

**Does a Person  
 Ever Have a  
 Duty to Die?**

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**The Hardwig Challenge**

John Hardwig, "What About the Family?"  
*Hastings Center Report* (March-April 1990): 5-10.

John Hardwig, "Is There a Duty to Die?"  
*Hastings Center Report* (March-April, 1997): 34-42.

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**The Hardwig Challenge**

⌘ "Our present individualistic medical ethics is isolating and destructive."

⌘ "The interests of patients and family members are morally to be weighed equally"

⌘ "The interests of family members often ought to *override* those of the patient."

Hardwig, "What About the Family?"

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**Best interest of child or of family?**

*Parents want to disconnect Lisa's feeding tube and allow her to die.*

- Age: 8 years
- Numerous aspiration pneumonias led to gastrostomy
- Minimal response to environment; few spontaneous movements
- Not in persistent vegetative state, but only minimally responsive since age of three
- Prognosis poor. Recovery with minimal improvement is rare

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**Best interest of child or of family?**

⌘Nurses oppose removal of feeding tube: "she enjoys music and recognizes voices"

⌘Examining physician: Not in a persistent vegetative state, but close. Slim chance of recovery.

⌘Family: "5 years of living hell. We've done all we can. The whole family is suffering tremendously."

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**A duty to die?**

⌘In the absence of any terminal illness

⌘Even when one would prefer to live

⌘Before one's illness would cause death, even if treated only with palliative care

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**Duty to die?**

- ⌘ Rose, 77, congestive heart failure
- ⌘ 50% chance to live 6 another months
- ⌘ Lucid, assertive, terrified of death
- ⌘ Aggressive treatment prolonged her life 2 yrs
- ⌘ Only involved family is daughter Joan, 51 and grandchildren (15, 17, 23).
- ⌘ Continued aggressive care would consume money Joan saved for children’s education and risk her career

(Modified from Hardwig, 1997)

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**Which is greater burden?**

- ⌘ To lose a 50% chance of 6 more months of life at age 77
- ⌘ To risk career and children’s resources for college

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**Greater duty to die if:**

- ⌘ Continued life imposes significant burdens
- ⌘ Already had a full share of life’s goods
- ⌘ Loved ones’ lives difficult, impoverished
- ⌘ Loved ones already sacrificed for you
- ⌘ Unable any longer to contribute to others
- ⌘ What others loved in you no longer exists
- ⌘ Your need is the result of having chosen leisure or a spendthrift lifestyle.

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“Our medicine enables us to survive longer than we can take care of ourselves, longer than we know what to do with ourselves, longer than we even *are* ourselves.”

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“We fear death too much.”  
“To have reached the age of, say, 75 or 80 years without being ready to die is itself a moral failing, the sign of a life out of touch with life’s basic realities.”

John Hardwig

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“For me, a far greater horror [than death] would be stealing the futures of my loved ones in order to buy a little more time for myself.”

John Hardwig

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“My own grandfather committed suicide after his heart attack as a final gift to his wife--he had plenty of life insurance but not nearly enough health insurance, and he feared that she would be left homeless and destitute if he lingered on in an incapacitated state.”

John Hardwig

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“Most people treat the manner of their deaths as of special, symbolic importance: they want their deaths, if possible, to express and . . . vividly to confirm the values they believe most important in their lives.”

Ronald Dworkin, *Life's Dominion*, p. 211, quoted by James Lindemann Nelson, “Death, Medicine, and the Moral Significance of Family Decision Making, *Michigan Family Review*, Vol. 1, 1995.

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**Hardwig on duty to sacrifice for others**

⌘ We accept duty to sacrifice *quality* of life (e.g., for children) outside medical context. We should extend this duty to sacrificing *length* of life--in choice to die.

⌘ Many already accept duty not to request expensive life-extending treatments that offer minimal benefit. We should extend this to a duty to seek assistance in dying.

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**Option 3: A Middle Ground**

- ⌘ Beneficence: Act on behalf of patient's interests
- ⌘ Respect autonomy: Act on patient's choice of what he *should* do
  - ↳ Patient may choose to advance own interest
  - ↳ Patient may choose to sacrifice own interest for sake of others

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**Three views of autonomy**

- ⌘ Status quo: Act on person's choice of *his own* best interests
- ⌘ Hardwig challenge: Act on choice of the family
- ⌘ Proposal: Act on patient's choice of what he *should* do

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**Duty ≠ Desire**

“It is one of the tragedies of our lives that sometimes one who wants very much to live can nonetheless have a duty to die.”

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**Death with greater dignity**

“There is something deeply insulting in an ethic that would ask only what I *want* (or would have wanted) when I become ill. Recognizing a duty to die affirms my moral agency [and recognizes] that I can still do things that make an important difference in the lives of my loved ones.”

John Hardwig (1997)

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**No coercion or “undue influence”**

“It must be the reasoned professional opinion of both the attending and the consulting medical practitioners that there is no coercion or ‘undue influence’ manipulating the conviction of the terminally ill person that he or she wishes to end his or her life.”

*Oregon Medical Association Guidelines for Implementing Physician-Assisted Suicide*

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**Scenario 1**

Joan: “I could never encourage my mother to give up. She is not only my mother, but she has been my closest friend for as long as I can remember.”

Rose: “Of course I *want* to live. I have some time left, I’m not in pain, and I’m afraid to die. But I’ve lived my life. I don’t think it would be right to continue to drain my daughter’s and her family’s energy and resources. They have done so much for me, and now it’s my time to die.

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**Scenario 2**

Joan: "It's been totally exhausting for all of us the last 2 years, and I guess we can no longer hide it. I never thought it would go on this long or be so draining. Unfortunately that's the message she's gotten from us. We're a very honest family. We don't hide our feelings very well."

Rose: I don't think my daughter wants me around anymore. You know, a mother can take care of three children, but three children can't take care of one mother. That's the way it is these days. All these machines and doctors are driving my daughter and her family crazy. Just keep me comfortable and let me go in peace."

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**Scenario 3**

Joan: "I love my mother and this feels like a terrible thing to say, but I think she has taken enough from all of us. She is not the only person involved here."

Rose: "I want to live whatever time I have. Nothing is worse than death. I know it's terrible for my daughter, but it's not *killing* her. I know this has been hell for her and her children, but I guess I'm thinking mainly of myself. Wouldn't anyone in my situation?"

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**A free decision or "undue coercion"?**

⌘ Multiple conferences, both with entire family together *and with each member, especially patient, separately.*

⌘ Ask the bedside nurses

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