

Go Unattended. A Review of Anthony Stavrianakis' Book "Leaving. A Narrative of Assisted Suicide" (2019)



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Abstract: This is a review of Anthony Stavrianakis' book *Leaving. A Narrative of Assisted Suicide* (University of California Press, 2019). Medically-assisted suicide still raises many issues and controversies of various types: ethical, legal, organizational and institutional. The situation varies greatly between countries, and depends on health care policies and socially recognised values. However, the overriding question is as follows: under what conditions should this form of death be allowed? Among the arguments that are well known, recognized and now tame, Stavrianakis' research brings new light and perspective. The author goes deeper and searches for the real motives driving people to choose this manner of death. He sees the nuances and recounts the difficulties. In this article, I highlight aspects of Stavrianakis' work that I find relevant and crucial for the issues considered.

Keywords: Anthony Stavrianakis; assisted voluntary death; physician-assisted suicide; case-based reasoning; narrative approach; medical anthropology.

"How does a person come to the judgement that they have had enough, and then, in relation to and with the assistance of others, how do they come to the judgement that dying voluntarily is the appropriate course of action to take given the situation in which they find themselves, of having had enough?" (Stavrianakis 2019, 2). This sort of question cannot be passed over in silence or left unanswered if someone – whether a medical professional, a researcher or simply a modern person – wishes to seriously approach the topic of the end of life through assisted suicide (assisted voluntary dying). It was also posed by Anthony Stavrianakis in his most recent, challenging and thought-provoking monograph *Leaving. A Narrative of Assisted Suicide*. The issue he takes up in this book is connected to following question: "how can an inquirer, in this case an anthropologist (...) who wished to inquire into this practice, grasp such a judgment of having enough: enough, that is to say, of an experience of ill health, enough of an experience of care (or its lack), and enough of a life" (Stavrianakis 2019, 2).

I find the issues mentioned above crucial for the problem of assisted suicide, which should not be confused with euthanasia. The latter is painlessly killing or permitting (passive euthanasia) the death of individuals who are ill or injured beyond hope of recovery (Quill & Sussman 2015). The author considers mainly physician-assisted suicide

(PAS) in Switzerland. This is the practice of a physician providing the means for a person with decision-making capacity to take his or her own life, usually with a prescription for barbiturates that the patient takes himself or herself; sometimes also called physician-assisted suicide, physician aid-in-dying, or patient administered hastened death (Quill & Sussman 2015). The final step in the process is performed by the person concerned. However, the doctor's role is very important, including the decision to qualify the patient for this type of assistance. The issue of assisted suicide has had a prominent place on the map of bioethical issues ever since it became possible to hasten death in a safe, professional manner, limited by a certain set of rules. Moreover, it is a problem that involves many parties and should be discussed among them (the patient, the accompanying person, the doctor, the patient's family, the institution involved etc.).

Stavrianakis presents his own path to answering questions. The author portrays himself as a researcher, constantly on the road, restless and searching. He strongly identifies himself with his research discipline (anthropology), distinguishing it from other human and social sciences. He describes his task as attempting to grasp why a person that has enough of their life decides to abandon it (Stavrianakis 2019, 2–3). The main assumptions start from Paul Rabinow's study *Marking Time: On the Anthropology of the Contemporary* (Rabinow 2008). The theoretical background is discussed in the first part of the book. Here the author shows that the method based on casuistry (case-based reasoning) is the best way to analyze complex human modernity. Anthropological casuistry is particularly important for tracking down the motion from case to case, to pose questions about the ethos of human beings under variable conditions. He returns to the study of *ethos* in the last part of the work.

The central part of the book is taken up with the case descriptions of the people Stavrianakis met while doing his research on assisted voluntary death. Not all individuals who are the protagonists of the cases recounted in the book are terminally ill or under palliative care. But this does not mean that these 'less serious' cases belong to the so-called medically easy cases, and only the extremely serious cases belong to the medical hard cases. All those concerned have signed up to one of the dedicated associations¹ to secure their future due to their complicated medical histories.

Sometimes the author of the book under discussion refers to the documentation of illnesses and ailments, and at other times narrates or dramatizes the case of a particular patient to help the reader understand the specifics and atmosphere of the situation. In fact, as the author points out, videorecords are needed in case of possible legal concerns. Stavrianakis outlines the institutional and legal framework for the operation of this form of assistance, but also the practical, daily problems faced by those affected. This is very helpful for understanding the specifics of the issue considered.

Stavrianakis' case studies can be treated as gripping stories. The author aims to

¹ Such as e.g., the *lifecircle* in Switzerland, which – according to its statute – “affirms life and therefore offers no assisted suicide.” URL: https://www.lifecircle.ch/en/?no_cache=1/.

create a flowing narrative, written in accessible language. Each character has a properly outlined psychological and social profile. With each example, we also see an individual relationship with the researcher. The author writes about the difficulties and boundaries he tries not to cross (most notably between the researcher and the participant: not too close and not too distant). (Stavrianakis 2019, 199). The main goal of the insightful narrative is to answer the question of what drives a person to decide to end his life through assisted suicide. The author maintains that the motive cannot be (just) to escape suffering. The nagging and open question remains: Why do these people seek *this particular* form of death, and want to pass away in just *this* way. He looks deeper. He goes into uncharted territory.

We talked all afternoon, for hours, moving back and forth between her current state of psychical degradation, her pain, and her family, including a lot of discussion of her daughter, who initially helped her organize her death and then refused to help, blocking her escape. (...) There was a sort of passive synthesis in my imagination, a synthesis of the story of the past death [her father's death, K.N.] within the scene of "telling" about her present attitude toward dying, her orientation, her plan, for a voluntary death. Could we call the telling of that death a sign, a sign composed of the expression of her physical suffering, of her character, of her relation to her father's death? And might it be a sign of her desire to die at her own hand rather than any other way? This is a shortcut, for Barbettes I could not, cannot, say – it is unearned (Stavrianakis 2019, 148).

In the above quote, we see the problem of both the involved sides – the daughter who finally changes her mind – and the inquiry into whether the type of death of Barbettes' father can affect her current decision. As the author notices,

The problem space of the practice of requesting and being assisted with voluntary death is constituted through multiple vectors: personal reflection, bodily experience, medical diagnoses and prognoses, fears, and care, among others: the complex position of the person(s) who is (are) willing to assist with voluntary death (...) A further vector is the variable positions of different people who, for different reasons, observe such request, as well as their manner of observing, which will include the forms and aims of such observation (Stavrianakis 2019, 2).

Let me now suggest that this complexity is what one usually fears. Moreover, is this person's decision a well-founded and explicit judgment, or at least a reflected belief? And how can this be verified? Is it more or less contingent, or necessary? To what extent is it adequate – or merely relative – to the circumstances (stable, deteriorating, unstable, sometimes better, sometimes poorer, predicting for better or worse, and finally not predicting at all)? Will we not risk a mistake by condoning, accepting and allowing someone's death, and is this definitely the optimal solution for everyone?

What is important to notice is that "a request for assisted suicide cannot be reduced to a 'need'; that is, you cannot 'need' an assisted suicide in the way a person could be said to 'need' heart surgery" (Stavrianakis 2019, 149). The author introduces the term of *desire* to better suit this specific condition. However, "Desire has its interpretation and each interpreter his or her own desires and fantasies" (Stavrianakis 2019, 119). In

turn, he declares the purpose of his attempts to define as “desire of the anthropologist to grasp their desire” (Stavrianakis 2019, 157). Surely this is a higher, hyper-conscious and reflective form of desire compared to the immediate, organic desire for food that is experienced on an existential level as an inner ‘lack’. We do not know how the satisfaction of desire as conceived by Stavrianakis might manifest itself. The author of *Leaving* is also determined to find the most adequate interpretative tools to advance our understanding of voluntary death as a reality experienced and dealt with by the subject involved; by definition as a complex process that is professionally, socially and institutionally assisted and managed, a practical challenge; and, finally, as a challenge to human judgement. He casts a fresh look at the psychoanalytic tradition, drawing on Freud, among others:

The point is not to make a judgement about the veracity of the framings, or the status of psychoanalysis as a science, but to share with the reader both the nature of the indeterminations I had about the materials I was receiving from persons I would talk to and why I thought that psychoanalytic interpretation could help me grasp that material and those indeterminations – even of ultimately I will dissent from affirming a strict psychoanalytic reading of the materials themselves (Stavrianakis 2019, 140).

For this reason, it is necessary to return to the problem of suicide itself. According to Immanuel Kant, this is the core pragmatic and anthropological problem: what a human being as a free acting being can and should make of itself. The concept of duty to oneself, conditional and unconditional, is born out of this question. For, in addition to rights to ourselves and to use ourselves according to manifold ends (and above all: as ends in themselves), we also have duties towards ourselves – including our own life and dignity, and dignity manifests itself in an individual’s right to self-determination (Kant 2006, 3; Stavrianakis 2019, 152). Or recalling É. Durkheim: “suicide is an ethically qualified social phenomenon not reducible to individual psychological reasons (or causes) because of which people end their lives” (Durkheim 1897; Stavrianakis 2019, 161); more exactly, a phenomenon co-determined by societal-level processes related to (dis)integration and (over- or under-) regulation. The problem concerns both oppression and identity, and might be connected to Michel Foucault’s problematization of and preoccupation with the “arts of existence” (*technē tou biou*): Am I the person who I sought to become or take myself to be? The question of “whether I am the person I take myself to be.” Moreover, when the individual must answer the question: Are you sure you want to die? And further, the question: Do you know what will happen if you ingest the solution or turn the tap on the perfusion? (Foucault 1990; Stavrianakis 2019, 188). These questions go even more profound, also into the history of philosophy addressing the question of the purposefulness of life and its fulfillment (Aristotle) and becoming oneself, but not by the forces of nature itself, but originally by virtue of human, cultural, and societal-socialisational powers (e.g., Hegel’s *Selbst-Bildung*), or auto-creation.

To put it succinctly, I want to show the necessary but insufficient place of the desire-to-interpret-desire within the unfolding of the request for a voluntary assisted death. To not recognize that discursive and nondiscursive elements furnished by people call for interpretation would be deficient, as though the

practice could be reduced either to strategies and power relations or else to self-evident biomedical explanations of pathology; but to propose a totalizing interpretation on their psychic basis is excessive. The challenge was of finding a mean (Stavrianakis 2019, 140).

In the course of his research, Stavrianakis becomes increasingly aware that medical reasons are not a crucial element in the decision to undergo assisted suicide (Stavrianakis 2019, 154) However, it is difficult not to allude here to the issue of the aims of modern medicine. The self-evidence of a doctor agreeing to such a request seems to be relevant moment (Stavrianakis 2019, 155). Physician-assisted suicide requires a medical doctor to authorize a lethal dose of barbiturate, to be administered by the individual herself. This brings us back to the question of medical care, the medical authority of the doctors, and their competence to make judgements and decisions which they are not always able to train for during their studies. Moreover, from a legal point of view, the right to die (Stavrianakis 2019, 181) and the “right to die with dignity” (Stavrianakis 2019, 195) are still controversial, and the role of society, professionals and institutions is eventually to secure it. As the author of *Leaving* notices,

modern medicine has, to a degree appropriately, a normative orientation toward cure and sustaining life as long as possible.” However, “In situations where medicine cannot cure, those who are sick live under a dual moral demand: hope and courage, which as a discursive norm was institutionalized through the nineteenth century (Stavrianakis 2019, 172).

With Stavrianakis' book, we visit an uncharted territory. The author introduces us to it, and walks us through it so that we become acquainted with the most personal, delicate, highly varied and complex motives and incentives – not just reasons – that constitute sufficiently rational or normatively justified reasons for human decisions to undergo assisted voluntary death (such reasons are often considered in an overly abstract way in thanatological bioethics). At the same time, he does not limit himself to psychological or medically driven justifications, but outlines a broad picture of a person's life, reaching back to its origins, history (*bio-graphy*), environmental and societal situatedness, as well as personal preferences and desires, including those undisclosed or challenging for society. It is an extraordinary picture of the dying process. A complex and partly unpredictable picture – one which does not tolerate generalisations, hasty judgements, top-down instructions and arrangements – very much like an individual human life itself.

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