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Kantian Ethics: A Support for Euthanasia with Extreme Dementia
by Joshua Beckler

Editor's Note: Every year, each student in our bioethics classes must write at least one paper endorsing a position with which the student does not personally agree. This difficult assignment is a way to better understand a variety of viewpoints, and helps the student to develop a sense of respect for the moral integrity of others. The following paper is an excellent example: it represents a position that is actually contrary to the author's personal view and that of his professor.

Many believe that Immanuel Kant would oppose suicide in every circumstance. However, the intricacies of Kantian ethics may lead to the surprising conclusion that some individuals have the moral obligation to take their own lives. In this paper, I will employ Kantian reasoning to argue that patients approaching extreme dementia have the moral obligation to commit suicide before they lose their rationality and personhood. I will then argue that logically, it follows that physicians should administer euthanasia to patients with severe dementia who have lost their ability to freely choose suicide.

Many assume that Kantian ethics opposes suicide in all cases. They use Kant's argument from self-love to defend this assertion. In his *Grounding for the Metaphysics of Morals* he stated that it is immoral to commit suicide to evade a painful life because there is "a contradiction in a system of nature whose law would destroy life by means of the very same feeling that acts so as to stimulate the furtherance of life" (1785 / 1961, p. 31). The feeling he refers to is self-love, and it has the function of preserving life. A contradiction results from the idea that individuals have no capacity to love themselves if they do not exist. Thus, Kantian philosophy seems to give an absolute prohibition to suicide.

Also, in his categorical imperative Kant argues that when an action cannot be universalized, that action is absolutely prohibited. Suicide is not universally beneficial; thus, it would seem that Kant universally prohibits this act. Kant specifically argues that morality

prohibits a rational individual from committing suicide when that individual believes that continuing life will produce more evil than good. Kant believes this individual's reasoning is incoherent because "it would require using the ability to govern one's own life to destroy one's ability to govern one's own life – that is, both willing the existence and the non-existence of the same thing" (Rhodes, 2007, p. 45). Kantian philosophy also asserts that suicide is immoral because it violates the principle of protecting the autonomy of moral agents. From this line of reasoning, Cooley argues that when continuing life leads to the loss of moral autonomy, ending that life becomes the moral obligation (2007).

However, for Cooley's argument to work, Kant must assume that rationality is the property that gives humans intrinsic dignity and value. In fact, Kant states that "the dignity of humanity consists just in its capacity to legislate universal law, though with the condition of humanity's being at the same time itself subject to this very same legislation" (1785 / 1961, p. 44). An agent must be rational to follow the categorical imperative. Thus, an irrational agent does not have human dignity.

Rationality can be defined as, "The capability of following rules, drawing inferences, generalizing, making free choices, and altering conduct when the truth of a proposition and interconnections between conduct and the proposition is recognized" (Homes, 2003, p. 111). Dementia is a brain disorder that leads to the loss of this rationality, and thus, humanity, according to Kant. Kant argues that 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 shared with animals. However, a moral life involves reason, autonomy, and rationality; this moral life separates a person from an animal.

One who becomes incompetent and has lost his moral life becomes relegated to the status of an animal, or even to that of an object. Rational individuals who foresee the full onset of dementia must choose between preserving the physical or moral life. Kant and most others agree that the moral life has greater value than the physical life. Thus, a rational person has the moral duty to commit suicide, thereby sacrificing the physical life, in order to preserve his moral life (Cooley, 2007).

However, even under the assumption that only competent beings have inherent dignity and worth, death is not necessarily preferable to continuing as an irrational being. At this point, though, a utilitarian argument can be used, because demented patients are non-human and open to judgment based on non-moral considerations.

Clearly, patients with dementia burden society both monetarily and emotionally. This year the estimated cost of caring for Alzheimer's and other dementia patients in the U.S. totaled \$200 billion (HealthDay News, 2012). As of 2010, worldwide dementia-related expenditures amounted to over \$600 billion per year and took up approximately one percent of the world's gross domestic product (Alzheimer's, 2010). These costs will only rise as improved medical care prevents other diseases, allowing people to live longer and develop dementia.

In addition, dementia-related diseases cause an undue emotional burden on the family. Family members interact with someone that is only a shell of the person they were. This results in emotional strain on the family as they demonstrate care to those with dementia, but cannot be loved or even recognized by those they love. Thus, those who foresee severe dementia should commit suicide so that they do not force their family to care for them in their non-human state. This act would fall in line with Kant's duty of beneficence, which is the moral obligation to act in the best interest of others (Sharp, 2012).

Cooley uses an analogy from Kant to further demonstrate the moral obligation of individuals who foresee extreme dementia to end their lives. In this example, Kant states that duty requires a man who has been bitten by a rabid dog to end his life. This man faces two poor alternatives: live as a madman or commit suicide. The former choice not only compromises the man's humanity, but also poses a danger to others. On the other hand, the latter choice allows the individual to retain his status as a moral person before he loses his dignity. In a similar way, patients who foresee severe dementia are innocent of wrongdoing, but morally justified in committing suicide in order not to burden others (Cooley, 2007).

Cooley only argues for suicide before the onset of dementia. He does not believe a patient who has full dementia should be subject to any duty to die, since there is no moral agent remaining. However, Kantian philosophy asserts that what rational beings should wish is more important than what they do wish. Patients who foresee the onset of extreme dementia should wish to end their life. Thus, if they do not commit suicide before they develop severe dementia, it is the duty of others to carry out what the patient should have done. Family members who wish to continue the life of their incompetent loved one are actually making an irrational argument, and can therefore be ignored. As a result, physicians should perform euthanasia on demented patients to fulfill the ethical duty that the patient has left unfinished.

Patients with severe dementia have lost all moral status; thus, they are akin to an object. As a result, others may act toward the patient as they would towards an object. Thus, if a demented patient becomes a burden, it should be abandoned in the same way as any other useless object. It has already been clearly shown that those with dementia burden society; thus, they should be discarded through euthanasia (Sharp, 2012).

In conclusion, Kantian ethics mandates suicide for individuals who can foresee the full onset of dementia. Though suicide in most circumstances is a malevolent act to the self or others, it is an act of beneficence to both the self and others in the context of approaching dementia. In the same way, physicians should have permission to use euthanasia towards those with severe dementia as an act of beneficence towards both the patient's family and society as a whole.

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