

Dying in a Liberal Society

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ABSTRACT: One of Max Charlesworth's most important contributions has been to the development of contemporary bioethical thinking. In *Bioethics in a Liberal Society*, Charlesworth explores the consequences of the liberal commitment to the core value of autonomy across a range of areas beginning with the end of life. Focusing on just this latter issue, this contribution explores the question whether the principle of autonomy is indeed adequate to be the primary principle on the basis of which to address the issues surrounding the end of life. Part of the underlying concern here is thus with the nature of our dying in a 'liberal society' of the sort Charlesworth describes.

The essential thing is that people should carefully weigh the price they must pay....
– Albert Camus, ‘Neither Victims nor Executioners’

“Dying”, writes Max Charlesworth, “is, in a sense, the most important thing a person does” and he adds that “one should as far as possible be in control of it” (Charlesworth 1993, p. 33). There can be little doubt that the ending of a life is one of the most important events in a life, and what is to be the manner of the ending of our lives is one of the most important questions that faces us all. Most of us would also concur, at least initially, with Charlesworth’s claim that the ending of our lives is something over which we should be able to exercise some control. Indeed, issues concerning the end of life, and the control one may have over it, have gained considerable public attention in recent years with the rise of campaigns for the legalisation of assisted suicide in many countries, in the United Kingdom, those in Europe, and the United States, as well as in Australia, and, in some cases, we see the enactment of legislation to achieve just such an outcome.

Death may be the end of life, but it is where the philosophical discussion of life, and especially the ethical discussion, often has its beginning. Charlesworth’s comments on the importance of dying appears in his groundbreaking volume, *Bioethics in a Liberal Society*, and there the issue of the ending of life is the first of the substantive issues Charlesworth discusses, following immediately after his explication of the liberal ideal, and the principle of autonomy that he takes as central to it. Although he acknowledges the ambiguity of the phrase, Charlesworth argues in defence of what he terms “the right to die” and the need for a liberal society to give legal force to that right (Charlesworth, 1993, pp.36-38). Significantly, he also takes this “right to die” to include the right to request assistance from others in exercising that right. Charlesworth argues that whatever one has a right to do is also something with respect to which one can reasonably ask others for assistance in the exercise of that right (Charlesworth, 1993, p.37). The rights at issue here follow, according to Charlesworth, from the principle of autonomy that he takes to be basic to a liberal society – and his commitment to those rights reflects his claim that our dying is something over which we should exercise as much control as possible. One might even go so far as to say, given the pre-eminence of the ending of life in Charlesworth’s account, that the autonomy we exercise in the manner of our dying is the most basic form in which autonomy can be exercised.

Charlesworth points out that the commitment to the principle of autonomy should not be seen as incompatible with the fact that the exercise of autonomy can be a complicated matter or that it may sometimes be unclear the degree to which a decision or action is autonomous – he notes that “autonomy, like all concepts has a ‘grey area’ of application” (Charlesworth, 1993, p.21). Moreover, he is also at pains to emphasise that the commitment to autonomy does not entail an endorsement of egoism or an asocial conception of the self, nor a rejection of any form of communitarianism or consensus. “There is absolutely no reason” write Charlesworth, “why an autonomous act must necessarily be self-regarding and cannot be other-regarding... A society of autonomous agents is not necessarily a collection of individualistic, self-contained and self-regarding atoms or ‘islands of self-conviction and self-direction’ ” (Charlesworth, 1993, p.23). The principle of autonomy on which a liberal society is founded is essentially directed at marking out a space of individual action and decision-making free from outside interference – by marking out “a sharp distinction between the sphere of personal moral views and the sphere of state intervention and the law” (Charlesworth, 1993, p.19) – and so “the liberal society is one which promotes and provides space for ... self-determining choices to the greatest degree possible” (Charlesworth, 1993, p. 22). It is just such a society to which Charlesworth takes his readers to belong, and thus he summarizes the main argument of *Bioethics in a Liberal Society* with the claim “that those engaged in bioethical discussion must become aware of the fact that they are living in a liberal society and take account of its basic values” (Charlesworth, 1993, p.27).

Charlesworth’s argument in *Bioethics in a Liberal Society* is admirably clear and accessible, and he is a powerful advocate for the liberal ideal that he espouses. It is notable that although he argues in favour of ensuring that individuals have as much control as possible over the ending of their lives, and even, as I noted above, advocates for the right of an individual to ask others for assistance in enabling such control, he also recognises many of the legal and cultural complexities surrounding these issues. Still, Charlesworth’s basic position is that the principle of autonomy is indeed paramount, and against those who would warn against making the principle of autonomy ‘absolute’ in the manner that Charlesworth seems to suggest (McCormick, 1991), he asserts that “...to complain of the ‘absolutisation of autonomy’ is rather like complaining of absolutising personhood. Autonomy is not something one can have too much of” (Charlesworth, 1993, p. 34). In spite of the many virtues of Charlesworth’s account, this last comment is one that I find somewhat troubling,

and it echoes an uncertainty that I have about Charlesworth's opening comment that dying is an event "one should as far as possible be in control of" (Charlesworth, 1993, p.33). Part of my concern here is with the idea of control, as well as with autonomy, but it also connects with a sense that the emphasis on the principle of autonomy, so central to Charlesworth's account, and notwithstanding Charlesworth's own acknowledgement of the complications here, is alone inadequate as a principle to address the issues that face us at the end of life. In this regard, the primary concern of my contribution here can be summarised as follows: if a liberal society is one in which the principle of autonomy is indeed absolute, then what does that mean for dying in a liberal society, and what sort of dying does it entail? Might the absolute insistence on autonomy actually undermine other values that also have relevance to dying as well as to living?

I should begin, however, with a hesitation I have about the society that is being addressed here, or more specifically, about whether the 'liberal society' that is at issue in Charlesworth's discussion is actually identical with our own – about what society it is that is 'our own'. If the test of a liberal society is the degree to which it enshrines the principle of autonomy, then it surely has to be acknowledged that many contemporary societies, including those whose readers Charlesworth might be thought to be addressing, are imperfectly 'liberal', just inasmuch as the principle of autonomy is itself only imperfectly enshrined in their legal and institutional structures. Here there is a certain tension within Charlesworth's account, since on the one hand that account seems to be predicated on the assumed 'fact' that we live in a liberal society, where such a society is one committed to the centrality of autonomy, and yet, on the other, the argument for reforming laws and institutions so as to better accord with the principle of autonomy suggests that the society (or societies) at issue is not one in which autonomy is absolutely central (at least not so far as the actual form and structure of its laws and institutions are concerned), and so, by definition, is not entirely 'liberal'. What this surely indicates is that the foundation for the argument for legal and institutional reform in accord with the liberal ideal cannot be based in any simple pre-existing 'fact' concerning the 'liberal' character of the society at issue – which also means that the commitment to the centrality of autonomy cannot itself be assumed without argument. This raises a question that Charlesworth does not explicitly address concerning the real foundation for the commitment to autonomy in the first place. It cannot, in spite of Charlesworth's apparent claims to the contrary, be based in some pre-existing fact concerning the already liberal character of the society in which we live.¹

Inasmuch as there is an indication of such an argument for the centrality of autonomy at work in Charlesworth's thinking it is surely the idea that the pluralistic nature of modern societies both *precludes* any commitment to more substantive ethical principles (principles, for instance, that concern the nature and content of a 'good' life) and that it also *requires* the commitment to a more procedurally-oriented principle (one that concerns the form of decision rather than its content) of the sort that autonomy seems to exemplify² – to a principle, in other words, that marks out an area of decision and action as free from state or institutional interference. Such an argument is a familiar move within liberal theory, and yet it seems to rely on more substantive commitments than might be apparent at first sight – commitments that underlie even the idea of autonomy in its procedural character. Autonomy is itself grounded in a prior assumption, whether or not it is made explicit, that the primary locus of decision and action is the individual person, and even that the person is indeed to be understood as just such a locus of decision and action.

It seems hard to make sense of autonomy, or its significance, independently of the idea of a certain being or kind of being that has autonomy – independently, that is, of the individual person, self, or agent. Charlesworth makes use of the idea of the person as the one who exercises autonomy and who is possessed of certain rights – including the supposed "right to die" – even if he does not ground the notion of autonomy in the idea of the person, nor offer any explicit account of the person, and he rebuts the complaint regarding the absolutisation of autonomy that this is itself "like complaining of absolutising personhood". That the idea of the person is

¹ One might say that Charlesworth's point, even though it is not explicitly made in this way, is actually that we have a prior commitment to the liberal ideal, though a commitment that is imperfectly realised, and that it is this commitment that is the starting point for his argument – what Charlesworth argues, on this account, is for making our laws and institutions, as well as our practices, more consistent with that prior commitment. But although this shifts the language of the account, it does not substantially change the issues at stake. What it is that substantiates the claim that we already have a prior commitment to the liberal ideal other than the prior instantiation of that ideal in our laws, institutions, and practices? Moreover, if that commitment is imperfectly instantiated, as it will be if there is need of an argument that our laws, institutions, and practices need to be made more consistent with that ideal, then it cannot be sufficient for the claim that we are indeed a 'liberal' society – at least not without some further argument. Given such an imperfectly instantiated commitment, the question can legitimately be raised as to whether we are, in fact, a liberal society on Charlesworth's own criteria.

² So at one point Charlesworth seems almost to characterise a liberal society as a society "where a plurality of values is not only tolerated, but actively encouraged" (Charlesworth, 1993, p.27).

implicated here is significant, since what it shows is that there is indeed a more substantive ethical and even metaphysical commitment at work here. That this is so has an important consequence: if the idea of the person is that in which the notion of autonomy is grounded, then any claim regarding the absolute nature of the principle of autonomy will have to derive from or be dependent on a claim to the effect that what is essentially at issue in the concept of the person is indeed exhausted by the concept of autonomy. If it should be the case that the concept of the person involves more than just the notion of autonomy (which is to say that the person is more than just an autonomous decision-maker – a claim that seems at least *prima facie* plausible), then autonomy cannot be the sole or indeed the ‘absolute’ principle that determines the ethical considerations associated with the person. What becomes evident here is that Charlesworth’s claim (and other claims like it) to the effect that the assertion of the principle of autonomy is neutral with respect to the nature of persons or of human lives (“A society of autonomous agents is not necessarily a collection of individualistic, self-contained and self-regarding atoms or ‘islands of self-conviction and self-direction’”) is not quite so obvious as it may seem. Although it is true that autonomy is not incompatible with a more ‘holistic’ or ‘socialised’ conception of the person, this may well not be true of autonomy when taken as absolute. Much depends on how autonomy is taken to stand with respect to other concepts.

It is perhaps significant that although the emphasis on autonomy as a key value tends to be culturally specific (so there are cultures that will emphasise dependence over autonomy or take communal decisions to have priority over the individual), there is another value that is less specific in this way, and yet can also be seen to be related to the value given to autonomy and, perhaps more fundamentally, to the value accorded to the person. This is the value expressed in the prohibition, admittedly instantiated to varying degrees, against the taking of the life of another. It seems that there could hardly be a more extreme *violation* of personhood than this – and a violation that also exemplifies the most extreme *violence*. In taking away the life of another I take away the very ground of possibility on which the exercise of autonomy depends, and in doing so I also, *prima facie*, assert my own autonomy over that of the other. Interestingly, Charlesworth’s discussion of the ending of life does not touch on the question of the taking of the life of another – the question of murder – at all. Perhaps this is because the question might already appear to introduce an element into the discussion that has the potential to prejudice the terms of certain aspects of that discussion – at least in regard to the question of assisted suicide. Yet if we are honestly to address what is at issue in the ending of life, then the question concerning the taking of life surely cannot be avoided.

In fact, Charlesworth’s own discussion of the end of life does not ignore the question of the taking of life entirely. That discussion begins, not with any specific cases of untreatable illness or unendurable hardship, but rather with a specific case of the taking of life, namely, the taking of one’s own life – self-murder or suicide. Charlesworth’s focus is on the traditional prohibition against suicide as present, in particular, in the Judeo-Christian tradition. Beginning with Kant’s injunction against suicide on the grounds that it entails a contradiction, Charlesworth argues that suicide can be a thoroughly rational act, and not only that, but an act that also represents a supreme example of the exercise of autonomy – hence Charlesworth’s invocation of the idea of the “right to die”, which now appears as the right to exercise one’s autonomy in the manner and timing of one’s dying.

It is worth reflecting, however, on the grounds on which the traditional prohibition against suicide might be based. Although the grounds of the prohibition may vary according to the exact nature of the prohibition and so of the society, the prohibition against suicide is perhaps most strongly based in the idea that a person’s life is not entirely their own, not because their lives are indeed ‘owned’ by another (as in the case of the slave or the prisoner³), but because, by their very nature as a person, their life is enmeshed with other lives – perhaps one might try to capture this notion in the idea that if one can speak of a “right to die”, one can also speak of a “responsibility to live” (though just what such a slogan might mean is no less in need of clarification, nor any more obviously capable of clarification, than is the idea of the “right to die”). The act of suicide becomes problematic, therefore, just inasmuch as it constitutes an assertion of the individual against those others with whom the individual life is bound up. This way of understanding what has so often been taken as the ethically problematic character of suicide can also be seen to reflect the tremendously destructive effects that suicide (as opposed to death through illness or accident) can have on others.⁴ For this reason, even though particular acts of

³ In societies in which some forms of suicide are condoned, the suicide of the slave or prisoner may nevertheless still be disallowed precisely because neither the slave nor the prisoner is taken to have any ‘ownership’ over their lives. The type of ‘ownership’ at issue in such cases, however, is to be distinguished from the more fundamental mode of entanglement with others that is a necessary feature of any and every life.

⁴ This is undoubtedly one of the reasons why those traditional societies that condone suicide typically do so in a way that situates it within some formalised framework – often as a particular kind of practice that has ritual or other significance.

suicide may be strongly grounded in the desire to alleviate suffering, of the one who dies as well as of others, it may nevertheless remain a problematic act – in some cases an act that even retains a sense of violence and violation. One may try to dismiss such language as introducing elements that in virtue of their emotive content distract us from the real issues – that obscure the rationality of what is under consideration – and yet to dismiss the emotional content of what is at issue in dying, or in the ethical more generally, is surely to dismiss something essential and also essentially human.

It is with the issue of the taking of life, and so also of the responsibilities we may have in regard to a life (whether our own or others), that we most directly confront the question as to the values that underpin a life and in which a human life might be founded. The prohibition against the taking of life is perhaps the fundamental limit that founds the structure of human lives as lives that are lived in relation to one another, even as they are also lived in distinction from one another – and this is evident in the problematic character both of murder and of self-murder. High rates of murder, along with other forms of violence, are seen as an obvious indication of social breakdown, and high rates of suicide, even in societies in which it is not a criminal act, are also seen as symptomatic of deeper social and psychological ills. Considerable resources are devoted to suicide prevention and the treatment of its underlying causes. The very having of suicidal thoughts is seen as *prima facie* evidence of some degree of mental and psychological dysfunction, and this remains so in spite of the fact that in some circumstances such thoughts (to say nothing of the actions to which they might give rise) might also be a rational response to chronic suffering or distress. Although Charlesworth is himself critical of societies and cultures in which too much emphasis, as he sees it, is given to the value of a life (Charlesworth, 1993, pp. 412-45) – a valuation that he takes to issue in a lesser regard for the *quality* of life as against the mere *preservation* of life, and that can itself be seen to lie at the heart of the injunction against the taking of life – he gives no attention to the consideration that may be adduced in favour of that valuation, the larger context in which that valuation is situated, or indeed to the question as to the nature of the society that might follow from the refusal of that valuation.

It is surely dubious, however, to suppose that Charlesworth intends his criticism of the commitment to the idea of the value of a life to be construed as undermining *all* commitment to that value. Almost certainly what Charlesworth intends to argue against is the absolute commitment to that value such that it over-rides all other considerations. This seems confirmed by the cases he considers and the conclusions that he draws. His focus is the prioritization merely of the preservation of life over anything else. While I do not wish to foreclose on that question, it seems that one could reasonably say that what Charlesworth objects to is the treatment of the commitment to the value of a life as an absolute principle – one that cannot be qualified by any other consideration. What Charlesworth objects to, one might say, is the ‘absolutisation’ of the commitment to the value of a life. Yet this objection need not impugn the fundamental nature of the commitment – a commitment or principle can thus be fundamental and yet not absolute. There is good reason, then, to retain the commitment, to the value of a life, and so too the prohibition against the taking of life (the latter being closely connected to the former), and yet also to recognise that in some cases that commitment may be over-ridden. The difficulty in cases like this is that, outside of certain well-defined contexts (being a combatant on a battlefield might be one such), it will almost always be difficult to specify in advance just what cases allow the over-riding of the fundamental commitment or breach of the prohibition that is at issue here, and too broad a waiving of that commitment or prohibition may be simply incompatible with its fundamental character (undermining or weakening it to an unacceptable extent). This means that from a legal perspective especially, the commitment to the value of a life and the injunction against the taking of a life may remain the default, but with discretion being accorded to the courts (and perhaps in some cases to other bodies) to deal with individual cases according to circumstance.

At this point, it is important to note that the commitment to the value of a life, and the injunction against the taking of a life, do not imply that one must seek to preserve life even in the face of the reasoned refusal of one’s efforts to do so by the person whose life is at issue. The commitment to the value of a life cannot, for instance, justify the forced treatment of a chronically-ill and suffering patient who has refused that very treatment, nor can it justify the forced feeding of that same patient. There may be cases where forced treatment is acceptable – perhaps where a patient is psychotic or otherwise incapable of making reasoned judgments of their own – and one might also view the rescuing of an attempted suicide as an example of the valuing of a life over the seeming intentions of the one whose life it is (and so of the valuing of the life as more important than the mere affirmation of autonomy), but for the most part, refusal of treatment or assistance is something that ought to be respected. The difficulty, at least in legal and institutional terms, is often in giving context and support to such refusal.

The importance of the ability to refuse assistance is an especially important point when it comes to contemporary medical treatment. In part, the enormous concern that many people have about the end of life relates directly to the fear that medical treatment may itself lead to a loss of control over their dying – that they

may no longer have the capacity to refuse treatment and that their lives may be prolonged in ways that are unacceptable to them. Not only may this be a concern for the one whose own life is at issue, but it may also be a concern for those around them, both in terms of the potential distress at the suffering that may be witnessed and the burden of decision that may have to be borne. Yet the irony of this situation – a situation that looms increasingly large in many contemporary societies – is that it often arises out of the increasing control, and desire for control, on the part of contemporary medicine.⁵ Moreover, to a large extent, that desire for medical control is not something driven only by those involved in medical practice – we ourselves look to improved medical treatments and procedures, and, indeed, expect them. Our very desire for control through medical intervention is thus part of what gives rise to a loss of control. It is, moreover, doubly ironic, since the solution that is so often looked to (and that Charlesworth himself seems clearly to favour) is itself a further form of medical intervention – assisted suicide through the provision, by a medical practitioner, of lethal medication. Such a solution seems to depend on resolutely ignoring the conditions that give rise to the situation in the first place, and indeed, so long as the situation is described *only* in terms of control, then it seems the situation can only be inadequately described and inadequately responded to. It also seems to be a solution that adds a further set of ethical as well as legal and institutional complications to a situation that is already ethically, and often medically, problematic.

None of this is to say that the desire for control is itself intrinsically problematic – indeed, I would argue that, as seems implicitly to be the case in Charlesworth’s argument against the over-emphasis on the value of a life, that the problem is not ‘control’ as such, but rather the ‘absolutisation’ of control or the idea that control (or a certain sort of control) is the only thing that matters. There is already a question here as to what ‘control’ might be: whether, for instance, control involves control over oneself, and so over one’s own attitude and comportment, or whether it involves control over what is, in some sense, ‘outside’ of oneself, and perhaps happens to oneself – whether control may sometime take the form of a surrender of control, whether it may even involve a giving up of oneself. Yet if control is all that we focus on, then we may well lose sight of other things that also matter – the sorts of things that appear in just those parts of our lives where control is a much less relevant notion, and where it is rather our dependence and our vulnerability that matter most. Moreover, if control cannot be taken to be the only important notion here, then neither can autonomy, since the emphasis on control, as used in this context, and so as Charlesworth also uses it, is essentially derivative of the emphasis on autonomy – to have control is to be able effectively to exercise one’s autonomy. Moreover, just as the notion of control can now be seen to be a notion that becomes problematic both as it is absolutised and as the real content of the notion is left ambiguous, so too is this the case with autonomy itself. What is to count as autonomy is a genuine and often inadequately resolved question, and yet it is also central to the sorts of discussions in which autonomy so often figures.⁶

The way we think about dying cannot be severed from the way we think about ourselves, and if we are to do this in a way that is adequate to who and what we are as human beings, then this requires attending to the character of our lives as inevitably bound up with the lives of others – our lives thus have an apartness to them, which is why our decisions are always our own, and yet they also have an essential relatedness, which is why our decisions do not only concern ourselves. It is this apartness and relatedness that appears in the work of a wide range of different thinkers, from Adam Smith, who emphasises the way the ethical relation is founded in sympathy (which can be seen to bring together apartness and relatedness *as felt*), to Hegel and the theory of recognition (in which it is only through the relation to the other that the self emerges as self), and in a very different way, in the work of those such as Buber and Levinas (in which the ethical arises in the direct encounter

⁵ This is not so in every case, of course, but as it relates particularly to illnesses associated with ageing, it is the capacity of modern medicine to maintain life in circumstances in which life would previously have been sharply curtailed that gives rise to many of the difficulties here.

⁶ It is often pointed out that the emphasis on autonomy as the key notion in end-of-life situations overlooks the extent to which those situations are most often characterised precisely by our dependence rather than our autonomy. Charlesworth might reply, however, that this is precisely why we need to put measures in place to ensure our ability to exercise our autonomy even in situations where our capacity to act is severely diminished – that is, to ensure autonomy even in situations of dependence – or perhaps to pre-empt such dependence by prior intervention (so one might decide to end one’s life rather than risk falling into a situation of dependence). Yet this itself seems to indicate precisely the problems that ensue from an insistence on the absolute value of autonomy, while also seeming to ignore the fact that autonomy is never itself absolute, but always exists alongside dependence (and although Charlesworth might be said partly to acknowledge this, the point does not enter into his accounting in any significant way).

with the other and the call upon the self that the other makes).⁷ While these thinkers can accommodate the notion of autonomy in varying ways, for none of them does autonomy operate as an over-riding principle, nor can it function independently of considerations concerning the actual content and structure of the self or of ethical life as such.

The limits on the principle of autonomy can be seen to follow, in fact, from the very nature of autonomy, especially in Charlesworth's account, as essentially a *procedural* principle. Although it is this that allows Charlesworth to claim that autonomy is compatible with various different substantive accounts of the self and different fundamental values, this means that the manner in which autonomy functions as a procedural principle will itself be conditional on the substantive context in which it is placed. Taken apart from any such context, autonomy is empty and contentless. What this also implies, however, is that precisely because it is a procedural principle, autonomy cannot function as an *absolute* principle (and it cannot even function as an absolute *procedural* principle⁸). Autonomy is thus compatible with an emphasis on the value of a life, and with an account of human lives as encompassing both apartness and relatedness, but the absolutisation of autonomy is not so compatible. As soon as one insists that autonomy is absolute, then one is committed to it as being more than just procedural – and this is just the problem that Charlesworth's account seems to face (as does perhaps any account that tries to insist on a single principle as both absolute and non-substantive).

I noted earlier my discomfort with what appears as Charlesworth's emphasis on the idea of control, and, with that, on the absolute character of autonomy. I have, in the discussion above, tried to sketch out some of the reasons behind this discomfort. To a large extent what troubles me here is what might be termed the *extremity* of Charlesworth's position. This might seem an odd complaint to set against one who otherwise appears as so concerned to avoid extremism, and whose work is so much centred around a plea for tolerance and plurality – an odd complaint to mount against such a 'liberal' position as Charlesworth espouses. The extremity that bothers me, however, is just the extremity that appears in Charlesworth's absolutisation of autonomy – an extremity that disguises itself with the appearance of neutrality with respect to more substantive values. Yet there is an extremity that belongs to liberalism and to modernity, and that is itself directly tied to the focus on the individual as the bearer of autonomy. Perhaps this focus may be said to be characteristic of modernity and of liberalism both. It is an extremity evident in the modern obsessions with 'authenticity' as itself an ethical value that is often set alongside autonomy.⁹ It is also an extremity that seems oddly to implicate the idea of suicide, of self-murder, itself. Lionel Trilling points out that the original Greek term from which 'authenticity' comes refers to one who has power, perhaps even who has control, and who is "not only a master and a doer, but also a perpetrator, a murderer, even a self-murderer, a suicide" (Trilling, 1971, p.131), and this captures something of Trilling's own argument to the effect that authenticity is indeed a term of extremity, even of violence.¹⁰

Charlesworth does not himself talk of authenticity, and so the introduction of that notion here may seem utterly gratuitous, and yet the connection between autonomy, control, and authenticity, as well as the old sense that connects authenticity to suicide, seems oddly to reinforce the sense of extremity at work in Charlesworth's emphasis on the absolute character of autonomy, as well as its expression in the act of suicide. Could it be that in a liberal society the act of suicide itself becomes the act that most fully expresses a certain 'liberal' conception of a life – that dying in a 'liberal society' is itself something determined primarily by the degree to which it is under our own control? If that is even a possibility, then it seems we have good reason to ask whether such a 'liberal society' is itself properly consistent with a genuinely *human* form of life – with a form of life in which autonomy has to be understood as itself standing alongside, and even as emerging out of, our *relationality*, our own *humanity*. Perhaps a 'human society' is one in which the ending of a life, no less than the

⁷ On the sort of general relational account at issue here, see Malpas, 2015b (though the argument here is developed in an ontological more than specifically ethical context), and also Benjamin, 2015 (although also primarily ontological in its orientation, the question of the ethical is nevertheless more directly addressed in Benjamin's account). Perhaps the best example of a relational approach in ethics is the work of Emmanuel Levinas – see for instance, Levinas, 1978. Levinas is certainly an important figure in the background of my discussion, though he clearly stands very much outside of the sort of framework assumed by Charlesworth. Significantly, the injunction against the taking of life is a central idea in Levinas' work, and although this reflects its character as rooted in an essentially Hebraic mode of thinking, it is also directly connected with its commitment to relationality. Levinas is well-known for prioritising the ethical over the ontological, but one might also say that what is at issue here is actually the insistence on the fundamental character of ethics and so on the impossibility of an ontology that is not already ethical.

⁸ Substantive principles will always have some procedural import, even if not every procedural principle has substantive implications.

⁹ See, for instance, Taylor, 1991.

¹⁰ For more on the subject of authenticity and extremity see Malpas, 2015a.

living of it, is always intimately bound up with a sense of our essential interdependence. Moreover, Charlesworth's own thought was not itself confined merely to the scope of 'liberal' thought as narrowly defined – as his work on a range of topics from existentialism to education to aboriginal religion suggests. Consequently, without wanting to be too presumptuous on the matter, and in full acknowledgement of the position he sets out in *Bioethics in a Liberal Society*, one might well argue that there are important elements in Charlesworth's thought more generally (as well, perhaps, in his life and person) that lend support to the idea of a broader conception of the human – one that involves more than autonomy alone – as that which properly ought to be seen to underpin ethical thought and practice in both its public and private instantiations.

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