

The Problem with Death: Towards a Genealogy of Euthanasia

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Abstract

A hugely contentious issue in society today is whether individuals have the right to choose when and how to die. The ethics, legality and morality of euthanasia have been hotly debated in many countries around the world. However, the phenomenon of euthanasia has not just emerged recently, on the contrary a wide ranging and diverse network of events have all played some part in our present day understanding. This paper presents a genealogical analysis, an overview of a Foucauldian 'history of the present', that addresses the issue of how euthanasia has emerged as a possible solution to terminal illness. It examines the conditions present at particular periods of time and a specific, but disorderly collection of incidents that have allowed our present constructions of euthanasia to come about. This focus recognizes the intrinsic relationship between discourse, knowledge and power as the construction of particular discourses of euthanasia that may prevail in our society today, and are accepted as 'common sense,' provide the potential to act in certain ways, while marginalizing alternative practices. This genealogy challenges both the origins and functions of our present day 'knowledge' regarding euthanasia and the assumptions of self-evidence and inevitability that accompany prevailing discourses.

Keywords: euthanasia, Foucault, bio-power, autonomy, neo-liberalism

Introduction

Genealogy is an unsettling methodological device (Gutting, 1994) that has the potential to challenge the very origins and functions of our present day 'knowledge' regarding euthanasia. Although Foucault frequently used this historical technique he termed it a 'history of the present' because rather than attempting to identify an overall grand narrative of historical progression, he was instead interested in the multitude of ways in which certain events and understandings may have come about. Thus, unlike traditional histories that trace the causal factors that have led to the inevitable present situation, Foucault focused on the incidental nature of history in order to undermine these assumptions of inevitability. His 'history of the present'

demonstrated that institutions and practices and the knowledge upon which they are based have in fact been quite different in the past and it is not particularly obvious or necessary for things to be the way they are today (Gutting, 1994).

Therefore, in order to examine the 'history of the present' of euthanasia we need to address the issue of how euthanasia has emerged as a possible solution to terminal illness. We want to know what conditions present during a particular period have allowed the emergence of certain discourses and specific ways of doing things rather than any alternatives. How have, for example, discourses of personal autonomy and medicalisation attained a 'taken-for-granted' status and been accepted as so self evident that they can be used to endorse the practice of euthanasia? This genealogy will focus on a small but significant collection of incidents that can help support our understanding of how we have arrived at this present point.

Power and Death

It is important at the outset to situate this genealogy of euthanasia within its context by explaining the relationship between death and power. The status of death underwent a significant transformation with the change from a repressive regime of sovereign power that was characterised by the monarch's right over life and death to a new positive form of power that was concerned with the administration of life. The emergence of this 'bio-power' has been attributed to some key developments that took place early in the 17th century that were accompanied by the need to manage people. Central among these was the Industrial Revolution and the rise of capitalism with the corresponding requirement for a constant docile workforce. No longer were human beings dispensable at the whim of the Sovereign as in feudal times; the control of the body and populations became essential for the success of the capitalist economy (Power, 2001). However, the relationship between bio-power and capitalism was, according to Foucault, mutually dependent, as one was neither possible nor necessary without the existence of the other (Rabinow, 1984).

Bio-power, which centred on the fostering and regulation of life, oscillated between the human body as an object for manipulation and control and the collective politics of the population. This called for the coming together of power and knowledge to monitor, regulate and transform human life via procedures termed 'disciplinary technologies'. The concomitant development of the physical sciences provided the necessary tools for the empirical analysis required for the methods of normalization that were an essential component of these procedures (Rabinow, 1984; Rabinow & Rose, 1994). However, of central importance to this genealogy is the point that Foucault (1978) highlights that although bio-power seeks domination over life, it has not in fact turned away from death because death can be viewed as the limit to this power.

Having contextualized this issue of the connection between power and life and death this paper will give a brief outline of what a genealogy might look like by first considering the notion of suicide and its historical link to euthanasia and the development of moral arguments. This will be followed by an examination of the changing roles of the priest and the physician in the dying process and the medicalization of society more generally. The influence of scientific knowledge, changing socio cultural boundaries, and the development of neo-liberal ideologies on the present-day constructions of euthanasia will then be analysed.

Historical Constructions

The taking of one's own life has been part and parcel of human culture since ancient times but there have been widely varied attitudes through the centuries and amongst different societies. The ancient Egyptian view that the living and dead were just different forms of existence led to a neutral or ambivalent approach to the question of self-destruction. The ancient Greeks held diverse views, and laws and practices differed from city to city. For example in Thebes self-killing was condemned and the person was denied funeral rites. Likewise in Athens the law required the hand (responsible for the deed) to be cut off and buried separately from the victim's body (Evans & Farberow, 2003). However, in some Greek communities magistrates presided over special tribunals that would hear arguments from citizens who wished to kill themselves. Permission could be granted and the poison hemlock supplied if sufficient grounds such as profound physical or mental suffering were established (Evans & Farberow, 2003).

The Greek 'father of medicine', Hippocrates (460 – 377 B.C.) formulated the Hippocratic oath that is still used today as a guiding principal for medical ethics and

professional conduct. It is thought that the sentiments expressed in the oath originated from a group of Greek philosophers called Pythagoreans who condemned self-destruction as advocated by many other Greeks of the time. The oath specifically denounces self-killing and also rendering assistance to someone to kill themselves: "I will neither give a deadly drug to anybody if asked for it, nor I will make a suggestion to this effect" (Evans & Farberow, 2003 p.119). The ramifications of this oath still resonate today with physicians involved with end-of-life issues.

However, many Greek philosophers judged the act of self-killing based on the moral or ethical nuances of the circumstances. Socrates viewed life as belonging to the gods and therefore without their permission taking life was wrong. However, if dying became necessary it was permissible by the gods and could be considered as noble. Thus, when Socrates was condemned to death by an Athenian court in 399BC for corrupting the minds of the youth of the city he took his own life by drinking Hemlock. Socrates pupil Plato (428- 348 BC) also disapproved of self-destruction, recommending that anyone who killed himself should be punished because of the lack of manliness of the act by burying the deceased in an unmarked grave on the outskirts of the city. His student Aristotle (384-322 BC) reinforced the illegitimacy of self-killing based on the notion that man belonged not only to the gods but to the state, not to himself (Evans & Farberow, 2003). Thus, his condemnation was widened to incorporate a political rationale that viewed man's allegiance to the state as morally precluding him from taking his own life.¹

The Romans however, although punishing self-destruction under certain conditions, expanded the criteria of the law to justify taking one's own life in circumstances of *taedium vitae* which is a mental state which can variously be described as depression or simply having had enough of life. This criterion however, was not extended to slaves who were considered the property of their owners, soldiers, or those accused of a crime (Szasz, 1999; Lieberman, 2003). Later came the Stoic philosophers, disciples of the Greek philosopher Zeno, who articulated a more pragmatic view on self-killing. Although they advocated careful contemplation before the act of self-destruction, they recognised that death was an option to release them from life's sufferings. Indeed, the Roman Stoic who opted to end his own life could utilise the services of a trained technician to sever his veins. Seneca (4 B.C. – A.D. 65), one of the most famous Stoic philosophers, recommended that as

¹ The gendered language in this section is a reflection of the law of this historical period.

you reached old age you should kill yourself to avoid the inevitable accompanying decay and this should be completed earlier rather than later when you may not be able to complete the act yourself (Szasz, 1999; Evans & Farberow, 2003).

Humphrey and Clement (1998) suggest that the approach of the Greeks and Romans which allowed for self-killing under certain conditions may have influenced the authors of the Bible. The ancient Hebrews recognised the sacredness of life given by God and therefore prohibited the ending of one's own life except under extreme conditions such as defeat in battle or being forced to betray the Jewish faith. However, the Old Testament does not offer a judgement on the rights or wrongs of self-killing but describes a number of instances of self-destruction that are represented as justifiable. For example the first king of Israel, Saul kills himself to prevent falling into the hands of the Philistines; and Samson, after being betrayed by Delilah, pulls down a Philistine temple upon himself and his enemies. The New Testament also neither specifically condemns nor supports the taking of one's own life and little comment is made on the hanging of Judas Iscariot after betraying Jesus (Evans & Farberow, 2003).

The Christian Church followed the Platonic view that God gave humans life and as such it belonged to him and could only be taken by him. However, early Christians embraced the idea of dying for God to show their absolute love, for example Saint Ignatius (d.c. A.D. 119) the Bishop of Antioch beseeched his congregation to feed him to the wild beasts so that he could become a true disciple of Jesus. Although the early Church viewed this honourable taking of one's life for God as a noble sacrifice in much the same way as the early Romans, the rate at which Christians sought martyrdom eventually resulted in the Church issuing edicts against the practice (Szasz, 1999; Lieberman, 2003).

The Church's position on self-killing was formalised by the works of the great theologian Saint Augustine of Hippo in the 5th century. He denounced self-destruction on the grounds that it was an act of murder against oneself in direct violation of the fifth commandment: Thou shalt not kill. It was in defiance of divine authority and punished by denial of both funeral rites and burial in consecrated grounds. Saint Thomas Aquinas (1225-740) reinforced Augustine's teachings and revived Aristotle's idea that not only did life belong to God but self-killing was also an act against society. This view was used in the Middle Ages to support many barbaric practices and civil penalties against those who had taken their own life, and their surviving families. Thus, in England all properties were confiscated and the body was dragged

through the streets and buried at night at a crossroads often with a stake driven through the heart to prevent the soul wandering (Evans & Farberow, 2003; Lieberman, 2003). Foucault (1978) comments that it was unsurprising that suicide was characterised as a crime when the power of death, which was perceived as the sole right of the sovereign (whether on earth or in heaven), was appropriated by the individual in this act of self-destruction.

This stance on self-destruction still remains in effect today in the Roman Catholic Church, many traditional Protestant churches and in Judaism but it has been ameliorated by the medical view, accepted also by secular law, that self-killing can be excused on the grounds of insanity, thus avoiding religious penalties (Evans & Farberow, 2003). However, there is no doubt that the concepts of suicide and euthanasia and assisted dying are bound together historically and share similar moral arguments. It also seems that euthanasia and assisting dying, have been regarded as more acceptable forms of suicide throughout antiquity. This view continues today with many advocates of the right-to-die attempting to distance the practice of assisted dying from these historic connections to suicide and the corresponding taboos on the grounds of terminal illness (Norwood, 2009).

Medicalisation

Lavi (2005) argues that the modern concept of euthanasia can be traced back to the movement of death and dying from the domain of religion to that of medicine and law. The meaning of the word 'euthanasia' itself has changed radically over the last two hundred years. The term comes from a Greek root meaning 'well-dying' and implies a 'good death' or 'easy death'. In this original sense, the Christian world viewed euthanasia as a death blessed by God. The deathbed at this stage was very much a public event and the province of religion, with behaviour surrounding it governed by a book of rules known as *ars moriendi* or 'the art of dying'.

However, during the nineteenth century the physician began to usurp the role of the minister as dying became a medical event. The physician was now charged with helping the patient achieve this easy death while not hastening it. Thus, by the middle of the nineteenth century the meaning of euthanasia reflected the assistance of the physician in providing a painless death. This medicalisation of death on the other hand was somewhat problematic because the physician could not cure dying patients: therefore, the option of hastening death by, "medical euthanasia emerged as a possible solution to the problem of dying" (Lavi, 2005, p. 6).

The subsequent attempts to legalise medical euthanasia had the effect of taking death and dying into the realm of law and public policy.

The causes of death have also changed, particularly over the last century, with deaths from infectious disease giving way to death from more chronic degenerative conditions such as cancer and heart disease. Thus, the experience of death and dying has been transformed over time by significant advances in medical technologies from a short-term event to one that usually involves a prolonged time of slow decline. Alongside this has been the movement away from dying in the home surrounded by friends and family to dying in a hospital or other medical setting being tended to by health professionals (Lyons & Chamberlain, 2006).

It is important at this point to emphasize the profound effect of medicalisation on society. Health and medicine are integral to the concept of 'normality' that is an essential component of the disciplinary techniques of bio-power that seeks to regulate and transform human life. The medical 'gaze' encompasses all aspects of our lives, constantly monitoring and regulating our bodies in order to achieve social control of the population. At no other point in our existence is this medical regime as strict as when we move into frail old age or become terminally ill (Lupton, 1997). Foucault argued that medicine had formed a unique relationship around death and the modern subject. However, in contrast to the changed relationship between power and death that accompanied the shift from sovereign power to bio-power, the normalizing role of medicine required a different reorientation in its relationship to death. Developments in Western medicine at the turn of the 19th century lead to a change of focus from the promotion of life through the cure of disease to concerns regarding the pathology of death. New light was shed on death by examining the anatomy of the corpse in order to determine the nature of disease and illness. Therefore rather than our common perception that medicine's sole preoccupation is with the maintenance of life, it can in fact be characterized as having a positive relationship with death (Tierney, 2006).

Scientific Knowledge and Autonomy

The interest in euthanasia and assisted suicide continued to grow in the late nineteenth century as a by-product of Darwin's theories of evolution. The so-called social Darwinism was augmented by the principles of eugenics espoused by Galton and expressed in the desire to 'weed out' the weaker, less productive members of society. These beliefs, based as they were on scientific knowledge of the natural world, found international

favour. For example, this initial mandate was channelled into a call for the voluntary legalised mercy killing of terminally ill patients with the founding of the Euthanasia Society of America in 1938. Likewise in Germany, the initial interest in eugenics-as-euthanasia was based on the concept of humanely removing 'lives not worth living' as a service to both the individual and to a burdened society (Szasz, 1999). It was only following World War II and exposure of the Nazi regime's euthanasia practices that there was a widespread public backlash against both the eugenics and euthanasia movement.

However, changes in the socio cultural climate during the 1960s and 1970s that saw increasing secularisation and challenges to traditional authority led to a growing demand for individual rights, and autonomy. This, coupled with the advances in modern medical technology that could prolong the dying process, provided fertile ground for the renewed growth of right-to-die organisations (Gorsuch, 2006). Importantly, this was fuelled by claims to civil rights rather than an ideology of improving social 'stock'.

Indeed, one of the major assertions in the euthanasia argument is that individuals should have the right to self-determination and control over their own dying. However, there is much to suggest that rather than recognising personal autonomy, euthanasia in fact represents an extension of the medicalisation of death. Medicine has expanded its normalising power to include suicide as a 'treatment' for terminal illness. Nevertheless, in the Netherlands where euthanasia has been legalised and 'normalized', studies have indicated that in practice some members of society will inevitably be sidelined due to their inability to appropriately engage with the complex discourses involved (Norwood, 2009). This exclusion has been heavily criticised by Szasz (1999), as he believes that it is an indication of just how little control and autonomy the Dutch actually have on the way they die. He suggests that the illusion of control lies in the way that patients can manage the request to die to their doctor to obtain the necessary legal sanction, but it is always on the doctor's terms. In his provocative book *Fatal Freedom*, Szasz (1999) is most concerned with who exerts control over the taking of one's own life. In charting the historical changes to people's attitudes towards self-destruction he points out, "Suicide began as a sin, became a crime, then became a mental illness, and now some people propose transferring it into the category called 'treatment', provided the 'cure' is under the control of doctors" (p.x).

Neo-liberalism

The significance and importance that we ascribe to this concept of autonomy can be seen as a reflection of 20th-21st century neo-liberalism. In other words, neo-liberalism places value on economic markets, efficiency, consumer choice and personal autonomy in order to shift risk from governmental authority to individuals. It is a form of self-regulation and self-discipline that bears the hallmark of bio-power. However, closely linked to this imperative to be in charge of your own destiny is the individual's responsibility to ensure that they minimize the risk they pose as a possible burden to society. The rationality of government is very much focussed on the commodity of an economically productive life. It demands a fiscally prudent approach to the cost of each individual life to society. At the same time it also needs to economize on its own activities so that it can achieve more but with a lesser show of strength or power (Gordon, 1991).

Coupled with the emergence of this aspect of government has been the changing face of death over the last century that has resulted in both an extended dying process and a rapidly growing aged population. The amalgamation of these two factors creates a situation that will inevitably shape the knowledge and practices surrounding the governing of death. It is no accident that renewed calls for euthanasia are coming at a time when the proportion of the population not in the work force, i.e. unproductive labour units; is increasing at such a rate that a successful capitalist economy cannot be sustained. For example, the increase in the aged population over the next 25 years means that 70 million in OECD countries will retire to be replaced by just 5 million newcomers (Ministry of Health, 2004). Added to this are burgeoning health costs that are disproportionately allocated to the elderly and terminally ill who often require expensive, long-term treatment before death (Humphrey & Clement, 1998). There have even been suggestions (Fung, 1993) that insured patients could be offered a benefit conversion for agreeing to euthanasia, thereby avoiding costly, aggressive treatments, which would assist in bringing health budgets under control and lower insurance premiums. As Battin (1987) succinctly states, "suicide is cheap" (p.169).

Summary

Euthanasia is ostensibly a humane response to the incalculable pain and suffering associated with chronic and terminal illness and the loss of quality of life. It can be viewed as a noble aspiration, laying claim as it does to individual rights, freedom of choice and personal autonomy. However, this genealogy is able to

open up that discursive space surrounding euthanasia to at least a modicum of suspicion.

In tracing the historical development of moral arguments, we are able to gain some insight into Foucault's suggestions about the formation of the self through self-subjection within these ancient ethical frameworks. The ethic of self-killing was firstly identified in order for it to become moulded by moral actions. This required the subjection of the self to a recognised moral order. For example, the ancient Greeks and Romans subjected themselves to the gods or the state and the early Christians to their Creator. As a result this moral obligation became objectified into ethical discourses and rules of behaviour. Turner (1997) argues that these 'discourses of subjectivity' have the effect of producing identities, for example the chronic sufferer and the terminally ill. As this genealogy further unfolded it became apparent that in Turner's words, "it is these identities which then become the object and focus of medicalisation and normalization" (p. xii). Foucault argued that medicine was at the center of the quest for normalization and by its infiltration of the law had created a 'juridico-medical' web that represented a major structure of power (Foucault, 1996).

The increasing demands for the legalization of the right-to-die are unlikely to deliver the promised 'freedom of choice' or control of our own dying. Rather it will result in an escalation of governmental power. Euthanasia can be viewed as emblematic of neo-liberalism that is intrinsically linked to an art of government that develops the ways and means in which to shape and guide the conduct of each and every one of its citizens. It requires the population to be acted upon to ensure its own welfare and for its own economic good through techniques that need to appear reasonable and acceptable to both the practitioners and the people (Foucault, 1991). Hegemonic discourses of medicalisation and personal autonomy that prevail in our society today and are accepted as 'common sense' seek to represent euthanasia as the obvious response of a humane society to terminal illness. They endorse a practice that is widely viewed as the logical extension of a fundamental human right. However, it should be recognised that these discourses also allow for the exercising of power while simultaneously masking that power.

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