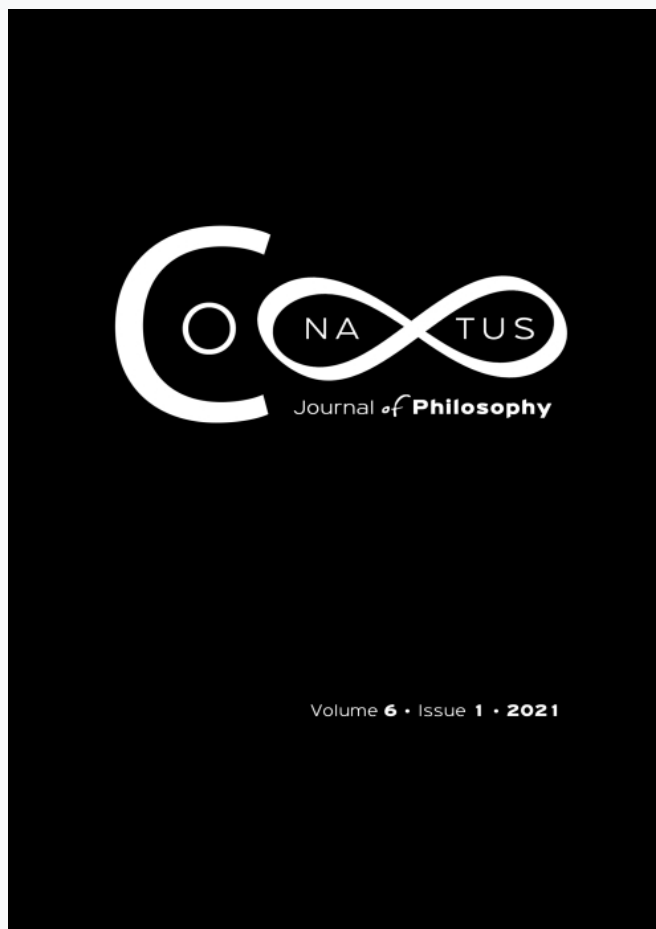


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# Death Anxiety, Immortality Projects and Happiness: A Utilitarian Argument Against the Legalization of Euthanasia

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## Abstract

*The current, utilitarian debate on the relation between euthanasia and happiness focusses primarily on the subject of dying patients. Where some utilitarians stress how euthanasia may relieve suffering in the process of dying, others emphasize the importance of respecting the autonomy of others to make decisions like these themselves. However, less attention has been paid to how legalizing euthanasia may impact the human decision-making processes of those still in a healthy and mentally sound state. This paper aims to shed light on this relatively underdeveloped subject within utilitarian theory. In particular, I focus on euthanasia's most contested form: active, voluntary euthanasia. I draw on Ernst Becker, who argues that moderate death anxiety stimulates people to work on 'immortality projects,' decisions that help them cope with the concept of death. Subsequently, I draw on several studies to defend the notion that immortality projects are indirectly conducive to happiness because they stimulate healthy decisions and long-term, human progress. Additionally, immortality projects counterbalance decisions that are based on an excessive drive for short-term pleasure. As euthanasia can make dying less painful, I argue it may diminish death anxiety to significant degree, and thereby also an incentive to work on immortality projects. This brings me to the conclusion that legalizing euthanasia is problematic from a utilitarian point of view, considering the observation that immortality projects are indirectly conducive to happiness.*

**Keywords:** death anxiety; euthanasia; immortality projects; *The Denial of Death*; utilitarianism

## I. Introduction

Active, voluntary euthanasia (Greek for ‘good death’) is a hugely divisive issue. From a utilitarian perspective, the right act to perform is the one that will bring about the best balance of pleasure over pain, i.e. the greatest happiness for the greatest number.<sup>1</sup> Some utilitarians therefore may argue that, as euthanasia has the capacity to alleviate unnecessary pain, it is *prima facie* the right thing to do. Conversely, the purpose of this paper is to demonstrate that legalizing euthanasia also indirectly demotivates decisions that are conducive to happiness. Becker<sup>2</sup> argues that moderate death anxiety stimulates people to work on ‘immortality projects,’ decisions that help them cope with the concept of death. Subsequently, I defend the notion that immortality projects are indirectly conducive to happiness because they stimulate healthy decisions and long-term, human progress. As euthanasia can make dying less painful, it diminishes death anxiety and thereby an incentive to work on immortality projects. For the sake of this paper, I exclude providing justification of utilitarianism as a moral framework. Although a wide variety of moral views on euthanasia are present (such as deontological and virtue-ethicist considerations), the purpose of this essay is solely to add a utilitarian consideration to this debate. I therefore do not argue that this paper will conclusively settle this rather complex issue; it merely aims to provide one utilitarian argument against euthanasia.

Firstly, I elaborate briefly on some of the present, utilitarian arguments for and against euthanasia to situate my argument in the current debate (Section 1). In Section 2, I provide evidence for the notion that moderate death anxiety is prevalent among many people and discuss the role of prospecting suffering in dying in relation to human decision-making processes. Becker argues this impact gives rise to immortality projects, decisions that help people cope with the concept of death. Section 3 aims to show that immortality projects are conducive to long-term happiness because they are progress-driven, healthy and capable of counterbalancing decisions that are based on an excessive drive for short-term pleasure. Section 4 shows that the possibility of euthanasia can reduce death anxiety, as euthanasia can take away suffering in the process of dying. I conclude that, as moderate death anxiety is an important incentive to make decisions that are conducive to happiness (immortality projects), euthanasia’s capacity to reduce suffering in dying may have counter-productive consequences. Lastly, I will consider some potential objections to my argument (Section 5).

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<sup>1</sup> Jeremy Bentham, *An Introduction to the Principles of Morals and Legislation* (Ontario: Batoche Books, 2000), 225.

<sup>2</sup> Becker, 208-210.

## II. Utilitarian arguments for and against euthanasia

There are different views on different forms of euthanasia. Here, I will only address the most contested form: active, voluntary euthanasia. Active, voluntary euthanasia is an act or set of acts to end a patient's life at request of this same patient.<sup>3</sup> From a utilitarian perspective, there are two important arguments that support active, voluntary euthanasia. Firstly, euthanasia has the capacity to alleviate pain that people experience nearing the end of their lives. As hedonistic utilitarians seek to find the best balance of pleasure over pain, any option to alleviate unnecessary pain is preferable. Secondly, some utilitarians argue we should respect the autonomy of people to make their own decisions if this does not harm others. John Stuart Mill, for instance, argues that:

the only purpose for which power can be rightfully exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.<sup>4</sup>

In line with Mill, utilitarians could argue that, if euthanasia only harms the individual, there is no reason to forbid it. Although the goal of utilitarianism is essentially to provide happiness (not autonomy), Mill argues the harm principle is nonetheless an essential principle exactly because such autonomy is contributory to maximizing happiness.

Conversely, others claim that respecting individual autonomy for some people may have negative consequences for others (e. g., marginalized groups). Boer<sup>5</sup> estimates that family pressure influences approximately 20% of people applying for euthanasia. From this perspective, legalizing euthanasia may threaten to pressure marginalised individuals to opt for euthanasia, damaging society by indirectly degrading the value of life within some communities.<sup>6</sup> This argument is primarily focussed on the social limits of autonomy, drawing on the dangerous social consequences of legalizing euthanasia. Although Mill's harm principle protects individual autonomy, it also allows restrictions

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<sup>3</sup> Singer, 526.

<sup>4</sup> John Stuart Mill, *On Liberty* (Boston: Ticknor and Fields, 1859), 13.

<sup>5</sup> Theo Boer, "Report on Euthanasia and Physician Assisted Suicide in the Netherlands," 5, <https://www.pthu.nl/Over-PThU/Organisatie/Medewerkers/t.a.boer/downloads/2016-boer-south-africa-affidavit-euthanasia-netherlands.pdf>

<sup>6</sup> William Grey, "Right to Die or Duty to Live? The Problem of Euthanasia," *Journal of Applied Philosophy* 16, no. 1 (1999): 25.

on individual freedom in cases where this freedom harms others. As this argument posits that the legalization of euthanasia indeed has negative, social consequences for others, Mill's harm principle does not counter this objection to euthanasia. Similarly, my argument is primarily focussed on the negative, social consequence of the legalization of euthanasia, namely its impact on human decision-making processes (hereafter HDMP). Differing from the current debate on the relation between euthanasia and HDMP, which focusses primarily on the decision to opt for euthanasia or not, this paper sheds light on the impact on HDMP when people are still in a healthy and mentally sound state; a relatively underdeveloped subject. Importantly, my argument addresses the legalization of euthanasia, as opposed to its practice. I argue that legalizing active, voluntary euthanasia gives people the opportunity to reduce suffering in dying, impacting HDMP as it lowers death anxiety. As we will see later, the opportunity to die without pain threatens to have a negative, sociological impact, even if people do not end up practicing it nearing the end of their lives. Alison Davis,<sup>7</sup> a disabled person who was granted permission for euthanasia, argues that pain and suffering do not necessarily make life worthless as there is value in these experiences. In line with Davis, I argue that there is even utilitarian value in the presumption that dying will be painful. The argument is structured as follows:

P1: Death anxiety significantly impacts HDMP, giving rise to immortality projects.

P2: Immortality projects are decisions that are conducive to happiness.

P3: Euthanasia can take away suffering in dying.

P4: Taking away suffering in dying diminishes death anxiety, thereby demotivating immortality projects.

C: Euthanasia demotivates decisions that are conducive to happiness.

### III. Death anxiety and decision-making

Before explicating on how exactly death anxiety impacts HDMP, I will first briefly demonstrate that the impact of death anxiety on our lives is of a considerable degree. This is important, because the extent of this impact influences the significance of my argument. Firstly, there is scientific consensus that moderate death anxiety is a relatively common phenomenon. Several studies find that the majority of individuals are afraid of death and dying,

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<sup>7</sup> Alison Davis, "A Disabled Person's Perspective on Euthanasia," *Disability Studies Quarterly* 24, no. 3 (2004): 1, <https://dsq-sds.org/article/view/512/689>.

albeit moderately.<sup>8</sup> These studies also reveal that experiencing moderate death anxiety is not exclusively prevalent among elderly, but also among young people. Inspired by Freudian psychoanalysis, Ernest Becker<sup>9</sup> wrote *The Denial of Death*, in which he established that death anxiety comes naturally to those people that find death and dying unacceptable; it is a response to our basic survival mechanism. Both studies and Becker suggest that death anxiety should not be understood only as an abnormal or chronic fear of death, but for the most part as a more moderate, widespread aversion to death and dying. This is of vital importance, because it implies that the impact of death anxiety on HDMP is not limited to only a small group of people with severe anxiety (as we will see later).

Secondly, as my argument is primarily focussed on relieving worries about the process of dying (and not the inevitability of death itself), it is also important to see whether this specific worry plays a significant role in constituting death anxiety. There is good reason to believe that people in fact worry more about the dying process than about the end of life itself. One study states: “The dying process is more relevant [...] than the actual thought of death (all [the participants] were worried of dying with discomfort).”<sup>10</sup> Admittedly, it is unclear how death anxiety is exactly constructed, and some individuals may experience more fear of death itself than the process of dying (and vice-versa). Whether worries about the process of dying are actually more frequent and thus more significant than the inevitability of death in relation to death anxiety is, however, not the issue. At the very least, fear of the process of dying is still a crucial contributor to death anxiety (both in Becker’s theory and terror management theory, to which I will refer later). Moreover, research on the effects of moderate death anxiety confirm that it substantially impacts HDMP.<sup>11</sup> For example, one study shows that moderate death anxiety impacts financial decision-making.<sup>12</sup> Other studies find that death anxiety can influence both political and religious beliefs.<sup>13</sup> It is, of

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<sup>8</sup> Patricia Furer, and John Walker, “Death Anxiety: A Cognitive-Behavioral Approach,” *Journal of Cognitive Psychotherapy* 22, no. 2 (2008): 167; Lisa Iverach, Ross Menzies, and Rachel Menzies, “Death Anxiety and Its Role in Psychopathology: Reviewing the Status of a Transdiagnostic Construct,” *Clinical Psychology Review* 34, no. 7 (2014): 580; Gary Sinoff, “Thanatophobia (Death Anxiety) in the Elderly: The Problem of the Child’s Inability to Assess Their Own Parent’s Death Anxiety State,” *Frontiers in Medicine* 4 (2017): 1.

<sup>9</sup> Becker, 1-8.

<sup>10</sup> Sinoff, 20.

<sup>11</sup> Iverach, Menzies, and Menzies, 580.

<sup>12</sup> Timothy Ly, et al., “Death Anxiety and Financial Decision-Making in Aging: A Study from the Human Connectome Project Aging (HCP-A),” *Innovation in Aging* 3, no. 1 (2019): 907.

<sup>13</sup> Brian Burke, Spee Kosloff, and Mark Landau, “Death Goes to the Polls: A Meta-Analysis of Mortality Salience Effects on Political Attitudes,” *Political Psychology* 34, no. 2 (2013): 183;

course, true that HDMP are not only impacted by death anxiety; other, more life-affirming, human drives also impact our decisions. Nevertheless, for now it suffices to have demonstrated that anxiety for dying impacts HDMP to a considerable degree.

Having established that death anxiety significantly impacts HDMP, we can now discuss more specifically what this impact entails. Becker<sup>14</sup> claims that moderate death anxiety is a widespread phenomenon that stimulates people to start so-called immortality projects. As a response to our basic survival instinct, humans create a defence mechanism against the knowledge of their mortality. This gives rise to immortality projects, projects and life-decisions that help people cope with death by denying and delaying it. According to Becker, this process is necessary for our functioning in the world. The goals, passions, hobbies and other activities humans engage in are essentially strategies to cope with these worries. Becker's theory was later backed up by 'terror management theory,' an influential research programme in social psychology.<sup>15</sup> Terror management theory posits that the drive of individuals to achieve personal goals is in part motivated by the awareness of their mortality. For instance, the human will to have sex is not only constituted by a life-affirming desire to feel pleasure, but also by a desire to overcome our mortality through reproduction of our genes.<sup>16</sup> Similar to Becker, terror management theory recognizes that immortality projects are motivated by both an anxiety for death and suffering in dying. Thereby, they provide a foundation to link immortality projects to euthanasia's capacity to alleviate such suffering.

#### IV. Immortality projects and happiness

As we note from above, death anxiety and immortality projects have an important impact on HDMP. Reasoning from a utilitarian perspective, we must now ask ourselves: what is the relation between this impact and the maximization of happiness? I argue that immortality projects are of vital importance to happiness, because they stimulate healthy decisions, create social meaning and help societies progress. Firstly, as immortality projects aim to delay death and dying, it stimulates people to live more healthy lives.

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Kenneth Vail, Jamie Arndt, Matt Motyl, and Tom Pyszczynski, "The Aftermath of Destruction: Images of Destroyed Buildings Increase Support for War, Dogmatism, and Death Thought Accessibility," *Journal of Experimental Social Psychology* 48, no. 5 (2012): 1069.

<sup>14</sup> Becker, 1-8.

<sup>15</sup> Sheldon Solomon, Jeff Greenberg, and Tom Pyszczynski, *The Worm at the Core: On the Role of Death in Life* (New York: Penguin Random House, 2015), 1-5.

<sup>16</sup> Richard Dawkins, *The Greatest Show on Earth: The Evidence for Evolution* (New York: Simon & Schuster, 2009), 54-68.

Worrying about one's death naturally leads to increased health awareness. In addition, the will to postpone death and dying ipso facto provides people with an incentive to live healthier lives.<sup>17</sup> More subtly, attempting to rescue humanity from the inevitability of death and dying, immortality projects motivate contributions to the development of curing (terminal) diseases. Such a stimulation of health can be conducive to happiness by making people feel more free from debility. As the ethicist Angner puts it: "health status is one of the most important predictors of happiness."<sup>18</sup> In addition, stimulating healthy decisions does not only increase our average happiness, but it also contributes naturally to longer, healthier lives. As a result, human quality-adjusted life years (a health parameter in utilitarian cost-benefit analyses) increase as people live longer and healthier lives.

A further crucial point is the fact that immortality projects 'deny' human mortality. This should not be understood as a delusional conviction that one will never die, but rather as events wherein the terror of death stimulates human beings to create and become part of long-term projects that can perceptually 'last eternally.' Terror management theory explains this more concretely, claiming that death anxiety guides the development of art, religion, language, economics and science.<sup>19</sup> To minimize the terror of our own mortality, people strive to sustain the belief that they can contribute to a meaningful universe. This drives individuals to become more goal-oriented, giving them the feeling that their lives have purpose by working on something ostensibly significant.<sup>20</sup> This is not limited to the individual. Immortality projects stimulate culturally rich and socially cohesive communities that collectively seek to find meaning as well. Indeed, communities provide their members with a meaningful worldview that helps them cope with death anxiety, thereby giving their members' lives purpose and meaning. The creation of meaningful, long-term projects undoubtedly contributes to happiness, not only considering it provides humans with a purpose in life, but also because these projects provide better living conditions for future generations, as they are focussed on creating a more purposeful, healthier world.

From the perspective of proponents of euthanasia, such decisions can also be motivated by more life-affirming, human drives. Death anxiety might play a significant part in constituting some important decisions,

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<sup>17</sup> Russell Noyes, et al., "Hypochondriasis and Fear of Death," *The Journal of Nervous and Mental Disease* 190, no. 8 (2002): 503.

<sup>18</sup> Erik Angner, et al., "Daily Functioning, Health Status, and Happiness in Older Adults," *Journal of Happiness Studies* 14, no. 4 (2012): 1563.

<sup>19</sup> Solomon, Greenberg, and Pyszczynski, 1-5.

<sup>20</sup> Richard Tedeschi, and Lawrence Calhoun, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence," *Psychological Inquiry* 15, no. 1 (2004): 1-18.



but it is certainly not the case that we cannot make long-term, healthy decisions without a constant fear of death and dying. However, social psychologists suggest that immortality projects do have a unique role to play in stimulating such decisions. Terror management theory states that humans constantly face an internal conflict of death anxiety versus our basic desire to live.<sup>21</sup> One important argument for why life-affirming drives need to be counterbalanced by immortality projects is because diminished death anxiety can lead people to make decisions excessively based on short-term pleasure. Immortality projects thereby do not only stimulate health and progress, but also protect people from negative repercussions of short-term decisions. For example, death anxiety does not miraculously rid someone of a smoking addiction, but immortality projects *can* stimulate individuals to try and quit smoking more often in order to delay death and dying. It is exactly because immortality projects are, unlike more life-affirming human drives, uniquely focussed on either delaying or denying death, that they are of fundamental importance to help shape our decisions. Of course, this does not mean that people cannot make good decisions without having death anxiety. Nevertheless, immortality projects do impact at least a significant amount of the important decisions we make. As long as the impact of these decisions are indeed generally conducive to happiness, we should take the utility of prospecting suffering in dying seriously. Notably, my use of Becker's theory herein deviates from Becker's own views, and I do not mean to suggest that Becker argues directly, nor indirectly, against the legalization of euthanasia. Becker himself even connects the existence of immortality projects to human conflict. Notwithstanding Becker's own views, the existence of immortality projects can nonetheless be considered as being conducive to happiness due to its counterbalancing capacity to stimulate healthy decisions and long-term, human progress. In the next section, I will extrapolate this premise to demonstrate an incompatibility between happiness arising from immortality projects and the legalization of euthanasia.

#### V. Euthanasia as demotivation

So far, I have argued that death anxiety impacts HDMP by stimulating immortality projects. Subsequently, I argued that immortality projects are conducive to happiness because they stimulate human progress, counterbalance human drives towards short-term pleasure and stimulate healthy decisions. This brings us to the last two premises of my argument. The third premise states that euthanasia can take away suffering in dying.

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<sup>21</sup> Sheldon Solomon, Jeff Greenberg, and Tom Pyszczynski, "A Terror Management Theory of Social Behavior: The Psychological Functions of Self-Esteem and Cultural Worldviews," *Advances in Experimental Social Psychology* 24, no. 93 (1991): 159.

This is a rather self-evident claim; euthanasia purposefully takes away suffering in dying by shortening the process of dying, focussing precisely on relieving intractable suffering.<sup>22</sup> More justification is needed, however, for the last premise, namely that the opportunity to take away suffering in dying actually diminishes death anxiety (thereby demotivating immortality projects). In section 2, I have already discussed how death anxiety gives rise to immortality projects and that the presumption of suffering in dying plays a vital role therein. Having established this connection, I will now defend the notion that euthanasia is indeed associated with relieving pain and that its legalization actually diminishes death anxiety. From a rational perspective, the legalization of euthanasia should already take away a part of the worry about the process of dying, as it is capable of significantly alleviating our suffering. It seems indisputable that the opportunity to have a ‘good death’ can mitigate anxiety of the process of dying. More importantly, as rational thought is not necessarily sufficient for diminishing anxiety, it is important to demonstrate that the legalization of euthanasia is already impacting human attitude. One study found a significant correlation between death anxiety and the attitude of people towards voluntary euthanasia, suggesting people found relief in the possibility of assisted suicide.<sup>23</sup> Moreover, cultural attitudes about suffering in dying are already gradually changing in countries where euthanasia is legalized. In an interview on the legalization of euthanasia in the Netherlands, Boer described this cultural change aptly as follows:

We’re getting used to euthanasia. Culturally, I’m concerned that [...] death is being portrayed as a brave solution to severe suffering. A culture of euthanasia undermines our capacity to deal with suffering, and that is very bad for society.<sup>24</sup>

Even proponents of euthanasia acknowledge this cultural shift. For instance, Penney Lewis, ethicist at King’s College London and proponent of the legalization of euthanasia, claims that the more people understand euthanasia is an option for them, the more they perceive it as an opportunity to avoid

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<sup>22</sup> N. M. Harris, “The Euthanasia Debate,” *Journal of the Royal Army Medical Corps* 147, no. 3 (2001): 367-370.

<sup>23</sup> Gerald Devins, “Death Anxiety and Voluntary Passive Euthanasia: Influences of Proximity to Death and Experiences with Death in Important Other Persons,” *Journal of Consulting and Clinical Psychology* 47, no. 2 (1979): 301.

<sup>24</sup> Harriet Sherwood, “A Woman’s Final Facebook Message before Euthanasia: ‘I’m Ready for My Trip Now...,’” *The Guardian*, March 17, 2018, <https://www.theguardian.com/society/2018/mar/17/assisted-dying-euthanasia-netherlands>.

hopeless suffering.<sup>25</sup> As euthanasia is a relatively new, 21<sup>st</sup> century possibility, its normalisation is of deep concern.

Conversely, one may still challenge this argument by pressing the potentially weak connection between relieving fear of the process of dying and a relieve of death anxiety in general. This is a crucial assumption on which the argument relies, as a weak connection may imply that legalizing euthanasia would not affect general death anxiety, in which case the argument becomes unsound. Although the exact, long-term impact of the legalization of euthanasia on death anxiety is, of course, a matter of speculation, we have seen that there are several indications that suggest the connection *is* strong. Firstly, both terror management theory and Becker include the process of dying in their description of death anxiety, thereby reaffirming its significance. Secondly, Boer's analysis demonstrates how significant cultural changes are already starting to develop as a result of the legalization of euthanasia in The Netherlands. As euthanasia is becoming normalized, people are starting to become familiar with the possibility of choosing between a diverse set of deaths to choose from. Although this does not directly show that death anxiety entirely vanishes as a result of the legalization of euthanasia, it does indicate a gradual acceptance of the concept of death. Whereas this familiarity is already occurring, Christopher de Bellaigue<sup>26</sup> notices that the long-term consequences of the legalization of euthanasia are only just becoming discernible. Furthermore, it is important to consider that fear of dying a painful death is an expression of death anxiety that calls for legalizing euthanasia in the first place. Timothy James observes that:

For most people, dying at home isn't about autonomy, it's about dealing with the fear of dying [...]. The fear of dying in misery [...] is what is driving the assisted dying debate.<sup>27</sup>

There are thus good reasons to believe that legalizing euthanasia will actually relieve death anxiety, for it is one of the key reasons driving people to call for the legalization of euthanasia in the first place.

To reiterate, I do not mean to imply that, if euthanasia is legalized, death anxiety vanishes to such an extent that there is absolutely no motivation left

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<sup>25</sup> Ibid.

<sup>26</sup> Christopher de Bellaigue, "Death on Demand: Has Euthanasia Gone Too Far?" *The Guardian*, January 18, 2019, <https://www.theguardian.com/news/2019/jan/18/death-on-demand-has-euthanasia-gone-too-far-netherlands-assisted-dying>.

<sup>27</sup> Bioethics Research Library, "Fear of Death Driving Push for Euthanasia, Says Medical Ethicist," *Bioethics News*, <https://bioethics.georgetown.edu/2015/05/fear-of-death-driving-push-for-euthanasia-says-medical-ethicist/>.

to work on immortality projects. Admittedly, the legalization of euthanasia will not completely eliminate death anxiety for everyone. Despite this fact, it has become clear that there is good reason to believe that the opportunity of euthanasia *can* diminish death anxiety to a considerable degree. As mentioned before, when death anxiety decreases, it demotivates decisions that help people cope with death and dying (immortality projects). I also provided several arguments based on Becker and terror management theory that suggest that these decisions are of vital importance to happiness. Consequently, if the aforementioned premises are true (for which I have tried to provide sufficient justification), it logically follows that euthanasia demotivates decisions that are conducive to happiness. In any case, the argument demonstrates that utilitarians should expand their view, and include healthy individuals as well when analysing the impact of legalizing euthanasia.

## VI. Objection and response

To begin, total-view utilitarians perceive humans only as valuable in so far as they make possible the experience of pleasure and happiness. This view makes possible the so-called replaceability argument: as total-view utilitarianism aims to maximize the experience of happiness, independent of whether the beings experiencing this happiness already exist or not, we can replace beings who suffer severely with new beings.<sup>28</sup> In relation to euthanasia, the replaceability argument may imply that long, healthy and purposeful lives are unnecessary, because there is no incentive to focus on long-term happiness for existing individuals. This directly counters my premise that immortality projects are conducive to happiness, as individuals should instead focus exclusively on experiencing as much short-term pleasure as possible. Once negative repercussions start kicking in (e.g., smoking a lot and subsequently getting lung cancer), euthanasia can quickly end the suffering, followed by the creation of new life that replaces the person's role as a mere recipient of happiness and pleasure. However, there are several objections that can be made against the replaceability argument. Salt, for example, denounces total-view utilitarianism, arguing that it is nonsense to talk about happiness or unhappiness of that of which we can predicate nothing.<sup>29</sup> In order to maximize happiness, agents must first have the *terra firma* of existence to argue from. Similarly, Singer argues that possible people are replaceable but not actual people, because actual people can already conceive of their own future's existence.<sup>30</sup>

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<sup>28</sup> Peter Singer, *Practical Ethics* (Cambridge: Cambridge University Press, 1993), 121.

<sup>29</sup> Henry Salt, "The Philosopher and the Pig," *The Vegetarian* 9, no. 49 (1896): 585.

<sup>30</sup> Singer, *Practical Ethics*, 123-131.

For these reasons I denounce total-view utilitarianism and take on the so-called 'prior existence view': the view that we should maximize utility of those beings whose existence is already a given.<sup>31</sup> This view is consistent with my argument that we do need long, healthy and purposeful lives, as we should seek to maximize happiness for existing beings in the long run. As existing life cannot simply be replaced from this perspective, the negative repercussions of making too many decisions based on short-term pleasure threaten the maximization of happiness. Admittedly, this is a speculative conjecture based on the idea that happiness is more likely to be optimized for existing human beings if their social conditions are focussed on creating more healthy, extensive and purposeful lives. Conversely, one could object that decisions based on short-term pleasure are also of fundamental importance to happiness, even from a prior existence view of utilitarianism. This brings us to a different objection, namely that, in order to optimize pleasure over pain for existing beings, we need to allow for decisions based on short-term pleasure in order to let people enjoy life. To illustrate, imagine going to a party, having a good time and drinking excessively. This might not be conducive to health and purposefulness, but it can nonetheless give people the feeling that they have an exciting and happy life. It is therefore important to clarify that death anxiety and immortality projects do not entirely eliminate all decisions based on short-term pleasure. Indeed, I have argued that many people already have moderate death anxiety, leading them to work on immortality projects. Nevertheless, these people can still make sporadic, short-term decisions. My argument is not that we should get rid of all short-term decisions, but that immortality projects are of crucial importance to counterbalance more life-affirming human drives. By counteracting imbalanced decisions and drives, we may optimize our conditions to maximize happiness. Conversely, proponents of active, voluntary euthanasia may propose that those people who do not want to opt for euthanasia can simply refuse it. But, in section 4, I demonstrated that legalizing euthanasia already has a sociological impact on HDMP as it provides people with the opportunity to take away suffering in dying. In contrast, this objection only addresses the refusal of practicing euthanasia. This is why my argument is primarily focussed on the legalization of euthanasia; not its practice.

Another objection could be that, even if it is true that legalizing euthanasia creates an imbalance between moderate death anxiety and life affirming human drives, it might also help restore that balance for people who have severe or chronic death anxiety. Indeed, not legalizing euthanasia does nothing to help restore impaired human activity in cases where this anxiety has become predominant. One way to respond to this objection is to argue

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<sup>31</sup> *Ibid.*, 120.

that excessive death anxiety occurs only to relatively few people.<sup>32</sup> As the majority of people have only moderate death anxiety, those few cases in which death anxiety severely impairs human behaviour might become neglectable in light of the happiness of all existing beings. This, of course, takes nothing away from the fact that there are downsides to not legalizing euthanasia from a utilitarianist perspective, including the fact that it would take away the possibility to alleviate pain in the process of dying. As mentioned before, the purpose of this paper is not to conclusively settle this issue; it merely serves to demonstrate one utilitarian drawback of diminishing death anxiety.

Finally, one may object that Mill's harm principle implies that it is conducive to happiness to let individuals take important decisions, like opting for euthanasia or not, themselves. As Mill says: "Over himself, over his own body and mind, the individual is sovereign."<sup>33</sup> However, similar to the argument of social limits against autonomy, my argument describes negative, social consequences of the legalization of euthanasia. As immortality projects provide cultural enrichment, socially cohesive communities and communitarian purpose, demotivating these projects can lead to harm for others as well. As Mill explicitly allows for restrictions if decisions threaten to make others worse off with respect to their fundamental interests, his harm principle is compatible with restrictions on euthanasia. Notwithstanding this point, it is notable that Mill's harm principle does deny paternalism precisely because making decisions ourselves helps us learn how to make better decisions.<sup>34</sup> Differing from Mill's view, this paper aimed to demonstrate that the opportunity to choose for a painless death actually threatens making good decisions. This appears to be incompatible with Mill's view on HDMP. One possible reconciliation might be that, in the specific case of euthanasia, the decision to opt for a painless death is not actually conducive to making better future decisions in Mill's view, as the death implied in euthanasia ipso facto takes away the opportunity for people to make more decisions in the future. However, concerning the limited scope of this essay, I will not elaborate further on Mill's harm principle. A further comparison of Mill's harm principle and my argument in relation to the impact of legalizing euthanasia on HDMP and happiness may give us a deeper understanding of this debate.

## VII. Conclusion

We can see through our discussion on active, voluntary euthanasia that (moderate) death anxiety gives rise to immortality projects, decisions that are

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<sup>32</sup> Furer, and Walker, 167.

<sup>33</sup> Mill, 13.

<sup>34</sup> *Ibid.*, 57.

conducive to happiness as they are healthy and progress-driven. As euthanasia's capacity to take away suffering in dying diminishes death anxiety, it threatens to demotivate decisions that are conducive to happiness. This is, of course, focussing on a prior existence view of utilitarianism, as opposed to total-view utilitarianism. Although there are other plausible, utilitarian arguments that support euthanasia, it has been clearly shown that its impact on HDMP must also be taken into account. A further discussion might include a more comprehensive cost-benefit analysis of all the aforementioned arguments concerning the legalization of euthanasia.

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