

Dixon N. Burns Award in Medical Ethics

2003 Winning Essay

**Assisted Suicide from a Buddhist Perspective**

David Truong Thanh Duong

Sponsored by

The Center for Clinical and Research Ethics

Vanderbilt University Medical Center

Nashville, Tennessee

## **Assisted Suicide from a Buddhist Perspective**

### *Clinical Vignette*

An 80 year-old man presents with severe bone pain as a result of advanced prostate cancer that has become widely metastatic. Unfortunately, the advanced stage of his illness makes any attempt at surgical intervention futile. Even with hormone therapy, the prognosis for metastatic prostate cancer is grim. He has, however, lived a healthy life and could continue to live, albeit with decreasing health, for several months to perhaps a few years. His pain can be controlled, but only with liberal use of strong narcotics that render him unconscious. Having emigrated from Thailand, he is a devout Buddhist who is, on a spiritual level, dedicated to the destruction of suffering. He believes that he has lived a full and rewarding life, and he would like to end his suffering in this life. But, before he requests the help of his physicians in ending it, he asks for moral and spiritual guidance in making such an important decision. To address his concerns, an ethics team is convened. What do you do?



### *Current State of Affairs*

Recent progress in technology has placed a new class of dilemmas on the shoulders of the medical profession. Every day, science acquires a firmer grasp on the intricate workings of the human body; and as a result, medicine gains more power to govern over life and death. However, with these wonderful advances come difficult

medical decisions concerning the end of life (MDEL) that otherwise would not be available, hard choices that challenge our world with fundamental questions of human existence. Lisa Belkin appraised the situation by writing, “Time was when medicine could do very little for critically ill or dying patients. Now it can do too much” (7).

Medical science has extended the average human lifespan more than two decades by either curing or controlling the effects of certain common illnesses. This is a worthy and noble goal, but it also delays the inevitable since we are destined to face death. There is no escape from our mortality—an idea that science would like to sometimes neglect. The process of dying has been lengthened, unintentionally, by medicine’s growing effectiveness (16). On occasion, this problem places patients and doctors in the unfortunate position of having to make difficult choices between a life of suffering (or semi-consciousness) and no life at all.

A change in attitude across the nation has infused the medical industry with a sort of patient consumerism. A dynamic in which patients work with their physicians towards a mutually agreed course of treatment is the norm today, whereas only a decade ago it was more common to find a sense of professional paternalism amongst doctors with regards to their patients. This societal change has particularly exalted individual free will, thereby making respect for patient autonomy a right for the medical consumer and an obligation for the medical professional.<sup>1</sup> This respect for free will in medical care is fundamental in American jurisprudence: “Every human being of adult years and sound mind has a right to determine what shall be done with his own body” (2). As a consequence, patients now have a limited right to choose how they will live and how they

will die. The American Medical Association has also recognized the importance of patients' rights. In 1980, the AMA published a list of guidelines for physicians to assure that the rights of patients would be secure (see Addendum) (6).

At the same time, America has undergone a socio-ethical movement with regard to MDEL involving euthanasia. "Euthanasia" is derived from a Greek word used to denote an easy or good death, usually one without pain. Ethicists have made a distinction between two types of euthanasia, *passive* and *active* (21). Passive euthanasia is the moral equivalent of letting someone die of his or her illness. This is done in medical practice by withholding or withdrawing life-sustaining treatments, such as a respirator or feeding tubes. Active euthanasia is mercy killing. It involves taking direct action to end a person's life, presumably for reasons of beneficence.<sup>2</sup> For active euthanasia, the act of beneficence can be found in the termination of a life of suffering or of a painful passage into death.

Ethicists have constructed two more divisions within active and passive euthanasia, called *voluntary* and *involuntary* euthanasia (12), distinguished by the presence or absence of informed consent, respectively.<sup>3</sup> One might contend that informed consent is a practical impossibility. Is it, for example, reasonable to expect patients to understand fully their diagnosis, and thereby make fully informed decisions? Though it is impossible for people to achieve a complete understanding in order to make fully informed decisions, it does not necessarily follow that people are incapable of

---

<sup>1</sup> In this context, free will is the ability of a patient, after having received necessary and sufficient information, to make decisions in and of him or herself—decisions that are not determined by prior causes, and not influenced, or coerced, by other persons or events.

<sup>2</sup> Beneficence is an act of mercy, kindness, or charity. The principle of beneficence is based on a social obligation to help others in their interests, confer benefits, or prevent and remove harm.

<sup>3</sup> Informed consent involves the patient's ability to understand fully his or her medical situation, and to give to, or withhold from, the physician permission to follow certain treatment options. Intrinsic in the idea of informed consent is

achieving a sufficient level of understanding for choice or that their decisions are never adequately informed. In a medical context, the legal doctrine of informed consent specifies that the physician must disclose to the patient all information that would be relevant to deciding whether to undergo or forgo a medical procedure or treatment. The ethical notion of informed consent suggests that patients and physicians should collaborate in making decisions about treatment options, with patients having the power to veto proposals (11).

Hence, voluntary euthanasia occurs with the (informed) consent of the patient, and involuntary euthanasia proceeds without the consent of the patient. Involuntary euthanasia is assumed to occur in situations wherein patients are unable to give consent. For example, a patient who is in a vegetative state, or comatose, will not be able to communicate, much less give informed consent. These distinctions within euthanasia have come about from the need to address ethical issues more clearly as public opinion shifts its gears, challenging old notions of what is and what is not moral. Faced with intractable painful, terminal illnesses, an increasing number of patients have chosen to regard euthanasia and physician-assisted suicide as an acceptable way to end their suffering and their life.

### *Assisted Suicide as Suicide*

It might, at first, seem appropriate to place physician-assisted suicide within the ethical category of voluntary active euthanasia (i.e., active euthanasia with informed consent). Active euthanasia is the administration of a death-causing agent with the

---

a fundamental “change in the power structure of medical care: the belief that the patient should be sharing more responsibility with the physician” (16).

explicit intention to kill, thereby shortening the patient's natural life span. However, physician-assisted suicide is a form of active intentional killing in which the doctor prescribes or supplies intentionally lethal drugs, but does not administer them. If it were the physician who administers the death-causing agent, then it would be a case of active euthanasia. However, with physician-assisted suicide, it is the patient who administers the drugs to him or herself.

Patient consent is therefore inherent in assisted suicide. This form of euthanasia will never suffer the threat of shifting over, in the manner of a philosophical slippery slope, into the category of involuntary active euthanasia—a category that is more or less equivalent to murder. Because patient consent is intrinsic in assisted suicide, the physician cannot be the primary person to blame for the horrible mistake of an unwanted death. Assisted suicide gives the physician no actual power over the patient's time of death. Just as the patient holds the lethal drugs in his or her hands, it is the patient who retains the power to finally decide if and when he or she will die. Therefore, assisted suicide, as its name suggests, is a form of suicide; and, a philosophical analysis of assisted suicide must address issues relevant to suicide rather than those concerning active euthanasia.

In the discussion of euthanasia, assisted suicide, and other MDEL, it is helpful to take into consideration the ethical framework of the various religious traditions that many patients follow. This is true for two important reasons: 1) a patient's religious tradition may help to define clearly what is and what is not morally acceptable from the perspective of his or her particular belief system, and 2) in treating the patient as a whole person, physicians must take into account the patient's spiritual well-being. Buddhism is

one of the world's oldest and most influential religious traditions, with hundreds of millions of followers worldwide. Like many established religions, it retains written moral codes that help to guide the actions of individuals who profess its beliefs and adhere to its philosophies. Some of these texts address issues of dying, both directly and indirectly. Thus, a clear understanding of how Buddhism views suicide would help to inform MDEL with respect to assisted suicide for Buddhist patients.

### *Brief Introduction to Buddhism*

Buddhist philosophy is encapsulated by the Four Noble Truths. First, Buddhism teaches the knowledge of suffering, or *dukkha*<sup>4</sup>. All individual existence is miserable and painful. Thus, life inevitably involves suffering. Second, it teaches the origin of suffering. Suffering (indeed, existence itself) originates in desire and ignorance. It is rooted in the desire for things to be different than they are, or in the desire for things to stay as we want them. Third, it teaches the destruction of suffering. Suffering must be totally extinguished. When someone is able to accomplish this, they are then released from *saṃsāra* (the cycle of birth, life, death, and rebirth) and achieve *nirvāṇa*. The only way out of suffering is to relinquish desire, to become totally detached from all likes and dislikes. Fourth, it teaches that there is a way to remove suffering. Only through a life of morality, concentration, and wisdom can suffering be extinguished completely. The way to live such a life is to follow the Noble Eight-Fold Path (9).

The Noble Eight-Fold Path, known as *Magga* (or “The Middle Path”), is a guide to moral living that leads the way to the cessation of suffering, or *nirvāṇa*. *Magga*

consists of eight categories of moral conduct and behavior: (1) *sammā diṭṭhi*, right understanding, (2) *sammā sankappa*, right thought, (3) *sammā vācā*, right speech, (4) *sammā kammanta*, right action, (5) *sammā ājīva*, right livelihood, (6) *sammā vāyāma*, right effort, (7) *sammā sati*, right mindfulness, and (8) *sammā samādhi*, right concentration. Right understanding includes the recognition of the Four Noble Truths and the ability to see through illusions. Right thought encourages goodwill and peaceableness. Right speech prohibits lying and gossip, while promoting wisdom and truthfulness. Right action, the domain of all moral behavior, teaches the observance of five precepts for moral conduct: (1) do not destroy life, (2) do not steal, (3) do not engage in sexual misconduct, (4) do not lie, and (5) do not use intoxicants. Right action specifically prohibits murder, stealing, and adultery. Right livelihood, or right occupation, teaches people to earn a living without disrupting social harmony. Right effort encourages good impulses, while discouraging evil ones. Right mindfulness teaches not to give in to desires, to achieve liberation from attachments through the mind. Finally, right concentration teaches the mental discipline to quiet the mind and gain composure through meditation.

### *Moral Conduct in Buddhism*

As the way to the cessation of *dukkha* and the path to *nirvāṇa*, the Fourth Noble Truth of the Noble Eight-Fold Path teaches that right action is essential to personal improvement and, ultimately, to achieving enlightenment. In promoting moral conduct, the principle of right action prohibits the destruction of life (17). Out of this basic ethical

---

<sup>4</sup> *Dukkha* is a Pali word that means suffering, pain, sorrow, or misery. The concept of *dukkha* can be understood on three different levels: (1) *dukkha* as ordinary suffering, (2) *dukkha* as produced by changes in life, and (3) *dukkha* as a

principle, it seems reasonable to infer that Buddhism might forbid suicide, the intentional taking of one's own life.

From the standpoint of Buddhist philosophy, suicide is seen as an extreme form of craving for non-existence, or *vibhava* (15). Traditional Indian Buddhist doctrine discourages craving of any sort, for existence or non-existence, because it leads to suffering and the *samsāric* chain of rebirth. The impulse behind suicide comes from the rejection of one's present circumstances in life and from a desire for self-annihilation (9, 18). It is a desperate act of loathing of life and desire for rest (15).

Furthermore, taking one's own life is thought to be a foolish act of destruction, as it destroys the body, but not the *karma* (18). Instead of providing a means of liberation from existence, suicide ironically leads right back to one's old *karma* in a new rebirth, where problems will be as bad as, if not worse than, the present ones. One might even be reborn into a cycle of sub-human lives (18) until the evil karmic residue from an act of suicide has been sufficiently exhausted. Thus, Buddhism teaches that to commit suicide is to waste a "precious human rebirth" (9).

#### *Interdiction of Suicide: the general rule*

For Buddhist laypeople, suicide is categorically prohibited. The act of taking one's own life is condemned (15). People are taught to have patience. They can neither avoid the suffering of former bad deeds nor acquire sooner the reward of good deeds by committing suicide. They must live full lifespans, for:

---

state of being. In Sanskrit, the word is *duhkha*.

Everything comes to him who waits. To that effect Buddha employs to Payasi the simile of the woman who cuts open her body in order to see whether her child is a boy or a girl (15).<sup>5</sup>

Buddhists are taught to follow the example of holy men, who abide in their existence with indifference—they care for neither life, nor death. Suicide should not be used by laypeople as a means of attaining *nirvāṇa* more quickly. Additionally, suicide should not be viewed by laypeople as a way to practice religious asceticism. In contrast to Jainism, Buddhism does not use asceticism and physical pain in order to purify one's sins (15). According to Buddhist ethics, such religious acts are ineffectual in the pursuit of true enlightenment.

For Buddhist clergy, the morality of suicide is not so clearly delineated. They are taught the doctrine of extinction, which values the destruction of existence and appears to contradict the general prohibition of suicide. In teaching the doctrine of extinction to his disciples, the Buddha taught the many ways of destroying “birth, old age, disease, and death” (20). He taught that those who overcome “birth, old age, disease, and death” are blessed and have achieved liberation. However, the Buddha also said the following, “Priests, let no one destroy himself, and whosoever would destroy himself, let him be dealt with according to the law.”<sup>6</sup> This interdiction seems to contradict directly the doctrine of extinction. How is a Buddhist monk supposed to interpret these teachings?

The dilemma was resolved by the Venerable **Nāgasena** (8). According to **Nāgasena**, when the Buddha proclaimed the interdiction, the Blessed One said it out of compassion for men,

---

<sup>5</sup> The point Poussin makes here is based upon the *Dīgha-Nikāya* (ii, 331).

<sup>6</sup> Translated from the *Milindapaṇṇāsa* (20).

in order that the virtuous man... might not perish. Moreover... the longer... virtuous and noble monks and Brahmans live, the more they avail for the welfare of the multitude, for the happiness of the multitude, for compassionating the world, for the advantage, the welfare, and the happiness of gods and men (20).

However, continued **Nāgasena**, this does not negate, nor does it conflict with, the doctrine taught by the Buddha, for all “being[s] caught in the succession of births and rebirths [must] endure... manifold and various pains” (8). When the Buddha taught “the destruction of birth, old age, disease, and death,” the Blessed One meant to show how existence is full of misery and how non-existence is full of happiness.

Full of pain, then, is the continual succession of rebirths, a joy is it when that succession ends. And it was in pointing out the advantage of that end, the disaster involved in that succession, that the Blessed One, great king, instigated us to get beyond birth, and old age, and disease, and death by the realisation of the final end of that succession of rebirths (20).

For the *Bhikku*, who are full members of the *Sangha* (monastic community), there are 227 precepts to follow. Embodied in the *Pātimokkha*, the precepts are divided into eight groups according to their gravity: 4 *Pārājikās*, 13 *Sanghādisesas*, 2 *Aniyatas*, 30 *Nissaggiya Pācittiyas*, 92 *Pācittiyas*, 4 *Pāṭidesanīyas*, 75 *Sekhiyas*, and 7 *Adhikaraṇasamathas* (19). The *Pārājikās* are the most serious offenses—violating any one of them results in the continual expulsion of the transgressor from the clergy. Expelled from the monastic community, the reprobate is said, “to have fallen into defeat” (19).

The third *Pārājikā* is a rule concerning the killing of another human being. It prohibits a monk from either praising death or provoking other people to self-destruction. This precept maintains that a...

monk who preaches suicide, who tells man: “Do away with this wretched life, full of suffering and sin; death is better,” in fact preaches murder, is a murderer, [and] is no longer a monk (15).

Thus, although non-existence is taught as a goal in the doctrine of extinction, Buddhism, in general, forbids both laypeople and clergy from committing or promoting suicide. For Buddhist patients facing MDEL, this would be a clear interdiction against assisted suicide.

### *Suicide as Liberated Death: the exceptions*

There are, however, exceptions to the prohibition of suicide. Most of them involve the act of compassionately giving one’s life to help others in need.<sup>7</sup> In addition, a few rare examples of religiously motivated suicide are described as licit in Buddhist texts. Nevertheless, in both cases, the act itself is not condoned if it leads to unliberated death. The catch is that only those who have extinguished all craving and ignorance can achieve liberated death via suicide. Therefore, only *arhats* (those who have attained enlightenment) are allowed in specific exceptional circumstances to take their own lives (5).

The reason suicide, though generally prohibited, may be practiced by *arhats* is because they, as liberated beings, will not acquire any of its otherwise potentially harmful karmic consequences. Suicide, as noted above, is an act of violent destruction that usually stems from a desire for non-existence or self-annihilation. For those who have not extinguished craving and ignorance, who have not escaped the *saṃsāric* cycle

---

<sup>7</sup> This kind of ultimate altruism can also be found in other religions. In Christian scripture, it is written that Christ said, “No one has greater love than this, to lay down one’s life for one’s friends” [John 15.12-13. *The Holy Bible, New Revised Standard Version*].

rebirths, and who have not achieved enlightenment, the act of suicide will only lead them to a new rebirth wherein they may endure even more suffering than in their present life. However, those who have attained enlightenment are liberated from the *saṃsāric* cycle of rebirths, and thus do not need to be protected from the consequences of unliberated suicide.

In a few extraordinary circumstances, the act of committing suicide itself was recorded in Buddhist scripture to be the actual means of procuring enlightenment. The *Therīgāthā* and the *Theragāthā* contain two examples: the nun **Sñā** and the monk **Sappadāsa**. **Sñā** was distressed after seven years of working towards spiritual progress without success. One day she decided to take her own life, saying, “What have I to do with this wretched life? I will die through hanging” (15). Yet, she turned her attention to enlightenment, as was her habit, just as the rope was fastened around her throat. She thereby attained liberation, and the rope fell from her neck. Similarly, **Sappadāsa**, who was overpowered by his passion, was never successful at concentrating. In frustration, he decided to take his own life with a sword. However, just as he was about to commit suicide, “he suddenly realized the inward vision” (15).

There are many stories in Buddhist texts that illustrate why *arhats* choose to commit suicide. In the majority of these accounts, the act of liberated suicide occurs for one of two reasons—either the act is a result of wise reflection over suffering, or it is a religiously motivated act of self-sacrifice. In the first case, as a result of insightful reflection by a holy man, suicide is usually the means by which the wise *arhat* may overcome the suffering of his incurable illness and achieve the eternal rest of *nirvāṇa* (18).

There are two interesting stories to this effect, one about the monk Vakkali and the other about the monk Godhika. While Vakkali was suffering from a painful illness, the Blessed Bhagavat came to his side to give him comfort and said, “Your death will be a holy one, an auspicious one” (15). After Bhagavat left, Vakkali proclaimed for the last time the Buddhist profession of faith (i.e., universal impermanence) and killed himself with a sword. Likewise, Godhika, unable to maintain his meditations because of a disease, decided to commit suicide with a sword. As it turned out, Godhika attained enlightenment just as he began cutting into his throat, for it is written,

Those who take the sword are without regard for life; they achieve insight (*vipassanā*) and reach *nirvāṇa*. Thus act the strong ones (*dhīra*); they desire not life; having removed thirst and the root of thirst (that is, ignorance), Godhika is at rest. [*Abhidharmakośavyākhyā*]

Therefore, it would seem that, for an enlightened soul, assisted suicide might be morally acceptable.

In the second case, there are many *bodhisattvas* who, out of compassion for another human being, have chosen to commit suicide as a religiously motivated act of self-sacrifice (5, 9). Two tales from the *Jātaka*,<sup>8</sup> a collection of stories about the former lives and actions of Gotama Buddha, help to further elucidate the finer points of morality in such an act—the *Sasa-Jātaka* (No. 316) and the *Mahākapi-Jātaka* (No. 407). The *Sasa-Jātaka*, or the Hare *Jātaka*, relates the following story (4).

Once upon a time, the Bodhisattva was born into the life of a hare who lived in a wooded forest and acquired three animal friends whom he frequently taught the practices of the Truth (i.e., Buddhism). In due time, a holy day came, and the hare warned his

friends to keep the fast for themselves and to give their food to whomever comes by to beg. Realizing that he had nothing to give to a beggar but grass, the hare made a vow to sacrifice himself as a food offering: “If any beggar shall appear to me, I shall give to him my own flesh to eat” (3). Upon hearing such a promise, the Brahmin Sakka came down from his throne in heaven, disguised as a beggar, to test the hare’s virtue. In the end, the hare (the Bodhisattva) lived up to his promise and jumped onto a pile of coal to sacrifice himself for the beggar, thereby greatly impressing the Brahmin Sakka, who made the pile of coal so that it was like ice.

In the *Mahākapi-Jātaka*, or the Great Ape *Jātaka* (4), the Bodhisattva is born into the life of a monkey who grows to be the leader of a troop of eighty thousand others. One day, the king of Benares<sup>9</sup> discovered the mango tree that the troop of monkeys liked to eat from. When the king saw the Bodhisattva and his troop in the mango tree, he ordered his men to “surround these monkeys that eat the mangoes so that they may not escape, and shoot them: tomorrow we will eat mangos with monkey’s flesh” (3). Seeing that his monkeys, trapped by the king’s archers, were frightened of imminent death, the Bodhisattva said, “Do not fear, I will give you life.” He then quickly made, with a rod of bamboo, a narrow escape route for his troop of monkeys; unfortunately, he had underestimated the length needed to complete the passage, so he used his own body for the last part. At that time, Devadatta<sup>10</sup> was among the eighty thousand monkeys, and on his way out he took the opportunity to crush the Bodhisattva’s back, thereby breaking his

---

<sup>8</sup> The *Jātaka* is a collection of 547 birth stories of the previous lives of Gotama Buddha, which provide significant insight into the fine points of Buddhist ethics and morality.

<sup>9</sup> Benares was a city often frequented by the Buddha and is replaced by modern day Varanasi, located a few miles south of Sarnath.

<sup>10</sup> Gotama Buddha’s maternal uncle, named Suppabuddha, had a son, named Devadatta, who was jealous of the Buddha since his early days. Devadatta tried to kill his cousin several times, ignoring his teachers’ admonitions not to be harsh, cruel, and violent.

heart. Watching all that took place, the king thought to himself, “This animal, not reckoning his own life, has caused the safety of his troop,” and he instructed his seraglio to honor the Bodhisattva with a royal funeral.

A third story, called “The Bodhisattva and the Hungry Tigress,” found in the *Suvarāprabhāsa* (1), relates a tale about a former life of Gotama Buddha similar to that of the *Sasa-Jātaka*. In this fable, the Bodhisattva was born as one of three beautiful princes who came upon a hungry tigress while walking through their gardens one day. On this occasion, the Bodhisattva, as Prince **Mahāsattva**, said,

It is difficult for people like us [to give up ourselves], who are so fond of our lives and bodies, and who have so little intelligence. It is not at all difficult, however, for others, who are true men, intent on benefiting their fellow-creatures, and who long to sacrifice themselves. Holy men are born of pity and compassion. Whatever the bodies they get, in heaven or on earth, a hundred times they will undo them, joyful in their hearts, so that the lives of others may be saved. ...Now the time has come for me to sacrifice myself! ...When I have renounced this futile body, a mere ulcer, tied to countless becomings... I shall win the perfectly pure Dharma-body, endowed with hundreds of virtues. [*Suvarāprabhāsa*]

Filled with compassion for the tigress, **Mahāsattva** made the following vow: “From deep compassion I now give away my body... that enlightenment I shall now gain... Thus I shall cross to the Beyond” (1). He then offered himself as food for the tigress by cutting his throat with a sharp piece of bamboo. These stories illustrate how *bodhisattvas*, out of compassion and without regard to their own lives, virtuously chose to sacrifice themselves for the good of others.

### *Buddhism and Suicide*

Interestingly, it is more common in **Mahāyāna** Buddhism texts to find passages that support the practice of suicide. This relatively more recent form of Buddhism almost encourages the act of giving up one's body as a means of religious sacrifice by teaching that the best form of self-sacrifice is abandoning one's existence. It is taught that to give one's body is better than to give alms, and to burn one's body as an offering is more meritorious than to kindle lamps (15). These **Mahāyāna** teachings, taken from texts such as the *Lotus Sutra*, are understood metaphorically, in general. However, the spate of clerical suicides that marked the last years of the Ngo Dinh Diem regime in Vietnam and contributed to its downfall was probably rooted in the *Lotus Sutra*.

Ancient Indian Buddhism, however, generally forbids suicide for both laypeople and clergy. It is only acceptable for *arhats*, who have already achieved enlightenment, to commit suicide, and then only in specific circumstances, such as self-sacrifice. Although it has been recorded in a few stories that monks, frustrated in their struggle to attain enlightenment, who embarked upon the act of committing suicide, achieved immediate liberation, these are the rare exceptions and not the rule. For most people, Buddhism judges suicide to be immoral because the negative karma associated with it is contrary to achieving enlightenment.<sup>11</sup>

### *Conclusion: Assisted Suicide in Buddhist Theology*

Gotama Buddha explained that the way to enlightenment is the way to end all suffering. With *nirvāṇa* as its goal, the Noble Eight-Fold Path teaches, among other

tenets, the principle of right action (*sammā kammanta*). This principle promotes moral conduct toward others and also toward oneself.

Buddhist scriptures prohibit the taking of one's own life, except in the case of an *arhat*, one who has already achieved enlightenment. The explanation behind this proscription follows the same philosophical grounding that underpins the principle of right action and the Noble Eight-Fold Path leading to *nirvāṇa*. Every thought or action carries with it a certain degree of karmic residue depending upon the nature of the idea or intention. The accumulation of karma influences future events in a causal manner. For instance, if one were to donate generously to a charitable cause, then one would reap the benefits of the positive karmic residues that accompany the donation. Conversely, if one were to steal goods from another, then one would suffer the effects of negative karmic residues sometime in the future, whether it is in this life or the next. Thus, it is advantageous for one's future to avoid the accumulation of bad karma in the present.

The principle of right action teaches the practice of moral conduct, advocating deeds that would be good for one's karma and discouraging deeds that would be bad. In this context, suicide is viewed as a form of self-destruction, a violent extinguishing of human life, and taking one's own life is therefore prohibited. In fact, mutilation of the human body in any form is strongly discouraged in Buddhism (13).

Nevertheless, one could argue that it may be less painful to take one's own life than to suffer through the end stages of certain terminal illnesses, only to leave the present life in a presumably worse condition. That is to say, it might be possible to ameliorate the process of dying by hastening death itself, thereby abbreviating a life not

---

<sup>11</sup> Damien and John Keown agree with this conclusion, arguing that both Buddhist and Christian traditions reject consequentialist patterns of justification and espouse a "sanctity of life" position, which precludes the intentional

worth living. It could further be argued that, in such extreme cases of suffering, suicide might even be helpful to an individual's karma as a means by which to escape the tortures of this life. If suicide could provide a means to avoid the anguish of earthly existence without negative karmic consequences, then it would indeed be advantageous.

In a universe in which everything is interrelated, however, the act of suicide carries the unfortunate karmic repercussions associated with self-destruction. Furthermore, because suicide is inherently one's final action in the present life, the negative consequences are transferred directly to one's next life. Hence, suicide allows one to escape from the suffering of the present life, only to bring one to an equal, or likely greater, state of suffering in the rebirth.

In light of these religious beliefs, it seems reasonable to conclude that assisted suicide, like suicide, is ethically immoral for the Buddhist patient, since it is forbidden implicitly by the central Buddhist doctrine of right action. Perhaps deeper reflection and consideration is needed in the rare case involving a patient who has reached enlightenment. Nevertheless, for the typical patient who, when faced with MDEL, wishes to be guided by the teachings of Buddhism, assisted suicide or any other form of active euthanasia would not be an ethically justifiable option.

---

destruction of human life by act or omission (10). There is, however, disagreement on this subject (14).

## **Addendum**

### Principles of Medical Ethics (1980)

#### *Preamble:*

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility not only to patients, but also to society, to other health professionals, and to self. The following Principles adopted by the American Medical Association are not laws, but standards of conduct, which define the essentials of honorable behavior for the physician.

#### *Principles:*

1. A physician shall be dedicated to providing competent medical service with compassion and respect for human dignity.
2. A physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character or competence, or who engage in fraud or deception.
3. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements, which are contrary to the best interests of the patient.
4. A physician shall respect the rights of patients, of colleagues, and of other health professionals, and shall safeguard patient confidences within the constraints of the law.
5. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.
6. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical services.
7. A physician shall recognize a responsibility to participate in activities contributing to an improved community.

## References

1. 1959. Buddhist Scriptures. Penguin Books, Maryland.
2. 1972. *Canterbury v. Spence*, p. 772, 464 Federal Reporter, vol. 2nd series. U.S. Court of Appeals, District of Columbia Circuit.
3. 1897. The Jataka, Stories of the Buddha's Former Births, vol. 3. Cambridge University Press, Cambridge.
4. 1929. Stories of the Buddha, Being Selections from the Jataka. Chapman & Hall Ltd., London.
5. 1987. *Suicide: Buddhism and Confucianism*. In M. Eliade (ed.), The Encyclopedia of Religion, vol. 14. MacMillan Publishing Company, New York.
6. AMA 1980. Principles of Medical Ethics, p. 9, *American Medical News*.
7. **Belkin, L.** 1993. First, Do No Harm. Simon & Schuster, New York.
8. **Dauids, T. W. R.** 1890. *The Questions of King Milinda*, p. 273-8. In F. M. Müller (ed.), The Sacred Books of the East, vol. 35. Clarendon Press, Oxford.
9. **Harvey, B. P.** 1990. An Introduction to Buddhism: Teachings, history and practices. Cambridge University Press, New York.
10. **Keown, D., and J. Keown** 1995. Killing, karma and caring: euthanasia in Buddhism and Christianity. *J Med Ethics*. **21**:265-9.
11. **Lidz, C., P. Appelbaum, and A. Meisel** 1988. Two Models of Implementing Informed Consent. *Arch Internal Med*. **148**:1385-1389.
12. **Mappes, T. A., and J. S. Zembaty** 1991. Biomedical Ethics, 3rd ed. McGraw-Hill, Inc., New York.
13. **Nakamura, H.** 1978. *Buddhism*, p. 134-8. In W. T. Reich (ed.), Encyclopedia of Bioethics, vol. 1. The Free Press, New York.
14. **Perrett, R. W.** 1996. Buddhism, euthanasia and the sanctity of life. *J Med Ethics*. **22**:309-13.
15. **Poussin, L. d. I. V.** 1928. *Suicide (Buddhist)*. In J. Hastings (ed.), Encyclopedia of Religion and Ethics, vol. 12. Charles Scribner's Sons, New York.
16. **Quill, T. E.** 1993. Death and Dignity. W. W. Norton & Company, New York.

17. **Rahula, W. S.** 1974. What the Buddha Taught. Grove Weidenfeld, New York.
18. **Schumann, H. W.** 1989. Buddhism: An Outline of its Teachings and Schools. Theosophical Publishing House, Quest, Wheaton, IL.
19. **Tachibana, S.** 1926. The Ethics of Buddhism. Oxford University Press, London.
20. **Warren, H. C.** 1992. Buddhism in Translations. Motilal Banarsidass Publishers Pvt. Ltd., Delhi, India.
21. **Wennberg, R. N.** 1989. Terminal Choices: Euthanasia, Suicide, and the Right to Die. William B. Eerdmans Publishing Company, Grand Rapids, MI.