

# What if a friend asks me to assist their suicide?

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## Abstract

There has been plenty of philosophical discussion about the morality and/or rationality of suicide and physician-assisted suicide. There has also been plenty of discussion about non-prosecution policies (such as the British DPP 2010 Guidance) as a legal response to cases of one friend assisting the suicide of another. There has been much less attention paid to the particular conversations that might follow the request for suicidal assistance, and to the particular kinds of moral complexity involved. I will consider a 'Subject', who wants to commit suicide, but lacks the means or the information to do so, and therefore asks his 'Friend' for assistance. (Importantly, the Friend is not a physician.) Without aiming for anything comprehensive or theoretical, I sketch three 'easier' cases and two 'harder' cases, in order to explore the sorts of things that might be said, and thought, by each party, based on the different sources of meaning and morality.

## KEYWORDS

assisted suicide, authenticity, despair, friendship, suicide

## 1 | INTRODUCTION

The morality of suicide is broad, complex, abstract and variegated. Normally the philosophical discussion is conducted in general and absolute terms: whether suicide is or is not morally permissible and/or rational. Other philosophical and legal discussions are about concrete policy: whether physician-assisted suicide should be legalized, and if so, the conditions under which a resident of the jurisdiction (e.g. in the Netherlands) should and should not have access to such assistance. I do not have anything new to contribute to either the abstract moral-theoretical question or the policy question. Instead, I want to approach it from a different angle. What if a friend asks me to assist him in his planned suicide?

There has been surprisingly little philosophical work on this. It is still a huge question, so I will need to make some assumptions in order to make it manageable. For clarity, I will speak of the (male) 'Subject' who wants to commit suicide, and who asks his (female) 'Friend' to assist him (the genders are merely to allow the clear distinction by pronouns). Importantly, the Friend is not a physician, and so I want to avoid any discussion of roles; it is one private individual asking another private individual. The Friend is not a member of the

Subject's family, since I want to avoid the possible motivation of seeking an inheritance or ending onerous care duties. In addition, I am going to make the admittedly big assumption that there is *no legal issue* here: if the Friend goes ahead and assists the Subject's suicide, then either she reliably believes her assistance will not be discovered; or she relies on a relevant non-prosecution policy;<sup>1</sup> or perhaps she has resigned herself to the risk of prosecution and punishment, but is nevertheless determined to help her friend. The point is to focus on the moral.

Furthermore, the Subject is serious, reflective and determined; and as a friend, the Friend is well placed to recognize his seriousness. Of course, in most contexts of friendship, a request for assistance with suicide would provoke horror and revulsion. So I am talking about a situation where the request does not come out of the blue: the Subject has been having some serious difficulties, perhaps for some time, and the Friend is aware of these difficulties. In addition,

<sup>1</sup>For example, the UK Crown Prosecution Service (2010, updated 2014). *Suicide: Policy for prosecutors in respect of cases of encouraging or assisting suicide*. Crown Prosecution Service. <https://www.cps.gov.uk/legal-guidance/suicide-policy-prosecutors-respect-cases-encouraging-or-assisting-suicide>

the Friend might not agree to assist right away, it might be a protracted conversation over days and weeks.<sup>2</sup> A lot then hinges on the particular kind of difficulties, and I will be investigating some concrete examples. And a lot will depend on what it means for the Friend to *understand* the difficulties as intelligible reasons for someone, and especially for *this* person (the Subject), to commit suicide (even if the Friend herself would not commit suicide for those reasons).

Two further assumptions in order to avoid two kinds of extreme case. First, if the Subject is depressed, then I am taking such depression as an intelligible response to the serious difficulties, and not as an endogenous psychological or somatic condition sufficient to undermine competence. Some might claim that *any* suicidal ideation is evidence of clinical depression, and therefore merits treatment and therapy, and never assistance with suicide. Maybe that is true for many or even most cases; but I will be assuming that there exist at least *some* cases of ideation from recognizably clear judgement. Second, some people might be morally or religiously opposed to all suicide, and such a Friend would refuse to assist point blank. The Friend I will be discussing, on the other hand, has strong and sound moral reservations, but is willing to keep an open mind precisely because she is being entreated by the Subject, her friend.

Even with all those assumptions in place, there is probably an awful lot of context about the particular individuals and friendship that would need to be filled in before the Friend could make a confident decision—whether to assist, and if so how, or whether to refuse—and to justify such a decision: to herself (to her conscience), to the Subject, or to a real or idealized impartial observer. I cannot offer much of an action-guiding heuristic or articulate any overarching moral permissibility conditions; I am not trying to answer a specific research question, or arguing for a specific normative position. Instead, I will explore some of the considerations that might be relevant to the Friend's decision, together with some of the meanings and ambiguities in the concepts deployed by both Friend and Subject during their perhaps protracted conversation. In other words, before she can answer the question 'what should I do?', she needs to answer the antecedent question 'what should I think?' And of course part of what she should think will be determined by what the Subject says (and how he says it) during their extended conversation. So my philosophical goal is to *clarify* what is going on in the situation and in the conversation, rather than to *advise*. Insofar as I succeed in clarifying the issues, this might be of use to the larger moral-theoretical and policy debates.<sup>3</sup>

<sup>2</sup>Although I will be examining the possible conversations between different kinds of Subjects and Friends, I am not attempting anything so systematic as 'discourse analysis', nor have I attempted to gather any kind of qualitative data.

<sup>3</sup>Some final assumptions to avoid certain complications:

- Neither the Subject nor the Friend have any relevant religious sentiments. They both believe that death involves the annihilation of the self, and that there is no life after death. The Subject is not trying to speed up his path to Heaven.
- The Subject is entirely motivated by the thought that his life is somehow intolerable or meaningless. His planned suicide is not a self-sacrifice for another person or cause, nor an act of vengeance, nor a 'punishment' or a 'sulk'.

I proceed as follows. I will first consider three 'simpler' cases, and then two 'harder' cases. Some will say that *all* the cases are 'hard' precisely because they involve the death of the Subject: as such I am using the comparatives, and hoping to introduce certain themes and to set up useful contrasts in the simpler cases that can then be used in the harder cases. But I recognize that there is a lot more that could be said about even the simpler cases, just as there are many other kinds of cases that I cannot discuss—my typology is certainly not exhaustive.

## 2 | THREE SIMPLER CASES

1. *The Captured Spy*. The Subject is a spy working in a ruthless enemy dictatorship, and he has been exposed. He is badly injured, and cannot evade the secret police, who are closing in. He asks the Friend, a fellow spy, for a cyanide capsule, in order to avoid the inevitable torture and betrayal of his colleagues and country.

I think most of us would understand and accept the reasons here; but the Friend would be especially inclined to accept them, given that she was also in the spying business, and has been trained for exactly this situation. The only lingering disagreement might be about differing risk assessments: maybe the Friend thinks that the secret police are not so close, maybe she thinks she can smuggle the Subject out of the country etc.

2. *The Cancer Patient*. The Subject has Stage IV cancer, the prognosis is at most a week or two, in a lot of unbearable, untreatable pain.<sup>4</sup> He asks his Friend to bring him a lethal poison.

There are at least two differences between Case 1 and Case 2, and they morally pull the respective Friends in different ways. First, the Case 1 badness is *moral* while the Case 2 badness is *natural*; even if the anticipated torture and cancer produce the same physical pain, the former is much worse for being deliberately inflicted by human beings (as well as involving significant risks for colleagues). This might make it morally easier for the Friend to assist the spy than the cancer patient. On the other hand, insofar as the Case 2 death is imminent and certain (just as the continuing pain is certain), perhaps it would be morally easier for the Friend to re-describe the suicide assistance as 'hastening' rather than 'causing' death. In contrast, the spy's future might not admit the same certainty because of the absence of causal-scientific laws.

3. *The MS Patient*. The Subject has a progressive disease such as motor neurone or multiple sclerosis. Let us assume the Subject is

• This is not a situation where the Subject is asking to be *killed* (i.e. mercy-killing). Not only might the Friend find this morally and psychologically much more difficult, the law is also less permissive. So in my basic schema, the Subject is willing and able to take the final step (e.g. drinking the poison), using the Friend's assistance.

<sup>4</sup>I accept that most cancer-related pain is treatable with good palliative care. But there remain cases that are sufficiently painful to contribute to reasons why for example, a Dutch citizen might ask a Dutch doctor for assistance with suicide.

asking the Friend to accompany him to Dignitas in Switzerland now, while he can still travel.<sup>5</sup>

I hesitate to include this among the 'simpler' cases, but I have done so because—unlike the 'harder' cases we will discuss later—it still involves foreseeable and inevitable, albeit not imminent, death. In that sense, the Subject is very much aware of death, and aware of his decline-toward-death; his death, though not imminent, is conceptually part of his present condition, and this makes it different from the death that awaits healthy people in the unimaginably distant future. Moreover, the object of the Subject's dread might not be the death itself, but the foreseeable debilitation and incompetence that will prevent him from committing suicide on his own, or from asking for assistance later.<sup>6</sup>

In all three cases, the conversations (about suicide) between the Subject and the Friend might be very short. The Friend will already be familiar with the Subject's situation, they will probably have talked about death, and the Friend might already have prepared herself for the explicit request. No reasons would need to be articulated. The MS case would be more complicated because of possible disagreements about timing; the Friend might well feel that today is not the day for suicide, but she may be open to assisting next month. We can then speculate about how the Subject might react to such a qualified refusal. He might say: 'this is my life we're talking about, surely I am best placed to determine when the time is right, and I say that's now'. To which the Friend might respond: 'if you want to commit suicide, that's your autonomous decision and I'll respect it; but if you want to implicate me in your death by asking me to assist, then I want to be part of the decision-making'. Even in a 'simpler' case like this, we already have complexities surrounding autonomy, respect and knowledge, as well as simple power.

Another potentially ugly question has to do with the nature of friendship. Once the Friend refuses to assist the suicide today (but 'maybe next month'), the Subject might say something like: 'I thought you were my friend, but instead you're being all precious and difficult. Friends trust one another. Friends don't let one another down when they need help most'. In response, the Friend might well take offence, and indeed might be tempted to accuse the Subject of crude emotional blackmail. I will return to this question of the Subject's authority in determining the meaning of his own life.

Throughout I have been assuming, of course, that the declared reasons are the true reasons. Of course the whole situation is ripe for rash judgements and self-deception on both sides. Even with true reasons, the complexities of the simpler cases are already daunting. Let us now move to the harder cases.

### 3 | THE TWO 'HARDER' CASES

The following cases are harder because they do not involve a diagnosable condition or situation that will *essentially* lead to deterioration and foreseeable death. If they choose to go on living, they might die at any time and for any reason in the future—just like the rest of us. However, as per the basic schema, both of them want to die now, and seek assistance.

1. *The Rugby Player*. A case of a *severe and unexpected physical impairment*, but stable and not particularly painful. An 18-year-old rugby player, with a promising career ahead of him, breaks his neck in a scrum, and is paralysed from the neck down. He tries to adapt to his new life in a wheelchair, and receives plenty of support from his family. A year after the accident, he asks a friend to accompany him to Dignitas.<sup>7</sup>
2. *The Grieving Father*. A case of *severe psychological suffering*. A man raised two sons as a single father after their mother abandoned them. He has been devoted to them as the main source of meaning in his life, but has struggled with money and with steady employment throughout. The man is now 50, is physically healthy, and his sons are adult. A year ago, one of them died in a car crash. More recently the other committed suicide. He is devastated, and cannot adjust to life without them. In fear of a violent, unreliable or undignified suicide, the Father asks his friend for assistance in acquiring barbiturates.<sup>8</sup>

There are important differences between the two types of case, of course. The Player felt physically imprisoned in a way that the Father did not. The Father had lost the people closest to him, whereas the Player had not. Unlike the Spy and the Cancer Patient, there is no apparent urgency, and so this gives the Friend more moral authority to refuse, to reassure, and to offer to help in other ways.

Both 'harder' cases should be distinguished from people who seek suicide because of a strong *moral* component of their suffering, either as a matter of shame or humiliation (which might also be a matter of bad luck), or as a matter of remorse (resulting from earlier voluntary decisions). I am not discussing such morally inflected cases partly for reasons of space and complexity, but also because such moral suffering is essentially isolating—if it leads to suicide, it is more likely to be unassisted.

<sup>5</sup>This is the situation in which British citizen Debbie Purdy found herself in 2008. She asked the Director of Public Prosecutions whether they would prosecute her husband if he helped her travel to Switzerland. Partly in response, the DPP published its non-prosecution guidelines (see UK Crown Prosecution Service, *op. cit.* note 1).

<sup>6</sup>I will not consider progressive decline associated with dementia, for this raises complex philosophical issues about continuing selfhood.

<sup>7</sup>This example is based on Daniel James, whose parents accompanied him to Dignitas in 2008. See Booth, R. (2008, October 18). 'He wasn't prepared for a second-class life': Why injured rugby star went to Switzerland to die. *The Guardian*. Also see the 2016 film *Me Before You*, directed by Thea Sharrock.

<sup>8</sup>This is based on a famous 1993 Dutch case called *Chabot*. (I have changed the sex to fit my discussion of the Subject as male.) For discussion of the case see Griffiths, J. (1995). Assisted suicide in the Netherlands: The Chabot case. *The Modern Law Review*, 58(2), 232–248. For a defence of Chabot's assistance on the grounds that the patient was suffering 'unbearably', see Wijsbek, H. (2012). 'To thine own self be true': On the loss of integrity as a kind of suffering. *Bioethics*, 26(1), 1–7.

## 4 | COMPLICITY AND RESOLVE

In order to better understand the moral complexity of these harder cases, we first need to ask about the Friend's potential *complicity*. Most Western jurisdictions have abolished the prohibition of suicide, but they have maintained the prohibition against assisting or encouraging suicide.<sup>9</sup> At first glance, this is paradoxical; how could it be illegal to help someone do something legal? However, it is better to think of the suicidal act itself not as 'legal' but, in terms of symbolism, as 'not illegal' and probably 'excused'; the law recognized the impotence of deterrence, the cruelty of responding to failed attempts with sanctions, and the prevalence of serious mental health issues in such cases. The law's main message would be that anybody planning a suicide should get treatment and therapy, and would-be assisters need to be deterred. (Intuitively, it makes sense to penalize someone who *encourages* a suicide that would otherwise not have taken place, for that would strongly imply the assister's culpable complicity in the death.)

The 'would not otherwise' is important, since it means that the assister is *enabling* the death. Insofar as her assistance is necessary for the Subject to commit suicide, then she controls the situation, and that increases her moral responsibility—beyond that of someone who merely *facilitates* a suicide that is going to happen anyway. But these terms, and the distinction between them, are complicated by the fact that the Subject is asking the Friend to help him with a planned *future* act, and little can be certain, especially in the case of the able-bodied Father. Would the Subject be willing and able to commit suicide without the Friend's assistance—and how confident can the Friend be that the Subject would in fact be so willing and able? Such is the serious, irreversible and unprecedented nature of the act that the Subject himself cannot really know whether his resolve will be sufficient to prevail against an incapacitating fear of pain and indignity and oblivion. Even *after* an assisted suicide, nothing can be certain about the counterfactuals: the Friend might believe that the Subject would have done it anyway, but maybe the Subject would not have. That means that while the Friend saw herself as compassionately facilitating, she actually ended up enabling, and therefore incurring greater moral responsibility than she planned. This lingering uncertainty mirrors the response to *unassisted* suicide, where friends and family will forever wonder whether they should have noticed more, or noticed earlier, whether they should have alerted someone, or whether they should have offered more help.

The Friend might also be unsure about whether *other* friends would assist if she refuses the Subject's request here and now (and indeed the Subject might be unsure too). In the case of multiple potential assisters, there might also be Prisoner's Dilemma-style considerations: as a potential facilitator, Friend 1 could refuse, saying to herself: I do not want to be implicated in this; what the Subject does with other people is his business. Alternatively, she could agree to the Subject's request, saying to herself: 'he'll get the assistance

from one of us anyway, so I might as well do it, since I know how it can be done painlessly/the Subject is closer to me and I don't want to abandon him/I want to protect Friend 2, who will feel terribly guilty even if she does the right thing etc.'

Mere accompaniment (or the 'refusal to abandon') would seem to comprise the least amount of complicity. When the paralysed Rugby Player asks the Friend to take him to Dignitas, it is not only a matter of practical assistance; it is also to avoid the horror of dying alone, and this aspect of the Friend's actions is admirable. But it is still complicity because the Friend, in agreeing to be physically present, is also agreeing not to try to interfere, the meaning of which might come close to endorsement even if the Friend was deeply reluctant.

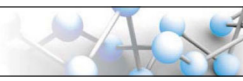
There is another issue about complicity, and that concerns the proximity in time and space to the principal act. While two complicitous acts can have the same causal efficacy, the more distant one may carry less of a moral burden. So it makes all the difference if (a) the Friend sources some barbiturate pills and personally *hands them* to the Subject for immediate consumption and death; or if (b) the Friend *posts* the same pills to the same Subject; or if (c) the Friend tells the Subject of a website, knowing that he will order them and eventually consume them—even if it leads to the same suicide, the same cause of death, and a similar 'location' for the Friend on the causal chain. And again, when the Friend stands in the presence of the Subject while he consumes the pills, then the Friend's complicity amounts to the provision of the pills, exacerbated by her nonintervention.

I mentioned the Subject who cannot be sure of his resolve until he succeeds; the corollary would be a Subject who abandons his suicidal plans at the last minute and thereby reveals that he does not 'really' want to die. This might be called the 'existentialist' account of resolve: both for the Subject and for observers, actions will speak louder than words. In opposition to this existentialist view we have a Subject with a strong, sustained, sincere—and therefore *authentic*—resolve to commit suicide, whose resolve then collapses for reasons to do with unexpected, exogenous, *inauthentic* fear.

Faced with the Grieving Father, a Friend could say: 'I'm not going to assist you because I don't actually believe you want to kill yourself—if you did, you would have done it by now'. After all, she might continue, 'suicide *should* be difficult, precisely as a test of sincere motivation. Morally I must not make it easier for you'. The risk then is that the Friend provokes a determined and defiant Subject into an act that would be all the more violent or unreliable or undignified, and this would compound the moral awfulness of the whole situation. But then it would be unfair to hold the Friend responsible for what the determined Subject ends up doing: if the Friend acquiesced to the 'threat' by providing the assistance, this would be tantamount to blackmail, even if motivated by an understandable despair.

The idea that the Friend *knows* the Subject in a way that a doctor does not or cannot is important for my discussion. Such knowledge might override the Subject's initial failure to persuade the Friend that his reasons were sufficient—if not to 'justify' the suicide, then at least to make it intelligible. (It is easier to speak of 'justification' in the three 'easier' cases, but not in these 'harder' cases.) Seeing that the Friend

<sup>9</sup>e.g. the UK Suicide Act 1961.



is still unpersuaded, the Subject might plead: 'trust me when I say that my life is unbearable; trust me that I understand what I am planning'. Indeed, he might reinforce it by saying: 'please, you're my friend, you have to trust me'. This too might fail; the Friend might be moved, but not moved enough by the Subject's situation or reasons. Alternatively, the trust might result in a compassionate leap—beyond reasons—to assist the suicide, perhaps a leap not fully comprehensible to the Friend herself, let alone to third parties who ask her after the fact. In explaining her assistance to such a third party, perhaps she knows that she cannot 'pass on' the Subject's reasons since she herself does not believe that they are sufficient for intelligibility. And yet she assisted the suicide, and can only explain that it by reference to her 'trust' and 'compassion'.

## 5 | THE TWO 'HARDER' CASES

The above, more general, complications surrounding complicity are only one side of the coin; so much of any discussion of the putative intelligibility of suicide—and the Friend's reasoning in deciding whether to assist or not to assist—will depend on the particularities of the case. So let us now look more closely at the two 'harder' cases. There is a sliding scale here: I do not have the space to cover enough of the particularities to do the scenarios justice, and I want to retain enough generality for the clarificatory exercise to yield some meaningful philosophical conclusions.

### 5.1 | The Rugby Player

The defining feature of the Player's life before the accident was rugby: his subjective passion and ambition, his objective talent and potential. This was the primary source of value and meaning in his life, deepened by all the relationships associated with the rugby. There is an essential ambivalence about such sources of meaning and value, however; after all, *it's only rugby*. It is so tempting to tell the paralysed rugby player that there are other things in life, that he should count his blessings for the rest of his good health and for his supportive family, and that he should learn to live in his new circumstances. Presumably a loving Friend's first response would be something along those lines, together with offers to support the Player's new life—while rejecting the Player's desire for suicide as motivated by self-pity, defeatism or cowardice.

Imagine the Friend says: 'plenty of people have become paralysed, and have found ways to live a meaningful life'. However, here is one way the conversation might continue:

Player: I'm sure that's true, but I am not 'plenty of people'; I'm *me*, and I am surely the best judge of the meaningfulness of *my life*.

Friend: You are frustrated and depressed, I fully understand, but give it time, you'll get used to it.

Player: I *tried*, I really tried to get used to it over the last year and I simply cannot. You don't know how much I tried, you have to trust me on that. Some people try and succeed in getting used to adversity, fair play to them. But not me.<sup>10</sup>

The reference to time and effort is important in the Subject's attempt to persuade the Friend. But even though this move might reassure the Friend that his wishes are sufficiently settled, reflective and authentic, the Friend could still respond: 'well, you haven't tried hard enough'. But given the difficulty of assessing 'sufficient' effort in many ordinary situations (think of the parent who says to their child 'you could have tried harder to prepare for that exam'), it will be many times more difficult in a suicidal assistance scenario, hence the Subject's simple request for the Friend's trust.

There is a question here about the Friend's degree of understanding, and we can adduce at least three stages: does the Friend understand enough of

1. the Subject's reasons for *being upset*,
2. the Subject's reasons for *wanting to die*; and
3. the situation as presenting compelling (agent-relative) reasons for the Friend to *provide the requested assistance*?

(1) seems straightforward enough; but the move from (2) to (3) is the first obstacle in the Subject's effort to persuade the Friend. How much does—how much *can*—the Friend understand about the Player's particular situation (where 'situation' includes not only the events, but more importantly the Player's bleak value-laden interpretation of the events)? After all, the Friend has never been close to paralysis, let alone to permanent paralysis. Given the difficulties of sufficient imaginative understanding at the (2) level, what might this say about the Friend's confidence in accepting or rejecting the assistance request? On the one hand, she could declare that she does not understand enough at stage (3) to confidently accept, given the serious and irreversible consequences of her assistance, and given the terrible symbolism implied by acceptance.<sup>11</sup> On the other hand, she could take her ignorance and compassion as a sufficient reason to defer to the Subject's interpretation of his situation, and thereby move tentatively toward a stage-(2) understanding, and over time to a stage-(3) acceptance. There is the contingency of 'psychological fit' here. It might be just his good luck that *this* Friend ends up assisting him, when *his other friend* Bloggs might have been psychologically more distant from him and therefore less likely to be persuaded.

<sup>10</sup>This is a very compressed version of some of the dialogues in Brian Clark's 1972 TV drama, *Whose Life is it Anyway?*, which he later made into a 1978 stage play, and which John Badham made into a 1981 film. The story concerned a sculptor who becomes paralysed from the neck down, and who tries to persuade the hospital authorities to let him die through dehydration.

<sup>11</sup>As if to say (to the Subject, to herself, and to any third parties): 'you're right, your situation is hopeless, you have indeed nothing left worth living for'.



What role does the imagination play in interpersonal understanding? In the most straightforward cases, I can fully understand why you purchased the sandwich because I can easily imagine that this is exactly the sort of thing *I would do* if I were 'in your shoes'—even if I am not hungry at present. (Even if I am vegetarian, I can imagine that buying a ham sandwich would be the sort of thing I would do if I liked meat and had no moral scruples about eating it.) But how far can that work here? The Friend tries to imagine herself paralysed from the neck down, she imagines herself with rugby as a strong, identity-conferring commitment in her present and anticipated future life, and so forth. But let us say the Friend happens to be an avid reader, and so would be less troubled by having to adapt to the imagined permanent sedentary state. To sufficiently understand the Rugby Player, she would have to imagine herself without her reading passion. But the more of *him* she imaginatively adopts, the less there remains of *her*, and therefore the less she can rely on *her* intuitions and imagination about what she would or would not do; once she imagines herself entirely in his shoes, she will lose all critical distance and discover that she is fully inclined to do what he in fact wants to do.

What is more, she cannot be sure about the limits of her self-knowledge and of her imagination: she cannot be sure how far she would in fact be changed by such a serious accident. Whatever she *now* imagines she would do in the Player's situation (again, the 'situation' taken in the widest sense, as including the events and his value-laden interpretation of them), she might in fact end up being just as psychologically crushed by actual paralysis.

If the Friend carries out the in-your-shoes exploration successfully enough to accept the reasons as intelligible enough for *her* to assist the suicide, there remains an ambiguity about the varying degrees of *reluctance* within the motivational structures and understandings behind the Friend's acceptance of the reasons. Full reluctance would result in refusal, of course. But over the course of the conversation (taking days or weeks), the partial reluctance might eventually be overridden—but without being silenced. The crude 'existentialist' conception of action that we applied to the Subject can also be applied to the Friend; insofar as the Friend ends up assisting the Subject's suicide, then the existentialist will say that she 'must have' thought the suicide was somehow 'the right thing', or 'for the best'. But this seems too simple. Assistance is surely compatible with a clear-eyed appreciation of the brute irreducible tragedy. When the Friend's reluctance is overridden in this way, it does not represent the *outcome* of deliberation (i.e. a decision) but rather the *collapse* of deliberation. It would be more correct to describe the Friend as being moved—rather than persuaded—to action under the modality of necessity: 'he was suffering terribly, I just couldn't leave him like that'. Such a necessary acceptance is not the end of the conversation, for the Friend and the Player may still have many logistical steps to complete (e.g. to get to Zurich). Throughout, they are watching each other closely for the first signs that the other has changed their mind, right up to the moment when the

Dignitas worker asks the Player one last time whether he is sure that he wants to die.<sup>12</sup>

## 5.2 | The Grieving Father

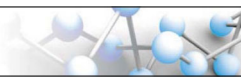
The crucial difference between the Rugby Player and the Father is that the Father is physically healthy for his 50 years of age. This might lead to a first, uncharitable interpretation that his suffering is 'all in the mind', in comparison to the Player's suffering being 'in his body'; and while the Player's body cannot be fixed, the Father's mind can, at least in principle, and therefore *prima facie* the Father would seem to have much less of a moral claim to assistance in suicide: what he needs instead is the attention of a psychiatrist or a bereavement counsellor.<sup>13</sup>

The difference between suffering in the body and suffering in the mind is spurious, of course, since the Player's suffering was just as much 'in his mind'; both of them were reacting to irreplaceable external losses—losses that, both might add, no anti-depressants could replace. (There remains a question for the Friend, in both cases, about whether to insist on the Subject first *trying* a course of anti-depressants, among other conditions for her later last-resort assistance.)

Again we have a potential conflict over the moral authority to define (or re-define) the meaning of a person's life. Insofar as the Friend is initially reluctant to assist, she is thereby implicitly criticizing the Father's assessment of the situation as mistaken: he should abandon the ultimately damaging central role played by his sons in his life, and seek a new, 'better' source of meaning that would allow him to live on without them. After all, lots of people go through a 'mid-life crisis' and need to seek new projects and memberships. On the other hand, it is *his* life; and the Friend, out of friendship, should respect the place that the sons have come to occupy in his life. Maybe the Father was 'unwise' to invest so much on a single source of meaning rather than 'spreading the risk', but there is an important sense that such advice comes too late. Besides, like the Rugby Player, the Father has 'tried' to start anew, and it has not worked; end of conversation. Moreover, in comparison with the young Rugby Player, the Father's middle age would give him a greater authority in self-definition, borne of life experience and self-knowledge and a kind of snowball-effect: 'after so many years,

<sup>12</sup>For the conversations surrounding the assisted suicide at Dignitas itself, see Terry Pratchett's striking documentary (directed and produced by Charlie Russell of KEO North for BBC Scotland in 2011), made at the time when he himself had been diagnosed with Alzheimer's (<http://www.dailymotion.com/video/xnu340>). In the case of Daniel James, there is then a second-order problem of trying to understand the parents' actions as *parents*. Some people might not condemn James, but would condemn the parents, saying 'how can a *parent*, of all people, help his child commit suicide? That's surely the ultimate form of abandonment'. This *Independent* (May 27, 2011) article features an interview with Daniel James's parents about their ordeal (<https://www.independent.co.uk/life-style/health-and-families/health-news/agonny-of-helping-a-son-to-kill-himself-2289710.html>).

<sup>13</sup>This uncharitable interpretation is supported by the British DPP Guidance (see UK Crown Prosecution Service, *op. cit.* note 1). Recall that a prosecution for assisting suicide will be 'more likely' when [condition 10] 'the victim was physically able to undertake the act that constituted the assistance him or herself'. So this would seem, in the UK, to impose a legal obligation on the Friend to refuse to assist.



this is simply what I am'. But should that authority, on its own, be enough to persuade the Friend to assist? In many contexts of friendship, certainly, the otherwise unpersuaded Friend could trust the Subject to know best what he needs and wants. But again, given the extremity and irreversibility of a request for assistance in suicide, the loving Friend could well insist on more.

In the debates surrounding the legalization of physician-assisted suicide is a famous counter-example, that of the 'lovesick Dutch teenager'. The teenager has just been dumped by his true love, and he sincerely wants to commit suicide, and seeks assistance from a Dutch doctor. If this were the only reason, then no Dutch doctor would assist him, and most Dutch people would agree with this. The doctor would confidently tell him that 'the grief will pass', that 'you have so much to live for', that 'I remember going through the same thing at your age', and even that there are 'still plenty of fish in the sea'. We observers would explain his situation—to ourselves, if not necessarily to his face—as a matter of insecurity, hormones, inexperience, and of being under the spell of tragic-romantic narratives.

The problem is then, if the Friend is inclined to help the Grieving Father, is to distinguish his case from that of the lovesick teenager. After all, can we not also tell the Father that 'the grief will pass', and that he can 'make new friends' in the many years he probably has left in his physically healthy life. Of course he has every right for his grief to be taken seriously by state health bodies, by private charities, and by his friends, but that suicidal assistance would be just too rash a response? Again, there is a question here about the relevance of chronological age and the familiar patterns of human ageing within structures of family and career. For some people, 50 will be too old to start again, to experiment, to 'learn new tricks', and the future only slopes more or less gracefully to the valley below.<sup>14</sup> However, there are dangerous and demeaning ageist stereotypes here, and one could also understand the Friend's reluctance to confirm them. In addition, any accusation of self-indulgence in response to the Player, any admonition for failing to count one's blessings, now seem twice as valid, given the Father's healthy body: what would not the Player give for such a body?

In spelling out the above reasons we are entering the realm of public debate, in a similar tenor as most articles in academic bioethics, and most discussions about policy responses in places such as the Netherlands. Such public reasons are available to the Friend, to be sure; but part of my point is to make sense of the Friend who is not sufficiently persuaded by such public reasons, and

who proceeds to assist the suicide on the basis of genuine compassion and an inevitably sub-optimal understanding. Impartial third parties may then condemn the Friend's assistance on the basis of these public reasons, just as the law might prosecute; and yet there is an important sense in which the Friend might not care about the public response.

It might seem that I as a philosopher am coming too close to arguing for some kind of moral subjectivism that would allow the Friend to rise 'above' public standards of moral justification and answerability, and get away with a crime. There will always be a lingering tension here about the proper role of actor-related considerations in moral reasoning, and I do not have the space to discuss that big issue properly. Suffice to say that I am more interested in the limits of moral justification and answerability in the kinds of extreme cases under discussion here, in the context of a particular friendship.

## 6 | CONCLUSION

I have adumbrated some elements of the extended conversations that might take place, some of the thoughts that might take place, between a Subject, intent on suicide but for whatever reason unable to carry it out on his own, and his Friend. There are too many variables in this basic set-up for a proper in-depth treatment, but I have tried to organize the discussion over the three 'easier' and the two 'harder' cases. My aim has not been to advise the Friend, but more to clarify some of the sources of moral complexity that might make the decision (insofar as it is even a decision) so difficult for the Friend. There are a number of ways in which this discussion could be taken further, and in which it could be more theoretically organized.

## CONFLICT OF INTEREST

The author declares no conflict of interest.

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<sup>14</sup>A trickier case is that of Brongersma, a Dutch citizen who successfully applied for euthanasia in 1998, at the age of 86, claiming that he was simply 'tired of life', partly because most of his friends had died. Although he was physically healthy for a man of his age, it would be unrealistic to advise him that he had 'so much left to live for' in the way that we would advise the lovesick teenager or the Grieving Father. As such his case might be closer to a 'simpler' case such as a terminal illness. See Huxtable, R., & Möller, M. (2007). 'Setting a principled boundary? Euthanasia as a response to 'life fatigue'. *Bioethics*, 21(3), 117–126, for discussion.

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