



Dowie, S. (2020) What is suicide? Classifying self-killings. *Medicine, Health Care and Philosophy*, 23, pp. 717-733. (doi: [10.1007/s11019-020-09964-1](https://doi.org/10.1007/s11019-020-09964-1)).

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Deposited on: 09 October 2023

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## What is Suicide?: Classifying Self-Killings

### Abstract:

Although the most common understanding of suicide is intentional self-killing, this conception either rules out someone who lacks mental capacity being classed as a suicide or, if acting intentionally is meant to include this sort of case, then what it means to act intentionally is so weak that intention is not a necessary condition of suicide. This has implications in health care, and has a further bearing on issues such as assisted suicide and health insurance. In this paper, I argue that intention is not a necessary condition of suicide at all. Rather, I develop a novel approach that deploys the structure of a homicide taxonomy to classify and characterise suicides to arrive at a conceptually robust understanding of suicide. According to my analysis of suicide, an agent is the proximate cause of his death. Suicide is 'self-killing,' rather than 'intentional self-killing.' Adopting this understanding of suicide performs several functions: 1) We acquire an external standard to assess diverging analyses on specific cases by appealing to homologous homicides. 2) Following such a taxonomy differentiates types of suicides. 3) This approach has application in addressing negative connotations about suicide. 4) As a robust view, adding intention is an unnecessary complication. 5) It is more consistent with psychological and sociological assessments of suicide than 'intentional self-killing.' 6) It has useful applications in informing public policy. This paper's focus is on classifying types of suicides, rather than on the moral permissibility or on underlying causes of suicidal ideation and behaviour.

### I. Introduction

Many people think of suicide as intentional self-killing; an example is one that I call *Bankruptcy Shooting*: A businessman procures a pistol and intentionally shoots himself in the head because he lost his money in a stock market crash and he dies immediately as a direct result of the shot. However, a problem arises with this conception of suicide when we consider the following case, called *Drunk Driver*: Someone drives drunk very fast on wet roads at night. He could reasonably foresee that engaging in such behaviour could kill someone. If the driver kills someone else, we would ascribe to him responsibility for that death and regard that death a type of manslaughter. The question arises, if the driver kills himself, is this a *self-manslaughter*, and therefore a type of suicide?

Let us assume that this drunk driver had a history of reckless behaviour motivated by a sublimated death wish; his death is sub-intended since he does not intentionally set out to kill himself. This raises the additional question: is his death suicide only if he intends to kill himself? If we think of such recklessness as suicidal behaviour, then perhaps we ought to think that someone who kills himself in this way as suicide; intuitively, it seems that suicidal behaviour ought to correspond with suicides such that if someone behaves suicidally and consequently dies, then he has committed suicide. It is also plausible that there are different types of suicides, just as there are various types of homicides: Some suicides, like homicides, are premeditated while others are more impulsive. Some may be motivated by revenge, whilst others are self-sacrificial. Many are performed by people who suffer from diminished responsibility, yet many others are carried out rationally.

An accidental self-killing that many people would not want to consider a suicide is one that I call *Self-Killing by Misadventure*: A hunter who is complying with safety rules and the laws relating to hunting shoots at a deer. His bullet misses his target, ricochets off a metal post, and kills him. This is a self-killing of a sort. One reason some people may not want to consider this a suicide is that the hunter could not have foreseen his death, much less intend it. Another reason they may not consider his death a suicide is that he is not morally responsible for it.

I claim that people can commit suicide but not be morally responsible for it or intend it. In the novel, *The Good Apprentice*, the main character intentionally gives his friend a hallucinogenic drug, unbeknownst to the friend, and then locks him in a room on his own. His friend, while hallucinating, throws himself out the window and kills himself, even though he was not suicidal before taking the drug. The main character was nonetheless morally responsible for his friend's self-killing. (Murdoch 1985, 7) (I call this example *Hallucinogenic Defenestration*.) However, we regard some deaths as suicides even when there is no morally responsible agent; if the friend who died had not been given hallucinogenic drugs but instead suffered from a psychotic episode and threw himself out the window, we would consider his death a suicide even though he was not morally responsible for what he had done. (See Nielssen *et al*, 2010, 568.) I call this *Psychotic Defenestration*.

In *Section II*, I compare two views of suicide as intentional self-killing; that of Hill, who argues in favour of a moderate view of intention in self-killing, and that of Cholbi, who

argues that the role of intention must be weaker. I argue that intention is not a necessary condition of suicide at all. While the most common understanding of suicide is intentional self-killing, this conception either rules out someone who lacks mental capacity being classed as a suicide since he cannot be considered to be acting intentionally; or, if acting intentionally is meant to include this sort of case, then what it means to act intentionally is so weak that we are already very close to the view that suicide is simply self-killing, rather than intention being a necessary condition of suicide.

This problem has implications in health care. There are good reasons to regard at least some suicides as unintentional self-killing; patients who behave suicidally even though they do not strictly intend suicide (or do not have sufficient mental capacity to be regarded as acting ‘intentionally’) require similar treatments to patients who do act more intentionally. If we think of suicide as intentional self-killing, then it allows suicidal behaviour *as such* to be overlooked so that particular social and clinical implications are unaddressed; e.g. with treating sublimated behaviour, as in *Drunk Driver*. Additionally, while life insurance policies do not typically honour claims where an agent has committed suicide, there are very good reasons to do so for certain types of suicides, while not for others. Alternatively, such a typology could apply to health insurance in cases where a patient’s suicide is medically justified and should not only be permitted by health care professionals, but medically assisted and payed for by insurance companies, as I discuss more in *Section III, A*. When considering recent debates in potential changes to the law in physician-assisted suicides, the factors in determining this typology are relevant to such discussions. This typology can provide a conceptual basis, rather than a merely pragmatic one, that helps determine those cases whereby the physician is providing care by assisting a permissible type of suicide and for health insurance companies to pay for such care. It also clarifies that some suicides, while not morally permissible, may not be culpable and families should be compensated by life insurance claims.

Therefore, in *Section III*, I discuss my own proposal to make suicide definitionally equivalent to homicides. According to my analysis of suicide, an agent is the proximate cause of his death. This means that suicide is ‘self-killing,’ rather than ‘intentional self-killing,’ as we can be the legal or proximate cause of a death without intending it, and nevertheless may or may not be culpable. As with homicides, suicide can be characterised according to intention, voluntariness, diminished responsibility, mental capacity, and foreseeability. Suicides can be subclassified similar to homicides, according to type; self-murder, justifiable self-

manslaughter, voluntary self-manslaughter, involuntary self-manslaughter, and mistaken, accidental, and negligent suicide. My view, then, better reflects the homology with homicide than the prevailing view and is more nuanced because it differentiates types more finely, rather than simply regarding self-killings as either ‘intended’ (and therefore suicide) or else as ‘accidental’ (and not suicide); it considers a broader spectrum of killings, nevertheless distinguishing degrees of culpability.

Legal philosophy and framework is relevant for this project since it forms the basis for the conceptual framework for classifications of suicides in comparison with homicides. I employ this methodology because while suicide is etymologically and semantically similar to homicide, the moral and legal dimensions of homicide are more fully established than those of suicide and can provide insight into relevant characterisations of suicide. Therefore, while my sources are primarily from moral philosophy, other relevant sources are from legal philosophy and non-moral facts about what we know of suicide and suicidal behaviour. I address how non-moral considerations, such as well-being levels in psychological assessment and existing social institutions, impact our understanding of suicide. However, this paper’s focus is on classifying types of suicides, rather than on the moral permissibility of different types of suicide, or on underlying causes of suicidal ideation and behaviour.

Note that the view that I promote is different from the view of Suzanne Stern-Gillet, who says that suicide is a normative responsibility-ascribing function, according to common language usage. (Stern-Gillet, 1987) Against her view, I suggest that many deaths are commonly regarded as suicides even when there is no morally responsible agent, as in *Psychotic Defenestration*. Additionally, some deaths are commonly considered non-suicides where the deceased person is nonetheless responsible for his death, and this shows that moral responsibility is not a sufficient condition for a death to be commonly considered a suicide, as in *Drunk Driver* (though I argue that, against common language, this ought to be considered a suicide).

In *Section IV*, I address a possible objection to my view, that regarding suicide as definitionally equivalent to homicides implies a moral equivalency between the two; counter to this, I show that suicides are not morally equivalent to corresponding homicides even when they are definitionally symmetrical: Doing something to oneself is morally different from

performing an equivalent act on another person; grabbing my own arm is different from grabbing someone else's, for example. *Section V* is the conclusion. I next consider whether intention to die is a necessary condition of suicide.

## II. Intentional Self-Killing

Since many people do not consider someone accidentally killing herself suicide, the most common conception of suicide is someone who kills himself intentionally, generally to avoid something, such as mental or physical suffering. Since many people commit suicide because they intend to do something other than simply to die, such as to avoid suffering, it is not clear what level of intention is necessary to consider a death a suicide. Consider the following examples where the agent seems not to have the strict intention that he acts primarily to bring about his own death:

*Suicide Bomber:* A religious fundamentalist straps a bomb to his chest and walks into an abortion clinic, intending to kill as many people as possible to protest abortions because he believes that God has told him to do this. He does not regard this as a suicide (his religion does not condone suicide) but as a political/religious demonstration and a self-sacrifice. He believes that doing so will prevent innocent babies being aborted in the long term and that he will go to heaven as a martyr.

*Amnesia Case:* This example is taken from Daniel Hill — A man named John Smith suffering from amnesia hears of a man named John Smith and decides to poison him, not knowing that he is one and the same man, and ends up poisoning himself. (Hill 2011, 201)

In *What is it to Commit Suicide?* Daniel Hill promotes a moderate view of intention in suicide as intentional self-killing. He claims that a death is a suicide only if one actively participates in the causal chain that results in death; letting oneself be killed, contributing to one's death, or getting oneself killed without initiating the causal chain may be considered self-killings of a sort, but do not constitute suicide on his view. (Hill 2011, 195) Hill argues that self-killing without the intention to die, or where death is merely foreseeable rather than intended, is not sufficient for suicide because if it were, accidental deaths such as in *Amnesia*

*Case* or deaths that are merely negligent or foreseeable would be suicide, and he thinks that they are not. Therefore, he thinks that self-killing is necessary but not sufficient for suicide.

Hill thinks that the intention that one *kill oneself* (and actively does so oneself) is a necessary condition of suicide. Hill thinks this condition is brought out if we amend *Amnesia Case* to the following: John Smith decides that since he does not have the courage to kill himself, he will hire a man he hears of named John Smith to kill him. As in the original case, he does not know that he is this same man. Hill claims that this death is not a suicide because, "...he does not intend that he commit suicide even though he is in fact John Smith." (Hill 2011, 201) Hill endorses a moderate account of intention that one intends to kill oneself when one acts, but not all aspects of that intention must be satisfied. (Hill 2011, 198) Hill proposes a definition of suicide that includes a moderate account of intentional self-killing: "A commits suicide if and only if A intends that he or she kill himself or herself (under the description 'I kill myself') by an act  $x$ , and this intention is fully satisfied." (Hill, 2011, 201) For example, a suicide bomber may foresee that his death will result from his actions, but not act with the intention that he will die; rather, he may have determined that his death is necessary to bring about his intended aim of killing others. Since his act of killing himself is not his intention but merely a foreseeable consequence, Hill thinks that this death is not a suicide.

I reject Hill's assessment for the following reasons:

1) Hill's view of suicide fails to consider that there is a close connection between suicide and homicide: Suicide and homicide both involve a human being killed by a human, but in the case of suicide the person who kills is also one who is killed. (In *Section III*, I provide further detail about this connection between homicide and suicide.) Whilst intention may be important in determining the moral characterisation of a death, homicide does not require that someone to intend to kill. Some homicides are deaths that were reasonably foreseeable, for example, such as with negligent manslaughter. If we accept Hill's view of suicide this implies either that: All homicides must be strictly intended and there would be no accidental or negligent homicides; or, there is no connection between homicide and suicide in this way.

2) Hill's assessment of *Amnesia Case* is implausible when we consider the homology, or structural agreement, between homicide and suicide. For example, Oedipus killed in an intentional act of murder, even though he did not intend to kill his own father and was unaware

that he was doing so. Yet, we do not deny that Oedipus committed patricide. Similarly, if I hire someone to kill someone else, then the resulting death is a homicide, even if I am mistaken in the identity of the person I hire or the person who is killed. People often unwittingly and unintentionally destroy themselves when they believe that they are saving themselves or destroying someone else; for example, in *Richard III* Lady Anne unintentionally curses herself when she curses Richard's future wife, and in so doing she seals her own doom. As such, we ought to consider *Amnesia Case* a suicide even though it is based on a mistake. Analogous to Oedipus as a father-killing, John Smith performed an intentional act of killing, though he did not intend to kill himself, and intuitively we should not deny that John Smith committed suicide.

3) Hill claims that contributing to one's death or shortening one's life if one is terminally ill is not suicide. Hill defends his view with the example that someone bleeding to death is not a suicide if he contributes to the bleeding by pricking himself. I agree that this example is not a suicide, but because the person does not significantly contribute to bleeding to death. This is not comparable to someone who is dying of a terminal illness and shoots herself. Her death is a suicide because but for her action of shooting herself she would not have died when she did. Were a spouse, for example, to shoot her terminally ill husband in order that he avoid a prolonged death, she would be causally responsible for a homicide, but pricking his finger would not constitute a homicide unless he was a haemophiliac.

4) I disagree with Hill that one must actively kill oneself for a death to be suicide. Passively failing to prevent a death may constitute a homicide as much as actively killing someone by other means; as James Rachels points out, allowing a child to drown when one could easily prevent it is not materially different from holding her head under water if the actions are performed for similar reasons. (Rachels 1978, 243) I claim that the same is true of suicide. For example, if I was diagnosed with emphysema and was told that I shall die within six months if I do not stop smoking and get treatment, but I do neither, this could be considered a type of suicide. One could reasonably ask why this is materially different from taking a measure of arsenic every day for six months; in either case, one poisons oneself. One could suggest that in one case the agent intends his death and in the other it is merely foreseen, but one can be causally and morally responsible for a death even when it is not strictly intended but is nonetheless reasonably foreseeable, such as in cases of negligence.



5) Hill's assessment of suicide runs counter to what we know about suicide and suicidal behaviour from a clinical perspective. It is not clear how Hill would account for suicidal behaviour, but clinical assessment would not require a patient to intend suicide to regard him as behaving suicidally or at risk of suicide. Consider an example that I claim is clearly suicidal behaviour, *Exhausted Insomniac*: An insomniac who, at 4:30am, takes a bottle of prescription medication with a bottle of hard liquor. He is exhausted and no longer cares that doing this is likely to kill him; he cares more about being unconscious (or sleeping) than living. He feels disconnected from his actions, as if he is watching someone else, in a dream-like haze. If the person dies this would be considered suicide — if not, this nevertheless qualifies as suicidal behaviour that constitutes a suicide attempt. Yet, these actions would fail to be suicide or suicide attempts on Hill's account. If we endorsed Hill's view it would be counterproductive to providing adequate care to suicidal agents; if such people are merely regarded tired, for example, but not self-destructive, from a clinical perspective this would be a misdiagnosis that undermines appropriate treatment. While some suicides would involve the moderate level of intention that Hill describes, not all do.

6) If we regard self-killings that are done instrumentally as not suicide, such as a suicide bomber who uses his death instrumentally rather than with the idea 'I will kill myself,' in the way Hill describes, then many deaths that we commonly regard suicides are not. This includes cases of suicide like *Bankruptcy Shooting*, since the intention may be to avoid a life of poverty, not to die *per se*. It is not clear that the case of a suicide bomber whose motivation is to kill others and his own death is merely foreseeable is structurally different from the *Bankruptcy Shooting*, an obvious suicide. A more intuitively plausible analysis is that these deaths are suicides and Hill's account wrongly designates them as non-suicides.

I claim that the level of intention needed for a death to be considered an intentional suicide on Hill's analysis is too strong since it leads to implausible results and fails to show that intention is necessary for suicide. Perhaps the way to address my counterexample, *Exhausted Insomniac*, is to weaken what we mean by intention.

Michael Cholbi endorses a conception of suicide as intentional self-killing, with a weaker form of intention than Hill's. In *Suicide: The Philosophical Dimensions*, Cholbi points out that people often have ambivalent intentions rather than a clear intention to die and we still consider the resulting deaths suicide. (Cholbi 2011, 31) Unlike Hill's view, Cholbi thinks that

our conception of suicide should include suicidal behaviour that does not necessarily result in death even though death was the intention, and self-killings that are intended to achieve goals other than to die. (Cholbi 2011, 26) For example, a secret service agent swallows poison to kill herself to protect state secrets rather than because she wants to die. Cholbi thinks that many suicides should be viewed in this light; people often kill themselves not because they want to die but rather because they wish to achieve some other end, such as to avoid suffering, and death is a necessary means to that end. In such instances, we act intentionally, but not with the strict intention to die. He argues for a conception of intentional self-killing where an agent rationally endorses bringing about his own death, choosing death insofar as it produces the desired results, even if one prefers not to die. (Cholbi 2011, 27)

Cholbi clarifies that: “A person’s self-killing is intentional just in case her death has her rational endorsement in the circumstances in which she acts so as to bring about her death.” (Cholbi 2011, 28) Cholbi notes, however, that one problem with this definition of intentional self-killing is that many suicides are ambivalent. For example, a heroin addict knows that the amount he is injecting may be lethal, but his addiction overrides other considerations. The addict has a drug overdose and dies. Cholbi suggests that suicide and suicidal behaviour may be a matter of degree and he acknowledges that this leaves many acts as not clearly distinguishable as suicide or suicidal behaviour. (Cholbi 2011, 33)

In his article, *‘Self-Manslaughter’ and the Forensic Classification of Self-Inflicted Deaths*, Cholbi recognises that there is a class of self-killings that should not be considered intentional, but nor are they accidental. Cholbi suggests that these deaths should be considered self-manslaughter; “self-manslaughter is voluntary self-killing performed either knowingly or recklessly, but not purposefully.” (Cholbi 2007, 156) He seems to distinguish self-manslaughter from suicide on the basis that suicide is intentional (in terms of being rationally endorsed) where self-manslaughter is death not intentionally brought about, and therefore not suicide. This would mean that, on Cholbi’s view, the driver in *Drunk Driver* may be a case of self-manslaughter rather than suicide since the person did not rationally endorse his death. *Exhausted Insomniac*, if death resulted, could also be considered self-manslaughter, or it could be a borderline case of suicide on Cholbi’s view, since it is not clear if he rationally endorsed his death or not.

However, I maintain that Cholbi's view leads to a problem. Either: 1) it rules out someone who lacks mental capacity being classed as a suicide, such as in a case like *Psychotic Defenestration*, though these would be classified as suicide according to psychological assessment; or, 2) if his view of acting intentionally is meant to include this sort of case, then his view of what it means to act intentionally is so weak that we are already very close to the view that suicide is simply self-killing, rather than intention being a necessary condition of suicide. I discuss these points more below:

1) I maintain that suicide can extend to acts that are not rationally endorsed, such as those where the agent does not have mental capacity. Rational endorsement implies that it is considered. Cholbi's account may fail to capture, then, some clear cases of suicide, such as that in *Psychotic Defenestration*. Someone in a psychotic state can jump from a window because he knows that doing so will kill him, but this stems from his psychosis rather than from rational endorsement. In a case like this, such intentionality is weaker than rational endorsement, yet this death would be classified as suicide according to psychological assessment. (See "Suicide attempts by jumping and psychotic illness," Nielssen *et al*, 2010, 568.) In *Section III*, I further discuss deaths such as these, that self-manslaughters are a subclass of suicide, as manslaughter is a subclass of homicide.

2) Alternatively, if someone in a psychotic state can be said to rationally endorse his death, then acting intentionally is very weak. We do not consider someone in a psychotic state as the same type of suicide as *Bankruptcy Shooting*, where the businessman is fully rational and morally responsible. Including intention in the definition of suicide is meant to distinguish cases of intended suicide from other self-killings such as self-manslaughters or accidental self-killings. Such a weak level of acting intentionally, however, would not differentiate those who are fully rational and morally responsible when they kill themselves and those who are not. This weak view of intention does not fulfil a function and we may as well regard suicide simply as self-killing, though intention may be relevant to a given suicide's moral characterisation.

Therefore, I propose that instead of intention as a necessary condition for suicide, that self-killing is both necessary and sufficient for suicide. Suicide ought to capture what we know about suicide and suicidal behaviour from a clinical perspective, that it is a matter of degree and need not be intended. Suicide should also capture a homology with homicide. I agree with

Cholbi that there are some self-killings that are self-manslaughters, but in the next section I take his position a step further and argue that self-manslaughter is a type of suicide.

### III. My Analysis of *What is Suicide?*

#### A. Suicide as Self-Killing

As we have broadly universalisable laws that govern homicides, it is plausible that similar laws govern suicide, since both homicides and suicides involve humans killing humans. I argue that suicide is definitionally symmetrical with homicide. If performing an act of killing on another would be homicide, but instead one performs an equivalent act on oneself, then the resulting death is suicide. This means that someone has committed a suicide if his actions were the proximate cause of his death, as I explain in *Section III B*, below. ‘Self-killing’ is a necessary and sufficient condition for suicide, as killing another human is necessary and sufficient for homicide. These are broad definitions, so I show that suicides can be characterised according to intention, voluntariness, mental capacity, diminished responsibility, and foreseeability, as with homicides. This means that there are types of suicides similar to homicides: self-murder, justifiable self-manslaughter, voluntary self-manslaughter, involuntary self-manslaughter, and suicides that are mistaken, accidental, or negligent.

Adopting this understanding of suicide performs several functions: 1) We acquire an external standard to assess diverging analyses and intuitions on specific cases by appealing to homologous homicides. 2) Following such a taxonomy differentiates types of suicides. 3) This approach has application in addressing negative connotations and assumptions about suicide. 4) As a robust view, adding intention is an unnecessary complication. 5) It is more consistent with psychological and sociological assessments of suicide than ‘intentional self-killing.’ 6) It has practical uses in informing public policy. I discuss these points hereunder.

1) There is widespread disagreement what constitutes suicide, and about the moral dimensions of such deaths. (Donnelly 1998, 19) Whilst suicide is etymologically and semantically linked to homicide, the moral and legal dimensions of homicide are more developed for social and legal reasons than those of suicide. ‘Homicide’ originated from the Latin, simply meaning ‘killing man.’ (OED Online, 2018a) The Oxford English Dictionary

also refers to ‘self-homicide’ (suicide) under homicide. (OED Online, 2018a) Similar to homicide, ‘suicide’ originated from Latin, simply meaning ‘killing oneself.’ The word ‘suicide’ emerged in the 17<sup>th</sup> Century, and before then it was referred to variously as self-homicide, self-destruction, *etc.* (OED Online, 2018c) More recently, intention is included in many common definitions of suicide, presumably to differentiate accidental self-killings from other types of self-killing, but the Oxford English Dictionary still defines suicide as the act of taking one’s own life. (OED Online, 2018c) However, it also defines ‘commit’ as “To carry out (a reprehensible act); to perpetrate (a crime, sin, offence, etc.).” (in sense 9a, OED Online, 2018a) The OED explicitly associates this sense of ‘to commit’ with ‘to commit suicide,’ that implies wrongfulness in suicide, similar to committing a murder (in this case, a self-murder). I use ‘commit suicide’ in a weaker sense, meaning to perform a suicide or to cause one’s death. (Understandably, some people prefer to say ‘died by suicide’ or an equivalent.) We differentiate morally permissible and impermissible homicides (justifiable homicide versus murder) but we do not have related distinctions between types of suicides currently.

In philosophical literature on suicide and its definitions, most philosophers currently regard suicide as ‘intentional self-killing’ but disagree on the level of intention involved and what constitutes intentional self-killing. However, there is a homology between suicide and homicide. This is reflected in works such as Kant’s that ground morality at least in part on universalisability, that there should be some symmetry between acting upon others and acting upon oneself. I suggest that we arrive at a more developed understanding of suicide if we employ the structure of a homicide taxonomy to classify and characterise suicides. Doing so provides a definitional standard to appeal to in borderline cases where there is disagreement about whether a given death is suicide or where metaphysical complications arise; what are the commensurate homicides to categorise the death and the morally relevant criteria to distinguish the death by type. Applying this standard also responds to any material contextual differences from case to case. This approach differentiates suicides that should be prevented because the agent suffers from diminished responsibility and those where the agent’s self-killing is justifiable, should not be prevented, and perhaps ought to be physician-assisted, for example, and those that are morally blameworthy. An analysis of suicide as ‘intentional self-killing’ does not reflect a homology between homicides and suicides, since homicides need not be intended.

2) Margaret Battin claims that what we need is a way to differentiate types of suicides. She writes: “In an English-speaking country like the United States, in contrast [to Germany], there is no tradition that recognizes a distinctive sort of suicide, different from immoral or pathological suicide, and no tradition of legal or other protection for it.” (Battin 1992, 48) She notes that German has several words for suicide; self-murder is distinguished between other types of self-killings, some rational, others not. As a result, suicide in Germany as a whole does not carry the negative connotations that it does in the English language, though there is a class of immoral suicides. Battin argues that we need a similar way of distinguishing types of suicide to clarify morally relevant features of types of suicide so that we can treat these types justly (preventing those that are irrational and permitting those that are rationally in one’s best interests, for example) and to avoid overarching negative connotations of suicide. (Battin 1992, 47)

The current prevailing view of suicide as ‘intentional self-killing’ may be able to delineate a taxonomy to distinguish types of suicides, but on that view such a taxonomy would not reflect a homology between suicide and homicide; it would not include subintended or unintended deaths, nor accidental, mistaken, or negligent deaths, or possibly those where mental capacity is severely diminished, as I discuss below. As I discuss in *Section III B*, in classifying deaths legally, if there is no human agency but rather death was due to natural causes or natural disaster, we do not call that death a homicide because we do not ascribe causal responsibility (in an explanatory sense) to any other human being. While we may abbreviate accidental homicides to ‘accidents’ in common language, they are nevertheless homicides; my view of suicide is in keeping with the legal distinction between accidents that involve human agency and those that do not. We can be the legal or proximate cause of a death without intending it, and nevertheless may or may not be culpable. My view, then, better reflects the homology with homicide than the prevailing view and is more nuanced because it differentiates types more finely, rather than simply regarding self-killings as either ‘intended’ (and therefore suicide) or else as ‘accidental’ (and not suicide); it considers a broader spectrum of killings, nevertheless distinguishing degrees of culpability.

3) In light of Battin’s assessment that the English language ought to distinguish types of suicides to reduce negative connotations or assumptions, the approach I suggest has educational application in addressing this since it clarifies and emphasises that not all suicides are morally equivalent. This conception separates the question of what is suicide (the

proximate cause) from whether it is morally permissible or impermissible, rather than ascribing or implying characteristics that are not true of all suicides. This makes it morally neutral, similarly to a class of homicides, that is then subcategorised according to morally relevant criteria.

One may object that the prevailing view attaches no stigma to self-killings where there is no clear intention. Furthermore, if a self-killing is not classed as suicide it does not invalidate life insurance, where my view does. However, counter to this, I maintain that if, by comparison, we assessed homicide as intentional killing, then this would not include deaths that were unintended but nevertheless the result of human agency, undermining the notion of accidental, mistaken, and negligent homicides. Or, if we regarded what it means to act intentionally as weak enough to include such deaths, or those due to diminished responsibility, then this connotes that they are equivalent to strictly intended killings. We differentiate types of homicides in a way that reduces negative connotations where human agency is involved but may not be culpable, distinguishing accidental homicides and justifiable ones from various degrees of manslaughter and murder. As there are degrees of intention, justifiability, and culpability in homicide, applying this to suicide would be helpful for reducing negative connotations in at least some suicides.

Consider the following examples: If a woman diagnosed with motor neurone disease shoots herself, her death is clearly intentional and her life insurance would be invalidated. The same would be true of *Psychotic Defenestration*. This implies that they have done something wrong; if they have done something justifiable or excusable the insurance company would not have a moral basis for rejecting a claim. This also makes these deaths seem equivalent to *Bankruptcy Shooting*, despite mental incapacity in one and profound suffering in another. If self-killings were subclassified by type as we do for homicides, then the woman with motor neurone disease would be classified differently (justifiable suicide) from *Bankruptcy Shooting* (voluntary self-manslaughter), *Psychotic Defenestration* (voluntary self-manslaughter due to diminished responsibility, an excusable if not justifiable suicide) and *Drunk Driver* (unlawful and dangerous act involuntary self-manslaughter), as I explain in subsequent sections.

4) This view is robust; adding intention is an unnecessary complication. The burden of argument should be upon introducing intention as a necessary condition in suicide when it is not so in homicide. Introducing intention as a necessary condition leads to the problem that

either: a) It rules out someone who lacks mental capacity being considered a suicide, such as in a case like *Psychotic Defenestration*, though this would be classified as suicide according to psychological assessment. (Nielsen *et al* 2010, 568) Or: b) If acting intentionally is meant to include this sort of case, then what it means to act intentionally is such a weak conception of intention that it does not fulfil its function of differentiating those who are fully rational and morally responsible when they kill themselves and those who are not, or accidental self-killings from other types. Either way, suicide as ‘intentional self-killing’ implies that there is not a homology between suicide and homicide. Furthermore, there is good reason to regard at least some suicides as unintentional self-killing.

5) Suicide as ‘intentional self-killing’ is at odds with what psychologists and sociologists regard as suicide and suicidal behaviour; they generally evaluate suicidal behaviour along a continuum that includes subintended self-killings, attempts at self-killing, and behaviours that reflect suicidal ideation but where death is not strictly intended or possibly even desired. For example, Émile Durkheim did not think that suicides should be restricted to active, direct self-killings. He writes, “... the term suicide is applied to any death which is the direct or indirect result of a positive or negative act accomplished by the victim himself.” (Durkheim 2002, xl) This means that suicide may involve negligent behaviour that would foreseeably result in death, such as failing to eat. (Durkheim 2002, xl) He then subdivides suicides by type: egoistic (these include suicides that result from depression), altruistic (such as a martyrdom), anomic (those due to social alienation or absence of accepted social values).

The suicidologist and clinical psychologist Edwin Shneidman also classifies types of suicide and suicidal behaviour. Shneidman acknowledges that suicide is commonly defined as a human act of intentional self-inflicted death but shows that this traditional way of thinking of suicide has limitations. (Shneidman 1969, 225) He suggests that a way to distinguish suicidal behaviour and ideation from lethal, completed suicides, for example, is to consider “the probability of the individual’s killing himself in the present or immediate future.” (Shneidman 1969, 225) He notes, “In any psychological autopsy it is important to examine the method or the instrument of death...” (Shneidman 1981, 249) Psychological autopsies also may be relevant in determining the proximate cause(s) of death.

Psychological autopsy includes assessing intention of the deceased but also determining probabilities based upon stress factors, demographics, and symptoms perceived by others.



(Shneidman 1969, 232 and 246) In assessing suicidal behaviour and intentions, Shneidman considers “intensity of thought and action in relation to continuation, ranging from absent (no thought about it), through fleeting fantasy, concern, obsession, and rash behavior outburst, to deliberate performance.” (Shneidman 1981, 236) The intention of the agent could range from an absence of a clear intention to die to deliberate performance, and it could be ambivalent and include “coexistent wishes to live and to die, including rescue fantasies, gambles with death, and cries for help.” (Schneidman 1981, 236) Schneidman maintains that suicide and suicidal behaviour can be sublimated.

Both Shneidman’s and Durkheim’s work reflect current psychological assessments of suicide, also seen in the Beck Scale for Suicidal Ideation (Beck, Kovacs, and Weissman 1979, 344) and similar scales that assess suicidal risk. The scale assesses people who are at risk of being suicidal, since patients often do not regard themselves as strictly intending to kill themselves but nonetheless exhibit suicidal behaviour or make suicide attempts. It assesses the degree and likelihood of suicidal behaviour and ideation, and indicates that one need not strictly intend one’s death to be deemed suicidal, but suicide may result from ambivalent or conflicting intentions, and clinical assessment distinguishes between varying degrees of suicidal intent and suicidal risk factors. (Beck, Kovacs, and Weissman 1979, 344) My proposal to regard suicide as ‘self-killing’ homogenously with homicide and apply a taxonomy is more suitable to these assessments than the prevailing view since it does not assume a necessary degree of intention across all suicides.

6) We have pragmatic but nevertheless morally relevant reasons related to social justice and informing public policy that support adopting this sort of classification system. As discussed below, this view gives a nuanced account of suicide that can be applied to education to eliminate unwarranted assumptions or negative connotations associated with suicide that may be harmful to surviving family members, such as children. Additionally, many life insurance companies will not pay family members whose relatives die by suicide. Battin writes: “It may be reasonable to expect [life] insurance companies to protect themselves with exclusion clauses against financially motivated suicide, but perhaps not clauses based on a stipulated length of time. It is not at all clear that this sort of justification would apply in cases of health insurance.” (Battin 1998, 299)

If, for instance, one takes out a life insurance policy in good faith and shortly thereafter suffers an unexpected psychotic episode and commits suicide by shooting himself, this death does not qualify as fraud. In the interests of justice, to protect vulnerable people, and because there are fiduciary obligations in contracts, life insurance companies could be justifiably required to pay claims in some of these types of suicide, according to such a typology. In Canada, for example, “life-insurance policies typically contain an industry-standard clause releasing providers from paying if a client commits suicide within two years of signing the contract.” (CBC News, 2016) However, following *Carter v. Canada (Attorney General)*, [2015] 1 SCR 331, regarding medical assistance in dying (MAID), in 2016 the legal framework changed in Canada so that if someone commits suicide in a manner outlined by the government, such as by physician-assisted suicide performed according to the medical and legal guidelines, then the exclusion would not be applied. This includes the provision that “providers would not pay if a client misrepresented his or her health when signing the contract... or if a policy specifically exempted the particular illness for which the holder sought a medically assisted death.” (CBC News, 2016) (See also: Canadian Life and Health Insurance Association Inc., 2016.) A similar approach can apply to medical care as well; there may be cases where a patient’s suicide is medically justified and should be not only be permitted by health care professionals, but possibly assisted, and may justify ensuring medical insurance coverage in such cases. This typology then, may be relevant in the law and medical care for differentiating justifiable and excusable cases where suicidal agents and their surviving families should not be financially penalised or forced to suffer unduly. It provides a conceptual basis, rather than a merely pragmatic one, that helps determine those cases whereby the physician is not killing, but rather providing care.

If we think of suicide as intentional self-killing, then it allows suicidal behaviour *as such* to be overlooked so that particular social and clinical implications are unaddressed; e.g. with treating sublimated behaviour, as in *Drunk Driver*. This can be true not only of an individual’s actions but also on a national or global level, so it also applies to governmental policies. In *The Rationality of Collective Suicide*, Noam Chomsky argues that the institutionalised acceptance of nuclear weapons, even for defensive or deterrent purposes, is a form of collective suicide. He thinks that this is national and global suicide, though the intention is not to die or to kill people, but rather to gain short-term political and financial advantage. (Chomski 1986, 24). My assessment of suicide applies to broader public policy; political policies can be suicidal ultimately — that where we aim to protect ourselves short-

term may foreseeably cause our own self-destruction, as seen with nuclear weapons, or in terms of adopting policies that are economically advantageous short-term but long-term lead to environmental disasters.

The conceptual framework of homicide relies upon a pragmatic, legal, explanatory notion of a human causing a human's death as proximate cause.

Next, I apply this concept to suicide.

## B. The Proximate Cause of One's Own Death

If, for example, we wish to assess how and why someone was killed when he jumped from a window, gravity may be a cause of death but is not primary to our inquiry of why and how the death came about in a legal sense. What we consider relevant causes are selected subjectively, based upon perceptions and experience, and pragmatically from many causes to explain or predict phenomena. (Hart and Honoré 1985) H. L. H. Hart and Tony Honoré note that despite metaphysical complications in causation, we have reasonably reliable grounds for pragmatically choosing relevant causes that are context-specific, to determine a proximate cause, and adequate to establish such things as responsibility. (Hart and Honoré 1985, 11) "When it is suggested that *A* is the cause of *B*, [the lawyer] is apt to ask as the first question, would *B* have happened without *A*?" (Hart and Honoré 1985, 16)

This is the *sine qua non* rule; the aim is to establish if *A* caused *B* or if the event *B* merely followed *A*. The rule gauges relevant events and objects, considers probabilities, multiple causes, and failures and omissions. (Hart and Honoré 1985, 16) Because there may be cases where the *sine qua non* rule does not adequately differentiate causal responsibility (in cases involving overdetermination, multiple causes-in-fact, or intervention of third parties, as examples), this is dealt with in law by an additional question: "Is there any principle which precludes the treatment of *Y* as the consequence for *X* for legal purposes?" (Hart and Honoré 1985, 110) Abnormal or coincident events may mitigate legal responsibility in causation. Hart and Honoré acknowledge that some cases weigh matters by degree and may be indeterminate, that modern legal rules "can never be so detailed or specific to provide answers to most of such questions: they must either be resolved by general principles of limitation guiding the decisions of courts or left to their discretion." (Hart and Honoré 1985, 110)

The law explains homicide by attributing proximate causes by established evidence and assesses degrees of liability. Homicide itself is defined broadly to encapsulate a broad spectrum of killings. In U.S. law, for example, the definition of homicide is “The killing of one human being by another human being...” (West’s Encyclopedia of American Law, 2008a) In this context, killing means a human is causally responsible for another human’s death in an explanatory sense; someone has committed a homicide or is responsible for causing it if his actions were the proximate cause of the death. This means that there must be a causal link between an act or omission and the death, it must be a substantial cause of death, but need not be the sole cause. (The Crown Prosecution Service, 2017) In cases of omissions rather than acts, it is necessary to prove to criminal standards that but for the omission the deceased would not have died when he did. It does not matter if the agent of an act merely hastened the victim’s death. (The Crown Prosecution Service, 2017)

The proximate cause is not necessarily the closest cause, either in terms of time or location, nor even the first event in a chain, but it is generally deemed that the death would not have happened but for the act or omission of an agent, according to the *sine qua non* rule. (West’s Encyclopedia of American Law, 2008b) We also may consider whether an act was a substantial or contributing factor in a death when determining proximate cause. (West’s Encyclopedia of American Law, 2008a) If there is no such human agency but rather death was due to natural causes or natural disaster, we do not call that death a homicide because we do not ascribe causal responsibility (in an explanatory sense) to any other human being. For example, someone may have died of natural causes when he contracted the Black Death. If, however, it is discovered that, but for the act of his enemy exposing him to an infected corpse he would not have died, this case may become homicide. Whether his enemy knew of the corpse, whether it was well known at the time that exposing him to it could foreseeably lead to his contracting the disease, and whether he reasonably could have prevented the death are relevant to the proximate cause of death.

In homicide, the law is concerned with establishing “what was necessary or sufficient to cause a particular person’s death on a given occasion, not what are in general the necessary and sufficient conditions of death.” (Honoré and Gardner, 2010) In a given jurisdiction, the procedures for acquiring ‘proofs’ that determine cause of death may vary, but what determines the necessary and sufficient conditions of a particular death may involve forensic evidence,

medical (and in some cases psychological) expertise into such things as pathology and medical history, and statements from people close to the deceased. Determining proximate cause may depend upon expert evidence that “will settle whether an *A* can cause a *B*. A doctor may give evidence that a blow on the skin can cause cancer,” for example. (Hart and Honoré 1985, 408) It may also assess likelihoods, the degree to which more than one cause contributed to an outcome, and determining agent responsibility and culpability. (Hart and Honoré 1985, 408) It is possible that no legal proofs establish negligence or wrongful death — the cause may be simply accidental that was not reasonably foreseeable and did not qualify as negligence or dangerous behaviour. (See *Section III E* for discussion of mistaken, accidental, and negligent deaths.) The law includes the notions of risk and foreseeability in its assessment of being causally responsible. (Hart and Honoré 1985, 64, 254) Importantly, liability may differ between criminal, civil, and private law and according to jurisdiction.

Applying legal proximate cause to suicide means that suicide is self-killing in the following sense: A human being is the proximate cause of her own death; there must be a causal link between her act or omission and her death, it must be a substantial cause of death, but need not be the sole cause. Her action is not necessarily the closest cause of death, either in terms of time or location, nor even the first event in a chain, but it is generally deemed that the death would not have happened but for her act or omission. In cases of omissions, it is necessary to prove to that but for the omission the deceased would not have died when she did. It does not matter if she merely hastened her death. One’s act (or omission) may be a substantial or contributing factor in one’s death. If there is no human agency but rather death was due to natural causes or natural disaster, that death is not a suicide because we do not ascribe causal responsibility to the person who died. Someone may be morally and legally responsible for a self-killing by degree, depending upon the death being a reasonably foreseeable consequence of an act and whether the agent acted voluntarily and with sufficient mental capacity.

As Hill’s pinprick example is meant to show, it may be that someone contributes to his death but nonetheless it would be false to say that he killed himself, so merely contributing to a death in an insignificant manner is not sufficient for suicide. As with homicide, in suicide it would not necessarily matter that the act or omission by the agent merely hastens the agent’s death, but it would be necessary to prove that but for the act/omission the deceased would not have died when he did. For example, if someone is terminally ill but shoots himself and dies,

his death would be a suicide because the gunshot was a substantial proximate cause of death. This means that Hill's pinprick example would not be a case of suicide if the pinprick only trivially contributed to the death, but if the agent was a haemophiliac, for example, then he might be considered a suicide; it would not matter that he merely hastened his own death.

If a suicide was passive, it would be necessary to prove that but for the omission the deceased would not have died. For example, if someone fails to give up smoking and develops emphysema, but before either quitting smoking or getting treatment gets struck and killed by a bus, his smoking may be suicidal behaviour, but his death would not be a suicide because there is no proof that he would have died of emphysema if he had not been killed by the bus; he could have stopped smoking and obtained treatment had he not been killed. Suicides need not be strictly intended but may be a foreseeable consequence of acting to bring about a further goal. For instance, a secret service agent who poisons herself to protect state secrets or a soldier throwing himself onto a grenade to save his comrades would be suicide even though death was not the primary goal.

Next, I explain how suicides can be subclassified similarly to homicide.

### C. Classifying Suicides Similarly to Homicides

Many homicides are justifiable. This means that the resulting death is either commanded or excusable by law. (West's Encyclopedia of American Law, 2008a) This includes soldiers killing according to the rules of warfare, state-appointed executioners killing according to the juridical laws pertaining to capital punishment, and police are sometimes justified in killing a suspected felon. If someone kills another person either in self-defence or to defend others, in U.S. law, this is only justifiable only if "the person reasonably believes that the killing is absolutely necessary in order to prevent serious harm or death to himself or herself or to others." However, it is often required that the person retreat instead, if possible. (West's Encyclopedia of American Law, 2008a) As with homicides, I propose that we can broadly distinguish between justifiable and unjustifiable suicides and those that are morally permissible and those that are not.

While determining morally permissible and justifiable suicides is beyond the scope of this paper since its aim is to analyse what is suicide, not what constitutes justifiable suicide,

briefly, we can stipulate that suicide is justifiable if it values humanity or if continuing to live undermines one's intrinsic human value. (See Battin, 1994.) This is consistent with even a robust sanctity of life argument such as Kant's, who argued that some killings are justifiable, and that there is at least some symmetry between acting on oneself and upon another. See Cholbi, 2010 and 2016.) As *prima facie* examples, the secret service agent who swallows poison to protect state secrets and the soldier who throws himself on a grenade to protect his comrades would be justifiable and morally permissible. (I argue elsewhere that other suicides are also justifiable, such as in cases of long-term suffering, either physical or mental, such as with Alzheimer's or Motor Neurone diseases.)

Even when a homicide is not justifiable, there are varying degrees of culpability, such as in cases where the person causing the death is in a mental state that diminishes moral responsibility. Different categories of homicide reflect this in the following concepts: intention, voluntariness, foreseeability, diminished responsibility, and mental capacity. To distinguish relevant differences between types of suicides, I have subcategorised them, below, similarly to a homicide taxonomy, according to the same criteria that determine levels of culpability. This shows that some characteristics are not present in all suicides, such as being strictly intended, premeditated, or performed for a particular motive. Again, these are meant to be definitional equivalencies, but subclassifying them in this way does not entail that killing oneself is morally equivalent to killing another:

#### D. Intention and Foreseeability

Homicide taxonomies distinguish between murder and manslaughter based on intention and foreseeability; where murder requires intention, manslaughter merely requires that a reasonable person could foresee the likelihood of death. In U.S. law, for example, these are broadly subcategorised as follows:

“Murder is usually... divided into the first degree, which typically involves a premeditated intent to kill, and the second degree, which typically does not involve a premeditated intent to kill. Manslaughter typically involves an unintentional killing that resulted from a person's criminal negligence or reckless disregard for human life.” (West's Encyclopedia of American Law, 2008a)

As we have murders in homicides, I suggest that we also have suicides that are self-murders. Whilst the example *Bankruptcy Shooting* is intentional self-killing, it is not obviously a wrongful self-killing or self-murder. Therefore, I propose the following example for an intentional self-killing that is definitionally equivalent to premeditated self-murder motivated by revenge — *Revenge Suicide*: A woman with dependent children shoots herself without regard for her children’s welfare to spite a boyfriend who jilted her. She acts in a premeditated fashion, knowing that her manner of suicide will cause maximum damage to her ex-boyfriend. Arguably, Hill’s *Amnesia Case* may also be a wrongful self-killing or self-murder because the motivation is to murder someone else and would constitute attempted murder even though one mistakenly tries to kill the wrong person. Whilst these cases seem intuitively wrong, they do not seem to be wrong for the same reasons as killing someone else for revenge. (See *Section IV*.) Some suicides also may involve homicide and may be wrongful, like *Suicide Bomber*.

Whilst murder is generally defined as intentional wrongful killing, there are also types of killing that are not intentional but nevertheless criminal, such as types of manslaughter. ‘Voluntary manslaughter’ is, as opposed to murder, killing with diminished responsibility or lack of premeditation in crimes of passion. (The Crown Prosecution Service, 2017) Note that one may intend to kill but nonetheless may have diminished responsibility in doing so. For example, a woman may intend to kill her child’s murderer, but if she does so in a state of temporary insanity due to her child’s murder, she has diminished responsibility. An example of a voluntary self-manslaughter is a man who throws himself into the sea and dies, grief-stricken because his family has been killed in a storm. Note that his death is not culpable, so long as he is not violating duties to others or breaking the law. (Again, see *Section IV*.)

‘Involuntary manslaughter’ is commonly used to describe culpable deaths that were not intended, such as gross negligence manslaughter and unlawful and dangerous act manslaughter. As examples, failing to follow good practice guidelines for food safety and thereby inadvertently poisoning someone to death would be gross negligence manslaughter, and driving very fast on wet roads at night while drunk and crashing into and killing someone would be unlawful and dangerous act manslaughter. An example like *Drunk Driver* would be a type of involuntary self-manslaughter if we identify suicides as definitionally equivalent to homicide; specifically, this would constitute unlawful and dangerous act self-manslaughter, as the driver’s behaviour illegal and dangerous and a reasonable person could foresee that engaging in such activity is likely to kill someone. Note that the driver’s action is culpable in



that he voluntarily fails in performing a duty; nevertheless, this is involuntary manslaughter because he does not intend to kill. Although *Drunk Driver* is not commonly considered a case of suicide, I think that it should be because the driver is the proximate cause of his own death. If he had killed someone else instead of (or in addition to) himself, this would be a case of homicide.

### E. Mistaken, Accidental, and Negligent Killing

In the law, if there is no human agency involved in a death but rather it was due to natural causes or natural disaster, that death is not a homicide because we do not attribute causal responsibility to any other human being. (West's Encyclopedia of American Law, 2008a) If human agency is causally involved in an unintended death, it may be an accidental homicide. This is often called 'accidental death' colloquially, though this does not distinguish accidental homicides from natural causes/disasters as the law distinguishes them. If we apply our legal understanding of homicides to suicides, this would mean that we can perform an accidental, mistaken, or negligent suicide; these would be differentiated from other accidental deaths (those that result from natural causes or natural disaster) by determining that someone was a proximate cause of her own death.

In cases where the *sine qua non* rule does not adequately differentiate causal responsibility in determining death, we address: "Is there any principle which precludes the treatment of *Y* as the consequence for *X* for legal purposes?" (Hart and Honoré 1985, 110) Some cases weigh matters by degree and abnormal or coincident events may mitigate legal responsibility. For example, if two people together jump to their deaths because they wish to avoid a horrible death of being burned alive in a blaze, we may have legal reasons for establishing that neither person is responsible for homicide; while they cause each other's deaths, the blaze they seek to avoid may be due to someone else's negligence, for example.

In the law, mistake, accident, and negligence are differentiated as follows: A mistake is "An act done without knowledge or appreciation of the circumstances... Appreciation is a matter of degree, and it is not surprising to find divergent decisions." (Hart and Honoré 1985, 149) In a mistake, the agent is not aware of some relevant aspect, as opposed to accident where the consequence is not expected nor intended. (Hart and Honoré 1985, 149) In an accident, whether the agent acts voluntarily or nonvoluntarily is morally relevant. When the agent is not

acting voluntarily, for example because he is performing a duty or protecting his own interests, and he accidentally does harm, his conduct may not be culpable. For example, if a soldier accidentally kills a comrade in friendly fire during battle, he may not be culpable for the death. If, however, someone causes harm while voluntarily doing something wrong or is failing to perform a duty, such as if he is stealing, he is culpable. (Hart and Honoré 1985, 151) Negligence is differentiated from nonvoluntary accident and mistake: “A negligent act is unintentional but not accidental, for such act would reasonably be expected, in the circumstances, to lead to harm.” It would be culpable. (Hart and Honoré 1985, 152) How we categorise a death depends upon context, and as Hart and Honoré note.

If we apply this distinction to the following example, we can determine whether a death is mistaken, accidental, or negligent: A research laboratory may not have criminal liability when a technician is killed dousing a fire with a solvent that he believes is water if the lab has instituted and upheld adequate safety precautions. If, however, the laboratory has failed to take reasonable precautions, such as to ensure that all lab materials are adequately marked and safely stored and to train staff, then the technician’s death may be due to corporate negligence, a type of homicide, and the lab could be legally culpable. It may be proved that but not for the lab’s failure to institute safety measures, the technician would not have died; thus, the lab caused his death, a negligent homicide or corporate manslaughter. If the technician had been accidentally killed by another person who, though following safety procedures, was temporarily blinded and doused him with solvent, then this could be an accidental but not culpable homicide. This means that under some conditions we can commit a homicide even when our intention is to prevent harm or save lives. The lab may have civil liabilities, however, in that even if there was a human error that may not amount to criminal negligence, the lab may owe compensation to the technician’s family.

Depending on the context, this death may constitute suicide: Let us assume that the solvent was marked and reasonable safety measures in place and followed. The technician, temporarily blinded and mistaking the solvent for water, doused himself and accidentally caused his own death, something that he could not have reasonably foreseen under the circumstances. This would be an accidental or mistaken but not a blameworthy suicide. The technician is the proximate cause of his accidental suicide, just as being the proximate cause of another’s death under similar circumstances would constitute accidental and not blameworthy homicide. As with homicides, we can commit suicide even when our intention

is to save our own lives. If the context changes slightly because evidence is brought to light that but for the technician's failure to follow reasonable safety measures he would not have died, his death would be deemed negligent suicide or self-manslaughter. Or, if the technician does not follow safety measures because, like in *Psychotic Defenestration*, he is suffering from a psychotic episode, this may qualify as a voluntary self-manslaughter due to diminished responsibility.

#### F. Caused but Reduced Culpability – Diminished Responsibility

In cases of diminished responsibility, an agent's acts or omissions may be the proximate cause of a death, but that person may not have adequate capacity to make reasonable decisions; the agent may be a minor, have a mental or physical disability, or some other characteristic that limits her capacity. The Coroners and Justice Act 2009 provides for a partial defence of killings due to diminished responsibility, and includes such things as abnormality of mental functioning. (Coroners and Justice Act 2009, section 52)

This Act outlines when someone has reduced culpability in homicide, but what constitutes mental capacity and diminished responsibility may differ in the context of health care for suicidal agents, for example. Intuitively, people with diminished capacity ought to be prevented, at least temporarily, from killing themselves because they are not acting autonomously. Many suicides involve agents that do not lack mental capacity to make decisions, but they may not be acting autonomously if they are responding to situations based on such things as fear or mistaken beliefs, such as if they believe that there is no acceptable alternative available to them. As a result, their responsibility is diminished, and intervention is justified, at least temporarily, as the capacity to make decisions is not necessarily the same as acting autonomously. However, there are cases where an agent has diminished capacity for making some decisions, but not for others.

Many suicidologists, including Durkheim and Schneidman, have noted the high statistical correlation between suicide and depression (and other conditions). According to Yoshitomo Takahashi, for example, "According to a survey done using the psychological autopsy method, 70-90% of those who committed suicide had evidence of some mental disorder when alive, and 60-70% were depressed... Patients with severe depression who meet the diagnostic criteria for melancholia are at a particularly high risk of suicide... The suicide

rate in patients suffering from depression associated with delusions is extremely high.” (Takahashi 2001, 359-360) He also notes other factors in depression-related suicide, such as often being caused initially by other illnesses and alcohol use. (Takahashi 2001, 361 and 362) It is worth noting, however, that psychological autopsy often infers the presence of a condition such as depression in cases of suicide when the deceased’s mental states before his death cannot be directly assessed. (Shneidman 1969, 229) This suggests that there may be cases where the diagnosis of depression or mental illness is made because the person has killed herself and the mental states are assumed, making the correlation between suicide and depression circular. According to Hjelmeland *et al*, in many of these studies, “the methodological weaknesses are so severe that they, in fact, undermine the reliability and hence the validity of psychiatric diagnoses assigned in [psychological autopsy] studies.” (Hjelmeland *et al*, 2012, 609)

As Margaret Battin and Michael Cholbi, amongst others, have noted, suicide is not always irrational, and may be rational when someone’s prospects are particularly bleak. Battin suggests that *rational suicide* is merely an understanding of when suicide is in a person’s interests; it need not agree with a medical assessment or other some objective standard, but rather, it merely requires “a rational and rationally held response to his or her situation — autonomous, informed, stable, considerate, uncoerced, and in accord with his or her basic values.” (Battin 1994, 275) This suggests that some agents who are depressed can be considered rational when they commit suicide, even if they have no other ailment that renders their lives not worth living. This seems to agree with Michael Cholbi’s proposal for what constitutes a prudential suicide on Kantian grounds (Cholbi 2010) but Cholbi also warns that “depressed individuals may often lack a clear enough sense of their desires, current or future, to be in a position to rationally determine whether suicide advances their interests or well-being.” (Cholbi 2011, 82) There are degrees of rationality, as there are degrees of depression. There is also, however, widespread disagreement about the scope and level of rationality necessary for someone to be considered to be acting “fully rationally” and “autonomously” — and when they are not and this justifies suicide intervention — these too are along a spectrum.

For the purposes of this paper, it is sufficient to note that diminished mental capacity may impact normative responsibility in causing a death. The degree to which mental functioning is impaired is along a spectrum: the agent’s mental faculties may be functioning normally but she is unaware of certain relevant facts about her prospects. Or, there are cases of depression where the agent is not fully rational and views her prospects unrealistically

pessimistically. There are more severe cases, as in *Psychotic Defenestration*. Additionally, the timeframe involved could be short-term or longer-term. The degree of rationality involved impacts the appropriate level, type, and duration of intervention that is justifiable. What constitutes diminished capacity sufficient for justifying suicide intervention, and what that intervention should consist of, are important topics, but beyond the scope of this paper. This typology, however, can help distinguish cases along these spectra and distinguish between types of suicide and suicidal behaviour; those that are justifiable, permissible, and impermissible (though are perhaps not blameworthy).

### G. Suicide and Suicidal Behaviour

There are all sorts of behaviours that are suicidal, but perhaps not commonly considered suicide, as with someone who swallows a non-lethal quantity of pills as a cry for help. This person may not have wanted to die, and his behaviour would not cause his death, but he nonetheless exhibited suicidal behaviour. I claim that the difference between acts of suicide and suicidal behaviour is similar to the difference between *intention* and *intentional* that Cholbi deploys. Suicidal behaviour is related to, or mimics, suicidal acts.

I maintain that we may distinguish suicidal and non-suicidal behaviour by stipulating that if performing an act on another would be homicidal, then an equivalent act upon oneself is suicidal. To say that someone committed suicide is to say that she completed an act of killing herself, or that she exhibited suicidal behaviour that resulted in death. An example of suicidal behaviour is playing Russian Roulette, as Cholbi notes (Cholbi 2011, 22). Instead of someone pointing a gun at herself and killing herself, if she does this to someone else and kills him, then she has committed homicide. Therefore, if she does this to herself, her death is suicide.

Suicidal behaviour is also acting in a manner that correlates with people who kill themselves. According to psychological assessments, suicidal behaviour includes such things as exhibiting sleep problems, social withdrawal, and accident proneness. Suicidal behaviour is often associated with traumatic events, financial or legal difficulties, brain injury, mental disorders, or physical diseases. Risk is also assessed by whether someone has had a recent crisis or life change or if they experience sudden calmness after a period of anxiety. (Turecki and Brent 2016; Takahashi 2001) This is not to say that these symptoms necessarily cause

suicidal behaviour, but that they are common amongst suicidal agents. Since many of these things are also true of non-suicidal people, suicidal behaviour may be a matter of degree. Medical professionals assess the likelihood of someone's suicide not based on their clear intention to commit suicide, but on risk factors and behaviour.

For instance, the Beck Scale of Suicidal Ideation asks patients first to assess not their wish to die, but rather their desire to live, and whether they would rate this moderate to strong, weak, or none. (Beck, Kovacs, and Weissman 1979, 346) The scale also asks whether the wish to die outweighs the wish to live. (Beck, Kovacs, and Weissman 1979, 346) It also indicates that some patients may have ambivalent or fluctuating inclinations about continuing to live. The scale also addresses temporal dimensions; one could have brief, fleeting moments of suicide ideation, or it could be continuous and chronic. Additionally, one could have chronic suicide ideation but not have a strong desire to actively commit suicide. For example, regarding passive suicidal desire, it assesses whether the patient: "Would take precautions to save life, Would leave life/death to chance, Would avoid steps necessary to save or maintain life." (Beck, Kovacs, and Weissman 1979, 346) Thus, a person could kill himself subintentionally or passively, rather than intending to kill himself actively, because he no longer cares about living. A pragmatic aspect of my account of suicide is that it encompasses such behaviours, as in the *Exhausted Insomniac* example, where the person cares more about not being conscious than he does about living, and is too exhausted to cope properly.

If we maintain that suicidal behaviour is engaging in dangerous behaviour that mimics acts of suicide, we would have to distinguish people acting dangerously who are suicidal from those who are not, such as fire-fighters entering a burning building strictly to control the blaze. We do not normally regard soldiers and sailors who volunteer for dangerous duty as suicidal or exhibiting suicidal behaviour, but there may be circumstances in which this is the case. In *Moby Dick*, for example, Ishmael voluntarily went to sea to pursue the dangerous occupation of seaman on a whaler because he was suicidal (taking to sea as his substitute for pistol and ball).

A suicidal action may nonetheless be justified if it saves lives and there is no other way of doing so. For example, in 2011 a group of Japanese senior citizens volunteered for dangerous duty in the crippled Fukushima Daiichi nuclear power plant crisis; they were even dubbed the "suicide corps." (Lah 2011) In such circumstances, the resulting deaths may be a

type of justifiable self-manslaughter since there was no other way to manage the nuclear meltdown. Such self-manslaughters are not always justifiable, however. For example, in the 1953 film *Le Salaire de la Peur* (*The Wages of Fear*), four unemployed men volunteer for the task of transporting a truck full of nitroglycerin across dangerous terrain – they do so recklessly for money. The volunteers, who all die, are seen to be suicidal, and the people who hire them are homicidal.

One possible objection to my claim that suicidal behaviour mimics acts of suicide is that it would imply that creating an artwork, for example, could constitute suicidal behaviour and this may seem implausible. I maintain, however, that creating representations of suicide can sometimes constitute suicidal behaviour. For example, we can compare Caravaggio's *David with the Head of Goliath* (circa 1610) and Rothko's *Untitled* from 1962. Caravaggio's *Goliath* is a self-portrait in which he offers his severed head up as a plea for forgiveness because there was a bounty upon him. He had a long history of self-destructive behaviour, and in this painting, he uses his own hand to represent and create his death. Rothko had a long history of depression and social alienation before he killed himself. *Untitled* (1962) was his last painting before he died, but many of his other paintings have similar suicidal imagery; they encapsulate alienation and death. Symmetrically, we may have good reason to regard an artist who depicts his enemy's killing in a painting as not only a hostile act, but as a type of homicidal behaviour. Homicide and suicide behaviour is a matter of degree.

#### H. Borderline Homicides/Suicides

Some suicides may involve multiple agents acting to kill, just as we have such things as accomplices in homicide and 'corporate homicides.' For example, in assisted suicide, there are at least two causally responsible parties — the person who dies and the person who assists the principal agent. There are also cases of mass suicide where people help each other to die and may be responsible for homicides while they are committing suicide. For example, the Jonestown massacre is considered mass suicide (or 'collective suicide' where several people act as a single entity), assisted suicide, and mass homicide. In U.K. law, suicide pacts (and mass suicide or collective suicide) are treated differently from other types of intentional homicides; if a suicide pact is unsuccessful, the agents involved are given reduced sentence from that of intentional murder: "Section 4 of the Homicide Act 1957 reduces murder to manslaughter where the survivor of a joint suicide pact, took part in the killing of another

person in the pact or was a party to that other person being killed by a third person.” (The Crown Prosecution Service, 2017) Presumably, this would be because the parties consented and contributed to their deaths. These charges are not dropped, however, since assisted suicide is still illegal in the U.K. and considered a wrongful death.

The Jonestown massacre, however, also has elements of murder, as children were murdered by their parents and other cult members. Likewise, suicide bombers can act together as a collective suicide that is also a collective homicide, as they are killing others whilst they kill themselves. In some cases, the principal members and accomplices in a collective homicide/suicide are differentiated under the law, and in other cases they are given equal punishment, depending on the circumstances and jurisdiction. For example, some of the members of a gang who attack someone could be singled out as principals and given harsher sentences than the others. Alternatively, all of the members of a gang may be held equally responsible for the attack, even if some members never touch the victim. (The Crown Prosecution Service, 2017)

There may be cases of over-determination in suicide; for example, a secret service agent takes lethal poison, but she is shot as she lies dying. The poison was sufficient for her death, but it was not strictly necessary, as she also dies from the gunshot, and neither of these was strictly necessary for death. In such a case, if a coroner cannot determine the primary cause of death she may reach an open verdict or she may state both as primary causes, making it both suicide and homicide, as both acts are proximate causes. As discussed, determining causal responsibility where the *sine qua non* rule fails is dealt with by the additional question: “Is there any principle which precludes the treatment of *Y* as the consequence for *X* for legal purposes?” (Hart and Honoré 1985, 110) Some cases weigh matters by degree and abnormal or coincident events may mitigate legal responsibility.

#### IV. A Possible Objection: Homicide/Suicide Symmetries

One could object to my approach by claiming that if I am right — that where we can say that a death is a homicide, an equivalent action performed on oneself is a suicide — this would imply that suicides are morally equivalent to homicides and many suicides should be illegal and subject to prosecution. Since my account of suicide has an inherent causal responsibility-ascribing function, someone could object that it would be counter-productive to



suicidal agents to assess their acts based on whether they should be ‘found guilty’ of self-killing that is definitionally equivalent to a homicide or attempted homicide. This would imply that my approach to understanding the nature of suicide is somehow flawed.

I maintain that doing something to oneself is morally different from performing an equivalent act on another person; grabbing my own arm is different from grabbing someone else’s, for example. This means that suicides are not morally equivalent to corresponding homicides even when they are definitionally symmetrical. Consider the following example: A soldier throws himself onto a grenade to save his comrades and this seems intuitively permissible. It seems that one may kill oneself to protect someone else. If, however, instead of throwing himself onto a grenade the soldier throws his comrade onto a grenade, this may be a homicide to defend others, but it would be a culpable homicide where the equivalent suicide would not be.

Michael Cholbi claims, “...the fact of autonomy establishes the very asymmetry needed to justify suicide: suicide is less morally objectionable than homicide because suicidal persons are permitted to exercise their autonomy with respect to themselves.” (Cholbi 2011, 89) Suicide, then, is reflexive in a way that homicide is not. Or, as in assisted suicides and voluntary euthanasia, one significantly contributes to the causal chain that results in one’s death by authorising someone to bring it about. Elsewhere, I argue that the fact that a suicide is premeditated, strictly intended, and performed with full mental capacity does not make that death blameworthy, as it may with homicide; homicide is only weakly morally symmetrical with suicide even when deaths are definitionally equivalent. Some suicides, however, also constitute homicides if one’s self-killing also kills others, such as a suicide bomber or the mass suicide at Jonestown, and may be culpable.

## V. Conclusion

I have determined that whilst intention may be relevant for the moral characterisation of suicides, it is not a necessary condition for suicide, even in a weak sense of intention, as it is not necessary for homicides. This means that suicide is ‘self-killing,’ rather than ‘intentional self-killing.’ I have established definitional symmetry between suicide and homicide; my suicide taxonomy subclassifies types of suicide to distinguish relevant differences between them, making it more morally neutral than many alternatives, rather than ascribing or implying

characteristics that are not true with all suicides, such as being selfish, cowardly, or wrongful. Suicide includes self-killings that are due to negligence, mistakes, and some accidents. There are also borderline cases of suicide that are also homicides.

This analysis does not entail that suicides that are definitionally equivalent to a given type of homicide are morally equivalent; there is a moral difference between killing oneself and killing another. Elsewhere, I argue that whilst suicide and homicide are definitionally equivalent, they are only weakly morally equivalent, that some suicides may be permissible even if definitionally equivalent homicides are not. This, however, does not imply that all suicides are morally permissible; one may, for example, have duties that preclude permissibly killing oneself. Given the extenuating circumstances underlying an agent's suicide, even if a suicide is impermissible, it may not be blameworthy, nor does this imply that we are morally justified in preventing it; that depends upon such things as the agent's mental capacity and other factors.

This typology is relevant to recent debates on proposed changes to the law regarding physician-assisted suicides. This includes clarifying what the intentions of the agent(s) are, the level of foreseeability involved in the death, the degree to which the agents involved have mental capacity at the time the decision is made, whether the agent acts voluntarily or are coerced or manipulated into suicide, whether their suicide harms others, and whether there are other factors that change the level of culpability, such as whether the suicidal agent has a condition that renders her life not worth living. This typology clarifies that suicides can be passive and suggests that health care workers may have a similar duty of care to someone who is passively killing herself (through anorexia, for instance, or if she is diagnosed with emphysema but continues to smoke) as someone who talks about jumping off of a bridge because she is depressed. It can also differentiate such cases from one where a patient talks about killing herself because she has just been diagnosed with a debilitating disease. This typology establishes a conceptual basis, rather than a merely pragmatic one, to differentiate cases whereby our duty to care may involve helping the patient bring about her own death in the most humane way possible.

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