Death and Anarchy

Boston Anarchist Drinking Brigade

October 1996

The activities of organizations such as the Hemlock Society and individuals like Jack Kevorkian and those he has helped to die have resulted in much discussion in the news media about the alleged "right" to die. Many different positions on the issue have been put forward: from opposition to all suicides in any form to advocacy of a complicated process whereby physicians may assist others to die in certain sharply circumscribed circumstances. There are a number of differences in the various formulas which have been advanced by those who support changes in the laws intended to prevent suicide. But, there appears to be a consensus that any newly-enacted regulations intended to allow people more freedom in choosing when to die should apply only to those who are terminally or seriously ill and in their "right" minds. All such proposed models for dealing with suicide interfere with personal conduct in ways unacceptable in a free society.

All people, as sovereign individuals, should be free to control their bodies as they see fit. This includes the freedom to continue or terminate a pregnancy, use whatever recreational or therapeutic drugs one likes, indulge in any consensual sexual acts that please one, or kill oneself by whatever means one wishes, providing one causes no physical injuries to any unwilling others in the process. Suicide is a non-coercive act which is, ultimately, the business of no one but the person who wishes to kill her- or himself. There is only one method of attempting to stop someone from committing suicide consistent with a respect for individual liberty: arguing out the issues and trying to change the other person's mind. Any legal or forcible interventions are restraints by the state or the community on the freedom of individuals to live—and die—in any way they choose.

When someone chooses to exit this world voluntarily, final decisions regarding when, where, and how they will do so should be left in the hands of that person alone. One does not have to be terminally ill or in chronic pain to justify such a course of action. No one can judge for another when their life is worth living and when it is not. Nor should the psychiatrists and therapists of various sorts be able to interfere with people's wish to die by labeling such desires as "symptoms" of a "mental illness." The fact that someone doesn't view or react to the world in the same way most people do, or that a person's angst is so overwhelming they feel the only escape is death, doesn't invalidate their decision-making processes. Everyone lives their life and dies their death alone with their thoughts, feelings, emotions, and perceptions, and no one has the right to dictate to another how to think or feel, or forcibly stop another's suicide.

Some people, after failing in an attempt to kill themselves, express regret about their suicidal actions and say they are grateful to those who intervened to prevent them from ending their lives. This is often taken as evidence that the person in question was somehow less able to make "rational" decisions during their suicide attempt than they were afterwards, and thus, coercive intervention to prevent suicide is justified. In at least some cases, however, this change of heart may not be genuine, since, in order to avoid incarceration in a "mental health" facility, it is necessary for people who have tried to kill themselves to recant their former desires and actions. But even in those instances where people genuinely do feel badly about what they did and have found a new appreciation for living, depriving them of the freedom to take their own lives is not defensible. People change their minds all the time, and we don't routinely assume that what we thought in the past was not as valid or rational as what we think now. People should be presumed to be in control of their faculties at all times and in all situations unless there is evidence, i.e., proof of organic brain disease, to the contrary. Suicidal thoughts or actions should not, in and of themselves, be considered such evidence.

Since suicide is non-invasive, those wishing to die should be free to enlist the aid of other people in their endeavor. If one is too weak or too timid to actually kill oneself, but can find someone else willing to do the deed for them, there is no justification for preventing this. These assistants should not be restricted to medical professionals, since the decision of someone to end their life is not a medical, but a moral or ethical one. Similarly, legal restrictions on the purchase and use of drugs of any sort should be ended, and people free to obtain the pharmaceutical means to a painless death without having to get a doctor's note or risk arrest.

The unrestricted ability to determine the time, place, and circumstances of one's non- sudden death is just as important in a person's life as the freedom to work, play, have sex, reproduce (or not), or engage in any other non-invasive act whenever, wherever, and in whatever fashion one chooses. While people will sometimes make the wrong decision in this, as in other areas of their lives, they should be free to make such mistakes here, as elsewhere. Coercive meddling in this decision by doctors, courts, family members, or police should not be tolerated by free people. Abolition of legal restrictions on suicide, assisted suicide, and access to the means to accomplish either would be one more step on the road to a world without coercion and state intervention in the lives of individuals.

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