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Is Transhumanism the Solution to Euthanasia?***

SUMMARY

The article concentrates on the question of euthanasia in relation to the emerging life-extension technologies and the immortality industry within the philosophical framework of transhumanism. I begin by sketching the picture of human enhancement and immortality research and industry and pointing to its preliminary assessment of social impact, drawn by Jacobsen (2017)¹. I present immortalism as a specific branch of transhumanism, leading to the rise of postmortal society informed by neohedonism and negative utilitarianism: oriented towards the pursuit of pleasure and minimization of suffering. I ask the question if in the postmortal society the problem of euthanasia will exist. To answer this question, firstly, I briefly present the changes in understanding the notion of a good death; secondly, I discuss the transhumanist approach to euthanasia. And thirdly, I point to the challenges to the biopolitics of death and dying in the postmortal society. The discussion of these areas leads to the conclusion that the problem of euthanasia in the postmortal society will not disappear; rather, it will become more aggravated due to the paradoxical nature of the transhumanist approach to death, personal freedom, autonomy, and dignity.

Keywords: transhumanism, euthanasia, immortality, end-of-life issues.

Introduction

In recent years, the field of biotechnology has been developing rapidly, fueled by the hopes of defeating genetic conditions and the fears connected with the changes in climate and the possible demands of space travel, as well as the everyday pressures

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1 Jacobsen, Michael H., ed., (2017), *Postmortal Society: Towards a Sociology of Immortality*, New York: Routledge.

of the increasing pace of life. Numerous factors have contributed to the rise of the bioethical discussion over the socio-philosophical movement, transhumanism: from alarmist viewpoints of Francis Fukuyama, Leon Kass, Michael Sandel, through more moderate publications of Nicholas Agar and Michael Hauskeller, to radically progressivist stances of Julian Savulescu, Nick Bostrom, Anders Sandberg, John Harris or Aubrey de Grey². Transhumanism aims at the creation of a “posthuman”³, understood in a specific sense, i.e., as a being radically transcending and improving upon the current state of human physical condition with the help of human-directed evolution. The critics of the movement point out depersonalization of the human subject, unequal distribution of biotechnologies, and negative eugenics as the major flaws of the transhumanist project. Francis Fukuyama goes as far as to call it “the world’s most dangerous idea”⁴, and Cardinal Robert Sarah⁵ in his newest book emphasizes that after human, there is no posthuman – there is simply nothing. Similarly, strong condemnation the movement earns from Chantal Delsol⁶.

However, the benefits of biomedical progress are undeniable, and the market value of therapeutic and non-therapeutic uses increases every year. The study of Global Human Enhancement market size by product, performed by Market Intellica⁷ in 2019, demonstrates the steady growth in value of all types of enhancement: wearables, in-built, and others. Another report, Human Augmentation Market⁸, prognosticates a spike in human enhancement technology value from USD 70.9 billion to USD

2 Agar, Nicolas (2014), *Truly Human Enhancement*, Cambridge, MA; MIT Press.; Bostrom, Nick (2005), *The Fable of the Dragon-Tyrant*, <https://nickbostrom.com/fable/dragon.html> (accessed: 04 August 2020).; Bostrom, Nick (2013), Why I Want to Be a Posthuman When I Grow Up, in: More, Max and Vita-More, Natasha, eds. *The Transhumanist Reader*, Chichester, Wiley-Blackwell 2013, 28–53.; De Grey, Aubrey and Rae, Michael (2007), *Ending Aging: The Rejuvenation Breakthroughs That Could Reverse Aging in Our Lifetime*, New York; St. Martin’s Press.; Fukuyama, Francis (2002), *Our Posthuman Future*, New York; Farrar, Straus and Giroux.; Harris, John (2007), *Enhancing Evolution. The Ethical Case for Making Better People*, Princeton; Princeton University Press.; Hauskeller, Michael (2016), *Mythologies of Transhumanism*, London; Palgrave Macmillan.; Kass, Leon (2003), *Beyond Therapy. Biotechnology and the Pursuit of Happiness, A Report of The President’s Council on Bioethics*, New York; Harper Collins.; Sandberg, Anders and Julian Savulescu (2011), The Social and Economic Impacts of Cognitive Enhancement, in: Savulescu, Julian, ter Meulen, Ruud and Kahane, Guy eds., *Enhancing Human Capacities*, Malden, Wiley-Blackwell 2011, 92–112.; Sandberg, Anders (2013), Morphological Freedom: Why We Not Just Want It, but Need It, in: More, Max and Vita-More, Natasha eds., *The Transhumanist Reader*, Chichester, Wiley-Blackwell 2013, 56–64.; Savulescu, Julian (2005), New Breeds of Humans: The Moral Obligation to Enhance, *Reproductive Biomedicine Online*, 10, Supplement 1.; Savulescu, Julian (2019), Rational Freedom and Six Mistakes of a Bioconservative, *The American Journal of Bioethics*, 19 (7), 1-5.

3 More, M., and Vita-More, N., eds., (2013).

4 Fukuyama, Francis (2004), Transhumanism: the world’s most dangerous idea, in: *Foreign Policy*. <http://www.au.dk/fukuyama/boger/essay/> (accessed: 04 August 2020).

5 Sarah, Robert, and Diat, Nicolas (2019), *Le soir approche et déjà le jour baisse*, Paris; Fayard.

6 Delsol, Chantal (2016), *La haine du monde. Totalitarismes et postmodernité*, Paris; Cerf.

7 Market Intellica (2019), *Global Human Enhancement Market Report 2019*, <https://www.marketintellica.com/report/MI63974-global-human-enhancement-market-report-2019> (accessed: 02 September 2019).

8 Markets and Markets (2019), *Human Augmentation Market worth \$206.9 billion by 2024*, <https://www.marketsandmarkets.com/PressReleases/human-augmentation.asp> (accessed: 02 December 2019).

206.9 billion by 2024 globally. Regionally, the most rapid growth is prognosticated for the Asian and Pacific regions, whereas the remaining regions are to witness steady interest in human augmentation. Nevertheless, the key players in the field are US-based companies, like Google or Garmin. The demand for the products from this sector is fueled by the medicalization of the society, the belief in scientific progress, and the cult of youth and fitness, inculcated especially in the Western society. The fear of death and ageing pushes people to invest in various rejuvenating practices and technologies, creating fertile soil for the growth of more experimental strands of transhumanism, like immortalism. This offshoot of the main current aims at the conquest of biological death through stopping the ageing processes, investing in technologies boosting the natural regenerative powers⁹, growing spare artificial bodies, cloning or mind upload to an independent substrate. Some headway is being made in all of these directions, and immortalism was announced in 2019 as one of the most important emerging businesses (up to USD 600 billion in 2025¹⁰).

Immortalism is to give rise to a postmortal society, without ageing, disease, or suffering, in accordance to the precepts of neohedonism, propagated by David Pearce¹¹, a British utilitarian philosopher. He believes in negative utilitarianism, which relays onto his stance towards the introduction of human enhancements: they are good if they minimize human suffering. In 2004 he issued the Hedonist Imperative, and in 2002 he founded the Abolitionist Society, aimed at the fight with death and suffering – a goal converging with those of traditional medicine. The research, driven by the hopes of limiting and finally defeating ageing causes that

“[t]he last few years have witnessed how biologists, by eliminating two genes promoting ageing and limiting diet, created a baker’s yeast capable of living to 800 years (in yeast time) without any negative side effects. We have also seen how Russian billionaire Dmitry Itskov was funding research on inserting human minds

9 Some examples of those are the well-known research on telomerase expression enhancement to slow down cellular ageing processes and the recently published results on teeth regeneration; see: Bugajska, Anna (2019), Will Postmortal Catholics Have “The Right to Die”? The Transhumanist and Catholic Perspectives on Death and Immortality, *Forum Philosophicum*, 24 (2), 424.; Immortality Institute (2004), *The Scientific Conquest of Death: Essays on Infinite Lifespans*, Buenos Aires; LibrosEnRed.; Jacobsen (2017); Shao, Changyu, Jin, Biao, Mu, Zha, Lu, Hao, Zhao, Yueqi, Wu, Zhifang, Yan, Lumiao, Zhang, Zhisen, Zhou, Yanchun, Pan, Haihua, Liu, Zhaoming, and Tang, Ruikang (2019), Repair of tooth enamel by a biomimetic mineralization frontier ensuring epitaxial growth, *Science Advances*, 5 (8).

10 Robitzski, Dan (2019), Major Bank: the Immortality Industry is the Next Hot Investment, in: *Futurism.com*, <https://futurism.com/the-byte/venture-capitalists-immortality-investment> (accessed: 28 December 2019).

11 Pearce, David (2004), *The Hedonistic Imperative*, <https://www.hedweb.com/hedab.htm> (accessed: 04 August 2020); Pearce, David (2007), *The Abolitionist Project*, <https://www.abolitionist.com/> (accessed: 04 August 2020); Pearce, David (2017), *Can Biotechnology Abolish Suffering?* The Neuroethics Foundation, Kindle Edition.

into the everlasting artificial bodies of cyborgs. In 2011, a Time magazine cover story boldly proclaimed: ‘2045: The Year Man Becomes Immortal.’¹²

In 2013, Time’s cover asked the frequently cited question: “Will Google Solve Death?” This question may be rephrased for the purposes of the present article. The institution of the new, postmortal society, even theoretical for now, creates high hopes for not only an average person, looking forward to the infinite health span, but also for bioethicists and medical practitioners struggling with the problem of euthanasia, most often understood as voluntary or non-voluntary assisted death in the face of intractable suffering¹³. If there was no ageing or suffering, would there be a cause to take one’s or somebody else’s life? To answer this question in the subsequent sections, I am going to explore the following areas: the evolution of the concept of euthanasia, the transhumanist attitude to euthanasia, and the challenges stemming from immortalism and the rise of the postmortal society. This should allow to formulate an answer to the question, if today’s end-of-life issues, particularly euthanasia, can be solved by the implications from transhumanism, and, if so, whether this movement should be supported.

Euthanasia

Although the word ‘euthanasia’ seems to be universally understood, there exist many classifications, approaches, and definitions. The general agreement seems to be that euthanasia is the choice of death in the face of intractable suffering, whether physical or psychical. Most of the time, the voluntariness of choice is implied in the definition; however, non-voluntary euthanasia is also subject to debate, especially in the cases of people in a terminal or vegetative state where they are unable to express their own wishes, and assumptions are made for them by legal guardians, close family or doctors in charge of the cases.¹⁴ The contemporary understanding of euthanasia, then, is firmly associated with suffering, with the concept of a life not worth living and the 18th-century notion of self-ownership. However, euthanasia has been conceptualized differently throughout history, with a definite shift coming in the course of the Early Modern Era (c. 1500-1815). Further significant changes shaping the debate over euthanasia took place in the twentieth century, together with the rise of totalitarianism, like Nazi Germany, and the development of science and

12 Jacobsen, Michael H. (2017), Introduction: Towards a Postmortal Society, in: Jacobsen, Michael H. ed., *Postmortal Society: Towards a Sociology of Immortality*, New York; Routledge 2017, 1-18.

13 This, of course, can be further profiled and clarified, making a distinction between voluntary, involuntary, and non-voluntary death, as well as assisted suicide. See, e.g. McDougall, Jennifer F. and Gorman, Martha (2008), *Euthanasia: A Reference Handbook*, Santa Barbara; ABC-CLIO.

14 McDougall, J. F., Gorman, M. (2008).

medical technology (for instance, providing the possibility to prolong the patient's life with artificial nutrition and mechanical ventilation).

In Ancient Greece, good death was strongly linked to the concept of ideal human (*kalokagathia*) and corresponded to different values, like bravery in battle or the love of one's country. Further, the goodness of death was dependent on the quality of life that led to it, i.e., it would be the end of a virtuous, fulfilling, or successful life. Therefore, if life would not be meaningful or would entail falling from virtues, the escape from such a life could be seen as "good". However, such a solution was perceived as the last resort¹⁵. In this context, we can mention, for example, Plato, who expressed his views on good death in his works, such as *Laws*, *Republic* and *Phaedo*¹⁶. In the face of ineffective treatment, it would be understandable not to prolong therapy and allow the patient to die. However, at the same time, the philosopher clearly states that committing suicide or helping to commit suicide when the circumstances are not desperate is not acceptable. He even claims that in contradistinction to laymen, doctors should have special responsibility before the law. "A man who poisons someone so as to cause injury that is not mortal either to the man himself or to his human beings, or so as to cause a mortal or other injury to his livestock or beehives, if he should happen to be a doctor, and should be convicted in a trial for poisoning, is to be punished with death"¹⁷. It can be claimed that whereas passive euthanasia would perhaps be acceptable by Plato, the active one would be strictly forbidden.

The Ancients, though, did not use the term 'euthanasia' as a separate category; this was introduced by Francis Bacon in the 17th century¹⁸. At that time, it was understood rather as a type of palliative care; the focus was on alleviating the suffering of a terminally ill person and providing assistance at the end of life, especially when one cannot take care of oneself. As such, euthanasia would not specifically target the weak, the mentally disabled, or terminally ill as ones who should be forcefully removed from the society; such an understanding came in only later, especially in connection with 20th-century totalitarianism. As McDougal and Gorman¹⁹ write, "Hitler's actions forever changed the meaning of the word euthanasia." The horrors of euthanasic actions, connected with disposing of the weak and unproductive members of the society, resulted in a powerfully negative approach to the notion of

15 Montaguti, Elena, Jox, Ralf, Zwick, Elizabeth, and Picozzi, Mario (2018), From the concept of "good death" in the ancient world to the modern concept of "euthanasia", *Medicina Historia*, 2 (2), 104-108.

16 Plato (2011), *Meno and Phaedo*, Cambridge; Cambridge University Press.; Plato (1991), *The Republic*, Basic Books.; Plato (1988), *The Laws of Plato*, Chicago; University of Chicago Press.

17 Plato (1998), 336.

18 Bacon, Francis (2000), *The New Atlantis*, Project Gutenberg.; Bacon, Francis (1893), *The Advancement of Learning*, London, Paris, Melbourne: Cassell & Company, Project Gutenberg.

19 McDougal, J.F., Gorman, M. (2008), 5.

euthanasia and its condemnation by the general public. However, the developments within the field of life-prolongation technologies opened new perspectives on the problem of assisted death. The difficulties connected with life in a vegetative state or being heavily dependent on mechanical support provoked the discussion on the individual choice of ending suffering as part of the patient autonomy debate. Gorsuch calls it the new “euthanasia movement,”²⁰ utilizing the image of prolonged suffering to juxtapose it with the quick end.

Further, the development of a value system emphasizing strength, intelligence, physical beauty, etc., over life itself, and the powerful feeling of meaninglessness and absurdity of life after the two World Wars, provoked the remodeling of the concept of “good death.”²¹ As frequently cited, Camus would say, after the Wars, “[t]here is only one serious philosophical problem, and that is suicide.”²² Human life had to be legitimated and given a reason: otherwise, it might appear not worth living. Often, it started to be seen as part of a biopolitical plan for society. As D’Agostino²³ claims, humans started to be perceived in functionalist terms – not as living but socially desirable or acceptable.

The conceptualization of euthanasia, therefore, is predicated on the changing anthropology, axiology (the understanding of what “good” constitutes), and ideas about life and death. It is also connected with what is understood as health. As Ernst Bloch²⁴ suggests, the social construction of health led to various definitions: in Antiquity, it was the ability to enjoy life, in the Middle Ages, it referred to spiritual health (“dying for God and in God”²⁵), and currently, it is understood as being productive or functional in society. In the same manner, the transformations of the concept of euthanasia would be related to respective spheres: good death could be the one that delivers one from unfulfilling life, that allows retaining spiritual health, or that rids the society from an unproductive member. The definition of what constitutes “good” in the understanding of euthanasia as “good death” would directly relate to the axiological system of a particular society or a particular individual. Currently, in part of the discourse surrounding euthanasic practices,

20 Gorsuch, Neil M. (2006). *The Future of Assisted Suicide and Euthanasia*. Princeton, Oxford; Princeton University Press, 38.

21 McDougall, J.F., Gorman, M. (2008).

22 Camus, Albert (2013), *Le Mythe de Sisyphe*, in: Camus, Albert, *Oeuvres*, Paris, Gallimard 2013, 255.

23 D’Agostino, Francesco (2007), Le Prospettive della biopolitica, in: *Rivista di studi politici*, 4, 65-83.

24 Bloch, Ernst (1995), *The Principle of Hope*, Vol. 2, Cambridge, MA; MIT Press, 465-466.; see also Bauman (1992).

25 Montaguti, E. et al. (2018), 105.

the “good” is replaced with the phrase “with dignity”²⁶, raising discussion over the equivalence of these two concepts.

Transhumanism and euthanasia

Transhumanism’s answer to the problem of euthanasia seems straightforward; however, on a closer look, it reveals its ambiguity and paradoxicality. The most often cited stance is the one of Nick Bostrom, a Swedish philosopher, currently the head of the Future of Humanity Institute in Oxford. In his famous essay on death as a “dragon-tyrant,”²⁷ he presents death as a monster, combining the mythical representation of ultimate evil or Satan, that is to be combated by the new Saint George or another hero, with the imagery familiar from the concentration camps (human sacrifice delivered to the dragon by trains). In this way, he makes a case for opposing death in all forms – that is, also the process of ageing, illnesses, suffering, etc. It seems, therefore, that transhumanism should oppose euthanasia. In fact, elsewhere²⁸, Bostrom claims that not only the fact of death is abhorrent, but even the wish to die signifies mental imbalance and should be cured.

Nevertheless, the Swedish philosopher stated in 2001 (and seems not to have changed his opinion) that

“The transhumanist position on death is clear and simple: death should ideally be voluntary. This means, on the one hand, strongly favoring research into human life-extension (or more exactly: human health-span extension), and on the other hand, it means advocating the right to voluntary euthanasia. The usual provisos apply – that the decision to end one’s life should be well-considered and informed and not result of a momentary fit of madness etc. – but the basic principle that the individual should normally have the right to decide this most personal question, when to end her own existence, is fully affirmed. Transhumanists also find nothing wrong with another person voluntarily agreeing to help out in the act; so voluntary assisted suicide is also okay. The importance of the right to end one’s life may become even more important if the aging process is one day decelerated or stopped.”²⁹

This stance seems to be the defining one for the whole movement. Max More echoes this, saying that “as long as we have to die, it is not possible for us to live a meaningful

26 Misseri, Lucas E. (2012), *Morir en Utopía: Tomás Moro y la eutanasia*, in: Assalone, Eduardo and Bedin, Paula eds., *Bios y Sociedad I. Actas de las I Jornadas Interdisciplinarias de Ética y Biopolítica*, Universidad Nacional de Mar del Plata 2012, 424.

27 Bostrom, N. (2005).

28 Bostrom, N. (2013), 34.

29 Bostrom, Nick (2001), *Transhumanist Values*, <https://www.nickbostrom.com/tra/values.html> (accessed: 29 August 2019).

life.”³⁰ The emphasis, though, is not on the fact of dying but on the involuntariness of this act. Allen Buchanan, in his book *Better Than Human*³¹, lists the ailments of the post-reproductive period, like osteoarthritis or neural degeneration, which are passively accepted by the society and, importantly, the medical community, not really attempting to cure those malfunctions which at a younger age would be considered illnesses and merit attempts at treatment. According to him and many others, the choice not to try to prolong the health span after the reproductive period results from being “shackled” by the forces of evolution. He establishes a metaphor putting unenhanced humans in the position of slaves, echoing Pearce’s “abolition” of ageing and suffering and reverberating powerfully with especially American past. As Buchanan sees it, the problem is not in the very fact of the existence of ageing or malfunctions of organisms, but the lack of intentionality and the limitation of agency of people by “blind” forces of evolution.

To sum up, transhumanism is a philosophy that emphasizes one’s freedom to act, which influences the understanding of the concept of euthanasia. John G. Messerly, in “Death Should Be Optional”, states clearly that the decision of whether to take the “immortality pill” should remain in the capacity of an individual. He adds immediately that the pill “would be widely popular! (Consider what people spend on vitamins and other elixirs on the basis of little or no evidence of their efficacy.)”³² The freedom seems to concern only the choice of infinite lifespan, not the choice of euthanasia. Here, the “goodness” would be the expression of individual free will; however, it clashes with the transhumanist understanding of death. To investigate this paradox more fully, the challenges of immortalism – addressed by Bostrom in the last sentence of his stance on euthanasia, must be defined and commented upon.

The challenges of immortalism

The best-known proponents of immortalism are Aubrey de Grey³³ and Raymond Kurzweil³⁴. They propose achieving immortality on the way of human enhancement, whether by modifying human biological makeup or by recording human consciousness

30 Hauskeller, M. (2016), 136.

31 Buchanan, Allen (2011), *Better Than Human: the Promise and Perils of Enhancing Ourselves*, Oxford; Oxford University Press, 32.

32 Messerly, John G. (2014), Death Should Be Optional, in: *Institute for Ethics and Emerging Technologies*. <https://ieet.org/index.php/IEET2/more/messerly20141106> (accessed: 15 April 2018).

33 Oliveira, Victoria de (2019), Aubrey de Grey. Mort á la mort! In: *Philosophie Magazine*, <https://www.philomag.com/lactu/portraits/aubrey-de-grey-a-mort-la-mort-37308> (accessed: 20 December 2019); Immortality Institute (2004).

34 Kurzweil, Raymond (2006), *Singularity Is Near*, London; Duckworth Overlook.

in a digital form, and uploading it to an independent substrate, imagined most often as a computer or a mechanical body. While both options seem to belong to the realm of science-fiction, nevertheless, the technologies and lifestyles are being pursued by different startups and individuals³⁵, and this very real pursuit of immortality gave rise to philosophical and biopolitical reflection on the management of a postmortal society. As Jacobsen³⁶ notices, the very name “postmortalism ... obviously suggests that there *is* something *after* mortality, something that succeeds death and that death is therefore no longer the last sentence.” (emphasis original) The most frequent challenges to postmortalism, recognized by various thinkers³⁷, are: overpopulation, loss of the meaning of life and the resulting malaise, and trivialization of life, leading to objectification and instrumental treatment of human beings.

Even nowadays, with a world population of around 7.8 billion, the world is perceived as overpopulated, which makes the tasks such as sustaining the population, equal distribution of goods, or environmental care increasingly complex. The drive to prolong health span not only would necessitate more resources, thus impacting directly on the natural environment, but also would introduce imbalance between human species and other species, and would threaten the generation replacement patterns as well as mark an end to unintentional evolution. The lack of solutions to those problems prompts alarmist imaginations, like the one of José Saramago, who in his 2005 novel *Death with Interruptions* envisions the society in which the decision about the death of others is made on the basis of their social functionality and state of health. It is one of many scenarios ensuring sustaining the population, ideas ranging from space conquest, through installing an artificial biological clock, to killing off a statistical quota of people per period of time. The power of this argument stems from two sources: one, usually not including the prolonged health span and the developing reproductive technologies into the equation; and two, imposing limitation of resources, that is: excluding the possibility of space travel. To avoid the disastrous consequences of overpopulation, transhumanists usually support simultaneous research in general regenerative medicine and into the cosmic industry, or simply call bluff on the argument deriving from *The Population Bomb* (1968

35 Like e.g. James Strole, Ray Kurzweil, Marios Kyriazis, Aubrey de Grey. See Immortality Institute (2004), *The Scientific Conquest of Death: Essays on Infinite Lifespans*. Buenos Aires; LibrosEnRed; Moshakis, Alex (2019), How to live forever: meet the extreme life-extensionists, in: *The Guardian*. <https://www.theguardian.com/global/2019/jun/23/how-to-live-forever-meet-the-extreme-life-extensionists-immortal-science> (accessed: 29 December 2019); Oliveira, V. d. (2019), <https://www.philomag.com/lactu/portraits/aubrey-de-grey-a-mort-la-mort-37308>; Regalado, Antonio (2019), The Transhumanists Who Want to Live For Ever, in: *MIT Technology Review*, <https://www.technologyreview.com/s/614078/transhumanists-live-forever/> (accessed: 20 December 2019).

36 Jacobsen, M. H. (2017), 9.

37 Bauman, Zygmunt (1992). *Mortality, Immortality and Other Life Strategies*, Cambridge; Polity Press. Bostrom, N. (2013); Hauskeller, M. (2016); Immortality Institute (2004); Jacobsen, M. H. ed. (2017). More, M., Vita-More, N., eds. (2013).

[1970]). As Max More³⁸ commonsensically states: “The population growth rate is determined by how many children we have, not how long we live.” However, it needs to be admitted that the thoughts of self-limitation of the population appear even today, together with the prolonged lifespan, and may lead to the actual state-driven population control, the mechanisms and dangers of which were recently described in *Empty Planet* (2019) by Bricker and Ibbitson.

Death is often seen as an end to a particular human life, providing it with structure and meaning. As Jacobsen³⁹ calls it, it is the Great Humanizer. Zygmunt Bauman⁴⁰ goes as far as to claim that the whole of human culture is an effort to deny the futility of people’s plans and dreams in the face of the necessity of death. On the one hand, it is an orientation point, allowing for the evaluation of life; on the other, it seems that it enables the spiritual, psychological, and social growth of humans. No need to die would then have a double effect. Firstly, it would deprive people of an ultimate goal and force them to create ever new purposes, which would demand infinite creativity and space for discovery and movement. Secondly, cultural production would no longer be oriented towards perpetuating one’s being in the form of art, retaining memory about somebody, turning attention from death and suffering through entertainment, or trying to familiarize death to the audience. If one should accept the radical version of Bauman’s claim, immortality would mean the end of cultural production. Such alarmist visions repeatedly appear in fiction; however, they are contested by transhumanists who believe in the extropian philosophy of Max More, where extropy means “never-ending movement toward an ever-distant goal”⁴¹. Such transhumanist affiliates as Damien Broderick or Nick Bostrom subscribe to the view that immortality will open ever new possibilities, and thus there will be no place for boredom or malaise.

Finally, one may consider the problem of instrumentalization of surplus or unenhanced people. The foundations for the claim of the future maltreatment of those who do not choose to be enhanced or that otherwise do not meet the criteria of a perfectly healthy and immortal society can be found in the abhorrence of the body as such in the transhumanist thought. As we can read in Treder’s essay in *The Scientific Conquest of Death*⁴², the body is considered “weak, inefficient, fragile, and short-lived,” resulting

38 More, Max (2004). Superlongevity Without Overpopulation, in: Immortality Institute, *The Scientific Conquest of Death*, Buenos Aires; LibrosEnRed 2004, 171.

39 Jacobsen, M. H. (2017), 1.

40 Bauman, Z. (1992).

41 More, Max (2013), The Philosophy of Transhumanism, in: More, Max, and Vita-More, Natasha, eds. *The Transhumanist Reader*, Chichester; Wiley-Blackwell 2013, 14.

42 Treder, Mike (2014), Emancipation from Death, in: Immortality Institute, *The Scientific Conquest of Death*, Buenos Aires, LibrosEnRed 2004, 190.

from a “loathsome and cruel trick.” The disgust and horror of weakness and illness, permeating transhumanist literature, allow us to suspect that those who do not meet the criteria for strength and health would be removed, like in Saramago’s novel. A serious question, if functional immortality should be obligatory for everyone, is part of a bigger consideration about the morphological rights of humans within the notion of self-ownership. To what degree can an individual enhance himself or herself? What procedures should be legalized, or: should any of the emerging technologies be made illegal? These questions are currently debated, and no clear answers emerge. The technologies of immortality may lead to the production of surplus bodies or people that will need to be managed within the biopolitical social plan, and a chance that they will be abused, treated as resources or spare parts is considerable. The fragile and imperfect have no place in hedonistic paradise: their lives are worth living, from the social point of view, only if they inscribe in the overarching assumptions about health and functionality. If, for instance, a person develops an incurable disease or falls into a coma, the social costs of keeping such a person alive would find no justification within the transhumanist framework. The obvious answer to these concerns, on the transhumanist part, is one from beneficence: suffering and death are considered evil; thus, no one can willingly choose or make others choose these options. If there would be no other means to remove suffering but to remove the suffering people, it would seem to be the only choice.

Some of the doubts and challenges that appear while reflecting on euthanasia in the postmortal world are non-specific to the transhumanist conception of death, but relate to the general end-of-life issues such as the economic context, differentiation between suicide and euthanasia, side effects problem, individual autonomy, etc. However, the extreme conditions of biological immortality would make those problems more acute. As transhumanists claim, all deaths should be voluntary – but will they be? Even nowadays, it is a doctor who may recommend euthanasia and supply means to perform it. The issue is not understood to concern the patients in a persistent vegetative state, i.e., unconscious, but rises over those that are conscious and suffering from terminal or severe disease. Apart from the issues relating to external or internal pressures, like coercion by others, mental illness or severe pain, limiting individual autonomy, there are also other factors, like best interest or the right to self-expression.⁴³ In the liberal state, as Gorsuch⁴⁴ argues, the respect for individual autonomy and state neutrality would lead to the legitimization of non-voluntary euthanasia, at least in certain manners.

43 Gorsuch, N. M. (2006), 98.

44 Ibid.

What is then the transhumanist understanding of individual freedom and autonomy? These two can be considered separately, but in the transhumanist texts, they often overlap. We could speak of at least three varieties (More's, Sandberg's, and Bostrom's), although there is no consensus or one unified concept of autonomy in the transhumanist project. One of the conceptions of freedom has to do with Max More's extropy principle⁴⁵ and assumes the maximization of choices and options, among them: the choice of death and its manner. Anders Sandberg's morphological freedom⁴⁶ underscores the right to one's body and its modification, although not necessarily to death, but far-reaching changes. Similarly, the argumentation of Bostrom⁴⁷ is grounded in libertarianism, and he upholds the right to die as the expression of the self-ownership principle. Autonomy here would be a prerequisite of dignity and for the right to one's own life. Consequently, the loss/limitation of autonomy in the cases of deep old age, dementia, tetraplegia, and similar ones, would result in the loss/limitation of dignity. Dignity is understood here as reserved only for the fittest – it is acquired by the exercise of free choice by the abled: the disabled do not have this choice. This creates a challenge for the transhumanist idea: apparently, some groups are by definition deprived of dignity, and their right to self-ownership as autonomous individuals is violated. Once deciding that a patient in a coma is not autonomous or is a non-person, family, doctors, in the future conceivably artificial intelligence, take over the decision-making process and legal custody. The assistance of third parties in the process of defining what health is, and what autonomy and dignity are, ultimately puts to doubt the freedom of choice in this matter and complicates the postmortal utopia. In a perfect future, the free choice of death is impossible⁴⁸.

The foreseeable result is akin to the famous *Catch-22*. In Heller's novel⁴⁹, the pilots in the army can save their lives if they claim mental illness. This would relieve them from their duties. However, the application process proves one's sanity; besides, the attempt to save one's life also signifies healthy instincts. Therefore, the applicant cannot be relieved from duty. This can be rephrased to formulate a *Catch-22* of transhumanist paradise:

45 More, Max (1993), *The Extropian Principles*, <http://www.aleph.se/Trans/Cultural/Philosophy/princip.html> (accessed: 04 August 2020).

46 Sandberg, Anders (2013), *Morphological Freedom: Why We Not Just Want It, but Need It*, in: More, Max and Vita-More, Natasha eds. *The Transhumanist Reader*, Chichester, Wiley-Blackwell 2013, 56–64.

47 Bostrom, N. (2001).

48 Bostrom, N. (2013).

49 Heller, Joseph (1999), *Catch-22*, New York; Simon and Schuster.

1. All persons wishing to die should have the right to voluntary death, i.e. autonomous decision, not limited by ageing, suffering, mental illness (depression), etc.
2. However, any person expressing a wish to die is not sane.
3. Therefore, they cannot be granted the right to die.

Transhumanist freedom to die is then caught in a legislative paradox, legitimizing underhanded practices of power groups. A shortened version of Heller's Catch-22 discloses the darker dimensions of military politics: "Catch-22 says they have a right to do anything we can't stop them from doing."⁵⁰ – in fact, this holds true also for biopolitics. The management of "life itself," as Nikolas Rose⁵¹ puts it, would also mean the management of death: the decision of who dies, when, and how would be externalized. The answer to the who, when, and how seems, for now, equally unclear as it was for Nietzsche⁵²: in *Thus Spoke Zarathustra*, he writes about voluntary death that comes when he wants it. The German philosopher tries to delimit the individual freedom with the categories of "heir" and "goal," appealing to the beneficence towards next generations and the deontological obligations resulting from chosen goals in life; nevertheless, he does not specify them. However, these two categories seem to inform and give grounds for the discussion of the value of death in the postmortal society.

To escape the logical dead end, which leads to the curtailing of individual autonomy, transhumanists would have to define what would "good death" mean in a postmortal society. To achieve this, they could use the notion of the "heir," and define the good as the good of the next generations. Still, a question arises if the type of altruism presented by, for example, the supporters of VHEMT⁵³, is a healthy attitude towards death. Giving up one's life not to use up resources is appalling enough: making sure that others, like small children or weaker members of society, do not use them up seems even worse. The category of "goal" within the extropian framework would never arrive at sufficient determinacy as to legitimize taking one's life. In the assumptions of Max More and Nick Bostrom, creativity is infinite and ambition boundless. It is unlikely that the "goal" will ever be achieved unless it is arbitrarily decided and/or socially constructed.

Further, transhumanists would have to refine the differences between physical death and personal death and provide reasons that would override the overall obligation to

50 Ibid., 375.

51 Rose, Nikolas (2008), *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton, N.J.; Princeton University Press.

52 Nietzsche, Friedrich (2006), *Thus Spoke Zarathustra*. Cambridge; Cambridge University Press.

53 Voluntary Human Extinction Movement: a movement encouraging people not to reproduce for the good of the environment. <http://www.vhemt.org/>.

live. In one of the scenarios they propose, human consciousness could be effectively digitalized, stored, and copied, so not every destruction of the body, even the brainstem, would be understood as personal death. As long as the consciousness is revived in another “container,” this is only a physical death that may happen any number of times without actually ending one’s existence. Thus, performing a euthanasic practice on the organic part of a human person would only be a form of symbolic death, a public statement. Citing Nietzsche⁵⁴,

“Everyone regards dying as important; but death is not yet a festival. As of yet, people have not learned how to consecrate the most beautiful festivals.

I show you the consummating death that becomes a goad and a promise to the living. The consummated one dies *his* death, victorious, surrounded by those who hope and promise.

Thus one should learn to die; and there should be no festival where such a dying person does not swear oaths to the living!

To die thus is best; second best, however, is to die fighting and to squander a great soul.”

Nietzsche, then, distinguishes between two types of “good death”: one, being surrounded by friends, celebrated and feted, and second, death in battle. Both, however, are united in that they become a sign and a message to the living. The German philosopher writes that “death is not yet a festival.” In the future, though, it might be. Considering that the real death would be rare on the personal level, the death of the body, physical one, would acquire new dimensions within the axiology reposing on pleasure or aesthetic experience of what is sublime or beautiful. Thus, martyrdom or sacrifice could perhaps be considered good, but so would art or fashion statements, depending on the communicative power and social impact.

In economic terms, the goodness of death could be considered in relation to distributive justice and sustainability. Distributive justice would require equal access to immortality technologies – but also to death technologies. There could be more or less viable means of euthanasia. Some types of death, like today, would be considered to be not dignified, depending on the individual’s economic status. What is more, the valence of life in the postmortal society would have to be measured according to sustainability. If death benefits the largest number of other community members or diminishes the overall sum of suffering, it would answer the demands of the underlying philosophies of immortalism, and can be perceived as a certain good. If somebody’s life is economically unviable, euthanasia might be proposed as a solution for the system or an individual. Choosing death because of lack of resources or choosing a particular type of death because it would be cheaper, would be types of

⁵⁴ Nietzsche, F. (2006), 53.

death one would not consider fully in accordance with the precepts of the postmortal paradise, but might appear to be a valid choice considering altruistic sacrifice, e.g., for one's family. All types of abuse of these possibilities can be imagined, e.g., in terms of life insurance⁵⁵.

What poses significant difficulties is the fact of the individual, autonomous and – necessarily – subjective choice of death, mentioned as a condition by transhumanists, and also figuring in *Thus Spoke Zarathustra*. The subjective decision is not disinterested: it is influenced by emotions, personal relationships, religious views, ideologies, etc. It is difficult to assess how many of these factors would be accepted by the postmortal society. Transhumanists definitely do not treat malaise, psychical suffering, trauma, or loneliness as valid reasons to choose death. Instead, they see these states as illnesses to be cured, whether pharmacologically or surgically, or at the very least through relaxation techniques. This external legitimization of certain emotions and the banishment of others, which may cause broader social dissent and imbalance on a greater scale, clashes with the celebration of individual autonomy and the right to be oneself (and experience personal emotions). This difficulty is often dismissed, and doubts about the pleasure totalitarianism of the future are not satisfactorily answered.⁵⁶

In connection to the rise in importance of non-moral factors in the choice of death and the difficulties they occasion in terms of institutionalization and regulation, it is worth reminding that Steve Fuller addressed the problem of apparent trivialization of the future life in the event of discovering the means to reverse death. He says that this is “significant because strong normative attitudes against murder and extinction are due largely to the putative irreversibility of these states.”⁵⁷ Therefore, the rise of euthanasic culture and policy would create the need for new legal solutions, not only on the general social level but first in health care. What would it mean for clinical bioethics? For medical practitioners? Would they be obligated to provide the patients with lethal means, or would they be obligated to forcefully “cure” them from the “abnormal” longing for death? What would become of the groups that do not accept

55 Of course, it should not be assumed that the economic factors are to be considered in real-life conditions in isolation from other aspects that constitute human life and make it valuable. A problem arises when a healthy and conscious individual wishes to obtain assistance in his or her suicide. Gorsuch writes, “There will also always be at least some people for whom assisted suicide is physically impossible and other persons who have scruples against committing suicide but none against euthanasia” (Gorsuch N. M., (2006), 95). One can imagine that in the postmortal world, the means to commit suicide will be severely limited for a reason given by Bostrom – that such an individual would be considered ill. The control over who dies and when seems to lie at the core of the postmortal project.

56 Bugajska, A. (2019), 424.

57 Fuller, Steve (2017), Value Conflicts Surrounding the Meaning of Life in the Trans/Post/Human Future, in: *Institute for Ethics and Emerging Technologies*. <https://ieet.org/index.php/IEET2/more/Fuller20170220> (accessed: 12 September 2019).

the naturalist anthropology on which most postmortal visions are predicated? Will letting die be understood as the “violation of the standard of care”?

For health care, it means that the first step – or one of the first steps – to the transhumanist paradise is the legalization of self-inflicted death and physician-assisted suicide or euthanasia in general, based solely on the wish expressed by an individual, unsubstantiated by any medical conditions. Although it would seem that transhumanists’ propositions would bring about the end of hospitals and physician-assisted euthanasia, it is to the reverse, at least for two reasons. The first one is the respect for individual autonomy; the second: the change in the relationship between doctor and patient, and redefinition or abandonment of care as one of the goals of health care. It is proposed that a form of “consensual homicide” be accepted, in which all rational adults, be they terminally ill or simply looking for amusement, are treated equally⁵⁸. It raises doubts about the physicians’ role: could they still be called doctors or rather licensed killers? In the cases of uncertainty as to consent or wish, the performers of euthanasia would probably find themselves considering utilitarian and/or contractual obligations, calculating the costs of new bodies and of providing further care. One can assume that with exchangeable organic parts, the human body will experience devaluation and care for one particular “model” would simply not pay off. The limits of psychiatric care would also have to be discussed: would it only extend to the care for neurotransmitters and neurons? The general standard of care would depend on defining what care means – as of today, as Puig de la Bellacasa states, “while ways of caring can be identified, researched, and understood concretely and empirically, care remains ambivalent in significance and ontology.”⁵⁹

Conclusions

As can be concluded, the acceptance of transhumanist propositions would not end the problem of euthanasia – if anything, it would make it more aggravated. However, its face would change. The notion of the right to die would become problematic, caught in a paradoxical understanding of dignity as autonomy. The division into physical and personal death implies redundancy of the body and non-holistic anthropology. Instead of curing illnesses and tending to persons, we would arrive at the body maintenance and/or replacement industry, entangled in the web of economic dependencies, with the doctor-patient relation replaced by provider-client one, regulated by contractual ethics. Today’s health care providers could become both

58 Gorsuch (2006), 98. The author mentions the case of consensual cannibalism as an instance of death for amusement (Gorsuch, 2006, 100-101).

59 Puig de la Bellacasa, Maria (2017), *Matters of Care: Speculative Ethics in More Than Human Worlds*, Minneapolis; University of Minnesota Press, 1.

“merchants of immortality” and “merchants of death”. The transformation from care to contract would mean treating death and life in terms of business: even now, they are becoming commodities (e.g., surrogate motherhood, suicide tourism). Further steps in this direction would necessitate specific regulations of, e.g. reimbursed euthanasic services, death tax, detailed definition of non-criminal manslaughter and on-site procedures, also in the case of unconscious patients, minors, and others whose consent could only be guessed. In fact, whole societies would be treated as not autonomous enough to decide for themselves – likely the decision in such cases would belong, like today, to third parties with their own agendas. As Huxley envisioned it, “[d]eath conditioning begins at eighteen months. Every tot spends two mornings a week in a month in a Hospital for the Dying. All the best toys are kept there, and they get chocolate cream on death days. They learn to take dying as a matter of course.”⁶⁰

Euthanasia would continue to mean a good death: however, its “goodness” would depend on the axiological system accepted by future societies. The right to die and suffer would in a postmortal society rise to the level of a serious fault line between people of different beliefs and operating from within different anthropological systems. The reflection on what good death constitutes in, what means and motivations make it permissible will perhaps be more imminent than today.

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⁶⁰ Huxley, Aldous (2008), *Brave New World*, New York; Random House, 142.

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Je li transhumanizam rješenje za eutanaziju?

SAŽETAK

Članak se bavi pitanjem eutanazije u odnosu na nove tehnologije produženja života i industriju dugovječnosti u filozofskom okviru transhumanizma. Rad započinjem ocrtavanjem slike istraživanja o poboljšanju čovjeka i njegove dugovječnosti, ukazujući na preliminarnu procjenu društvenog utjecaja tih istraživanja koju je izradio Jacobsen (2017.). Predstavljam besmrtnost kao specifičnu granu transhumanizma, koja dovodi do uspona postmortalnog društva utemeljenog na neohedonizmu i negativnom utilitarizmu: orijentiranom na potragu za užitkom i minimaliziranje patnje. Postavljam pitanje hoće li u postmortalnom društvu uopće postojati problem eutanazije. Da bih odgovorila na ovo pitanje, prvo ukratko predstavljam promjene u shvaćanju pojma dobre smrti; drugo, raspravljam o transhumanističkom pristupu eutanaziji i treće, ukazujem na izazove biopolitike smrti i umiranja u postmortalnom društvu. Rasprava o tim pitanjima dovodi do zaključka da problem eutanazije u postmortalnom društvu neće nestati, nego će se pogoršati zbog paradoksalne prirode transhumanističkog pristupa smrti, osobnoj slobodi, autonomiji i dostojanstvu.

Cljučne riječi: transhumanizam, eutanazija, besmrtnost, pitanja kraja života.