

REVIEW OF FATAL FREEDOM BY THOMAS SZASZ

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Since writing the seminal critique of modern psychiatry -- *The Myth of Mental Illness* -- four decades ago, psychiatrist Thomas Szasz has remained at the forefront of modern society's most controversial issues. In *Fatal Freedom*¹ Dr. Szasz presents a defense of the individual's right to choose to kill himself.

Summary Review & Analysis

Central Thesis & Major Arguments. Szasz's central thesis in *Fatal Freedom* is that the values of autonomy and individual liberty require that suicide be construed as a choice and as an individual "right" in the sense that individuals have the right to make the decision to die voluntarily free from interference from the state or its agents. Individuals have as much right to decide to die voluntarily as they have to decide to have a child or not have a child by practicing birth control. In the preface, Szasz notes:

Accidental or sudden death notwithstanding, practicing death control – that is, dying voluntarily – should also be a personal decision. The State and the medical profession no longer interfere with birth control. They ought to stop interfering with death control (p. x).

Szasz does not "favor" suicide in the sense of arguing that people have a duty or responsibility to kill themselves. Nor does he assert that an individual's decision to commit suicide is necessarily always a rationale or wise decision. Nevertheless, he defends the individual's right to make the decision and to make it free from interference from justice authorities or medical professionals. He reiterates his central thesis in his concluding arguments:

I do not mean that we have a responsibility to commit suicide (for example, when we are a burden to ourselves and those around us) or that we have a right to suicide (except in

¹Thomas Szasz, Fatal Freedom: The Ethics and Politics of Suicide. Westport, CT: Praeger, 1999. (All page numbers referenced herein are from this edition.)

the weak sense of the word 'right,' meaning that agents of the State ought to be prohibited from forcibly preventing suicide. I am neither praising and recommending nor condemning and discouraging suicide, in the abstract. What I am saying is, simply that: We have a choice and hence a responsibility between staying the course, living until death claims us, or quitting before it does, by killing ourselves (p. 131).

Related to the central thesis of suicide as a matter of individual choice, Szasz makes a number of other key arguments. He argues that historically, suicide has been misconstrued as something other than an individual choice – e.g., as a sin or as a crime. The more recent efforts to construe suicide as mental illness have continued this trend. Szasz reserves some of his most vehement arguments for his case against the medicalization of suicide. Szasz maintains that physicians have no place in either preventing or facilitating suicide. Tangential to his arguments against the medicalization of suicide, Szasz makes the argument in favor of patients' right to refuse *all* forms of medical treatment (including the right to refuse psychiatric treatment) and relatedly, their right to be free from involuntary treatment or what Szasz calls "psychiatric coercion". Arguing that physicians and other medical personnel should play no role in an individual's decision and/or act to die voluntarily, Szasz argues against physician assisted suicide, euthanasia (whether 'voluntary' or 'involuntary') and in favor of the legalization of drugs (so that people who want to die voluntarily can easily do so without relying on the services of a physician's prescription pad). The key arguments are spread across seven chapters, as summarized below.

Chapter 1: Speaking of Suicide. In this brief first chapter, Szasz examines the historical and contemporary language of suicide. Szasz argues that the act of self-killing or "autohomicide" has been sanitized out of the term "suicide". He argues that the noun "suicide" emerged in the 17th century, at about the same time as the word "mind" began to be used as a noun: "Both terms reflect a major cultural-perceptual shift: from perceiving voluntary death as an act for which the actor is responsible, to perceiving it as a (perhaps) happening for which he may not be responsible, and from seeing persons as possessing souls and free will, to seeing them possessing minds that may become 'unbalanced,' resulting in the loss of free will" (pp. 3-4). Szasz argues that by framing self-murder as a noun, as "suicide", as a sort of "unintended

happening” (p. 5), we have stripped ourselves of the capacity to judge the behavior, either by condemning it out of hand or by judging it in context.

2. *Constructing Suicide.* In chapter two, Szasz reviews the historical and contemporary meanings of suicide, looking at which sorts of voluntary death are construed as suicide and which aren't, and at how suicide was condemned or excused through the ages. This chapter includes a fascinating overview of the ancient Greek and Roman view of suicide as well as a history of the ecclesiastic view of suicide. Szasz shows how suicide was historically both condemned and (more rarely) excused within the framework of viewing suicide as an act of free will. Szasz argues that the medicalization of suicide occurred as a result of the development of psychiatry and the rise of the doctrine (first promulgated by the French psychiatrists) that mental patients are dangerous to themselves and others. Szasz argues that the 19th century psychiatrists' pronouncements that suicidal desires and/or suicidal attempts were indicative of mental illness were no more valid than their pronouncements that masturbation or (in the 20th century) homosexuality were the result of mental illness. Szasz argues that the notion that suicide is a manifestation of mental illness is a result (at least in part) of the “pervasive confusion...of diagnosis and disease” (p. 18). By believing that mental illnesses “causes” suicide, we absolve the suicidal person from responsibility for his actions while simultaneously justifying the psychiatrist's control of the “patient” and stigmatizing the person as crazy (p. 19).

Szasz also uses this chapter to present the foundation for his arguments concerning the legal treatment of suicide. Citing cases from English law, Szasz notes that in addition to being viewed as a sin, suicide has been viewed as a crime to be punished (e.g., English law punished unsuccessful suicides with death by hanging). Szasz argues that it is a fiction of contemporary law and justice to suggest that suicide in modern times is not illegal. Szasz argues that suicide is legal only in a narrow *de jure* sense – i.e., there are no laws on the books specifically prohibiting suicide and there are no criminal penalties imposed for attempting suicide. He maintains that “*de facto*, suicide is not legal” (p. 20). Szasz argues that if suicide were truly legal, then it would be *illegal* to coercively prevent someone from killing themselves.

3. *Excusing Suicide*. In this chapter Szasz traces the transformation in the social/legal construction of suicide from “badness” (a crime) to “madness” (insanity), arguing that “the psychiatrization of the law against suicide” has “recast self-killing from a deliberate felony into a purposeless accident” (p. 31). Szasz notes that the still developing discipline of psychiatry was not such a powerful force that it was able to effect the shift from viewing suicide as a crime to viewing suicide as a sign of mental illness entirely on its own. In particular, he traces judges’ and juries’ desire to spare the family of the suicide the burden associated with the felony of suicide, which typically involved stripping the family of property rights. The “guilty by reason of insanity” framework thus came to be applied to both murder and self-murder. Szasz makes it clear that he opposes insanity defenses whether they are used in murder or suicide cases:

The more society relies on therapeutic controls, the more their use reinforces belief in the reality of mental illness and, generally, in the rationale of treating bad habits as if they were diseases... The insanity defense is not merciful. Involuntary mental hospitalization is not a treatment. Both are coercive methods of social control...Both result in the ‘protected’ person’s being deprived of liberty. Both function as tactical weapons in psychiatry’s war on dignity, liberty, and responsibility (p. 44).

4. *‘Preventing’ Suicide*. Chapter 4 is a tightly argued case against the medicalization of suicide and in particular, the reliance on coercive psychiatric practices (involuntary hospitalization and treatment) in a futile attempt to “prevent” suicides. Szasz has no difficulty pulling on the big guns for this argument, as it fits neatly within his frequently made and widely publicized arguments against involuntary treatment and his arguments concerning the “myth” of mental illness. Szasz argues that in every other medical discipline, the patient-physician relationship is a consensual one; psychiatry has no right to a coercive exemption (p. 49). Moreover, involuntary psychiatric hospitalization under the guise of “preventing suicide” is nothing other than “punishment masquerading as treatment” (p. 46). Furthermore, Szasz maintains that such coercive psychiatric is ineffective as a preventive strategy and he cites data from studies to support his assertions (p. 54).

5. *Prescribing Suicide*. In this chapter, Szasz presents the case against physician-assisted suicide. This opposition, as Szasz makes plain, is perfectly consistent with his opposition to the medicalization of suicide. While acknowledging that medical advice and

access to a lethal drug could be helpful to the person who chooses to kill himself, Szasz maintains that self-killing itself is not a medical act and that physicians have no place in it:

Autohomicide, like heterohomicide is not a medical matter; it is a legal, moral and political matter. Neither the person who kills himself nor the physician or anyone else who gives him a lethal drug is performing a medical act... (p. 64, emphasis in original).

Szasz maintains that the term “physician-assisted suicide” fails to convey the real nature of the enterprise which he notes would better be termed “physician-controlled suicide” or “physician granted suicide” since the physician-patient relationship is one of superior to subordinate and since in this case, the physician is performing as the principal, not the assistant (p. 65). Szasz goes on to note that physician-assisted suicide raises the possibility that the patient may have wanted to change his mind but felt unable because of his subordinate position. It is further argued that “physician assisted suicide” diminishes patient autonomy because in defining it as “medical treatment” it creates a “legal need” for a physician’s assistance with suicide (p. 67). Szasz argues that the practical need for physician assistance in suicide could be eliminated by legalizing drugs. Szasz also points out the hypocrisy of the medical community’s (specifically, the psychiatry community) support for physician-assisted suicide in the face of its unilateral opposition of physician “unassisted” suicide.

6. *Perverting Suicide.* In this chapter, Szasz extends his arguments against physician assisted suicide to euthanasia. Szasz condemns physician-assisted suicide and voluntary euthanasia as it is practiced in The Netherlands as no better than the physician-assisted murder of the Holocaust (p. 97). Szasz argues vehemently that not only must all physician-patient relationships be strictly consensual (i.e., there should be no room for involuntary treatment), but also that there must be absolute limits on medical power because of the intrinsic nature of the physician-patient relationship as a relationship between a superior and a subordinate and its consequent room for the abuse of power. Both physician assisted suicide and euthanasia (regardless of how “voluntary”) represent gross abuses of physician power.

7. *Rethinking Suicide.* In this final chapter, Szasz recaps his main arguments, focusing on his central thesis that suicide should be a matter of individual choice. Szasz takes pains to

note that he does not argue for the “right to commit suicide” in the sense of an entitlement or a privilege to be conveyed by the state. Rather, he frames self-killing as a negative rather than a positive right, with the former referring to a “natural right” to be left alone and the later implying suicide as an entitlement entailing an obligation by others to fulfill certain duties. By rejecting suicide as a “positive right” yet affirming it as a negative right, Szasz also firmly rejects physician assisted suicide (p. 108). Szasz characterizes “the freedom to decide when and how we die” as “our most basic freedom” (p. 132).

Opinion

This is a well-written, meticulously researched, and thought-provoking monograph on suicide as a legal, moral and political issue. In his preface, Szasz reveals that one of his objectives in writing *Fatal Freedom* “is to help us accept suicide comfortably, to enable us to speak about it calmly, and to distinguish clearly between describing and condemning (or recommending) dying voluntarily” (p. ix). He certainly went a long way towards meeting that particular objective with this reader. By framing suicide as an ethical dilemma and presenting it from multiple perspectives -- historical, linguistic, religious, legal, political, medical, communitarian and individual – Szasz compels his readers to really face this topic.

Szasz writes persuasively. Prior to reading *Fatal Freedom* I would have characterized myself as a fairly strong supporter of physician-assisted suicide, while hastening to note that I believed that close attention to safeguards be paid to avoid Kervorkian-like excesses. After reading Szasz’s arguments against physician-assisted suicide and euthanasia, I changed my position and now believe, consistent with Szasz’s position, that such measures are an abuse of physician power. At the same time, I would note that Szasz weakens his arguments against physician-assisted suicide by maintaining that if we would just legalize drugs, physician-assisted suicide would not even need to be a problem. This seems like a cowardly retreat (on Szasz’s part) from the dilemma. First of all, regardless of how much Szasz may wish it, legalization of drugs is unlikely to occur anytime soon. Secondly, there is no guarantee that providing people with the opportunity to freely access lethal drugs (perhaps with the ease with

which they can now access firearms) would reduce the demand for physician-assisted suicide among persons who feel more “comfortable” with letting others take responsibility for their deaths.

Szasz’s arguments surrounding his central thesis on suicide as an individual choice that should be accepted without interference from the State and/or the Therapeutic State (Szasz’s label for the coercive psychiatric infrastructure) are also compelling and convincing at their core. At the same time, because Szasz links his basic arguments to his previously-made arguments concerning the “myth of mental illness” I found myself unable to accept his position unequivocally. I can accept and believe that the decision to kill oneself is a deliberate choice based on the individual’s appraisal of his/her circumstances and future prospects. I can accept that for many people who go through this choice process, the decision is a rational one, even as appraised by independent observers. I can even accept that persons officially diagnosed as “mentally ill” (e.g., clinically depressed) are often capable of making rational decisions leading to a choice of suicide. I can also accept Szasz’s argument that involuntary psychiatric treatment is not only anti-therapeutic, it is equivalent to imprisonment. What I cannot accept, however, is Szasz’s refusal to concede any connection between what most people would recognize as major mental illnesses (e.g., schizophrenia, bipolar disorder, severe depression) and a dramatically increased rate of suicide. While it is probably inhumane and immoral to “imprison” these individuals in involuntary treatment facilities, it seems equally inhumane to deny them the opportunity for treatment should they seek it and it seems morally reprehensible to dismiss the possibility that a suicide attempt occurred as an aberration of their illness (e.g., consider the case of a schizophrenic who hears command voices ordering herself to slit her wrists) rather than as a rational choice to “die voluntarily”.

Szasz’s apparently boundless disdain for modern psychiatry is both amusing and disturbing. Discussing kidney dialysis patients’ desire to voluntarily end their lives by discontinuing dialysis and psychiatric evaluators’ efforts to determine whether or not patients are “competent” to make such a decision, Szasz ruefully notes that “psychiatrists are unwilling

to accept that living tethered to the institution of psychiatry may be just as intolerable as living tethered to a dialysis machine” (p. 122). In refuting the common media perception of the benevolence of the psychiatric profession, Szasz quotes the artist Antonin Artaud (who was diagnosed as schizophrenic) who wrote: “I myself spent nine years in an insane asylum and I never had the obsession of suicide, but I know that each conversation with a psychiatrist, every morning at the time of his visit, made me want to hang myself, realizing that I would not be able to slit his throat” (p. 54). It doesn’t take much of a leap to imagine Szasz making a similar statement should he ever find himself subject to so much as a 72-hour involuntary psychiatric hold.

REVIEW OF FATAL FREEDOM BY THOMAS SZASZ. A favorable review and analysis of controversial psychiatrist Thomas Szasz's book on the ethics and politics of suicide. Summarizes Szasz's central thesis and major arguments favoring the treatment of suicide as a personal decision and individual choice to be made free from State or medical interference and opposing the sanctioning of physician-assisted suicide and euthanasia. Finds the book to be thought-provoking, meticulously researched, and well written. Szasz's arguments are compelling and convincing, although his disdain of the medical profession and the psychiatric discipline in particular can be distracting. 7p. 16f. 1b.