

Suicide and Power

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In *The Last Choice* I argued for preemptive suicide as a rational option in advanced age, claiming it is rational to end one's life when facing identity-destroying change in oneself.¹ Preemptive suicide is anticipatory, unlike surcease suicide prompted by actual circumstances. Even ardent supporters of the right to die have not taken up the cause of preemptive suicide. Derek Humphry made clear in his review of *The Last Choice* that his concern is with affording people the right to terminate lives already ending in a dreadful manner; his concern is not with anticipating diminishment of self.²

My argument for preemptive suicide turns on four criteria that establish when preemptive suicide is rational. Preemptive suicide must be (1) soundly deliberated, and (2) cogently motivated, and (3) prescribed by well-grounded values without undue depreciation or untimely contravention of survival's value, and (4) in the agent's best interests. The decision to commit preemptive suicide must be free of reasoning errors and ignorance of relevant factors; it must be prompted by motives that are understandable to others, even if not persuasive; it must arise from equally understandable values and be prudently timed, giving due weight to the value of continued life. Finally, preemptive suicide must be better for the individual than continuing to live. We would not accept preemptive suicide as rational if it were prompted by transient depression or done on the basis of misinformation, or if the reasons given were unintelligible, or if abandonment of life was done for inadequate reasons or too soon, or if death did not serve the individual's interests—for instance, if the expected deterioration was avoidable with treatment. My argument has to do with whether preemptive suicide can be rational, not with whether it may be moral. The moral question is secondary because while preemptive suicide is precluded for those whose moral codes forbid it, preemptive suicide is precluded for everyone if it is not rational.³

I will not rehearse my arguments here for the rationality of preemptive suicide; instead, I will say how my thinking has changed since publication of the second edition of *The Last Choice*. Essentially, I have applied Michel Foucault's concept of power to preemptive suicide.⁴ When I did a book on power and health care, I realized that the role of power raises the question of whether we are capable of rational preemptive suicide.⁵ The relevant comparison is with Kantian ethics, which requires that morally right action be done purely from duty and not even partly from self-interest.⁶ That means that given human nature, it is "an open question whether any action having moral worth has ever been done by anybody."⁷ My concern is that just as Kant's requirement for moral action

raises the possibility that, in practice, we are not able to act morally, my requirements for rational preemptive suicide raise the possibility that we are incapable of rationally ending our lives in a preemptive way.

When we apply Foucault's concept of power to deliberation of preemptive suicide, we realize that there are influences on our thought and actions that defy identification and control. So a gap opens up between establishing the abstract possibility of rational preemptive suicide, and anyone actually committing rational preemptive suicide.

It may seem that if it is practically impossible to commit rational preemptive suicide, it is because of decision-distorting influences such as stress, low self-esteem, the effects of medication, undetected pathology, and even such things as level of education and economic status. But these distorting influences differ significantly from the workings of power because they are discernable to attending health-care professionals, to friends and family members, and, to a point, the potential suicidists themselves. Reflection and consultation over a period of time can adequately counter these influences. Foucauldian power is more insidious because its workings are not discernable. Power's workings are too diverse and multi-layered to be identified as causal factors in any given case. More important, while familiar disruptive influences mainly affect our established subjectivity, power reshapes our subjectivity. Rather than distorting our thought and values, as does something like depression, power reconfigures who we are and so how we think. Disruptive influences may skew our assessment of a situation, but in shaping our very subjectivity, power determines our basic perception of that situation.

Foucault's concept of power has been appropriated by many who seem to have little understanding of what Foucault had in mind, and the concept is misused at every level, from learned journals to the popular press. For instance, a recent newspaper article simplistically claimed that Foucault "spent his life proving that ... the powerful oppress everyone."⁸ Certainly Foucault believed that, but he did not waste his hard thinking on the obvious. His analyses of penalty, psychiatry, and sexuality do not focus on power in the usual sense of domination or coercion. His analyses focus on how our practices and what we consider truth and knowledge define us as subjects, how our subjectivity is shaped. Foucault's objective was not to study domination of some by others; it was "to create a history of the different modes by which ... human beings are made subjects."⁹

Briefly put, power in Foucault's sense is the sum of continuous changes in networks of interrelated actions, especially the actions that constitute the operations of institutions. Power is people doing all manner of things, and what they do affecting others and what those others do and do not do. Power is not anything in itself; it does not coerce action; it

enables some actions and inhibits others.¹⁰ Foucault insists that "power is not ... a certain strength"; instead it is a "set of actions upon other actions."¹¹ Power is blind and impersonal because it is "a way in which certain actions modify others"; it "does not act directly and immediately on others. Instead it acts upon their actions." Power is "a total structure of actions brought to bear upon possible actions."¹²

Consider two simple examples: the friend you are lunching with orders club soda, and rather than ordering the glass of wine you wanted, you also order soda. Again, you are at an office meeting in an overly warm room, but you do not take off your jacket until your boss does. There is no overt control here; often we do what we do, not because we are told or forced to, but because of what others are doing in the situations in which we find ourselves. The importance of this to preemptive suicide is that what others do, especially how they treat us, has a defining effect on how we see ourselves and who we become. Malcolm Cowley makes a remark about aging that captures this fact, saying that "we start by growing old in other people's eyes, then slowly we come to share their judgment."¹³ Aging persons find themselves treated by others in a manner that initially is at odds with who they take themselves to be, but how they are treated, together with everything else that is happening to them, shapes them as "seniors."

What is at issue here is power's cumulative effect, how ongoing influences shape people's subjectivities. In *Discipline and Punish*, Foucault describes how discipline molds penitentiary inmates into what he calls "docile bodies."¹⁴ He itemizes how the exercise of various practices in institutions—the penitentiary, the hospital, the school—shapes subjectivity by imposing new habits on individuals, and through those new habits, new self-perceptions and values. This is how it comes to seem right to hospital patients or penitentiary inmates, for instance, that others have exclusive access to intimate information about them, and so how patients or inmates acquiesce to practical realities that effectively diminish their autonomy and eventually change their self-perception.

It is crucial, however, to understand that the effects of power on us are largely subliminal and unintentional. We and others go about our business, usually unaware of how we are shaped by others and how we in turn help to shape them. Foucault makes this point in one of my favorite passages, saying that "[p]eople know what they do; they frequently know why they do what they do; but what they don't know is what what they do does."¹⁵

The importance of power to rational preemptive suicide is that it raises the epistemological question of the extent to which we can rationally decide to end our lives preemptively. Though it applies to all of the criteria I listed above, power applies in a special way to the third, the

requirement that preemptive suicide be decided on and carried out without undue depreciation or untimely contravention of survival's value. Briefly put, power's shaping of individuals' subjectivities very likely skews their appreciation of the value of continuing to live in various circumstances. For instance, individuals may come to see themselves as burdens on their families, as not worthy of living if in need of constant care. The result is that if our perception of our circumstances is distorted by what others around us do and how they treat us, and we are unaware of those distortions, our decisions and actions will not be fully rational.

Just as it is possible that we never achieve fully moral action because of residual self-interest, we may not achieve fully rational action because of influences on us that alter our subjectivity. This possibility affects everything we do, but has special bearing on preemptive suicide. Ending our own lives before we are forced to do so must be a rational act to be permissible. But if others' actions play the determining role that Foucault claims they do, we may never achieve rational preemptive suicide. Moreover, we may have to extend that conclusion to all forms of surcease suicide as well.

The problem I want to call attention to is that just when we are better understanding the role of power in shaping subjectivities, we are also witnessing a sea-change in the medical community's increasingly positive attitude toward assisted suicide and even euthanasia. It may look to some that this is a good thing, but it is worrying that the shift is occurring so quickly. In the historically fleeting time of a decade or so, physicians have gone from thinking they should preserve life at all cost to thinking that "quality of life" considerations override that mandate. Anyone who reads Foucault must wonder if this is a rare case of sudden enlightenment or whether something else is going on.

Consider that today's residents are trained in an atmosphere of increasing valuation of personal autonomy and quality of life, as well as open discussion of elective death. Foucault would point out that while the residents may see themselves as enlightened, their attitude toward elective death has been scripted by events. It is striking that many are newly taken with the value of independent life just when the cost of long-term care has become prohibitive. It is easy to claim that it is mere coincidence that long-term care has grown unaffordable just when our culture is maturing regarding elective death, but this coincidence is too convenient not to raise questions. It is much likelier that, as Arthur Caplan remarks, the notion has come "that the older and disabled who are expensive should do the responsible thing" and retire from life when they become more burden than asset to their families and society.¹⁶

The Foucauldian point in all this is that we can construe much that is going on as a disciplining of people to accept death earlier than they

might, a disciplining dictated by economic and social factors. Just as Foucault argues that our culture's conception of sexuality was "deployed" through discipline, we may be seeing the deployment of a reconception of viable life, one where the priority given to dignity and personal independence overrides the value of survival in circumstances that might be tolerable if faced with the right attitudes.

What is difficult is to say how the reconception is being deployed. There is just too much to be said and still more to be learned. Our values and self-images are affected by too many factors. Everything from day-to-day exposure to our culture's norms to a friend's raised eyebrow affects how we think of ourselves and our prospects. Additionally, there are problematic institutional influences, running from negative media presentation of medico-technologically supported survival to HMO decisions about the merits of expensive treatments.

We have seen in our time how criminal acts for which people used to be held responsible have been "medicalized" because of what we have learned about the effects of abuse and deprivation. What we have not noticed is that as personal responsibility has been narrowed, personal autonomy has narrowed along with it. Just when we have come to most value autonomy, we are learning that our capacity for it is more limited than we thought. This lesson has particular relevance to elective death.

Let me offer just one way in which realization about power's decision-determining role has changed my own thinking. I used to find opposition to assisted suicide on the part of spokespersons for the disabled to be alarmist and extreme. I now believe it to be in proportion to the threat. It is difficult to think of individuals more likely to make less than rational decisions about elective death than those who have lived their lives dependent on others for their most ordinary needs.

I will end by stressing that Foucauldian power poses serious problems for the rationality of elective death, whether preemptive or not, because the cumulative effects of power, of all of our interrelated actions, change the standards by which we judge decisions and actions. The standards that governed life-and-death decisions until recently set continued life as the highest priority; emerging standards give quality-of-life and autonomy greater priority. This may be as it should be, but some of us are suspicious of the reasons for the notably rapid change. I share Caplan's worry that people have come to feel those "who are expensive should do the responsible thing."

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Notes

1. C. G. Prado, *The Last Choice: Preemptive Suicide in Advanced Age*, second edition (Westport: Praeger Press, 1998).
2. Derek Humphry, "The Last Choice," *Hemlock Quarterly*, October 1992, 4. Also see Humphry, *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* (New York: Dell, 1992).
3. It may be argued that morality is universal and that, as such, it prohibits suicide for everyone. However, such arguments invariably appeal to religious principles, so the universality claim is not made out.
4. See Prado, *Starting With Foucault: An Introduction to Genealogy*, second edition (Boulder: Westview Press, 2000).
5. C. G. Prado and Lawrie McFarlane, *The Best Laid Plans: Health Care's Problems and Prospects* (Montreal: McGill-Queen's University Press, 2002).
6. Immanuel Kant, *Foundations of the Metaphysics of Morals*, trans. Lewis White Beck (New York: Liberal Arts Press, 1959), 14.
7. Wallace Matson, *A New History of Philosophy*, vol. 2 (New York: Harcourt, 2000), 459.
8. Robert Fulford, "French intellectuals don't age well," *The National Post*, July 27, 2002.
9. Michel Foucault, "On the Genealogy of Ethics: An Overview of Work in Progress" in *Michel Foucault: Beyond Structuralism and Hermeneutics*, second edition, eds. Hubert Dreyfus and Paul Rabinow (Chicago: University of Chicago Press, 1983), 208. Note that "subjects" here does not mean only being subjected to governance, being made subservient to discipline of one or another sort. The term "subject" refers both to being subjected to governance and to being a subject of awareness.
10. Prado, *Starting With Foucault*.
11. Foucault, *The History of Sexuality*, vol. 1, trans. Robert Hurley (New York: Vintage, 1980), 93; "The Subject and Power," Afterword in *Michel Foucault: Beyond Structuralism and Hermeneutics*, 219–20.
12. Foucault, "The Subject and Power," 219–20.

13. Malcolm Cowley, *The View From Eighty* (London: Penguin, 1982), 5.
14. Foucault, *Discipline and Punish*, trans. Alan Sheridan (New York: Pantheon, 1979), 138.
15. Hubert Dreyfus and Paul Rabinow, *Michel Foucault: Beyond Structuralism and Hermeneutics*, second edition (Chicago: University of Chicago Press, 1983), 187 (personal communication).
16. Arthur Caplan, Interview on "The Kevorkian Verdict," televised program on *Frontline*, PBS (WGBH, Boston), May 14, 1996. Transcripts are available from PBS.