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# Euthanasia and complacency in bioethics: an approach based on suicide.

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**RESUME :** Les défenseurs de l'euthanasie prônent le « droit à mourir dans la dignité » et récemment avec les pressions de la vie en société revendiquent « le devoir de mourir ». Cet article essaie d'analyser le lien entre l'euthanasie et le suicide.

**Mots clés:** Euthanasie, approche, suicide, bioéthique

**ABSTRACT:** Advocates of euthanasia advocate the "right to die with dignity" and recently with the pressures of life in society claim "the duty to die". This article tries to analyze the link between euthanasia and suicide.

**Keywords:** Euthanasia, approach, suicide, bioethics

In the treatment accorded to euthanasia in our times, whether as an inalienable right of an independent modern subject or, in a peculiar paradox, as a right that cannot be denied to a subject who is no longer independent and that may be exercised precisely due to the subject's loss of independence, two opposing discourses have generally arisen.

The first has focused on individual independence, assimilating euthanasia to a form of suicide philosophically defined as the act characteristic of such

independence and which constitutes its principal content; it has been defined as the right to a dignified death. This right was



created on the basis of the euthanasia movement when the eugenics movement of the 1920s and 1930s lost its pre-eminence.

In Hoche and Binding's work, for example, as many pages were devoted to eugenics as to extolling dying with dignity (Schank K, 1922; Sarment, 2002). This new right diverges, in

a sense, from the preeminent position of suicide in postmodernity. Here, then, suicide does not restore dignity in the classical sense that a good death justifies an entire life, but rather appears as the end to an unjustified life. In the nihilistic approach, and despite Cioran (Cioran E, 1995) affirming with a certain irony that none commit suicide more frequently than lapsed optimists, suicide appears as a form of inevitable destiny, a way in which one exercises a freedom without meaning, an exit. The Columbian thinker Nicolás Gómez Dávila (1977) remarked with heavy sarcasm that he did not believe in the honesty of a genuinely modern (one may read postmodern) man who had not committed suicide.

In opposition to this claimed right to a “dignified death”, rather than to a nihilistic suicide, there is generally a religious argument, with all the negative connotations that religious limits face in our age, characterised by so-called “bars to further inquiry”. This argument is always constructed as clearly prejudicial, a limiting, irrational prejudice that conceals some will to dominate or some atavistic unreasonableness. It is clear that prejudice has a poor reputation in our era, in contrast to the archaic aphorism the same author mentioned above: “prejudices protect us from idiotic ideas”. To be clear, I do not seek to enter here into a defence of prejudice, but instead to observe certain of its social functions.

However, attention is not always paid to the fact that so-called prejudice is not necessarily religious in the sense that it necessarily depends on the prohibition upon taking a life that belongs to a jealous God-Father. On the contrary, prejudice appears in the varied definitions of the order, as Voegelin might say, with greatly varied justifications. Certainly, Plato and Socrates analyse the inability to dispose of one’s own

life on the basis that it does not belong to us. But we may insist that this lack of full ownership has a multitude of explanations. We might argue that the prejudice is sufficiently interreligious that we could glean from it an essentially generalized social conditioning opposing the “free” elimination of one’s own life when it is so desired or when one simply fears an ill. In principle, disposing of one’s own life has suffered from a negative reputation and has given rise to mistrust, as is amply shown by the religious rituals that aggravated the treatment dispensed to those committing violence upon themselves in comparison with those committing violence against others. On this point, burial rituals have been particularly rigorous. But it is no surprise to observe that social conditioning also reigns in creating an obligation in the opposite sense, in reclaiming suicide as a mandatory act, that is, when custom indicates that in certain cases what the subject will be bound to do is precisely to kill themselves, or at least that the preferred social model is that of one who commits suicide, or if one prefers, that the act of suicide is understood, praised and lauded.

The second discourse would oppose euthanasia. It is the approach I have supported in the works I have published on the issue, including in “Euthanasia and dependent life” (Ruiz-Calderon S, 2001) This discourse includes those of us who prefer to analyse euthanasia from the perspective of a transitive act (that is, an act that one does not perform upon oneself but rather that one subject performs upon another), carried out by a doctor, by way of which a particular society deems it appropriate to kill patients with certain characteristics, among which the subject’s will to die is of course sometimes highlighted, with the subject receiving death as a benefit. Along these lines, we have often referred to what John Keown and

Etienne Montero have called the logical slippery slope or, if one prefers, to the defining feature of euthanasia being the objective conditions upon which it depends, rather than voluntariness (Keown J, 2002).

Without altering the position adopted in my previous writing on the matter, I believe that in the study, more than in the debate on euthanasia, in order to be honest we must transcend these camps and seek to understand the reasons and, in no few instances, the masks that explain the various attitudes. First, we are aware that our opinions do not necessarily interest anybody. It is also doubtful that the debate as it exists today in academia would be particularly effective in building social majorities. For majorities, the rationality of arguments is often irrelevant, bound as they are to certain ideological prejudices. Put differently, recognizing that the illusion of having a decisive influence through academic debate is vain may result in avoiding its greatest risk; that is, falling into apologetics.

However, this observation should not lead us to passivity in the sense of renouncing the personal lucidity arising out of a taste for learning. In this regard, the note that I present today is above all an attempt at clarifying the link between suicide and euthanasia, a link of social and normative transcendence, in which I naturally believe that suicide has a social aspect generally ignored by those who make the leap from an essentially personal explanation that is, suicide as inevitable consequence of self-determination- to the appraisal of suicide as explicable on a medical basis.

Today I shall commence from premises that differ somewhat from the grounds on which euthanasia has been approached on previous occasions. First of all, without dismissing the pathological nature of a high number of suicides, I have my doubts that this kind of

approach to death by one's own hand may not be a fundamentally ideological example of what has been called the medicalization of suicide. It is the case that a few short years ago, in the Spanish Senate's Committee on Euthanasia, the argument was made that 95 per cent of suicides were due to pathological causes. Yet this description is too dependent on the tendency to treat both attempted and successful suicides in a psychiatric fashion. In describing death by one's own hand in this way, as a symptom of a pathology, it would appear that we are constantly participating in a kind of begging the question, in establishing the link that defines the approach to this act in the twentieth and twenty-first centuries. However, it is not difficult to observe that classical suicide, habitually described from a cultural or humanist standpoint, has probably been behind and formed the basis of arguments regarding dignified death through euthanasia in contemporary societies that are at least as ideological as the psychiatric approach that we have criticized. Not all suicides will be nihilistic such as that of the daughter of the Russian official who commits suicide in Paris as described by Dostoyevsky, or the counterpoint of the hopeless adolescent who kills herself in Saint Petersburg, pregnant, clutching an icon, but nor, of course, do they appear significant or particularly descriptive of the reality of attempts, successful or otherwise, to imitate the death of Socrates (Doctoievski F, 1876).

Second, I find growing difficulties in the truism regarding the anti-natural character of suicide from a natural law perspective. In a certain sense, wishing for death appears to be a very common fact in humans, which must of course overcome certain instinctive resistance. This resistance, however, can be quelled: not only by panic, a circumstance shared with animals, but also by the impact of the imagination. The power of the imagined or suffered ill, its immediate

presence in human nature, provides a highly direct explanation of the death wish and the decision to bring death upon oneself. But for precisely this reason, there appears to be a certain frivolity in the naturalization of suicide or in its conversion into a more or less normalized act. It cannot be forgotten that in many of our countries, suicide is the commonest form of violent death, exceeding, for example, traffic accidents, and with the not inconsiderable peculiarity that suicide is probably the form of violent death that is most hidden, to counter the effects of contagion and due to its social stigma. Nor can we disregard its irreversible character. I admit that all acts are in some sense irreversible, it not being possible for us to prevent their having appeared in the world through mere desire. But the irreversibility of death, except in the case of extraordinary resurrection, has a radical quality for us.

I wish to state that analysing euthanasia as a derivative of suicide does not merely require a focus on the most obvious differences, the first being that in euthanasia the subject would lack full autonomy to request assistance in the form of death or would receive it as a medical act, an aspect we have identified on other occasions. Rather, we must consider two defining elements. One is the constant presence of suicide as a temptation for the human subject. This has appeared across all stories since Antiquity, but has become a key topic in modern and postmodern literature. The other is the social nature of suicide, even when seeking to approach it from the most autonomous perspective of subjects isolated from themselves and even, if one wishes, from God. What I seek to argue is that one cannot ignore the social opinion of suicide, which is always present in all cases and across all eras in the rules that govern the sacred, custom or the most strictly legal (on the basis, naturally, that at many cultural moments there is no distinction among these

ways of describing the order).

In his outstanding work “Semper Dolens: A History of Suicide in the West”, Ramón Andrés (Gonzales-Cobo A, 2015) tells a story from Roman history that, in good measure, summarizes the position I seek to adopt in my text, focused this time on the relationship between euthanasia and suicide. We have avoided this relationship in the anti-euthanasia discourse, highly focused on medical ethics and on the transformation of the healthcare function within a society where killing becomes a permitted, or, perhaps, a mandatory act.

To be frank, I must state that the author I am citing would probably disagree to a large extent with the conclusions that I shall take from the data he provides. However, the solitude of the writer in establishing company with the solitude of the reader does carry these risks, risks that I also assume on making these statements regarding euthanasia.

I trust that the reader will permit reference to be made to a classic example, taken from the aforementioned work by Ramón Andrés.

The *sexagenarii de ponte* were the Romans who, on being denied the right to vote upon reaching sixty years of age, threw themselves into the Tiber due to the shame of having lost the power to exercise the most important political rights. A symbol of the decay to which man is subjected in an ongoing process of loss of powers and hence possibilities, which becomes clear at a particular moment and in a sense provokes, if the pun may be permitted, a decisive leap. Since Antiquity there has been no shortage of those who would present this act as being of the highest dignity and we know that what is encouraged is praised. Two readings may undoubtedly be made: one of an extraordinary, almost unbelievable act of

heroism, and another of a more or less enforced act (Gonzales-Cobo A, 2015).

However, a simplified or laudatory reading of the honour of the *sexagenarii de ponte*, as so often occurs in tales of voluntary actors or of altruists partly forced into suicidal acts such as the Japanese Kamikaze, may quickly be placed under suspicion. A tale regarding the origin of this custom reveals its mandatory or heavily regulated nature, almost as occurs in the famed tales of Spartan women. Without disregarding a certain assumption of *dignitas*, the cause may be more external and, if one wishes, utilitarian. As the same author notes, it appears that during the Gallic invasions of Rome and given the scarcity of food in the city, it was customary to throw the elderly off the bridges of the Tiber. Faced with a view of the inevitable fate that awaited them, a good number preferred to “voluntarily” throw themselves in, giving rise to the custom that has been so favourably reported.

Projecting this example from the past upon our current civilization would suggest that we are free from the most acute risks. The welfare society should not be exposed to immediately utilitarian pressure in the search for food. Certainly the model of subjects who enjoy and do not suffer, or perhaps enjoy more than they suffer, could generate and has in fact given rise to a certain similar trend, though less “dignified” than the one we saw described in the first explanation of the leap into the Tiber. The society of leisure, in the lesser sense that the term has for us, may lead to an exit when one is no longer capable of enjoying leisure. But there are other possibilities to take into account.

It is evident that, in general, we are not living in a society subject to the pressure to survive exerted by the Gauls on Rome or by the Romans on Numancia. However, if we accept that our community is governed by

what has been denominated the performance principle, the appearance of “socially recommended” suicide is a real risk, and not a strange slippery slope argument used to deny the exercise of freedom by a subject who chooses an exit that is not necessarily pathological, as we shall see.

Among many others, there is a classical tale that can illustrate for us this idea of socially recommended suicide as an example of where certain changes in perspective with respect to voluntary death or death “by one’s own hand” may lead us.

One of the suicides that is most moralized, exalted and to an extent defining of a social rather than personal model, is that of the Roman Lucretia. We may recall that this example is found at the base not only of the canon of Roman women, but also in the idealized humanist reconstruction of authentic dignity. What is more, from the political point of view, Lucretia’s suicidal response to her rape results in the destruction of tyranny framed by the Tarquins and the commencement of aristocratic Roman freedom (Gonzales-Cobo A, 2015). Faced with her suicide, inspired in the scenes of the Trojan War and according to the magisterial description by Shakespeare, there is no other suitable response from her father and husband than the revolt that frees Rome (Shakespeare W, 1986).

The rape and resulting suicide are hence linked to real Roman freedom. On the contrary, the most critical interpretation occurs at the end of the historical period, when Saint Augustine answers those who reproach Roman virgins that have not committed suicide in the wake of the barbaric mass rape committed upon the sacking of the city, as the much-lauded Lucretia would have done.

In his defence of the behaviour of the

Christians in Rome, undoubtedly in application of the principle that life belongs to God but also with the conviction that a survivor of rape has done nothing deserving of moral reproach, Saint Augustine takes a decisive step<sup>3</sup>. Saint Augustine's treatment is morally rigorous, though I fear that it had less of a social effect than its moral rigour merited. And this is not the moment to engage in a complex examination of the so-called sense of honour, of which Spain has provided particularly harsh examples in the form of the "Calderonian honour" seen in the works of the Baroque writer Calderón de la Barca.

In any case, Saint Augustine's argument is a post actio liberation of the abused woman insofar as it frees her from moral obligation and, on this point, from the moral use, in its full sense of being related to "mores", of suicide.

At this point I am not addressing the case of a woman who prefers suicide to the brutality that awaits her, as happened in various nations from China to Russia and Germany during the Second World War; in this case, insurmountable fear or awareness of the brutality that may occur provides a clear explanation for the choice, without the need for other conditions. My focus, therefore, is on situations such as that of Lucretia; that is, on women who survive and find themselves faced with a moral judgment that the appropriate conduct is to commit suicide, as has occurred on a mass level in Bangladesh, for example, and in other cases of the India-Pakistan conflict.

The much-lauded suicide, far from offering liberation, carries with it an increased number of possibilities and opportunities to become a path that can only lead to death.

My point, then, is that there is an insufficiently addressed risk in considering euthanasia as a form of suicide; a risk that impacts upon its supposed voluntariness even while it retains the formal characteristics of a voluntary act.

Briefly summarizing, we can say that the legalization of euthanasia has faced the following objections, among others:

The most important is the impossibility of restricting cases to the limits of the will of the petitioner, recipient or beneficiary of the euthanasia. That is, the case of the so-called slippery slope. The evidence of the risk that the incidence of involuntary euthanasia may grow has been compiled in the countries where euthanasia has been legalized.

From the logical standpoint, reference has also been made to a so-called logical slippery slope; that is, that since it is the condition of illness and not intent which defines the legalization of euthanasia, there will inevitably be cases of so-called involuntary euthanasia, in which patients have not stated their will to undergo euthanasia and cannot be asked about their wishes. When the objective circumstances "point to" euthanasia, it may be applied.

The second is the objection to a person killing another even if the latter requests it. Professor Leon Kass has rightly addressed this matter in linking the debate to the social reasons for protecting human life, even against the petitioner's will and even without questioning the altruistic motives of the euthanasia practitioner. One may think, for example, of a mother called upon to kill a child (Kass L, 2002).

In the case of healthcare professionals, the men and women who would be professionally called upon to practice euthanasia within the context of a medical

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<sup>3</sup> Agustin de Hipona, *Civitas Dei*, I, 22

“indication”, much has been said about the total transformation of medical ethics.

Related to the foregoing, for example, is the argument of those who see in the legalization of euthanasia a total transformation of the value of dependency and of what Alasdair MacIntyre has called the “virtues of acknowledged dependence” (MacIntyre A, 2001).

The third is linked to the fact that when the possibility is created for compassionate killing to be one of the options available to a person in a situation of severe dependency, far from increasing freedom, the new possibility increases the potential pressure upon that person to forfeit care that was previously considered mandatory.

I seek to present this objection by analysing the examples of moralized suicide; that is, the cases in which the social order favours someone taking their own life. In euthanasia, this masking becomes evident. One is obliged to construct a supporting argument based on the demands of care, on the burden that is placed upon others, on the selfishness of continuing to exist. Against this, what is moralized is doing what is useful for others, or falling into the temptation that afflicts us all.

Parallelism cannot be taken very far, however, even when we recognize the social transcendence of suicide. Ultimately, we would almost all be ashamed to argue over suicide with a person who seeks or attempts it. This shame disappears when we are faced with the idea of a medical act consisting of one person replacing another’s act of suicide. Medically prescribed homicide is a legal problem of the first order.

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