a precarious state, our laws on homicide in general. It is these worries which Somerville introduces to the debate on euthanasia, noting that (other than as a means of protecting innocent life) our most ancient laws and moral proscriptions are against killing, at the very least, members of our own species. On this account, the decision to accept euthanasia is not a purely personal or private one; it would have major public ramifications, including with regard to the institution of medicine: '*euthanasia puts the very soul of medicine on trial*', she states.

In chapter 6, the author proposes possible explanations as to why, at this point in history, we are debating the legalisation of euthanasia. Her thoughts on this matter are interesting. They include the following observations: that our fear of death is now such that we desire control over its occurrence, including over its timing and other conditions; that there is a trend to 'excessive individualism'; that the effect of emotive media portrayals of patients seeking help to die have been effective in mustering support for euthanasia; that we resort to an increased use of the law in response to fear; that we have substituted the religious context in which to consider human death with the legal context; that the rise of

materialism and consumerism has given rise, in turn, to thinking of ourselves as 'worn out products'; that as a consequence of a loss of a sense of wonder, awe and the sacred, we have developed a propensity to convert what we once saw as mysteries (such as human death) into problems; and that a form of 'scientific fundamentalism' (or that view which excludes other, non-scientific 'lenses' through which we might seek the truth) has been most influential in fostering the conditions in which talk of euthanasia has found acceptance.

Importantly, Somerville distinguishes her view from (what she oddly states as) a 'pro-life' position by which she seems to mean that view which holds that we should *always* act to avoid death, including by providing medically-futile treatment. The author's use of the term 'pro-life' is confusing, given that her own account places great store on the value of human life. It could be suggested that her point would have been clearer if she had substituted the term 'pro-life' with 'vitalist' to indicate that she is not condoning the view that life ought to be prolonged at all times, in all circumstances and under all conditions. For her point is this more temperate one: that we ought to act to uphold the dignity which accompanies a readiness to die when life can no longer be sustained in ways that are reasonable, a readiness which is distinct from a desire to be killed. Later, in chapter 17, she includes a discussion of the related notion of 'prothanasia' by which is meant a readiness to die at the end of a life fully lived. In this sense, it is a view of death which differs in kind from those views which justify either seeking control over the process (as is thought to be achieved through euthanasia) or those aimed, singularly, at avoiding death at all costs.

Some of the most interesting and informative aspects of this collection address the legal implications of this debate; a failed attempt to have physician-assisted suicide legally sanctioned in Canada is discussed in chapter

4, as well as in chapters 6 and 8. In the same chapters, reference is also made to existing legislation in Oregon authorising this measure, as well as to the now-repealed legislation in Australia's Northern Territory which, for at least a short while, sanctioned the provision of euthanasia.

The Right to Pain Relief

The focus of Part 3 of the collection is on the problem of untreated pain and a proposal for some legal remedies in this respect; in chapter 11, for instance, we are offered an account of the treatment of pain and suffering as it is understood in the law. Here Somerville argues for two things. Firstly, she wants the law clarified with respect to providing analgesia which has the effect of shortening life so that terminally ill patients may, without fear of prosecution on the part of their clinicians, be provided with sufficient pain relief. Secondly, she proposes that legal liability and awards of damages for pain and suffering be extended and made available as a compensatory mechanism in situations involving '*unreasonable failure to relieve pain*'. Moreover, in chapter 13, Somerville attempts to portray pain relief as something for which there is a positive human right and takes the controversial step of equating a failure to treat pain with torture: [there is] '*nothing more dehumanising, destructive, or degrading than to be in serious pain*' she declares, a point she reiterates in subsequent chapters.

Beyond the field of palliative care and acute pain management, the bioethical literature treats of the issue of pain relief narrowly², notwithstanding the ethical, psychological and practical gravity of the matter. Somerville attempts to redress this shortcoming; in doing so, she takes us to the courts, to international law and to international human rights instruments to argue for a right to pain relief along with a right to health and to health care. Over time, then, Somerville comes to treat of the matter as, largely, a legal concern, narrowing the discussion significantly: '*bioethics is a specialised area of human rights*' she argues.

An anecdotal account of failure to alleviate pain serves as a preface to Part 4 of the collection which then proceeds to a discussion of Sylvia Stolberg's view of the intrinsic nature of human dignity. The author also returns, in this Part, to the topic of euthanasia where an elaboration of the objection, raised earlier, to the use of 'misleading' language in this debate is provided, including to the employment of language designed to manipulate emotions. In Part 5, the media come under special scrutiny for engaging in this practice.

Euthanasia, Pain Relief, Human Rights and Human Death

The sixth and final Part of the collection comprises two chapters which address the concepts employed in both the law and philosophy relevant to thinking about euthanasia and pain relief, particularly those of competence and autonomy. In chapter 21, Somerville briefly discusses Dworkin's particular and highly individualistic conception of autonomy, a conception also at issue in her discussion of the following chapter where a perceived conflict between individual rights and the needs of communities is considered. Some solutions to this conflict are offered, culminating in the suggestion that we need to develop a 'new way' of thinking about human rights so as to avoid the conflicts inherent in what the author thinks of as 'traditional ethical theories'. Overall, the account of human rights offered in this collection falls far short of a thorough understanding of the *philosophical* concept of rights. Nonetheless, it opens up debate as to the use of this concept for thinking about what is owed to individuals in the way of health care, particularly with regard to pain relief. While differences of opinion may accompany Somerville's approach, it serves to remind us, nonetheless, of the importance of how we view health and death and, therefore, life and for this reason is a valuable contribution to public debate on such matters.

Overall, *Death Talk* offers a sustained and unique contribution to the debate on euthanasia and provides a spark to rekindle philosophical interest in the matter of human death. It also attempts to reinstate a conception of community into the contemporary philosophical debate in ways different from those that are usually contemplated. While disagreements may readily arise in relation to some of her claims, including from those who would, in general, concur with her views on euthanasia and the importance of pain relief, Somerville has shifted the debate on euthanasia away from the individualistic viewpoint in which it has become lodged, and has taken in the moral harm its legalisation would arguably inflict upon our social institutions, especially those of medicine and the law itself. In this way, Somerville's efforts serve to broaden considerations of the significance of human death by including a view of the broader context in which it occurs. For this reason, it is an essential reference for lawyers concerned with human rights, criminal and health care law, as well as for members of statutory authorities, policy makers, clinicians, political philosophers and health care ethicists; its clarity and avoidance of jargon also renders it suitable to the more general reader.

Death Talk may well be an attempt to fulfil a dying man's wish. If so, it is also an effort to keep alive the thought that the dignity of human life is such that we ought not to contemplate killing each other. That pain is an evil does not, of itself, provide justification for euthanasia; it simply highlights the need for the provision of pain relief measures. Moreover, the authorisation of euthanasia raises, on Margaret Somerville's view, serious concerns for the community, particularly for those important social institutions: medicine and the law. This is the argument which Somerville has developed over time and one which introduces new emphases to the debate

on euthanasia. It also prompts a deeper consideration of the need to address the suffering which attends the experience of pain. For these reasons, among others, this is an important project. However, it is a work which would benefit from a deeper philosophical analysis of key concepts, particularly those of community, human rights, quality of life and of individual autonomy. This omission was my only disappointment. Nonetheless, its ideas and provocations surely extend and enhance any consideration of the conditions surrounding human death. *Death Talk* was first published in 2001: it remains importantly useful and must be recommended.

References

1 M. A. Somerville, *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide*, McGill-Queen's University Press, Montreal, 2001, p. 106.

2 For the most part, the ethical implications of providing pain relief to those who are dying are considered in relation to its propensity to shorten life. However, little is said, in general, with regard to the kind of ethical character that any failure to attend to the patient in pain would have. One exception to this claim is the work by Eric Cassell, *The Nature of Suffering and the Goals of Medicine*, Oxford University Press, Oxford, 1991, a work to which Somerville refers at various points in her book.

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Exploring life, self, others: some preliminary questions

Bernadette Tobin

The themes chosen for this conference - life, self and others - are ones which have been the subject of some of the great debates in moral philosophy.¹ These are debates about how we should think (if we are to think truly) about *life*, about how we should think (if we are to think truly) about the *self*, and about how we should think (if we are to think truly) about our relatedness to *others*. An understanding what is at issue in these debates is not only intellectually interesting in its own right: it can also throw into relief some of the pieties and prejudices of our day, and help us to think more seriously about difficult personal and political issues: for instance, about how we can best care for people who are longer able to care for themselves, about the use of torture, about access to higher education.

Life

In a recent issue of *The New York Review of Books*, Joan Didion discussed the case of Theresa Schiavo.² She began with Theresa's story, so far as it was known, highlighting what little hard information there was about her earlier life, about what actually happened on the evening of 24th and the morning of 25th February 1990, about what the diagnosis was, what her state of responsiveness was, whether she had ever expressed any wish about how she would like to be treated in such circumstances. She went on to consider why the story became such a political one. Of course elected officials tried to reap political benefit. But it was not just they who preferred to see the case in political terms: so too did Michael Schiavo and the lawyer who represented him in the matter. Didion thinks that one reason why it was politicized was that the story involved a good deal of domestic pathology, the kind that breaks

families 'in every possible sense'. The domestic pathology grounded the accusations from both sides: and accusations became 'the air that all parties were breathing'.

Didion reflected that, though the political arguments seemed necessary, they also seemed to evade the matter at hand. On each side, the convictions that the Schiavo case seemed to validate were prior convictions, old stories, familiar griefs with, and outrages of, the American political process. The central issue remained largely unexpressed, mentioned only to be dismissed. Discussions about whether her life was 'worth living' slipped into discussions about her prognosis, into usually negative judgments about the value of a gravely damaged life, and most often into discussions about what she would or would not have wanted (the last, essentially unconfirmable) and thus about her 'autonomy rights' to have control over her own life and death. And so the 'virtually unthinkable but increasingly urgent' question which was at the heart of the case remained un-thought because no one really wanted to address it.

Didion puts the central issue this way:

"The question began with the different ways in which we define a life worth living, but it did not stop there. The question ultimately had to do with whether or not there could be occasions when the broad economic and ethical interests of the society at large should outweigh any individual claim to either the most advanced medical attention [which Theresa Schiavo did not have] or indefinite care."

There are two questions there. Though I think that Didion is right about the first, I am not so sure she is right about the second, or at least I think it arises in a different way: but that is a question for another occasion. The question about the value of life *was* central. It *is* ethical (rather than political). It *was* avoided. But it is not always avoided. In fact, amongst moral philosophers the question is a matter of lively debate: it is so because the traditional answer, the one found not only in all the major world religions but also in the central ethical tradition we have inherited from the Greeks, is under attack by the proponents of a newer answer.

On the older view, there is something uniquely valuable, something especially precious, about human life, any human life, no matter unintelligent, damaged, frail. This 'humanist' view is expressed in the Mosaic commandment 'thou shalt not kill', in the condemnation of human sacrifice in Leviticus, in the punishments for those who harm pregnant women in Exodus. It is found in the Pythagorean prohibition on the taking of human life, whether in killing or suicide. It motivates the Hippocratic Oath. It is central to the philosophy of Plato: indeed his thought that suicide is a species of ingratitude shows him to have a notion of human life as a to-be-treasured gift. And when the Australian philosopher Raimond Gaita argues that one can have a notion of life as a gift without being committed to belief in the existence of a giver of that gift, it is clear that this conception of the preciousness of a human life, of the sacredness of human life, is not an exclusively religious idea (though of course it is given distinctive expression in Christianity, in particular in the story of the good Samaritan). In fact, Christianity's 'he's my neighbour' view of the status of every human being, this view that we all (corporate crooks, drug runners, suicide bombers, ...) are owed a certain kind of respect, indeed love, in virtue of the kind of creature we are, expresses the traditional view of the value of human life: that is to say, human life has inherent value.

Today, that traditional view is challenged by a newer view, called by both its proponents and its critics a 'qualitarian' view of the value of life. This view originates in the conception of ethics as the equal

consideration of interests. Given this conception of ethics, people doing ethics - that is, all of us - need an impartial way to measure interests, one which does not privilege the interests of one group over another. Just such a conception of interests is available if one thinks of interests as desires or preferences, as things which can be frustrated or satisfied. This conception of interests, it is said, provides us with a suitably impartial measure, impartial not only between one group of human beings and another (men and women, this race or that, etc) but also between human beings and animals. For, on this view, animals too have desires and preferences, animals too are 'satisfaction seekers'. Of course, different creatures have different desires (or interests), and human beings certainly have some distinctive desires (or interests): but ethics requires us to give equal consideration to all who have interests which may be frustrated or satisfied. On this view, then, the idea that human beings have a special ethical worth, that they make special moral demands on us, is a mistake, a remnant of an almost-completely abandoned, and allegedly purely Judeo-Christian, idea that human life is inherently and uniquely valuable.

A conception of ethics as the equal consideration of interests provides the starting point for the newer, qualitarian, view of human life. This conception of ethic teaches us to think of the value of a life as something which is to be calculated according to its quality, and to think of its quality as a matter of the satisfactions it delivers. A life which delivers more satisfactions is of more value than is a life which delivers fewer satisfactions. So it follows that, because they deliver more satisfactions than do others, some lives have more value than others. It also follows that, because they deliver no satisfactions, some lives entirely lack value. And it follows that, because they deliver more dissatisfactions than satisfactions, some lives have a negative amount of value: in this sense they are lives not worth living. So whereas the traditional view is that every human life, no matter its condition, has inherent value, the qualitarian view is that the value (or 'quality') of a human life is to be calculated according to the satisfactions or dissatisfactions it in fact

delivers. Qualitarians use this way of thinking not only to criticise our conventional methods of animal husbandry (methods that can certainly do with substantial criticism, although not perhaps for the reasons the qualitarions give), but also to reshape our thinking about disabled new born infants, the permanently unconscious or unresponsive, the demented elderly.

It does not follow from the traditional ethic (the sanctity of human life ethic) that Schiavo should have been kept alive in that condition, that she was wronged by being allowed to die. Indeed, it is presupposed by the sanctity of human life ethic that we are finite creatures whose responsibility to take care of our lives has limits. 'Enough is enough', we can rightly judge, not only for ourselves but also for others for whom we think they would say judge that they have reached a proper limit on their responsibility to take care of their own lives. And such judgments need have nothing of the ingratitude for the gift of life that, according to Plato, characterizes suicide. Relevant to such judgments will be not only a judgment about the therapeutic potential of treatments but also a judgment about the burdens they may impose on the patient. So, from the point of view of traditional ethics, the condition in which a life is lived rightly enters into ethical deliberations about the prolongation of life since it is relevant to a judgment about the benefits a treatment may offer. In this context, what the traditional ethic prohibits is the deliberate bringing about of the death of an innocent human being, whether by killing or by neglect; it does not require the prolongation of life in all circumstances.

The qualitarian ethic has very different implications. Because (it seems clear) Schiavo did not have preferences that could be satisfied, because in particular she had no preference to go on living, she could not be wronged by having her life ended (whether by killing or by neglect). Notice, however, her life had significance to others: the preferences of some were satisfied by her being kept alive, and the preferences of others were frustrated by her being kept alive. So on the assumption that ethics is about the equal consideration of

the preferences of everyone affected, the ethical thing to do was to be judged according to what would maximize preferences, taking into account the preferences of everyone who had a preference in the matter and the strength of each preference. The critical thing to notice is that the life of Schiavo herself drops out of this calculation. She could not be treated unethically, she could not be wronged, by having her life ended: for she had no preferences in the matter. The value of her life came to be *just* the value that it had to others.

Joan Didion says that, on the day Theresa Schiavo finally died, the unthinkable question - about how to think of the value of a human life - was buried, and that for the time being it would remain unthought. I doubt that it will remain un-thought for much longer. There are, currently, two very different ways of thinking about the value of human life. According to one it has inherent value: every human life is deserving of our protection. According to the other, its value depends on the degree to which it satisfies preferences, such that we can talk of some lives having more value than others, of some lives having no value, of some lives having a negative value. Taking this debate seriously is, I think, a matter of the first importance.

Self

Everyone has a theory, explicit or implicit, of the self. No one can think about how we should live, what it is right for us to do, without assuming some view about *what* we are. The history of philosophy is full of great debates about the nature of the self: whether it is a separable core which may survive bodily death (as Descartes thought) or rather the form or function of the living body which thus perishes with the body (as Aristotle thought); whether, since we are 'aware of ourselves', it is a unified thing (as Plato thought) or rather, because we are often incoherent, inconsistent, changing over time, because we 'wear different hats', we are really several selves, or potential selves, or divided selves, or conflicted selves, or even sequential selves with

diminishing responsibility for our past selves (as Derek Parfit thinks). These are hard questions. I want to raise just one which concerns the relation of the self (however we understand it) to ethics. Let me begin with one of Plato's stories about Socrates.

When the Athenian democracy was overthrown, an oligarchic clique, supported by foreign troops, ruled in its place. It was the policy of the oligarchs to multiply the number of citizens implicated in their crimes – on the familiar principle of encouraging as many as possible to fear that in any counter-revolution they too will be destroyed. In accordance with this policy, Socrates and three others were ordered to arrest a prominent citizen, Leon of Salamis, who was then to be put to death on a trumped-up charge, but in reality for his money. Socrates disobeyed the order and went home whilst the other three proceeded to Salamis and made the arrest. Although Socrates himself refused to have any part in the crime, his action did not secure the safety of Leon.³

Now consider an admirably honest reflection by Peter Singer and Helga Kuhse on a story by Dostoevsky in *The Brothers Karamazov*. First, Dostoevsky: *'Imagine that you are charged with building the edifice of human destiny, the ultimate aim of which is to bring people happiness, to give them peace and contentment at last, but that in order to achieve this it is essential and unavoidable to torture just one little speck of creation, that same little child beating her chest with her little fists, and imagine that this edifice has to be erected on her unexpiated tears. Would you agree to be the architect under those conditions. Tell me honestly.'* Now Singer and Kuhse: *'How would a consequentialist – for example, a classical utilitarian – answer Dostoevsky's challenge? If answering honestly – and if one really could be certain that this was a sure way, and the only way, of bringing lasting happiness to all the people of the world – utilitarians would have to say yes, they would accept the task of being the architect of the happiness of the world at the cost of the child's unexpiated tears. For they would point out that the suffering of the child, wholly undeserved as it is, will be repeated a million-fold*

*over the next century, for other children, just as innocent, who are victims of starvation, disease and brutality. So if this young child must be sacrificed to stop all this suffering then, terrible as it is, the child must be sacrificed.'*⁴

Singer is a consequentialist, of the utilitarian kind, more precisely a 'preference utilitarian'. Consequentialism is the name given to a family of ethical theories which have in common the idea that the value of an action depends solely on its consequences. Not on anything intrinsic to the intention with which it is performed, not on the history leading up to it, not on the situation in which it must be performed: just on the consequences. Utilitarianism is a form of consequentialism which says that the kind of consequences which matter are any that bear on the interests of those affected. And preference utilitarianism directs us to look to the interests which bear on the degree of preference satisfaction brought about by an action or policy.

You will notice immediately how different this view is from that found in traditional ethics: for according to traditional ethics there are things that we should never do, such as to kill the innocent or torture the enemy, whatever the likely consequences. Traditional ethics acknowledges the importance of consequences, acknowledges that it would be absurd and irresponsible to neglect them, but insists that there is more to ethics than attention to them.

Now, though there is much to be said about the debate between non-consequentialist ethics (such as the approaches of Socrates and Plato) and consequentialist ethics (such as the approaches of Singer and Kuhse), the point to which I wish to draw attention is the very different accounts they give of the significance of the self. We can mark this difference by saying that traditional, non-consequentialist, ethics is very attentive to the significance of an action for the person who does that action (the 'agent'), whereas consequentialism is very little, if at all, concerned with that. Whereas traditional ethics is concerned with

who does good or evil, consequentialism is concerned with *what* good or evil is done. In the philosophical jargon, traditional (non-consequentialist) ethics is 'agent-relative', consequentialism is 'agent-neutral'.

Agent-neutral theories claim that each person should pursue the common aim of promoting the best outcome considered from an impartial perspective. Agent-relative theories claim that each person should take into account the significance for himself or herself of a proposed action or policy. Agent-neutral theories encourage us to calculate the likely consequences of a proposed form of conduct (say lying, or breaking a promise, or killing the innocent, or state-sanctioned capital punishment, or the use of torture to extract information from enemies) in order to see whether its use promotes the best outcome from an impartial perspective. But those committed to traditional morality's agent-relative view of ethics - from Socrates to the present day - have thought such devotion to maximizing good consequences (or good 'outcomes') misses an essential characteristic of ethics, namely we can never dispense with the question: 'What ought I do now?' That is to say, traditional ethics recognizes that each of us bears special responsibility for what we do. Socrates could not be persuaded to frame an innocent man. Although he could not prevent an injustice being done to Leon, it was not to be done 'through him'. On his view, it is better to suffer wrong than to do it. On his view, the "outcomes" of any proposal are emphatically not all that matters.

Others

Once again there are lots of debates within moral philosophy about how we are related to others, what we owe to others, what claims others may rightly make on us, what are our responsibilities to others. Here I would like to sketch two alternative views about how we stand towards others. My sketch will be a crude over-simplification, but it might nonetheless help to put some discussions of contemporary political and social questions into an historical context.

On one 'communitarianism' view, we are social or political beings. Our individual nature can only be understood in the light of an interwoven communal nature. Not only are we formed and developed in a social context, as Aristotle claimed. Our proper personal development is inextricably dependent on some form of constructive participation in the society in which we live. In appropriate respects, we are responsible for the well-being of others, since our well-being is inextricably linked to theirs. Goods, including wealth and property, are common possessions and only held on trust by individuals. The proper view of the state is that it provides a framework which enables individuals to work for a richer whole for all of its members than would be available were each to strive individually.

However, according to the dominant contemporary 'radical atomist' or "radically individualist" view, we are isolated and possessive by nature, each in some way - whether in private or in public - seeking his or her own individual advancement. We are like creatures who just happen to have washed up on the same shore and who have to find a way of occupying the same space, in competition with each other, without ripping each other to shreds. Autonomy⁵ is the highest personal value, and respect for autonomy will settle every issue: indeed we have 'autonomy rights' to control over our own bodies, our own lives, our own deaths.⁶ Margaret Thatcher summed up this view of our relationship to others: "There is no such thing as society: there are only individuals and groups of individuals." Fairness thus becomes the highest institutional value.⁷ The individual can hope to fulfill himself only by his own choices without reference to his society (except insofar as it provides him with minimal security). It is a bleak view, indeed, of human nature. But it is, I think, *the* contemporary view.

You can feel the tension between these two views of how the individual stands to others in debates about the legalization of euthanasia, about access to higher education, about 'voluntary student unionism', about

refugees/'illegal immigrants', etc. On a communitarian view, we need to consider the social implications (particularly for those whose lives are commonly devalued: the elderly, the chronically sick, the demented) of any proposal to legalize euthanasia: on a radical atomist view, all that needs to be considered is whether legalizing it would promote or hinder the autonomy of the individual who seeks it. On a communitarian view, access to higher education may legitimately reflect social values additional to fairness: equity, justice, compassion, social harmony. On a radical atomist view, access is purely a matter of fairness. On a communitarian view, immigration policies ought to reflect our responsibility for the well-being of anyone less fortunate than ourselves. On a radical atomist view, no such responsibilities exist - unless they are voluntarily taken on.

Conclusion

I have tried to set out the elements of three, distinct but related, great debates: one debate about how we should think about *life*, one debate about how we should think about the *self*, and one debate about how we should think about how we are related to *others*. These debates touch on matters of great significance. In thinking about them we are trying to discover what is true. In each case getting it right, as well as getting it wrong, has and will continue to have serious practical implications.

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References

1 This article is based on the Opening Address given at the Vincent Fairfax Fellowship Symposium 2005. The conference theme was: Exploring life, self and others.

2 Joan Didion: The Case of Theresa Schiavo, *The New York Review of Books*, 9th June 2005

3 See John M. Rist's *Real Ethics: Rethinking the Foundations of Morality* (Cambridge, Cambridge University Press, 2002) for a fuller discussion of this story and of its 'agent-relative' significance.

4 *Bioethics: an Anthology* edited by Helga Kuhse and Peter Singer, Oxford, Blackwell Publishers, 1999: Introduction.

5 This view emphasizes the sovereignty of choice. A lot of silly things are said under that rubric. Recently a radio announcer said, in the context of discussions about Australian-born Islamists, that he did not have to understand Islam better if he didn't choose to do so: if he choose to remain ignorant of it, well, that was his choice!

6 Theresa Schiavo had made some throwaway remarks about 'not wanting to be like that' when watching a television movie about someone with a feeding tube. These remarks were highlighted by those who thought that the matter could be settled by reference to 'respect for her autonomy'. Since she had no autonomy to be respected, it had to be invented for her!

7 The origins of this radically atomistic individualism lie in a rejection of absolute governments, whether political or ecclesiastical, against which individuals were increasingly said to have rights, thought of not as correlatives to duties but rather as prior to them. The proper role of the state (which is seen less as the community or society as a whole and more as 'the government') is to protect its members against one another (and against itself!). In this respect, individualism has a political source in the desire for justice. But it becomes a monstrosity when the respect that justice requires is elevated into the sole principle of social existence.

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