

Preface

The question of whether there might be a duty to die was first raised by Margaret Battin in 1987 in her ground-breaking essay, "Age Distribution and the Just Distribution of Health Care: Is There a Duty-to-Die?" In 1997 the issue was reprised when two new articles appeared on the topic written by John Hardwig and the other by former Colorado Governor Richard D. Lamm. Given the renewed interest in the topic, as well as its undeniable importance, *Biomedical Ethics Reviews* sought to initiate an in-depth discussion of the issue by soliciting articles and issuing a general call for papers on the topic "Is There a Duty to Die?" The twelve articles in this volume represent the ultimate fruits of those initiatives.

The first seven essays in this text are sympathetic to the claim that there is a duty to die. They argue either: (a) that some form of a duty to die exists, or (b) that arguments that might be offered against the existence of such a duty cannot be sustained. By way of contrast, the last five articles in the text are critical of duty-to-die claims: The authors of the first three of these five articles attempt to cast doubt on the existence of a duty to die, and the writers of the last two essays argue that if such a duty did exist, severe problems would arise whenever we attempted to implement it.

"Is There a Duty to Die?" is the seventeenth annual volume of *Biomedical Ethics Reviews*, a series of texts designed to review and update the literature on issues of central importance in bioethics today. For the convenience of our readers, each article in every issue of *Biomedical Ethics Reviews* is prefaced by a short abstract describing that article's content. Each volume in the series is organized around a central theme; the theme for the next volume of *Biomedical Ethics Reviews* will be "Privacy and Health Care." We hope our readers will find the present volume of *Biomedical Ethics Reviews* to be both enjoyable and informative, and that they will look forward with anticipation to the publication of "Privacy and Health Care."

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Abstract

John Hardwig argues persuasively that we should regard ourselves as having a duty to die, under a fairly likely range of circumstances. In fact, the very old, when not in good health, characteristically see life as a burden, and need no “duty” to die; they seek only easy means at the appropriate time, and are more concerned to have a right than a duty to utilize those means. The Hardwig thesis applies when our continued life places an excessive burden on those near and dear. Understood in this manner, he is broadly right, as long as we understand this kind of duty as not entailing enforceable requirements, like the rule against murder, but rather as being part of our commitments to the people we would be imposing burdens on. The Hardwig thesis may be accepted, if understood as a broad recommendation to people whose means are limited and who have family and friends who matter to them.



Is There a Duty to Die?

Jan Narveson

A Personal Introduction

A few years ago, my parents, aged 90 and 91, died after long, generally healthy, very active, and useful lives. My father, who died first, loathed and dreaded the very thought of nursing homes. Though he had for some years suffered from an obscure arthritic condition and was bent considerably over, greatly reducing his agility, he had nevertheless been able to make himself useful at home—especially, useful in tending to the needs of my similar-aged mother, both of whose legs had been amputated a few years before. Both of my parents had been active, outgoing, hardworking people all their lives, and both were anxious to remain for as long as possible in the nice home they had built, decades previously. One day my father had a nasty upsurge of his prevailing malady and was rushed to the hospital. From there, he was taken to a nursing home, and while there, he became convinced that he would not be able to return to his beloved home or be of any use to his beloved wife. Therefore, he refused all treatment and food, and died soon thereafter. My mother lived on a few more months. She too went to a nursing home, there being no one who could care for her at home, and it was indeed a miserable place—not for lack of care, sanitation, or activities, but because it was full of people whose lives were seen by them to be basically pointless.

My mother had a mild stroke or two not so long after my father died, and lacking legs as she was, she was in pretty poor shape. In her last days, faced with an operation with only a 10% chance of success, her children near to the scene requested it not be done, acting on what they perceived to be her desires in making this request. She too died soon thereafter. About the same time, my mother-in-law, also aged, developed complications and she too died on refusing treatment for an ailment that although a nuisance, could probably have been cured—enlisting her daughter and a trusted friend to make sure that the medical personnel on hand did as she wanted.

When I told these stories to various of my colleagues, I was interested to find that not just one or two, but nearly every one of them whose parents had died peacefully at advanced age had similar stories to tell. The parent or parents in question had been moved to a nursing home, hated it, and soon, for all practical purposes, died voluntarily, refusing treatment at strategic moments. It was not active suicide, but more like voluntary passive self-inflicted euthanasia. I was impressed by this, and a bit of reading soon persuaded me that there was nothing unusual about either my parents or theirs. When people get very old and are scarcely able to lead active lives, they quite typically not only lose their will to live, but develop a will to die, and they act on it.

Do such people act from a sense of duty? Most of them are on health plans, and part of their motivation may well have been that they were living on other people's money. However, most of it, I think, was simply a sense that continued life was simply not worth bothering with. Not duty, but interest, or an ideal of life is the predominant motive.

My own parents were very religious people, in a protestant way, and this gives rise to a well-known conflict. On the one hand, they believed that death would remove them to a better life; on the other, they were taught that suicide is wrong. I was not near my parents when they died, and what they said about death when I did see them was insufficient to clarify that. However, I conjec-

ture that had they been utterly devoid of religious beliefs, it would have made no difference: they were active, busy, outgoing people, and when life on satisfactory terms to such people is no longer possible, they want out. If duty entered into it—which it may have—it was strictly a supplementary consideration. (My parents, in fact, took care to transfer the family holdings to their eldest child in order to make sure that it would not be devoted to keeping them alive.) Insofar as duty entered the picture, what kept my father alive during his last few years was his sense of duty to his wife, who was very dependent on his care. My father knew that my mother did not want to go to a nursing home any more than he did, and in remaining alive to help her, he undoubtedly provided her with several extra years of reasonably satisfactory life. Her subsequent experience in the nursing home confirmed the wisdom of his assessment of her needs.

However, I am very sure that neither of them had John Hardwig's¹ or Richard Lamm's² view. Hardwig says, "there can be a duty to die when one would prefer to live" (35), but if my parents or most of those I know of who died willingly at the end would have preferred to live on, then they would not have done what they did. For them, the difficult thing was life—getting through the next day with at least some sense of accomplishment or pleasure. Dying was easy for them when the time came, because it was precisely what they wanted to do. If the fact that they thereby saved other people a fair amount of money was a factor, it was a minor one.

The Logic of Duty and of a Duty to Die

Can we have a duty to die? Duties, to begin with, apply directly only to actions. The expression "a duty to die" is *prima facie* a neologism. Therefore, to make the issue clear, we must say that what is meant is a duty that we would have to discharge by doing what results in our deaths. There are a number of ways: suicide, of course, but also, as in the case of my father, refraining

from taking actions that would prevent death. For example, we might be on an elaborate life-support system and ask that it be switched off. We could refuse further treatment. Or, somebody is about to kill us, and we would be able to take preventive action, which would probably succeed, but we do not take that action.

However you take it, though, a duty to die is on the face of it bizarre. We may think that suicide is our best option, and do so out of self-interest, but how would we have a moral duty to do this? To whom and why? It is easy enough to dream up special cases. For that matter, we do not need to dream: the case of the spy who has just been caught and whose duty is to bite on the cyanide capsule concealed in his teeth rather than divulge information to the enemy has actually happened more than once.

In general, these are scenarios in which we owe somebody a duty such that in order to discharge it, we must do what causes our death, but is it possible for there also to be a duty to die, as such? It is hard to see how; the idea seems to make little sense. Would this be a duty to oneself? That is an odd category to start with. When we say that we “owe it to ourselves” that we do such-and-such, that is a claim that in some quite fundamental way is nobody else’s business. Moral duties proper, however, are always somebody else’s—indeed, everybody else’s—business. Society may compel us to what is our moral duty.

I might owe it to myself to practice the violin more, to take a vacation, or to stop eating some food or other that I like very much, but that is doing something awful to me. However, if the category of duty applies at all, it stems from my interest in living and living well. That is not moral duty as such, in the narrow and useful sense of the term in which our duties are what we owe in consequence of our social condition. Such duties are essentially to others, even though the considerations that give rise to them are, no doubt, anchored in our interests as humans. However, how could a duty to die fit in with that general idea?

Two interesting possibilities come to mind. One I will dismiss immediately: it is that we simply “belong to” the community —

fascist morality. I assume that all readers, including Hardwig, really want to reject that. Whatever there is to his anti-individualism, I trust it is not that.

Owing It to Oneself to Die

The other is this: we can imagine someone having a certain view about life that included a notion of “completeness.” Now this person might think that his or her life is complete at a certain point, and that at just that point, he or she should, if nature is not doing it for him or her, bring about his or her own end. This person acts in the fullness of time, as it were—to make his or her life complete, in the right way. But again, this is not morals, but rather, a humanistic vision, even an esthetic vision of life. I take it as obvious that nothing of that kind can be a requirement that we may impose on our fellows. Instead, it is something we can live by ourselves and recommend to others for their consideration. However, I take it to be axiomatic that my view of how to live has no authority over you. Any requirements of the kind morals aim to impose will have to be based on something quite different. They will have to be based on our general relations to each other as persons interacting in society. The thesis that there is a duty to die is one about our duties to others, duties that turn out, owing to one circumstance or another, to have the unhappy upshot that in order to fulfill them, I have to elect death. What could do that?

Dying that Others Might Live

In general, I should think, any such duties will have the structure that I am to die in order that certain others might live, or continue to live at something like the level they previously enjoyed. However, that does not sufficiently explain things, either. For we do not in general have a duty to die that others might live:

indeed, we do not in general have a duty to help others to live, well or at all. If you will die unless I do *X*, I still do not in general have a duty to do *X*, just like that. But it may have been well for me, at some time, to make an agreement with others that is to the advantage of all of some set of people, and that makes it a duty of all signatories to move over, as it were, in certain contingencies, and surrender their place to some other person.

That is far from inconceivable. Perhaps I am here now only because someone else also made this agreement, and kept it—and now it is my turn. In wartime situations, my fellow platoon members and I must sometimes do very dangerous things, without which we all or most of us will be killed, and it can be my turn now: I am the only one, perhaps, who is in a position to leap up, drawing the enemy's fire, but enabling the other to escape. If so, that is my soldierly duty, and it might amount to a duty to die, or close enough to do.

Civilian analogs of that are not as easy to come by—fortunately! However, they are perhaps not impossible. The most plausible scenarios, I suppose, do lie in the province of the medical. I might have signed into a kidney-sharing arrangement, perhaps: I am alive now only because so-and-so gave me his kidney; but he did so on condition that I will in turn give mine to somebody else. It is not so easy to flesh out that arrangement, but I do not see why it could not, in principle, be done. It would, of course, take some serious soul-searching to sign into such an arrangement, and it is easy to imagine that someone who had done so, and whose turn came up unexpectedly, might balk at doing his or her duty. Our reluctance to enforce such a duty is unsurprising, but that it would be his or her duty seems clear enough.

Hardwig emphasizes loved ones—family, especially, and friends, and we may surely agree that our duties to such persons are not a matter of a straightforward agreement. On the other hand, they are matters of interest, and families are not sources of absolute moral imperatives. We can, and occasionally do, cut off children with a penny, we leave spouses, parents, and children. Sometimes

people do this when they ought not to have, no doubt, but in general, they have the right to do this. The state should not be in the business of destroying families, as it is widely accused nowadays of doing, but neither is it in the business of shoring them up by main force. My conclusion is that duties to families and friends are also a function of what amount to agreements, though usually unstated and not specifically entered into at particular times. We stay with our loved ones because we love them, or because we have pride or a desire to enhance our gene pools, and perhaps for other reasons. However, we do not owe anything to children, parents, sisters, and others simply because of a given genetic relationship. Certainly, our friends must be chosen. We stick with them because we love them, as well, often, as because they have done much for us. In the case of families, the ties are there, but they are accepted and woven into our lives by emotion and will, not by molecular force.

Duty as Onerous

In all this, of course, I assume that death appears to the agent as an evil. Some religions promise immortal life after our earthly sojourn is over. Such religions might make death out to be an attractive idea, really just a crossing of the threshold to a much superior sort of life. One might characterize those views as really denying that people die at all, strictly speaking. At any rate, in the following, I assume that such views are not held by the reader; for those who do hold them, there is little point in reading on. For them, other discussions are in order.

Hardwig concluded his envisaged list of conditions in which there is a duty to die with the thought, "Finally, there can be a duty to die when one would prefer to live"(35). However, I would suggest that this is not just another item on a list: it is, rather, a defining condition of what it is to have such a duty. Anything short of that is not a duty, but a means of self-improvement, or living the best life one can manage, but if I must die even though I do not want to, and would not need to, given available alterna-

tives, then indeed we are speaking of duty, properly speaking. That applies to the soldier who smothered the grenade, the member of an insurance group whose turn has come up, and the intelligence agent caught and facing torture. However, old people such as my parents do not meet this condition. They prefer death—comfortable, if possible, yes—but mainly, please, soon.

Dying and Distributive Justice

Returning to medical scenarios, let us first address ourselves to a fairly widespread view that would seem to imply that the duty to die is much more likely than we might have thought. The framing assumption is that continued life for some number of people, N , requires use of a scarce medical technology of which there is enough available only to accommodate M , N being greater than M . How, then—so the question is framed—are we to distribute this resource fairly? Should we give everyone an M/N crack at it, randomizing by some good method? Or should we take the number of years of life expectancy otherwise remaining into account? Or what? Whatever, the thesis is that the losers now have, indeed, the duty to die. Actually, since the required procedure will not be available in their case, they will not be able to do anything about it, but we can still make this into a duty to die by supposing that the relevant M people initiate the randomizing procedure themselves, for instance.

However, there is an assumption here that may and should be disputed. The assumption is that all of these people, just by virtue of needing this procedure in order to continue living, are thereby entitled to it. We should surely reject that assumption. People who save other people's lives are not in general doing something that their beneficiaries are entitled to. On the contrary, they are doing them a very great favor, for which, if the beneficiaries get it for nothing, they ought to be very thankful.

In the normal case, of course, they will not get it for nothing. Those who provide the benefit will be paid, probably quite hand-

somely, for their work, and those who received it will either have bought the procedure and be entitled to it for that reason only, or they will have paid into some scheme, or perhaps, as in Canada, into an involuntary government-arranged scheme, which results in their having (or not) the procedure in question.

Which among these is right? I should think it pretty obvious that the right one is that wherein applicants for the procedure pay for it, as a service that is worth at least that much to them. The price might be very high, in which case the procedure will not be worth it to some people. Even if they could afford it, they might do better keeping the money in the bank for the benefit of their widows or children, say, or giving it to some cause they consider more important than this. Also, if the price is simply beyond their means, then unless somebody else decides to buy it for them, they will not get it and they will die sooner, but this will not be because it is their duty to die. It will be simply because they can not afford to continue living.

Old-Age Egalitarianism

Some at least profess to think otherwise. They think that we must all be willing to share medical procedures with all and sundry, on an equal basis, however expensive, as long as they are necessary for continued life. It must be asked why they think thus. We assume, of course, that we are not referring to cases in which we ourselves have caused the victim's critical condition and so are responsible for trying to rectify his or her situation, even if this would cost our own life. Rather, we are talking about simple cases of limited supplies of what turn out to be life-saving devices or procedures. Why do individuals think they are special?

One way of saying that they are not special is that of the out-and-out egalitarian, who asserts that we ought in general to share all good things equally. That is a view not widely shared—especially in practice—and I will assume that it is not held, or even seriously entertained, by the reader. But if it is not assumed, and

yet it is thought that medical services are things we owe people, then the question needs to be addressed why these particular services should be treated so differently from the other good things in life that the activities of others have created or supplied. There would seem to be an assumption that things like medical life-saving procedures are, from the moral point of view, qualitatively different from other services.

But are they? I find that dubious. What makes it especially so is that all sorts of ordinary consumer goods promote life in one way or another. The new car that enabled you to get to the hospital with your seriously injured daughter just in time is instrumental in prolonging her life, and is the wholesome food we purchase with our middle-class incomes.

More important, perhaps, is that when we buy anything, we hope thereby to make our lives go better in some way. Sometimes this translates into life expectancy. More often, however, it translates into quality of life. We think we live a better life doing *X* than doing *Y*: going to the opera, say, instead of much more economically staying home and watching TV or reading the newspaper. Also at still other times, it translates into quality at the expense of quantity.

Are quality and quantity incomparable? Not at all. The rational smoker can decide, quite consciously, to take his or her chances on an expectedly shorter but pleasanter life of the smoker rather than the less pleasant but longer life of the nonsmoker. Racing car drivers, mountain-climbers, and any number of others have surely concluded that the superior thrillingness or richness of their chosen lives outweighs their likely shortening.

Individualism

John Hardwig accuses those with the stubbornness to continue insisting that one's life is, after all, one's own, of harboring an "individualistic fantasy" (35,36). According to it, he says, we "imagine that lives are separate and unconnected, or that they

could be so if we chose” (35), but I suggest that his argument involves a muddle, worthy, perhaps, of another label: the Separatist Fallacy. According to this fallacy, individualism entails unconnectedness—that we do not affect each other. In short, Hardwig ascribes to defenders of individualism the view that we are all really Robinson Crusoe, only without Friday. But surely nobody has ever thought any such thing. When we say that people are distinct individuals, we mean nothing of the sort. What we do mean is that if something happens to person *A*, whoever *A* may be, it does not necessarily, as a matter of logic, have any particular effect on person *B*, whoever *B* may be. However, the fact that what happens to me does not necessarily affect you certainly does not imply that it does not in fact affect you. If my wife died, that would affect me plenty, but the effect would not be a matter of logic.

How does the “fantasy” bear on the present question? According to Hardwig, if the sort of individualism I and most of us subscribe to were true, then “the relevant questions when making treatment decisions would be precisely those we ask: What will benefit the patient? Who can best decide that? The pivotal issue would always be simply whether the patient wants to live like this and whether she would consider herself better off dead.” Also, he adds, “‘Whose life is it, anyway?’ we ask rhetorically” (35).

Well, some of us do not see this as rhetoric at all. Frankly, we think that that is the central question. Sometimes there are questions of that person’s duties to others, indeed, but as Hardwig suggests at the outset, we suppose that those cases are comparatively rare. If he thinks not, then why not?

There is an answer. He mentions our “deeply interwoven lives” (36), but those with whom our lives are deeply interwoven are different people in each case. Moreover, we really do have a choice whether to associate with those people or not—whether to remain deeply interwoven with them if we already are, or to get deeply involved with them if we are not as yet. At no point does logic dictate that we shall be deeply woven with

person *X*, or *Y*, or *Z*, and certainly not with all of *X*, *Y*, and *Z*. Some few people may want to do something like that, but most of us do not, thanks very much.

Hardwig's view seems to be that we are all in a huge medical lifeboat: if person *A* gets some treatment, then there is some person *B* who does not. And in order to make that fact, insofar as it is one, decisive in sticking us with a duty to die, or something like that, we need also to assume the very premise I have objected to above: that medical services, intrinsically, must be shared with all. I reject that, and so does he, really, as does everybody we know. We do not have any duty to do any such thing. Sometimes we are entitled to a certain medical service, and sometimes not. When we are not, no one has a duty to give it to us or share it with us.

Therefore, we can agree with him that we ought not to make ourselves a burden to people, and that prolonging our lives will sometimes bring us into that situation. When that happens, we should consider whether it is worthwhile. It may not be, but our question here is whether it is the duty of those who bear this burden to bear it or as much of it as they do. They may themselves be acting out of a sense of duty, and that sense might be justified, but it might not.

Socialized Death?

Some people would respond to Hardwig's argument by proposing that we ought to broaden the base, as we do in Canada, with its socialized health care system. He himself suggests (40) that the duty to die might be virtually eliminated by our society "providing for the debilitated, the chronically ill, and the elderly." Aged persons in Canada are not a financial burden on their families, indeed, but instead they are a financial burden on everyone in the whole country. As the population ages, this burden gets larger and larger. Tax burdens in Canada are much higher than in the United States, and in fact are among

the heaviest in the world. To my mind, it is very questionable whether we get our money's worth, either from the health care part of this burden (which is enormous) or from the rest of it (also enormous). The American system has the advantage that the burdens of caring for the aged are really felt by the people who are closest to those aged or incapacitated people. The very old who are in such situations will correctly perceive that they are being a great burden on certain particular other people—people they care about. A socialized health care policy masks that, and in the process increases the per capita costs of care tremendously. (The United States is, by the way, far more socialized than he may realize. In fact, every individual in the United States may receive unlimited care, once his or her own resources run out. This, too, has already hugely increased per capita medical costs.)

Hardwig discusses three objections to his view. I have no sympathy with two of the ones he mentions: the supposed higher duty to stay alive, and the dignity of the person, and would second much of what he says about those, adding that it seems to me that to be incompetent in the way that the very aged tend to become is a lot less dignified than saying “Enough!” and pulling the relevant plugs. His third objection appeals to the burden placed on the person who is made to feel that he or she has a duty to die, on top of what he or she is already suffering. His immediate reply to this is certainly correct: it is not obvious that the burden on me of facing up to my near-future mortality is as great as the burden on those who are paying the bills to stave off that future a little longer, but of course that matters to me only insofar as I am sympathetic to those facing the burdens.

Hardwig does not discuss the important, but tangential subject of why the costs of late-term care are so high. I suppose that like most writers, he simply assumes that modern medicine is inherently expensive and lets it go at that. A more careful look, however, would probably show that it is the actions of modern government, and not modern medical researchers, that add most

to the bills. However, that is a side issue in this discussion, and I will not pursue it further.

Personal Duties

I agree fully with him that we ought not to prolong our own lives to the ruination of people we love, or for that matter, of people we do not love. In part, this can be headed off by improved insurance procedures and more efficient care systems—none of which will be provided by your government. However, insofar as the situation is as he says, I do not see how any self-respecting elderly person could, or would, dispute Hardwig's general claim here. I would dispute that those persons have a "duty to die" in the same sense that they have a duty, for instance, not to kill, but surely Hardwig would agree with me on that. Still, they ought not to insist on their care-bearers ruining themselves to sustain their lives, and not only ought they not to insist on it, but they should not let them do that. I agree with that, too, but here "duty" is being used merely as "the noun of 'ought.'" However, that is not its maximal sense. The maximal sense obtains when a duty is enforceable, by the community generally,³ and I do not think Hardwig does mean that the community generally should be able to enforce this particular duty.

In countries like Canada, the socialized medical services are under very heavy financial pressure. Our government has responded to these in part by withdrawing services from the list of available ones. If you need a multiple-bypass heart operation, you may not be able to get it—thousands of Canadians go to Detroit and other border cities to get it at their own expense, but those of their fellows who can not afford it are just out of luck. Under a system like ours, your life is literally in the hands of the government. I do not know whether Hardwig thinks that is okay, but I do not. Your life should instead be in the hands of whatever association you contracted into to manage it in the relevant respects, or were born into and do not want to opt out of, and what

happens to it will be a function of your specific agreements or specific sense of obligation to the others. Beyond that, what happens to it calls for individual decision by you, in the light of all relevant factors. Insofar as one of those relevant factors is that you are imposing immense costs on people who matter to you, you have good reason to cease living, and it is a reasonable use of the term “duty” to describe this by saying that you have, in those circumstances, the duty to die. However, I deny that this is something that can be imposed on you by the community in general or by any government in particular—and certainly not by your loved ones.

Hardwig goes too far, however, when he suggests that “to have reached the age of, say, seventy-five or eighty years without being ready to die is itself a moral failing...” (39). Well, “ready” how? Plenty of people reach such an age with no intention of dying any time soon and every intention to fight death to the last. They may not be able to afford to carry on that fight effectively, but they will fight if they can. Insofar as they can do so without imposing burdens on unwilling others, that is surely their call and their right.

To his credit, Hardwig also addresses the difficult case of the incompetent. It is not all that different, really, for old people, just as such, need not impose burdens on others. An 80-year-old in perfect health eats not only no more, but rather less, than you or I; he or she is likely content to walk in the park daily, to read, to watch TV, and talk with his or her friends. These are not inherently expensive activities, although carrying them on in a state-subsidized nursing home may make them so. It is the less than full competence of the aged that makes them expensive, but of course Hardwig means those whose minds are such that they can not appreciate notions of duty and the like. Here he proposes that “I can make no sense of the claim that someone has a duty to die if the person has never been able to understand moral obligation at all”(39). Fair enough. However, the rest of us can address the question whether we have the duty to maintain that person in life,

at our expense, and there I think Hardwig ought to say that the answer is that we do not. We can decide that the cost is too great, and allow this unfortunate individual to die—though it will and should be an uncomfortable decision.

At the end of his paper, Hardwig suggests that “we fear death too much. Our fear of death has led to a massive assault on it ... We do not even ask about meaning in death, so busy are we with trying to postpone it” (40). I agree with him about that, but I also think—and here he might well agree with me—that the meaning of death, which is surely a function of the meaning of life, is personal and not something that we should strike a Senate Committee to make decisions about, with policies forthcoming based on our results.

That brings us back to the subject of individualism. All duties are social: duty is social, but it is social in being the result of interrelations among individuals, and their individual decisions and judgments are relevant to its content. In particular, duties are a function of what we have agreed to—and what we have not. The sense in which there is no “duty to die” as such is that this duty cannot be simply imposed by society at large, but there is no duty to maintain life, unlimitedly, either. Almost all, I think, of Hardwig’s thesis is accounted for by that observation. If he meant more by it, however, then I think we should not accept it.

Notes and References

- ¹ John Hardwig (1997) Is there a duty to die? Hastings Center Report 27 no. 2, 34–42. Numbers in my text refer to page numbers in that article.
- ² I have no separate reference for Lamm; Hardwig cites him as “claiming that old people had a duty to die” in his opening sentence, *op. cit.*
- ³ J. O. Urmson, Saints and heroes, splendidly marshals the case for a more subtle vocabulary. The essay is originally in A. I. Melden, ed. (1958) *Essays in Moral Philosophy*. University of Washington Press, Seattle, Washington.