Both autonomy, defined simply as choosing one’s own aims and acting alone, and solidarity, defined in contrast as sharing in the aims of others and acting in concert, are essential to human flourishing. But there are times when they seem nearly to exclude one another. This essay concerns two of those times.

Care for the most vulnerable among us, those at the beginning of life and those who may be nearing the end of life, requires solidarity. Truly “single” parenting is nearly impossible; the solidarity of others is needed to bear and raise a child, and solidarity with the child is needed as well. Likewise, the afflictions of age and illness are often too much to bear without family or friend standing in solidarity.

Yet autonomous choices are being proposed for human life in its initial and final stages. Those choices concern the existence of life itself: “Should I choose abortion or birth?” and “Should I choose assisted suicide?” This essay argues that autonomy (or the appearance of autonomy) may here undercut solidarity. Paradoxically, the ability to choose life – to reject abortion or suicide – may isolate the chooser, may leave her without the solidarity she needs in order to implement her choices.

This paper, then, focuses primarily on those who choose life, and on the life they choose, not on the opposite choices. It has four parts: The first concerns the

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1 ... The author especially thanks Joseph A. Heschmeyer for the research and analysis gathered in his unpublished 2009 study in critical race theory.

2 The Article eschews a discussion of the status of the fetus in order to avoid the usual abortion debates and so to concentrate on certain effects of the choice to give birth. My own considered views of that status may be found in The Priority of Respect, 44 INTERNATIONAL PHILOSOPHICAL QUARTERLY 165, 179-80 (2004).
effect of letting someone choose who in fact has no choice, i.e. the effect of granting de jure autonomy to someone who is de facto oppressed -- a situation where a false appearance of autonomy may help cover up actual subordination to another. But this sort of harm is really not germane to this essay; it is discussed briefly only to clarify that it is being put aside. The core of the essay concerns, instead, the negative effects even of true autonomy, of real freedom to choose.

The second section discusses how a woman’s free choice for life may diminish what is called here the “causal” basis of solidarity, relieving a father of his erstwhile responsibility for bringing about a birth. The third section turns to the “sympathetic” basis of solidarity between parents (and with others) with regard to the burdens of childcare, examining how compassion is significantly lessened by a belief that the mother voluntarily chose to be in her plight; similarly, the debilitated grandmother may receive less sympathy if she appears for no good reason to reject assisted suicide or voluntary euthanasia. Possible remedies, or at least ways to diminish harm, will be pondered here. Lastly, it will be argued that choosing to let someone exist (or continue to exist) tends to reduce that someone (who may even be oneself) to a thing, thus sharply undercutting the “personal” basis of solidarity with a newborn child or with an aged parent.

Note that this essay does not claim that making life the object of choice undermines all sources of solidarity. A husband, for example, may feel solidarity with his overburdened wife because of his marriage vow to stand with her for better or for worse, even if he thinks her blameworthy for choosing perversely to bear a child – or simply because he loves her despite her every foible. Likewise, a parent or a child may shoulder the other’s burdens simply because of their ties of blood or of love, even when one feels the other’s life to be a net negative value, something that should not really have been chosen to continue. But choice does sharply diminish causal, sympathetic, and personal solidarity, all three of which ordinarily tie family members (and neighbors as well) together.
The Effect of False Autonomy on the Oppressed

It is possible for the law overtly to grant autonomous power to the strong over the weak. If the law gives adult or healthy family members the right to choose between life and death for developing or ailing family members (e.g. permission for infanticide or for involuntary euthanasia), that grant of power obviously may harm the object of choice. This essay is not about such situations, however, but rather about the harm that legal autonomy may bring to the official chooser herself.

The simplest scenario where this harm can occur is where the de jure chooser is not the de facto chooser, for the legal right to choose empowers the actual chooser, not the nominal right holder. Wherever someone in fact remains subject to another, any new legal liberty for her will be exercised by the person who controls her life. While appearing as a gift to her, in reality it will give him a new option -- and thus augment rather than diminish his power over her.

Examples abound: A laborer’s “right to work” (i.e. to be employed without having to join a union) does not empower her but rather her employer, if the latter controls the terms of the contract. Similarly, although a “right to do sex work” may well liberate some educated adults, for vulnerable young girls and boys it empowers bad parents and pimps instead.

More directly related to the topic of this essay would be a legal “right to abortion” or a “right to assisted suicide (or to voluntary euthanasia).” Wherever men make women’s decisions for them, the option of abortion will be a man’s choice, regardless of how the law may label it. To the degree that a culture embodies male dominance, the legalization of elective abortion can make women relatively
worse off, by giving men another weapon to use to manipulate women\(^3\). For example, insofar as an economy employs only men, leaving women dependent on economic handouts, women may be unlikely to resist pressures to make use of (or to refuse\(^4\)) abortion according to male preferences.

Much of the resistance to the legalization of assisted suicide and voluntary euthanasia comes from a similar conundrum. Granting some sufferers an escape through death may at the same time cause others to die against their will, and this in two ways: Insofar as the very old and the very ill are weak in body or mind, they may be pushed or tricked by their family or other caregivers into choosing death, even though they really wish to live. And a right to die also provides one more defense for actual murderers, for those who straightforwardly take the lives of unwilling victims and then claim falsely to have assisted a suicide or to have provided requested euthanasia. (Adding any new justification for homicide creates new possibilities for deception, but this risk is especially great here where the new justification is the consent of a peculiarly isolated victim.)

The tension between the liberating and the enslaving sides of the rights to abortion and to assisted suicide can, of course, be mitigated by empowering the potential victims either individually or collectively. If workers can enforce a living-wage claim, or if they must by law bargain through a union, they may well be

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\(^3\) “[A]bortion facilitates women’s heterosexual availability. In other words, under conditions of gender inequality, sexual liberation...does not liberate women; it frees male sexual aggression....The Playboy Foundation has supported abortion rights from day one... [Roe’s] right to privacy looks like an injury got up as a gift... Virtually every ounce of control that women won out of this legislation has gone directly into the hands of men...”Catherine MacKinnon, *Privacy vs. Equality*, FEMINISM UNMODIFIED 93, 99-101 (1987). MacKinnon originally published her essay shortly after the 1973 *Roe v. Wade* decision.

\(^4\) Males are inherently more able, however, to force women to abort than to force them to give birth -- in that a woman who wishes an abortion may obtain one secretly before the father ever realizes she is pregnant, while a woman who wishes to give birth will find it hard to hide her advancing pregnancy from the father.
strong enough to resist many forms of exploitation. If campus housing is provided for undergraduate parents and their children, a female student will be less easily pushed into abortion by a boyfriend.

Yet while domestic violence can certainly be curbed and women made stronger through education and good jobs, the greater physical strength of men, the dynamics of sex and sexual competition, and the limited ability of the law to intervene (e.g. by supporting intimate bargaining through some sort of female trade union), may mean that women’s rights to abortion never become completely their own.

Even less likely must be the achievement of true, *de facto* autonomy for the medically dependent and disabled. While persons with disabilities have found some strength in unity, coming together (in groups such as “Not Dead Yet”5) in order to call attention to the dangers inherent in any legal right to die, those speaking up must necessarily be those less imminently endangered. It is hard to see how the most helpless among us could ever be made strong enough to protect themselves in a world where they were given the option of death. Their nominal autonomy would sometimes both serve and mask their actual involuntary extinction.

However, none of the arguments outlined in the above paragraphs show any conflict between genuine autonomy and real solidarity. They do no more than emphasize the obvious point that a false or merely nominal autonomy may well be harmful to those who are already weak and humanly isolated. Few may disagree that policy planners ought to be careful in granting liberties to the oppressed (or to the potentially oppressed) wherever the causes of their vulnerability are not yet, and possibly cannot ever, be undone -- for then the new autonomy will empower the oppressors.

5 [ADD CITATION.]
More surprising may be the central claim of this essay, that even genuinely free choice can in some ways be harmful to the chooser by depriving her of the support of others.

The Effect of Autonomy on the Causal Basis of Solidarity

Causation is a fundamental source of human solidarity. We feel a duty to help someone meet her needs when we have caused her to have them, when we are responsible for her plight. Even when the harm we caused was wholly unforeseeable, we are reluctant just to hit and run, and public law backs up our sense of responsibility to stop and help.

That this felt obligation is due to causation and not just to proximity can be demonstrated by a simple mental test: Suppose that someone chasing a soccer ball darts unforeseeably out onto a street and into the path of a carefully driven passenger car. His foot is run over by the vehicle. Although others in the car may reassure the driver that there was no way he could have avoided the accident, he will feel a desire and even an obligation to get out and aid the victim. Someone sitting in the passenger seat of the vehicle will no doubt also feel a like impulse (because sympathy is another source of solidarity, a point to which we return below) but not to the same degree as the driver, despite their equal proximity to the accident.

When the harm was a foreseeable possibility and nevertheless a choice was made to engage in the act of driving which caused it, the actor will be under a still stronger moral and legal duty to provide succor to the victim, even to the point of compensating fully for the harm, insofar as this may be possible. Here choice reinforces and augments the solidarity produced by causation alone.

But choice can also diminish or eliminate solidarity. Suppose an x-ray discloses a break in the victim’s foot remediable by a low cost operation with a near-certain
likelihood of success. If the soccer player refuses that simple surgery and as a result becomes crippled for life, even the driver will begin to distance himself, no longer feeling so responsible for the victim’s plight. He will likely think that he caused the initial break, but that the victim caused that break to develop into a permanent and serious burden by his subsequent refusal of treatment. (Our legal language would say that the soccer player failed to mitigate damages, and that a tortfeasor is not ordinarily bound to pay for the avoidable consequences of his injurious act.) In general terms, our laws and our morals hold us responsible for the damage we cause only insofar as those harmed by us have no choice afterwards to avoid or to mitigate that damage.

The impact of choice on parental solidarity is especially dramatic. A woman’s free access to elective abortion effectively blocks a father’s connection to the birth of a child he has begotten, in that she has the option wholly to avoid this otherwise natural consequence of his act of impregnation. While contraception imperfectly (because all methods sometimes fail) separates intercourse from conception, abortion absolutely separates conception from birth.

In other words, insofar as abortion is available, conception cannot entail birth. Conception can cause only choice, while choice is what causes birth (or abortion). A man can now choose only sex, not fatherhood. The mother alone determines whether a resulting child shall be allowed to be born.

His causation-based duty to raise or support that child is thus greatly lessened. Especially if he favored an abortion, and offered to pay for it, her lover may think

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6 The words “elective abortion” and “abortion option” refer, in this essay, to apparently free access to abortion on request, not just to its legality. Although legality may often be identical to availability, it is not always so. For example, abortion could be nominally fully legal but still not a real option for many because of financial or geographic constraints. Or abortion might be legally restricted to health reasons, but in fact be easily accessible for any reason. Nevertheless, “legal abortion” and like terms will, for the sake of simplicity, be used herein to mean abortion that seems fairly accessible, while terms like “available abortion” will mean abortion that is also legal.
quite reasonably that her choice not to abort is the sole cause of the child coming into this world. The baby is her fault. Just as the driver is much less responsible for the avoidable consequences of his injurious act if later orthopedic surgery is refused, so too the father is much less responsible for the avoidable consequences of pregnancy if subsequent abortion surgery is refused.

Her choice, her problem. Since her choice of abortion would avoid every later parental burden, he can feel himself to be nearly off the hook, morally speaking, for we think in general that the one who finally gets to choose bears the greatest blame and responsibility for the consequences of her choice.

Furthermore, her right to choose gives her an escape from the natural consequences of conceiving a child. If consenting to sex does not entail consenting to act as a mother, why should it entail consenting to act as a father? In other words, an argument from mutual fairness strengthens the argument from lack of causation, making it more intuitively absolute. It seems prima facie right that he be able to behave irresponsibly as long as she can so behave.

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7 [cite my prior article in FIRST THINGS Aug. Sept. 2009, pp. 7-9 and by this title, and explain how this one differs in scope and depth, primarily by separating issues that were conflated in the FT version.]

8 Mutual fairness is not relevant to the issue of responsibility for consequences unless two or more people are equally their cause. This is the case with pregnancy, but not with our soccer player example above.

9 “When a female determines she is pregnant, she has the freedom to decide if she has the maturity level to undertake the responsibilities of motherhood, if she is financially able to support a child, if she is at a place in her career to take the time to have a child, or if she has other concerns precluding her from carrying the child to term. After weighing her options, the female may choose abortion. Once she aborts the fetus, the female’s interests in and obligations to the child are terminated. In stark contrast, the unwed father has no options. His responsibilities to the child begin at conception and can only be terminated with the female’s decision to abort the fetus or with the mother’s decision to give the child up for adoption. Thus, he must rely on the decisions of the female to determine his future. The putative father does not have the luxury, after the fact of conception, to decide that he is not ready for fatherhood. Unlike the female, he has no escape route.” Melanie G. McCulley, The Male Abortion: The Putative Father’s Right To Terminate His Interests In And Obligations To The Unborn Child, 7 J.L. & Pol'y
Paternity laws may now seem to him irrational and wrong. Sharing her burdens financially may appear quite unjust, and he may resist compliance with his legal duties. (His blood tie to the child may lessen or overcome his resistance, but out of a sense of solidarity not with the mother but directly with his child.)

Even if he gallantly offers to help with the baby, she may refuse. It is one thing to accept aid when one is involuntarily in need and something quite different when one has had an alternative. She may feel selfish letting her boyfriend add on a second job when she could have entirely avoided being in need by opting for abortion.

The destruction of the causal basis of solidarity post-birth may also have anticipatory effects on sexual behavior. Thinking “at least she has a way out if the unlikely happens and pregnancy occurs,” men may be more inclined to take chances, and to insist on taking chances, with sex.

I once met a clever female undergraduate, living with her boyfriend, who thought she had solved this problem. When asked whether she was for or against abortion, she answered: “I’m pro-choice, but you can bet I tell him I’m pro-life!” She reasoned that, in light of her warning, he would be careful not to fool around in ways likely to lead to pregnancy.

However, this white lie would not provide protection for every young woman in her situation. She is correct that a lover who thought abortion an open option for his female partner might be more likely to risk a pregnancy. But if she says she is pro-life, so that he thinks abortion is not an option for her, he might just decide to keep her from getting pregnant by leaving her for another woman, someone

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1, 4 (1998). [Cite also the two NYTIMES op-eds to this effect.] Courts have rejected such arguments, but this legal rejection does not show that they do not affect male behavior. See e.g. N.E. v. Hedges, 391 F.3d 832, 835 (6th Cir. 2004) and Dubay v. Wells, 506 F.3d 422 (6th Cir. 2007).
more open to abortion, a woman who does not insist, e.g., on him using the partial protection of a condom. In other words, the general availability of abortion may reduce her competitive sexual attractiveness, if she rejects abortion as an option for herself *ex ante*. Even though she is a tough and clever bargainer, the presence (in the informal campus “sexual marketplace”) of women willing to have an abortion reduces her bargaining power. As a result, in order not to lose her guy, she may be pressured into doing precisely what she does not want to do – i.e. have unprotected sex, then an unwanted pregnancy, then the “voluntary” abortion she had all along been trying to avoid.

Even though this abortion may itself be truly autonomously chosen, i.e. not done under force or pressure by her boyfriend, it is in an important sense imposed upon her. And far from alleviating her overall situation, it returns her to the same sexual pressures, perhaps made worse by a new assurance to her boyfriend that she is willing to take care of any new problem pregnancy.

Note that this problem arises from choice itself, not from male chauvinism. Abortion choice creates a situation in which even fairly well-intentioned men may harm women. Even a relatively decent lover, someone who would never knowingly harm his girlfriend, stops worrying about imposing involuntary motherhood upon her once involuntary motherhood has become impossible. Or, if her bearing a child remains a danger because she is personally pro-life, he may act (at least in part) out of a concern for her well-being in seeking his sexual satisfaction elsewhere.

Arguments like those above are fundamentally normative rather than empirical. While the logic of choice relieves males of an important moral source of responsibility for their offspring and so tells us of tendencies for which to watch, the actual empirical effects of choice are another question. For example, it could be the case that the violation of paternity laws were so frequently and severely punished that any male sense of his lack of moral responsibility for his child would have no real-world effects on his behavior.
However, economists have in fact demonstrated important negative consequences for women of the right to choose abortion. For example, prior to the legalization of abortion in the United States, it was commonly understood that a man should offer a woman marriage in case of pregnancy after intercourse, and many did so. But with the legalization of abortion, men started to feel that they are not responsible for the birth of such children, and consequently not under any obligation to marry a woman who refuses to have an abortion. In gaining the option of abortion, many women lost the option of marriage. The number of families that are headed by a single mother has thus grown considerably with abortion, contributing to what some economists call the “feminization of poverty,” with all the parenting consequences thus entailed.

Similarly, with regard to the contemporary sexual marketplace, it has been shown that easy access to abortion has increased the expectation and frequency of sexual intercourse (as well as a decrease in resort to contraception) among young people, making it more difficult for a young woman to deny unprotected sex to a man without losing him, thus increasing pregnancies and sexually transmitted diseases.

“Before 1970, the stigma of unwed motherhood was so great that few women were willing to bear children outside of marriage. [Often the] only circumstance that would cause women to engage in sexual activity was a promise of marriage in the event of pregnancy. Men were willing to make (and keep) that promise for they knew that in leaving one woman they would be unlikely to find another who would not make the same demand. Even women who would be willing to bear children out-of-wedlock could demand a promise of marriage in the event of pregnancy.” George A. Akerlof, Janet L. Yellen, and Michael L. Katz, “An Analysis of Out-of-Wedlock Childbearing in the United States”, 111 Quarterly Journal of Economics 277 (1996). [RE-CHECK THIS CITE FOR SPECIFIC SUPPORTING PAGES, AND ALSO TO ADD HOW AKERLOF SHOWS CAUSATION RATHER THAN ONLY CORRELATION HERE.]

“[A]bortion effectively serves an insurance function. That is, if unintended pregnancy is viewed as a risk of sex, having the option to abort the pregnancy lowers the cost of engaging in the sex. Further, in the decision to use some kind of ex ante birth control, such as condoms or birth control pills, the abortion option lowers the marginal benefit of contraception.” Jonathan Klick and Thomas Stratmann, Abortion Access and Risky Sex Among Teens: Parental Involvement Laws and Sexually Transmitted
The option of abortion, perhaps at first sight seeming a simple liberation, opens a Pandora’s box. Throughout human history, children have been the inevitable consequence of natural sexual relations between men and women. Therefore, both sexes knew they were equally responsible for their children. Even the advent of contraception did not fundamentally change this dynamic, for all forms of birth control are fallible. Despite contraception, births still happened and children had to be taken care of. Elective abortion changes everything. Abortion absolutely prevents the birth of a child. Thus a woman’s free choice for or against abortion breaks the causal link between conception and birth. It matters little what or who caused conception. It matters little that the male involved may have insisted on having unprotected intercourse when she did not want it. It is she and she alone who finally decides whether the child is to be born.

By the same token, wherever there is a causal connection between someone’s actions and another’s serious illness or injury (as we saw in the case of the athlete hit by the car), there will be a resulting duty of solidarity. For example, wherever mistreatment of a dependent family member (e.g. failure to supply nutrition or proper medical care) causes her serious suffering, a duty to help her cope is created. And here also, the availability of assisted suicide or voluntary euthanasia as an escape from the harm so caused will tend toward a

*Diseases, 24 J.L. Econ. & Org. 2, 3 (May 2008).* Comparing the STD rates of states that legalized abortion at different times, these researchers found “that abortion legalization led to an increase of sexually transmitted diseases; this result is robust to a wide range of time periods and covariates and is constant across the sexes. The point estimates indicate that legalization caused an increase in the gonorrhea and syphilis rates potentially as large as 25 percent.”Jonathan Klick and Thomas Stratmann, “The Effect of Abortion Legalization on Sexual Behavior: Evidence from Sexually Transmitted Diseases”, 32 *Journal of Legal Studies* 407, 431(2003)(citations omitted).

12 As was assumed in regard to abortion (*supra* note 6), in order to inquire into the logic of choice, I am assuming in this article that both assisted suicide and voluntary euthanasia are fully legal and fully available to everyone for the choosing, although I focus on those who seem more likely to consider
diminishment of solidarity. ("Maybe grandfather has suffered through our neglect, but if he now refuses a simple and painless exit from his troubles, his suffering from then on becomes largely his own fault.")

However, although a family’s care for its very ill members may depend sometimes on causation as a source of solidarity, causation is not present in the same necessary way that it is tied to parental solidarity in the face of new life. Absent the option of abortion, we would agree that every (normally-conceived) newborn child has been produced coequally by two parents. Therefore, each father would have an equal moral and legal duty, in solidarity with the mother, to share the burdens of childcare after birth. But only occasionally (and never necessarily) are other persons the clear and certain cause of the burdens we bear late in life.

Much more widely important at the end of life is the “sympathetic” source of solidarity, to which we turn next. As with the causal source of solidarity, we will first examine how the sympathetic source is diminished by beginning-of-life choice and then turn to see how it is similarly affected by end-of-life choice.

The Effect of Autonomy on the Sympathetic Basis of Solidarity

Sympathy, compassion, means “suffering with,” undergoing an affliction together with someone else. This solidarity in another’s distress is a natural human

choosing death. When the choice of death is available only to those who are severely disabled or terminally ill, there is a very serious additional harm done to the authorized choosers: They are told in effect that they are uniquely expendable, that others who suffer are not given the option of death because their lives matter in ways that the lives of the disabled or dying do not. This great harm to the latter class of persons, however, is not discussed in this Article because our focus here is on the damage choice itself causes, not on the insult inherent in unequal legal permission to choose.
reaction to the pain of those nearest us, thus especially that of family members, but also that of friend or neighbor.

Suppose, for example, that an acquaintance tells me that he recently had a tooth filled and another pulled without the dentist administering him any anesthetic. I would tell him that I am very sorry he suffered so much, and I would inquire earnestly about ways to ensure that he never has to go through that again. If I could help him out, maybe by trying to find him another dentist, I would be glad to do so.

Now, however (and this is a true story), he adds, “But it was my choice. I told my dentist not to give me any anesthetic.” Unless he had some medical reason to refuse Novocain (making his refusal not really a matter of choice) or I suspect him to be insane, my new knowledge that he voluntarily chose his pain immediately eliminates, or at least greatly lessens, any sympathetic solidarity I would otherwise feel with him.

Pathos and passion, the roots of sym-pathy and com-passion, do not at bottom refer only to pain but to harm received or experienced, to an onslaught of trouble. Solidarity means strengthening the sufferer’s resistance to the misfortune he is undergoing.

Avoidable pain just does not have the same effect on us. Why should we go to any trouble to help somebody when the simplest and cheapest road to relief would be (or would have been) for him just to say no? We might imagine him to be a masochist contentedly enjoying himself, but most likely we just throw up our hands and think him inexplicably perverse. In any event, we no longer feel as much human solidarity with him, precisely because he has only himself to blame. (If his pain were necessary for the sake of what we recognized as a good or noble cause, its acceptance would seem less a mere option and so might still evoke our sympathy and solidarity.)
When birth was the result of passion and bad luck, many good grandparents and friends could sympathize with a young woman who was going to need help with her baby (though the desire to castigate her for non-marital intercourse once acted as a countervailing force). If money or a larger place to live were going to be necessary for her to stay in school, a sense of solidarity would beckon. But now that continuing a pregnancy to birth is the result neither of passion nor of luck, but rather of her deliberate choice, some of those who would have helped may have second thoughts. After all, she can avoid all her problems by just opting for abortion. If she decides to take those difficulties on, she must want them or at least think she can handle them. Some may also judge that she has behaved irresponsibly in choosing to give birth and should suffer the consequences, in order to keep people like her from being so irresponsible with their reproductive choices in the future.

The mother is even worse off if, during pregnancy, tests show that the child will have a disability: Her doctors may press for abortion, in order to be sure that she does not later blame and sue them for the costs of raising her special child. The father and many others may think it irrational and wrong for her to give birth to a handicapped infant. Some may suggest that healthcare plans provide no post-birth coverage for a handicapped child whose mother has knowingly refused a paid abortion. If she does not abort, after all, she will be causally responsible for the costs and the alleged burdens that this kind of child brings for the father and for society. Even her friends and neighbors may make her feel guilty or ashamed of not choosing to abort her child.\(^8\)

An employer or university may likewise react negatively to maternal needs where abortion has been made available. If the company or the school (or the government) pays for abortions, it may feel less obligated to shape its practices to

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\(^8\) Erika Bachiochi, ed., THE COST OF "CHOICE": WOMEN EVALUATE THE IMPACT OF ABORTION 46-47, (2004). [Find more empirical support to be added.]
the needs of pregnant women and women with child-care responsibilities, having already provided a way to avoid them. If maternity causes problems with work routines or study schedules, they may well be considered “private” or “personal” problems, ones that female employees or students brought upon themselves by deliberately refusing abortion. The availability of abortion makes women’s claims for better work and study conditions lose a measure of felt legitimacy.

The hope for women’s empowerment that we spoke of in the first section of this essay, as a way to help oppressed females resist dominant males who force them into abortion, may likewise be undercut by an assumption of autonomy in the abortion choice. The campus housing that a student might otherwise need in order to resist a boyfriend’s pressure to abort may seem less necessary if she is imagined to be fully autonomous, already able to choose to do whatever she wishes – insofar as we are more inclined to grant a benefit (here the benefit of housing) to help someone escape oppression than we are to grant the same benefit just to increase someone’s range of options.

She, too, may agree that she deserves little help, blaming herself for her plight.

The availability of assisted suicide or voluntary euthanasia may, in a similar way, diminish the sympathy-based solidarity felt by family and society for chronically medically dependent persons and others with severe disabilities. Putting aside the danger that a false autonomy might simply provide a cover under which these vulnerable people might be involuntarily put to death, something discussed briefly in the first section above, there is also a danger of greater isolation for those who choose freely to continue to live.

When death is not seen as an option, we are able to imagine those who battle serious illness or injury to be heroes struggling against an implacable fate. If an ailing grandmother fights to live on, despite her pain and her disabilities, she may so inspire her family that they feel privileged to share in some of her burdens as they care for her. At the least, she can be the object of sympathy in her
misfortunes, and all can feel solidarity with her and with each other as they fight back at her side. Friends and the wider society around her can have similar experiences, though probably to a lesser degree. Insurance or governmental aid may also seem strongly called for. When death finally comes, her last experiences and the lasting memories of her friends and family can well be of a community bound together through her.

Of course, counter-tendencies already exist. Unlike past ages and other cultures, America today does not often tell the dependent aged that they are entitled to care from their children. Indeed, our adulation of autonomy makes many feel guilty for asking for any sort of family help, in terms of time, space, or money: “I don’t want to impose on them.” But only with the arrival of voluntary euthanasia or assisted suicide can they be guilty of imposing simply by being still alive, simply because their continued existence itself imposes burdens on the rest of the family or on others. Not impersonal fate but personal choice, the choice to live, weighs them all down.

13 [CITE THE LEGAL SHIFT AWAY FROM MAKING KIDS PAY TO SUPPORT THEIR OLD PARENTS.]

14 Harvard law professor Mary Ann Glendon has warned that by “making a radical vision of individual autonomy normative, we inevitably imply that dependency is something to be avoided in ourselves and disdained in others.” Mary Ann Glendon, RIGHTS TALK: THE IMPOVERISHMENT OF POLITICAL DISCOURSE 73 (New York: Macmillan, The Free Press, 1991). The leading legal theorist Ronald Dworkin exhibits just such disdain. He writes: “We are distressed by, even disapprove of, someone...who neglects or sacrifices the independence we think dignity requires.” For Dworkin, a person who chooses to live in great dependency denies that he is someone “whose life is important for its own sake.” LIFE’S DOMINION: AN ARGUMENT ABOUT ABORTION, EUTHANASIA, AND INDIVIDUAL FREEDOM 235-37 (New York: Alfred A. Knopf, 1993). So, too, Friedrich Nietzsche: “To go on vegetating in cowardly dependence on physicians and machinations, after the meaning of life, the right to life, has been lost, that ought to prompt a profound contempt in society.” TWILIGHT OF THE IDOLS in THE COMPLETE WORKS OF FRIEDRICH NIETZSCHE, vol. 16 Oscar Levy, trans. Anthony M. Ludovici (New York, Russell and Russell, 1909-1911; repr. 1964) at 88.
A grandmother’s right to assisted suicide or voluntary euthanasia means that she has been given a way out and so her suffering no longer calls for as much family compassion or public support. “Her choice, her problem,” many will think, just as they do regarding the mother who knowingly gives birth to a child with Downs Syndrome. If the grandmother chooses to go on living, her suffering becomes her own fault. Assuming she is not abandoned, she may be helped only grudgingly, blamed for any costs her continued existence imposes on other family members or on society. (“What a waste of the college money!”)

Internalizing this criticism, a loving grandmother will constantly wonder whether she is being too imposing even in continuing to eat, when the money could have been saved for her grandchildren’s education. Agonized by guilt, she may sense herself drowning in a sea of resentment, and she may be remembered as selfish to the end.

We need not suppose cruel or stingy families. Let us in fact presume that the vast majority of families would provide decent care and would seek to hide any thoughts they had that caring for grandmother were an inefficient use of their time or money. But if in fact her basic care contributed little to the wellbeing of herself or others, and a painless death were inexpensive and commonplace, how could she or they think otherwise? Simply by remaining alive, she really would be using up funds that could be more beneficially spent elsewhere.

It might be said that this sort of calculus is already being used even where there is no legal option of death: In deciding whether to spend money on an expensive heart transplant, families may well balance its benefits to grandmother against the future benefits of college to the children. But here, although the decision may turn out to be against the operation, it is education rather than death that has been chosen. No one has opted to eliminate grandmother. No one will feel that the decision has been thwarted if she somehow survives with her old heart. Her
givenness as a starting point or principle of decision is intact, even though an investment will be made in the children’s future rather than in hers.

In sum, the normative foundations of family solidarity are undermined by individual autonomy over life, by removing their causal and sympathetic supports. Making life optional harms even those who choose and affirm it, for its very optionality means that someone’s life is no longer a necessity that all must accept as a given but rather a contingency that might have been avoided by the legally empowered chooser. The chooser is thus to blame for that life’s burdens.

The only logically possible way to undo this blame is to reconvert contingency into some form of necessity. Here at least two possibilities exist.

One possibility would be to restrict choice itself. If assisted suicide or euthanasia were not permitted for everyone, but only for those whose suffering were extreme, or who had only a very short time to live, then those who are not quite so sick or so terminal could not be blamed for continuing to live and to need help. After all, they would have no other choice – at least not yet.

However, this “not yet” could itself pose a problem: Especially if the permission line were somewhat vague, a patient and her caregivers might have it already in mind long before it were crossed and might feel themselves perversely conflicted. If much help were given, her burdened life might just be extended, while if less were given, full release through death could come sooner. A life-or-death option could thus already inform decisions, as otherwise-beneficial care could be withheld for the long-range purpose of bringing about her death. Suspicion or blame could end up accompanying many a treatment decision, because help could be seen as hindrance and hindrance as help. Only full exclusion of recourse to death as a chosen goal would restore the unquestionable givenness of life as a source of solidarity in combating suffering, letting treatment be provided or withheld solely according to its benefit to the patient’s remaining life.
Restriction of choice with regard to new life might work a bit better, simply because there is normally no progression from ordinary pregnancy to hardship pregnancy (unlike the inexorable march toward disability and death at the other end of life’s spectrum). So if, say, abortion were permitted only for Downs Syndrome, a mother could not be blamed for giving birth to a child without Downs, since in such a case she would have had no other choice. Even if abortion were permitted for some vaguer condition such as “serious genetic defect,” thus perhaps bringing about some postnatal resentment for births of babies with borderline disabilities, there would be little or no ongoing temptation to choose to withhold prenatal care in order to increase the severity of the defect and thus qualify for abortion. If abortion only for rare reasons were the rule, mothers would not be solely responsible for normal births. Fathers would normally be the equal co-cause of their offspring.

Perhaps even more dramatically, substantially restricting abortion (provided, of course, that the restrictions were rigorously enforced) would entail the virtual elimination of the tendency of legal abortion to increase the sexual exploitation of women (as discussed above). If abortion were available only in uncommon situations, both bad men and good men would have to treat women with greater care, for the possibility of abortion would no longer be always in the background. Men who dominate women would have had one of their options removed; they could not count on being able to push their partners into abortion. The relatively decent lover would become more careful, too, in order to avoid accidentally impregnating his partner and, as a consequence, imposing involuntary motherhood on her. Furthermore, her sexual competitors could no longer make their openness to elective abortion a way to attract her man away from her, since elective abortion would not be available to them. If abortion were available only rarely, the direct connection between sexual relations and (most) births would be restored, with all that follows with regard to equal sexual responsibility.
There is another way, however, to restore an element of solidarity with those who choose life. Instead of legally restricting choice, society could emphasize negative aspects of the choice against life. If that choice were considered quite bad or risky, the choice of life would seem much more expectable and much less blameworthy.

Such was long the case with (unassisted) suicide and attempted suicide. Suicide was available and unpunished by criminal law, yet not considered normatively justified. It was not supposed to be an object of choice. Perhaps aspects of our laws (e.g. the permission to rescue someone about to jump to his death, without thereby becoming liable for battery) and of our religions (e.g. the belief that someone who fully deliberately committed suicide went to hell), and other factors, made suicide unthinkable. In any event, no one could be blamed for not exercising a legally available option that was wrong even to consider.

Another example: The de jure and de facto availability of adoption does not seem to cause much blame or resentment against mothers who choose freely not to surrender their children, even though they are as responsible for the ensuing burdens upon themselves and others as are women who refuse abortion. Although fully permissible, adoption seems to have enough negativity associated with it that those who refuse to go through with it receive little blame.

Could something similar happen today with regard to abortion or assisted suicide? Could they remain fully legal and yet become not expectable, so that there would be no blame for avoiding them? Could their rejection seem reasonable because their burdens were felt to be greater than the burdens of life?

Apart from any afterlife, death is incommensurable -- there is no way to say being dead is twice or ten times worse than being alive, mainly because the dead person is not “being” at all – so it is very hard to argue against suicide in the usual
manner of comparing consequences for the chooser. It is a category confusion to attempt to balance modes of existence against existence or nonexistence. Nevertheless, it certainly could help for society to emphasize strongly the frequent subjective fear of choosing death, especially for someone who believes that he would be condemning himself to hell. Such an emphasis might help mitigate any conscious or unconscious blame received by those who refuse an otherwise open option to end their costly existence.

Likewise, if the harm caused by abortion were perceived by society to be frequently worse than any harm caused by giving birth, women would be blamed less (if at all) by their men for not choosing abortion. Men would have to accept once more that they may be a co-cause of birth, in as much as the women they get pregnant would have no option to choose otherwise without risking greater harm.

Even if some of their peers and lovers thought abortion, though harmful, still the better option, women who refused to make that choice would become relatively less blameworthy, insofar as the net harm perceived to be caused by refusing abortion were lessened by an increased awareness that both ways out of pregnancy have negative effects. Likewise, many lovers would become more careful not accidentally to cause a pregnancy, for they would know in advance that they could end up imposing on their partners at least the substantial burdens of abortion itself (even if those burdens were thought to be less than the burdens of birth).

Increased public acknowledgment of the harmful, or potentially harmful, aspects of abortion would thus benefit women at many stages of their lives, from their choices as to sex partners and practices, to their own choices regarding abortion, to the greater solidarity they would receive from fathers and others should they choose to give birth.
It might at first seem that this say-how-bad-abortion-is remedy (for the isolation suffered by many women who choose birth) would be something upon which all could agree. After all, “pro-life” people (those who oppose abortion) often emphasize the suffering abortion is reported to cause, no doubt in order to bolster their case for its illegality. And “pro-choice” people (those who defend abortion) often insist that abortion is never an easy choice. If we could agree to publicize some of the good reasons why abortion is hard to choose, fathers and others might learn not to expect it of pregnant women.

In other words (using for simplicity a cost-benefit model for decision-making), if abortion is not an easy choice, the apparent good it would bring to those faced with the decision must barely outweigh (or be barely outweighed by) the harm it would cause. Yet many or most pro-choice advocates reject the idea that abortion often threatens significant harm. Why is this? What keeps them from proclaiming convincingly the reasons why women cannot be expected easily to choose abortion when faced with an unplanned pregnancy or an unfavorable prenatal diagnosis?

The barrier here must be largely political. As long as pro-life forces are ready to use any evidence of the negative aspects of abortion as a weapon in their struggle to make abortion illegal, defenders of abortion will be tempted to deny or hide from such evidence – saying silly things like “abortion is a very difficult choice, though it has few if any downsides.” However, though politically understandable, the practical result of this impasse is most unfortunate. Young lovers may be led wrongly to think risking abortion no big deal, and new mothers may be quite unjustifiably blamed by fathers and others for not simply opting for abortion.

There may be a way out. Pro-choice forces could concede this much: that the reasons for and against (or the costs and benefits of) abortion are often closely balanced. But they could make this a reason to keep abortion legal, arguing that

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[I NEED ONE OR TWO SOLID CITES THAT CAN INTRODUCE THE READER TO THE LITERATURE HERE.]
precisely this uncertainty requires individualized rather than legislative judgment. At the same time, a social consensus and publicity about the arguments against abortion would keep it from appearing as an option that a pregnant woman could easily be faulted for not choosing\textsuperscript{16}. (If the result were a substantial reduction in the incidence of abortion, many pro-life people might also be satisfied, and abortion might cease to be so divisive a political issue.)

Another tack might be to stop asking only whether and how abortion is (or is not) harmful in general. Instead, abortion might be shown to be a special risk for certain sorts of women. Lovers, fathers, and neighbors could not blame a woman who refused abortion if they did not know her risk category; she might have had no real choice but to choose birth, for all they know.

For example, just as suicide may be rejected out of fear of hell even if hell does not exist, so, too, abortion may be rejected out of a reluctance to destroy one’s child even if there is no conceptual agreement that abortion takes a life. After all, statistics show that Catholics and many others\textsuperscript{17}, believe their lives began when their parents conceived them. Subjectively, for them, an abortion is a lethal betrayal of one’s own child, an act which must be a hard choice with heavy psychological consequences, quite independently of its true ontological nature. Women with such a subjective belief could not be expected by men or society normally or easily to go through with abortion. Perhaps a public shift from a debate concerning only the allegedly objectively existing harms of abortion to an additional emphasis on its commonly subjectively perceived harms could be a way out of the political impasse that would be helpful to women.

\textsuperscript{16} Legally required informed consent and waiting periods, while they may tend to militate against choosing abortion, are not enough here. If the goal is to have society as a whole see the negative side of abortion, just educating the individual pregnant woman at the last moment about the downsides of abortion is clearly insufficient.

\textsuperscript{17} \textit{Cite various.}
The Effect of Autonomy on the Personal Basis of Solidarity

Thus far we have focused on the negative effects of choice on the solidarity needed to bear the burdens entailed by children and disabilities. But choice may also have an effect on an underlying characteristic of all solidarity, the sense of joint agency, the recognition of others as fellow subjects rather than as mere objects of planning or pity.

A foundation and reinforcement of all other sources of human solidarity is an acceptance of the other as a principle, as a given reality, as the starting point for reflection on possible joint action. By making someone’s existence the object of choice, we remove him, at least temporarily in our imaginations, from the human community. The right to choose life may thus cut the chooser off not only from her erstwhile co-causers and sympathizers, but also from the life she affirmatively chooses – her child in the case of deciding against abortion, and her own self in the case of deciding against assisted suicide or euthanasia.

In other words, people’s aims and needs are the normal starting point for discussions of concerted action; the things of the world are then evaluated according to their ability to satisfy those aims and needs. To consider satisfying those aims and needs by eliminating one or more of the persons who have them would be to reduce such persons to the status of things that might or might not be needed.

This fact was brought home to me a long time ago when I spoke to a meeting of parents of children with mental disabilities. During my speech, I gingerly expressed sympathy for the “burdens” of such children. Afterwards a number of parents came up to me to say that they did not think of their children as

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18 My 2004 article, entitled the Priority of Respect, cited supra note 2, contains a more extensive discussion of many of the points made in this last section.
“burdens,” just as “their children,” although burdened in ways that others were not. Their children had problems, but were not themselves problems. Rather, the children were a given, lives simply accepted -- and once accepted, also delighted in.

Given the perversity of human nature, it could well be said that my impression that day cannot be universally true. There must be some parents who resent their children as burdens, whether or not they have disabilities. But the advent of choice makes resentment more likely. There is little point in evaluating (e.g. as burdensome or non-burdensome) that which is a given, that for which there is no alternative. (We do not resent not being able to fly like birds. Instead, we find happiness in walking or running. But if we could have wings but didn’t, we might feel weighted down.) Where there is no occasion to compare a child’s existence with its non-existence, one does not so easily come up with the feeling that the child’s life has little value, or is even a disvalue.

Even if the child (upon inspection) ends up being valued highly, so that one would never choose her death, something has been lost. “I love Martha” has a very different feel to it from “I value Martha.” The latter seems at first objectionable because of its instrumentalist connotation; one suspects that I care about my child only because I have some use for her. The antagonism between love and value goes deeper, however. If anything, it sounds more inappropriate to eschew instrumentalism and say, “I consider Martha to have intrinsic value.”

To speak of my child having value seems to demean her, not just because of a connotation of instrumental value, but because the very idea of evaluating her seems to reduce her to a good or commodity which I declare to be worthy of existing. I appear in some way to have set myself above her being, rather than unselfconsciously delighting in her.

To take imperfect others as given lets them become the sources of joy, gives them the space to be appreciated as persons. All human rights may be derived from
people as sources of value rather than as mere things of (high or low) value, from the fundamental requirement that we not intentionally reduce them to something to be priced but let them be beginnings, let them surprise us in their developing freedom.

The other side of the coin is that making death an option for others fundamentally changes the way they are conceived as well as the nature of deliberations about their needs. For example, suppose that one socially approved method of fighting poverty were by eliminating poor persons. The shock and seeming absurdity of such a policy is a demonstration of the radical shift it would bring about. Individual poor persons would no longer be ends in themselves but rather something to be used in an effort to get rid of an abstraction called “poverty.”

If the elimination were involuntary, its depersonalizing character would be clear to all. Instead of being treated as fellow agents whose struggles we wish in solidarity to share, persons living in poverty would be treated like a herd of deer afflicted with some disease. We might combat that disease, or we might sacrifice the sick deer, whichever were cheapest. Either way, we would not care about the deer as individuals, but only about the state of the herd.

However, this objectifying shift is not dependent on the elimination being involuntary, though that does make it even more depersonalizing. If in addition to material aid to Haiti after its great earthquake, we sent down “voluntary suicide clinics”, we would be publically making the judgment that Haitians are expendable and would be encouraging and enabling them to so regard themselves. Our estimates of future aid requirements would be reduced by the numbers we could expect our clinics to eliminate, and judgments of efficiency might lead us to emphasize one or the other. In short, we would no longer be acting in solidarity with all the Haitian people. We would no longer be working with each individual to carry her heavy burdens but would have come also to treat Haitians themselves as burdens in our struggle to eliminate Haitian poverty.
This anti-people thrust may be a dark side to any sort of population control. Even sending down birth control clinics to Haiti might send a message that we really do not want too many Haitians. However, there is a qualitative difference between wishing not to bring (still unnamable and unpersonalizable) people into existence, and wishing to do away with (named and personalized) people who already exist. Future generations are not yet concrete persons, not yet individual instances of the idea of humanity. Contraception does not prevent any particular individual from being born; thus promoting voluntary contraception is no threat to any individual. Involuntary or voluntary euthanasia, by contrast, does eliminate individuals, lowering them at least in part to the status of expendable things.

Barbara Katz Rothman has explored how choice over life changes a pregnant woman’s idea of the being in her womb, focusing in particular on the abortion of wanted children as a result of genetic testing in late pregnancy. She writes that “if it is healthy, if it is genetically acceptable, then it is a person, her baby. If it is not, then it is just a fetus…” That is, in order to be able to abort, a woman typically turns the being she carries into an object, according to Rothman. Yet if she chooses life (which some do even after disappointing test results) the woman will imagine her commitment to be unconditional: “if the fetus is to be her child, if she has chosen to have this baby…then she considers that fetus to be a person” because “[p]arenthood demands such total acceptance from us.”

Two points are of interest to us here. The first is that it appears to be difficult for women to choose to destroy an entity they think of as a person. Only after a radical status reduction does abortion become easier. There is evidence that this is a typical human response to many forms of killing: Farm children are said to find it more difficult to eat animals they have named. Enemy casualties are more

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20 Id. at 7.
21 Id. at 5-6.
22 Id. at 6.
digestible if they are expressed only in numbers. The judgment that someone is only a “vegetable” frequently accompanies the decision to cut off her food and water. And, of course, the great genocides of the nineteenth and twentieth centuries first dehumanized those they made ready to kill\(^{23}\).

The second is whether prior domination over life is compatible with posterior total acceptance, for the chooser and for the society around her. Can a child be treated as unconditionally given if the continued being of that child was once only an option? There could be times when a mother might wonder whether she had made a mistake in allowing him to be born, and her child (once she knew about abortion) might worry about such maternal thoughts. Neighbors might think that a genetically handicapped child really should not be there\(^ {24}\), or even that the last few children born in a large family should not exist.

Some have hoped that birth could demarcate a change in kind. The objectifying force of choice would be spent at that point, and family and society would give the child full acceptance. The humanly important event of birth, seeing and holding the child for the first time, surely does tend to increase the child’s stature in our eyes. Yet we all know that birth is really only a change in location, rather than in being, so that if the child was really only some non-personal entity subject to abortion prior to birth, it remains the same sort of entity at least for some considerable time after birth, and there is nothing intrinsically wrong with choosing infanticide\(^ {25}\). So argue many pro-choice philosophers\(^ {26}\). Our point here is


\(^{24}\) Patricia E. Bauer writes of her daughter who has Down Syndrome: “To [most women of child-bearing age], Margaret falls into the category of avoidable human suffering. At best, a tragic mistake. At worst, a living embodiment of the pro-life movement. Less than human. A drain on society. That someone I love is regarded this way is unspeakably painful to me.” Solidarity toward both child and mother is lacking. “The Abortion Debate No One Wants to Have”, *Washington Post*, October 18, 2005.

not that infanticide is likely to be officially permitted in countries that legalize abortion (though that might be the case) but rather that the less-than-human status of the fetus, a status brought about at least in part by the option of abortion, may not be fully cabinable by birth. Babies may come to seem more like things and less like persons.

The option of life or death in assisted suicide or voluntary euthanasia involves an idea parallel to that discussed above regarding poverty: eliminating suffering by eliminating those who suffer. It may be less potentially dehumanizing than the option of abortion, because here the object of choice is also the chooser, and because (unlike the fetus) the older person who may choose death for himself has already achieved public status as a person. On the other hand, unlike the abortion option, the suicide/euthanasia option never expires. There is no point like birth after which one can hope to re-imagine life to be inherently inviolable. Indeed, a choice for death may become more expectable as time passes.

When someone is given the choice of life or death for himself, he becomes both an agent and an object. As an agent, he remains someone accepted as a given, as someone with whom others may join in solidarity (at least until he is felt to have made the wrong choice and for this reason may be blamed and abandoned, as discussed in an earlier portion of this essay). But as an object, his life is evaluated to see if it is really worth the trouble to live it.

Some (perhaps the chooser himself) may use a sort of metaphysical dualism to imagine what is going on here, conceiving a disembodied mind to be judging the value of a merely material body. Others may envision an alienation of self from

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life, separating the *person* who is doing the choosing from the person’s *life*, which is the thing being chosen or rejected.

Yet a person’s body or life is his very being and cannot be separated from his person. Life is not something added to or produced by human or animal organisms, it is those bodily organisms themselves; they *are* forms of life. Nor can life simply be “taken” from a person, as a possession can be taken away, leaving that person intact. Hamlet said it well when he first contemplated ending his own life: “To be or not to be, that is the question”. To say that Hamlet is alive is to say simply that he exists, that he is. To reduce Hamlet’s life to the status of an evaluated thing is to reduce Hamlet himself to that status. If Hamlet’s life no longer has value, his existence has no value and he himself has no value.

The point here is not that the opportunity of assisted suicide or voluntary euthanasia might lead someone unfortunately or even mistakenly to conclude that he had little or no value. Rather, it is that the option itself costs him his personal status as a principle or starting point of our life together. Instead of being a given, a beginning, a stable marker as we chart our path, he becomes something that might be in the way.

In a word: His being, he himself, must for the first time be *justified*. As long as there are any costs to living (and there always are, in terms of sufferings and impositions), the option of death leads one to ask whether remaining alive is worth those costs. Even if he and we conclude that his existence easily passes the test, that he is a valuable fellow to have around, he has been degraded from a subject to an object, from someone totally accepted to something that can in principle be rejected.

Of course, it is common for older persons to wonder whether they are still much good to anyone, perhaps musing in puzzlement “I can’t figure out why God is keeping me alive.” But there is little disquieting here in imagining God to be a great utilitarian. Indeed, the fact that God has found the puzzler’s life still to be
justified ought to silence that question in everyone else’s mind. Even without the reference to God, as long as death is not a legal option, there need be no interpersonal threat of rejection in such speculation about one’s worth to others. The person so speculating knows his equal dignity, his givenness, his ability to keep on living without inspiring resentment for his refusal to commit suicide, remains unaffected by his possible lack of instrumental value.

Once the availability of death makes a justification for staying alive necessary, that justification may be hard to come by. Once told to choose, many dependent persons may (perhaps spurred on by rising resentment in their caregivers) find it hard to deny that the good they are doing for themselves and others is no longer worth the cost and imposition.

Ends-in-themselves function to give meaning and structure to our life together; they cannot be fully reconstituted as mere means. If someone refuses to do kind acts unless they can be shown useful, he will never fully learn kindness. Those who refuse understanding except when it empowers will know the world only as a resource, not as something with its own character and beauty. Principles and axioms cannot be argued for. (Or if they can, then they lose their status as principles or axioms.) If every principle must be justified, reason itself is undone.

Just so: The inherent dignity and inviolability of each human person functions as the starting point in deciding, in solidarity, what is useful and what is not. That is, judgments of usefulness begin with the givenness of each member of a community. If persons are to go on existing only when shown to be useful, we have lost the very measure of usefulness. None of them may qualify as useful.

So it is that once the gates have been opened, once the option of death has been introduced, once the necessary “taboo” against killing is removed, not just a few but most of us may in fact be unable to justify our existence in human terms. Do we really imagine that there is no better use to which the costs of our upkeep could be put? Are we so important as to be indispensable? The world will
probably get along pretty well without us. That is what happens, after all, when other people die.

Moreover, we may not even be able to remember or imagine how we could once have thought otherwise. That is, once we have decided that only justified lives should be lived, we can search high and low for what people used to think was so humanly valuable about each and every person and we will not find it (for it was never needed\(^\text{27}\)). Perhaps the option of death will remain largely voluntary, and perhaps only a minority of us will exercise that option, but all of us will be lessened by it. Solidarity among inviolable persons may be gone forever.

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Individual autonomy over life can weaken the foundations of family and human solidarity. It can sever a thick root of paternal responsibility. It can partially block the reach of sympathy. It can turn our dependents and even ourselves into options whose benefits will be weighed and often found wanting.

\(^{27}\) I do not mean to suggest that the inviolability of human life is arbitrary or without foundation in experience and reason, only that it cannot be found by adding up costs and benefits, values and disvalues. Instead, I propose attending to the phenomenology of respect, as explained in \textit{The Priority of Respect}, supra note 2.