Will this Death be an "Irrational Suicide" or a "Voluntary Death"?

by James Leonard Park

A. SEPARATING IRRATIONAL SUICIDE FROM VOLUNTARY DEATH

1. Will this death be harmful or helpful to the patient?

HARMFUL

Irrational suicide harms the victim.
When people kill themselves for any of the foolish 'reasons' we could name,
they are definitely doing harm to themselves.
Even those who fail in attempting irrational suicide
later often realize that their deaths would have been harmful to themselves —and possibly harmful to many other people.

Before the rise of modern medical technology,
there was little need for such a concept as "irrational suicide"
because almost every time someone chose death,
it was an irrational, self-harming act, which everyone wanted to prevent.

Most of us can name a few people who committed irrational suicide.
Don't we agree that they were harming themselves
when they shot or poisoned themselves or jumped from high places?

Thus laws against committing suicide or assisting in a suicide
did not have to specify that the self-killing was harmful and irrational.
Almost all self-killings were harmful to the victim.
And virtually all were irrational—out of touch with reality.

HELPFUL

The new concept of "voluntary death" did not emerge until it was needed,
which happened with the advent of modern medical technology,
which can keep a human body 'alive' for many months and even years beyond the point at which natural death would have occurred in earlier times.

In many cases, we are very glad that modern medical care can save us from the early deaths that befell our ancestors. We can even sometimes replace a worn-out organ such as a heart with a heart from another person who died with a still-functioning heart.

But in a few cases, the life-supports created by modern medicine do not really help the patient. Rather they merely prolong the process of dying. Natural dying is often delayed by the machines of the Intensive Care Unit.

Because of these modern developments, we can ask whether the medical care itself is really helping or harming the patient. And if we decide after looking at all the medical facts and opinions that death now would be better than death later, then choosing death is a genuine help to the patient.

Any other people who aid in making this a peaceful and painless death will know that they are genuinely helping the patient more than they are doing harm to the patient or anyone else. If the potential helpers have any doubts about whether the proposed death would be harmful or helpful they should resolve all such questions before they proceed to support a chosen death.

Here are four safeguards to separate harm from help:
Psychological consultant reviews the end-of-life plans.
Statements of support from family members.
Member of the clergy approves the life-ending decision.
An ethics committee reviews the plans for death.

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2. Will this death be irrational or rational?

IRRATIONAL

When others examine the alleged 'reasons' for an irrational suicide, they usually do not agree that death was the best option. People who are not overwhelmed by the temporary problem are able to see more constructive solutions than committing suicide.

People who want to kill themselves because of the collapse of 'love' are temporarily out of touch with reality.

They falsely believe their lives are over because someone has rejected them.

People whose minds are distorted by drugs or alcohol sometimes 'decide' to kill themselves for various flimsy 'reasons'. Once they recover from the mind-altering chemicals, they see reality in a new light and they lose the urge to kill themselves.

RATIONAL

When others close to the person who is dying also examine and understand all the facts, opinions, & alternatives that are leading him or her to choose a voluntary death, they agree that death is the best option available.

Terminal illness is a common reason for choosing voluntary death. If and when we find ourselves with an incurable disease or condition, and we have already tried all the available methods for recovery, then it is sometimes the wisest course to choose death.

Instead of merely trusting our own sense of reality, however, we ought to ask for the help of others who care about us. And sometimes we should seek a second or third medical opinion.

But if we come to a point where all agree that death is inevitable, then the most rational course of action might be to discontinue medical treatments and life-supports and to allow natural death to occur. When there are no further values to be achieved by extending life, then it is rational to select the most peaceful pathway towards death.

Here are four practical safeguards to separate irrational from rational:
Certification of terminal illness or incurable condition.
Requests for death from the proxies.
Care provided by a hospital or hospice program.
Terminal-care physician reviews the complete death-planning record.

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3. Will this death be capricious or well-planned?

CAPRICIOUS

Suicidal people are often responding to a sudden new situation. For example, right after being divorced by his wife, a man shoots himself.

**If he had been prevented from responding to his immediate loss,
he probably would be able to re-construct his life
without a spouse who has now rejected him.**

**But some people who commit irrational suicide
do spend considerable time planning how they will kill themselves.
However, they do not share their plans with other people
because they fear being prevented from throwing their lives away.**

**Financial or academic failure might trigger a temporary urge to kill oneself.
But if something allows the suicidal person to survive for a few more days,
the irrational urge to commit suicide might pass.**

**Many people whose sudden impulse to kill themselves was thwarted
later are grateful for the persons or circumstances
that prevented them from destroying themselves.
The temporary wish to be dead has disappeared.
And the person who once felt the urge toward irrational suicide
is now ready to continue living.**

WELL-PLANNED

**A voluntary death is well-planned.
In contrast to the capricious act of irrational suicide,
the person who is rationally choosing a voluntary death
might be engaged in the planning process for as long as a year.
He or she has philosophically favored this choice for a long time.
But when the final factors tip the balance toward the choice of death,
the planning for the final months can be put into effect.**

**When terminal illness is the reason for choosing a voluntary death,
there is often a rather long period of medical treatment
before it becomes clear that all possible methods of cure
are not ultimately going to prevent death.**

**Then in consultation with our medical advisors and family members,
we can begin the process of choosing the best pathway towards death.
What things do we want to complete before the end of our lives?
What are the best ways to wind up our practical affairs?
Would it be best to distribute our assets before death?
Where would be the best place to die?
What would be the best means to draw our lives to a close?**

**Obviously, such planning will involve other people,
especially our medical helpers and our family members.**

And if we are operating under the influence of some delusional system, then others will turn us away from an irrational self-killing.
But if all agree that death is inevitable within a short period of time, then all can begin the careful process of planning a good death.

When careful discussion and planning leads to a peaceful death, all will agree that it was a voluntary death and not an irrational suicide.

Here are four practical ways to separate capricious from well-planned:
Advance directive written by the patient.
Palliative care actually tried by the patient.
Moral principles applied to the end-of-life options.
Report to the prosecutor before the death takes place.

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4. Will this death be regrettable or admirable?

REGRETTABLE

Almost all others who knew the person who committed irrational suicide believe that it was an unfortunate, tragic choice.
And they all wonder how they could have prevented this self-destructive act.

The family and friends of someone who has committed irrational suicide often feel devastated, guilty, overwhelmed by the tragedy.

In the early years of the right-to-die movement, the advocates of this right did not concern themselves very much with the problem of irrational suicide.
They usually put the autonomy of the individual above everything else, which includes allowing people to kill themselves even for foolish 'reasons'.

And the methods-of-death advocated by the early right-to-die movement could be used by persons committing irrational suicide as easily as by people who were choosing a rational voluntary death.
Opponents of the right-to-die did not have to look very hard to find people who had committed irrational suicide misusing the beliefs and methods of the right-to-die movement.

There are literally thousands of easy ways to kill ourselves.
But if we want to prevent irrational suicides, we should not publicize these methods

to people who might misuse them to destroy themselves.

Also, the right-to-die movement should be careful to prevent suicidal people from appropriating the cloak of respectability and reason that the right-to-die movement has attempted to create for itself.

When Jim Jones led his People's Temple cult into mass suicide, he encouraged them to "die with dignity".
He claimed that it was some kind of political act.
But these acts of irrational suicide had nothing to do with the right-to-die or with achieving a dignified death.

ADMIRABLE

A voluntary death takes everyone else's feelings into account.
And when they know all the facts and opinions,
they admire rather than regret the choice for death.
Irrational suicides leave everyone regretful.
Voluntary deaths elicit admiration and respect.

When we know about the planning and courage needed for choosing a reasonable death,
we hope that we will have the same presence of mind when we come to the end of our own lives.
We admire the foresight and planning that went into choosing the very best pathway towards death.
People who carefully plan for death takes the thoughts and feelings of everyone involved into account.
And a rational plan is laid out in advance for achieving the best possible death, at the right time—not too soon and not too late— and by the best means—the method that creates the greatest possible meaning and dignity in the eyes of all who will observe the last days.

When we learn about a truly voluntary death, we might be inspired to begin planning our own deaths.
We cannot ultimately avoid death,
but we can begin to plan for the best death we can achieve.

Four safeguards to separate tragic choices from admirable decisions:
Doctor's statement of the condition and prognosis.
Requests for death from the patient.
Waiting periods for reflection.
Informed consent from the patient.

B. CHOSEN DEATH AND THE LAW

**When the laws about suicide were written decades or even centuries ago,
no attention was given to voluntary death as a wise way to end one's life.
But as this concept becomes better known, new laws will be written,
modifying the old laws against suicide and assisting suicide.**

**Already the crime of suicide has been removed from the law books.
But assisting a suicide is still a crime in most places on Earth.
And whenever we are talking about self-killing
that is harmful, irrational, capricious, & regrettable,
the law should continue to discourage irrational suicide
and aiding such self-destructive behavior.**

**But when the chosen death is
helpful, rational, well-planned, & admirable,
the law should not discourage choosing a voluntary death.
It is a wise and compassionate way to end one's life.
And since we all must choose some pathway towards death
—or allow the crisis of dying to come upon us without choice—
why not consider the option
of having a well-planned, peaceful, & painless death?**

**Choosing a voluntary death is not irrational suicide.
And all reasonable persons should agree to revise our laws accordingly.**

**How will you write the last chapter of your life?
Do you want the option of a peaceful and painless voluntary death?**

C. HOW FREQUENT ARE VOLUNTARY DEATHS?

**5 or 10% of what used to be called simply "suicide"
would be classified as "voluntary death" according to these definitions.
If there are as many as 40,000 'suicides' in the United States per year,
then as many as 4,000 of these are 'voluntary deaths'.**

**It will probably take some decades for this new terminology
to be used in the keeping of vital statistics.
But the more public discussion of choices at the end of life,
will make "voluntary death" a common expression for everyone to use.**

Which will be the first death-certificate to officially list the cause of death as "voluntary death"? And which state of the United States will be the first to create separate categories for "suicide" and "voluntary death"?

Altho the new concept of voluntary death might shape hospital deaths, most of these deaths will continue to be listed as caused by the underlying disease or condition: heart disease, cancer, stroke, infection, multi-organ failure, etc.

But the methods of dying will be shaped by discussion of the right-to-die. Increasing pain-medication, terminal sedation, withdrawing treatment and life-supports, & voluntary dehydration will become more common as methods of dying.

Usually these methods of dying within normal medical care will not be classified as "voluntary death". But greater public awareness of the right to make choices at the end-of-life will make such life-ending decisions more acceptable to everyone.

More than half of all hospital deaths now include life-ending decisions. Some patients could continue to receive curative care and life-support until they die despite such technological efforts, but more commonly, the doctors will explain that the tubes and machines are not going to save the patient from death. Such methods of attempting to postpone death can be discontinued.

Exactly when the last curative treatment was abandoned will be a part of the complete medical record, but it will probably not be mentioned on the final death-certificate. Only the underlying cause of death will be recorded on the death-certificate. But the specific methods of dying will remain in the medical record.

And the fact that some patients affirmed their right-to-die beforehand will allow everyone involved in the final life-ending decisions to proceed with the most appropriate methods of dying when it becomes clear that no recovery is going to be possible.