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## A blind life within the brain

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THE ETHICS OF KILLING. Problems at the margin of life. Jeff McMahan. 540pp.

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Suppose you lead a life that is worthwhile at every stage. When would death have been worst for you? This is a question we rarely put to ourselves, perhaps because we think the answer is obvious: in such a life, death would be worse the earlier it occurs, for the more of a good thing you are deprived of, the worse it is for you. Death cannot be intrinsically bad for you, in the way that feeling pain is, because death implies permanent unconsciousness. So its badness must be entirely extrinsic, bad because of what it excludes in the way of good life. This means that it is quite hard to assess how bad your death at a particular time would be for you, for who knows what would have happened to you in the future had you not died?

These problems get their fair share of attention in Jeff McMahan's masterful book *The Ethics of Killing*, and he gives a different answer to the question, when is death worst for one: death, he says, is generally worse the earlier it occurs, the main exception being during the early period of a life, when death becomes worse the later it occurs. According to this account, death is worse at thirty-five than at seventy, though death at one day after birth is not worse than death at thirty-five; indeed, it is substantially less bad.

McMahan's reasons for regarding the infant's death as less bad, though the infant could be expected to lose twice as many worthwhile years, have to do with the undeveloped state of its psychology. The "prudential unity relations" that link the foetus to itself in the future - the relations that consist in there being enough of a brain to maintain the identity of a more or less richly endowed mind - are very weak. The foetus has no conception of its future, and so cannot have any future-oriented desires whose fulfilment death could obstruct. Consequently, it cannot have made any sacrifices of current goods to earn any future

benefits that death debars it from collecting.

No doubt these are factors that could make death at thirty-five in some respects worse for you than death in infancy. But could they weigh so heavily that they outweigh the fact that, at thirty-five, you have enjoyed thirty-five more good years and are losing correspondingly fewer? I am doubtful. Suppose you are cut down, aged thirty-five, having invested a lot of efforts in the future that you still have not been able to cash in on. If you had the opportunity to reflect on your sorry plight, you would most likely regret the fact that you had to die so soon - not the fact that you did not die in infancy. You are also likely to regret the fact that you have made such substantial sacrifices for the future, for although they have not been great enough to make your life not worth living, it is still the case that you could have got more out of life had you lived more for the present. This reflection, however, reveals your goal to be to get more rather than less out of life, and explains why nothing could be further from your mind than wishing you could have died in infancy, for then you would have got even less out of life than you have in fact.

Although I find it difficult, when contemplating worthwhile lives, to locate any point at which it would have been worse for a person to die than in infancy, I agree with McMahan that infant death need not strike us as exactly tragic. But I think this is due to the irrelevant circumstance that we cannot know in detail what the foetus's life would have been like and so cannot vividly imagine what death nips off. Victor Hugo nearly died in infancy, instead of leading a remarkably successful life which ended at eighty-three.

If, retrospectively and counterfactually, we entertain his dying in infancy and losing all that, then, contrary to what McMahan claims, the infant Victor appears to stand

before us as "a victim of a tragic misfortune". McMahan seems to me wrong in portraying the newborn as ontologically "not a substantial enough individual psychologically to be susceptible to tragedy". It is just that, prospectively, we are not in an epistemic position to plumb the tragedy that may be involved in infant death. So, in

spite of McMahan's admirably thorough and sensitive exploration of the issue, I continue to be tempted by the simple view that the more of the good life that death causes you to lose, the worse it is for you.

The killing of infants belongs, alongside the killing of fetuses, severely demented or retarded humans and non-human animals, to killing "at the margins of life" which is the main subject of McMahan's book. To the extent that the wrongness of killing is due solely to its effects on the victim, the killing of such "non-persons" is more wrong the worse death is for them. This is not so in the case of the killing of persons, ie, self-conscious and autonomous beings, if McMahan is right that all persons are owed equal respect. But let us put aside this idea of equal respect since it is, as he acknowledges, fraught with difficulties. Then the simple view of the badness of death I have suggested implies that, in a forced choice, it could be right to kill a thirty-five year-old rather than an infant, given that one of them must die.

Can this be right? I do not find it counterintuitive. Suppose it turns out that both can in fact be saved, and we escape the forced choice. Now, seventy years later, we know that the infant had seventy years of life as good as the remaining thirty-five years of the thirty-five-year-old. With the benefit of this hindsight, might we not say that, if we had not been relieved of the choice, we would in fact have done the right thing if we had killed the thirty-five-year-old? We could add that, at the time, we could not be sufficiently certain that there would be this difference in life value for us then to be justified in judging the action of killing the older person to be the right one. True, it is probable that the infant will live longer, but in the more imminent future, which is most certain, the grown-up stands to gain more. So, a refusal to choose between the victims, though in fact wrong, may well be blameless, since we cannot be certain enough about whom it would be right to save.

Some will object that if one favours the infant over the thirty-five-year-old, one will have a hard time defending the morality of abortion, except in special circumstances (such as the foetus being deformed or threatening the mother's life). But note that it is difficult to square a permissive attitude to abortion with the customary condemnation of infanticide, for the harm the victims suffer, in terms of loss of life, seems roughly the same. Accordingly, McMahan's permissive account of abortion goes with an equally permissive attitude to infanticide, a consequence as likely to be repellent as the attitude to abortion is welcome.

The novel move in this account of abortion is the idea of taking the foetus's non-existent or weak prudential unity relations to itself in the future to discount the value of the life it will have if not aborted. During the first half of pregnancy, when almost all abortions occur, McMahan holds that the foetus is not harmed by being deprived of its life. For he believes that the foetus does not become a subject capable of standing in any prudential relations until it acquires consciousness some time between twenty to twenty-eight weeks after conception. After this event, the foetus is harmed by abortion, but he holds that the harm is small and can easily be outweighed by the pregnant woman's interest.

As McMahan himself ably and honestly brings out, his view implies that there are other treatments of fetuses that, surprisingly, turn out to be more harmful to them than killing them. For instance, a pregnant woman who takes a drug to secure some trivial benefit may act wrongly if this drug causes her foetus to develop later a minor disability that will make its postnatal life less worth living. This is so because the foetus will later become a person with a conception of what it has lost through the disability. The fact that taking the drug contravenes the stronger, personal interests the foetus will later develop makes it more harmful and wrong than aborting the foetus. But is it not counterintuitive to think that one can harm an individual more by somewhat decreasing the worthwhileness of its life than by entirely depriving it of its life?

The same question arises if we suppose that the pregnant woman takes a drug which damages the developing brain of her foetus so gravely that it will never achieve the mental capacities definitive of full personhood. Again McMahan's account implies that to do this is less harmful than causing a minor disability - and possibly not harmful at all, if the individual will be content in its restricted life. But it seems hard to deny that causing the severe retardation harms the foetus more than causing a minor disability.

If we cannot stomach these consequences, then we must reject McMahan's idea that harm to fetuses must be discounted in proportion to the weakness of their prudential unity relations. But if we accept instead that causing a foetus to die is to harm it more than causing it to have a minor handicap, how can we consistently hold that abortion is generally permissible, while it is wrong to cause the handicap?

There are further reasons to deny that the weakness of the prudential unity relations the foetus has to itself in the future justifies only reduced prudential concern. Granted, a weakening of a person's prudential unity relations that signifies a deterioration or loss of valuable psychological features (McMahan takes the case of dementia) may make it reasonable for the person to be less prudentially concerned about his fate - so that death becomes less bad for

him. But in the case of the foetus, it is a question of growth or improvement or increase in respect of valuable psychological features. Suppose we can imagine similar growth in fully developed persons; suppose they can take a drug that rapidly increases the power of their brains to a god-like rationality and virtue and severs them from their present irrational beliefs and base desires. In this case it is not obvious that, looking forward, they are now rationally required to be only slightly prudentially concerned about themselves in the "super-state" in which they will be after the drug-induced transformation. It is also worth observing that when we look back on our past history, we seem not noticeably less concerned that we were well treated when

new-born than a few years later, though our prudential unity relations to the latter stage should be considerably stronger.

Furthermore, suppose a new-born infant is doing something of considerable duration which gives it immense pleasure, but which, unbeknown to it, will also cause it to die when, exhausted, it falls asleep. According to McMahan's account, this activity may well be prudentially justifiable (although the infant is unable to realize this), because the value of the infant's future life is heavily discounted, given its weak prudential unity with that future life. In addition,

McMahan claims that we have no moral reason to intervene for the sake of the infant, as we would have were the activity merely to cause the infant to have some person-compatible handicap. For if the infant dies, it will not have any future personal interests that need protection. So we have no reason for the infant's own sake to prevent it from doing this pleasurable but fatal act. But this seems preposterous.

McMahan is right that, if we do not relativize the value of an individual's future life to some feature it has, such as its mental equipment, then we will have strong moral reasons not only to let non-personal beings who will enjoy long, worthwhile existences continue to exist, but also to let them begin to exist. I doubt, however, that this is a corollary to be resisted, since it can be indeterminate whether what you allow to occur is one or the other.

Although I am in disagreement with some of McMahan's central ideas, the thoroughness and comprehensiveness with which he has worked out these ideas is deeply impressive. The presentation is throughout so lucid that non-specialists should be able to profit greatly from the book. In the end, though, I fear that the colossal accumulation of intricately intertwined arguments may defeat all but the most addicted - who, on the other hand, will not want to miss any of them. There could be no better proof of the vitality of the subject of death and killing than this monumental book.

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