

# STUDIES IN LAW & MEDICINE

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## **Suicide: The Next Pro-Life Frontier**

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*By:*  
Dennis J. Horan  
and  
Edward R. Grant

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Americans United for Life, Inc.

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## SUICIDE: THE NEXT PRO-LIFE FRONTIER

by Dennis J. Horan and Edward R. Grant

Suicide, once a taboo subject, is recognized today as a leading public health problem. For example, suicide is now the third cause of death among adolescents, and the rate of suicide, particularly among teenagers, is increasing at an alarming rate.<sup>1</sup> American attitudes toward suicide, however, remain ambivalent. The problem calls for public concern, increased attention to the mental health of adolescents, and improved suicide prevention efforts.

At the same time, however, there is increasing clamor for acceptance of suicide as a "rational" choice, particularly for terminally ill and handicapped persons. "Self-deliverance" societies from France, Great Britain and the United States have boldly advocated this stance by publishing manuals with detailed "recipes" for lethal poisons.<sup>2</sup> "Suicide pacts" have been publicized by the death of author Arthur Koestler and his wife, Cynthia, and by the death of English-woman Jean Humphry.<sup>3</sup> Humphry's husband, Derek, has since moved to the United States, remarried and founded the Hemlock Society, an organization striving to create social and moral acceptance of suicide and a legal right to assist at suicide.<sup>4</sup> Proponents of this position have argued in court that a right to suicide is protected under the Fifth and Fourteenth Amendments of the United States Constitution.

All of these factors are converging to shape public policy and attitudes in the United States and to challenge the traditional attitude of opposition to suicide. That attitude is currently reflected in laws which make assisting at suicide a crime in most states in America as well as in most countries in the world.

Suicide has been decriminalized in most jurisdictions, not out of approval for the practice, but because it is recognized that victims of failed suicide attempts do not deserve punishment, but rather, need assistance. This means that the act of suicide is no longer considered the legal equivalent of self-murder, which under early English common law could result in dire punishment when the attempt failed or loss of family wealth when it succeeded. However, prohibition against assisting suicide — either directly by statute, or by case law

interpreting acts of assistance as equivalent to homicide — still exist in most states. It is these laws which are likely to come under attack by advocates of “rational” suicide.

This could come about by direct challenge. For example, an individual wishing to commit suicide with the assistance of others could ask the court to strike down laws prohibiting that assistance, or a person charged with assisted suicide might raise the deceased victim’s alleged constitutional “right to suicide” as a defense for his or her own actions. Such defense, they might argue, is supported in law by *Roe v. Wade* which found the constitutional right of privacy to be broad enough to encompass a woman’s right to abortion,<sup>5</sup> and by the case of Karen Ann Quinlan which expanded the individual’s right to privacy to protect other persons involved in the decision to terminate life-support systems.<sup>6</sup>

Yet the law has always recognized the state’s legitimate interest in preventing suicide. This interest has long been recognized and has been re-examined and re-affirmed in the recent spate of termination of treatment cases. This state interest is strong enough to allow temporary restraint, and even incarceration, of potential suicides in order to protect them from themselves. Society has always praised the state’s efforts to assert this interest in order to prevent citizens from self-harm. Civil law has recognized a similar interest in its citizens by allowing them to interfere to prevent a potential suicide. Such interference is not classified by the law as a breach of the suicide’s privacy, nor is it an unlawful restraint or tort such as assault and battery.

However, if a right to suicide or to assist at suicide were found by courts in the Constitution or created by legislatures, then interference by either the state or an individual would be wrongful — amounting to a breach of privacy and an assault and battery on the would-be suicide. Under these circumstances, individuals and groups would interfere with a potential suicide only at their own peril — having first reconciled themselves to a potential suit by the would-be suicide for a breach of his or her civil rights. Such suits could result in the imposition of actual damages, possible punitive damages and, certainly, court costs and attorney’s fees.

By creating a constitutional right to suicide, the help potential suicides need so badly — medical and other — would be effectively prevented. Thus a public policy allegedly necessary for self-autonomy and freedom, would be most harmful to the very ones the policy was supposedly created to protect — an irony that should not be overlooked by the progenitors of these policies. There would be no legal way to help the thousands of would-be suicides by first interfering with their suicide attempts and then assisting them to solve their problems.

Studies have shown that attempted suicide is a cry for help.

It would indeed be ironic if creating a new constitutional right would effectively stifle all help legitimately offered in response to another citizen’s cry for help. Surely we are capable of better solutions to our public policy problems.

### Creating a Right to Suicide

At issue in any case attempting to create a constitutional right to suicide will be the validity of society’s traditional opposition to suicide, an opposition premised upon respect for the sanctity of all human life. Those who support the right to suicide and the right to assist at suicide generally emphasize two basic themes to counter this sanctity of life ethic.

First, they maintain that life itself is not an absolute good, but only one among a series of goods from which all human beings must make choices. These other goods include dignity, intellectual capacity, physical ability, freedom from pain, those things that give life its quality. In serving one or more of these goods, they argue, taking one’s life may be a “rational” choice in cases where life has become painful or burdened by loss of human capabilities and enjoyments.

The second theme is the principle of personal autonomy. The argument is that society has no right to prohibit suicide because it is a matter which solely concerns the person choosing to take his or her own life. This principle of personal autonomy, it is argued, allows an individual to make and carry out the purportedly “rational choice” in favor of suicide. In legal terms, the genesis of the autonomy principle is found in the unwritten “right of privacy” which the Supreme Court found in 1973 to encompass a woman’s decision to obtain an abortion.

Proponents of rational suicide and personal autonomy focus great attention on the plight of terminally ill and handicapped people. Their cause was personified in the Koestler case — a terminally ill author and his healthy wife took simultaneous drug overdoses. It was also highlighted in the case of Elizabeth Bouvia.<sup>7</sup>

Mrs. Bouvia is a quadriplegic victim of cerebral palsy from birth, who despite her handicap, was married and employed. In 1983, however, after the failure of her marriage and other setbacks, she admitted herself to the psychiatric ward of a California hospital and requested that she be allowed to starve herself to death, while receiving care for pain relief. The hospital refused her request, whereupon Mrs. Bouvia went to court seeking an order to have her wish enforced. The court denied her request ruling that Mrs. Bouvia had no right to force the hospital to cooperate in her suicide plan. However, the court did state that she “has a fundamental right to terminate her life.” No explanation was given for the origins or limits of this right; however, if other courts agree that the right is “fundamental” under the U.S. Constitution, any efforts to prevent suicide

by competent adults, or to punish those who assist in suicide, would be fruitless. Another case which has gained public notoriety is that of Ida Rollin, an elderly victim of ovarian cancer who committed suicide by overdose. Her daughter, Betty, chronicled Mrs. Rollin's illness and suicide in the best-seller, *Last Wish*.<sup>8</sup> Although Betty Rollin and her husband admit to offering material assistance to her mother, such as researching the nature of lethal drugs and obtaining the pills used for the suicide, they claim to have violated no law. In fact, they refrain from the term "suicide" or "mercy-killing" to describe Mrs. Rollin's death, preferring the term "self-deliverance." Public opinion, at least when measured by support for the position taken in *Last Wish*, appears to support such forms of suicide.

### Contemporary Attitudes

The cases of Arthur Koestler, Elizabeth Bouvia and Ida Rollin, while important, do not tell us enough about contemporary attitudes toward suicide. Between 1969 and 1979, deaths from suicide in the United States increased approximately 22 percent. Most of the increase was attributable to a drastic rise in the suicide rate for those aged 15 to 24.<sup>9</sup> Suicides in this age group increased 74 percent among males and 33 percent among females. In 1981 alone, 5,600 young men and women under age 25 took their own lives.<sup>10</sup> In communities as geographically disparate as Texas, New York and Illinois, suicide "epidemics" have been reported.<sup>11</sup>

It is noteworthy that rates of suicide among teenagers in affluent areas are particularly high. In such communities, a prevalent pressure to achieve is often reinforced by both parents and peers, leaving troubled adolescents in an isolated position. However, suicides are not limited to the "under-achiever" or the outcast: honor students, star athletes and homecoming queens are among the victims.<sup>12</sup> This demonstrates that lack of self-love and self-esteem is not limited to those who have failed in their pursuit of the material goals of American society, nor is the need for unconditional love and acceptance any less for those who have achieved highly. Adolescents are particularly susceptible to despondency resulting from a gap between a high level of expectation or achievement and a low sense of self-respect.

One positive development on the issue of suicide is the increased attention of physicians and mental health professionals. Their work has improved the chances of successfully identifying and treating potential suicide victims. Studies also confirm that, in general, suicide victims are probably afflicted with a prior psychiatric disorder. Implicitly, this means that there are signs of psychological disorder even before a person manifest specific suicidal thoughts and behavior. Among adolescents, the withdrawal induced by such prior disorders can take many forms — immersion in schoolwork, avoidance of work, family and responsibility.<sup>13</sup>

One researcher has identified three conditions present in virtually every suicide: abnormal self-hatred, a negative mental attitude, and a narrow constriction of the mind which allows the person to see only the unbearable difficulty and only one means of escape.<sup>14</sup> These three conditions may bring about a suicide when the victim concludes that cessation, or death, is the only way of putting a stop to the unbearable pain. Ironically, it is when this conclusion has been reached that the suicide victim will often experience a sudden lifting of sadness, depression or isolation. Having decided upon a solution, and having resolved single-mindedly, to carry out that solution, the victim may give a false appearance of recovery and improved outlook on life. The inner reality, however, is much different.

Researchers have also identified credible warning signs of suicide, particularly among adolescents. These signs range from the obvious (previous suicide attempts, expressions of a desire to end life and the purchase of lethal materials or weapons) to the subtle (giving away prized possessions, changes in behavior or long-established habits, family disruptions). Since most victims give some warning of their intent, crisis intervention techniques may be employed to divert a potential suicide and obtain necessary professional help. The primary "technique" for intervention is to show the potential victim that someone really cares — by listening, being affirmative and suggestive, and taking seriously the victim's emotional or psychological distress. However, these are only primary steps. A serious situation such as this requires expert assistance and consultation.

Stories of suicide reported in the media further belie any notion that this can be a rational, ethical or in any way beneficial course of action. All of the characteristics of the suicide victim discussed above are present in the cases of successful or attempted "celebrity" suicide: Jean Humphry, Arthur and Cynthia Koestler, Elizabeth Bouvia and Ida Rollin. The manner of death of such victims displays no heroism and evokes little admiration. Their stories are essentially stories of despair of hopelessness and lack of courage. They are to be pitied for the depth of spirit into which they sank, but one would scarcely wish to emulate either their condition or their response. Their decision to choose "cessation" means they had denied all possibility of fulfillment or enjoyment from the remainder of their lives.

This is true, we believe, of even the sympathetic story portrayed by Betty Rollin in *Last Wish*. At the root of her mother's decision to commit suicide was a fundamental decision that life held no further value. Those who assisted her to die must have agreed with this assessment, for they made no attempt to dissuade this decision. Furthermore, the classic "resolution" indication for suicide spoken of earlier was manifested by Mrs. Rollin. Her daughter writes that once her decision to commit suicide was made firm, Mrs. Rollin's demeanor became much more calm, pleasant and hopeful. In her

daughter's words, Ida Rollin "was grateful that she got out in time."

Advocates of rational suicide claim they are not pro-death, but that they are simply refusing to attach "absolute" value to life. Instead, they consider life in the context of other "goods," loosely defined as the "quality" of life. However, the attitudes and actions of victims of so-called rational suicides demonstrate that these deaths are just as nihilistic and desperate as any other act of suicide. Life is not a "good" like other goods that can be pursued for a time, then foresworn, and resumed once again. The decision to take one's life in *any* situation is a declaration of the utter futility and meaninglessness of that life.

### Respect for Life Paramount Value

The Judeo-Christian tradition has always treated such despair as a grave matter. The Roman Catholic Church, for example, maintains a strict prohibition of suicide, but recognizes that an individual's responsibility for a suicidal act may be diminished by psychiatric illness or chemical dependency on the part of the victim. Yet one need not call upon religious tradition to understand that such a declaration of futility is not a rational or ethical position, or if such a declaration is made, that it does not justify the taking of one's own life.

As philosopher Germain Grisez has written,<sup>15</sup> a basic ethical principle common to many systems of secular philosophy is that one ought not to attempt to serve a human good by acting in a way detrimental to other human goods. Put more simply: "the end does not justify the means."

With regard to human personhood, this dictum mandates that persons never be treated as means to an end, but always as an end in themselves. Respect for human life is a paramount value that may not be subverted in pursuit of other goods. To contravene this principle is to insult the dignity and potential of the individual, to diminish the capacity of this person to "flourish" in his or her own personhood, as Grisez puts it. One may even think, after due consideration, that the person being used as a means will benefit from the action, or at least not be harmed. However, this deliberation fails to take into account the qualities, potentialities and sensitivities of that person which cannot be known, even to that individual. Any rational system of ethics must take into account these unknown possibilities; to do otherwise would be to deny a critical facet of human nature.

Hence, the utter desperation of the suicide victim, no matter how "rational" or possessed of faculties the victim appears to be, is in all cases a non-rational position that denies the possibility of other human goods to be served by the continuation of life. Unlike the terminally ill patient who foregoes a burdensome regimen of hospital treatment to live his or her last days at home or in a hospice, the suicide victim is no longer open to any possibility for good that life

may afford. Defiantly, this person has declared that his or her life is devoid of value, and thus may be destroyed. Such a judgment is no more rational than that of a murderer who disclaims or is utterly indifferent to the value of the life he has taken.

It may be argued that the case for the intrinsic, unknown potential of human life does not apply in all cases, that certain lives are utterly devoid of value, and that the individual alone is qualified to make this judgment. However, this argument provides no basis for determining how or why that life is without value, other than to defer to the subjective vision of the potential suicide victim. Indeed, any attempt to identify objective criteria for determining whether or not a life has value would result in the classification of *all* persons sharing such criteria as having meaningless lives.

### Rationalizing Suicide

From this point, mandatory euthanasia or "suicide" of these individuals would be a relatively small step. Thus, any defense of rational suicide on supposedly objective criteria would necessarily implicate a much broader assault on the value of human life. Once the door is opened there is no way to limit the application of suicide or assisted suicide to a narrow category of carefully defined "humanitarian" cases as the progenitors of this policy argue. The aged, senile, ill and handicapped would all be at risk of coercive family and public health policies. Certainly, if the suicide is truly "rational," then it not only should be rational for this victim, but for all other persons faced with similar circumstances. If this "rational" choice is further refined to become the *only* rational choice for a person in these circumstances, then the link between "rational suicide" and "compulsory suicide" is firmly established.

If this notion of objective criteria is rejected, we are left with the subjective vision of the potential suicide victim as the only arbiter of the value of his or her life. This alternative is equally unsatisfactory, for once again it fails to identify any difference between the "rational" suicide victim and other suicide victims. The "rational" suicide, like Arthur Koestler, believes he has his entire life situation figured out and under control. Life holds no hope or promise other than suffering or, perhaps, life holds no hope or promise that would justify the suffering of terminal illness or incapacitation. These persons ask that their judgment as to their own life's worth be respected.

Their judgment, however, differs in no significant degree from that of any of the over 5,000 teenagers who committed suicide in the past year. Society is traumatized by such deaths, shocked at the waste of human potential. But the ethic of rational suicide cannot make an exception for these cases. These teenagers, sadly, were of the same mind as an Arthur Koestler. Their lives held no hope or promise, and were full of unbearable psychic pain. They could see

no value in future existence, and their acts of suicide were just as certain or defiant as any other. If the suicide ethic is to be applied consistently, then many or most of these teenagers must be classified as "rational" or "justifiable" suicides. Attempting to distinguish the Koestler case because of terminal illness, or the Bouvia case because of disability, only brings the discussion back to the objective criteria above. If this is done, we are implicitly saying that the lives of handicapped or terminally ill individuals are less worthy of respect than those of affluent teenagers.

The case for rational suicide, therefore, appears to be little more than an attempt to rationalize suicide. Certainly, there is no principled basis for treating certain suicides as "rational" and others as "irrational." Nor does this approach provide any basis for preventing a regimen of mandatory euthanasia/suicide of certain classes of persons. Indeed, the arguments for rational suicide are disturbingly similar to those proposed to support euthanasia, all essentially stemming from the notion that there is such a thing as a life not worthy to be lived.

It is difficult to estimate what impact this ethic has already had upon society, but the impact is visible. In France, at least a half-dozen suicide victims employed poisons or overdoses recommended in a suicide manual, and copies of the manual were found near their bodies.<sup>16</sup> In the United States, adolescent suicide seems to have a ripple effect, as one suicide may lead other teenagers to view death as the deliverance from their problems. In countries all over the world euthanasia is slowly gaining acceptance, as courts exonerate physicians who, by passive or active means, have brought the lives of terminally ill or profoundly disabled persons to an end.

In all of this debate, the views of those who have considered or even attempted suicide, and have recovered, are rarely heard. One such person is Anne-Grace Scheinin, the daughter of a manic-depressive suicide victim. Mrs. Scheinin was also manic-depressive, and she attempted suicide several times by her early 20s. Viewing the grief and pain caused by her mother's suicide, Mrs. Scheinin ultimately resolved not to commit suicide. Writing in *Newsweek* in 1983, she said:

Suicide is not a normal death. It is tragic beyond the most shattering experiences, and the ultimate form of abandonment. There is no fate on which to place the blame. It rests squarely on the shoulders of the victim and the people left behind, many of whom spend the rest of their lives wondering, never knowing, if there was anything they could have done to prevent such a tragedy.

There is something about suicide that, even when done as an escape from an agonizing terminal illness, signals complete and utter defeat. It is without any semblance of nobility or pride. Life can become too heavy a burden to bear, but the release that suicide offers is not a triumph of life, the ultimate mastery of self over fate, but a grim renunciation of hope and a failure of the human spirit.<sup>17</sup>

Testimony such as Mrs. Scheinin's convincingly demonstrates the danger and illogic of the rational suicide position. Those who enjoy sound mental health can debate the merits of the suicide ethic in a detached fashion. But those afflicted by numbing self-hatred and despair may grasp onto the suicide ethic as the encouragement they need to resolve their pain through self-destruction. Herein lies the insidiousness of the pro-suicide position: it says to persons in time of weakness, stress and great anguish that their lives are not worth continuing. Rather than affirming human dignity and offering assistance to recognize and overcome the underlying problems afflicting the potential suicide, this ethic destroys the last glimmering vestige of self-esteem and encourages victims to step over the brink.

### Conclusion

Since it is recognized that suicide is almost always the product of pre-existing psychiatric disorder, to exploit the weakness brought about by such disorder by offering the alternative of suicide is inherently irresponsible. The only responsible course is understanding, love, and appropriate professional care and supervision. This course will not always be successful. But our appropriate sympathy for the suicide victim should not blind us to the ultimate irrationality of his or her act. The victim ought not be condemned, and survivors ought not be abandoned in their grief. Reaching out to the survivor-victims to share their pain should convince us, if nothing else does, that the solution offered by the suicide ethic does not alleviate, but rather exacerbates human suffering.

The prospects for change in the law on suicide are uncertain. But advocates for the sanctity of life must be vigilant, for the proponents of suicide and euthanasia have a definite strategy to erode the legal prohibitions that now exist. Much as the proponents of abortion did 20 years ago, these parties are attempting to lead the legal system away from a position of respect for the intrinsic value of all human life. In 1973, we were told by the Supreme Court that the life of the unborn was not "meaningful" because it could not exist without the mother's support. In the 1980s, we increasingly hear that the lives of the handicapped, the terminally ill, the victims of Alzheimer's disease and the chronically depressed are not meaningful because they are dependent on others for basic means of support. In a society which glories in individual material achievement, such an ethic has a way of creeping into the public consciousness so that its presence is not detected until it has been successful in altering public policy.

This ethic will receive further impetus from the economic pressures already straining the health care system. It is critical, therefore, that pro-life efforts take account of the problem of suicide, and that opinion leaders and citizens speak out forcefully against pro-suicide and pro-euthanasia efforts. As stated at the beginning of this article, the taboo on public discussion of suicide has all but vanished. Supporters of the sanctity of life must be both bold and understanding in countering the tendency to make suicide morally and socially acceptable. The persistent efforts to legalize assisted suicide which are now exerted subtly, soon will be asserted boldly in courts and legislatures.

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## FOOTNOTES

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