1 Preliminary distinctions

If we ask about the value of a human life, there are a number of things that ‘valuable’ can mean here – (1) valuable in itself, objectively and independently of human beliefs/attitudes; (2) valuable to others (‘to us’); (3) to be protected, morally; (4) worth living for the one whose life it is. (1) looks like unacceptable Intuitionism, and can be set aside on that ground. (2) and (3) aren’t the same, on either Utilitarian or Contractualist accounts of morality. The answer to (3) may sometimes depend upon (2); and sometimes it may depend upon (4). (4) is the fundamental question for issues to do with the rationality and morality of suicide and euthanasia. Focus on that.

2 Is life always valuable?

Take this to mean – is it always worth living for the one whose life it is? The answer to this question is clearly negative – consider someone in an irreversible coma; surely they might just as well be dead from their point of view? But coma is preferable because it is always possible for it to be reversed? But consider after the fact – we would hardly say “At least he had an extra 30 years of life”? Someone irreversibly unconscious is beyond good or harm and death is no evil for them. (But also by the same token death cannot be a benefit, so opting for death here cannot be euthanasia, if euthanasia is defined as death sought for the good of the one who dies.) Sometimes continued life isn’t just not good, but positively bad, and death would be a positive blessing. E.g. someone being tortured to death by a sadistic jailer – far better, for them, if they had died before the torture started. These extreme examples are easy. But when in general is life good for the one whose life it is? and when in general is life bad? We need answers to these questions in order to discuss the rationality of suicide (session 8) and the morality of euthanasia (sessions 11 & 12).

Is life only worth living when it contains more happiness than unhappiness? Is death better than irreversible pain and unhappiness? Not necessarily. An unhappy life may be better than none! Unhappy = wants major things changed; not: unhappy = worse than nothing! C.f. the painter unhappy with his work – not the same as saying it would be better destroyed!

3 Minimum human goods

Philippa Foot handles the question of when life is a good (to the one whose life it is) in terms of minimum human goods. (See Philippa Foot ‘Euthanasia’ in her Virtues & Vices, & in Phil. & Pub.Affairs 1977.) Begin with animals – when do we do an animal good by saving its life? When the animal can lead a life without pain? Too simple: we do not do an animal good if it survives in a (painless) coma; or if it is so crippled that it cannot lead any sort of normal existence. Foot suggests: life is a good for an animal when, and only when, the animal is able to operate more-or-less normally. Severe pain can prevent normal living; but so too can various other mental and physical incapacities. Can this idea be extended to humans? What counts as ‘operating normally’ here? Foot suggests: an ordinary human life is one which contains a minimum of basic human goods. E.g. work that is within one’s capacity; the support of family or community; hunger more-or-less satisfied; hopes for the future; ability to lie down and rest at night. This is why life was not a good to those in the Nazi death-camps. But also why even very hard lives can be
Foot claims that severe depression and severe pain can each prevent someone from enjoying these minimum human goods. So depression and pain can prevent life from being a good. But an account in terms of minimum (normal) human goods need not have much to do with the value of life to the subject. Not every human actually values what we call ‘human goods’ (e.g. support of family / community). An account of what makes life valuable to the subject ought surely to be framed from the perspective of that subject. And: even severe depression needn’t interfere with most of these goods (easy work, family, food, sleep); and surely life is here not of value to the subject. (Ambiguity of the term ‘enjoy’ – a depressed person may enjoy these goods in the sense of having them, but may get no pleasure from them.) Should the account be framed in terms of certain minimum pleasures? But why should we prioritise some over others? (Again, it is the subject’s perspective that matters.)

4 A presently-valuable life
(Stress again, valuable to the one whose life it is – valuable to them.)
Suggest: presently-valuable life = the person prefers their present mode of existence to being unconscious.
Note: not the same as saying they want to stay alive, since people may have projects for the future which give them this desire although their present life is not valuable.
And: not the same as saying they prefer their present existence to death, since they may have beliefs about death – e.g. hell & damnation – which would lead them to prefer anything to death, or they may mistakenly picture death as a state of terrifying emptiness.
A normal life will contain many periods when life is not valuable, where unconsciousness would be preferred.

5 The value of life over a period
Present value of life is solely a matter of the subject’s assessment; future value is not. Predictions of future events are an objective matter, and the subject’s preferences may change. So assessments of future value are doubly precarious –
(a) what is going to happen to this person in the future?
(b) how will they value it when it arrives?
Neither question need be at all easy to answer. But these are the questions we have to ask if euthanasia is to be discussed seriously.
Another difficulty in assessing an extended period of life, is that it may contain some sub-periods better, and some worse, than unconsciousness.
How is its overall value to the subject to be thought of?
We cannot rely on the subject’s assessment at the end, since memory is fallible, and we would expect the most recent sub-period to be most vivid for them.
Suggest: life valuable through a period = the person, on average, prefers their mode of existence to being unconscious through that period.
Presupposes rough assessments of how much better or worse than nothing life is at each time – in terms of what the subject would trade for what on successive days?

What about where the period of life isn’t fixed? – where it may be possible to trade a longer less valuable life for a shorter more intensely valuable one.
Highest average value? – then a day of ecstasy may be better than a normal life.
Highest total value? – then the best may be a very long life only just better than nothing. (We return to these issues in #27 and #28.)