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How Kant would choose to die: A Kantian defense of euthanasia

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HOW KANT WOULD CHOOSE TO DIE: 
A KANTIAN DEFENSE OF EUTHANASIA

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS................................................................................. iii

ABSTRACT........................................................................................................ v

CHAPTER PAGE

INTRODUCTION.................................................................................................. 1

I. THE BASICS OF EUTHANASIA............................................................... 7

II. KANT'S THEORY OF SUICIDE............................................................... 12

III. KANT'S THEORY OF SUICIDE AS APPLIED TO EUTHANASIA........... 21

IV. THE END OF RATIONALITY................................................................. 27

V. MODERN AUTONOMY VS. KANT'S AUTONOMY............................... 35

VI. EUTHANASIA, ADVANCED DIRECTIVES, AND KANT'S AUTONOMY... 40

VII. CONCLUSION......................................................................................... 43

SELECTED BIBLIOGRAPHY......................................................................... 44
ABSTRACT

HOW KANT WOULD CHOOSE TO DIE:
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By

Jennifer A. Bulcock

University of New Hampshire, December, 2006

Legalizing euthanasia could have a serious impact on society and therefore requires careful attention be paid to the ethical issues involved. The two arguments advanced in this essay are: 1) that a consensus needs to be reached as to how to define the concept of autonomy in the euthanasia debate and 2) the application of Kantian autonomy to the euthanasia debate is only appropriate in making an argument that advanced directives, made by a present rational self for a future arational self, can legitimately specify conditions under which euthanasia should occur. To effectively make these arguments, an examination of Immanuel Kant’s theory of suicide is presented and extended to euthanasia and competing theories of autonomy are discussed. Kant’s autonomy will be established as the better definition and then used to support a defense of euthanasia where one makes a request for euthanasia through the means of an advanced directive.
INTRODUCTION

Discussions of suicide can be found in the pages of Plato’s *Phaedo* and also in the philosophies of Aristotle, Cicero, Seneca, Epictetus, Marcus Aurelius, and many more. The philosophies advanced by the Ancients had a strong influence on the philosophers of the eighteenth century. As Lester Crocker explains: “The men of the Enlightenment took their cues from the Greek and Roman philosophers, and range themselves, according to their faith, either with Plato or Aristotle or with the Epicurean and Stoic writers who in the matter of suicide were bedfellows.” Immanuel Kant is no exception, as he aligned himself with the Stoics in matters of his moral philosophy. Kant, like the Stoics, believed in rationality, living in accordance with the natural law, and that man’s life is granted by God. One point of divergence between Kant and the Stoics, however, is in the permissibility of suicide.

In Kant’s writings on suicide, it appears he is directly addressing the Stoic view and attempting to discredit their beliefs. As Kant recounts in *Metaphysical Principles of...*

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Virtue⁵, "The Stoic...considered it a prerogative of his personality as a wise man to walk out of his life with an undisturbed mind whenever he liked (as out of a smoke-filled room), not because he was afflicted by actual or anticipated ills, but simply because he could make use of nothing more in this life."⁶ Kant, on the other hand, believed that the "strength of mind" shown by such an honorable man and the courageous mastery of the idea of death was all the more reason to preserve one’s life. One must endorse the principle: "I do not employ my freedom against myself for my own destruction, and...I do not let it be limited by anything external."⁷ For what is essential to Kant is self-preservation and the protection of one’s humanity. At the same time, one must both avoid the influence of the external world and subordinate one’s desires to rationality. For Kant, one cannot coherently entertain the choice to commit suicide, because it seeks to destroy that which gives one the very capacity to make choices.

While the issue of suicide has been and will always be a topic of great contention, the debate has grown in modern times to include euthanasia. Euthanasia differs from suicide⁸ in that it is discussed in the context of medical ethics and normally requires the consultation and/or assistance of a medical professional. The ethical issues that become important when making determinations about the acceptability of suicide also come into play when examining euthanasia. For Kant, the primary ethical concerns involve one’s

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⁶ Ibid., 83.


⁸ Here I am referring to the traditional conception of suicide, not including physician-assisted suicide, which is also a hot topic for debate.
duty of self-preservation and also the conditional relationship between the mind and the body. While Kant's writings do not address euthanasia, one can extend his theory of suicide to apply to euthanasia, because the issues he takes into account focus around the premature (not natural) ending of one's life and not the specifics of the act of suicide.

In current debates over euthanasia, the concept that is most widely employed and examined is one's right to autonomy. Unfortunately, there is no standardized definition of autonomy in the literature, confusing the debate. There are a number of different theories of autonomy, however, that share similar characteristics in their definitions. Tom Beauchamps has found that, "autonomy is generally understood as personal self-governance: personal rule of the self free of controlling interferences by others and free of personal limitations that prevent choice. Two basic conditions of autonomy, therefore, are (1) liberty (independence from controlling influences); and (2) agency (capacity for intentional action)."9 These attributes that are at the root of most concepts of autonomy have been the target of a number of different criticisms waged by feminist and communitarian theorists. Such theorists find that "it is a narrow view of self as "atomistic," as cut off from others,"10 and such a view bars one from considering the opinions of one's friends, family, and community. The constant disagreement among theorists as to what should constitute the basics of autonomy and even what characteristics it should share more generally cause confusion in bioethical discussion.


While the problem of defining autonomy is a broad issue for bioethics in general, it also has an impact on Kantians as different strains of Kantian autonomy emerge. While Kant’s moral philosophy is deeply rooted in one’s autonomy (one’s ability to self-govern), the modern conception of autonomy is not a direct descendent of Kantian theory, although many mistake it to be. Many bioethicists who consider themselves Kantians make this crucial error. T.A. Mappes and D. Grazia argue that “what Kant calls the “dignity of man as a rational creature” is due to human beings possessing just that property that enables them to govern their own actions in accordance with rules of their own choosing.” The modern conception is concerned primarily with external factors and leans more towards the idea of self-determination, whereas Kant was concerned with internal factors and one’s ability to use one’s will to make decisions based upon universal laws and duty. Even though there is a clear distinction between Kant’s autonomy and the modern conception of autonomy, some still credit them both to Kant. This complicates the practical application of Kantian ethics to euthanasia, because one can never be sure of the true import of an argument based on autonomy if the concept is somewhat elusive.


12 Secker, 47. qtd Mappes, T.A. and D. DeGrazia (1996).

13 Self-determination in the specific sense that not only does one have control over their life, but the decisions one makes are based only on what one wants and not necessarily in accord with universal principles.

14 Miyasaka, 19-27.
A defense of euthanasia will be made by measuring the rational capacities of an individual and deciding at what point the conditional relationship that Kant acknowledges between the body and the mind ceases to exist. Once an individual has reached this point, the body is no longer required to support the rational capacities of the mind and one may choose to dispose of one’s body as one chooses. Given the object-like status the body achieves at this point, one would be ethically justified in terminating one’s physical existence, since it is no longer a necessary component of preserving one’s humanity and in turn morality.

Most conversations about euthanasia discuss the concept of autonomy and one’s right to choose in the context of a rational individual willing to terminate herself with her current capacities intact. Kant would find this to be problematic because a rational individual should never seek to shorten her life unless doing so in honor of another, superior moral duty. Given this objection, it would appear that the concept of autonomy, for Kant, would be entirely misplaced in the euthanasia debate. However, the use of autonomy finds its place when considering a rational individual establishing an advanced directive to determine the treatment of a future arational self. Once one has reached the state of arationality, the body’s status is demoted to that of a mere object, but an object that belongs to the individual.\textsuperscript{15} This allows for an individual to make an ethical decision about herself in a future state, as she has the right to dispose over her body (as an object) in anyway she chooses. Because the body has become an object, the autonomous decision she makes is morally justified.

\textsuperscript{15} In a situation where one has died without an advanced directive or specific instructions of how to deal with the body in a will, the family and/or executor would be able to make such decisions.
The two main arguments that will be advanced in this essay are: 1) a consensus needs to be reached in defining autonomy within the euthanasia debate for the purpose of implementing real-world policies\textsuperscript{16} and, additionally, Kantian theories of autonomy should be rightfully distinguished as such; and 2) the application of Kantian autonomy to the euthanasia debate is only appropriate in making an argument that advanced directives, made by a present rational self for a future arational, self can legitimately specify conditions under which euthanasia should occur. To advance these two arguments, an exposition of Kant's position on suicide will be presented and later developed to accommodate the issue of euthanasia. I will then present Kant's concept of autonomy in comparison with other concepts of autonomy to be found in the euthanasia debate. Once a firm understanding of Kant's theories of suicide and autonomy and their application to euthanasia has been achieved, a Kantian defense of euthanasia will be advanced.

\textsuperscript{16} I am not requiring that the concept of autonomy be rigidly defined for all purposes, however, I do believe that sufficient agreement needs to be achieved for the purpose of being able to use the concept in real world applications.
CHAPTER I

THE BASICS OF EUTHANASIA

Before moving into the philosophical arguments, an understanding of euthanasia and the accepted medical terminology is instrumental. The American Medical Association (AMA) has adopted the CEJA Report B-A-91, “Decisions Near the End of Life,” as its policy for addressing euthanasia. The report defines four “medical actions” that can lead to death: withholding/withdrawing life-sustaining treatment, the provision of palliative treatment that may foreseeably hasten death, euthanasia, and physician-assisted suicide.

Life-sustaining treatment is “any medical treatment that serves to prolong life without reversing the underlying medical condition”\(^\text{18}\). This treatment includes, but is not limited to, such things as artificial nutrition and hydration. The term “passive euthanasia” has been used to refer to the withholding or withdrawing of life-sustaining treatment. “Passive euthanasia” has proved to be an appropriate term for some, since they believe the only difference between euthanasia and withholding life-sustaining treatment is whether the doctor performs or omits an act. The medical community, however, resists


Palliative treatment is a treatment with the intent "to relieve pain and suffering, not to end the patient's life, but the patient's death is a foreseeable side-effect of the treatment"\textsuperscript{19} This treatment has also been called "double-effect euthanasia," which is derived from the "principle of double-effect," a common principle in Western medical ethics. The principle allows a procedure to produce bad consequences if "the act one engaged in is not itself bad, the bad consequence is not a means to the good consequence, the bad consequence is foreseen but not intended, and there is sufficiently serious reason for allowing the bad consequence to occur."\textsuperscript{20} An example would be giving increasingly heavy dosages of morphine to a patient in the advanced stages of cancer to ease her pain. The intent of the increased dosage of morphine is to ease the pain and suffering of the individual, however, at the same time, high doses of morphine may quicken the death for the patient. Even though the medication hastens death, the intent of the dosage was to ease pain, not cause death, so it is therefore acceptable and not considered to be euthanasia by the AMA.

'\textit{Euthanasia},' a word of Greek origin, once meant "gentle death." The AMA recognizes a commonplace definition of euthanasia to be "the act of bringing about the death of a hopelessly\textsuperscript{21} ill and suffering person in a relatively quick and painless way for

\textsuperscript{19} AMA website


\textsuperscript{21} The AMA does not give an explicit definition of "hopelessly" ill, but the context it is presented in suggests that 'hopelessly' is referring to the condition of a patient who is terminally ill and in the end stages of life.
reasons of mercy.”22 The AMA, however, for the purpose of its policy, narrows the
definition to “the medical administration of a lethal agent to a patient for the purpose of
relieving the patient’s intolerable and incurable suffering.23 24” There are three species of
euthanasia – voluntary, non-voluntary, and involuntary. Voluntary euthanasia is when the
patient willingly asks for and competently consents to having a particular life-ending
treatment (most commonly lethal injection)25. Non-voluntary euthanasia involves a
patient who is no longer competent to make a decision, so the attending physician and
family members have to. Lastly, involuntary euthanasia would involve performing the
procedure against the will of a competent patient. The AMA refuses to acknowledge the
legitimacy of involuntary euthanasia because “it is difficult to imagine a merciful
assistance to death ever occurring against a competent person’s will.”26 27

22 AMA website

23 In the report, the AMA appears to understand intolerable suffering as an issue of excessive and
uncontrollable physical pain and incurable suffering as referring to the inability of curing one’s current
illness. It does not appear that the AMA is considering mental illness in this definition. The AMA is aware
that many patients who are seriously ill suffer mentally in a number of different ways, but in this definition
I believe they are referring only to diseases of the body and not of the mind. The report focuses on
individuals who are terminally ill and nearing the end of their lives, not taking into account other
individuals who are ill or disabled in other ways and may have an interest in euthanasia. However, the
report does acknowledge that “allowing euthanasia to be a medical treatment for a limited group of patients
who may truly benefit from it will present difficult line drawing problems for medicine and society.” AMA
website

24 AMA website

25 I would contend that an advanced directive would fall under the category of voluntary euthanasia.
However, there is the potential for disputes to arise as to whether it is really voluntary if, for example, one
were to regress to a state of arationality and in that state contest the advanced directive one had previously
made as a rational being.

26 AMA website.

27 The AMA refuses to recognize involuntary euthanasia because the taking of a competent individual’s life
against her will is by no means a “merciful death” and can be likened to murder.
Physician-assisted suicide “occurs when a physician facilitates a patient’s death by providing the necessary means and/or information to enable a patient to perform the life-ending act (e.g. the physician provides sleeping pills and information about the lethal dose, while aware the patient is intending to commit suicide).”

Physician-assisted suicide and euthanasia are very similar, but the distinguishing factor is the extent of involvement by the physician. The AMA believes that physician-assisted suicide is preferable to euthanasia, because in merely providing a means and properly advising a patient, the patient is still in control of the process from beginning to end. When a patient asks to be euthanized, the physician holds some degree of power and control and the patient may be deprived of the leisure to fully think through the prospect of ending one’s life.

It appears that the main reason why the AMA will not endorse a policy in support of physician-assisted suicide is the involvement of doctors and the potential negative effects it could have on the doctor-patient relationship. As stated in the report,

Though the principle of patient autonomy requires that patients who possess decision-making capacity be given the opportunity to choose among offered medical treatments..., it does not give patients the right to demand euthanasia. At issue is whether it is ever ethical for physicians to offer euthanasia in certain circumstances. On the other hand, there is an autonomy interest in directing one’s death. But this interest does not override considerations of professional responsibility.29

The issues that the AMA address are important to patients and medical personnel alike. However, the primary goal of the AMA appears to be protecting the role of medical doctors and preserving the moral code by which they operate.

28 AMA website.

29 Ibid.
The CEJA report on “Decisions Near the End of Life,” although published in 1991, is still endorsed as the AMA’s policy for medical actions that can lead to death (the four means discussed above). The policy allows for palliative treatment and the withholding/withdrawing of life-sustaining treatment, but still stands firmly against euthanasia and physician-assisted suicide. The decision to allow or disallow certain procedures were based on three considerations: 1) the principle of patient autonomy and the corresponding obligation of physicians to respect patient’s choices; 2) whether what is offered by the physician is sound medical treatment; and 3) the potential consequences of a policy that permits physicians to act in a way that would lead to a patient’s death.30

In allowing palliative care and withholding/withdrawing life-sustaining treatment, it is believed that the individual has the right to decide whether to undergo sometimes evasive and emotionally and physically taxing procedures based on their “subjective preferences and values.” The case of a Jehovah’s Witness refusing a blood transfusion is mentioned as an example31, keeping in mind that the decision in this case was upheld in the courts. While it is the physician’s duty to heal patients, this duty is contingent upon a patient who accepts the proposed treatment. The main point here is that the patient’s autonomy32 must be respected in deciding whether to initiate a specific treatment plan.

30 AMA website.
31 Ibid.
32 The use of autonomy, in this instance only, is referring to the individual’s right to choice in the medical context. The meaning of autonomy here is not used in the Kantian sense that will later be discussed.
KANT'S THEORY OF SUICIDE

One can find discussions of suicide in many of Kant’s works, including his *Lectures on Ethics*, *Foundations of the Metaphysics of Morals*, and *Metaphysical Principles of Virtue*. Kant’s writings reveal his strong opposition to the moral permissibility of suicide. He does, however, admit that “suicide can be considered under various aspects, from the blameworthy, the permissible, and even the heroic point of view.” His reluctance to allow for a permissible choice to end one’s own life is rooted in the self-contradictory nature of the act. Humanity is what gives humans the faculty of autonomous, rational choice, and for one to will the demise of one’s humanity is an offense to one’s duty to preserve it. Therefore Kant considered suicide to be “the supreme violation of duties to oneself.”

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33 *Lectures.*


35 Kant.

36 These texts will be the primary texts used to discuss Kant’s view of suicide in this essay.

37 Kant’s strongest example of a permissible suicide act appears in his *Lectures on Ethics*. Found in Collin’s lecture notes on Kant’s moral philosophy in a section entitled *Of Suicide*, Kant discussed Cato’s suicide motivated by his desire to save his country from Caesar.

38 *Lectures*, 144.

39 Ibid., 124.
One's personhood is the most important characteristic of a human being for Kant. Humans and no other animal are capable of possessing humanity, because it serves as the foundation of one's rational capabilities and is essential to the existence of morality. Kant explains,

Personhood, or humanity in [one's] person, is conceived as an intelligible substance, the seat of all concepts, that which distinguishes man in his freedom from all objects under whose jurisdiction he stands in his visible nature. It is thought of, therefore, as a subject that is destined to give moral laws to man, and to determine him: as occupant of the body, to whose jurisdiction the control of all man's powers is subordinated. There is thus lodged in man an unlimited capacity that can be determined to operate in his nature through himself alone, and not through anything else in nature. This is freedom, and through it we may recognize the duty of self-preservation, which cannot, therefore, be plainly demonstrated.40

Here Kant is illuminating the idea that humanity is the basis of one's morality and in turn is how one is able to experience freedom. Freedom, for Kant, is not the right to choose or the prohibition of external constraints; one has freedom of the will. One is free because one is an autonomous agent and, as such, one has adopted a set of universal moral principles by which one governs oneself and is therefore able to make rational decisions. Kant's freedom is essentially the ability to self-govern. In being free, one puts aside her happiness (which is driven by the physical world) and adopts the freedom of self-government. Kant's description of humanity, as a subject, emphasizes the idea that humanity guides one's life; it is the core of one's existence. As such, happiness and one's human instinct and worldly desires are subordinated to the moral laws that are dictated by humanity. One's body is what prompts "happiness," but it is also the vessel that humanity inhabits. This is how Kant substantiates the duty of self-preservation. Humanity is in a

40 Lectures, 369.
sense more significant than the individual and as such demands it be preserved. In Kant’s words, “humanity is in itself an inviolable holiness, wherein my personhood, or the right of humanity in my person, is no less inviolably contained. It demands the duty of morality, and it is only man who demands happiness, which must be unconditionally subordinated to morality.”41 Self-preservation is a duty because humanity is more significant than the individual and therefore should receive priority.

Kant opposed suicide not because of the harm done to the concrete object of the body, but the violence done to humanity. In Kant’s words, “duties to oneself relate, not to the man as a physical subject, but always to the right of humanity in his person, or the right that it has over him and his person.”42 The human body, for Kant, is an object that achieves special status because of its conditional relationship with the mind, and it therefore cannot be treated as a mere object.43 Despite the special status of the body, one’s humanity remains the ultimate concern for Kant. Without humanity, there can be no rational thought or a moral system to govern oneself.44 One’s humanity allows one to be a self-governing agent, and through self-government and the recognition of universal

41 Lectures, 369.

42 Ibid., 350.

43 The conditional relationship between the body and one’s mind (humanity) is what gives special status to the body. The status of the body is promoted from that of an object to an integral part of what constitutes the self. The self, constituted by humanity and its relationship with the body, cannot be treated like an object and therefore gives the body special protections from harm and being used in damaging ways to promote the ends of the individual. Kant requires that the body be disciplined and kept in peak condition to benefit one’s humanity. If this relationship did not exist, one would be able to treat the body as one would any other object. However, as I will discuss later, if one’s mind (humanity) was not tied to a specific body, Kant would not require the same special treatment of the body.

44 If one were to terminate one’s life and therefore dispose of one’s humanity, it is true that humanity would still exist in the world, since others would still be alive and in possession of humanity. However, for Kant to allow for suicide, it would have to be a universal maxim (able to pass the test of the categorical imperative), which would mean that it would be acceptable for all humans to kill themselves, thus extinguishing humanity completely.
maxims, a system of morality is established. One, being a self-governing agent, cannot
will the demise of one’s existence as a self-governing agent. For Kant, even the idea of
willing such an action is an inherent contradiction.

To understand the contradiction, Kant explains it within the context of humans
and animals, keeping in mind that that which distinguishes humans from animals is one’s
rationality and autonomy. He

who fails to respect his humanity, who turns himself into a thing, becomes an
object of free choice for everyone; anyone, thereafter, may do as he pleases with
him; he can be treated by others as an animal or a thing; he can be dealt with like
a horse or dog, for he is no longer a man; he has turned himself into a thing, and
so cannot demand that others should respect the humanity in him, since he has
already thrown it away himself.45

If one chooses to forfeit one’s humanity, as one does in the act of suicide, by willing the
end of one’s humanity, then one is no longer a part of the moral world “for the worth of
the person constitutes moral worth.”46 One cannot expect others to treat one with the
dignity and respect that humanity warrants, because one has turned oneself into an object
or an animal. Essentially, “a being who existed of his own necessity could not possibly
destroy himself; one who does not exist by such necessity sees his life as the condition of
all else.”47 One has lost one’s ability to understand oneself as a self-governing agent
capable of making decisions in accord with the universal maxims one has adopted.
Instead, the individual sees herself as conditioned by everything else in the world. Her
existence is contingent upon the circumstances of the world around her and she is no
longer able to employ rationality to make moral decisions for herself. The gifts humanity

45 Lectures, 147.
46 Ibid., 125.
47 Metaphysics, 147.
has bestowed upon her are no longer being utilized and therefore no other can be expected to respect her as such.

To make the contradiction Kant is driving at more explicit, he walks the reader through the process of contemplating suicide and describes why it is wrong. He begins with an individual who is in despair and weary with life and “is still in possession of his reason sufficiently to ask whether it would not be contrary to his duty to himself to take his own life” and subsequently asks “whether the maxim of his action could become a universal law of nature.”

It is important to Kant that one still be in possession of his rational capacities, because an irrational man is not bound by the laws of morality. In addition, one’s maxim must be universalizable, otherwise one’s action could not be part of the moral law. The maxim the suicidal individual must examine is “For love of myself, I make it my principle to shorten my life when by a longer duration it threatens more evil than satisfaction.” Kant would object to this maxim first because the cost/benefit analysis between evil and satisfaction pertains to the idea of happiness, which is a utilitarian concern and not one of moral value to Kant. He also finds that “it is contrary to morality, for the intention is, by sacrificing one’s condition, to abandon at a stroke all the pains and hardships of life; but in so doing, humanity is subordinated to animal nature, and my understanding is under the sway of animal impulse; and if so, I contradict myself when I demand to have rights to humanity.” What Kant means is, when a human being chooses to commit suicide, she is giving in to the animal nature of her physical existence

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48 Metaphysics, 38.

49 Ibid., 38.

50 Lectures, 70.
and allowing herself to be overcome by those things in life that she finds to be unpleasant or painful. The individual is trying to achieve a state of happiness that has no moral worth to Kant. She should be under the discipline of her humanity and choosing to persist in life as she would be instructed to by her rationality.

In addition, the problem lies with the idea that “a man uses his freedom to destroy himself, when he ought to use it solely to live as a man; he is able to dispose over everything pertaining to his person, but not over that person itself, nor can he use his freedom against himself.”51 What is essential here is that while man does have the freedom to dispose over himself; one’s freedom is not absolute when humanity itself is in question. “It transcends all limits on the use of free choice, for the latter is only possible if the subject exists.”52

One can see why Kant would deny that suicide is a moral choice, given that in the act one destroys one’s morality. However, Kant does allow for suicide in a limited number of situations. Broadly speaking, Kant allows for suicide only in situations where choosing to stay alive would force an individual to commit an immoral act. Simply stated, “It remains ... contemptible and contrary to duty, to promote the maintenance of life at the price of one’s morality.”53 “For example, if someone were to be promised death, or the enjoyment of a happy life at the price of shameful treason or other criminal act,”54 one should choose death. While this example demonstrates the hierarchy of duties

51 Lectures, 124.
52 Ibid. 145.
53 Ibid., 370.
54 Ibid., 370.
that Kant outlines when the duty of self-preservation and another moral duty come into conflict, it is not an example of justified suicide. Kant would not find one’s choice to die by the hands of another instead of committing an immoral act to be suicide, because of the lack of one’s intention to die.

One may be hard-pressed to find an example of suicide that would seem to make sense under this exception and not contradict Kant’s overarching philosophy of suicide. Kant himself admits only to the example of Cato, who chose to end his life so that the Romans would continue fighting for freedom and not succumb to the hands of Caesar if he chose to live. In Kant’s moral philosophy, it is not the outcome of an action that one should be concerned with, but the intention behind it. The most important component of suicide for Kant is “the intention to destroy oneself.”55 By defining suicide in terms of intention, it allows Kant to discount soldiers marching into a guaranteed death and other situations that share a similar context, from the category of suicide. The intention in such instances is not to destroy life, but instead to fulfill a duty. In Kant’s words, “the man of inner worth is not afraid of death...There are duties...to which life is much inferior, and in order to fulfill them we must evince no cowardice in regard to our life. The cowardice of man dishonours humanity, and it is very cowardly to set too much store by physical life.”56

While Kant makes clear that he has a ranking of duties that can trump one’s duty of self-preservation, at no point does he make explicit which duties these are. He states

55 Lectures, 146.
56 Ibid., 150.
that “it would never be sufficiently determined, whether and when I might shorten my life.”\(^{57}\) However, he does find that “it is permitted to venture one’s life against the danger of losing it; yet it can never be allowable for me deliberately to yield up my life, or to kill myself in the fulfillment of a duty to others.”\(^ {58}\) It appears that Kant has an idea of what duties would take priority over self-preservation, but cannot endorse a wholesale defense of any particular duty.

The competing moral duties that Kant draws out in these instances are the duty of self-preservation and the duty to live honourably. While Kant does not give one the absolute right to dispose over one’s life, he encourages one to preserve one’s virtuous nature over one’s continued existence. Kant asserts that “if [one] can preserve [one’s] life only by disreputable conduct, virtue absolves [one] from the duty of preserving it; because here a higher duty beckons and passes judgment on [the individual].”\(^ {59}\) In other words, “it is not necessary to live, but it is necessary that, so long as we live, we do so honourably.”\(^ {60}\) It appears that in certain instances, one’s duties trump self-preservation, because if one is not fulfilling the duties set forth by the moral law, then one is choosing to avoid death out of self-love and a desire to continue living not for reasons of morality but for the enjoyment of life. The motivation of the individual in this case appears to be more animalistic than rational, and the moral action would be to honor one’s humanity by fulfilling a duty and in turn accepting death.

\(^ {57}\) *Lectures*, 369.

\(^ {58}\) Ibid., 370.

\(^ {59}\) Ibid., 151.

\(^ {60}\) Ibid., 147.
From the above discussion of Kant’s theory of suicide, one can see that Kant does not permit suicide for the purpose of “[disposing] of oneself as a mere means to some end of one’s own liking.” Suicide is not an answer to one’s unhappiness or life’s despair. In choosing to commit suicide, one is essentially surrendering one’s right to humanity and in turn the dignity and respect that humanity is afforded. Kant does, however, permit suicide in cases that would require an individual to perform a dishonourable and immoral act for the sole purpose of preserving one’s existence. While Kant affords the duty of self-preservation high esteem, he realizes that it is subordinate to the duty of preserving one’s humanity. This distinction made by Kant allows him to strictly narrow the definition of suicide so that it includes only those instances where one wills the end of humanity to increase one’s happiness or to escape from hardship and not those instances where one strives to live honourably until one’s last breath is drawn.

61 Lectures, 84.

62 While Kant allows for the subordination of self-preservation in the interest of preserving humanity, not all instances in which one would have to commit a dishonourable act would constitute an exception. It appears that Kant has a hierarchy of moral duties in mind, but he never explicitly states the rankings of such duties and even appears to believe judgments need to be made in reference to individual cases.
CHAPTER III

KANT’S THEORY OF SUICIDE AS APPLIED TO EUTHANASIA

The moral issues that Kant is concerned with in evaluating suicide are shared by euthanasia. The conditional relationship between the physical body and the mind and the preservation of humanity, are the key issues in determining whether the intentional and premature ending of one’s life is moral. Kant forbids suicide unless the individual is threatened by the mandatory performance of a dishonourable act. The same would hold true for euthanasia, and in most instances the threat of a dishonourable act is not present. Therefore, one would not be allowed to consider euthanasia in order to escape pain or to avoid the displeasure of suffering from a disease. To better understand how Kant would regard euthanasia requires a discussion of the connection between the physical body and the self.

Kant believes that “the most excruciating pains and irremediable bodily sufferings [could not] give a man the authority to take his own life.” This stems from Kant’s belief that the body and its desires should not have an impact on one’s self nor its rational capacities. To avoid undue influence on the mind from the body, Kant believes that the body must first be disciplined, because in it there are principia by which the mind is affected, and through which the body alters the state of the mind. The mind must therefore take care to exercise an autocracy over the body, so that it

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63 Lectures, 369.
cannot alter the state of the mind. The mind must maintain supremacy over the body, so that it may guide the latter according to moral and pragmatic *principia* and maxims.\(^{64}\)

Kant carves out a specific role for the body: the body is to be in a constant state of discipline so that it does not affect one's rational choosing, but the body is also recognized as a vessel of great importance. Without the body, the mind and its rational capacities would not exist; humanity and morality would necessarily cease to exist as well. Therefore the mind and humanity's existence are conditional upon the continued functioning of the body. Kant realized that "to prevent [the body] from affecting the mind is doubtless impossible"\(^{65}\) because of the necessary interconnectedness of the two, but the body gains its worth only through its disciplined existence.

The issue of conditionality between the mind\(^{66}\) and body is the most important element of Kant's theory in relation to euthanasia. Kant wrote:

> If the body belonged to life in a contingent way, not as a condition of life, but as a state of it, so that we could take it off if we wanted; if we could slip out of one body and enter another, like a country, then we could dispose over the body, it would then be our subject of free choice, albeit that in that case we would not be disposing over our life, but only over our state, over the moveable goods, the chattels, that pertain to life.\(^{67}\)

The only value the body has for Kant stems from its being a condition of the mind. The protection, discipline, and perfection Kant requires in one's treatment of the body are only mandated because negative impact on the body in turn negatively impacts the mind.

\(^{64}\) *Lectures*, 151.

\(^{65}\) Ibid, 151.

\(^{66}\) Here, "mind" refers to Kant's understanding of rational capacities and humanity.

\(^{67}\) *Lectures*, 144.
If one were able to regard one's body as a disposable and replaceable object, as one's property, then Kant would not require the same treatment.

The current relationship that exists between the mind and body necessitates the existence of one particular body for the mind to continue functioning. If the mind could exist in a manner that would allow for it to transfer from body to body with no particular body necessitated for its existence, then one's body would no longer have special status. The body would become fungible and serve only an instrumental purpose, with no particular body having an essential connection to the existence of humanity. In one's current state, bound by the survival of a specific body, the freedom granted by one's humanity is only exercisable through the existence of the physical body. More specifically, "the body is the total condition of life, so that we have no other concept of our existences save that mediated by our body, and since the use of our freedom is possible only through the body, we see that the body constitutes a part of our self."68

The connection that Kant acknowledges between the physical body and one's mind is the most important part of his theory as it pertains to suicide and euthanasia. One may make the argument that because one's body is one's own, one has the right to do with it as one pleases, but the conditional relationship between the body and one's humanity is what limits this freedom. As Kant has said, if one were able to "move from body to body as one would a country", then doing violence to one's physical body would be a matter of mere choice. One's authority over the body could be likened to that of another material possession, such as a car or a locket, which one may choose to transfer ownership of, mutilate, or even destroy. The body would essentially have the

68 Lectures, 144.
characteristics of any other fungible object, because the existence of one’s humanity would in no way depend upon the health or longevity of that given body.

The status Kant grants to the body based on its relationship with the mind allows one to see why Kant would move to prohibit euthanasia. What is despicable for Kant in the act of suicide is the inherent contradiction in destroying oneself, and in turn one’s freedom, by using one’s freedom against itself. The same holds true for euthanasia, since an argument based on pain and the existence of an alternative immoral action are not present and therefore cannot constitute an exception for Kant.

At this point it may not appear clear how Kantian theory can be employed as a defense of euthanasia, however, we have not yet examined its use in regard to individuals who are no longer in possession of their rational capacities. Given the discussion above of the relationship between the mind and body, one can see that the body holds a special status only so long as it belongs to a rational human being and one’s body is a condition of humanity’s existence. This opens the door for one to request that her life⁶⁹ be terminated once rational thought has ceased. Kant clearly values those rational capacities that humans possess from the continued existence of humanity within oneself. If an individual sacrifices her humanity in the attempted act of suicide, then no one is bound to treat and respect her as one in possession of humanity. One can logically conclude from this that if one were no longer capable of displaying the traits of a being that is in possession of humanity, one would be free to dispose of one’s body as one would choose.

⁶⁹ Life here referring only to the physical functioning of the body and not humanity as it is related to the body.
A complication arises when taking into account that only an arational human being could be ethically justified in ending her life. However, if an individual is arational and no longer possesses those faculties that guarantee that one possesses the rights and respect of humanity, then she is not capable of making an autonomous choice. Essentially, one can only achieve the proper disjunction between the mind (humanity) and the body if one’s rational capacities degenerate to the point of arationality and then, and only then, is one able to terminate the physical body, because the life of the mind has already ceased to exist. In terms of euthanasia, this would leave an arational individual charged with the duty of making a choice which she is not rationally or ethically qualified to make.

While an arational individual is unqualified to make a choice to terminate her own life, a previous rational self would be able to make that decision. If, as Kant points out, our humanity and our capacities as humans are contingent upon the continued existence of a specific physical body that as such becomes “a part of the self,” then one would be able to assert that one’s body belongs to the specific individual in a certain sense. One’s freedom to reign over one’s body is limited only because of the potential harm that could

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70 This does not include those instances of suicide that Kant sees as valid exceptions to the rule because a higher duty has absolved them of the duty to preserve one’s life.

71 An arational individual would not be allowed to make a moral decision to commit suicide because, unlike animals, human beings possess rationality at one point in their life and the relationship of the mind and body is what makes rationality possible. Due to this conditional relationship between the mind and a specific body, one has a certain ownership of the body and therefore has the right to make one’s own choice as to how one’s body should be disposed of. If the individual is arational she is not competent to make this choice and therefore would need the decision to be made by a previous rational self. An arational individual, however, would be able to make some menial decisions such as how to dress or what to eat, but the magnitude of the decision to commit suicide is not well-suited for an individual in such a state because of the complexity of the issue.

72 How one should make that choice and the issues of autonomy that come into play will be addressed later.
be caused to one's humanity if harm is done to the physical body. If one is able to assert limited control over one’s physical body while in possession of one’s rational capacities, then it does not appear to be a stretch to say that one would still have control, even complete ownership, of the body once the mind’s existence is no longer contingent upon the body. What is meant by ‘control over the body’ is that the individual, having a special connection to the body, is granted certain rights over it and its state in the same way a parent is granted ‘control’ over a child. The child is not meant to be seen as an object, but there are certain rights granted to the parent to be able to control the child to protect the child’s best interests. The same is true for the body however, once the body no longer maintains a conditional relationship with the mind, it becomes an object to be possessed. In becoming an object, it also becomes the property of the individual, however, being that the individual would no longer be in existence, the only way ownership could be exerted would be through directions given in a will or an advanced directive.

To be able to use one’s rational capacities to exert ownership over the body as an object, one must bridge the gap between the two. To do this one must rely on the rational capacities of the individual, before one becomes an object, to deliberate as to what the appropriate course of action should be for the body once one is no longer able to make such choices. Individuals currently make similar decisions when establishing ‘do not resuscitate’ orders (DNRs), where one bars medical personnel from using life saving treatments to revive an individual once she has flat-lined. Like a DNR, an individual would be able to determine how her body would be disposed of once rational capacities have ceased to exist.
CHAPTER IV

THE END OF RATIONALITY

While it is clear that Kant values the body only in relation to the mind, it is not clear at what point one has lost one’s rational functioning and is able to dispose over the body as an object. To achieve such an understanding, one must be able to draw a justifiable line between a rational human being and an arational human being. Given the lack of guidance Kant provides to discern which individuals are arational, an appeal to current standards of competency in medical settings will be examined. A full explanation of what rationality "looks" like will not be presented; however, an initial judgment as to what does or does not describe an arational individual will be discussed.

It has recently become common practice for the loss of brain functioning, "brain death," to be considered akin to absolute death. Once brain death has been detected, it is standard procedure to remove all life sustaining machines and treatments and to allow the body to cease functioning. In a situation where a patient has reached a state of "brain death," a Kantian defense of euthanasia would be easily applicable, because the total cessation of brain activity is a clear case in which one no longer maintains the normal conditional relationship between the body and the mind. Things become more

complicated, however, when brain death is not involved, but one has lost one’s rational capacities. This instance requires understanding what constitutes the loss of rational functioning.

For Kant, rationality is an attribute of the mind, making it hard to observe concrete variables to evaluate its presence. The state of brain death is an easy determinant, because without functioning of the mind rationality cannot exist. However, prior to brain death one may lose the ability for rational thought, as is the case of an individual who has reached the final stages of Alzheimer’s disease and lives in a permanent state of dementia. Evaluative standards for determining rationality are hard to substantiate, given that Kant does not explicitly describe what rationality is supposed to “look” like and also due to the inherent difficulty in trying to establish universal standards that do not mistakenly rule out individuals that are rational. To be able to accommodate situations where one has lost rational capacities prior to the cessation of brain functioning, a continuum between full rational capacities and the absolute end of brain functioning must be established.

Medical ethics has made significant efforts to address issues of competent decision making and valid consent. While these efforts help to address a decision about one’s competency, they are not stringent enough to address the issue of rational capacities for Kant, because he is concerned with preserving humanity up until rational functioning is completely lost. Competence is “best understood as specific rather than global: It

74 Brain death is an ‘easy determinant’ because we have the technology to be able to observe when brain activity ceases. In the future technological advances could be made allowing for one to be able to observe when rationality ceases to exist, but for now rationality remains undetectable through any measurement of physiological processes.
depends not only on a person’s abilities but also on how that person’s abilities match the particular decision-making task he or she confronts.” This allows for the competency status of an individual to vary based on the decision she is faced with.

The abilities taken into consideration when making competency evaluations are normally not used together as a full set. Depending on the severity of the task, the examiner may select only a few of the capacities to measure. For example, if one were to attempt to evaluate whether an individual is competent to choose what her diet consists of, one may take into consideration only one’s ability to show preference. If, on the other hand, one were evaluating an individual’s competency to agree to a major surgery, one may have to demonstrate that she is capable of making reasonable choices, understand her situation, make cost-benefit analyses, and give rational reasons for her choice. One can see, based on the aforementioned examples, that competence is a relative term. Kant, however, requires that rationality evaluations have equal bearing on all decisions, declaring the individual either rational or arational in every instance.

To address the needs of Kant, a universal measuring stick must be used to determine whether one is arational. To do so, it is instructive to take the common factors that are considered in making competency evaluations and see how they apply to rationality. The common factors for competence evaluations include:

1. Inability to express or communicate a preference or choice;
2. Inability to understand one’s situation and its consequences;
3. Inability to understand relevant information;
4. Inability to give a reason;
5. Inability to give a rational reason (although some supporting reasons may be given);

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6. Inability to give risk/benefit-related reasons (although some rational supporting reasons may be given);
7. Inability to reach a reasonable decision (as judged, for example, by a reasonable person standard). 

The abilities listed above are helpful in discerning whether one is competent, however, it is questionable as to whether these criteria, in any combination, are sufficient for making a comprehensive evaluation of one's rational abilities. The factors examined in a competency evaluation seek to recognize if an individual is competent, however, they are not necessarily good indicators of incompetency. In examining the factors of competence in relation to rationality, one will find that one cannot use these criteria to determine rationality nor can they determine arrationality. One should merely take notice of the inadequacy of the current tools used to measure competency and in turn how these tools serve as poor models for the determination of arrationality.

To begin, the ability to show or communicate a preference is not a quality that is unique to human beings. Most animals are able to exert their preferences in one way or another. For example, my cat displays her dietary preferences when she refuses to eat a specific brand of cat food. In addition, preferences for Kant have no moral bearing and are attributed to the desires of the physical body. If I choose to eat chocolate ice cream because it satiates my taste buds more so than strawberry, there are no moral implications to the action, although the experience will be more gratifying for me.

76 A reasonable person standard takes into account a hypothetical reasonable person and asks what such a person would consider to be significant in making the decision and consequently what a rational decision would look like based on the information and situation.

77 Beauchamps & Childress, 73.
Next, one's ability to understand a situation and its consequences is also insufficient, because a child, who is not yet a rational being, can understand her situation and the possible consequences and still act contrary to duty. In a situation where a child desires to purchase a new Barbie doll but does not have the money to do so, she may find the opportunity to take money from her mother’s unattended purse to be too tempting to resist. The child may know that stealing is wrong, because she has been told so by her mother, and that if she is caught she will be severely punished, but she does not yet have the capacity to understand that she must resist the inclination to steal because it is contrary to her moral duty. Instead, she only knows that if she is caught she will be punished, but if she gets away with it, the risk of punishment will be worthwhile to her. This example demonstrates that one may understand the situation and what consequences may ensue depending on which choice is made, without having the full capacity to make rational decisions in accord with moral duty.

One’s ability to understand relevant information also appears to be a weak indicator of rational abilities. An individual may be able to process facts that are presented to her, but may not have the capacity to manipulate a collection of facts to make appropriate decisions. For example, an individual may be given statistics about the possible risk of infection from open heart surgery, but she may not be able to utilize the statistics to make a reasonable decision as to whether the surgery is too risky to undergo, for if she dies her child will be left without a mother. The individual may understand that 1 in 100 people die from infection, but she may not be able to weigh the duty to provide for her daughter against the duty of self-preservation.
The ability for one to be able to give a reason is also substandard in determining one’s rational capacities, for one could give any number of irrational reasons for making a specific choice. For example, an individual may inform her doctor that she wants a heart transplant because her father died of a heart attack and she is afraid because she shares his genes she will too, even though her heart is healthy. In this case her reasoning appears to make sense to her, even though there is a lack of evidence to support her need for a transplant, making the request irrational.

Competency evaluations sometimes require that one is able to give a rational reason for making a specific choice, however, the rational reasons given are not necessarily akin to Kant’s “rational” reasoning standards. A rational reason may simply be understood as a logical reason given after significant consideration of the situation has occurred; however, it may not be in accord with moral duty. An arational individual may also give a rational reason on accident. In addition, if one considers a rational reason in the sense Kant means it, this criterion would simply be begging the question as to whether one was rational or arational. If one can give a rational reason then one has rational capacities, but that still does not explain how to judge rationality.

Consideration of risk/benefit related reasons are a necessary part of moral reasoning for Kant, however, one’s ability to do so cannot, alone, constitute rationality. A decision should not be based solely on risk/benefit evaluations, because they merely consider what the best possible outcome would be for the individual and do not necessarily consider moral duties.

Lastly, One’s ability to reach a reasonable decision would also fall short of a Kantian measurement of rationality, because the reasonable person standard takes an
aggregate of what the population deems to be a reasonable decision in a given situation, but does not guarantee that the population has engaged in the appropriate moral evaluations to reach a given decision.

At this point it appears that “brain death” may be the only viable way to make an accurate distinction between an individual still in possession of her rationality and one without. The components used to evaluate competency do not appear to hold up under the pressure of judging the loss of rationality. More stringent and exact measures need to be determined by which one can judge arationality. Once standards for judging rationality have been successfully determined, the state of arationality may be used as an acceptable standard of ‘death’ as is currently the case with ‘brain death.’ An undertaking of this task is significant and there is not enough space to address it sufficiently in the scope of this essay. However, there are a few suggestions that can be made.

The criteria for judging rationality should not take into consideration the body’s physical appearance or health, because a body in peak condition may still lack a connection with the brain, as in the case of irreversible coma. In addition, a body in poor condition may still have an exceptional relationship with the mind, which has been proven by the continued intellectual abilities of Stephen Hawking despite the physical deterioration he has suffered due to Amyotrophic Lateral Sclerosis (ALS).78

Based on the primacy that Kant gives to the mind and rational capacities, the physical body should not factor into one’s evaluation. Therefore, an evaluation of one’s rational capacities is a case purely of the mind and should be evaluated by an individual

78 For more information about Stephen Hawking’s life and accomplishments, visit his website: www.hawking.org
knowledgeable in the functioning and capacities of the mind – a psychologist. The psychologist, however, should not look for signs of depression or other mental illness, but instead make an objective decision about the rational abilities of the mind, based on currently undetermined indicators of rationality. If one is found to be permanently incapable of displaying rational functioning and has been for an extended period of time, then it is safe to declare the individual arational.

Once an individual is deemed arational and the relationship between the mind and body is decidedly nonexistent, then the action of ending the physical body’s existence can be considered ethical. While one may choose to terminate one’s physical body, an other is unable to make a similar decision. The individual who is in possession of a specific physical body is able to dispose over her body as she pleases once the body has become an object. Because the individual is the only one entitled to make decisions about the body, it is necessary that one anticipate the possibility of the physical body outliving the mind and consequently make decisions about how one’s body should be treated.
It has been established that the only point at which Kant would allow for suicide or euthanasia would be when the mind and the body no longer maintain a meaningful relationship. Suicide is impossible under this theory, because it would require an individual to actively destroy her life, which one is incapable of if the body has ceased to help the mind function. In the case of euthanasia, barring physician-assisted suicide, one requires another party to carry out the action. Since one is necessarily no longer able to communicate one’s wishes and desires once one has reached a state where euthanasia is morally acceptable, one must make the decision in advance and make it accessible to others. This would take the form of an advanced directive and would require individuals to respect one’s autonomy after rational capabilities have ceased. Before addressing the process of creating an advanced directive, it is necessary to examine the idea of autonomy and how it relates to the issue.

In the euthanasia debate, there are a number of competing definitions of autonomy, some of which are wrongfully attributed Kant. In contemporary bioethics, 

79 In this section ‘modern’ autonomy will be used in place of ‘Kantian’ autonomy to make the distinction between contemporary Kantian theories of autonomy and the original theory held by Kant clearer.

80 Although the conditional relationship between the mind and body has been severed, one still possesses a sense of ownership over one’s body. Therefore, it is the individual’s decision how and when her body is to be disposed of and the decision to do so should be made when she is still rational. The choice belongs to no other.
autonomy, for the most part, involves one’s self-determination and also the ability to choose one’s own destiny without interference from outside parties. James Stacey Taylor summarizes the Western conception of autonomy as “allow[ing] persons to form, revise, and pursue their own conceptions of the good.” These characteristics are found in modern Kantian theories, as well as others; however, they are not sufficient to constitute Kant’s own understanding of autonomy, which finds that “only those agents who choose to act on the moral law from duty act autonomously.” Existing modern definitions of autonomy will be examined and contrasted with Kant’s original definition of autonomy.

In contemporary bioethics, modern autonomy is often understood to be the right of the individual to express her will in determining the appropriate measures to take concerning her health and well-being. Autonomy is understood “in terms of self-control, self-direction, or self-governance. The individual capable of acting on the basis of effective deliberation, guided by reason, and neither driven by emotions or compulsions nor manipulated or coerced by others is, on the [modern] position, the model of autonomy.” This definition of modern autonomy portrays autonomy as a part of a self-legislature that is of one’s choosing, not necessarily legislation governed by universal moral laws. Kant’s autonomy is essentially “a matter of adopting law-like principles that

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82 These factors are necessary parts of Kant’s autonomy, but they are not sufficient to constitute it.

83 Seeker, 47.

84 Seeker, 47. Quoting Mappes and DeGrazia, 1996. Seeker’s emphasis was removed.
are independent of extraneous assumptions that can hold only for some and not other agents.\textsuperscript{85} The self-legislation that Kant talks about requires that one freely adopt a set of universal moral principles which one will adhere to. Autonomy is the "capacity of law-giving itself."\textsuperscript{86} This means that it is not the individual that is autonomous, but instead it is the reason inside the person that is autonomous. Kant's understanding of autonomy is similar to the way in which he understands the value of one's life in terms of humanity inside the individual. It is not necessarily the individual that requires self-preservation, but instead it is the humanity inside the individual that demands it.

The difference between modern autonomy and Kant's autonomy is that modern autonomy concerns itself primarily with external factors whereas Kant is concerned with internal factors. Modern autonomy lends itself to one's ability to make choices based on preferences and desires, which is fundamentally at odds with Kant's autonomy and his moral theory as a whole. In Kant's original idea of autonomy, "a being with an autonomous will, then, is one who is self-legislating, rather than subject to pre- or other-given laws. The self-given laws of an autonomous agent are not just any laws, however; these laws are given by the agent's pure practical reason and the form those laws take, according to Kant, is that of the one and only Categorical Imperative."\textsuperscript{87} Modern autonomy is primarily concerned with allowing an individual to have control over her life in the sense that others will not infringe on her choice and will respect those personal


\textsuperscript{86} Miyasaka, 20.

\textsuperscript{87} Secker, 45.
beliefs she has chosen to base her decision on. This allows for the individual to make
decisions based on means-end calculations and does not require that she further examine
the moral character of her chosen ends. Kant, on the other hand, regards autonomy as
one’s ability to self-govern (to make decisions in accordance with the moral law which
one has accepted as one’s own) and to make decisions in light of the universal moral
tenets that rationality is determined by. The ends an individual would choose would be
self-evident, because reason in the individual would hold up the appropriate ends based
on universal moral laws. For Kant, the individual may acknowledge other ends driven by
her inclinations or identity as a social being, but, ultimately, the ends endorsed by reason
must override all others. In upholding the modern principles, individuals could choose to
determine their life in a variety of ways, however, for Kant, there would be a limited set
of options based on the moral code.

An individual who desires to end her life because she anticipates a painful and
unpleasant death is inexcusable to Kant, because the individual is giving in to the desires
of the body and not using her rational capacities to make a judgment based on moral law.
An individual confronting a painful death has to stop and ask herself whether she wishes
to die because her current state makes her unhappy or if she should wish to live because
human life has worth until rationality and humanity cease to exist.

Kant’s autonomy requires that every autonomous decision is one made under the
guidance of the categorical imperative. One must ask whether the action one wishes to
take could become a universal maxim. It is possible for Kant’s autonomous agent to
make a decision that is not in accord with the moral principles dictated by one’s
autonomy, but it remains and immoral act. For a modern Kantian, one’s decision can only
be immoral if it goes against the beliefs one has adopted as one’s own. There is no self-evident moral truth determined by the nature of being an autonomous agent that one must measure one’s actions against. Modern autonomy does not require universality; in fact, it favors plurality in that it is meant to allow an individual to make a decision based on personalized beliefs that are not shared by all. For Kant, a plurality of beliefs is only acceptable if the differing beliefs hold the same moral status. Kant requires that all individuals subscribe to the same basic moral principles and thereby govern themselves under such principles. The fundamental error made by those who subscribe to modern autonomy is that they take Kant’s definition of autonomy and use his words to mean something different. Modern Kantians may refer to self-legislation as Kant originally did, but its meaning does not align with Kant’s philosophy. Since “autonomy of the will is the central concept in Kant’s moral philosophy,”88 it is a grave mistake to misunderstand Kant’s definition of autonomy.

One can see where modern autonomy and Kant’s original definition of autonomy diverge and how important it is to make such a distinction. The two definitions are fundamentally different, and if one were to evaluate a situation using both theories, they would most likely produce drastically different outcomes. Kant’s original conception of autonomy is most suited for addressing the current conversation about euthanasia, because it is universal and it also preserves the integrity of both natural and moral laws. In an instance where one would choose to be euthanized once one has lost one’s rational capacities, Kant’s definition of autonomy not only respects our natural duty of self-preservation, but the maxim is in accord with universal moral law.

88 Secker, 45.
CHAPTER VI

EUTHANASIA, ADVANCED DIRECTIVES, AND KANT’S AUTONOMY

One’s choice to be euthanized is only acceptable once an individual has passed the point of rationality. To be able to effect a desire to be euthanized, one would have to deliberate about the issue and put into place an advanced directive. Kant would allow for an advanced directive, because the autonomous choice is in line with both the natural and moral laws by which an individual is governed.

Establishing an advanced directive is in agreement with the natural law, specifically one’s duty of self-preservation, because the decision being made only affects the physical body once it is in a state of decay. One looks after one’s body and keeps it out of harm’s way to avoid any potential harm to the body that would consequently cause harm to one’s existence, more specifically to one’s rationality and humanity. An individual cannot exist only as a body; once an individual is reduced to a mere physical form, one is no longer obligated to preserve one’s self, because one’s “existence” has already ceased. Therefore, once the conditional relationship between the mind and the body is severed, one is no longer obligated by natural law to preserve oneself.

Kant’s primary objection to suicide and euthanasia revolves around the contradiction of using one’s will (the bedrock of morality) to destroy itself and consequently morality. To be able to get around this contradiction, one would essentially
have to experience a separation between the physical body and one’s rationality, which is achieved once one has become arational, upon which the body becomes an object belonging to the individual. In creating an advanced directive, an individual would be making a decision disposing over her body in the future once it is a mere object.

The moral choice expressed in an advanced directive is in line with Kant’s idea of autonomy, because the maxim of the action can become a universal law. In every instance, one is willing an action pertaining to the disposal of an object by the individual who had an intimate relationship with it. Humanity is fully preserved by the individual and once humanity ceases to exist in the physical object, one can choose to destroy it for whatever reasons one chooses. The individual has adhered to all moral laws and duties and now may act to dispose of humanity’s vessel in the way she finds most suitable. An individual may decide to be euthanized in order not to squander resources on a physical object that no longer possesses the value it once did. Or one may make the decision in order not prolong the anguish of friends and family members who patiently sit by and watch one’s body deteriorate.

Not only is the choice to be euthanized, under the above conditions, in line with Kant’s moral theory, it also avoids a number of objections waged against the use of Kant’s theory of autonomy in bioethical issues. Many consider the use of Kant’s ethics in bioethics to be problematic, because Kant requires “too much” of an individual in making rational decisions about medical procedures. Kant’s concept of autonomy is often deemed to be an “idealistic concept...of little practical relevance in health contexts where patients, on the whole, bear little resemblance to the Kantian free, independent,
exclusively rational individual." The inconsistency of an individual displaying signs of reduced rational capacities complicates the process of judging one’s rational abilities and may in fact render the individual incompetent for Kant. Some of the common complicating factors include “internal constraints [such as] pain, anxiety, fear, depression, effects of treatment, lack of information, inadequate understanding, and false beliefs.” External constraints also include “pressure from relatively powerful health care professionals, and from friends and family members. Institutional environments themselves are often disorienting and restrictive, controlling patients in various ways.” While all of these constraints can reasonably have an effect on a patient, being limited to establishing an advanced directive alleviates the individual of all these pressures. Because the decision is made in advance, the individual will not have to deal with the typical stressors that come with illness and end of life care. One is able to ruminate for as long as necessary and to do so in an environment that is conducive to making an autonomous rational decision.

Kant’s moral theory, upon examination, lends itself well to the issue of euthanasia and is able to allow for a moral choice in choosing to end one’s life. The necessity of an advanced directive not only makes the choice moral, but it also benefits the individual, since it lends itself to allowing for a rational choice in an amicable environment.

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89 Secker, 49.
90 Ibid., 49.
91 Ibid., 49.
CHAPTER VII

CONCLUSION

An ethical examination of euthanasia is a necessarily complicated process, for it is not only a sensitive issue, but also requires an exploration of a variety of issues such as autonomy, the connection between the mind and body, rational thought, and many other complicating factors. The theory of Immanuel Kant lends itself nicely to the topic of euthanasia, since the foundation of his moral theory revolves around the issue of autonomy – the most widely discussed concept within the euthanasia debate.

While Kant revealed his great disdain for suicide in his writings, he did not completely condemn it. The instances in which Kant allowed for exceptions provide a foundation for a case for euthanasia. Euthanasia, like suicide, for Kant, is only permissible in limited cases, namely, where one is capable of planning appropriately for terminal illness or other situations that bring one near the end of life. Once an individual has passed the point of arationality, she may request to be euthanized. The conditional relationship that Kant acknowledges between the body and the mind allows the individual to terminate the continued existence of the physical body once the mind is no longer bound by it. This necessarily would have to be accomplished by a rational individual’s autonomous decision in the form of an advanced directive. Advanced directives not only allow one the option of euthanasia, but also provide a means for Kantian theory, as applied to bioethics, to avoid many of the traditional objections.
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