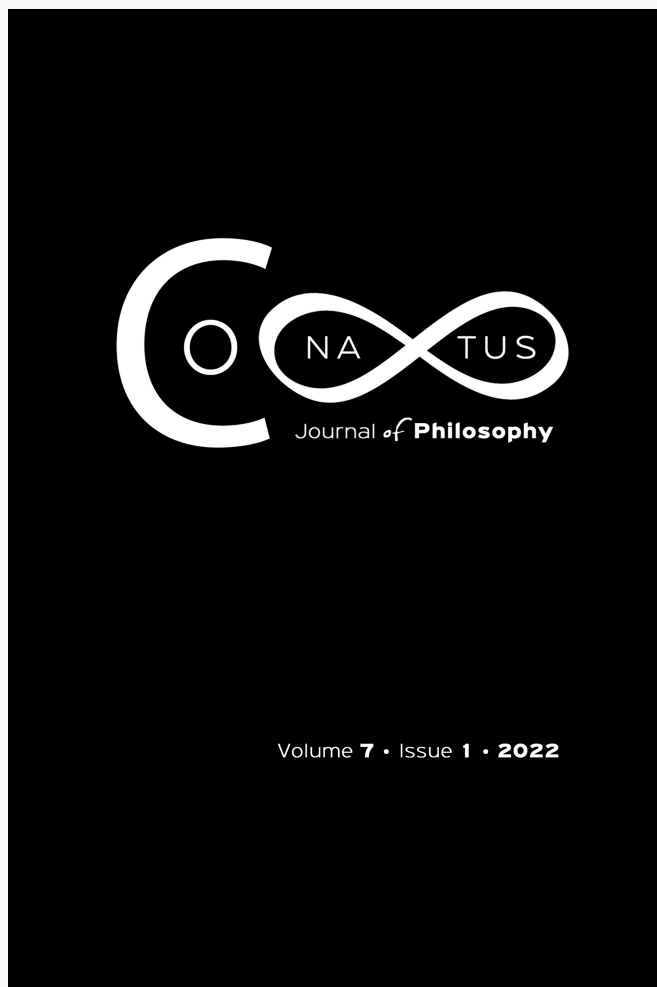


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### Euthanasia: Promoter of Autonomy or Supporter of Biopower?

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# Euthanasia: Promoter of Autonomy or Supporter of Biopower?

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## Abstract

*The medical developments and their subsequent influence on the duration of human life have brought in the limelight various moral questions. The pathological conditions do not constitute anymore the decisive causes of death, whereas an ascending number of people suffer more by being maintained in life. In this reality, the euthanasia debate seems more apropos than ever. The following article examines the aforementioned issue through the supportive argument of autonomy in contrast to a Foucauldian approach. In essence, based on the Kantian concept of autonomy, several scholars have advocated in favor of the legalization of euthanasia in order that our ability to define not only the course of our life and its duration, but also the way of our death is ensured. However, on the other side, a Foucauldian approach of the issue seems to be equally worth cited and taken into consideration. In accordance with that, the domination of Foucault's concept of biopower would deterministically imply that our choices are totally determined by a form of power that targets at the absolute control over our lives through medicine and legislation. In such a context, euthanasia could not constitute a promoter of autonomy. On the contrary, it would contribute to the absolute escalation of the governmental power that would be imposed on every inch of our lives being exclusively interested in its own prosperity!*

**Keywords:** *euthanasia; autonomy; biopower; Foucault; life; heterodetermination*

The medical developments and the subsequent elongation of human life have brought to the limelight a wide range of bioethical issues concerning the significance of personal rights' respect and autonomy. Among them, one could easily detect the dominant position of the ones related to the beginning and the end of life!<sup>1</sup> By focusing on the latter, one

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<sup>1</sup> Onora O'Neill, *Autonomy and Trust in Bioethics* (Cambridge: Cambridge University Press, 2004), 2. See also Julian Savulescu, and Evangelos D. Protopapadakis, "'Ethical Minefields'

could pose the following questions: Do we have the right to control our death (~euthanasia) as we did with our life, and which are the theoretical foundations of this right? Are we able to do that in the context of the current paternalistic society and should this right, if any, be legalized? By addressing these questions, the article will stand by the legalization of euthanasia without disregarding the socially imposed threats and the need for safety valves' implementation approaching the discussion through the lens of the supportive argument of autonomy objected by a Foucauldian approach.

To further illustrate the topic of euthanasia one should cite the following. In the bosom of medical ethics, euthanasia is thought to be equal to the intentional execution of a person, a patient, by somebody else, a doctor, so as his alleviation is accomplished.<sup>2</sup> Despite the existence of different types of euthanasia, the following paper will focus exclusively on two subcategories of it. On the one hand, it will deal with the case of voluntary euthanasia, a situation where another human being suffers from an incurable illness and s/he requests strongly and insistently the conduct of euthanasia on him/her.<sup>3</sup> On the other hand, it will invoke the case of non-voluntary euthanasia, a situation where the will of the patient, which cannot be anymore expressed, is presumed by formerly expressed statements or by the general viewpoint of his/her life.

Delving deeper into the discussion, in the domain of medical ethics, the ability of human beings to choose and act autonomously possesses an eminent position. As a result, an attitude characterized by respect and moral concern towards patients is of utmost importance.<sup>4</sup> It is also worth mentioning that, according to Kant, an autonomous way of thinking, acting and generally living, turns human beings into historical and moral agents with access to the positive interpretation of freedom.<sup>5</sup> In the bosom of these statements, the first part of this essay will examine the case of voluntary euthanasia through the lens of the supportive – for euthanasia – argument of autonomy, which, in brief, suggests that somebody's reasonable choices about his/her death should be respected by the medical society, provided that these decisions are not harmful to anybody else!

In particular, the invoked argument is grounded in the following premises.

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and the Voice of Common Sense: A Discussion with Julian Savulescu,” *Conatus - Journal of Philosophy* 4, no. 1 (2019): 125-133.

<sup>2</sup> Lina Papadaki, *Issues of Moral Philosophy and Bioethics: Kantian Approaches* (Athens: Nisos, 2017), 39 [in Greek].

<sup>3</sup> Evangelos Protopapadakis, *From Dawn till Dusk: Bioethical Insights into the Beginning and the End of Life* (Berlin: Logos Verlag, 2019), 169ff.

<sup>4</sup> O'Neill, 6.

<sup>5</sup> On preserving the patient's autonomy with regard to end-of-life decisions see Protopapadakis, *From Dawn till Dusk*, 206ff.

The human being is the only fully autonomous being. Due to this fact, humans have not only the ability, but also the duty to decide. Otherwise, they are self-discredited and self-alienated. However, the ability to decide in an autonomous way constitutes additionally a right of human beings, that turns out to be absolute as regards topics related to a human person. As long as the issues related to the way of living, the duration of life and the way of death are the ones which concern humans' persons the most, it is apparent that every human being has the ability, duty and, dominantly, right to decide autonomously for his/her death, provided that the moment of his/her decision, his/her intellect is perspicuous and s/he is conscious of the implications of this decision.<sup>6</sup>

By adopting another trajectory equally coming under the argument of autonomy, one could suggest the following. Human beings, as every other being, constitute natural beings possessing exclusively a price. This price is enriched with dignity only when a human being acquires morality which is based on autonomy.<sup>7</sup> When a human being is deprived of his/her ability to decide autonomously, s/he also loses his/her ability to have a moral life in parallel with his/her natural one. Under such a condition s/he is degraded to an exclusively natural being. Based on these premises, one's request for euthanasia seems ethically justified highlighting our duty to respond accordingly to this.<sup>8</sup>

For the better understanding of the above, the following examples should be presented. Under particular circumstances a relatively certain forecast of the gradual loss of the human's ability to decide and act autonomously can take place. A typical case of this is one of a patient who suffers from Alzheimer's disease in the earliest stage. This disease is characterized by rapid progress which finally leads human beings to be deprived of their reasoning skills and subsequently their autonomy. Apart from the aforementioned, another distinctive example is this of a patient who suffers from an acute pain which gradually becomes more and more intense and enables the patient to know in advance with almost absolute certainty that the pain will finally become so intense that it will deaden every atom of human's reasonable thinking. Therefore, provided that the continuation of life leads to the deprivation of reasoning and simultaneously of autonomy, it is evident that the early end of one's life appears to be "acceptable," according to Kant, or even "a moral obligation" in accordance with Cooley.<sup>9</sup>

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<sup>6</sup> Evangelos D. Protopapadakis, "The 'Right to Die' Revisited," in *Proceedings from the Second International Interdisciplinary Conference "Bioethics – The Sign of a New Era,"* ed. Dejan Donev, 53-65 (Skopje: Center for Integrative Bioethics, 2020), 62.

<sup>7</sup> Robin S. Dillon, "Respect," *The Stanford Encyclopedia of Philosophy* (Summer 2021 Edition), ed. Edward N. Zalta, <https://plato.stanford.edu/archives/sum2021/entries/respect/>.

<sup>8</sup> See Protopapadakis, "The 'Right to Die' Revisited," especially 60ff.

<sup>9</sup> Papadaki, 48-49; Protopapadakis, "The 'Right to Die' Revisited," 60-65; Dennis R. Cooley,

As a consequence of the above, the conduct of euthanasia should be legalized as the synonym of our positive reaction towards this group of people's desire to control their death as they did with their lives.<sup>10</sup> Nevertheless, the most common objection to this argument suggests that it is not easily believed that this action is rational, since it constitutes the denial of the highest good of life.<sup>11</sup> In this context of inflexibility and rejection, it is usually advocated that death cannot be an autonomous choice but imposed by the patient's terrible condition. However, according to the argument of autonomy's supporters, despite the limited range of choices, the patients' decision is thought to be autonomous because it results from their fear of the absolute loss of autonomy and not from their painful condition.<sup>12</sup>

Yet, although not the most commonly raised, the following Foucauldian approach of the topic seems to be the one that underlines aspects that seriously threaten the validity of the above statements suggesting a slippery slope's real threat. In essence and as a consequence of the above, someone could easily assume that the general promotion of autonomy should have increased the confidence towards the methods of medicine. More rights and more autonomy lead rationally not only to increased control on one's way of living but also to the augmentation of the humans'/patients' possibilities to resist others' requisitions and institutional pressure. However, the bioethical discussions are characterized by a repeated and deeply rooted concern that specialists and social functionaries, governments and businessmen are as a whole unreliable.<sup>13</sup> The accumulated knowledge in combination with the pre-existing power provide them with the ability to approve a certain way of action/thinking or disapprove the alternative ones formulating our dominant understanding of the world and in connection with the current discussion of death and subsequently euthanasia.<sup>14</sup> Consequently, the supportive argument of euthanasia will be objected by the Foucauldian positions stated under the idea of a power's genealogy that seem to illustrate the dystopian reality of mistrust.<sup>15</sup>

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"A Kantian Moral Duty for the Soon-to-be Demented to Commit Suicide," *American Journal of Bioethics* 7, no 6 (2007): 37-44.

<sup>10</sup> Protopapadakis, "The 'Right to Die' Revisited," 61.

<sup>11</sup> See Andrew Pavelich, "Is it Possible to be Better Off Dead? An Epicurean Analysis of Physician-Assisted Suicide," *Conatus – Journal of Philosophy* 5, no. 2 (2020): 115-132.

<sup>12</sup> *Ibid.*, 60-65.

<sup>13</sup> O'Neill, 3.

<sup>14</sup> Esther Cuerda, "Medicine and State Violence," *Conatus – Journal of Philosophy* 4, no. 2 (2019): 246.

<sup>15</sup> Anne Ryan, Mandy Morgan, and Antonia Lyons, "The Problem with Death: Towards a Genealogy of Euthanasia," in *Refereed Proceedings of Doing Psychology: Manawatu Doctoral*

This genealogy of power goes back to the absolute right of the western society's sovereign on his subjects' life and death that flourished during the feudal system of administration as a successor of the roman "patriapotestas."<sup>16</sup> Nevertheless, during the classic ages (17<sup>th</sup> century), a total modification of the above practices takes place. The power does not constitute anymore a right of death but is a synonym of the absolute management of life, as a new technology of power is created.<sup>17</sup> The new form of power, which Foucault calls "biopower," comprises a limited version of the previous one but it is simultaneously determined by new functions of exhortation, encouragement, control, surveillance, augmentation and management of the powers that it has already subordinated. The predominant objectives of this innovative form of power constitute the production, increase and manipulation of powers,<sup>18</sup> and not the obstruction or even the destruction of them, as it was happening in the past. As "biopower" comes to the spotlight of the new era and its dominant purpose turns out to be the diligent and calculating administration of life,<sup>19</sup> unprecedented requirements arise and the governance of life in the most efficient way is positioned in the focal point of interest.<sup>20</sup>

Life constitutes the centerpiece of the new form of power and a number of continuous, adjusting and corrective technologies are created in order to manage it. In this context, the request is not the imposition of death, but the allocation of human beings in a field of functionality and value. Such a power ought to characterize, evaluate, put in a hierarchy and not to express its murderous mania against human beings.<sup>21</sup> As a result, new methods are brought to the limelight as they assure the increase of power, skills and – generally speaking – of life, without the reduction of the parallel subordination of people. However, the aspirations of the new power do not stop there. On the contrary, its highest request seems to be the absolute promotion of life. All the aforementioned methods of rationalization and strict financial policy of the society establish a system of surveillance, hierarchies, supervisions,

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*Research Symposium 2011*, eds. Robbie Busch, and Ann Rogerson (Palmerston North: Massey University, 2011), 43.

<sup>16</sup> Michel Foucault, *The History of Sexuality Volume I: An Introduction*, trans. Robert Hurley (New York: Pantheon Books, 1978), 135.

<sup>17</sup> Anne Hall Lindsay, "Death, Power, and the Body: A Bio-political Analysis of Death and Dying" (MA diss., Virginia Polytechnic Institute and State University, 2007), 11-12; Foucault, *The History of Sexuality Volume I: An Introduction*, 136.

<sup>18</sup> Guerda, 246-247.

<sup>19</sup> Foucault, *The History of Sexuality Volume I: An Introduction*, 140.

<sup>20</sup> *Ibid.*, 136-137.

<sup>21</sup> *Ibid.*, 144.

recordings, and relations or otherwise a “disciplinary technology of labor.”<sup>22</sup>

For the accomplishment of these power’s objectives, an intimate relationship between power and knowledge is crucial. According to Foucault, the technologies of power create different forms of knowledge through the collection of information regarding the existence and the actions of human beings. This gathered knowledge provides the appropriate ground for the more forceful enforcement of power summarized in the extensive control and complete subjugation of that object/being. This successive procedure can be endless. In this context, it is thought that the truth, considered as such, is produced by several fixed relations of power. The produced notions from these relations are considered to be true and formal, and due to this, they constitute instruments of normativism.<sup>23</sup> The human-centered sciences, like medicine, appear to create a regime of power that controls, describes, supervises and records human behavior in the light of regularity. Consequently, it determines the modern socially accepted beliefs related to a wide range of issues including euthanasia.<sup>24</sup>

In this reality, death is unprecedentedly brought to the spotlight liable to a new model characterized by medicine’s and law’s dominance. Death is not the limit of life. On the contrary, it is believed to give light to life,<sup>25</sup> as far as it is framed by technologies of power whose aim is the administration of life. Nevertheless, death constitutes the limit of biopower, the moment during which human escapes from power’s control living the most secret and personal “experience” of his/her life!<sup>26</sup> Thus, biopower tries to avoid death by being indifferent towards the absolute fear caused by the idea of a continuous existence in a coma, supported by machines, controlled by strangers.<sup>27</sup> As a result of this conception, doctors ought to be devoted to the confrontation

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<sup>22</sup> Ibid., 141; Michel Foucault, *Society Must Be Defended*, trans. David Macey (New York: Picador, 2003), 242.

<sup>23</sup> Anne Beryl Ryan, “Making Sense of Euthanasia: A Foucauldian Discourse Analysis of Death and Dying” (PhD diss., Massey University, 2014), 37; Ryan, Morgan, and Lyons, 46; Marina Bazu, “Biopolitics or the Legislation of Life: A Foucauldian Analysis” (MA diss., Louisiana State University and Agricultural and Mechanical College, 2006), 25-26. Also, George Boutlas, “Bioethics as the ‘Third Culture’: Integrating Science and Humanities, Preventing ‘Normative Violence,’” *Conatus – Journal of Philosophy* 3, no. 1 (2018): 18.

<sup>24</sup> Lindsay, 17; Guedra, 247-250.

<sup>25</sup> Donovan van der Haak, “Death Anxiety, Immortality Projects and Happiness: A Utilitarian Argument Against the Legalization of Euthanasia,” *Conatus – Journal of Philosophy* 6, no. 1 (2021): 162-166.

<sup>26</sup> Ibid., 19; Todd F. McDorman, “Controlling Death: Bio-Power and the Right-to-Die Controversy,” in *Communication and Critical/Cultural Studies* 2, no. 3 (2005): 260; Foucault, *The History of Sexuality Volume I: An Introduction*, 134; Foucault, *Society Must Be Defended*, 247-248.

<sup>27</sup> Lindsay, 28.

of this uncontrolled enemy. This reality has turned the quick event of death into a long-lasting procedure.<sup>28</sup> The choice of death is not regarded anymore as a respectable solution, whereas death has ended up being an artificial event limited in hospitals by constituting a social taboo.<sup>29</sup>

All the aforementioned can be evidenced through a brief reference to the typical case of euthanasia of Terri Schiavo. Consistent with the principles of biopower, the game of power, in this case, does not threaten to end Terri's life. On the contrary, it tries to conserve it under a condition of continuous surveillance through the use of normative means. More specifically, the specific woman was conserved in life in a coma through the use of medical technology for 15 years, although she was thought to be cerebrally dead.<sup>30</sup> In accordance with the reports of her doctors, somebody could easily realize that in the legal and state institutions which were financially damaged in order to support Terri's life's preservation are reflected Foucault's words:

Death is the limit of power, is the moment that he escapes from it. Death turns out to be the most secret, private aspect of human existence and as a result, we try – the power tries – to prevent it no matter the cost or the means.<sup>31</sup>

However, under biopower, even the legalization of the right to death might not be able to offer either the freedom of choice or the control on our death, as the advocates of the argument of autonomy believe, since our medical choices have automatically placed us under our doctor's control. Therefore, the legalization of euthanasia could constitute an escalation and extension of the medicalization and the normativism aiming to the manipulation of humans' behavior for the reassurance of power's prosperity and economic profit.<sup>32</sup> In other words, despite the fact that the legalization of euthanasia, at first, seemed to promote freedom and independence, it finally ended up being devoted to a genealogical interpretation, which proves that our choices as regards our life and death are under society's and medicine's control and determined by the decline of dependent life and the general displeasure related to the disproportional investment of sources on aged people and patients of final stage.<sup>33</sup>

<sup>28</sup> McDorman, 265.

<sup>29</sup> Ryan, 62-63.

<sup>30</sup> McDorman, 264.

<sup>31</sup> Lindsay, 19; McDorman, 260; Bazu, 134.

<sup>32</sup> Ryan, Morgan, and Lyons, 46-47; Anna E. Kubiak, "Assisted Dying in the Context of Biopower," *Anthropological Notebooks* 21, no.1 (2015): 29; also Guerda, 246-250.

<sup>33</sup> Carlos G. Prado, "Foucauldian Ethics and Elective Death," *Journal of Medical Humanities* 24,



This particular threat is apparent and unlimited. In this case, where the power is interested in its own prosperity and euthanasia constitutes an economic and not a moral solution, maybe even the first step towards its legalization should not take place. Such a choice in the world that Foucault described appears to be really corruptible if not absolutely subject to heterodetermination. This fact increases our probabilities to slip in a slippery slope without end. Maybe it would be better for our society to be deprived of the possibility of the emancipation of an unbearable life, to conserve the life which is worth to be lived!

Nevertheless, the extreme skepticism, although it is believed to be more refined than the extreme docility, cannot be supported with certainty! The extreme mistrust is not more rational than extreme confidence.<sup>34</sup> As a result, providing that there are several people who desire to choose the solution of euthanasia, we ought to implement safety valves which will allow the legalization of euthanasia under specific conditions.<sup>35</sup> To further illustrate this suggestion, one could advocate in favor of the implementation of advance directives, or, otherwise, the consideration of statements written in advance concerning how one wishes to be treated in the event of a serious mental degradation without being under the medical system's or his/her condition's pressure.<sup>36</sup>

Yet, probably a compromising solution between the need for euthanasia's legalization and the consideration of social threats could be achieved through the adoption of a relational account of autonomy that will recognize the social impact on one's choices without overlooking one's personal latent reasonable thinking. By clarifying this, a relational account of autonomy seems exclusively able to flourish in this context as autonomy has turned out to be socially constructed unable to exist independently of one's social conception of self and social relations of oppression and injustice.<sup>37</sup> Living in such an interrelated world, decisional autonomy seems to lack applicability preventing the grounding of any argumentation in that. On the contrary, a relational approach seems to recognize the impact of the social on one's choices detecting simultaneously his informed consent to these allowing

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no. 3 (2003): 208-209; Guerda, 246-250.

<sup>34</sup> O'Neill, 141.

<sup>35</sup> Evangelos D. Protopapadakis, "Why Letting Die Instead of Killing? Choosing Active Euthanasia on Moral Grounds," in *Proceedings of the 23<sup>rd</sup> World Congress of Philosophy*, Volume 3, ed. K. Boudouris, 85-90 (Charlottesville, VA: Philosophy Documentation Center, 2018), 88.

<sup>36</sup> Corinna Porteri, "Advance Directives as a Tool to Respect Patients' Values and Preferences: Discussion on the Case of Alzheimer's Disease," *BMC Medical Ethics* 19, no. 1 (2018): 1-8.

<sup>37</sup> Catriona Mackenzie, "Autonomy," in *Routledge Companion to Bioethics*, eds. John D. Arras, Elizabeth Fenton, and Rebecca Kukla (New York: Routledge, 2014), 285-288.

us to stand by the legalization of euthanasia as a promoter of autonomy keeping, however, always in mind the threats of biopower.

Concluding, the Foucauldian objection, although reasonable, seems extremely dystopian and, subsequently, unable to destabilize the validity of the supportive argument of autonomy improved by the adoption of a relational approach of its central principle. Social requisitions constitute the current reality affecting all our choices, but we should be able to stand by our own ones, like the choice of our lives' ultimate end, or to put it in another way,

If you believe that it is valuable to be the writer of your life, in the degree that this is possible, and if you have only a story to tell, don't be in a hurry in order to complete it. Sometimes, nevertheless, in order to give it the meaning you desire, you have to end it before it is led to losing its sense.<sup>38</sup>

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<sup>38</sup> Thomas E. Hill, *Autonomy and Self-Respect* (New York: Cambridge University Press, 1991), 101.

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