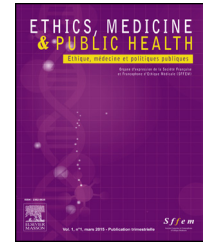




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DOSSIER ‘‘ETHICS, MEDICINE AND GENETICS’’
Philosophical considerations

From death as necessity to death as choice

De la mort comme nécessité à la mort comme choix

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Summary There is a growing public perception that death should be a matter of personal choice in respect to timing and means employed, as opposed to death as a necessary component of being a mortal creature. This perception is partly in response to the success of medical treatments that prolong life (or delay death). This perception is also partly a consequence of the late modern project of asserting greater human control over nature and human nature, a goal exacerbated by transhuman rhetoric regarding human enhancement and extended longevity (e.g., the goal of some transhumanists is to achieve virtual immortality by uploading one’s consciousness into a computer and then downloading into robotic or AI hosts so that death would always be a matter of choice). This article assesses selected implications of this public perception that death should be a matter of choice rather than necessity by focusing on changing public expectations of medical care, and how responding to these expectations may be altering, for both good and ill, medical practice.

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MOTS CLÉS

Amélioration génétique ;
Mort ;
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Perception du public

Résumé Il existe une perception croissante du public que la mort devrait être une question de choix personnel en ce qui concerne le calendrier et les moyens employés pour y aboutir, par opposition à une mort considérée comme composante nécessaire d’être une créature mortelle. Cette perception est en partie en réponse à la réussite des traitements médicaux qui prolongent la vie (ou retardent la mort). Cette perception est aussi en partie une conséquence du projet moderne d’affirmer un plus grand contrôle humain sur la nature en général (et la nature

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humaine en particulier), un objectif exacerbé par la rhétorique transhumaniste concernant l'amélioration humaine et la prolongation de la longévité (par exemple, l'objectif de certains transhumanistes est d'atteindre l'immortalité virtuelle en téléchargeant sa conscience dans un ordinateur, puis le téléchargement dans des hôtes robotiques ou intelligence artificielle [IA] de sorte que la mort serait toujours une question de choix). Cet article évalue les implications de cette perception du public que la mort devrait être une question de choix plutôt qu'une nécessité, en mettant l'accent sur l'évolution des attentes du public des soins médicaux, et comment répondre à ces attentes peut modifier, dans un sens bénéfique ou négatif, notre pratique médicale.

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Many individuals now believe they should have the right to control the timing and means of their deaths, provided they avoid a sudden or accidental death. Many also believe that medical professionals should assist them in accomplishing their planned deaths. Increasingly, governments are responding favorably to this desire by enacting policies permitting and providing assistance in dying. Consequently, there is a growing public perception of death as more a matter of choice than one of necessity endemic to the human condition. The purpose of this article is not to assess either the veracity of this perception or the efficacy of policies governing assisted dying. Rather, it is to speculate on the sources of this changing perception, however true or false it might be, and to examine some potential implications that this transition might pose for the practice of medicine.

How did we come to see death as a choice rather than a necessity? In part, it reflects the broader late modern project of mastering nature and human nature [1]. In many respects, nature is, at best, indifferent and, at worse, inimical to human flourishing. Technologies are thereby used to assert greater control over natural vicissitudes more in line with humans desire and value [2–4], making late moderns presumably the beneficiaries of greater material comfort and more fulfilling lives. Ironically, the "natural" daily environment of many, if not most, late moderns is that of their own artifices¹.

Medical technologies in particular play an increasingly central role in asserting this mastery. Advances in diagnostic, preventive, therapeutic, and enhancement techniques have promoted longer, more productive, and happier lives [5]. Medicine has not only become a powerful tool in both preserving and improving physical capabilities, but also enhancing the well-being of mind and soul. Medicine, to at least some extent, is reshaping human nature by enabling relatively good health over an extended period of time into

a common expectation rather than a rare occurrence. If humans flourish by asserting greater control over nature and human nature, then cannot the same be said for controlling the natural process of dying and death?

Another force driving this transition from death as necessity to one of choice is the prominent role the will plays in shaping the identities and actions of late moderns [6,7]. Closely associated with the attempt to master nature and human nature as noted above, the will, however variously defined or understood, serves as the central source for late moderns in constructing their desires, actions undertaken in satisfying them, and thereby their identities [4,8]. The will, in short, is both the source and expression of one's evolving identity. Asserting the will ultimately becomes, as Nietzsche and others recognized, the will to power accompanied by the nihilism it promotes [9–11]. Consequently, both nature and human nature are effectively reduced to artifacts of the will.

Since the will purportedly plays such a crucial role, then eliminating any unnecessary constraints should presumably enable human flourishing. Ideally, constraints against the will should be freely chosen rather than unwillingly imposed. In response, various political policies and social customs are devised that simultaneously seek to eliminate unwanted constraints and enlarge the range of choices that one can make forming and asserting one's will. These schemes, however, largely fail to address two significant constraints, namely, finitude and mortality. Since humans are embodied they are also finite and mortal beings, and a body, particularly an aging one, exerts many unwanted limitations upon the will. To be embodied means that individuals cannot do everything that they might will to do.

Late moderns turn, rather eagerly, to medicine to ameliorate their finite and mortal limitations [12]. To some extent, this recourse has not been in vain. Medical advances have not only extended longevity, but they have also helped maintain physical and mental vitality as people grow older. It is not unreasonable to assume that many individuals will live long and productive lives so long as they have access to good healthcare. Although medicine has helped to relieve the constraints of finitude and pushed back those of mortality, they have not been overcome, so the will remains fettered. Eventually, everyone dies despite the best medical efforts at hand. Yet again late moderns turn to medicine to help them forge one last, defiant gesture: if finite and mortal constraints cannot be conquered, at least medical

¹ By "late modernity", I am referring to an admittedly imprecise perception that the so-called "modern era" or "modernity", originating roughly in the Enlightenment, is coming to an end. What is replacing is contentious as reflected in the many disparate accounts of so-called "postmodernity". In this respect, late moderns live in a kind of twilight between purportedly declining and ascendant eras in which they increasingly think and act in ways that are, to some extent, "postmodern" but within conceptual categories and social structures that continue to be largely "modern".

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