

## – Dying in Time –

The old Hippocratic Oath, which enjoins the doctor to aim only to preserve life, belonged to a time when people died young, when infection and injury were the principal causes of death, and when the slow, irreversible decline to which many of us now have to look forward was a rare event, and one that could be accommodated precisely because it was rare. Increasingly, however, doctors and nurses are under pressure to act in ways that will shorten the life of their patients, and this pressure comes both from the patients and from those who love them (not to speak of those who stand to profit by their deaths).

It could be true (and I think it is true) that our moral understanding is rooted in conditions that do not easily make room for such dilemmas. Many of the most pressing ‘end of life’ issues result from medical advances that have reshaped the human condition, while appealing to moral considerations is appealing to the human condition as it *was*, and not as it is. This does not mean that we have no moral guidance, however. The conscience is ever vigilant, and refuses to go blindly into novel situations. Always it wants an answer, and it wants to reconcile that answer with the

intuitions about life and death from which our morality begins. The question is how far, and by what means, those intuitions must be revised in the process.

For example, we have intuitions about justice, and about the relation between justice, which is a right, and charity, which is a privilege, and these intuitions are constantly being challenged, not only by modern medicine but also by the near universal takeover of medical provisions by the state. Maybe it was once the case that doctors and hospitals sold their services to those who could pay for them and gave them free, when they were able, to those who could not. Doctors were then bound by duties of justice to those whom they had contracted to help, and by duties of charity to those who could not afford the contract but who nevertheless had no one else to whom they could turn. The situation was prodigal of dilemmas and irresolvable conflicts; but there is no doubt that the dilemmas and conflicts were radically changed by the appearance of the welfare state, which grants health-care as a civil right to everyone, and makes no distinction between those who can pay for it and those who can't. At once issues of charity and discretion are changed to issues of justice and right. Since resources are scarce there will inevitably be questions of their just allocation. Old people may find themselves then in a weak position, not least because their survival into old age is itself the normal result of universal health-care. The question inevitably arises, whether the state should devote its scarce resources

to maintaining a frail old geezer precariously in being, or to treating the ailments and injuries that impair the lives of the young. That is one of many issues in which changes in medical practice and the availability and effectiveness of healthcare have begun to present us with new dilemmas that they do not themselves resolve.

Rather than reflect on the new questions of justice, I wish to consider the changes that have been wrought by modern medicine in our attitude to death. Modern medicine has prolonged the average life-span beyond anything that would have been anticipated a century ago – and naturally there arises the thought that maybe it could, in principle, prolong it forever, offering each of us a medical victory over death itself. About this latter possibility, I have only this to say: that life prolonged by the elixir of immortality would be a life from which the things that we most value – love, adventure, novelty, courage, benevolence, compassion – would inexorably leach away. If you don't believe this, then you should read *The Makropulos Case*, of Karel Čapek, or (better still) listen to the opera that Janáček made from this play.<sup>1</sup>

And besides, by what right do we clutter the planet with our permanent presence, so leaving no room for future generations? If this is where medicine is heading then we have a moral obligation to stop it now.

In contraposition to the fantasy of eternal life on earth I suggest that we have important and useful intuitions concerning the right time to die. Ni-

etzsche made the idea of timely death fundamental to his morality. His own death was preceded by ten years of mental vacancy: about as untimely a death as one could imagine. But his intention was to remind us that what we value in life may be damaged by longevity, and that the achievements and affections that give purpose to our being may be retrospectively eroded by our future decline. This will perhaps seem strange when we consider the matter only from our own point of view. An extra bit of life, even if troubled by aches and regrets, is still a bonus. Hanging on is surely better than falling off, when falling off means ceasing. Thus it is normal to think that

The weariest, and most loathed earthly life  
That age, ache, penury and imprisonment  
Can lay on nature, is a Paradise  
To what we fear of death.

*Measure for Measure*

The point is that there is no retrospective view of my death that is available to me: my death can be known and thought about only in the future tense.<sup>2</sup> Hence there is no way that I can so arrange things in my thinking as to see my death as timely. It occurs for me always in the future, the horizon of my decision-taking. But the judgement of timeliness can be made only from a point beyond that horizon – a point that I cannot reach.

But we don't and can't see things only from our own point of view. I believe that we can make some progress if we put our point of view to one side and adopt the third person perspective. In this perspective we see human life in terms of values and projects that are independent of our own urge to survive. And when we consider things seriously, we are presented with another concept of human life than the one that is familiar to the biologist. We encounter the *moral* concept of human life. Human life, from the moral point of view, is not a special case of the biological category that we know as life in other organisms. We do not understand human life simply as the process whereby a human being endures from birth to death. We understand it as a continuous and developing drama, with a meaning that resides in the whole, and which is not reducible to the felt significance of its parts.

A life is an object of judgment, like a work of art; and judgment means viewing it from *outside*, as the life of another. That, to my mind, is the real definition of the moral point of view. It is the point of view of the other, which sees the self as another too. And the life-concept has its home in the moral point of view. That is why the Greek sages told us to judge no man happy until he is dead. They meant that the worthwhileness of a life is a property of the *whole* life, and that death and dying are as much part of that life as the experiences that precede them. Anybody who has lived through some great affliction, loss or humiliation knows that nothing of

our past is really secure. The greatest love, the greatest achievement, the greatest renown can be poisoned by some sudden reversal – as when a woman learns of her husband’s infidelity and sees her own love, in which she had deposited her trust and happiness, as wasted, or as when some famous politician, whose corruption has been exposed, reads contempt in all the faces that previously had glowed with admiration.

Thus states of being that seemed at the time to be unquestionably worthwhile, can be retrospectively poisoned, lose their smiling aspect, and come to seem like proofs of weakness. To live to the point where that happens is surely to live too long – for it is to enter a time of regret, like the man who loses a fortune overnight, having not used a penny for his own enjoyment. It is important, therefore, to know what features of the human condition can bring about that sudden change. Ancient wisdom tells us that the reversal of our happiness comes with shame or humiliation – adverse judgement in the eyes of others. To put the point in a more modern idiom: reversal occurs when our life loses its objective support in the ‘I-thou’ relations that hitherto defined us. Just as ‘having a life’ is a moral idea, so is ‘losing a life’. And the secret of happiness is to die before that loss occurs.

It was therefore perfectly coherent of the ancient Greeks, of the Japanese, of the Romans, of the Anglo-Saxons and of other such warrior people to believe that death is to be preferred to a shameful survival

– so that, for example, battle can present you with a situation in which it is right to die. Plutarch, Livy and others abound in moral stories that turn upon the decision, taken by some ancient hero or heroine, to put an end to a life that would be better, overall, if ended now than if continued into the future. And even when the subject himself is not the agent of his death, and is taken away by some accident or against his will, it is perfectly coherent to think that he might, in this or that circumstance, have died at the right time (before some shame or misfortune that otherwise threatened to engulf him, for instance).

Those ancient ways of thinking reflect circumstances that have to a great extent disappeared – lives that were more precarious, more exposed to external threat, and more lived in the eyes of judgement, than our lives today. But they bring home to us that there is nothing incoherent in believing that a life can be comfortable, healthy and even buoyed by affection, yet have gone on too long – beyond the point at which it would have been right to die. (Cf. the words of Brutus and of Cleopatra’s servant Charmion, on taking their own lives, as reported by Plutarch.) If we ever entertain similar thoughts today, it is seldom for the reasons rehearsed by Plutarch and others – seldom because we judge continued life to be shameful, or unworthy of the person we took ourselves to be. Nevertheless, we share with Plutarch’s heroes the view that death is not the worst thing that can happen to us.

And our way of thinking, like that of Plutarch's heroes, is imbued with moral ideas. A person lives too long when his or her survival has become a moral offence. This may happen because of something he or she has done: even those who don't believe in the death penalty will admit that a person can so forfeit the privilege of living that his survival is an insult to his victims. Whatever *he* thinks, the rest of us believe that he is living beyond his time. It is perfectly coherent too for people to believe that it is wrong to live to the point where one's life has become a burden, when one has the benefit neither of projects of one's own nor the love of others. This thought arises from another moral perspective than that which propelled Brutus or Cleopatra. It is not the fear of shame and humiliation that is in question, but rather the sense that the value of a life lies to a great extent in the love of those who cherish it. To lose the possibility of that love is to lose what makes life worth living. For the Christian, of course, we can never lose the possibility of another's love. God's love flows perpetually over all of us, and we need only open our hearts to receive it. But it is partly the decline of the Christian vision that has made the question of longevity so urgent for us today.

There is another and more self-centred idea of timely death that feeds into our modern sensibility. This idea is self-directed rather than other-directed. It has both a positive and a negative aspect. In the positive aspect it is the idea of a perfect satiation in

the moment, beyond which further life would be a life downhill. The thought is expressed by Keats in his *Ode to a Nightingale*:

Now more than ever seems it rich to die,  
To cease upon the midnight with no pain . . .

Those lines, written by a doomed poet, speak to all of us. We see life not only as a whole, to be understood as a complete statement, with a beginning and an end. We see it as a succession of moments, and in some precious few of those moments we encounter a concentration of the whole of things, like the sky contained in a drop of dew. Because the moment vanishes, we regret surviving it, since in that instant, we are granted a vision that we can only lose or pollute by swamping it with future experiences.

But this positive aspect of the sensuous idea is counter-balanced by a more frightening negative aspect, which is the suffering that precedes death and which makes death welcome in another way, as the only exit from intolerable pain. Those who commit suicide in order to avoid pain act from a very different motive from those who commit suicide in order to avoid shame. Those who kill themselves from shame are trying to *rescue* their life, by removing the annihilating gaze of the other. Those who are seeking a way out of pain are not trying to rescue their life, but merely to end it. They are not attempting to triumph

in the face of defeat; they are not completing a drama that requires just *this* as its ending. They are avoiding pain, no less, no more.

Shame and pain are both invitations to put an end to one's life. But there is another way of out-living life, which is the way of debility and decline. The person whose mind has gone, who can make no decisions for himself, or who has in some way fallen out of human relations is someone whose life is, so to speak, over before its end. The death of a person is not, like the death of an animal, a mere terminus to life. It is the envelope in which a life is contained, and a light that shines along the path that leads to it. At least, that is what we would like it to be, and what it was for Brutus and Cleopatra. But when a person loses his personality before dying, it is as though the envelope of his life is torn. His life seeps messily out of its container, and what might have been complete and worthy becomes instead increasingly disorderly and scattered as the years wear on.

Of course, there are many cases here. But the case I am imagining is one in which the victim loses his capacity to relate to others, and is an object of love only because he is remembered as such, and not because he has the ability to give or receive love now. He has become a burden to his relatives, and also to himself. Yet he is not in such pain that death would be a mercy. Nor is he suffering from some shame or humiliation that would turn his thoughts in that direction — indeed, nothing turns his thoughts in any direction at all.

The worthwhile life is not something that we understand or realise alone. Life becomes worthwhile through relations with others, in which mutual affection and esteem lift our actions from the realm of appetite and endow them with significance – significance for the others who observe them and acknowledge them as worthy, and significance for that very reason for ourselves. The wholeness and fullness of our lives is not revealed to us alone, and is not to be achieved without help: it is a wholeness and fullness that has its origins in the judgement and affection of those whom we encounter. To live beyond the point in which their approval and love can be called upon is to live into a moral wilderness, a place of shadows and negations, compared with which even the Hades of the ancients, as the ghost of Achilles describes it in the *Odyssey*, is a place to be desired. And this wilderness lies before us all, if we live beyond the point where understanding, will and inter-personal relations still govern our conduct.

Now many people will look after a relative who has reached such a state, loving his memory and loving him too on account of it. But others will find it impossible to make the necessary sacrifices, since they will find love turning to toleration, toleration to irritation and irritation to anger or despair. Hence, increasingly, the response to this kind of irreversible decline is to put the victim into a home, where he will be cared for by professionals whose care will be reliable, just

and cold. This use of precious resources and precious human capital is hard to justify in utilitarian terms – which I take to be a criticism of utilitarianism, rather than a criticism of institutional care. And it raises in an acute form the question whether we should not do more than we do, collectively and individually, to work for a timely death. Maybe we should be more prepared than we are to take death into our own hands, and not to leave it to an unfathomable fate to settle the question.

Now, modern medicine and healthcare have made it normal to survive into a time of life when our mental capacities and physical competence are in steep decline. We fear this, but we go on taking the medicine and visiting the doctor. The fear is rational, but the medication less so. We are presented with a continuous choice – to wear out the body while we still inhabit it, and then make the best exit we can, or to go on postponing the moment of truth to the point when we are no longer able to do anything to help ourselves. The person who has done so much to stave off death, that he has staved it off to the point where he is unable to make any clear decisions in the face of it, is not someone to whom we *owe* any help, when it comes to deciding what to do.

The question that concerns me, then, is just how we can aim at a timely death, and what would be right or wrong to do in pursuit of it. I find nothing to disapprove of in the suicides of Brutus or Cleopatra, as

Plutarch and (following him) Shakespeare describe them. It would be impertinent, it seems to me, to say that those great human beings had no right to do what they did. But they made it their own responsibility, and in doing so made the act beautiful and generous, an acknowledgement of the wider world and of their duty towards it. What, though, of you and me, creatures who have been maintained in the amniotic bath of the welfare system, who have spent a life avoiding danger and are looking forward to spinning out our pleasures for as long as we can? When should we make such a decision, how and why? And what should others do to help us?

I think we should make a clear distinction here between death conceived as an escape from pain, and death conceived as a protection against mental decline. The first can be understood and acted upon on another's behalf; the second can only be understood and acted upon on behalf of oneself. Thus all who care for the terminally ill, whether professionally or out of love and attachment, wish to alleviate suffering. And if the means of doing so also shortens the patient's life that will be only a secondary concern. I envisage successor drugs to morphine and codeine that will painlessly weaken vital systems, so granting the 'easeful death' that Keats invoked. Of course there will be those furious characters like Dylan Thomas, who will implore their dying dependents not to 'go gentle into that good night', and to 'rage against the dying of the light'. But

those who forget their own drama, and attend in love to the one who really matters, will surely agree that the discovery of such drugs, and their use by professionals under proper supervision and control, will do something to justify all those other and more questionable medical advances that have brought us face to face with the horrible diseases of old age. If such drugs exist, then it would surely not be homicide either to ask for them or to administer them – provided only that the diagnosis of terminal illness is secure.

The difficult case is that of mental decline. What should we do – if anything – to escape a future without those distinguishing attributes that make us persons for each other and for ourselves – understanding, self-consciousness, inter-personal emotions, and the ability to face each other ‘I’ to ‘I’? Those capacities are fundamental to personhood, and to lose them is to cease to exist as a person, even while continuing to exist as a human being. Of course, this ceasing to exist as a person does not cancel the right to life or make it any less a crime for another to peremptorily take that life away. The crime here is comparable to that of infanticide. Piety requires us to respect life that was once the life of a person, just as we respect life that one day will become the life of a person.

So the question is this: is there anything that it is permissible for me to do now, by way of putting in place the timely death that will spare me such a fate? Should I, for example, take up some dangerous sport

that will ensure that, when the first onset of debility occurs, I make the fatal mistake that leads to my death? But what if the mistake is not fatal, and leads instead to life in a wheelchair? And how can one plan for death prior to debilitation, when it is only in a state of debilitation, when all plans are at an end, that the plan is justified?

From ancient times it has been the role of the philosopher to show us how we should think of death, so as to overcome our fear of it. Epicurus and following him Lucretius argued that there is nothing to fear in death since death is nothing: I do not survive it, so there is nothing bad for me on the other side of it. In an important sense death doesn't happen to me: when I am, death is not; and when death is, I am not. That is just one example of the attempt to neutralise the fear of death by thinking. More recent philosophers have taken the line that it is not thinking but doing that counts. Thus Heidegger tells us that we overcome our anxiety by adopting another existential posture than that of everyday instrumentality. He calls this posture 'being-towards-death', and implies that by adopting it we incorporate death into our lives, overcome its fearful quality, achieve a kind of serenity in action that takes full cognisance of our mortality.

Whatever we think of those arguments they don't help us with the problem of senility. Maybe I don't fully survive the onset of senility; but enough of me survives for it to be true that senility is something that

happens to me, and which, in happening, takes away something of supreme value, which is the envelope of my life, the proper death which would have completed me. And as for Heidegger – being-towards-death sounds grand and inspiring as an existential posture. But being-towards-senility has no comparable appeal.

The question is, how should I live now, and what preparations should I make, in the face of this threat – the threat of living beyond my own self-identity as an acting, knowing, loving creature? I think we should take inspiration from Aristotle, and switch the focus of the question. Here, roughly, is the picture that Aristotle paints of the moral life. I cannot know now what will be my future circumstances or desires. All I can know are various general truths about the human condition, and about the dispositions of character that enable people to deal successfully with the contingencies of life. Success in action means acting in such a way that others would admire and endorse you. And happiness comes about when we see our own condition as others might see it, and see also that it is good to be the thing that we are. All I can do now therefore, to confront the vicissitudes of a future life that I cannot predict, is to acquire the dispositions that I would admire in another – the dispositions that we know as the virtues. For Aristotle as for most ancient thinkers these dispositions are clustered around a central core – the four cardinal virtues of prudence, courage, justice and temperance, which between them ensure our

moral robustness and our acceptability in the eyes of others. All I can do now to guarantee my future happiness is to exercise the virtues, so that they become part of my character, and so that, when the time comes, I do what is worthy and honourable and earn the approbation of those on whose good opinion I depend. Of course the virtuous person may suffer where the vicious person would not. In battle, for instance, it is often the courageous man who dies, the coward who survives – but survives to what purpose? And in the ordinary business of life the coward is overcome and defeated by the slightest adversity, and is always at one remove from the happiness that he aims for.

Likewise, if we are to confront the threat of senility we should first address the question of the virtues that would enable us to deal with it. And this means the dispositions in another person that would elicit our admiration, and which would show him or her to be in some way victorious in the confrontation, as Brutus snatched victory from defeat when he fell on his sword. One thing that always elicits a negative response in the observer is cowardice. People who cannot bear the thought of death, who have done nothing to understand or accept it, who flee from it or who deceive themselves into thinking that it can be indefinitely postponed elicit in all normal people the thought, let me not be like that! And those who avoid the fear of death by having their bodies frozen, to be revived when medical science is able to give them another go, do not

merely repel us with their cowardice: they also exhibit a monstrous selfishness, in refusing to relinquish the planet to their successors, and choosing instead to burden the earth with their unappealing presence for all time. It is just such people who will push medicine in the morally repugnant direction advocated by Aubrey de Grey and the transhumanists – towards the goal of immortality.

Courage therefore is the *sine qua non* of any attempt to deal with the threat of senility – courage to face the truth, and to live fully in the face of it. With courage a person can go about living in another way – a way that will give maximum chance of dying with his faculties intact. This other way is not the way of the welfare culture in which we are all immersed. It does not involve the constant search for comforts or the obsessive pursuit of health. On the contrary, it is a way of benign shabbiness and self-neglect, of risky enjoyments and bold adventures. It involves constant exercise – but not of the body. Rather, exercise of the person, through relationships with others, through sacrifice, through the search for opportunities to be involved and exposed. Such, at least, is my intuition. The life of benign shabbiness is not a life of excess. Of course you should drink, smoke, eat fatty foods – but not to the point of gluttony. The purpose is to weaken the body while strengthening the mind. The risks you take should not damage your will or your relationships, but only your chances of survival. Officious

doctors and health fascists will assail you, telling you to correct your diet, to take better forms of exercise, to drink more water and less wine. If you pursue a life of risk-taking and defiance the thought-police will track you down, and your life style will be held up to ridicule and contempt. It is not that anyone intends you to live beyond your time. Rather, to use Adam Smith's famous image, the old people's gulag arises by an invisible hand from a false conception of human life – a conception that does not see death as a part of life, and timely death as the fruit of it.

Each of us must decide for himself what the life of benign shabbiness requires of him. Obviously dangerous pursuits like hunting and mountaineering have a part to play. Equally important is the forthright expression of opinion, so as to win grateful friends and implacable enemies, a process that enhances both the consolations of social life, and the tensions of day-to-day living. I am not sure that I could live like my friend the writer and campaigner Ayaan Hirsi Ali; but there is an adorable recklessness in her truth-directed way of life that makes each moment of it worthwhile. Going out to help others, in ways that involve danger and the threat of disease, is also a useful form of exposure. The main point, it seems to me, is to maintain a life of active risk and affection, while helping the body along the path of decay, remembering always that the value of life does not consist in its length but in its depth.