SIDNEY HOOK

In Defense of Voluntary Euthanasia

Sidney Hook (1902–1989) was a philosophy professor at New York University. This essay was originally printed in the New York Times in 1987.

A few short years ago, I lay at the point of death. A congestive heart failure was treated for diagnostic purposes by an angiogram that triggered a stroke. Violent and painful hiccups, uninterrupted for several days and nights, prevented the ingestion of food. My left side and one of my vocal cords became paralyzed. Some form of pleurisy set in, and I felt I was drowning in a sea of slime. At one point, my heart stopped beating; just as I lost consciousness, it was thumped back into action again. In one of my lucid intervals during those days of agony, I asked my physician to discontinue all life-supporting services or show me how to do it. He refused and predicted that someday I would appreciate the unwisdom of my request.

A month later, I was discharged from the hospital. In six months, I regained the use of my limbs, and although my voice still lacks its old resonance and carrying power I no longer croak like a frog. There remain some minor disabilities and I am restricted to a rigorous, low-sodium diet. I have resumed my writing and research.

My experience can be and has been cited as an argument against honoring requests of stricken patients to be gently eased out of their pain and life. I cannot agree. There are two main reasons. As an octogenarian, there is a reasonable likelihood that I may suffer another “cardiovascular accident” or worse. I may not even be in a position to ask for the surcease of pain. It seems to me that I have already paid my dues to death—indeed, although time has softened my memories they are vivid enough to justify my saying that I suffered enough to warrant dying several times over. Why run the risk of more?

Secondly, I dread imposing on my family and friends another grim round of misery similar to the one my first attack occasioned.

My wife and children endured enough for one lifetime. I know that for them the long days and nights of waiting, the disruption of their professional duties and their own familial responsibilities counted for nothing in their anxiety for me. In their joy at my recovery they have been forgotten. Nonetheless, to visit another prolonged spell of helpless suffering on them as my life ebbs away, or even worse, if I linger on into a comatose senility, seems altogether gratuitous.

But what, it may be asked, of the joy and satisfaction of living, of basking in the sunshine, listening to music, watching one’s grandchildren growing into adolescence, following the news about the fate of freedom in a troubled world, playing with ideas, writing one’s testament of wisdom and folly for
posterity? Is not all that one endured, together with the risk of its recurrence, an acceptable price for the multiple satisfactions that are still open even to a person of advanced years?

Apparently those who cling to life no matter what think so. I do not. The zest and intensity of these experiences are no longer what they used to be. I am not vain enough to delude myself that I can in the few remaining years make an important discovery useful for mankind or can lead a social movement or do anything that will be historically eventful, no less event-making. My autobiography, which describes a record of intellectual and political experiences of some historical value, already much too long, could be posthumously published. I have had my fill of joys and sorrows and am not greedy for more life. I have always thought that a test of whether one had found happiness in one's life is whether one would be willing to relive it—whether, if it were possible, one would accept the opportunity to be born again.

Having lived a full and relatively happy life, I would cheerfully accept the chance to be reborn, but certainly not to be reborn again as an infirm octogenarian. To some extent, my views reflect what I have seen happen to the aged and stricken who have been so unfortunate as to survive crippling paralysis. They suffer, and impose suffering on others, unable even to make a request that their torment be ended.

I am mindful too of the burdens placed upon the community, with its rapidly diminishing resources, to provide the adequate and costly services necessary to sustain the lives of those whose days and nights are spent on mattress graves of pain. A better use could be made of these resources to increase the opportunities and qualities of life for the young. I am not denying the moral obligation the community has to look after its disabled and aged. There are times, however, when an individual may find it pointless to insist on the fulfillment of a legal and moral right.

What is required is no great revolution in morals but an enlargement of imagination and an intelligent evaluation of alternative uses of community resources.

Long ago, Seneca observed that "the wise man will live as long as he ought, not as long as he can." One can envisage hypothetical circumstances in which one has a duty to prolong one's life despite its costs for the sake of others, but such circumstances are far removed from the ordinary prospects we are considering. If wisdom is rooted in knowledge of the alternatives of choice, it must be reliably informed of the state one is in and its likely outcome. Scientific medicine is not infallible, but it is the best we have. Should a rational person be willing to endure acute suffering merely on the chance that a miraculous cure might presently be at hand? Each one should be permitted to make his own choice—especially when no one else is harmed by it.

*Seneca (4 B.C.—65 C.E.) lived in Rome and taught a philosophy known as Stoicism, which advocated duty, self-discipline, and adherence to the natural order of things.*

The responsibility for the decision, whether deemed wise or foolish, must be with the chooser.