

# The Last Right

## Why America Is Moving Slowly on Assisted Suicide

By Ross Douthat NYT OCT. 11, 2014

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ON Nov. 1, barring the medically unexpected or a change of heart, a young woman named **Brittany Maynard** will ingest a lethal prescription and die by suicide.

Maynard is 29, recently married and is suffering from terminal brain cancer. After deciding against hospice care — fearing, she wrote in a CNN op-ed, a combination of pain, personality changes, and the loss of basic mental and physical functions — she and her husband moved from California to Oregon, one of five states that permit physician-assisted suicide. In the time remaining to her, she has become a public advocate for that practice’s expansion, recording testimonials on behalf of the right of the terminally ill to make their quietus.

The tragedy here is almost deep enough to drown the political debate. But that debate’s continued existence is still a striking fact. Why, in a society where individualism seems to be carrying the day, is the right that Maynard intends to exercise still confined to just a handful of states? Why has assisted suicide’s advance been slow, when on other social issues the landscape has shifted dramatically in a libertarian direction?

Twenty years ago, a much more rapid advance seemed likely. Some sort of right to suicide seemed like a potential extension of “the right to define one’s own concept of existence” that the Supreme Court had invoked while upholding a woman’s constitutional right to abortion. Polls in the 1990s consistently showed more support — majority support, depending on the framing — for physician-assisted suicide than for what then seemed like the eccentric cause of same-sex marriage.

Yet the latter cause has triumphed sweepingly, while ***voluntary euthanasia has advanced only haltingly***. Part of the explanation lies with the Supreme Court, which in 1997 ruled 9 to 0 that the Constitution does not include a right to suicide. But the court would not have ruled as it did absent a deeper reality: ***Many liberals seem considerably more uncomfortable with the idea of physician-assisted suicide than with other causes, from abortion to homosexuality, where claims about personal autonomy and liberty are at stake.***

Conservatives oppose assisted suicide more fiercely, but it’s a persistent left-of-center discomfort, even among the most secular liberals, that’s really held the idea at bay. Indeed, on this issue you can find many liberal writers who sound like, well, social conservatives — who warn of the danger of a lives-not-worth-living mentality,

acknowledge the ease with which ethical and legal slopes can slip, recognize the limits of “consent” alone as a standard for moral judgment.

At the same time, though, there are *tensions within the liberal mind* on this issue, particularly when the discussion moves from the general (*why assisted suicide is unwise as public policy*) to the particular (*why life is still worth living after all hope is lost, and why a given person facing death shouldn't avail themselves of suicide*).

You can see that tension illustrated, in a fascinating way, in the work of *Ezekiel Emanuel*, the health care expert and bioethicist (and brother of Chicago's mayor). Emanuel's 1997 *Atlantic essay on physician-assisted suicide remains the best liberal critique of the idea*, and he reiterated his anti-suicide position this fall, again in the Atlantic, in an essay discussing his perspective on aging, medicine and death.

But the new essay [*by Ezekiel Emanuel – Sept. 17, 2014, The Atlantic*] – which ran under the headline “*Why I Hope to Die at 75*” – was also shot through with precisely *the fear of diminishment and incapacity, the anxiety at being any kind of burden, the desire to somehow exit at one's sharpest and fittest and best, that drives the impulse toward medicalized suicide*. It was partially a *powerful case against unnecessary medical treatment* – but partially a *window into a worldview ill equipped to make sense of suffering that's bound to lead to death, or that does not have a mountain-climbing, op-ed-writing recovery at the end of it*.

The same deficit is apparent in responses to Brittany Maynard's plight. Liberal policy writers are comfortable using her case to discuss the inadequacies of end-of-life care (as the health care expert Harold Pollack did, eloquently, in a [piece](#) for The New Republic). But when it comes time to make an affirmative case for what she actually has to live for, they often demur. To find *that* case, you often have to turn to *explicitly religious writers* – like *Kara Tippetts*, a mother of four currently dying of her own cancer, [*a strong Christian and author of The Hardest Peace – Expecting Grace in the Midst of Life's Hard* ©2014] who wrote Maynard a passionate [open letter](#) urging her to embrace the *possibility that their shared trial could actually have a purpose, that “beauty will meet us in that last breath.”*

The future of the assisted suicide debate may depend, in part, on whether *Tippetts's* case for *the worth of what can seem like pointless suffering* can be made *either without her theological perspective, or by a liberalism more open to metaphysical arguments than the left is today*.

If it [*i.e., if the case for going through what can seem like pointless suffering*] can [*be made*], then laws like Oregon's will remain unusual, and the *politics of assisted suicide the exception* to the ever-more-libertarian trend.

If it [*i.e., if the case for going through what can seem like pointless suffering*] can't [*be made*], then many more tragic stories will have the ending Brittany Maynard has chosen to embrace.