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## Death, Dying, and Neglected Gardens: Exploring the Ethical Consequences of Immortality

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*Abstract:* As transhumanist philosophy begins to integrate new technologies of biological enhancement, life extension, and anti-ageing therapies, the quest for immortality has become increasingly relevant. Through a discussion of the value assignments socially given to life and death, and the implications these values have for core principles of bioethics, I seek to expose the ethical weakness in advocating for immortal therapies. I draw primarily on John Hardwig's controversial proposal of a "duty to die," and mortality ethics as presented by the members of the 2003 President's Council on Bioethics, in my critique of immortal advocacy. I consider bioethicist John Harris's argument for promoting immortal therapies, and propose that a justification for immortality as he presents it is rooted in socially established fearful and isolationist narrative. In response, I call for dissociating from such a narrative that devalues mortality, and assert that life and death cannot be ethically polarized. Additionally, I argue that it is immoral to advocate for immortal therapies, as doing so chafes against all established bioethical principles.

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"The meaning of life is that it stops."  
*Franz Kafka*

Among the most taught French literary works is Voltaire's 1759 work *Candide: or, Optimism*, a satirical novella known for both its obscenity and its powerful philosophical ideas. Having been raised in a joyful utopia, main character Candide knows the pleasures of life in his own Eden. After an adult life experiencing human misery of the worst kind, Candide abandons true optimism, but wrestles with his continued love of life—he asks of humankind why it endures such pain. Is anything more stupid, he wonders, than "to hold existence in horror, and yet to cling to it?"<sup>1</sup> Candide is not alone in his confusion; this question, likely as old as human suffering itself, is a central struggle of medicine. To practice medicine is to become substantially invested in the lives and well-being of other humans; medicine calls for healing of the horrors of existing, asks us to locate pain and assuage it. To practice bioethics, however, is to ask why, and with what purpose, healing occurs. The bioethicist is called to determine whether, and to what end, human manipulation or intervention should exist. In the face of an ever-advancing conversation of immortality, this is a task that necessitates an examination of the fantasy that drives such dialogue. Every fantasy or ideal is rooted in a narrative, providing reasoning for what is desired. This reasoning is ethically important to dissect and name, because right action is seated within the context of right thought and right desires. The social narrative surrounding death has provided reasoning for both advocating and defending a quest for immortality. In acknowledging and separating from this narrative, it is possible to see what it consists of, and what underlies the reasoning. From an analysis of the struggle with

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<sup>1</sup> Voltaire, *Candide*, trans. Shane Weller (New York: Dover, 1993).

finitude, we can begin not only to answer Candide's insistent question, but understand why he asks it.

The intent of this essay is not to seek an understanding of death itself, but the social cloth in which it is dressed. Death is not purely scientific or factual; it exists within a built social context, which by nature can change and vary. To understand this context and the ways in which it informs bioethics, this essay proceeds in three parts beginning with (1) brief consideration of value assumptions placed on life versus death, followed by (2) an account of the ways in which pursuing immortality is dissonant with the five core principles of bioethics, concluding with (3) comment on what pursuing therapeutic treatment of mortality itself exposes about medicine. The primary argument for life-extending therapies will be addressed as presented in John Harris's 2004 publication "Immortal Ethics," a wide defense of his large body of work advocating for life extension and immortality. To illuminate issues in Harris's argument, I will also reference John Hardwig's argument of a duty to die in his 2007 publication "Dying at the Right Time: Reflections on (Un)Assisted Suicide," and the exploration of life and death as presented in the 2003 report of the President's Council on Bioethics, *Beyond Therapy: Biotechnology and the Pursuit of Happiness*, especially within chapter four, "Ageless Bodies." Moving beyond a *reductio ad absurdum*<sup>2</sup> of immortality, I aim to construct an approach that exposes what is unethical about pursuing immortality in the first place.

The ethical starting point for an advocate of immortality is that death is bad, and life is good. There are many theoretical justifications for concluding that death is bad, with deprivationism as the standard view.<sup>3</sup> Deprivationism establishes that death is an evil because a loss is incurred: We are deprived of future pleasures and experiences by the finitude of death. Arguments that address the badness of death in other ways, such as in its processes or the circumstances of its occurrence, have certainly been made.<sup>4</sup> However, immortality as a response to the badness of death most directly responds to implications of life's finitude. If life is good in that it includes pleasurable or desirable experiences, the conclusion of those who would advocate for immortality is clear: More of a good thing is better. Yet, as any indulgent child knows, the second chocolate bar has different value than the fifth, or the 15th. Much like the experience of eating chocolate, the chronological and cumulative experience of living cannot be categorized into distinct units of standard pleasure or goodness.<sup>5</sup> From the knowledge that an experience is good, it does not follow that more will be just as good, or even be good at all. Even from the knowledge that death may cause pain or unpleasantness, it does not follow that death itself is an evil. Neither life nor death lend themselves to the experience of being ethically inflexible and polarized.

With the understanding of life and death as ethically relative, it is possible to see that their relativity is also social. The ethical value of a death, or life, of one person is defined

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<sup>2</sup> Specifically, in reference to Harris's implication that such an argument is insufficient, p. 527 of John Harris, "Immortal Ethics," *Ethics and Health Policy Ethics*, Health Policy and (Anti-) Aging: Mixed Blessings, 2012.

<sup>3</sup> Carl Tollef Solberg and Espen Gamlund, "The badness of death and priorities in health," *BMC Medical Ethics* 17, no. 1 (2016).

<sup>4</sup> *Ibid*

<sup>5</sup> "Ageless Bodies," The President's Council on Bioethics, "Beyond Therapy: Biotechnology and the Pursuit of Happiness," PscEXTRA Dataset, October 2003.

not just by that person but by their community. As Hardwig observes, the dialogue of death often rests on a false assumption that death is something that comes “only to those who are all alone.”<sup>6</sup> A death is made up of many parts beyond the individual, including the grief or relief of others, which is often a function of the death’s timing. It is possible, suggests Hardwig, for a death to come too late—an unpopular thought, uncomfortable for many.<sup>7</sup> Those who would be better off dead are not necessarily people in pain, experiencing illness, or lacking something that medicine can provide. Those who would be better off dead, Hardwig argues further, may not even want to die. Emphasis on an individual’s desires to the exclusion of their social dependence ignores the fact that we may be required, out of duty or obligation, to do something we may not want to do but would benefit others. It is Hardwig’s view that sometimes, this task may be death. Advocating for immortality is in many ways composed from an isolationist delusion, where one individual’s desire for life and perception of the goodness of their existence is weighted to the exclusion of any social consequences.

The bioethical principles of beneficence and nonmaleficence illustrate how the socially ignorant basis of immortality is not only nearsighted, but in direct opposition to bioethical standards of right action. Beneficence as the active promotion of good and well-being for others, and nonmaleficence as the active avoidance of harming others, both outline loose standards of behavior for individuals.<sup>8</sup> Together they request that an individual know what is good or harmful for others, and that they use that knowledge to inform their actions. While it may be difficult to think that one’s death could be substantially beneficial to others, or that one’s life could be substantially harmful to others, this is a reality of human beings’ social existence. In what situations would the mortality of an individual be substantially beneficial to others? Hardwig’s duty to die is discussed in the context of physician-assisted suicide, disease, senescence<sup>9</sup>, and burdened loved ones. However, it is not only the obligations of diminished health that can constitute social value of one’s death. Human mortality, the authors of *Beyond Therapy* acknowledge, accounts for certain social goods: It allows for the exercise of reproduction, enables reallocation of scarce resources, establishes the value of time to come and time spent, and prevents cultural stagnation. Generational shifts enable an understanding of life’s forward movement, in a way that clocks or calendars cannot. “Cultural time is not chronological time”<sup>10</sup> — and the division between cultural hours may very well be the deaths and births that allow for turnover of ideas, memories, perceptions, and experiences. To promote good for and avoid harming others, it is necessary to acknowledge the net good done to others in the event of one’s death, and the relative harm done in its absence. To advocate for immortality, as a bioethicist, is dismissive of these social obligations.

Considering the social goods brought about by mortality, immortality raises concerns

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<sup>6</sup> John Hardwig, “Is There a Duty to Die?” *The Hastings Center Report* 27, no. 2 (March 4, 1997).

<sup>7</sup> *Ibid*

<sup>8</sup> Definition of bioethical principles as used can be found on p 10, Vaughn, Lewis. *Bioethics: principles, issues, and cases*. New York; Oxford: Oxford University Press, 2017.

<sup>9</sup> Used here in the biological definition: age-related physical deterioration of life forms

<sup>10</sup> “Ageless Bodies,” *The President’s Council on Bioethics*, “Beyond Therapy: Biotechnology and the Pursuit of Happiness,” *PsycEXTRA Dataset*, October 2003.

of utility and aggregate welfare. Resources are scarce, and the social structure established by mortality accounts for some of life's goodness. If every individual, or even just most, were to be immortal, the fabric of the world we live in would change drastically enough that immortality would no longer look like what it was imagined to be by those who chose it. These concerns lead the authors of *Beyond Therapy* to conclude that drastically extended lifespan or immortality may be a sort of cultural "tragedy of the commons"<sup>11</sup>—while it may be an exciting prospect for an individual to have a leg up on the amount of time they are able to spend learning, experiencing, and synthesizing the world, such a reality is only a gift when it is relatively unique. In response to these concerns of utility and justice within immortal therapies, Harris is not troubled. Resting on the assumption that cost, risk, and other access barriers will prevent most people from attaining status as immortals, he envisions a world where mortals and immortals live in harmony.<sup>12</sup> Harris acknowledges that access to immortalizing therapies will likely exacerbate pre-existing inequities; however, this does not create for him any obligation to reconsider pursuing immortality. Regrettable as it is, immortality would be a palpable good just like any other services of health care, for which it would be ethically impermissible to deny access to some in lieu of the ability to provide access to all.<sup>13</sup> Harris both expects and accepts a lack of distributive justice, relying on access barriers to contain the population of immortals. It is one thing to acknowledge individual limits in the enacting justice, such that the pursuit of equality for others does not constitute undue burden or require supererogatory action. It is another thing entirely to rely on and passively accept injustice to avoid addressing concerns of utility.

Where justice, selflessness, and utility have opposed the ethical basis of a quest for immortality, it might be expected that autonomy would be a more forgiving bioethical principle. Surely what is a bit selfish, unjust, or impractical about idealizing immortality may take shelter in the right to self-determination granted by the autonomy principle. Yet, this is not the case. "Ageless Bodies" contemplates not only the social consequences of postponing or eliminating death, but the individual consequences as well. It addresses birth and death through their contrast dependency, tracing the arc of the human life as something both created and destroyed.<sup>14</sup> Dreams and the urgency with which they are pursued are suggested as dependent on the inevitability of death. Pressures for euthanasia and suicide, especially in the event of chronic illness whilst immortal, are raised as concerns for the individual's ability to direct their own life.<sup>15</sup> Freedom to procreate, and respect for one's ability to derive meaning and purpose from procreation, are also central to respect of autonomy. What becomes of these ways in which death seems to bless life, and give it clarity? For Harris, nothing. Death continues to be merely an obstacle, a disability, for which any goodness it provides the individual would be greatly outweighed by its elim-

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<sup>11</sup> Hardin, Garrett. "The Tragedy of the Commons." *Science* 162, no. 3859 (December 13, 1968): 1243-248.

<sup>12</sup> John Harris, "Immortal Ethics," *Ethics and Health Policy Ethics, Health Policy and (Anti-) Aging: Mixed Blessings*, 2012.

<sup>13</sup> *Ibid*, 529

<sup>14</sup> "Ageless Bodies," The President's Council on Bioethics, "Beyond Therapy: Biotechnology and the Pursuit of Happiness," *PsycEXTRA Dataset*, October 2003.

<sup>15</sup> *Ibid*

ination.<sup>16</sup> There is a paternalistic quality to such ignorance—to assume there is nothing central about life, for anyone, which depends on death for its significance, so they will be better off without it. Much like a physician is expected not to decide a course of action for their patients based on what they themselves fear, bioethicists should not construct ethical arguments that assume their anxieties are ubiquitous. It is ethically concerning to impart blindness on all because of what one cannot see for themselves.

Throughout “Ageless Bodies” is a sober tone of caution underlying pervasive optimism. Addressing age within the sphere of medicine brings with it implications that could have undesirable consequences. What does it mean to consider what would otherwise be a whole, healthy, ideal human life as a problem to be solved simply because the life was finite?<sup>17</sup> The members of the Bioethical Council warn that immortality will not absolve humans of the need to wrestle with purpose, meaning, or time. It is a given of Harris’s argument for ethical permissibility of immortality that all people desire life, at any cost, and fear death. What does it mean, for the purpose of medicine, that people would desire life at any cost? Is this pervasive fear of life’s end justified? Must the principles of bioethics be sacrificed in the face of fear, of lacking control? In the introduction of their topic choice—biotechnology and enhancement therapies—the authors of *Beyond Therapy* discuss René Descartes’ visions for a medicine of the future: one where man would be “like masters and owners of nature.”<sup>18</sup> It is from this vision of medicine—one which owns life and seeks to master it—that the weakness of a narrative that devalues mortality is illuminated.

The quest for immortality does more than chafe against every tenet of bioethics; it provides opportunity to flex one’s logic muscles in untangling the convoluted assumptions devaluing mortality. Such a pursuit ignores that nothing about this world is immortal—nothing that humans depend on—not the earth, not space, not time, no element of this existence as we know it. Advocates of immortality seek to control what is outside the scope of human influence, scrambling madly in the face of the unknown, cowering in fear and avoidance rather than seeking acceptance. The quest for immortality in itself reveals a weakness in humanity that is problematic in what it implies. The badness of death as a starting place for bioethics and for medicine limits the practice of healing and the ability to sufficiently alleviate suffering. It is not weak to accept that humankind may have physical limits or that life ends. What is weak is to fear this observation, and clamp down on life with a grip so tight it strangles anything delicate. It is “better surely,” muses Harris in the concluding statements of “Immortal Ethics,” to match the “scientific race to achieve immortality” with a parallel race in ethics to keep pace.<sup>19</sup> Ethics, however, moves not with velocity fueled by fear, but with careful purpose and thorough inquiry. It is not the task of ethics to justify social fears and weaknesses on the descriptive plane, but to transcend these, deducing and challenging their normative roots.

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<sup>16</sup> John Harris, “Immortal Ethics,” *Ethics and Health Policy Ethics, Health Policy and (Anti-) Aging: Mixed Blessings*, 2012: 531

<sup>17</sup> “Ageless Bodies,” The President’s Council on Bioethics, “Beyond Therapy: Biotechnology and the Pursuit of Happiness,” *PsycEXTRA Dataset*, October 2003.

<sup>18</sup> “Biotechnology and the Pursuit of Happiness,” The President’s Council on Bioethics, “Beyond Therapy: Biotechnology and the Pursuit of Happiness,” *PsycEXTRA Dataset*, October 2003.

<sup>19</sup> John Harris, “Immortal Ethics,” *Ethics and Health Policy Ethics, Health Policy and (Anti-) Aging: Mixed Blessings*, 2012: 533

Voltaire concludes his novella with a return to the land: We meet Candide in Eden, and we leave him in a field of crops. He tends to his plot *ut operaretur eum*; driven with purpose, no longer fearing the world which he knows now to be full of pain. On occasion, we're told, Candide's mentor would remind him of the pain he endured in his lifetime and rationalize the experiences. "That is very well put," Candide would patiently reply, "but we must go and work our garden."<sup>20</sup> And so they would. As in all gardens—whether they be of crops, flowers, or of the fruits and labors of our own lives—there are seasons, the death of one necessary for the birth of the next. As in all gardens, the tenderness with which one nurtures the bloom of spring earns its sweetness from the understanding that it will expire.

### References

- Hardin, Garrett. "The Tragedy of the Commons." *Science* 162, no. 3859 (December 13, 1968): 1243-248.
- Hardwig, John. "Is There a Duty to Die?" *The Hastings Center Report* 27, no. 2 (March 4, 1997): 34-42.
- Harris, John. "Immortal Ethics." *Ethics and Health Policy Ethics, Health Policy and (Anti) Aging: Mixed Blessings*, 2012, 189-96.
- Solberg, Carl Tollef, and Espen Gamlund. "The badness of death and priorities in health." *BMC Medical Ethics* 17, no. 1 (2016).
- The President's Council on Bioethics. "Beyond Therapy: Biotechnology and the Pursuit of Happiness." *PsycEXTRA Dataset*, October 2003.
- Vaughn, Lewis. *Bioethics: principles, issues, and cases*. New York; Oxford: Oxford University Press, 2017.
- Voltaire. *Candide*. Translated by Shane Weller. New York: Dover, 1993.

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<sup>20</sup> Voltaire, *Candide*, trans. Shane Weller (New York: Dover, 1993).