

What is Wrong with Rational Suicide

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Abstract

Recently, the 'right to die' became a major social issue. Few agree suicide is a right *tout court*. Even those who believe suicide ('regular', passive, or physician-assisted) is sometimes morally permissible usually require that a suicide be 'rational suicide': instrumentally rational, autonomous, due to stable goals, not due to mental illness, etc. We argue that there are some perfectly 'rational suicides' that are, nevertheless, bad mistakes. The concentration on the rationality of the suicide instead of on whether it is a *mistake* may lead to permitting suicides that should be forbidden.

1. Introduction

Is suicide ever morally permissible? Kant forbids it, regardless of how rational it may be, as it is a use of a person as mere means to an end (Kant 1996:423). Most Judeo-Christian philosophers, concur, though for different reasons: e.g., because it is contrary to nature, because our lives belong to God and only He can take them, and because it hurts the community (Aquinas 2006:II, Q64, A5), to say nothing of the biblical prohibition against murder. It should be noted that this is a relatively late development, the Bible treating suicide neutrally (See, e.g., Saul's suicide [1 Samuel 34:4] or Zimri's [1 Kings 16:18] in defeat, or Judas' [Matthew 27:5] in remorse.) We bracket the question of whether Jewish or Christian martyrdom, generally praised even in later periods, can be seen a form of suicide that's an exception to this general negative attitude.

The opposite (libertarian) view claims one's life is one's own and, if one doesn't harm others, suicide is permissible even if irrational. Some even argue that a patient's mental illness is no reason to stop her suicide (Szasz 2002:49—, 2004:23-24. We are slightly 'cheating' since Szasz famously claims there *is* no such thing as mental illness and it is an excuse for psychiatric control of individuals, but the point remains). For many classical liberals autonomy, not rationality, is seen as the crucial point: suicide might be a case of expressing a person's autonomy, his rejection of what is seen as a bad life, and therefore (however irrational this rejection) intervening to prevent suicide requires special justification (Cholbi 2002:254-256). Although it should be noted *in passim* that it is debatable whether suicide – wanting to have *no* motives or desires at all – can be truly compatible with autonomy, at least in Frankfurt's famous sense that autonomy is the

uniquely human ability not just to have motives and desires, but also to fulfill ‘second order desires’ to have *different* ‘first order’ motives and desires than those we have (Frankfurt 1971:6-7).

Finally, stoics and utilitarians argue that, duties towards others aside, suicide is sometimes rational (in the sense of being the best choice among available options), and that *rational* suicide is sometimes morally permissible, or even recommended (Clarke 1999:460-461, Seidler 1983:430)¹.

Contemporary proponents of ‘rational suicide’ or the ‘right to die’ usually demand by ‘rationality’ that the decision to kill oneself be *both* the autonomous choice of the agent (i.e., not due to the physician or the family pressuring them to ‘do the right thing’ and suicide) desired by liberals, and a ‘best option under the circumstances’ choice desired by the stoics or utilitarians, as well as other natural conditions such as the choice being stable, not an impulsive decision, not due to mental illness, achieved after due deliberation, etc. (Battin 1999:13-21, for example).

Such “robust” rationality – which we call simply ‘rationality’ unless otherwise noted – is, for them, a necessary condition for moral acceptability and permissibility (Battin 1999:13-21). This is why, e.g., an agent who freely wishes to suicide in a Nazi concentration camp might well have made a permissible choice, since the choice is autonomous and it is (arguably at least) the best option, but those who did *not* suicide – who express their individuality by the desire to hold on to defy their captors – are certainly not doing wrong, for the choice to die must be one’s own for the suicide to be permissible.

Our argument is that even such seemingly very strong conditions for the permissibility of suicide fail to do their job: to exclude intuitively unacceptable suicides from being permissible. It is possible to construct a counterexample, as we do in sec. 2, of a person who passes all of these conditions with flying colors, and yet despite this (or perhaps even *because* of this – see below, sec. 6) is making, it seems to us intuitively, a bad mistake in her suicide, one we would feel bound to stop. But *why* is this suicide it such a bad mistake, if it passes all those conditions?

Previously, similar examples were used to attack the notion that rational suicide (using the term ‘rational’ in the wider sense of the word, to encompass instrumental rationality, reasonableness, autonomy, lack of mental illness, calm deliberation, etc.) is morally permissible. Our desire to stop the suicide is seen as evidence it is morally wrong despite being a ‘rational suicide’ (D. Callahan 1999:25-26, J. Callahan 1999:146-147).² We argue in section 3 that our shock at the agent’s suicide *isn’t* moral outrage in disguise. It is due to our feeling the suicide is a bad mistake, like quitting one’s job or dropping out of school for no good reason. As Talleyrand said, *c’est plus qu’un crime, c’est une faute*: this is worse than a crime, it’s a blunder.

It is true that not everybody feels shocked at such a suicide. It is possible (see also sec. 6) to bite the bullet and accept that, yes, this suicide is perfectly rational and that there is nothing to be shocked about. It is also possible to be shocked at such a suicide because it is neither immoral nor a bad mistake, but simply inexplicable: ‘we had no idea she plans something like this!’; ‘why did she do *that* for?’. Such a suicide can be seen as a challenge (or insult) to those of us who decide to go muddle through life despite having no particularly clear reason why we bother, a spit in the face of our survival instinct.

Bracketing such reactions, it is enough for our purposes that, as seems reasonable to suggest, many (perhaps most) people – the authors and many of their colleagues, in any case, included – do seem to be shocked by such a suicide, and feel intuitively that, if there is something deeply wrong with it, it is more likely to lie with the suicide’s decision, and not with the “irrational” desire of the rest of the world to go on living.

Starting with these twin (and common) intuitions, sec. 3 argues that the reason we feel it is wrong is that it is, indeed, a mistake, not a crime. We then consider in detail in what way this agent is, in fact, rational. It seems she is rational in the instrumental sense of not making any errors in logic or distortion of the perception of reality (von Neumann and Morgenstern 1953:8-30, Luce and Raiffa 1989:12-38); rational in the more ‘robust’ of Nozick (1993:133-181) and others, or in the even more robust sense of Battin and others, including making the decision after due deliberation, autonomously and not due to pressure from others, etc. Finally (sec. 5) we check if perhaps the problem is that she is suffering from some mental illness, i.e., clinical depression (American Psychiatric Association [APA] 2000:345—). Note that this is not the same thing as merely *feeling* depressed or *having* suicidal thoughts, although there is a connection we investigate therein. We argue that the answer is ‘no’ in all cases.

In section 6, we note some implications of this failure of the ‘rational suicide’ definition to capture this suicide as ‘irrational’. It turns out that the ‘rational suicide’ proponents, out of concern for autonomy and self-determination, are loath to claim that people’s choice of suicide is wrong unless there is something technically wrong with their reasoning: unless they have an unrealistic idea of what life after death is like, or they act out of momentary despair, for example. Our counterexample shows what, in

hindsight, is not surprising: that it's not difficult to give a case that fulfills all the "technical" conditions of rationality and yet seems – to many people, at least – to be wrong in some more substantive way, a case of a person throwing their life away for no good reason.

What does this tell us about the 'rational suicide' conditions? We do not presume to have a final answer, but give some tentative possibilities in sec. 6. This, however, is less important for this paper than the fact our counterexample shows the 'rational suicide' proponents face a dilemma. Either they admit this suicide *is* permissible after all, our strong intuitions to the contrary notwithstanding, or else they must add extra, non-rational, substantive conditions (e.g., having a certain amount of self-pity or concern for life) that significantly limit the suicide's autonomy. Rationality alone, even the "robust" version demanded by 'rational suicide' proponents, cannot prevent 'bad mistake' suicides while preserving autonomy. It's the wrong tool for the job.

2. The Suicide

Consider a healthy woman in her 50s. Her parents are deceased; she has no children (or other dependants) and is unmarried; she has a successful, interesting job. On summer vacation she decides, unfortunately, to read Epicurus, Schopenhauer, and Sartre (e.g., Epicurus 2005:419-421, Schopenhauer 2007:24-29; Sartre 1969:531-543 – and most of all Camus' *Myth of Sisyphus* (Camus 1955:4-5). Impressed, she becomes convinced life is meaningless, a sort of cosmic joke with no intrinsic value (although she perhaps misunderstands the reasons Camus and Sartre actually rejected suicide as an appropriate response).

Being a bit of a utilitarian, she decides to engage in some utility calculus to determine if life is worth living. She believes that for most people it contains far more disappointments and frustrations than satisfactions and achievements. Death, on the other hand, is mere non-existence: there is no longer any satisfaction in death, but there isn't any pain or disappointment. What's more, she has no particular duties towards others: no minor children or aging parents to take of, for example. She is not lonely; she has friends and relatives who would be saddened by her death. But such sadness, she knows from her own experience, is not so very painful as to overrule her wishes.

Such metaphysical musings are not new. (G. K. Chesterton carried a pistol with him to protect his young bride (Ward and Greely 2006:133), and is said to have used it to offer would-be suicides help in killing themselves – they demurred.) But most people rarely toy with them outside their proper sphere, such as a philosophy seminar. She goes further: if metaphysics and ethical theories are of any use at all, they should be taken seriously and guide one's important decisions. Isn't this what Plato (to name one) said? (Plato 1992:344e).

She had achieved all she wanted in life: a steady interesting job, some influence, and so on. But, she is getting older and no longer can perform the sort of cutting-edge research that brought her fame and success in the first place. Nor, for that matter, can she practice her hobbies on the same high level she did before: she can no longer hike, play chess, or paint as well as she used to.

There are many versions of rational choice. One of the most commonly used is that of preference satisfaction (e.g., Hare 1981:133-146, Singer 1993:128-129). On this view the best choice is the one that maximizes the satisfaction of the agent's desires and

minimizes the frustration of such desires. Her desires--to keep in shape, to do useful work, to be independent and active--are becoming more and more unrealistic as she ages, and she is more and more frustrated by her inability to satisfy them. From now on, she believes, she will experience much more frustration than satisfaction. Death, on the other hand, involves neither satisfaction nor frustration. She therefore kills herself painlessly.

We shall deal with criticism about the example's "lack of realism" in the last section (sec. 7). For the moment, let us concentrate on the fact that her suicide seems deeply wrong. But why?

3. Is she Immoral?

Perhaps our disgust is outrage at an immoral act, whether or not it is rational. If one is a Kantian, accepts a religious prohibition against suicide, or supports the 'sanctity of life' view, then this suicide, like all suicides, is wrong (Kant 1996:423, Augustine 2003:Book I Ch. 20, Dworkin 1993:238). But the point of this section is not to consider why those who oppose suicide in general would also oppose her suicide. We would like to see if there is a reason for those who at least sometimes consider rational suicide as morally acceptable to oppose *this* suicide.

It seems many would not condemn the suicide as morally wrong at all. Utilitarians sometimes consider rational (for the agent) suicide morally forbidden since 'no man is an island', and the suicide's negative social effects outweigh the individual benefits (if any) the suicide might gain (D. Callahan 1999:22-23, J. Callahan 1999:146-147). Or it may not be an escape from duties towards others (on how duty towards others prevents suicides, see Durkheim 1966:208-216). But it does not seem *this* suicide is forbidden for

such reasons. Our agent has no dependents, does not have significant duties to care for others, and there is little risk of copycat suicides or great emotional pain to others. What's more, libertarians reject the belief that suicide is, in itself, morally an issue at all (Szasz 2002:49—). So, it seems, *if* her suicide is rational, and *if* rational suicide is ever permissible, hers is.

The main reason some proponents of rational suicide would say her suicide is immoral is that it is *not* rational. Proponents of rational suicide stress that to be rational, and (*a fortiori*) to be morally permissible, the value of life for the agent must be low (e.g., Humphry 1996:172-176). (We bracket here the important and very controversial issue of how life's 'quality' is to be determined, and by whom.) Indeed, even some who accept the 'sanctity of life' principle agree that sometimes such suicide *affirms* life's value – if the agent's future prospects are bleak, reducing the agent to a shadow of her former self, thus showing the rejection of a life that does not have the essential qualities of a reasonable life for him (Dick 1999:73-76).

The most glaring problem with this woman's behavior, it seems, is that her quality of life is *not* sufficiently low for a reasonable person to consider her suicide justifiable. She is suffering no more, in fact much less, than many people who are not at all suicidal; her quality of life is vastly superior to most people's; she is *throwing her life away*, and that that is what is making them feel it is a bad mistake.

The rational suicide proponent's moral criticism of this suicide thus varies greatly from that of the Kantian or the Catholic. But they, too, will agree the suicide is a bad mistake. Indeed, even a libertarian who sees nothing wrong with suicide at all would agree she is making a mistake, although he (unlike the utilitarians) would not claim the

suicide being irrational – undervaluing her life’s value – implies it is *morally* wrong (Szasz 2002:49—). But the question is, *why do we feel so strongly she is throwing her life away in the first place?* What, if any, mistake in reasoning or in facts is she making to justify such a view?

4. Is she Irrational?

In the most restrictive sense ‘rational’ means instrumental rationality: an agent is rational if he chooses the best option available to her to achieve her goals, whatever those might be (von Neumann and Morgenstern 1953:8-30, Luce and Raiffa 1989:12-38). Being instrumentally rational requires some restrictions about the manner one can order one’s goals or desires, in order to make it possible to talk about having a coherent set of preferences at all: e.g., one cannot very well both prefer A to B and B to A. But those conditions are quite weak.³

Our agent is clearly instrumentally rational: doing the frustration/satisfaction calculus, she considers life to have, from now on, more frustration than satisfactions, as opposed to death, which is neutral: no possibility of any satisfaction, but also no frustration or disappointment. Indeed, Freud (1967:80-84) saw just this as the reason for man’s unconscious desire for death. Of course not every frustration is a reason for suicide, nor every fulfilled desire a reason for continued existence. Our interest (and this woman’s) is in not being able to satisfy what Bernard Williams called ‘categorical desires’, which give us a ‘reflective reason’ to continue to live; the need to satisfy a person’s ‘fundamental interests’ (Williams 2005:125-126, 132; Mayo 1986:145-149). But it is clear our agent is concentrating on just such important frustrations – her inability

to now be able to work, or enjoy significant past times, to a degree fitting with her exacting standards. She does not wish to kill herself for a trivial reason.

Usually in philosophy, however, ‘rational’ has a more robust, ‘substantivist’ sense: the agent’s goals and desires are themselves evaluated as more or less ‘rational’ (Hooker and Streumer 2004:67-69). Such rationality goes beyond instrumental rationality in two ways: first, it requires more from an agent’s goals and desires. For example, Nozick (1993:146) notes that it is irrational to act on unstable goals or goals known to be unachievable.

On an even more demanding level, some argue that rationality requires that the agent’s beliefs about the world be correct (or, at least, seem so after making a reasonable effort to find out the facts), reached only after due, calm deliberation where one’s ‘ability to reason’ had not been impaired by a non-realistic worldview (e.g., imagining oneself as experiencing one’s own death or funeral), not impulsive or due to mental illness (see also below, sec. 6), autonomous and not due to pressure from others (e.g., family members who bear the expense of to ‘do the right thing’ and ‘make it easier for everybody’), and similar conditions. It is such rationality that most proponents of ‘rational suicide’ or the ‘right to die’ have in mind (Battin 1999:18-21).⁴

Most suicides are indeed irrational in these more robust senses. Many are impulsive (although we note *in passim* that impulsivity turns out to be more complicated than previously supposed, and there seems to be an inverse correlation between impulsive and lethal suicide attempts; Baca-Garcia *et al.* 2005:152-156). Some suicides believe they will *experience relief* from pain, or *witness* the contrition of their relatives during their funeral, once they are dead (e.g., Russ *et al.* 1999:1491-1492; the clinical term for such

beliefs is ‘suicide ideation’). Or one may commit suicide due to a mistaken belief – arrived at too hastily – that they have terminal cancer (or some other dread disease), are bankrupt, or, like Aegeus, that their son had died in the Minotaur’s labyrinth. Also, one of the serious practical concerns about allowing assisted suicide is that others, from the physicians who need the patient’s bed to the family members who bear the costs of their treatment, will pressure the person involved to do the right thing and agree “rationally” to euthanasia, and emphasize the importance of autonomy.

But is *our* agent irrational in this sense? It seems not. Leaving aside the issue of mental illness for the moment, all other conditions for rationality seem to hold. She does not expect to feel relief after death; she simply decided oblivion is better than continued life. (Oblivion is inconsistent with many human goals, but not with all: e.g., it is inconsistent with *feeling* relief from constant pain, but not with mere *cessation* of pain. All she wishes for is the latter.) Apart from this, the other ‘robust’ conditions for rationality demanded by Battin and others hold (Battin 1999:13-21). E.g., there isn’t any reason to think her conclusion was reached in haste, or that it is an impulsive reaction to a moment of despair: we can stipulate she consulted mental health professionals, her spiritual advisors, and others about the consequences of life and death, and simply was not convinced that life is worth living, or that there is anything to fear in death. Did not many great thinkers agree with her?

Nor is there any need to assume her choice is not autonomous, that she was pressured into the deed by relatives desirous of a legacy or fearing the financial burden of taking care of her in old age. We can, if we wish, assume she saved enough for old age,

and, if need be, we may assure she left everything she has to charity and made this known to her friends and (distant) relatives.

More problematic for us is the claim the evaluation of her options is wrong, and that she should have decided continued life (for the time being, at least) is better than death. First, Hobbes (1966:102) and others claim death is seen by many as the worst evil, making even a life full of disappointments and sufferings better to those who so believe. Can all those people be wrong? Second, one can argue she is surely wrong to conclude her life will have more frustration than satisfaction from now on. Third, even if so, she is not *currently* suffering, and still able to get some satisfactions from life. Why not commit suicide only when suffering and disappointments start?

Replying to these points one by one: First, that most people *do*, in fact, prefer life to death even in the most adverse circumstances only means that her choice of death over life is unpopular; it does not show why it is a wrong. Hobbes himself, famously, thought good and evil are just names for our ‘appetites and aversions’, and our aversion to death is simply part of our basic nature; he would agree that it is just not a matter of rationality (or lack of it) if someone, such as this woman, has a weaker instinct of self-preservation than most people (Hobbes 1966:48-49). If anything, her (or Epicurus’) attitude towards death may be *more* rational than fearing death as much as most people do. True – leaving aside religious counterargument to Epicurus, such as Dante Alighieri’s (2002:189-190 [Canto XIII]) – there are non-religious philosophers who consider Epicurus’ argument flawed for various reasons (Warren 2006:213— for a summary of such criticisms, which are dealt in detail in the rest of the book). But *their* arguments are not why we consider her suicide irrational. We would not consider someone who has the exact same attitude

towards death but *did not* wish to kill himself – e.g., Epicurus himself – irrational (Epicurus 2005:419-421).

The second criticism that *if* her life truly does have more pain than pleasure, suicide is rational. Would we really wish to accept the consequences: that it is rational for billions who live in poverty and hopelessness all over the world to kill themselves? It is true that this does not follow that they *must* do so: as we said, most would consider it noble to find a reason to live inside oneself, a meaning for life, even in the most adverse circumstances: e.g., we consider Primo Levi's or Victor Frankl's ability to find a reason to live in German concentration camps admirable, as that of those of thousands of others who decided they must hang so as to defy their captors' will, or who, for an instant, could find the meaning for life in the camp in their ability to remember and translate one of Dante's cantos into French for another inmate (Frankl 2006, 26-27; Levi 1959:97-105).

Third, our intuition that the agent is making a mistake does not seem to depend on her not considering the option of later suicide. The problem is that living out one's lifespan seems better, for all its disappointments, than killing oneself in the fashion she does, despite the fact that her utility calculations in favor of immediate suicide seem unassailable. That such calculations seem to prefer deferred suicide even more is not crucial: surely, our feeling of shock that she killed herself now is not essentially due to her "missing out" on killing herself later, when it would *really* be worth it!⁵

It seems that it is hard to fault this woman's rationality. True, if one accepts the view of (apparently) the vast majority of humanity that death *per se* has a very high negative utility, of course, she is irrational. But, first, it is at least debatable this is true, and, if anything, our knowledge seems to support this woman's view of death as mere

nonexistence and life having significant pain. Second, even those who *do* accept her views about death being preferable to life “in theory” – which should include, at least, millions of pessimistic (or realistic) atheists of a type quite common in the western world – rarely if ever kill themselves merely for *that* reason. They, too, seem to feel there is something very wrong with what she is doing.

Perhaps, then, the fault lies elsewhere? Perhaps, as some argue, the very fact that she considers suicide in such a situation is evidence that she is mentally ill (in particular, depressed) and thus does not, after all, satisfy all the conditions of rationality?

5. Is she Mentally Ill?

One final possibility is that our agent is mentally ill: in particular, that she’s clinically depressed. Indeed, belief that life is hopeless and meaningless is closely associated with depression (e.g., Mann 1987:39-43, Beck *et al.* 1990:190-195, APA 2000:345—). Did she kill herself in depression-induced despair?

Let us distinguish between depression – clinical depression, a disease caused by a chemical imbalance in the brain among (possibly) other factors – and its most common symptoms: having *depressive beliefs* (that is, thinking that life is not worth living and feeling death would be better, as our agent does) and *feeling depressed* (the horrible psychic pain of extreme sadness and hopelessness depressives experience; APA 2000, 345—).

A clinically depressed person might, indeed often will, adopt the kind of worldview our agent has and reach the conclusion that life is not worth living. Conversely, believing life is meaningless might cause (or trigger) a depressive episode

(depression may well be a trait, a more-or-less permanent neurological condition, while the depressive episodes themselves – the feeling of sadness and hopelessness – often come and go). But this does not mean that all those who feel this way *are* depressed. An agent might feel very sad, or think death is better than life, without being depressed – e.g., if they have terminal cancer and their future appears both short and painful.

At most one can say that a psychiatrist would rightly suspect that a patient expressing such a worldview – expressing a desire to die without (seemingly) sufficient reason – is evidence of possible depression, a good rule of thumb for further investigation, since such feelings are often (again, not always!) a *symptom* of clinical depression. (APA 2000 345—, Beck *et al.* 1990:190-195, but see also Mishara 1999:9, 46 and elsewhere about the significant problems with accurately diagnosing depression or establishing its relationship with suicide with chronically or seriously ill patients). But all this does not mean that merely wishing to die or thinking life is not worth living *is* being depressed in the clinical sense.

Similarly, to declare that not merely wishing to die, but wishing to die “without a sufficient reason” (or the equivalent) is enough to prove the agent is clinically depressed is to beg the question: we are asking precisely *why* her reasons are “not a sufficient reason”. For the psychiatrist it is a good diagnostic rule of thumb that expressing desire to die is often a *symptom* of depression, but when depression is indeed present it is the *depression* (related to imbalance in the brain’s serotonin’s level, and resulting in intense psychic suffering), that causes both the desire to die – to relieve the pain – and the feeling that life is not worth living (see Mann 1987:39-43, Owens and Nemeroff 1994:288-295

among numerous similar articles about the role of serotonin in depression; APA 2000:345— for the clinical symptoms of depression).

Our agent has the same *beliefs* as many depressed people, but it does not follow she is depressed. She is merely acting on the logical consequences of a certain philosophical worldview, and most of those who hold such a worldview are not depressed. Furthermore, her belief is not only consistent with not being depressed, but actually *inconsistent* with depression: depressive symptoms are far more complicated than mere desire to die or belief that life is not worth living. E.g., depressed people do not feel that life merely has more pain than joy, but that their life will certainly hold *only* pain in the future, partially due to their tendency to see the immediate future, with its suffering, as interminable (see Dilling and Rabin 1967:604-608 about time perception distortion in depression.) Our agent is the opposite: she does not think life is going to be all suffering from now on, nor does she discount the utility of future events vis-à-vis the present. On the contrary, she concentrates on relatively far-off disappointments while there is still satisfaction to be had.

6. Discussion

Before we begin, a final criticism can be made. We have deliberately given a very extreme case of suicide, a purely theoretical one. Surely, *any* definition of rational suicide could be shown to be “inadequate” for some extreme cases? No definition of ‘rational suicide’ can cover *all* imaginable cases.

There are two answers. First, the point of the extreme case here is to make clear the *conceptual analysis* of different components of ‘rational suicide’, as usually given,

and to show that it is lacking. It is not just that the definition of ‘rational suicide’ as given cannot handle some theoretical cases. Rather, the analysis of the extreme case shows an entire aspect of the issue – ‘the suicide should not be a bad mistake’ – is not addressed adequately by the usual criteria (rationality, autonomy, lack of mental illness, etc.) of rational suicide.

Second, this suicide is not as extreme as one would think. It is an idealized version of many partners in spousal suicide pacts. Typically, in such a pact among older couples, one partner is ill, the other not wishing to live without them, despite having friends, family, and other interests (Noyes, Frye and Hartford 1977:72-75). The prospect of losing one’s partner is, indeed, ignored here – but the *argument* such spouses give for their suicide is very similar, citing the meaninglessness of further life alone, even if it has (objectively) good prospects. Taken together, this shows the conceptual inadequacy of the ‘rational suicide’ concept may well have serious practical repercussions, labeling as ‘rational’ suicides that are clearly wrong.

Back to our main point: it seems that our agent is (robustly) rational, autonomous, serious, not depressed, etc. Furthermore, her suicide seems to be just the kind of serious, life-determining decisions made from an objective, rational point of view philosophers love to praise. Yet despite this – perhaps precisely *because* of this – it is a very odd, if not absurd, decision: such cold reasoning! At least the impulsive, or depressed, or coerced suicide has *some* understandable, if insufficient, reason for their act.

To repeat what was noted in the introduction, supporters of ‘rational suicide’ rely on rationality and lack of mental illness to exclude suicides that are bad mistakes (Battin 1999:13-21). But they also stress the autonomy of the agent: merely feeling that a suicide

is a mistake, without being able to justify it as irrational, is just personal opinion, which should be avoided as much as possible in favor of allowing people ‘to make momentous personal decisions which invoke fundamental religious or philosophical convictions about life's value’ for themselves (Rawls *et al.* 1997:41-45; see also Szasz 2002:49—, 2004:23-24, etc.).⁶

Our counterexample shows what, in hindsight, is not surprising: that it’s not difficult to give a case that fulfills all the “technical” conditions of rationality and yet seems (to many people, at least) to be wrong in some more substantive way, a case of a person throwing their life away for no good reason, because of what seems like a fundamentally mistaken worldview – despite the fact that it is not clear *what* exactly is wrong with this worldview.

Intuitions seem sharply divided. Some (like one of the reviewers of this paper) see little that is wrong about this person’s choice. As we noted above, who says she *is* wrong? It is always possible to bite the bullet and argue those who feel her suicide is a bad mistake are simply incorrect, and her suicide (or at least the “even more rational” deferred suicide considered in sec. 4) is the right choice. Perhaps those who do not commit suicide, despite agreeing with our suicide’s views on life and death, are simply weak and cowardly.

However, leaving those who have this intuition to one side, many others (like another reviewer) have the exact opposite intuition: this suicide *is* a bad mistake, throwing one’s life away, for example because it shows lack of self-pity and appreciation of the goodness of life (although some opponents of the ‘rational suicide’ movement would give somewhat different reasons, e.g., that it is not so much this attitude *per se*

which is problematic, but its disagreement with the common social view, showing lack of integration with society; the same view by a stoic in Rome might indeed be an ‘acceptable’ suicide (Clarke 1999:460-461) – and, as we saw, the usual criterion of ‘rational suicide’ do not manage to exclude it. Whatever it is that makes it a bad mistake, it is *not* its irrationality: the “technical” criteria of rationality are simply too weak to exclude this (and many other) potential suicides from getting the stamp of approval.

Of course, if there were a knock-down argument proving that life simply *does* have a high utility, and that it is a better choice than death (in our agent’s case) in the same sense that a hundred dollars are better than fifty, there would be one thing. But there seems to be no such argument. The ‘rational suicide’ proponents are in a dilemma: either accept there is nothing wrong with this suicide, or they must make certain substantive value judgments – e.g., life *per se* having value, (some) self-compassion being a virtue – even if there is no conclusive rational ground for this belief, or, at least, no conclusive way to convince those who refuse to accept such a judgment they are wrong.

What, exactly, is this ‘bad mistake’, if it is neither a matter of rationality nor of morality, is left for another paper. But whatever it turns out to be (even if it turns out to be a moral issue after all) the dilemma for the ‘rational suicide’ proponent – either accept the suicide is rational after all, or else add more significant non-rational conditions in violation of their ideal of autonomy – remains.

BIBLIOGRAPHY

American Psychiatric Association [APA]. 2000. *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR (Fourth Edition)* (Washington, DC: American Psychiatric Association).

Alighieri, D. (au.), Musa, M. (trans.). 2002. *The Divine Comedy: Volume 1: Inferno* (New York: Penguin).

Aquinas, St. Thomas (au.), Davies, B. and Leftow, B. (eds.). 2006. *Summa Theologica* (Cambridge: Cambridge University Press).

Augustine, St. (au.), Bettenson, H. (trans.). 2003. *City of God* (New York: Penguin).

Baca-Garcia, E. *et al.* 2005. "Suicide Attempts and Impulsivity." *European Archives of Psychiatry and Clinical Neuroscience*, 255,2:152-156.

Battin, M. 1999. "Can Suicide be Rational? Yes, Sometimes." In Werth, J. L. (ed.) *Contemporary Perspectives on Rational Suicide* (Philadelphia: Taylor & Francis):13-21.

Beck, T. *et al.* 1990. "Relationship Between Hopelessness and Ultimate Suicide: a Replication with Psychiatric Outpatients." *American Journal of Psychiatry*, 147,2:190-195.

Callahan, D. 1999. "Reasons, Rationality, and Ways of Life." In Werth, J. L. (ed.) *Contemporary Perspectives on Rational Suicide* (Philadelphia: Taylor & Francis):22-28.

Callahan, J. 1999. "Rational Suicide: Destructive to the Common Good." In Werth, J. L. (ed.) *Contemporary Perspectives on Rational Suicide* (Philadelphia: Taylor & Francis):142-147.

Cholbi, M. 2002. "Suicide Intervention and non-Ideal Kantian Theory." *Journal of Applied Philosophy*, 19,3:245-259.

Camus, A. (au.), O'Brien, J. (trans.). 1955. *The Myth of Sisyphus* (New York: Vintage.)

Clarke, D. 1999. "Autonomy, Rationality and the Wish to Die." *Journal of Medical Ethics* 25,6:457-462.

Dick, C. 1999. "Rational Suicide: Life and Death Your Way." In Werth, J. K. (ed.) *Contemporary Perspectives on Rational Suicide* (Philadelphia: Taylor & Francis):73-79.

Durkheim, E. (au.), Spaulding, J. (trans.), Simpson, G. (au., ed., and trans.). 1966. *Suicide: a Study in Sociology* (New York: Free Press).

Dilling, C. A. and Rabin, A. I. 1967. "Temporal Experience in Depressive States and Schizophrenia." *Journal of Consulting Psychology*, 31:604-608.

Dworkin R. 1993. *Life's Dominion* (New York: Knopf).

Epicurus. 2005. "Letter to Menoeceus". In Morgan, M. (ed.) *Classics of Moral and Political Theory* (Indianapolis: Hackett):419-421.

Frankfurt, H. 1971. "Freedom of the Will and the Concept of a Person." *The Journal of Philosophy*, 68,1: 5-20.

Frankl, V. 2006. *Man's Search for Meaning* (Bangalore: Better Yourself Books).

Freud, S. 1967. *Beyond the Pleasure Principle* (New York: Bantam).

Hare, R. M. 1981. *Moral Thinking: Its Levels, Methods, and Point* (Oxford: Oxford University Press).

Hobbes, T. 1966. *Leviathan* (New York: Macmillan).

Humphry, D. 1986. "The Case for Rational Suicide." *Euthanasia Review*, 1,3:172-176.

Kant, I. (au.), Gregor, M. (trans.), 1996. *Metaphysics of Morals* (Cambridge: Cambridge University Press).

Levi, P. 1959. *Survival in Auschwitz* (New York: Collier).

Luce, R. D. and Raiffa, H. 1989. *Games and Decisions: Introduction and Critical Survey* (New York: Dover).

Mann, J. J. 1987. "Psychobiologic Predictors of Suicide." *Journal of Clinical Psychiatry*, 48,12:39-43.

Mayo, D. 1986. "The Concept of Rational Suicide." *Journal of Medicine and Philosophy* 11,2:143-155.

Hooker, B. and Streumer, B. 2004. "Procedural and Substantive Practical Rationality". In Mele, A. R. and Rawling, P. (eds.). 2004. *The Oxford Handbook of Rationality* (New York: Oxford University Press):57-74.

Mishara, B. L. 1999. "Synthesis of Research and Evidence on Factors Affecting the Desire of Terminally Ill or Seriously Chronically Ill Persons to Hasten Death." *Omega: The Journal of Death and Dying* 39,1:1-70.

Nagel, T. 1970. *The Possibility of Altruism* (Oxford: Clarendon Press).

Nietzsche, F. (au.) and Zimmerman, H. (trans.). 2005. *Beyond Good and Evil* (Stilwell: Digireads).

Noyes, R., Frye, S. J., and Hartford, C. E. 1977. "Conjugal Suicide Pact." *Journal of Nervous and Mental Disease* 165,1:72-75.

Nozick, R. 1993. *The Nature of Rationality* (Princeton: Princeton University Press).

Owens, M. J. and Nemeroff, C. B. 1994. "Role of Serotonin in the Pathophysiology of Depression: Focus on the Serotonin Transporter." *Clinical Chemistry* 40:288-295.

Plato (au.) and Grube, G. M. A. (trans.). 1992. *Republic* (Indianapolis: Hackett).

Rawls J. *et al.* 1997. "Assisted Suicide: the Philosophers' Brief." In *The New York Review of Books*, 44,5:41-45.

Russ, M. J. *et al.* 1999. "Assessment of Suicide Risk 24 Hours after Psychiatric Hospital Admission." *Psychiatric Services*, 50,11:1491-1493.

Sartre, J.-P. (au.), Warnock, M. (au.) and Barnes, H. (trans.). 1969. *Being and Nothingness* (Abingdon: Routledge).

Seidler, M. J. 1983. "Kant and the Stoics on Suicide." *Journal of the History of Ideas*, 44,3: 429-453.

Schopenhauer, A. 2007. "On Suicide." In Schopenhauer, A. (au.) and T. B. Saunders (trans.) *Studies in Pessimism* (New York: Cosimo):24-29.

Singer, P. 1993. *Practical Ethics (2nd Edition)* (Cambridge: Cambridge University Press).

Szasz, T. 2002. *Fatal Freedom: The Ethics and Politics of Suicide* (Syracuse: Syracuse University Press).

Szasz, T. 2004. "Self-Ownership or Suicide Prevention?" *The Freeman*, 54,3:23-24.

Von Neumann, J. and Morgenstern, O. 1953. *Theory of Games and Economic Behavior* (Princeton: Princeton University Press).

Ward, M. and Greely, A. 2006. *Gilbert Keith Chesterton* (Lanham: Rowman & Littlefield).

Warren, J. 2006. *Facing Death: Epicurus and His Critics* (Oxford: Oxford University Press).

Williams, B. 2005. "The Makropulos Case: Reflections on the Tedium of Immortality".
In Wartburton, N. (ed.) *Problems of the Self* (Abingdon: Routledge):118-133.

NOTES

¹ This is not to say all utilitarians agree rational suicide is often (or ever) morally permissible, only that applying utilitarian principles makes it *possible* that some rational suicides are permissible.

² Naturally, not all utilitarians (or libertarians) accept suicide as ethically permissible, while not all Kantians or religious thinkers reject all suicides as impermissible. But for our purposes it is enough to make a rough-and-ready distinction that Kantians and (Judeo-Christian) religious thinkers generally oppose suicide, while many utilitarians and libertarians accept suicide, or at least ‘rational suicide’, as sometimes permissible.

³ Nothing here requires the agent’s goals to be egoistic (let alone hedonistic) for the choice to be rational. Plato and numerous others argued that acting in a seemingly ‘irrational’ (e.g., self-denying, altruistic) manner is often the most rational choice for those who know what one’s real goals should be (a healthy soul, reaching heaven, etc.) For a modern defense of rational altruism, see Nagel (1970:3-8; in fact most of the book).

⁴ ‘Right to die’ is a wider term, usually including the right to refuse life-saving or life-extending treatment (‘passive’ suicide), as well taking one’s own life (‘active’ suicide), and the more controversial right to be *assisted* in one’s suicide by a physician (‘physician-assisted suicide’). In this work, ‘suicide’ refers to “regular” (active, non-physician-assisted) suicide.

⁵ The idea that the possibility of later suicide might actually *prevent* current suicide is not new, as Nietzsche's quip that suicidal thoughts save many sleepless nights shows (Nietzsche 2005:aphorism 157).

⁶ Szasz, as we noted above, thinks even clearly irrational and unreasonable suicide should not be prevented, in the name of autonomy (Szasz, 2002:49—, 2004:23-24).