Chapter Four: Considering and Reconsidering Suicide

Talking about dying must include considering suicide. Albert Camus wrote that there is but one truly serious philosophical problem and that is suicide. How immediately and practically one wishes to consider suicide for oneself is a theme to be explored within a more general examination of suicide. The considering of suicide refers to a phenomenon that is presumably as old as the human race. Are there any perennial truths that the considering of suicide reveals? That is one of the concerns of this chapter.

Reconsidering suicide implies a different attitude. The presumption, or at least suspicion, is that there is something new about suicide, that suicide is now so different in the present that a revision of past judgments is called for. Some changes concerning suicide are easily documented. For example, the number of teenagers and young adults committing suicide has taken a startling jump in recent decades. David Satcher, Surgeon General of the United States, felt compelled in 1999 to issue a Report on Suicide for the first time in the two-hundred year history of that office. Whether greater numbers are symptomatic of a change in the nature of suicide is a question to be asked.

The biggest obvious change affecting suicide has been the difference in medical practice since the middle of the twentieth century. The effects of this new medicine have been complex. We now know more about medical conditions that contribute to suicide and about medicines that can be helpful in stabilizing potentially suicidal lives. That knowledge has led to a more compassionate, less harsh judgment in most cases of suicide.

The other side of medicine’s reshaping of the question of suicide is the possibility of prolonging the dying process almost indefinitely. Some people wish to end their lives because they have reached a point where nothing remains to their life but machinery keeping them alive. In such cases, dying seems to be more appropriate and more desirable. The situation of a ninety-year-old in an intensive care unit, who is being kept alive by a feeding tube, is genuinely new in human history. So also are questions about a person refusing to use such technology. A study in the 1980s found that nine percent of people who are on kidney dialysis came to a point where they simply decided to stop. The decision clearly means that their lives are ending. Is that suicide?

The answer to that question raises the issue of whether all forms of ending one’s life should be covered by a single term. We may need a new term if the nature and forms of ending one’s life have drastically changed. Attempts at
neologisms usually do not work and I do not propose to offer one here. At present, descriptive phrases are sometimes used, such as voluntary death. If there is essential change in reconsidering suicide, a new term is likely to emerge.

Suicide was itself invented in the seventeenth century as part of a shift of attitude, or at least as the signal of the beginning of a shift. Previous terms, such as self-murder or self-homicide, carried a strongly negative judgment. Suicide, meaning to kill oneself, left open the possibility that the killing is neither a crime, a sin nor a sickness. The first citation in the Oxford English Dictionary is from Charleton in 1651: To vindicate one’s self from inevitable calamity by Suicide is not a crime. John Donne had already broached that position in his 1644 essay Biathanatos: A Declaration of that Paradox or thesis, that selfe-homicide is not so Naturally Sinne, that it may never be otherwise.

A survey of eighteenth- and nineteenth-century uses of suicide suggests that there was limited success in Suicide becoming a neutral term. Suicide picked up most of the meaning of self-murder and to this day it remains overwhelmingly negative in its meaning. Advocates of legal, ethical, socially approved suicide will probably not succeed without the birth of a new term that is not burdened with Suicide’s connotations.

For considering and reconsidering suicide an impressive body of literature has been built up in recent decades. These studies allow for some measured judgments about the past and some medical understanding of suicide’s past and present. One must nevertheless approach the subject with humility. Suicide remains one of the great mysteries of human life. The reflections in this chapter can only nibble at the edges of the mystery.

If, as Camus said, suicide is the one serious, philosophical problem, then it should offer a test of what has been written in this book up to now. The framework of this chapter comes from the previous chapters: Does suicide belong in death education, and, if so, how? Is suicide natural or unnatural - or both? How does suicide fit into stages of dying that are also stages of living? Is suicide a dignified way to die and what does suicide say about a right to die with dignity? Suicide may be able to throw light on these question that have been treated in the Introduction and first three chapters. Conversely, if the material that has been developed so far provides insight into dying and death, it should be of some help in understanding suicide.

Suicide in Education
I pointed out in the Introduction some parallels between sex education and death education. Both of these names are used for courses taught to children in schools. That usage places an impossible burden on school teachers of the young because neither sex nor death fits comfortably into a classroom. Education in matters of both sex and death should begin in infancy and continue into old age. Education belongs in the home, in the work setting, in leisure activities and in all of school life, not just the classroom. When the classroom for children is given exclusive educational rights to delicate and controversial issues, there is pressure to preach against what is not socially accepted. Or teachers wishing not to be accused of advocating the socially unacceptable may take the safer route of silence.

Jocelyn Elders lost her job as Surgeon General of the United States when she casually acknowledged, in response to a question, that masturbation should be part of sex education. She was stating an obvious truth, namely, that a sexual education cannot neglect discussing a near universal practice, such as masturbation. The classroom's part in education should not be to advocate or condemn a practice but to understand it. If education were thought of as lifelong and lifewide, the teacher in a classroom of children could concentrate on the students learning how to ask the right questions and how to understand the history and meaning of each aspect of human experience.

If an official can lose her job for saying masturbation should be included in sex education, it would no doubt be similarly dangerous to say that suicide should be part of everyone's death education. However, similar to sex(ual) education, the main burden for education in matters of dying and death should not be placed upon classrooms for children. Unless suicide is acknowledged as a practice throughout history, it is likely to emerge from hiding as an emotionally charged subject for the classroom. The teacher in the sixth or ninth grade may prefer to avoid the subject, or if it is unavoidable, the schoolteacher may unmistakably condemn suicide as disgusting, sick, horrifying, immoral or criminal.

The trouble with telling young people that a practice is unspeakably bad is that, while a majority may consciously accept that judgment, the condemnation creates a fascination for some people. Even for those people who are rationally convinced that the practice is not to be entertained, an attractive allure may remain. Talk about suicide can, of course, be a prelude to committing suicide; everything depends on the kind of talk. Discussion of the history of suicide, its conditions, causes and prevention, is not a guarantee that suicide will not be attempted. But trying to suppress suicide through silence or unequivocal condemnation is even less of a guarantee that suicide will not happen.
The mechanism of psychological repression is better understood today than it generally was in the past. Although it may seem dangerous to acknowledge some practices concerned with sex or death, they can be more dangerous when hidden in the shadow of consciousness. On a scale of practices that are dangerous, suicide would seem to hold first place. Sexual experimentation can have unwanted or embarrassing effects, but there are usually remedies and corrections. Suicide does not have the same room for experimental error so a society’s dire warnings are understandable but they are of doubtful effectiveness.

Western society after the fourth century C.E. offers a case study in the control of suicide. The early Christian movement, instead of clearly condemning all suicide, seemed to offer reasons for laying down one’s life. Jesus had said “I lay down my life….No one takes it from me.” (John 10:17-18). While Jesus’s followers did not presume to have the same power over life and death, they did expect to share in the same joys of heaven. Jesus went willingly to his death in anticipation of being raised by his Father. So, too, Christians believed that death was entrance into eternal life and reunion with their loved ones.

Becoming a martyr, a witness, was highly honored in the early church. However, the martyr was not someone wishing to die but a person willing to die rather than renounce the faith. As G.K. Chesterton formulated the difference: “A martyr is a man who cares so much for something outside him, that he forgets his own personal life. A suicide is a man who cares so little for anything outside him that he wants to see the last of everything.” In principle the line was clear but there were borderline cases. Apollonia, who died in 249 C.E., did not wait for her executioners to push her into the flames; she jumped. Was that martyrdom or suicide?

There were enough questionable cases in Augustine’s time that he felt the need to condemn suicide as “detestable and damnable wickedness which is never justifiable.” Augustine thereby extended the commandment forbidding wrongful killing to oneself. The Hebrew Bible (Christian Old Testament) has more than a dozen suicides (including Sampson and Saul) that do not receive divine censure. Jewish law allowed suicide if it was necessary to escape murder, incest or idolatry.

A turning point came in 73 C. E. after the suicide of 964 Jews at Masada to avoid Roman idolatry. Although Masada is to this day celebrated in Jewish memory, the Jewish attitude to suicide shifted toward a more universal condemnation of the practice. Augustine, like the Jewish leaders, saw his own Christian community endangered by the prevalence of suicide among Christians.
Augustine was very successful on this point, among many others, in setting the direction of Western church law and even secular law. Suicide became the sin against the Holy Ghost, the one sin for which repentance was impossible. Thus, Judas Iscariot, the New Testament clear case of suicide, was consigned to hell. Anyone who attempted suicide was condemned as a sinner and a criminal. If the suicide was successful, punishment was directed to the corpse and to the possessions and the relatives of the dead person.

What happened in subsequent centuries could not have been foreseen by Augustine. Alfred Alvarez, in his history of the Christian attitude to suicide, writes: The Christian ban on suicide, like its ban on infanticide and abortion, was founded on a respect for life....Yet what began as moral tenderness and enlightenment finished as the legalized and sanctified atrocities by which the body of the suicide was degraded, his memory defamed, his family persecuted. The theology of the Middle Ages, including that of Thomas Aquinas’s Summa Theologia and Dante’s Inferno, was unambiguous in the condemnation of suicide. Church law could not have been more severe.

Was this total condemnation effective in stopping suicide? We cannot be certain, given our sketchy knowledge of the lives of ordinary people in the distant past. However, the most extensive studies of medieval suicide paint a picture surprisingly similar to today’s situation. A commentator on Alexander Murray’s Suicide in the Middle Ages observes: The profile of medieval suicide does not seem to differ in essentials from modern suicide. Its causes were various and personal; mental illness and overwhelming stress were frequently acknowledged. So the Middle Ages were not peculiar; they were neither too primitive for suicide to exist; nor too religious to obviate individual desperation. A similar conclusion is drawn by Georges Minois in surveying the Middle Ages. For reasons of poverty, sickness, jealousy, hopeless love and honor, suicides had their way despite peril to their souls, posthumous injury to their bodies and the distress caused to their relatives.

Although the invention of the term suicide in the seventeenth century signified a shift already occurring and presaged further change in the centuries that followed, neither church law nor secular law changed quickly. Most European nations decriminalized suicide in the eighteenth and nineteenth centuries. English law still made it a felony until 1961; Ireland until 1993. The United States was always more lenient but some states still have a law against it.

The larger change was one of attitude, a tendency to find exculpatory factors.
for the individual while the act itself was still condemned. The most common factor was a judgment of *non compos mentis*, not guilty by reason of insanity. In seventeenth-century England, one out of ten suicides was so judged; by the nineteenth century nearly all cases of suicide were taken to be indications of mental sickness.\textsuperscript{xiii} That judgment seems largely vindicated by twentieth-century scholarship: \textsuperscript{A}Study after study in Europe, the United States, Australia, and Asia has shown the unequivocal presence of severe psychopathology in those who die by their own hand; indeed, in all of the major investigations to date, ninety to ninety-five percent of people who committed suicide have a diagnosable psychiatric illness.\textsuperscript{v}

The distinction between the action that is thought to be criminal or immoral and the actor, who may not be morally responsible, has allowed even the stiffest opponents of suicide to exercise compassion in actual cases of suicide. Thus, Jewish law continues to have a strong stricture against suicide but Jews refrain from judging the individual case of suicide.\textsuperscript{xv}

The Roman Catholic church, since the Second Vatican Council, has moved toward a similar position. Everything is done to comfort grieving relatives. No disrespect, such as exclusion from consecrated burial grounds, is shown to the deceased. The Catholic church is here living up to one of its most basic principles: God alone is ultimate judge. No religious official can judge the mind and motives of the person who has committed suicide.

The recognition that mental illness affects most people who commit suicide has, on the whole, been a positive and helpful development. The only drawback is that the presence of psychopathology could be equated with a complete explanation of suicide. Differences among kinds of suicide could be obscured and different kinds and degrees of mental illness might also get downplayed. The presence of mental sickness answers some questions while raising others. Underneath the mental disturbance there are still questions about what suicide means both to the individual attempting it and to the community where it occurs. One can continue to ask these questions even while drugs are being prescribed or psychotherapy is tried.

The explanation of mental illness does not do full justice to the complexity of suicide. Concerning the label of insanity, James Hillman writes: \textsuperscript{A}Justice is performed by defamation of character. To be saved from being found a murderer, one was defined a lunatic....The \textsuperscript{A}sane\textsuperscript{=}suicide was consequently hushed up or disguised as an accident.\textsuperscript{vi} Despite today\textsuperscript{=}s greater openness about suicide, there are still many disguised cases and strong resistance to the
idea that someone rationally decided to end his or her life.

Is Suicide Natural?

The question of whether some activity is natural is usually related to a concern with morality. In the first half of the twentieth century the main school of ethics denied that there is a connection between the natural and the moral. In the second half of the century, for a variety of reasons - war crimes, feminism, ecology - the question has returned. To say that the natural is moral (or the moral is natural) would be too simplistic. Nonetheless, the question of what is natural cannot be avoided nor can the question of some link between the natural and the moral.

One route that people take in assessing what is natural for humans is to look at the historical record. If something has always been present, as far as we can tell, that fact would seem to count for its being natural. For example, the Kinsey Reports and subsequent studies of homosexuality strongly suggest that homosexuality has always been present in the human population. In the past, one of the most frequent uses of the term unnatural has been in reference to homosexuality. Data that show the existence of homosexuality throughout the centuries shift the burden of proof to those who call it unnatural. The question becomes not how can homosexuality be natural but why should it be called unnatural.

If one approaches natural in this way, another ambiguous term that usually shows up is normal. If something is always present, cannot it be called normal? The only unequivocal meaning of norm/normal is mathematical; the statistician decides mean and median. To be normal is to fall within some expected range toward the middle of a group. Talking about what is normal can work against any minority of people in the population. In statistical terms, the left-handed or the homosexual person is not the norm. The danger comes when being different - outside the norm - slides into being thought sick, immoral or unnatural. The term abnormal certainly acquired these connotations so that it would be unfair to say that a left-handed person or a homosexual person is abnormal.

I suggested in chapter one that a consistent meaning of humanly natural refers to what we are born with, the powers of the unique person that constitute its place at the center of life on earth. Historical studies help to determine the range of those powers. The natural in this meaning is amoral, simply the given from which human actions flow. The activities of a person are moral if they are in accord with these powers, transforming possibility into actual practices. Personal
morality is more than natural, a reshaping of oneself in relation to other human and nonhuman beings. In contrast, a person's activities are immoral if they are violently in conflict with the human organism and its capacities to partake in the human community. An immoral act is in this sense unnatural, a direct attack on what constitutes the naturally human.

A common way to dismiss all talk about what is natural and unnatural is to say that since murder or rape or stealing are present throughout history they cannot be called unnatural; that is, they are natural to human beings. This objection misses the mark. Murder or rape is indeed the activation of natural powers but they are destructive uses of the natural and therefore deserve to be called unnatural. The capacity to murder is natural; the act of murder is unnatural. If anyone and everyone engaged in it there would eventually be no human community.

This relation between the natural and the unnatural is not so paradoxical as it may seem. The same relation is found elsewhere. Only a rational being can act irrationally; other animals act non-rationally. There is a clear distinction between the irrational, as a destructive force, and the non-rational, as a different way of doing things. Similarly, only a professional can act unprofessionally; other people are simply non-professionals. Acting unprofessionally connotes moral failure. So also, a humanly natural being is the only one that can act unnaturally. What is not natural may be a positive complement to the natural, but what is unnatural has almost always indicated a distortion or destruction of the natural.

On the question of whether suicide is natural, it is helpful to acknowledge that the capacity for suicide is. James Hillman writes: Without dread, without the prejudices of prepared positions, without a pathological bias, suicide becomes natural = It is natural because it is a possibility of our nature, a choice open to each human psyche. I agree with the second sentence - that suicide is a possibility of our nature but the first sentence may imply too much. The actual performance of suicide is other than natural - either a more than natural personal act or a supremely unnatural act. On the face of it, no human act is more unnatural - the destruction of the human person and nature. That judgment leaves open the question of moral responsibility for the act.

The judgment in past centuries that suicide is an unnatural act remains generally convincing. But in addition to recognizing the exculpatory presence of mental illness, two other qualifications are needed. First, it seems possible that some individuals today are not violently opposing their natures so much as listening to their organism telling them: enough, it is time. Contemporary
medicine has extended their life but a stop seems called for. In the next chapter I will examine what safeguards are needed for this possibility.

The other qualification of suicide as unnatural is the dimension that Hillman digs for. The person who chooses suicide is taking an option available for all of us, a power natural to the human. The suicidal person can be a threat to our complacency, forcing us to ask ourselves if we have chosen to live or merely not chosen to die. He or she forces us to ask what kind of life we are living and whether that is all there is. Hillman writes: AThe impulse to death need not be conceived as an anti-life movement; it may be a demand for an encounter with absolute reality, a demand for a fuller life through the death experience.@

In summary, suicide is both natural and unnatural. It is natural insofar as the capacity for suicide is humanly natural. The act of suicide is, with possible exceptions, unnatural, a destruction of the nature in the person who commits the suicide. One can say that suicide is a normal part of human history, subject to statistical predictability. At the end of Alexander Murray’s statistical survey of suicide in the Middle Ages, he has one general observation: AHow normal the picture has been.@ Yes, the Middle Ages compared to the present have similar patterns of suicide.

Emile Durkheim, in his classic work, Suicide, found great variations among ethnic, religious, educational, age and other groupings. What is normal among Swedish Lutherans is not normal among Jews; the Swedes have a high rate, the Jews a low one. In using education as a measure, the normal rate of suicide goes up according to the educational level. In looking at war and peace, the normal rate of suicide goes down in wartime. Durkheim was looking for a sociological law that would encompass all the variances. He found a rule that did explain the frequency of suicide in most groups: the rate of suicide varies inversely with the solidarity of the group.

A higher rate of suicide seems to be the price we pay for the increasing individualism of modern times. Thus, the abnormality of suicide might be expected to increase. In recent decades it certainly has among some groups, especially teenagers and young adults. But the (statistical) normality of twenty-year-old men committing suicide does not lessen the abnormality of individuals committing suicide. The fact that something is a normal part of human experience is neither an explanation nor approval of individual cases of suicide.

Suicide as Developmental?
For a person to think about suicide is both natural and normal, that is, part of human development. The commission of suicide, however, except as the culmination of human development, is unnatural and abnormal. The process of human development is endlessly mysterious and varied. I suggested earlier that Kubler-Ross's stages of dying may throw light on stages of living. The stages of dying consist in a dialectic of yes and no: yes to life, no to death; no to life, yes to death; yes to life inclusive of dying. From earliest infancy, the process of affirming life through partial denial and partial acceptance of death is at work.

The possibility of suicide is a developmental moment that people may reach quite early in life, as soon as choice is possible. There are recorded cases of children as young as six-years-old committing suicide. The thought of such a possibility may frighten adults, but trying to block out all awareness of suicide will not work. Until we can choose death, we cannot choose life. Until we can say no to life, we have not really said yes to it, but only have been carried along by its collective stream.

The parallel is a child's ability to tell lies as the precondition of a moral commitment to the truth. Until he or she has an interior life that makes dissimulation possible, the child cannot sort out truth from falsehood. Fanciful stories by a small child are not lies; they are a necessary part of learning how to tell the truth. A person who could not tell a lie would be humanly underdeveloped.

As soon as an interior life leads to playing with images and languages, the thought of suicide provides a limit case for experimentation. Suicide fantasies provide freedom from the actual and usual view of things. Most children and teenagers have at some time entertained the question: I wonder how they would feel if I killed myself? Only a tiny minority of these young people move from vague fantasy to actually planning their own deaths. Some of them go so far as to put the plan into practice.

We do not know what percentage of attempted suicides are desperate attempts to get help. No doubt there is ambivalence in many cases, which is often indicated by the means chosen. An overdose of pills may or may not be an accident; it may be either an attempt to end one's life or else a cry for attention. More girls than boys attempt (or seem to attempt) suicide, but more boys succeed. Girls often do not know how much of an overdose is needed to cause death, but that ignorance may be part of the ambivalence about whether they really want finality. The estimate of half a million people a year in the United States who need treatment for attempted suicide suggests the confusion and
mixed feelings that are usually present in the attempt to end one’s life.

The mixed feeling about whether one wishes to live or die is related to the phenomenon of people trying to slowly kill themselves or acting in a way that makes death quite likely. Karl Menniger coined the term chronic suicide for this kind of activity; Edwin Shneidman’s subintentional death seems to cover the same area. In some respects this is a more puzzling issue than the 30,000 plus who are officially listed as suicides. Why do hundreds of thousands of people seem to be intent on dying by reason of automobile accidents, alcohol or daredevil sports?

For the teenager, life-threatening risks are less likely to be a case of chronic suicide than a case of the illusion of invulnerability. Death is for the sick and aged, not the nineteen-year-old motorcyclist. However, when a forty-year-old man is constantly acting in ways that are obviously dangerous to his health and safety, one has to wonder whether the drive for death has overtaken the wish to live.

It is true that every individual takes calculated risks every day. Every time an individual gets into an automobile in the United States he or she risks being one of the one thousand that day who do not get out alive. Crossing the street in New York or London is certainly life-threatening. Smoking can kill you, then again it might not. How far should one go in avoiding danger? An outsider may think you have calculated the odds very poorly in regard to smoking, climbing mountains or being a police officer on the bomb squad, but some risk-taking is not proof of chronic suicide. Only when the individual lives by a pattern in which the odds are terrible and no good purpose seems to be served has a line been crossed. Exactly where that line is may be unclear to the individual or to friends who would like to help.

One of the things that seems at work in chronic suicide is that the calculated risks of partial denial/partial acceptance of death have not been consciously worked out and integrated into one’s adult development. Death has been banished from consciousness only to become encysted in the soul. While a clear choice to commit suicide could not be further from the person’s mind, a hastening of death is at the center of a person’s life. The person may seem to act with fearless bravado and an exaggerated lust for life, but the seductive lure of dying actually underlies each activity.

The problem here is not the failure to recognize one’s mortality but, rather, doing it in a duplicitous way that distorts the cycle that says yes and no to death. Many people who commit suicide are manic-depressive. This disease is a
startling exaggeration of the yes and no stages. In the manic stage, the person overflows with life, often displaying extraordinary talent and creativity. In the depressive stage, life withdraws to the point of a paralysis of activity. Each cycle can increase the distortion of up and down, until the organism cannot sustain such jolts, and suicide then results. There is nothing romantic or uplifting about this form of suicide. The control of manic-depression by drugs has been one of the welcome developments of modern medicine. Successful treatment means having the normal mood swings that people have, including sometimes feeling depressed.

Carrying out suicide is not what anyone expects of a middle-aged, healthy person. When it happens, there is shock and the feeling that life has been aborted prematurely. The relatives and close friends of the deceased person feel conflicted about how this could have happened. As for the person who attempts suicide, it is noteworthy that in Raymond Moody’s study of near-death experiences, the one group that did not have a pleasant experience were the attempted suicides.\textsuperscript{xxv} The organism seems to be saying: Not yet; you still have work to do.

James Hillman makes the paradoxical claim that suicide is delayed death rather than premature death; suicide is the late reaction of a delayed life which did not transform as it went along.\textsuperscript{xxvi} The person has failed to go through some of life’s small dyings and renewals. Suicide is an urge for transformation but the means taken are too literal, too hasty, too violent. The treatment to prevent suicide would have to include going through the death experience - for example, feelings of despair - to arrive at a newness of life.

Until modern times, writes Robert Neale, what every Tom, Dick and Harry has known is that you come to an end in order to come to a new beginning.\textsuperscript{xxvii} In trying to prevent suicide one has to move with the rhythm of yes and no, and be willing to wait for new life instead of trying to return to the old. An the keeping of a kind of death vigil together, the panic reaction diminishes and with it the hasty assault on death.\textsuperscript{xxviii}

Such delicate counseling, when a person’s life hangs in the balance, requires great skill. Sometimes a professional counselor is not available and a close friend may be the last link to life for the person who is suicidal. But the care and concern of one or a few friends sometimes makes all the difference on the side of life. A friend once recounted how, while sitting on a bridge and ready to jump, he was dissuaded by the fact that a couple of people would feel bad.
The urge to suicide does not usually increase as one ages. There has been some increase in the suicide rate among the old but most of that refers to people who think that their dying is being over extended by medical technology. Healthy, old people are mainly concerned with living each day, not planning their deaths. Even people who have been diagnosed with a fatal illness are not prime candidates for suicide. Those who have learned to wait throughout life are content to wait for death. The process of yes and no is telescoped into six months or a year but the dying person is not inclined to speed up the process further.

When the sick are properly cared for, suicide is not an overriding issue. The biggest demand for the legalization of physician-assisted suicide has come from the middle-aged who are worried about whether anyone will care for them when they are old. Suicide is not a common demand in hospices. If pain can be controlled and no external factors overwhelm them, the dying do not clamor for suicide. Kubler-Ross writes: Within the last twenty years only one person asked me for an overdose. I didn’t know why and I sat down and asked him: Why will you have it? It turned out that he was concerned that his mother could not bear the situation.

Patients who have been told that they have only weeks or months to live often have a better sense of life as a rhythm of yes and no. The impulse is not to choose death but to accept that there is a greater power than one’s choice. A near-death experience or an attempted suicide can make one sensitive to death as a constant companion who does not have to be invited into one’s life. After having attempted suicide, Gloucester, in King Lear, says: You ever-gentle gods, take my breath from me/Let not my worser spirits tempt me once again/To die before you please.

Is Suicide Dignified?

I pointed out in the last chapter that the fundamental question about dying with dignity is whether we are referring to the dying patient or to the community of care givers. Is dignity something one tries to hold on to as life ebbs away or is dignity what is deserved by the dying person whatever his or her condition?

Advocates of legalized suicide are very much concerned with the first meaning of suicide. A person’s dignity, they assume, consists in retaining rational control of one’s faculties. Rather than become dependent on others for performing ordinary bodily functions, a person should have the right to end his or her life. While he or she still has some dignity left, suicide should be an available option.
Few people would deny that this argument has some merit. Unless one believes in an absolute prohibition of suicide by God, it is difficult to see why suicide should not be acceptable in some circumstances. Who better to decide than the individual whose life is in question?

There is, nonetheless, a troubling aspect about the contemporary push to make suicide acceptable. It can miss the main point of dying - and living - with dignity. A widespread adoption of rational suicide could be dangerous for classes of people whose lives are disabled or who are in any way outside the normal. At the least, the human race should go slowly in changing the legal and ethical status of suicide.

Some controlled experiments lasting years or decades should be studied before changing wider social policies. The Dutch have been carrying out a useful experiment since the 1980s; it was not until the year 2002 that suicide was completely legalized. A physician is allowed to help a person commit suicide but only under strict conditions. Not surprisingly, there are disagreements about how well this policy has been working. The Netherlands is a small country with a population that is unusually independent and well-educated. Most people die at home rather than as in the United States where eighty percent die in hospitals. The Dutch provide a good testing ground for legalizing suicide but the results are not easily generalizable to countries such as the United States.

Within the United States the state of Oregon made sense as the first place for experimenting with physician-assisted suicide. It is a relatively small state with a long tradition of independent-minded people. Some important lessons can be taken from Oregon’s experience without either immediate application to the country as a whole or interference by Congress which tried to reverse the law.

When Australia initiated legalized suicide, it did so in the Northern Territory. As politicians quickly found out, that was the wrong place to start. The fact that the Northern Territory is twenty-five percent Aboriginal raised special fears. A government report concluded: At has been expressed to us by a number of individuals that euthanasia is seen by some as a further method of genocide of Aboriginal people. The law was revoked after bitter denunciations. The episode was unfortunate, particularly because Australia, with its relatively small population of independent-minded people, seems a good place to experiment with controlled suicide.
Advocates of dignity promoting suicide draw the picture of a candidate for suicide as a man who has been diagnosed with a fatal disease and who has nothing to look forward to except complete loss of everything that he values in life. The only reasonable thing seems to be to end his life on his own terms, avoiding the indignities of a failed body and the burden he would place on his relatives. Sherwin Nuland cites the example of Percy Bridgman, a brilliant Harvard professor, who shot himself on August 20, 1961. Nuland calls this suicide close to being irreproachable. Bridgman left a detailed explanation of why he was ending his life. Here was the case of a man facing his death with his dignity intact. Yet even here, more than a cool, rational choice was involved. He wrote: At is not decent for society to make a man do this to himself. Probably this is the last day I will be able to do it to myself.

Most suicides do not resemble Percy Bridgman. They run the gamut from murderers who kill themselves after killing others, to the despairing and the sick who are beside themselves with pain. In most of these cases, suicide is a failure of dignity even though it may be difficult to say who is at fault.

The suicide/murderer has, for whatever combination of reasons, failed to find a dignity in life or in death. The violent end may be his or her own fault but usually there are environmental factors as well. The desperate wish not to feel the sting of disrespect destroys the very basis of respect and dignity. The suicide may be hailed as a hero by other desperate people but such suicide should not be dignified as admirable.

People who are physically dependent on others for ordinary human actions (eating, dressing and cleaning themselves, going to the bathroom) are in a very different situation. Although they are not at fault for whatever they lack, they may be treated with something less than dignity by callous professionals or exhausted family members. The temporarily abled should not be so short-sighted. As death approaches, nearly everyone moves in the direction of greater dependence on a surrounding community. If a caring community is absent then the resulting isolation can pressure the individual toward suicide. Alvarez says that total loneliness is the precondition of suicidal depression.

It seems inevitable that suicide will find widespread legalization. But I think that the Hemlock Society and Dr. Jack Kevorkian should be restrained in celebrating a victory. At most, the success seems a sad necessity for some people. If considered to be a widespread solution to the increasing cost of health care in the United States (a motive that would never be admitted), the national acceptance of suicide would put great pressure on the elderly, the poor and the
sick. A right to commit suicide could quickly become a duty to commit suicide. Not only the ninety-year-old who has multiple serious health problems but millions of young and middle-aged adults, who are a net loss to the nation’s economic productivity, may feel a pressure to do the noble thing and stop being a drain on their relatives’ resources. Their suicides would not be a net gain for death with dignity. In the coming decades the policies concerning suicide and the practice of suicide in coming years may reveal what kind of society we are.


iv. John Donne, Biathanatos

v. Anthony Flew thinks that the use of commit with suicide signals the act as negative.; Daniel Maguire, Death by Choice (Garden City: Doubleday, 1984), 183.


viii. Augustine of Hippo, City of God


xi. Georges Minois, A History of Suicide.

xii. Kay Redford Jamison, Night Falls Fast, 18.

xiii. Ibid., 17.

xiv. Ibid., 100.

xv. Maurice Lamm, The Jewish Way in Death and Mourning (New York: Jonathan David,
17

1969), 217.


taxii. Ibid., 63.

taxiix. Ibid., 63

xx. Alexander Murray, *Suicide in the Middle Ages*

xxi. Emile Durkheim, *Suicide* (New York: Free Press, 1951(1897)).


xxiii. Ibid., 70.


xxviii. Ibid., 68.


