

III. A feminist case against self-determined dying in assisted suicide and euthanasia

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Should a feminist commit suicide when diagnosed with dementia? The distinguished feminist psychologist, Sandra Bem, has recently done so in a highly publicized action. She initiates a debate over self-determined dying as a feminist issue. Of course, questions over the morality of suicide, physician-assisted suicide, and euthanasia have long roiled the intellectual waters, but today's complex controversies are gaining heat and force. Dedicated political activists, committed physicians and respected ethicists mount campaigns for an individual's moral right to freely choose when, where, and how to die. Carrying out such decisions, it is also claimed, should never be prohibited by law. Moreover, some argue, every citizen should be provided with medical aid in dying. Not surprisingly, such proposals provoke vigorous opposition. These debates grow in urgency as populations age and undergo the increasing onslaughts of Alzheimer's disease.

I am an opponent of the moral claims for the individual's right to actively choose self-determined death in various forms. As a longtime feminist, I enter the lists with feminist arguments and ideals. But here, at the start, I want to make a necessary clarification. I am not arguing against allowing an imminently dying person to die in peace and comfort. It seems right and good for individuals and their designated decision makers to be able to refuse or withdraw extended technological interventions, such as ventilators and feeding tubes, that cannot do more than maintain physiological functioning. With no hope of recovery, death can be declared victorious. When and if a dying person stops eating and refuses food that too can signal the need for comfort care only. Palliative medicine has made great strides and can control pain and suffering for the dying.

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My convictions have been honed by personal experience. As the elder of two daughters I was given the legal responsibility for supervising the extended health care and end of life decisions for my long-term mentally ill biological mother as well as for my longtime devoted stepmother with Alzheimer's disease. After half a century of incapacitation with schizophrenia, my mother died of a stroke at 95. My stepmother died from end stage Alzheimer's disease after a decade. At both of their deaths, I refused the use of violent resuscitation interventions. Nothing beyond comfort care. In my stepmother's case, I knew that I was following her living will's directives, as well as the procedures of the in-house hospice program—which also did not force feeding.

But more to the point, I would never have judged it morally right to help my mother or stepmother to commit suicide at the onset of their dementia. And I say this after decades of spending many hours in various institutional care facilities. I fully recognize that dependence, dementia, and mental illness bring diminishment, dysfunction, and vulnerability. These afflictions also produce fear and anxiety to well visitors. Yet, disabling mental illness does not take away the intrinsic moral status of a human being. Positive human values remain present in such relationships until death arrives. The goods of caring for the needs of another remain along with positive emotional attachments. Sensory pleasures are enjoyed found in natural and social surroundings. The quality of life of disabled human beings is a construct; the caring, the presence, the attentive relatedness, the communication of others determine wellbeing.

Certainly, the exercise of individual autonomy, rational thought, intellectual achievement, and self-directed choices are among the highest of valuable human goods. And yes, they are especially important for feminists, since women have so often been denied their full personhood. Feminists struggling for equality and autonomous control in male-dominated societies may be tempted to immediately endorse any and all measures aimed at increasing individual freedom of choice. But feminists have learned to exercise a "hermeneutics of suspicion" when new liberties are on offer. Promised freedom can bring unforeseen negative consequences and damaging side effects—especially when irreversible measures or medical technologies are involved. Thus, intra-feminist debates have ensued over what actually benefits women's flourishing in the long run. Feminist has argued over hormonal therapies, artificial reproductive technologies, sex-selection abortions, fertility treatments, surrogate motherhood, pornography, prostitution, "compulsory" heterosexuality, homosexuality, gay identity, transgender operations, no fault divorce, child custody, fair employment practices and now (?), self-determined death, and euthanasia. Yet, disputes may also be seen as a sign of the dynamic pluralism that protest movements engender when envisioning the potentiality of positive change.

Fundamental beliefs and assumed worldviews shape and interact with feminist commitments. I recognize that my specific convictions against assisted suicide and euthanasia reflect my past and present life experiences as an aging, white, middle-class, married mother, highly educated in the humanities, and as a scientific social psychologist. As a left wing American Democrat, I am committed to the liberal reform of capital punishment, racism, and unfair income distribution through

nonviolent means. My religious commitments as a Christian pacifist are aligned with those of Gandhi and Martin Luther King. An adherence to the force of truth and nonviolent resistance as inherent in the grain of the universe energizes my feminism. These background beliefs and commitments shape my judgments on all of feminism's goals and strategies—and in facing the end of life.

I affirm feminist analyses and critiques that take account of concrete contexts and the different standpoints of participants in conflicts and arguments. I advocate the feminist analyses that make explicit what too often is implicit, ignored, or hidden in order that the status quo be served. A feminist analysis of power rightly strives to uncover the hidden assumptions and socially constructed rules that demean and disadvantage women. The claim that male-dominant historical arrangements are necessary and natural is unmasked. The power of language and symbols to shape thought and social behavior is an important feminist contribution to social and political decision-making. A feminist critique which affirms women's bodies and women's hidden work of nurturing and caretaking is supremely valuable. The binary distinctions of mind/body, emotion/reason, with maleness identified with disembodied rationality are false. It labels women as inferior and justifies their subordination. The fact that human beings must be born, nurtured, domestically maintained, and cared for when they are old, ill, and dying is overlooked. Feminism has pointed out that each individual self is formed through caring relationships and communal support. The cult of the self-sufficient male independent rational agent, self-made, and dominating all before him is a fiction. Feminism has valued whole personal embodiment and welcomed emotion, intuition, empathy, and desire as a way of learning that completes their human abilities for abstract reasoning. Inevitably, the personal is political. Women have been assigned the necessary tasks of human maintenance, subsequently denigrated, and refused recompense.

A vital claim of feminism has been that "enabling power" or "actualizing power," exists and is essential to human living. This power enables, develops, and maintains the growth and functioning individuals and groups with open hope for the future. New ecological feminisms have extended this vision of enabling power to caring for the earth's natural environment and other species. By the "logic of domination" that has characterized patriarchal systems has relied on decisive destruction of life through individual agency and control. Dominating power endorses and employs force, violence, and killing to enforce conformity to willed goals.

Feminists committed to nonviolent enabling power endorse cooperative methods for cooperative goals. They work for change through activating inter-relationships and changing the system as a whole. This kind of energy and effort eschews violence. Feminists of this persuasion become leaders in peace and ecological movements as well as women's rights movements. Feminists have also worked in progressive movements to care and bring justice to the vulnerable and disadvantaged. A dedication to justice and care, or "Just Care" and "Just Love" has been championed.

With my feminist commitments, suicide, euthanasia, and self-determined dying will be opposed as wrong and harmful to women, men, and flourishing caring communities. Suicide cuts off the self from life and thereby ends all relationships

with others. It exercises the individual's cognitive powers of agency to kill the whole embodied individual. An individualistic goal: to end a human life is espoused because it is judged a life "unworthy of life." This act upholds the logic of domination and ensures a complete "triumph of the will." Such acts of self-determined control of death proclaim the message that it is morally permissible to judge and choose to destroy a human life at will. Others can be encouraged to choose this course and commit suicide or ask for aid in dying. What is done to the self can be done to others.

Women who live longer than men will be more affected. Since women are often socialized to be less self-assertive than men, they are more likely to be persuaded that their life is unworthy of other's caretaking and family resources. If by contrast a woman who wants to die is persuaded to continue to live for her family's sake, is she being harmed? Hardly. She will have proof positive that her present life is centrally important and deeply desired. The relationship is vindicated. But in less fortunate cases, ill and fragile persons should not have to justify their claim to continuance of life. Unfortunately too, the move from voluntary to involuntary taking of "unacceptable lives" is easily made. The argument for slippery slope is not philosophically valid but the psychological evidence for habituation and desensitization is convincing. Caring for the impaired and mentally disabled can grow to seem as an unnecessary burden and expense when the choice not to is regularly permitted. Why try to provide creative and effortful caretaking institutions when and if the inalienable right to live is removed?

Under the banner of increasing individual choice through medical controls, societies have opened the way to more and more pressure to die. Feminist values of equality, inclusive justice, caretaking, relationship, and the interconnectedness of life impel us to struggle against self-determined forms of death.

Author Biography

Sidney Callahan is a Psychologist and Distinguished Scholar at The Hastings Center, a pioneering bioethics center. Callahan is the author of numerous articles, and 11 books, including the Christopher Award-winning *With All Our Hearts and Minds: The Spiritual Works of Mercy in a Psychological Age* and *Created for Joy*.