A Good Ending?

Happy the man, and happy he alone,
He who can call today his own:
He who, secure within, can say,
Tomorrow do thy worst, for I have lived today.
Be fair or foul or rain or shine,
The joys I have possessed, in spite of fate, are mine.
Not heaven itself upon the past has power,
But what has been, has been, and I have had my hour.

Horace (Quintus Horatius Flaccus 65BC-8BC) translated by John Dryden (1631-1700) England's first Poet Laureate in 1668.

For centuries, philosophers have concerned themselves with what it means to live a 'good life' or eudaimonia often translated as 'human flourishing' from the Greek eu (good) and 'daimon' (spirit). This has often led to thinking about a good end of life or 'good death' called euthanasia: eu (good) and *thanatos* (death). For ancient thinkers, euthanasia meant dying well, not *being killed*. In classical thought a 'good death' involved: calmness, acceptance, appropriate timing, and moral integrity. It was about *how* one met death, not *who caused it*. Even when thinkers like Plato or Aristotle disagreed about suicide, they shared an assumption that death itself was not the moral problem, a *disorderly* death was.

In Medieval times there was a shift in thinking from 'good death' to 'forbidden act'. Christian theology radically changed the meaning landscape. Life became a divine gift, God's property, and morally inviolable. The *good death* was no longer about timing or quality of life, but about such acts as repentance, salvation, and endurance. Under thinkers like Thomas Aquinas, intentionally bringing about death, even to relieve suffering, became morally indistinguishable from murder. Importantly the *term* euthanasia didn't vanish, but its meaning narrowed to *illicit human interference*. The moral focus moved from the dying person's experience to obedience to moral law.

In early modern medicine, *intention* becomes more prominent. By the 17th century, medicine becomes more active. Francis Bacon still used the term *euthanasia* positively, doctors should ease pain and help patients die peacefully, particularly when cure is impossible. Here, euthanasia meant: a medical duty to relieve suffering at life's end. Crucially it still didn't mean *causing death,* it meant *not fighting death badly*.

The 20th Century saw decisive, and some might argue irretrievable, damage causing the term *euthanasia* to become more toxic. The Nazi regime used the word to describe the forced killing of disabled people, racial "hygiene" and state-directed extermination. This permanently contaminated the term. After this e*uthanasia* became associated with the devaluation of life and power over the vulnerable. Even voluntary end-of-life choices became linguistically suspect.

At the same time medicine gained unprecedented life-prolonging ability and death became technologically negotiable; responsibility shifted from “nature” to “decision” so the question changed from: “How should we die well?” to “Who is allowed to decide when and how death happens?” That made euthanasia feel dangerous rather than humane. *The word “euthanasia” became problematic not because we stopped caring about good deaths, but because we stopped trusting ourselves with them*.

Let’s see what different philosophers have thought on the topic over the centuries.

First of all, the *opponents* of euthanasia:

Plato is generally opposed to suicide, but *not absolutist*. He suggests that life is not wholly one’s own; it has a divine and civic dimension, that suicide is normally wrong because it disrupts cosmic and social order. However, he did offer some exceptions such as extreme disgrace, overwhelming, unavoidable suffering, and circumstances where *continuing life serves no moral purpose*. Plato already hints at the idea that not all deaths are morally equivalent. He opens the door, very slightly to the thought that *context matters*.

Aristotle is firmly against suicide, but for social rather than religious reasons. He states that *eudaimonia* (human flourishing) requires rational activity within a community and that suicide is an injustice against the state. Dignity lies in enduring misfortune virtuously, not escaping it. Aristotle gives us a character-based objection that choosing death undermines moral excellence. This still echoes in arguments today that praise resilience and endurance over choice.

Augustine decisively condemns suicide in all circumstances. He believes that Life belongs to God, not the individual. Suffering may have spiritual meaning and even martyrdom must not be self-chosen. Augustine introduces the idea that the intention to die is itself morally corrupting, and this still underpins many religious objections to assisted dying.

Thomas Aquinas systematises the strongest philosophical case against euthanasia. Suicide is wrong because it violates natural self-preservation, harms the community and usurps God’s authority. Even relieving suffering cannot justify intentional death. This set of beliefs survives almost intact in Sanctity-of-life arguments, absolute legal prohibitions, and particularly in the notorious ‘Slippery-slope’ fears.

What about philosophers who argued *for* euthanasia?

Francis Bacon reclaims euthanasia as “a good death.” His key ideas include medicine’s duty is not only to cure, but to relieve suffering. When cure is impossible, doctors should help patients die peacefully. He did not mean killing, but easing the passage. Bacon re-presents the lost meaning of euthanasia: care at the end of life, not intervention at all costs.

David Hume directly challenges religious prohibitions on suicide. He posits that if an action harms no one, it isn't immoral. Humans intervene in nature constantly, and ending life is not unique. Refusing someone relief from unbearable suffering *may itself be cruel*. Hume anticipates modern liberal arguments on autonomy, harm reduction and placing compassion over metaphysics

James Rachels challenges the moral distinction between killing and letting die. If intention and outcome are the same, the moral difference collapses. Passive euthanasia is not morally superior to active euthanasia. What matters is reason and compassion, not technical causation. Rachels underpins much modern bioethics and assisted-dying arguments.

Probably the best philosophical tradition on this topic is Stoicism.

Stoic philosophy, anchored by Zeno of Citium, posits that the goal of life is to live in agreement with nature (or *physis*). This means living in accordance with both universal nature (the rational, cosmic order of the universe/Logos) and human nature (rationality and sociality), leading to virtue and tranquil happiness. The Stoic concept of living in accordance with nature provides a philosophical framework that can be used both to support and to scrutinise modern concepts of euthanasia and assisted dying. For Stoics, life is a "preferred indifferent", it has value, but it is not the ultimate good; *virtue is the only true good*.

One of the key Stoic principles is *Memento Mori*: *remember that you will die*, which is often misunderstood as being morbid. For the Stoics however, it was the opposite. In Marcus Aurelius, Seneca, and Epictetus, *memento mori* served to strip away illusion, you are not indefinite and neither is anyone you love or care for. Also to clarify value, what matters is not length of life, but *how it is lived*. And finally, to remove panic from death, death is not an emergency, it is a certainty.

Stoicism is also known for the metaphor of the "open door", which suggests that if life becomes an obstacle to living virtuously, one has the rational right to leave it, hence *Eulogos Exagôgê* (Rational Exit). Ancient Stoics like Seneca and Epictetus argued that a 'wise person' may choose to end their life if they suffer from intolerable pain, incurable disease, or a loss of mental capacity that prevents them from acting rationally. In modern medical ethics, arguments for assisted dying often echo these Stoic views by focusing on the quality of life and the ability to conclude one's 'life narrative' on one's own terms rather than enduring a 'slow death' (or one extended 'unnaturally' by modern medicine).

Is it appropriate to discuss the economic factors in the topic of euthanasia / assisted dying and why does the question feel so dangerous?

Economic cost triggers moral alarm bells because it risks implying that some lives are less worth living, that dependency equals burden or that people become expendable when expensive. Those fears are *not irrational*. They are historically grounded. *So, the discomfort itself is philosophically significant*.

The ethical line is not should we stop caring because people cost money? The real philosophical question is: Is it legitimate to consider social cost when deciding what medicine ought to do, without using cost to decide whose lives are worth living?

According to the Alzheimer's Society, the estimated economic cost of dementia to UK society in 2024 was **£42 billion**. This figure is projected to rise to **£90 billion by 2040** as the number of people living with the condition increases. A significant portion of this financial burden, approximately **63%**, is shouldered by individuals living with dementia and their families, rather than the state.

Avoiding economics may also be a moral failure. If you ban the topic entirely costs still shape policy, just invisibly. Decisions get pushed onto families, clinicians, and care managers; moral responsibility is hidden rather than removed. Philosophically, this is worse. A mature society doesn't pretend resources are infinite, but refuses to let scarcity decide worth.

The ethical issue in this case is not dementia. It is what medicine does once *personhood, agency, or recognition* are irreversibly lost. We are not asking whether some lives are worth less. We are asking whether every possible intervention is always an expression of care and whether refusing some interventions can sometimes be the more compassionate choice. *When societies refuse to talk about cost, they often end up paying it anyway, only in guilt, silence, and moral confusion rather than money.*

150 years ago, 90% of deaths were from infection and occurred in the home. Families and communities were closely involved with the death of friends and loved ones from an early age. Today, with the advent of modern medicine, over 70% of deaths now happen in some form of institution. We have, for better or worse, become distanced from death, and from conversations about dying.

So, what would a society look like where end-of-life conversations aren't a cultural taboo? In a society where death is less divorced from the business of life, people would talk about dying *long before* they are ill. Advance care planning would be as routine as pensions or wills. Saying "I don't want my life prolonged in X circumstances" would not read as despair, but as foresight. Medicine would have clear moral limits and doctors would be trained not only to treat the dying, but to *support end-of-life.* The key values would be quality of life and compassion, not endurance at all costs.

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