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SUICIDE, EUTHANASIA AND THE *DUTY TO DIE*: A KANTIAN APPROACH TO EUTHANASIA

ABSTRACT

The paper addresses the issues of euthanasia and thoroughly analyses Kantian response to the practice in question. In reference to Kant's views on many related issues, such as murder, suicide, autonomy, rationality, honor and the value of human life, the main goal of this paper is to offer an explanation for one probable Kantian view on euthanasia in general, as well as an explanation for a specific form of euthanasia with regard to those patients suffering from dementia. The author's arguments, according to which Kant could even argue that those persons who have begun suffering from dementia have a *duty to die*, have all been given special importance in this paper. The question is could and should this specific moral ever be allowed to become universal when considering the patients' willingness to commit suicide once they start suffering from dementia or perhaps once they start experiencing a loss of rationality? Should suicide even become a patient's *duty*? Furthermore, if a patient shows absolutely no intention or willingness of taking her/his own life, 'should' the doctor perform a non-voluntary euthanasia over the patient? This paper analyses the author's arguments which are actually in favor of aforementioned questions, and aims to examine the plausibility of the act as well as to criticize it. The issue of euthanasia is very important, because the key question is what in fact constitutes the fundamental value of human life, which lies at the heart of this problem.

KEYWORDS

Kant, euthanasia, rationality, honor, dignity, autonomy, dementia

Introduction

The first part of this paper exhibits and explicates the notion, meaning and different types of euthanasia. After that, I will try to present Kant's views on relevant issues, such as suicide, autonomy of thinking, rationality, honor and dignity, all based on the author's position on Kantian attitude towards euthanasia. The third part of this paper argues whether Kant was right to in claiming that people who suffer from dementia have a duty to die. Although, in principle, Kant took a stand against suicide, that didn't not prevent him from claiming that there are exceptions to this viewpoint, especially when it comes to honor and dignity. In the closing part of my paper, I am examining the plausibility and critiques of arguments that support the concepts of *duty to die* and euthanasia, with regard to patients suffering from dementia. This paper aims at bringing to the fore one unified and probable Kantian

view on euthanasia in general, as well as on a specific form of euthanasia concerning patients suffering from dementia. The issue of euthanasia is very important, because the key question is what in fact constitutes the fundamental value of human life that lies at the heart of this theory and what other forms of the subject's right to life.

Euthanasia

The word *euthanasia* comes from the words *eu* – meaning *good*, and *thánatos* – meaning *death*, and it was originally defined as a *calm and easy death* (Đerić 2013: 25). Euthanasia is *the practice of ending or depriving somebody of his/her own life*, which leads to peaceful and painless death. The meaning of the word *euthanasia* is this – hastening the death of those people who are incurably/terminally ill and who experience excruciating pain or torment for the sole purpose of alleviating the patients' physical suffering and agony (Singer 2003: 133). It is important to lay stress on the fact that the motive behind euthanasia is the ultimate benefit, i.e. welfare of the patient. This particular motivation is very significant, in addition to the autonomy of thinking and decision-making, because it is one of the key values when assessing the morality of euthanasia.

There are two main criteria that need to be considered when differentiating types of euthanasia. The first criterion entails the expressed will of the person, i.e., this criterion is based on the consent given on behalf of the person over whom euthanasia is to be performed. Therefore, we can distinguish between *voluntary*, *non-voluntary* and *involuntary euthanasia*. *Voluntary* euthanasia is performed at the request of a patient who voluntarily expresses a wish to die (Young, Internet). Euthanasia is also regarded as *voluntary* if a person is unable to express his/her wish to die, but who nevertheless expresses this wish. While a person is still in good health, he/she can make a written request for euthanasia, should he/she become incapable of expressing his/her decision to die, as well as in the situation when he/she feels pain, or no longer possesses mental abilities, while at the same time there is no reasonable hope of making a recovery.¹ This step can be taken because in some cases, people who want to die may be incapable of committing suicide.² *Non-voluntary* euthanasia means ending the patient's life without his/her

1 Here are some examples of this type of euthanasia: In the book called *Jean's Way*, Derek Humphry explained that his wife, Jinny, who was dying of cancer, asked him to quickly and painlessly end her life. They realized that this situation was drawing to a close/They realized she was soon to die, for which reason they agreed to it. Derek bought the pills and gave them to Jinny, who drank them and died. Dr. Jack Kevorkian, a pathologist from Michigan, went one step further in making a *suicide device* to help ailing patients to commit suicide. (Singer 2003: 134)

2 In 1973, George Zygmaniak was injured in a motorcycle accident near his home. He was taken to hospital where he found himself completely paralyzed from the neck down. He suffered agonizing pain, too. He told his doctor and his brother, Lester, he did not want to live that way. He asked both of them to kill him. Lester asked both doctors and medical staff about George's recovery prospects: he was told that he stood little chance of recovery. Then, he smuggled a pistol to hospital and told his brother: "I'm here to end your troubles, George. Do you agree?" George, who could not talk after undergoing surgery of airways, he nodded. Lester shot him straight in the forehead. The case of George Zygmaniak appears to be a

expressed will or permission. This happens when the patient's consent is not available for 'performance' of euthanasia. People who cannot/are not able to give their own consent include infants, who are incurably ill or have a severe disability, as well as those people who have permanently lost the ability to understand the decision behind euthanasia either because of an accident, illness or old age, and also if they previously failed to requested or refused euthanasia in such circumstances (Singer 2003:136). *Non-voluntary* euthanasia is also conducted when the patient's consent arises from the hypothetical will of that individual or from his family members (Turković, Roksandić Vidlička, Maršavelski 2010: 223–246). Therefore, in case of *non-voluntary* euthanasia, there is no direct request for euthanasia, but the decision to conduct/perform euthanasia is based on the assumption that this should be done. *Involuntary* euthanasia is performed when an individual is able to give his/her consent, but the consent is not given – a patient is able to give the consent for his/her death, but he/she does not give it, either because they are not even asked, or simply because they choose to continue to live irrespective of the agonizing circumstances. Thus, killing someone who failed to agree to be deprived of one's own life can be regarded as euthanasia only if the motive for killing that person is to prevent his/her unbearable suffering (Singer 2003: 136).

The second criterion with respect to differentiating various types of euthanasia is based on the distinction between *killing someone* and *letting someone die*. This factor defines moral weight as the basic difference between *doing* and *not doing*, between *actions* and *omissions* or *lack of action*. *Active euthanasia* is someone's active help in the process of dying, while *passive euthanasia* refers to allowing a person to die. The essential difference between these two types of euthanasia can be explained in this example- it is entirely one thing to switch off a person's life-sustaining medical devices, as opposed to unplugging devices when they are already switched off. Furthermore, when action is taken towards ending a person – such as discontinuation of life-sustaining treatments, then this is considered to be *active euthanasia*, whereas in case when no actions is taken to end a patient's then this is regarded as *passive euthanasia* (Đerić 2013: 260). *Passive* euthanasia can only include the lack of treatment needed to sustain life.³

clear example of voluntary euthanasia, although it was without some procedural safeguards suggested by the lawyers. For example, medical opinion about the patient's recovery prospects was merely of informative nature. Also, it did not attempt to carefully establish, before an independent witness, that George's desire for death was solid and rational, based on the best possible information about his situation. Killing was not performed by a doctor. The injection would be far less shocking compared to shooting. (Singer 2003: 135).

3 However, not all authors agree with this distinction, and some of them are questioning it. In his article, (Rachels 2012) argued that this distinction has no inherent moral value and that it leads to decisions about death based on insignificant factors. Rachel concludes that letting a patient die is the same as killing him/her, and that killing a vegetating patient is the same as letting a patient die. There is nothing moral or immoral in the act of active or passive euthanasia, but the morality or immorality of the act determines its motives and its consequences. (according to Pens 2007: 199). Therefore, the difference between passive and active euthanasia is not quite clearly defined. The behavior described in terms of doing or not doing (the distinction that supports the alleged difference between active and passive euthanasia) is often a matter of pragmatism, and not something that can be attributed by a deeper moral significance. (Young, Internet) One criticism of Rachel's point of view

Today, it is believed that voluntary euthanasia can be morally acceptable under these very restrictive conditions: (1) Only competent patients may ask the permission to die; (2) Patients' claims concerning a wish to die must be repeated, unambiguous, due and documented; (3) A doctor must consult another doctor in order to hear an independent opinion; (4) a patient must be in a state in which he/she is going through unbearable pain, without standing a slim chance of either improvement or recovery (Pens 2007: 173). It is very important to note that such conditions do not allow an incompetent patient to be deprived of his/her own life, nor they allow killing of patients with severe mental disorders to take place.

Euthanasia and Kantianism

In order to carefully consider possible thoughts Kant could have had about euthanasia, we should consider his views on suicide and murder, since these particular issues also involve death. However, we should bear in mind the fact that under no circumstances can assistance over the course of dying be morally equivalent to murder, because murder almost always means depriving a person of his/her own life, i.e., meaning that this individual who is being killed does not want to die and is neither a dying nor terminally ill patient (Pens 2007: 173). Although, in principle, Kant was against suicide, he also claimed that there were exceptions when it comes to honor and dignity. The authors often interpret the Kantian attitude towards euthanasia, based on Kant's attitude to suicide. In case of voluntary euthanasia, which is undertaken at the request of a competent and rational patient, remains a clear and unambiguous case of euthanasia, however, it is also interesting to analyze cases where a person is no longer rational and competent to give his/her consent for euthanasia. In order to provide a probable Kantian answer to issues arising from this type of euthanasia, it is also important to take into account Kant's views on dignity, rationality and honor.

Referring to the patient's autonomy of thinking and decision-making, it can easily be argued whether Kant would in fact approve of a voluntary euthanasia, and if he would oppose involuntary euthanasia. The autonomy of one's own thinking and decision-making process is one of the fundamental concepts of Kant's ethics, as well as the highest principle of morality.⁴ The *autonomy* stands for the specific ability of rational and self-conscious beings the ability to choose and to make decisions, as well as to act upon such decisions. If we choose to refer to the patient's *autonomy*, we can argue that patients have the right to make decisions about their own life and death independently, but it also needs to be said that this should be applied only when patients are still in their right mind. At the same time, this

was presented by Edwin and Gibbard (Hui, Gibbard 2010.). The authors emphasized that there are significant moral differences between passive and active euthanasia: firstly, the means by which killings are performed are different: in case of active euthanasia killing is direct and active, while letting a person die is indirect and passive. Secondly, the intention is different: killing implies a direct intent to cause death, while letting someone die is a consequence of the intention to avoid suffering and futile treatment.

4 Autonomy is "the characteristic of the will which constitutes a law for itself (regardless of any feature of any object of the will)." (Kant 2008: 92).

argument can be used as unjustifiable for involuntary euthanasia. Respect for the *autonomy* is a basic moral principle, which shows wrongdoing of killing a person who does not want to die. The act of killing a person, who does not choose to die, shows nothing but a lack of respect for the autonomy of that person. In addition, the choice between life and death is the most fundamental choice everyone has and everyone can make the choice from where all other choices emerge from. Therefore, depriving a person of one's own life, i.e., a person who does not choose to die represents a severe violation of the person's autonomy (Singer 2003: 76). Sjöstrand, Helgesson, Eriksson and Juth (2013) had all strived to show that the person's autonomy excludes non-voluntary and involuntary euthanasia, but that at the same time it includes validation of voluntary euthanasia. This means that the autonomy is a value that requires respect in the following way: If a patient wishes to undergo euthanasia, the medical doctor needs to carry it out, because by respecting the patient's wish, doctors show respect for the autonomy of the patient and for his decision. However, if the patient fails to show the slightest interest in undergoing euthanasia, in such case the doctor should not carry it out, since he would show a lack of respect for the patient's decision if he were to proceed with euthanasia. Therefore, it follows that reference to the person's autonomy can be used to justify voluntary euthanasia. Nevertheless, and we will see why later on, Kant finds voluntary euthanasia of a rational being to be wrong in principle. Some authors believe that death can still be the right Kantian answer- even in the form of suicide, such as when a person suffers from extreme dementia, because this suggests that such person would in this case neither lose his/her autonomy nor rationality (Sharp 2012: 231–235). This interesting assumption will be later discussed in more detail.

Euthanasia means *killing* those people who are incurably ill and endure unbearable suffering. Furthermore, if every killing is wrongful, and euthanasia is a form of killing, then what follows is that euthanasia is also wrongful – from where one can draw a conclusion that voluntary euthanasia is wrongful too (Brassington 2006: 571).

However, Brassington argues how such argument is wrong from Kant's standpoint. He is also of an opinion that there is no reason to claim that suicide and euthanasia are contrary to moral law (Brassington 2006: 571). In addition, he finds the premise that every killing is wrongful to be incorrect as well. We will learn that, according to Kant, there are circumstances in which suicide and murder can be morally justified.

Kant as an absolute non-supporter of suicide

Until recently, the interpreters considered Kant to be an absolute non-supporter of suicide (Cholbi 2014: 1). Robert Sharp believes that according to Kant, the prohibition of suicide is a moral duty that is to be applied categorically and without exception (Sharp 2012: 231). Therefore, it has been considered until recently that Kant believed that people who take their own lives are in fact violating the moral law.

The authors use Kant's argument of self-love to defend this assumption. In *Groundwork of the Metaphysics of Morals*, Kant claims that it is immoral to commit suicide in order to avoid a painful life, because the suicide is contrary to the natural law that supports life. According to Beckler, Kant here refers to self-love that has

the function of preserving life (Beckler 2012: 1). So, according to these interpretations of Kant's thought, it what follows is that suicide is immoral because it is contrary to the self-love which was there in the first place. Moreover, rational beings have a moral obligation to preserve their own lives because they possess a kind of immeasurable or priceless value that Kant calls *dignity*. To destroy a rational being, for the benefit of one's own well-being, means disrespecting that dignity. Michael Cholbi also believes that, in Kant's view, suicide represents an attack not only on one's body, but also on the very source of human moral value (Cholbi 2014: 1).

Also, the categorical imperative indicates that an act is forbidden when its maxima cannot become universal. According to Kant, our ethical action is based on certain principles or rules that indicate what we should do and why we should do it. Kant writes: 'The representation of an objective principle, insofar as it supports a will, is called a command (of reason), and the formula of the command is called an *imperative*.' (Kant 2008: 47)⁵ Kant calls this categorical imperative – the imperative of morality (Kant 2008: 52). Kant introduces several formulations of the categorical imperative.⁶ For this reason, it is especially important to focus on the following formulations below:

The first formulation of the categorical imperative reads as follows: '*Act only in accordance with the maxim which you can at the same time use, so that it becomes a universal law*.' (Kant 2008: 60) The imperative of morality can also be expressed in the formulation which that is classified as a second formulation of the categorical imperative, therefore: '*Act as if the maxims of your actions were to become a universal law of nature through your will*.' (Kant 2008: 61) A good example of using these formulations would be the following: 'If I do not want theft to become a universal law, then I should not steal.' This formulation requires that we always act in a way that will allow the maxim of our actions to become universal. The act of maxim becoming universal means that first we need to check whether we want the maxim to be applied universally and necessarily.⁷ Theorists distinguish two meanings in regard to *possibility for a maxim to become universal: logical and practical*.⁸

5 According to Kant, "all imperatives are commanded either *hypothetically* or *categorically*." Hypothetical imperatives are those that represent the practical necessity of one possible action as a means of achieving something else that is desired, so an action that is good only as a means for something else is in accordance with the hypothetical imperative. Kant determines the categorical imperative as the imperative that represents one action as objective as possible, without any other purpose; so, the action that is good in itself and which agrees with the reason (mind) is in accordance with the categorical imperative. Thus, the categorical imperative requires an unconditional action in a certain way, unlike hypothetical, which requires us to act in a certain way only if we want to satisfy certain desires, or some empirical good.

6 Interpreters often take Peyton's classification of the formulations of the categorical imperative. According to this classification there are five formulations. (Paton 1947, according to: Babić 1991: 8).

7 "The *law* carries the concept of unconditional necessity, both objectively and universally valid, and commands are laws that we must obey, that is, we must adhere to them even if our tendencies oppose to it." (Kant 2008: 53).

8 Through logical universalization we examine the *logical possibility* of universalizing some maxim. If that universalization is impossible, then the act that is subsumed under that maxim is forbidden completely, without any possible exception. With the help of practical

When formulated as the maxim, suicide as a concept can be tested using this criterion. If the maxim satisfies the criterion of becoming universal, this means that suicide is morally acceptable. This maxim could be the following one: *'I will commit suicide when my life becomes unbearable in a way that its censure means a better option for me'*. If this maxim was universally valid, i.e. if everyone acted in accordance with it, we would find ourselves in the situation in which everyone whose life seems unbearable can commit suicide. The idea behind such situation has no logical contradiction and it is logically plausible, which means that suicide meets the criterion of the *logical* possibility for a maxim to become universal. However, the *practical* possibility for a maxim to become universal can prove both problematic and unacceptable. It is clear that we do not want to find ourselves in the situation in which the maxim of suicide is universally valid, which suggests that everyone, who has a difficult life, chooses to commit suicide. However, if this is the maxim of a person who has just started experiencing difficulties with dementia, then in Kantian view it might be acceptable. This possibility will be further examined.

The claim that rational beings should only act according to the maxim that they want to use in making a universal law of it, means that our actions must have logical consistence and the capacity to be universally applied to all rational beings.⁹ The concept of duty to commit suicide is Kant's first example of an immoral act, because the man has a natural tendency for self-preservation and self-love- a man

universalization, we examine the possibility of universal desire of some maxim. It makes sense to wonder about this possibility only for the maxim that passed the test of logical universalization, i.e. one that is logically possible to universalize. (Babić 1991: 52.) Therefore, in a *logical* sense, maxim can be universalized if there is no contradiction in the fact that it is universally valid, and in *practical* terms, if we want it to be universally valid. An example of a maxim that is logically impossible to universalize is the maxim that, when it is useful to me, I can give a false promise. Therefore this maxim would mean only one thing: "If I ever find myself in a financial trouble, then I will borrow the money and make a promise to return the borrowed money, although I know I will never do it." (Kant 2008: 62.) We realize that this maxim "cannot be considered as a universal natural law, and as such it cannot be in accordance with itself, but it must necessarily contradict itself. If we suppose that it is a universal law that everyone who finds himself/herself in times of trouble should be able to promise whatever he/she pleases knowing that he/she will not keep it, in which case the promise it-self would become impossible as well as the end one might have in view of it, since no one would consider anything was promised to him/her and would ridicule all such statements as vain pretense." (Ibid., p. 63.) Therefore, we see that although I can benefit from a false promise, if my maxim would be universally valid, i.e. if anyone, when using it, would give a false promise, no one would believe it, and then there would no longer be the institution of promises. (according to Primorac 1978: 24.) An example of a maxim that is practically impossible to universalize is a maxim that, when I have no inclination for it, I can refuse to help someone when he/she is in trouble. The situation in which it applies universally, i.e. in which no-body helps a person in trouble, it is logically possible. But, since it is almost always true that sometimes in the future, I will be in a position to ask for help, so I will want it, and in such a situation I will probably not get it, and I do not want such a situation. (Primorac 1978: 25.). Not only does maxim need to satisfy the condition of universal definition, as well as the possibility of universalization in a non- contradictory world, it also has to be achievable in the world of nature. (Babić 1991: 14.)

⁹ In the *Groundwork of the Metaphysic of Morals* Kant defines a *duty* as the *necessity of one act from the respect for the law*. (Kant 2008: 27).

cannot love oneself if he no longer exists (Sharp 2012: 232). Kant examines the case of a man whose life became hopeless due to as a result of a series of distressing events, who therefore starts to wonder: 'Isn't it contrary to duty towards myself to take away my own life?' (Kant 2008: 62) Furthermore, Kant examines whether the maxim of a man's action – to take away one's own life can become a universal natural law if the evil man endurance is greater than the comfort he/she experiences. He realized that this maxim represents a contradiction in itself, for its application would mean violation of the same sense that should encourage us to live, thus this maxim cannot become a universal natural law.

What happens when we apply the categorical imperative to the maxim of euthanasia? The process of this maxim becoming universal: '*I should help someone die*', requires existence and fortification of the law which implies that everyone should be assisted when dying. This concept violates the natural law, because after some time if everyone was to get help to die, then there would be no one left to help other people. However, can this maxim be acceptable: '*I should help a person who is at his/her deathbed and who suffers an unbearable pain, and therefore desperately wants to die*', or can this become universal without contradiction? Moreover, can this maxim create a universal rule such as this – '*I should help anyone who is incurably ill, terribly suffering and freely chooses to die, die.*'? The answer is – no, we should not. However, what would Kant say about the following maxim: '*Motivated by self-love, when I can no longer take responsibility for my actions and can no longer contribute to the happiness of others, and if I need help of others on a daily basis, I may want others to supply my body with everything I need in order to continue living, regardless of how much I have burdened others.*'? (Rhodes 2007: 46) This case will also be further examined in the section that analyses Cooley's argument and the duty to die.

The third formulation of the categorical imperative is the following: '*Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means, but always at the same time as an end in itself.*' (Kant 2008: 74) If we were to apply this formulation to the maxim of a suicidal person, it would easily become apparent that we are required not to use anyone, including ourselves, as a mere means.

The fourth formulation reads as follows: '*The Idea of the will of every rational being is a will that forms universal law.*' (Kant 2008: 82) The emphasis here lies on the autonomy of thought as well as on a person, as the one who does not only follow the law, but also enact the law by him/herself (Johnson, Internet).

Kant writes:

... the one who is thinking about suicide will ask her/himself whether their action can exist along with the idea of humanity as an end in itself. If he/she destroys her/himself in order to avoid a distressing state, he/she then uses his/her 'personhood' only as a means for maintaining a tolerable state for the rest of his/her life. However, a man is not a thing that can be used only as a means, but he/she has to be an end in itself. Therefore, I should neither maim nor kill a man in my personhood. (Kant 2008: 74)

It should be noted that Kant claims how suicide should not be committed only to avoid suffering. Therefore, we can conclude that in Kant's opinion, euthanasia

would be wrong because the patient would treat himself/herself only as a means; he/she would use his/her own personhood to achieve a single goal of avoiding pain and suffering. Man would then ruin his rationality and the ability of moral action in an effort to avoid pain and suffering. It should be emphasized that Kant's position applies only to rational and mentally competent patients. If a person suffers from dementia and he/she lost a particular value, namely dignity, then according to Kant's understanding this would probably be allowed, since at the time in question, that person would not be motivated by avoiding suffering but by avoiding a dishonorable existence.

Furthermore, the *Groundwork of the Metaphysics of Morals* Kant points out that the first duty of a man is selfpreservation, as well as that by violating this duty, or by taking one's own life, is we commit a crime. These and the following passages also support the understanding of Kant as non- supporter of suicide:

The suicide *deprives him/herself of his/her person*. This is contrary to the highest duty we have to- wards ourselves, for it annuls the conditions with respect to all the other duties. Destroying the subject of morality in one's own person is the same as rooting out morality itself from the world, which is a purpose in itself; to dispose of a person as a mere means for some other purpose, means humiliating humanity in one's own person. (Kant 1993: 223)

Kant considered life to be worthwhile, because life is a condition in which we possess freedom, freedom of action and making choices. In the section '*On Suicide*,' from the *Lectures on Ethics*, Kant explains how people who are capable of committing suicide are considered neither dangerous nor indecent. According to Kant, such persons are capable of committing other crimes as well as they neither respect themselves, nor other people (Kant 1997: 146). In addition, Kant claimed that *personhood* is something sacred within ourselves, and that a man's life is a condition for everything else. A per-son who takes away his/her own life does not respect humanity and makes the thing of him/herself (Kant 1997: 147). For this reason, Kant considers suicide to be defective in general. However, there are circumstances in which a person is obliged to sacrifice one's own life for the sake of higher values. A discussion on this topic is tackled in the chapters below. What is necessary is to consider whether happiness also constitutes such a higher value. Kant writes the following on this:

The paradigmatic motivation for life (and living) is happiness. Can I take my own life because I cannot live happily? No, there is no need to live and be happy as long as I live; but it is important to live honorably, as long as I live. Suffering does not give a man the right to take his/her own life. A man should not sacrifice his own life for these things. (Kant 1997: 147)

Therefore, happiness is not one of the values that justify the act of suicide, which means that a person should not commit suicide simply because he/she is not happy.¹⁰

¹⁰ However, according to Kant, happiness is still one particular value. Happiness is a necessary goal that rational beings set for themselves. Only intelligent, rational beings are capable of achieving happiness. However, happiness itself does not have any particular value un-less it is enriched by morality, that is, happiness should be related to virtue.

Rationality, honor and dignity as values higher than life itself

Some contemporary authors (Brassington 2006, Cooley 2007, Sharp 2012) argued how Kant should not be considered as an absolute adversary of suicide. Kant considered honor, dignity and rationality as higher values than life itself, and believed that in some circumstances life should be sacrificed for the sake of these values.

In the section ‘On suicide’, from the *Lectures on ethics*, Kant writes the following:

Suicide can also have a plausible aspect, whenever the continuance of life rests upon such circumstances which may deprive that life of its value; when a man can no longer live in accordance with virtue and prudence, they must therefore put an end to their life out of honorable motives. Those who defend suicide from this angle, cite the example of Cato who killed himself once he realized that, although all people still relied on him, it would not be possible for him to avoid falling into Caesar’s hands; but as soon as he – the champion of freedom, had subverted himself, all the rest would think: If Cato himself subverts, what are we to do? However, if he was to kill himself, the Romans might yet dedicate their final efforts to defense for their freedom. So, what was Cato to do? It seems, in fact, that he saw his death as a necessity; his thinking was: ‘Since you can no longer live as Cato, you can no longer go on living at all.’ In this case, the suicide is a virtue. The man has the duty to preserve his honor. (Kant 1997: 145)

In these sections, Kant also argues that biological life has no absolute value, so that honor is more valuable. In the passage ‘*Care for one’s life*’, Kant writes:

Life, in itself and for itself, is not the highest good that is entrusted to us. Life is not some-thing that we ought to take care of. There are duties that are higher in value than the life itself that must be achieved by sacrificing one’s own life. A worthless man values his/her life more than his/her personhood. A man who has the inner worth will rather sacrifice his life, than commit a disreputable act; hence, he puts the worth of his personhood above the worth of his life. Contrary to that, a man without inner worth would rather commit a disreputable act than sacrifice his/her life. In that sense, a man lays special stress on value on his life, but he/she is no longer worthy to live, because he/she has dishonored humanity and dignity in his/her own person. (Kant 1997: 149)

Kant believes that honor and humanity are virtues that give a special value to a person. When a man loses these values, his biological life loses the importance and becomes worthless, since man is no longer capable of autonomous and virtuous action. Kant points out that humanity within our personality must be the object of the highest respect, and believes that a man has a duty to sacrifice his/her life, before shaming humanity in his/her personality. Kant argues of no importance for a person to live a long life, instead he gives the important reason that a person lives honorably and in a way that he/she does not make ashamed of human race dignity for the rest of the person’s life. If a person can no longer live in such a way, he/she should not live at all, because their moral life is already over. Moral life ends if it is no longer in accordance with the dignity of humanity (Kant 1997: 150). Therefore, the preservation of life is not the highest duty; a man often needs to give up his/her life in order to live in a decent way, i.e. to preserve his/her honor (Kant 1997: 151).

A probable Kantian attitude towards euthanasia, apart from the analogy with suicide, can be derived from Kant’s views on deliberate murder and punishment, i.e. the death penalty. Kant believes that retribution should be applied in case of a

deliberate killing. Hence, he proposes the death penalty for this type of crime. In the *Metaphysics of Morals*, Kant explains that if a person, who murdered someone can choose between death and slavery, an honorable man would choose death, whereas a dishonorable one would always choose prison. The first one— an honorable man, knows there is something that is to be appreciated more than the life itself— namely, the honor; the second one—a dishonorable man, believes that shameful life is better than death (Kant 1993: 135). According to Kant and based on the aforementioned, we can easily conclude that honor is more valuable than the biological life itself. One of Kant's theoreticians, Benjamin Yost, arrives at a conclusion that a man's life does not have an absolute value by in itself, but that the absolute value of life is expressed in our status of being beings with dignity.¹¹ While our existence *in the capacity of (qua)* free beings counts is regarded as an end in itself, it doesn't follow that our *lives* are end in itself. The fact that we are beings with dignity does not mean that our lives are priceless. Yost draws these conclusions from the Kant's understanding of what it means to act freely. According to Yost's interpretation of Kant's thought, a person who actualizes his/her freedom is a being who is capable of possessing and adopting something (*viz.* moral freedom or autonomy)... *which he/she values more than his/her life*, as their goal. Free beings do not consider their lives to be of an absolute value, and they recognize that there are situations when they must give up their lives for moral purposes.¹² While our dignity confers a high value on life, acting in accordance with dignity has an even higher value. So, while the life itself is a driving force behind freedom, the life as such is not an end-in-itself. Life has a value only when it serves our moral existence. Sometimes, the preservation of our moral existence depends on the elimination of our physical existence. Kant thought that when a man is dishonest, a man has a duty to give up his own life, before dishonoring the humanity in his own person.¹³ On this priority of honor, Kant writes the following:

...It is better to sacrifice life than to forfeit our morality. It is not necessary to live, but it is necessary that, for as long as we live, we do so honorably; but, one who can no longer live honorably is no longer worth of living. Living dishonorably extends our biological life at the cost of our 'moral life'.¹⁴

By representing the relativity of the value of life, we can only assume what Kant's attitude towards suicide and euthanasia would be like; if life does not have an absolute value, and it is not an end-in-itself, then there is no categorical prohibition of taking one's life, and there is no absolute right to life either. Concluding that there is no absolute right to life, would mean that suicide, as well as euthanasia, do not necessarily have to be wrong, especially when a patient is suffering from dementia and no longer possesses rationality nor dignity.

Moreover, while a murderer loses his/her honor and dignity, a patients suffering from dementia no longer possesses rationality, honor, dignity, and their life has no absolute value. The question that arises now is whether such patients should be

11 Dignity is a complex concept, but here it is sufficed to say that dignity is reflected in our status in the form of autonomous and free beings.

12 According to Yost 2010: 13.

13 Col 27: 377, according to Yost 2010: 17.

14 Col 27: 377, according to Yost 2010: 18.

subjected to voluntary, or even non-voluntary or involuntary euthanasia? In case of deliberate murder the situation is pretty clear, because according to the precept of retribution, the person who committed this crime faces the death penalty; therefore, should (and could) a demented person be killed?

Autonomy, rationality and personhood

According to Kant, dignity is '*the inner value of rational beings*' (Kant 2008: 83). Kant writes the following on this:

In the realm of purposes, everything has either a price or a dignity. Something that has a price is such that something else can be put in its place, as its equivalent; while something that is above any price and does not allow any other equivalent, is a dignity. (Kant 2008: 82)

According to Kant, dignity gives to one's life a particular value which, apart from rationality, separates a man and a particular individual from other beings. Autonomy is the basis of dignity and allows a person to act freely, and acting freely is the foundation of morality. Kant writes: '*Autonomy is the basis of dignity in human nature*.' (Kant 2008: 85)

'Every rational being, as a purpose in itself, has to be universally legislative in regards to all laws that this being can ever be subordinated to, for it is precisely the convenience of their maxims for general legislation that highlights a rational being as a purpose in itself; it is hence indisputable that their dignity, which rational being possesses unlike all other natural beings, entails that their maxim must always be understood from their own point of view, but at the same time from the point of view of every other rational being that is as a legislative being, therefore, called a person. (Kant 2008: 88)

According to Rhodes's interpretation, Kant believed that an individual is able to set goals and purposes, as well as to follow them in accordance with the moral law, in which the person's autonomy reflects itself; when an individual acts according to the moral law, that individual acts autonomously. *A person is* a term used for indicating an individual who has the ability to approve of the principles of their own actions (Rhodes 2007: 46). The author claims that, in Kantian sense, *a person* is a moral term. The term refers to those individuals who are responsible for their own actions and who are worthy of respect. To be a *person*, a man must act according to the reason and laws of reason. Beings who are not rational and whose existence does not depend on their will, but on the nature, have only relative value- as means, and are therefore referred to as *things*. Rational beings are defined as persons because their nature indicates that they are an end in itself (Rhodes 2007: 47).

When using the term *person*, Kant distinguishes individuals who are able to be moral beings from those who lack this ability.¹⁵ The term *human*, refers to the

¹⁵ In this sense, there are human beings who are not persons yet (for example, children), human beings who will never be persons (for example, deeply mentally disturbed people), human beings who are not persons at present, but who can become persons again (for example, unconscious, mentally ill), and human beings who were persons, but who will never again have this status again (for example, people in a state of dementia).

biological category, while the term *person* does not. The moral term *person* refers to dignity and respect, while the term *man (human)* does not apply to those beings (Rhodes 2007: 47). Therefore, we have to keep the distinction between physical and moral life in mind.

Euthanasia for people suffering from dementia

It is likely that Kant would not consider the patients in a state of dementia to be persons, since they possess only biological life, and not the moral one. They do not possess autonomy, rationality and dignity that form the basis of autonomous (moral) life. Accordingly, he could argue that, patients should be subjected to euthanasia in such circumstances, or he could argue that a person at the beginning of dementia should commit suicide before complete dementia starts developing. A patient suffering from dementia loses responsibility for his/her actions, from where we can conclude that he/ she can no longer be regarded neither as a rational nor moral being.

Over the past several years, some authors have argued how in the advent of dementia¹⁶, we can bypass Kant's usual response to suicide, because dementia destroys a man's ability to be a moral being (Cooley 2007, Beckler 2012). Several writers have argued how suicide should be morally required by all rational beings who know that they will very soon become irrational. In addition, Beckler argues that, according to Kant, patients approaching the severe form of dementia would have a moral duty to commit suicide before completely losing their rationality and personhood. He further explains that what follows is that physicians should perform euthanasia over patients who are suffering from dementia, and have lost the ability to choose suicide freely (Beckler 2012: 2). According to Sharp, and given certain Kantian assumptions, these arguments are fairly compelling. But Sharp worries that they open the door to much more unsettling (at least to him) possibilities, including but not limited to a duty to commit active non-voluntary euthanasia over those patients who refuse to commit suicide (Sharp 2012: 231).

As long as the patient does not suffer from dementia, this implication can be avoided by focusing on once possessed moral duties of the patient when he was a rational and autonomous being. However, when dementia forces the patient to cross the threshold between active moral agent and passive non-moral being, the Kantian restrictions on how other human beings must be treated, simply break down. Since the patient is no longer a rational being, in Kantian terms, Sharp argues that doctors do not have to treat the patient as a rational being and they may do with him/her whatever they feel is the most beneficial to those that have been affected (Sharp 2012: 231).

In his paper, Cooley states that when the continuation of life leads to loss of moral autonomy, the end of life becomes a moral duty (Cooley 2007: 37–44). Beckler agrees with Cooley because he thinks that, for Kant, rationality represents a feature which gives intrinsic dignity and worth to humans. This feature in particular

¹⁶ Dementia is a progressive or chronic syndrome rather than a disease in cognitive function. The key assumption is a permanent loss of higher thinking, i.e. reasoning.

consists of the following capacities- humans' capability to follow the rules, draw inferences, generalize and make free choices, as well as of their ability to give birth to universal law. In other words, a being has to be rational in order to follow the categorical imperative. Based on this and according to Beckler's opinion, the conclusion that the irrational being has no dignity logically follows (Beckler 2012: 2).

Cooley's argumentation and the *duty to die*

Proponents of the duty to commit suicide before becoming a victim of dementia, point out that Kant's moral principle focuses on human reasoning, a feature that is threatened by the syndrome in question- dementia itself, as well as on rationality and dignity as a keystone of Kant's arguments in favor of exceptions with respect to standard prohibition on suicide (Cooley 2007: 37–44). Dementia is a brain disorder that leads to loss of rationality, and according to Beckler's interpretation, that also means the loss of humanity to Kant. The author thinks that, according to Kant, the irrational agents have physical lives, but no moral lives. A physical life is the biological life of a body that is physically living; this is what we have in common with animals. However, a moral life involves reason, autonomy, and rationality; it is a moral life that differentiates a person from an animal (Beckler 2012: 2). Cooley states that a person, who becomes incompetent and loses moral life, is then reduced to the status of an animal, or even to status of an object. Rational individuals, who anticipate complete dementia, must choose between physical and moral life. Kant and other authors claim that moral life is more valuable than physical one. Therefore, Cooley concludes that a rational person has a moral duty to commit suicide by sacrificing his/her physical life, in order to preserve his/her moral life (Cooley 2007: 38)

In the previous section, we could see that Kant himself thinks that we should sacrifice our own lives for some other (higher) duty, especially when moral life has ended when it is no longer in keeping with the dignity of humanity. For Cooley, this means that maintaining a life requires a sacrifice of our moral dignity or autonomy, whereby we have a *duty to die* (Cooley 2007: 39). Since dementia is a long-term brain disorder that undermines human reasoning, often to the point of incompetence, those who suffer from this syndrome begin to lose rationality, autonomy and humanity. Cooley argues that they have a *duty to die* in order to avoid such fate. As a further support to his argument, Cooley cites Kant's example from the *Metaphysics of Morals*, about a madman who poses a danger to others simply because he lacks the autonomy to act as a moral being. This is what Kant thinks about the case:

One man started being afraid of water, as a result of being bitten by a rabid dog, and since he had never heard of anyone being cured of rabies, the man committed suicide. As he had explained in the letter he left behind, this man took his own life because he did not want to make other people unhappy, a decision he made in his rabies delirium, brought about by this attack. Kant 1993: 223.

In this passage Kant suggests that such a person should take his/her own life, rather than face the 'loss of personhood'. A man bitten by a rabid dog faces two options: either to live as a madman, or to commit suicide. In Kant's opinion not

only does the first option show disrespect for the personhood of a man, but it also poses a danger to others. The other option allows an individual to retain the status of a moral being before losing its dignity. Similarly to this, patients who are diagnosed with severe form of dementia have not committed any transgression, but it is morally justified for them to commit suicide, because they will lose their rationality, autonomy and dignity, and thus become *a burden* to others. By analogy, Cooley believes that Kant would ask the same of a person who faces dementia. For this reason, Cooley arrives at the conclusion that a moral being should always choose death before he/she becomes incompetent. This action of a moral being would show that if they can no longer continue to live as a person, then they should not settle for a lower moral status which they can prevent in the first place (Cooley 2007: 41).

Sharp's argumentation

Cooley only argues in favor of *killing* a person before dementia sets in. He is of an opinion that a patient who is in the complete state of dementia has no duties, because that patient is no longer a moral being, and hence does not have a duty to die. However, Sharp draws further conclusions. He believes that patients suffering from severe form of dementia lose their moral status, and thus are similar to objects. As a result, others are allowed to treat them as objects. Therefore, Sharp points out that patients suffering from dementia should be rejected in the same way as any other useless object, should such individuals become a burden to others. In his view, people with dementia pose a burden to society. Therefore, they should undergo euthanasia (Sharp 2012: 232). If they do not commit suicide before developing a severe form of dementia, it is other's people duty to carry out what the patient failed to do in the first place. Doctors should perform euthanasia over a patient suffering from fully developed dementia, in order to fulfill the ethical duty which the patient left unfulfilled.

Sharp also criticizes Cooley's point of view. Supposedly, Sharp explains that Cooley's argument depends on few major assumptions. The first assumption is that Kant shows a moral agency- in the sense of moral actions, as well as rationality and autonomy that moral agency implies in a form of attributes that separate humans from animals, and which assigns the inherent dignity and inner worth to human beings. Sharp deems this assumption correct (Sharp 2012: 232). Moreover, Cooley claims that there are different levels of *selfhood*, the highest of which is the *moral-self*- as fully rational, autonomous agent, and he believes this is the essential level when it comes to human dignity and worth (Cooley 2007: 41). Dementia causes a person to lose this moral-self, meaning that a person loses complete dignity that is inherent in a being. Sharp believes that Kant would likely agree with Cooley's standpoint, but he also believes that Cooley's next assumption is more difficult to defend, or at least that he has taken this assumption further than Kant may have intended (Sharp 2012: 233). Cooley makes further claim that a person should '*not settle for a lower moral status if they can prevent it.*' (Cooley 2007: 41) Sharp thinks that this is a point at which Cooley goes beyond the scope of Kant's initial thought with regard to this concept. While Kant does suggest that there are situations in which dishonor is worse than death (Kant 1979: 152–156), his view on conditions

which lead to such dishonor, remains unclear. According to Sharp, equating madness with dementia would be misleading. While dementia can pose a danger to others, it does not have to be always like that, meaning that with proper attention and precaution such dangers can become negligible. Furthermore, even if Cooley is right in following Kantian assumption according to which only a rational life deserves full dignity and respect, which we ascribe to human agents, this should not automatically imply that death is preferable to losing that status (Sharp 2012: 233). It seems to me that Sharp's argumentation is not quite right, as well as the notion that it should not be problematic to equate the state of a man, who is bitten by a rabid dog to a patient suffering from dementia. In both cases, we are talking about a loss of one's rational mind, and according to Kant's understanding, this poses the most problematic issue. According to Kant, it is irrelevant whether a person poses a danger or burden to others or not, when a decision is to be made on whether such person should continue to live or not. Consequentialism should be taken into account as well. Kant believes that the state of a patient suffering from dementia can be considered to be worse in the moral sense, as this would mean that this person has completely lost rationality and autonomy of thought. Under normal circumstances, Kant would not advocate needless killing of non-rational beings, since there would be no rational need to do so. This can even encourage bad wishes, which could in turn threaten the strength of our will. However, as Cooley points out, Kant does claim there is a *duty to die* in the case of the madmen, so that this person would no longer pose a threat to others. By equivocating that threat to a burden, which each one of us can impose on both society and loved ones, as well as by equivocating madness to dementia, Cooley is trying to establish if the patient *should die before* becoming fully demented. However, if the patient fails to perform the duty to die, Sharp argues that one can easily infer arrive at a conclusion that some sort of mercy death should be allowed. One might further infer conclude that if a patient fails to commit suicide before losing one's right mind, others should help the patient fulfill such a duty. Cooley, himself, denies a need to honor such directives, since the patient is no longer an autonomous moral agent. This is why suicide must be committed before reaching this point in time; Afterwards, it is too late to speak about the duties, as there is no moral agent left in that individual. So, who is the being that remains and what are our moral duties toward that being? If such a being was now something less of an animal, it would presumably share the status of plants. It is alive, but has absolutely no moral status whatsoever. By following this train of thought, Sharp argues that we could treat that patient just like any other object. If it is a burden, such being can then be discarded. There is no obligation to allow such a being to live as it has no moral status. Sharp claims that we can easily jump from this point to active euthanasia (Sharp 2012: 234).

Sharp claims the following: Cooley's approach leaves no room for duties toward non-rational beings. Cooley uses this to reject euthanasia, by pointing out that we can-not kill the patient simply because we do not have any duty towards non-rational beings. However, Sharp believes that such argument concerning euthanasia can be underpinned by such loss of status. By comparing demented patients to dangerous madmen, and presenting the loss of rationality as a loss of personhood that makes them something less than animals, Cooley leaves no room for keeping such patients alive. The potential wish of a patient suffering from dementia would

be irrational, so there is no need to respect such wishes. Since dementia is such that that suicide is preferable, anyone who is un-willing to acknowledge such duty is regarded irrational. Thereby, according to Sharp's argumentation, mercy death follows quite naturally. If being dead is better than being demented, then the way in which the patient dies should not over matter. The rational choice for the suffering patient is to avoid living as a non-person. If a person is rational, they appreciate their personality, rationality and dignity over their biological life, and they will not allow themselves to live dishonestly and without the said crucial values. If the patient is no longer capable of accomplishing this perfectly rational goal, then someone must do it for the patient (Sharp 2012: 234).

However, there are few problems with this reasoning. Firstly, the question that might impose on its own is in fact who we are to judge and how we can properly make judgments on when the patient is severely affected by dementia and therefore incapable of committing suicide, since this is the starting point from where euthanasia may become acceptable. Since rationality is difficult to quantify, different people will feel differently about the moment of lost competence in a patient, which can easily lead to premature euthanasia.¹⁷ Even if this problem can somehow be avoided, laying stress on using rationality as the only criterion for a valuable life is very important. Sharp is not convinced that a person with less rationality inherently deserves to be considered as a less of a man, and thus deserves to be treated less morally. This may be a general problem with Kantian ethics, but it becomes especially troublesome in this case, because it is a matter of life or death. Cooley's comments on advanced directives are, according to Sharp, equally problematic. If we can reject an advanced directive written by an (at the time) autonomous patient, simply because the patient is no longer autonomous, then such directives will carry no weight whatsoever. Thereby, as soon as a patient is no longer competent, his wishes, both past and present, no longer carry any weight. Sharp believes that Cooley has not found the best Kantian evidence for his claims (Sharp 2012: 235).

We must remember that dementia often occurs in various forms, so it is neither clear nor easy to establish when someone has lost his/her personhood. At some stages of dementia, some people can still learn something and still have weaker abilities; therefore, sometimes it is quite difficult to be certain whether a person is completely irrational or not and whether a person is completely demented or not. Some patients suffering from dementia clearly show the lack of any kind of autonomous functioning, but they are rare and represent the ultimate stage of this horrible disease (Sharp 2012: 235). Indeed, these examples show us that sometimes this is possible, and with this idea in mind, our observation should be limited to those patients who are clearly neither rational nor autonomous any more, i.e. that they are at the last stage of dementia.

Another problem is that not even patients themselves can be sure whether and when will complete dementia occur, so how can they possibly know when the right time is to commit suicide. Another problematic issue here is the assumption that

¹⁷ These considerations go beyond the scope of this paper, but it should be noted that dementia is a gradual process, and patients do not know the exact when they will become irrational. Since the suicide of the rational beings is immoral, the time must be carefully and precisely determined, which is very difficult to do. (Sharp 2012: 235).

life is not worth living if a person is not completely rational (Sharp 2012: 235). I find this assumption problematic in itself. However, it is in line with Kant's teachings and train of thought.

That being said and under the assumption that only fully competent and capable beings possess dignity and inner value, death still cannot be better solution than living as an irrational being. However, a utilitarian argument can be put to use here, since it is in accordance with the previous line of thought, from where it can be concluded that patients suffering from dementia are not human beings anymore, and this is how a judgment based on non-moral deliberations is formed here. It is clear that patients suffering from dementia pose a burden to society, both in a financial and emotional sense. The estimated costs for taking care of people with Alzheimer's disease, and other forms of dementia in the United States, add up to about two hundred billion dollars.¹⁸ In addition, dementia causes 'unnecessary' burden on patients' families. Family members interact with an individual who is not *fully* a person, but only a shadow of his/her former self. This leads to emotional tension in the family, because the family still love their family member and they show concern for his/her welfare, but such patient can no longer be loved nor even recognized by them. Therefore, what follows is that those who start suffering from dementia should commit suicide so that they would not represent a burden to their family members. This kind of action is in accordance with the Kant's duty of charity, which constitutes a moral obligation to act in the best interest of others (Beckler 2012: 3). In many cases, it is difficult to see how the continuation of patient's life, who finds him/herself in a state of dementia, can contribute to others. Furthermore, although family members and friends love this person suffering from dementia, those who live with such a patient have numerous responsibilities, and looking after such a patient in a state of dementia can prove to be extremely difficult and exhausting, both physically and mentally. It is necessary to notice that Sharp is now shifting from the Kantian to the consensualist argumentation.

In addition, dementia causes *unnecessary burden* to the patient's family. Therefore, those people who are expected or will suffer from severe form of dementia, should commit suicide in order to avoid being a burden to their family members, since their family members would have the responsibility to take care of them while they are in a *nonhuman* condition. For all the said reasons, if these patients were to stay alive, they would pose a burden to both society and to those who care about them, i.e., both financially and emotionally. These claims allow us to see why utilitarian would choose death over becoming such a burden. However, Kant rarely (if ever) considers financial and emotional factors when making moral claims.

Perhaps Cooley can claim that patients suffering from dementia are non-persons and thus removing these people from the moral equation altogether would be justified- since they no longer represent moral agents. Such a move would be consistent with the Kant's claim that morality applies only to rational beings. This statement indicates how all of us have a specific duty towards humanity, i.e. rationality of people- including ourselves, and how this duty does not extend towards non-human or non-rational beings and/or objects. Cooley can further argue that

18 Health Day News, 2012, according to Beckler 2012: 3. It is estimated that these costs will continue to rise.

since patients with are no longer human (or fully human), they may be treated according to non-moral deliberations, which can include both financial and emotional considerations. According to Kantian ethics, a fully rational being should never commit suicide, even if he or she becomes a burden to others, because moral agency is the sole value in a human life. Cost deliberations and even the quality of life of a person suffering from dementia, may be considered as arguments, only after one's capacity for rational agency has been completely lost. By claiming that, life simply is not worth living for human beings without such rational agency; Cooley unambiguously opens the door to mercy deaths. And from his viewpoint, Sharp is not convinced that he is able to shut this door. The step towards euthanasia appears not only as plausible, but also as clearly necessary. Once they are excluded from the community of rational beings, patients suffering from dementia can be treated in the same as we treat any non-living thing or animal (Sharp 2012: 233).

Consequently, this chapter helps us learn how some authors have stated that Kantian ethics requires suicide for those individuals who suffer from complete dementia. Moreover, it has been argued that doctors should be allowed to perform euthanasia over those suffering from severe form of dementia – as an act of charity, both towards the patient's family and towards the society as a whole (Beckler 2012: 5).

Cholbi's argumentation

We saw that theoreticians have argued that Kantianism requires: (1) that those with dementia or other rationality-eroding conditions should end their lives before their losing identity of moral agents; and (2) requires fully demented or those confronting future dementia to undergo non-voluntary euthanasia. Cholbi claims that, if properly understood, Kant's ethics has neither of these implications (1) as it wrongly assumes that rational agents' duty of self-preservation entails a duty of self-destruction once they become irrational, (2) further neglects Kant's distinction between duties to oneself and duties to others and wrongly assumes that duties can be owed to rational agents only over the course of their existence (Cholbi 2014: 1). So, in his paper Cholbi claims that those anticipating dementia do not have a duty to die, nor do others have the obligation to perform non-voluntarily euthanasia over demented. Unlike Sharp, he argues that those anticipating dementia do have a Kantian-based duty to die, from where one comes to understand that (1) others have the obligation to conduct euthanasia over those facing future dementia or (2) that others have to perform euthanasia over them once they become demented. The claim (1) overlooks the crucial fact that the duty in question is a duty to oneself and, therefore, not a duty others may permissibly enforce on a person's behalf (Cholbi 2014: 1). As for claim (2): while Kant's moral status on practical rationality entails that we have no obligations towards demented individuals per se, nevertheless, we have indirect duties that shape the morally proper responses to demented persons who are no longer rational. On no account are we permitted to disregard the prior advance directives of the demented, for failure to honor such directives can be categorized as a posthumous disregard of the rational agency of an individual who established the directive. Claim (2) is, therefore, wrong as well. Cholbi then returns to Cooley's argument with regard to Kantian duty to die. There he

diagnoses two shortcomings. Firstly, it does not come from the duty to preserve rational agents of existence of a duty to annihilate non-rational agents or a duty to annihilate rational agents who anticipate be-coming non-rational. Secondly, in analogizing the soon-to-be demented to those who opt to die rather than perform morally despicable acts, Cooley wrongly assimilates the loss of rational agency with the moral misuse of rational agency (Cholbi 2014: 2).

Cholbi's criticism of Cooley

We have seen that Cooley advocates for a Kantian duty to die, for all those faced with dilemma whether to live in a condition that does not allow them to be completely moral beings, or perhaps to choose to die instead. A good example of this is the case of Cato. Cato chooses to end his life instead of being Caesar's servant, i.e. he chooses to preserve his *moral life* over his *physical life*. As Cooley sees it, suicide is morally obligatory on Kantian grounds, when an agent whose moral agency is worthy of preservation is compelled to choose between taking his/her physical life and losing his moral life. This is precisely the case when those patients facing dementia find themselves in the following situation: 'As dementia takes root, individuals undergo slow but permanent loss of their rational capacities that constitute their moral agency and personhood. They will soon lose their moral lives, and thus must end their physical lives in anticipation of this loss.' Cooley sees the notion of suicide for all those affected by dementia as a duty which these people have – duty to die *physically before dying morally*, thus preserving their moral agency and dignity. However, Cooley cannot literally mean that those who anticipate dementia have a duty to end their lives, in order to preserve their moral agency and dignity. After all, suicide destroys the ability to preserve anything, including the agency of the personhood. For that reason, it would be more plausible to understand Cooley's premise as the one suggesting that such acts of suicide, prevents the soon-to-be affected by dementia from living in an undignified or demeaning condition, wherein their bodies continue to exist, but they live incapable of rationally governing their choices. In that sense, what is avoided by suicide is not an end of one's moral life, but an end of undignified condition- where a formerly rational individual would now be living as something less than a moral agent. The soon-to-be suffering from dementia must (allegedly) end his/her life in order to avoid such condition (Cholbi 2014: 2).

As explained above, Cooley's argument with regard to Kantian duty to die is based on the duty to prevent an individual from living in the condition of indignity that results in losing one's moral or rational agency. Cooley arrives at the conclusion that be-cause there is a duty to preserve such agency, there is a corresponding duty to annihilate non-rational agents as well as a duty to annihilate agents who anticipate losing their moral standing as persons owing to degeneration of their rational capacities. Hence, in his view, the soon-to-be demented have the obligation to end their lives so as to avoid the undignified condition of being alive while lacking moral agency. Cooley argues that the duty of suicide on the part of the soon-to-be demented stems from the claim that if the presence of some feature allows someone moral standing that requires the preservation of one's life, then

the absence (or the anticipated absence) of the same feature requires the destruction of one's life. Yet it is wrong to suppose that because W has a duty to respect or preserve X because X has feature F, then W has a duty to disrespect or destroy any being without feature F (or who expects to lose feature F).¹⁹ The negation of 'I have a duty to preserve X' is not 'I have a duty to destroy X', but 'I have no duty to preserve X'. And so, even if the possession of a particular feature F is the ground to preserve something, then the absence of F is not the ground to destroy that thing. The anticipated loss of feature F does not entail a duty to destroy that thing either (Cholbi 2014: 3). Hence, Kant's views on obligations regarding self-preservation and suicide do not impose themselves- views on how we, as people, have the obligation to destroy entities that lack something, or will come to lack something, as features that form these obligations Cholbi 2014: 3).

Cholbi argues that Cooley's comparison of those trying to avoid committing suicide to those avoiding dementia by committing suicide, is rather puzzling. These situations pose very different threats to one's moral agency. People falling into the first category are engaged in self-killing so as not to misuse that agency for immoral purposes. The latter are engaged in self-killing so as not to lose that agency. In addition, Kant's argument that suicide can be justified in the first case, leads us to believe that our physical lives matter less than our moral honor. After all, Cato, and other men wrongfully convicted of treason, refused to become non-agents if they would decide to live. They will fail to show adequate respect for both morality and their own rational agency, but they will still be rational agents. Where is the moral dishonor in losing one's moral agency to the mental deterioration of dementia? Cholbi argues that individuals who ends their lives, in a bid to avoid grievously wronging themselves, in fact destroy their rational agency in an attempt to avoid a violation of their dignity- and it is this 'indignity' that warrants their suicide (Cholbi 2014: 4). However, Cholbi argues that it a completely different story when it comes to a person who is anticipating dementia, for they will no longer have dignity at all. A person will stand a small chance of living in the morally undignified circumstances, which is why Kant provides justification for committing suicide. Therefore, the capacity that Cooley uses to acquit a person of his/her duty to die, in case of those who opt for acting immorally rather than die, is absent in those people anticipating dementia. As for people falling into the first category, choosing not to commit suicide would only mean they are *bad persons*. As for people in the second category, however, choosing not commit suicide would mean they have now become non-persons. The condition of those engaged in moral wrongdoing is 'undignified', whereas the condition of those suffering from dementia can be described more accurately as neither dignified nor undignified. Perhaps a word 'non-dignified' captures their condition in a better way: this is a condition which lacks those very capacities for which they were respected (or disrespected) for as individuals with dignity in the first place (Cholbi 2014: 3).

¹⁹ Cholbi provides analogy to illustrate this point: Suppose I discover the long-lost Rembrandt masterpiece on his attic. I know that I have a duty to preserve the image because of the size and importance of Rembrandt as an artist. However, if I discovered a copy of Rembrandt's image that does not mean that I have a duty to destroy the image simply because it lacks Rembrandt's greatness (according to Cholbi 2014: 3).

Nevertheless, despite this distinction between a person bitten by a rabid dog and Cato, on the one hand, and demented patients, on the other, I personally believe that Kant would allow suicide in both cases. In both examples, dignity and rationality are lost and this is what is relevant to Kant: assessing whether these individuals should continue to live or not, although in the first case a person may seem morally defective as he/she acts immorally.

In conclusion, Cholbi argues that Cooley's argument with respect to Kantian duty to die in terms of those who anticipate dementia is regarded as a mistake that conflates two distinct aspects of agency or dignity and wrongly assumes that the absence of those features that form the obligation of not committing suicide in fact entails an obligation to commit suicide. In addition, Cooley's framework, to which Sharp refers to, is suspicious, and even if it were plausible, it would not mean that individuals facing dementia have a duty to engage themselves in suicide (Cholbi 2014: 3)

Cholbi's criticism of Sharp

Sharp contends how Cooley's reasoning represents a 'dangerous trend in bioethics', wherein existing dementia or the expectation of dementia opens the door to non-voluntary euthanasia and various forms of abusive behavior towards the patients suffering from dementia. For the sake of this argument, if we suppose that Cooley is correct with regard to those people who are expected to suffer from dementia, then their Kantian-based duty is to die before a complete dementia sets in. Then, if we think of this duty as justified since it enables avoidance of the indignity that dementia represents, the conclusions might follow. Based on the claim that 'being dead is better than being demented', Sharp comes to a conclusion that mercy death- even if it is non-voluntary, would be obligatory if an individual suffering from progressive dementia was no longer able to end his/her own life. Even if the individual in question fails to give his/her consent for euthanasia, the euthanasia will automatically become 'acceptable' only if the individual in question 'has become too demented to fulfill the duty to commit suicide'.

Cholbi argues that Sharp's conclusion overlooks the crucial fact, which is in fact a duty *to oneself*. Duty to oneself, as Kant understood them, has a distinctive logic. Having in mind this logical sequence, the fact that an individual has an obligation to her-self/himself, does not necessarily mean that others must act according to this personal duty, therefore this does not mean that a duty in question must or even should be fulfilled. In Kant's taxonomy of duties, duties to oneself belong to duties of virtue and duties which (unlike duties of right) are not externally enforceable (Cholbi 2014: 3). To be more precise, duties towards someone are not duties that depend on agents in general, but are instead, duties that depend on the person to whom we owe such duty.²⁰ This is why violations of duties to oneself are considered to be *wrong*, that only an individual in question can be responsible for. For instance, take the central duty which, according to Kant, we all have as moral beings- a duty of moral self-perfection. One's duty of moral self-perfection is a

20 This is why the violation of these duties towards oneself is wrong so that only individuals can be responsible for their violation.

duty to strive for moral virtue, which, in turn, implies various subsidiary duties, such as subjecting one's moral deliberation to demands of conscience, as well as developing one's own talents, cultivating morally desirable dispositions- such as sympathy, etc. But these are not the duties others have towards me. This does not mean that others have failed to fulfill their obligations towards me, if they fail to develop my talents. Only I can fail in that sense (Cholbi 2014: 2).

With regard to a theory *duty to die* that Cooley identifies, the duty for a soon-to-be demented individual S to end his/her life is not a duty that is fulfilled the moment S dies. It is rather a duty that can only be fulfilled when S (and no one else) brings about her own death. Hence, if there is a duty to die, a sort of duty Cooley so heartily defends, that does not mean that others have a duty to kill those who have such a duty. Sharp is thus wrong in claiming the following: 'If a patient is no longer capable of accomplishing this perfectly rational goal [ending his/her life prior to developing full dementia], then someone must do it for the patient.' And while voluntary euthanasia (or assisted suicide) might be permissible on the grounds that such actions assist a person in his/her duty to die, then non-voluntary euthanasia of over those with a duty to die does not represent a morally proper response. Though they stand on the verge of losing their personhood and have a putative duty to die, it is, nevertheless, a violation of their humanity should be chosen to perform non-voluntary euthanasia over such patients (Cholbi 2014: 3).

Sharp also worries about the implications of Cooley's argument with respect to those who are already demented. Cooley's argument seems to imply that though alive, such individuals, being irrational have 'absolutely no moral status whatsoever', and there is no reason for keeping such patients alive,' including no reason as to why we should refrain from conducting non-voluntarily euthanasia over them. Sharp is certainly right in saying that the Kantian position on personhood and moral status means that we have no duties towards those suffering from dementia as the disease has already rendered them irrational. In Kant's view, the death of rational agency coincides with the death of a person and termination of moral status. However, Cholbi claims that Sharp is wrong in supposing that Kant's view disregards moral considerations as to how we treat the demented (Cholbi 2014: 3).

Cholbi believes that we may still have duties towards individuals suffering from dementia, even if dementia has destroyed the rational person they once were, and even if they are no longer rational beings we once knew. Sharp contends that, since people suffering from dementia are no longer competent and autonomous, we can ignore advanced directives which such individuals once had prior to their dementia, because 'their wishes, both past and present, no longer carry any weight'. However, Sharp's assertion relies on the controversial assumption that, because an autonomous individual no longer exists, it is not wrong to disregard the autonomous wishes made by him/her in terms of directives given prior to dementia. Cholbi argues that Kant himself seems to reject this assumption, as well as individuals' previous rational agencies, remains binding for us, regardless of what will happen to them (Cholbi 2014: 3).

Kant does not say enough here to resolve the question of postmortem acts of wrong-doing whether the wrong is done to the agent when he/she was dead or when he/she existed. However, the important point is that if we disregard the advanced directive of a person at T₂, when the advanced directive was established

at T1, and the person at T2 is now demented and non-rational, there is a point in time at which the person is wronged by what we did at T2, irrespective of whether the person existed at T2 or not. Thereby, Cholbi concludes that Sharp is wrong in supposing that by ignoring the prior advanced directive of a demented individual is morally warranted because their 'past wishes ... no longer carry any weight'. Cholbi believes that the arguments of this section show that even if we concede to Cooley's claims concerning a Kantian duty to die, Sharp is wrong in inferring that the demented, or the soon-to-be demented, are reduced to the moral status of mere things (Cholbi 2014: 3).

This Cholbi's argument can be viewed as plausible. It would be really difficult to differentiate patients suffering from dementia from other non-rational beings, such as animals or objects, even according to Kant. This seems to be a difficult task, because patients suffering from dementia once possessed their rationality, while other beings never did or would ever have it. Therefore, it would be problematic to ignore such individuals' previous wishes and goals, which they had when they were still rational, autonomous and intelligent beings. However, I believe that the euthanasia performed over such people, would not necessarily mean that their desires and goals, which they once had when they were rational and autonomous beings, have been ignored. Their wishes and goals from that time – prior to dementia are related to their lives at said space of time, and these do not have to be in contradiction with potential wishes they might have, if they once find themselves in a state of dementia and lose their rationality. As long as they pose a burden to other people, euthanasia should be performed.

In my opinion, Cholbi's argument is plausible from a logical point of view. However, as ethics is related to practical action, it is necessary to consider the issue of euthanasia in practical terms as well. Cholbi's criticism of Sharp seems right, because it tackles the duties we all have towards ourselves, and no *transfer* of duties has been discussed. Still, the question remains- what is to be done with patients suffering from dementia? Based on the arguments made by these authors, it can be concluded that, even if Kant would have 'allowed' that *duty to die* and duty to commit suicide are factual- those patients who show the first signs of dementia and patients who are already suffering from dementia should not be submitted to euthanasia- precisely because of the lack of such thing as transferred duties. However, if other reasons behind Kant's teachings were to present themselves, would that mean additional argumentation in favor euthanasia over these patients?

Conclusion

Based on Kant's views and arguments with respect to above-mentioned authors, I will try and do my best to draw conclusions on whether the Kantian solution to patients at their initial stage of dementia and patients already suffering from dementia in a form of suicide or killing is correct or perhaps not.

Firstly, let us take a look at a person who is at the initial stage of the disease. Let us take into account only those cases where it is established with certainty that a complete dementia will set in, from where a complete and permanent loss of rationality will take place. According to Cooley, if a person is aware that he/

she will soon become irrational and non-autonomous and that they will no longer have a moral life, he/she should namely commit suicide, i.e., it is his/her *duty to die*. In this particular case, it might seem problematic to advocate the Kantian duty to die. And what seems to be the key issue is that a person in question did not commit any offense or harm of any kind that would normally lead to death penalty. However, if a man is bitten by a rabid dog and should die, what follows is that a patient who is at the beginning of dementia should do exactly the same thing. Similar to a man bitten by a rabid dog, who loses rationality and autonomy (and begins to pose a danger to others), a patient suffering from dementia starts to lose the same values, for which reason he/she starts to pose a burden to others. In both cases, such people begin to lose and lack their rationality, autonomy and dignity, which can be regarded as the Kantian criterion for moral life. Consequently and in addition, a person suffering from dementia cannot achieve happiness. Patients with dementia can neither achieve moral, nor non-moral values. They are not rational anymore and they cannot set their life goals or achieve happiness. They are neither free nor autonomous beings that can act in accordance with the principle of morality. According to Kant, happiness is a *necessary purpose*, and only the rational (intelligent) beings can achieve it. If dignity, rationality and ability for moral life, as well as the ability to achieve happiness are all irreversibly lost, then the individual in question has no reason to live, for which reason such persons pose nothing but a burden to others.

Now, let us analyze the case of a patient already suffering from complete dementia. Is euthanasia the right Kantian solution in this case? If we answer affirmatively to this, there is no reason for not applying the related when it comes to the second hitherto discussed case. An individual suffering from dementia loses his/her moral life as well, which means that physicians should perform euthanasia over such patients, because they cannot take care of their own lives. Sharp argued that medical doctors should perform euthanasia over a patient suffering from dementia, in a bid to fulfill the moral duty, i.e., a duty left unattended by the ailing patient. I believe that euthanasia should be performed over such patients, but not for the reasons Sharp provides. This is because, as Cholbi pointed out, there is no transfer of one's duties, if a person, who is at the initial stage of dementia, should commit suicide- that person's duty shall not be transferable to someone else. However, I believe that euthanasia is an act which arises from a consequence, i.e., from the factual state in which a patient has lost his/her moral life and rationality. This argument can also be underpinned by the notion that such patients represent a burden to others, but that would most certainly be a utilitarian approach to this observation. In any case, I see no reason in sustaining someone's biological life if that being will no longer live as a person with moral life, and at the same time they may contribute to loss or poor quality of life of others to whom they may pose a burden. Kant says: "To sacrifice your own happiness (i.e. your real needs), to advance others, would in itself be a contradictory maxim if it were to become a universal law." (Kant 1993: 195)

We have no duty towards individuals suffering from dementia, as we do towards other people, since such individuals are no longer regarded as persons. However, we still have indirect duties towards them, and these arise from duties we have towards

our-selves as persons with dignity and humanity. Therefore, we should never torture these individuals. On the other hand, certainty that there is something to be done about individuals suffering from dementia still remains. Even though we have no conventional duties towards such individuals as we do towards other rational beings (because they are no longer those beings we used to know), we still have a duty towards ourselves and that is to act fairly and righteously towards ailing patients. A moral life of such individuals is over, since they no longer possess rationality, autonomy, responsibility or dignity, which all form the basis of moral action and moral life. In this case, what seems to follow is that we have a duty to conduct euthanasia over them, and thus act towards ending their biological life. Whether such people pose a threat or danger to others (just like a man bitten by a rabid dog) or not, the fact remains that they pose a burden to others, especially to their families who are expected to look after them either in anticipation or over the course of this illness. In addition, taking care of a person suffering from dementia can turn out to be a sacrifice or victimization of caregivers' own lives, which most certainly should not be regarded as or called *a duty*. Man has no duty to look after another irrational being, if such a thing would lead to sacrificing his/her life and well-being.

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Marina Budić

Samoubistvo, eutanazija i dužnost da se umre: kantovski pristup eutanaziji

Apstrakt

U radu se obrađuju pitanja eutanazije i detaljno se analizira kantovski odgovor na dotičnu praksu. U vezi s Kantovim stajalištima o mnogim srodnim pitanjima, kao što su ubistvo, samoubistvo, autonomija, racionalnost, čast i vrednost ljudskog života, glavni cilj ovoga rada jeste da se pruži objašnjenje za jedan uopšteno mogući kantovski pogled na eutanaziju, kao i objašnjenje za jedan određeni oblik eutanazije s obzirom na one pacijente koji pate od demencije. Argumenti autora, prema kojima je Kant čak mogao da tvrdi da su osobe koje su počele patiti od demencije imale *dužnost da umru*, u ovom radu su bili od posebne važnosti. Pitanje je da li bi se moglo i trebalo ikada dozvoliti da ovaj specifični moral postane univerzalan kada se razmatra želja pacijenata da počini samoubistvo, kada počnu patiti od demencije ili možda jednom kada počnu doživljavati gubitak racionalnosti? Da li bi samoubistvo trebalo čak da postane pacijentova *dužnost*? Nadalje, ako pacijent ne pokazuje apsolutno nikakvu nameru ili spremnost da oduzme sebi život, „treba li“ doktor obaviti nedobrovoljnu eutanaziju nad pacijentom? Ovaj rad analizira argumente autora koji zapravo podržavaju navedena pitanja i ima za cilj ispitivanje verodostojnosti tog čina kao i njegovo kritikovanje. Problem eutanazije je vrlo važan, jer je ključno pitanje šta u stvari konstituiše temeljnu vrednost ljudskog života, koja leži u srcu ovog problema, idrugih formičevkovopravanaživot.

Ključne reči: Kant, eutanazija, racionalnost, čast, dostojanstvo, autonomija, demencija