How to React to Requests for Dying

Invited lecture · Brian Mishara

Prof. Brian Mishara is Director of the Centre for Research and Intervention on Suicide, Ethical Issues and End-of-Life Practices (CRISE), and Professor of Psychology at the Université du Québec–Montréal. He has published extensively on topics including suicide, gerontology, ethical issues, and Medical Assistance in Dying (MAiD). In addition to his academic work, Prof. Mishara provides training and consultation for suicide prevention initiatives worldwide. His most recent book, co-authored with David Weisstub, is Practical Ethics in Suicide: Research, Policy, and Clinical Decision-Making (Cambridge University Press).

Abstract. Persons and organizations devoted to suicide prevention generally adhere to the belief that one should always do their utmost to prevent premature intentional deaths by suicide, regardless of the characteristics of the suicidal individual, the reasons they give for wanting to die, and their chosen method. Their assumptions are that doing otherwise constitutes discrimination, and that they will venture into an ethical morass if they attempt to determine whether some lives are more worthy of saving than others. This belief can be justified ethically by religious and moral obligations to protect human lives or can be based upon pragmatic consequentialist arguments such as: people whose lives are saved, even against their expressed wishes, are generally thankful. Interventions can also be justified by the belief that mental illness, temporary intoxication from alcohol or drugs, and the transitory context of a crisis, compromise a person's ability to make good decisions, particularly the decision to live or die. However, in many jurisdictions medical assistance in dying has been legalized, meaning that euthanasia, or assisted suicide (or both practices) are an available legal option to people who are suffering and meet established criteria. We analyse whether one can differentiate between suicidal persons whose deaths we should try to prevent, and persons whose deaths by Medical Assistance in Dying (MAiD) should be accepted or even encouraged. We will discuss if there are justified distinctions between how to respond to people requesting MAiD and to suicidal individuals, examine whether suicide is sometimes rational and without ambivalence, and how respect for autonomy may be balanced against obligations to protect vulnerable populations. The presenter's personal response to these challenges will be presented as a model to discuss.

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