

On the (Alleged) Right to Suicide

Aleksy Tarasenko-Struc
Seton Hall University
aleksy.tarasenkostruc@shu.edu

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Abstract: Discussions of the ethics of suicide and suicide intervention tend to focus on when, if ever, suicide is (prudentially) rational or on when, if ever, it's morally permissible. I consider a different, seldom addressed question: when, if ever, does a person have a moral right to pursue suicide, such that it's wrong for others to (forcibly) interfere with her efforts to do so? Taking it as a working hypothesis that such a right exists, I draw conclusions about its scope by evaluating influential proposals about its source. I examine two proposed grounds of the right to suicide—liberty and autonomy—which are associated, respectively, with utilitarianism and Kantianism. While raising challenges for each approach, I argue that autonomy-based views are superior, then derive a set of conditions that a person must meet to retain a strong *pro tanto* right to suicide.

Key words: suicide, suicide intervention, liberty, autonomy, paternalism

Introduction: A Right to Suicide?

Albert Camus (1979: 11) provocatively opens *The Myth of Sisyphus* with one of the boldest lines in the history of philosophy: 'There is but one truly serious philosophical problem and that is suicide.' Camus's point is both an overstatement and an understatement. Suicide does not pose the *only* truly serious philosophical problem. More to the point, it raises *several* such problems, not just one—all of which are, indeed, of momentous importance, for ethics and for life.

Discussions of the ethics of suicide and suicide intervention tend to focus on two questions. First, when, if ever, suicide is (prudentially) rational? Second, when, if ever, is suicide morally *permissible*? (Relatedly, is there ever a *duty* to pursue suicide?) I consider a different, seldom addressed question: when, if ever, does a person have a (moral) *right* to pursue suicide,

such that it's wrong for others to (forcibly) interfere with her efforts to do so?¹ I have in mind the stock-in-trade of clinicians engaged in suicide prevention—involuntary holds in a locked psychiatric unit, one-to-one safety sits, medication over objection—rather than, say, persuasion.

Not only is this question important, but it's also not clearly settled by establishing that it's wrong to pursue suicide—if only because we sometimes seem to enjoy a right to do wrong. For example, a person arguably has a right to spend most of his after-tax income on frivolities instead of using it to help the needy; to break his romantic partner's heart; and, more controversially, to engage in (nonviolent) hate speech toward socially disfavored groups. While these actions are wrong, he may have a moral right to perform them, for they violate no one's negative rights yet interfering with these actions, especially coercively, would violate important rights/interests of his.² If so, suicide's immorality wouldn't imply that there's no right to end one's own life.

Perhaps there is no right to suicide. But for the sake of our discussion, I'll assume that there is at least a *pro tanto* right: a right that, while holding moral weight, may be overridden in some circumstances. Taking it as a working hypothesis that there is such a right, I want to draw conclusions about its *scope*—when we have it—by evaluating proposals concerning its *source*—why we have it. I examine two proposed grounds of that right—liberty and autonomy—which are associated, respectively, with utilitarianism and Kantianism. While raising challenges for each approach, I argue that autonomy-based views of the right to suicide are superior, then close by deriving a set of conditions that a person must meet to retain a strong *pro tanto* right to it.

¹ In discussing suicide, for instance, Benatar (2021) considers only the question of rationality and the question of permissibility. Reed (2021: 228) foregrounds the question of permissibility and even reads the question of rights as settled by answering the former. Varelius (2021) focuses only on the question of rationality. For a recent discussion of whether there is a right to suicide, however, see Belshaw (2025).

² A classic defense of the thesis that people sometimes have a right to do wrong—as well as some of the above examples—are due to Jeremy Waldron; see Waldron (1981).

The Liberty Account and the Harm Principle

One potential pillar of the (alleged) right to suicide lies in the value of *liberty*.³ The basic idea here, which appears in various guises, is simple and compelling: a competent person has a right to determine the shape of her life, which grounds a corresponding right to determine when and how her life ends. Call this idea the *liberty account*. It boasts impressive credentials.

In *On Liberty*, John Stuart Mill (2003: 95) introduces his now-famous *harm principle*: ‘the only purpose for which power can rightfully be exercised over any member of a civilised community, against his will, is to prevent harm to others. His own good, either physical or moral, is not a sufficient warrant.’ In other words, according to Mill⁴, people are justified in forcibly curbing an individual’s liberty of action only if, by exercising his liberty, he will cause (or risks causing) harm to some third party (without the latter’s consent). Thus, the fact that an individual will harm—or risks harming—himself, or would forgo some benefit, doesn’t justify forcibly curbing his liberty. Notably, Mill’s harm principle doesn’t rule out trying to *persuade* that individual to choose the option that’s better for him, only attempts to *compel* him to pursue it.

Mill’s harm principle comes with three important exceptions—circumstances in which we’re permitted to forcibly curtail an individual’s liberty to prevent him from harming himself. The first is that the agent is *acting on the basis of a false belief* (or without a relevant true belief): he doesn’t know what he’s doing, like the person who goes to drink a glass of gasoline because he mistakes it for gin. The second is that the agent is *incompetent* or decisionally incapacitated. He is, for example, in the throes of severe mental illness, significant cognitive disability,

³ There are other notable sources of the idea that a right to suicide is grounded in the value of liberty. In Dworkin et al (1997), the authors argue that there is a right to a willing physician’s assistance in suicide, partly on the basis that we have a *liberty interest* in determining the time and manner of our own death. But their project differs substantially from mine: I’m interested in when it’s wrong to interfere with a person’s suicide attempt, not whether it’s wrong to prevent physicians from helping patients end their lives.

⁴ Or, more accurately, according to Mill as he figures in the philosophical imagination. None of my remarks on the harm principle should be read strictly as an attempt at exegesis.

intoxication, or immaturity, hence incapable of making a meaningful choice. In both cases, we are permitted to forcibly prevent these individuals from harming themselves, even if they won't thereby cause harm to anyone else. Finally, we are permitted, within limits, to forcibly curb people's liberty on a temporary basis, so as to check whether they are competent and properly informed. For instance, Mill argues that we can physically restrain someone setting out to cross a dangerous bridge when there's no time to warn him, to determine whether he knows the risks.

As far as I know, Mill himself never expressed a position on the ethics of suicide or suicide intervention. However, Julian Savulescu (1997) has defended a neo-Millian view of when it's wrong to forcibly prevent a person from pursuing suicide—for example, by placing her on an involuntary psychiatric hold, forcing mood-altering medication on her, and the like. Savulescu's starting point concerns our right not to have medical treatment forced on us—even when we're not suicidal. Suppose, for example, that a Jehovah's Witness patient—Elizabeth—is diagnosed with leukemia, and that the only course of treatment that will save her life consists of chemotherapy and regular blood transfusions. Although she is open to pursuing chemotherapy, Elizabeth declines the transfusions, because accepting them is contrary to her religious beliefs. Many would claim that as long as she is competent, Elizabeth has a strong right not to be given blood transfusions against her will, even if her refusal will lead to her death. Why?

Savulescu argues that it's not because the Jehovah's Witness patient is acting on *religious* beliefs specifically that her physicians should respect her refusal and decline to forcibly transfuse her. Rather, it's because her refusal is based on values or ideals that give her life meaning and express central aspects of her identity as an individual, and it's good for a person to be able to live her life in light of values or ideals of this kind. This idea grounds a strong right against forced treatment, per Savulescu (1997: 111): 'people have the right to choose a course which is

less than the best. Perhaps it is true that they ought to pursue the best course. But it is not true they ought to be compelled to pursue that course, no matter how attractive it is to others.'

How does this idea apply to suicide intervention? Savulescu's view seems to be that forcible interfering with another person's suicide attempt is permissible only if (a) she's thereby acting on the basis of a false belief (or in the absence of a relevant true belief) or (b) she's decisionally incapacitated. Yet given how close his view is to Mill's, he's also arguably committed to a further condition: (c) we need to temporarily verify that she's neither (a) nor (b).

Savulescu's view faces two objections. First, it implies, implausibly, that it's wrong to forcibly prevent someone from pursuing suicide when her desire to do so is *momentary*, lasting only (say) an hour. Commenting on the idea that suicide attempters are impulsive and will give up their suicidal intention if forcibly treated, Savulescu (1997: 111) acknowledges that such a change of heart is possible but that it 'does not imply that her original judgment was wrong, or that she should have been coerced out of it. It may merely show that desires can change.'

Imagine, though, that an old friend of yours—Jack—has just discovered that his spouse has filed for divorce. He's miserable. You know that in difficult times, Jack experiences periods of intense yet short-lived despair, during which he's prone to making choices that he regrets soon afterward. Now suppose that Jack tells you that he plans on taking his life; he cannot bear the thought of separating from his spouse. Savulescu's view implies that it would still be wrong to forcibly frustrate his attempt so long as (you know) that he has decisional capacity and knows what he's doing—even if, say, you know that he'll be suicidal for just one night (or one hour).

That seems hard to accept. You morally ought to stop Jack from ending his life impulsively. At the very least, it's permissible for you to do so. So, if there's a right to suicide,

it's not plausibly enjoyed by people who plan to end their life on the strength of a momentary desire. A person's right to end her own life is not like her right to spend her income frivolously.

Second, Savulescu's neo-Millian view implies—falsely—that forcible intervention is wrong when a person attempts suicide under the influence of *akrasia*: acting against her judgment about what she ought to do, all things considered, by giving into temptation (and perhaps even acting on a desire that she doesn't endorse). That, too, seems hard to accept.

Imagine that Don has struggled with suicidal ideation for years. Don knows, on some level, that his life is worth living and his goals worth pursuing, yet he's sometimes gripped by the feeling that both are pointless. He doesn't endorse these desires but finds that they sometimes move him to contemplate suicide, against his considered judgments about what's best for him. One day, he finds that these desires overwhelm his reason, and he begins planning to end his life.

It seems that we're permitted to forcibly intervene in Don's suicidal plan, even though he retains decisional capacity and acts on the basis of no false or inadequate information. Not only is his plan to end his life detached from his deeper values, but he even recognizes the discrepancy and disavows his suicidal desires, from which he's alienated even if they move him.

These issues reveal a general problem with the liberty account, not just with Savulescu's view. If there's a right to suicide, it's enjoyed by people whose choice to end their lives expresses their stable, reflectively endorsed values—not by those acting on whim, impulse, or temptation. The choice must be an expression of their will. And this restriction is not well captured by the idea that people have a right to do what they want to do so long as they're competent, know what they're doing, and don't unduly harm others in the process. To determine whether a person has a strong *pro tanto* right to suicide, rather, we need to consider a wider range of agential failures on her part—breakdowns in decision-making—through which her right can be weakened or lost.

The Autonomy Account and Autonomy Worthy of Respect

We find a more promising contender in the notion of *respect for autonomy*—the idea that a person’s autonomous will merits respectful deference. Respect for autonomy has been associated with Immanuel Kant, who located the source of morality’s authority—and of the special value of persons—in our capacity to make laws for ourselves and others. While Kant opposed suicide, we might think that the value of autonomy could plausibly ground a broad right to end one’s life.

On the *autonomy account*, a person has a right to pursue suicide in virtue of the value of autonomy and of her autonomous will specifically, which merits respect even—sometimes—at the expense of her well-being. To enjoy a strong *pro tanto* right to suicide, on this view, a person must meet a threshold of autonomous decision-making. Her decision to end her life cannot be due to the sorts of significant agential failures that prevent her actions from expressing her will.

More recently, some moral philosophers have put Kant’s key idea to work in trying to determine when, exactly, it’s permissible to forcibly interfere with a person’s plan to kill herself. Michael Cholbi (2013), for one, has defended a neo-Kantian position on the ethics of suicide intervention.⁵ His starting point is a general view about when it’s justified to engage in *paternalism*: interfering with a person’s freedom for her own good, and without her consent.

According to Cholbi, paternalism is justified only if two conditions are met. First, the individual’s action must be *self-defeating*—making it less likely that she will achieve her goals and thereby advance her conception of the good. Second, that individual’s choice must be *irrationally motivated*—based on distorting influences on her practical reasoning (e.g., weakness of will, mental disorder), not just rational errors (e.g., purely factual mistakes). In other words, we’re entitled to engage in paternalism toward someone only when her action is unlikely to

⁵ For an earlier statement of his view, see Cholbi (2003). For a less Kantian account of the right to suicide that still gives pride of place to respect for autonomy, see Belshaw (2025).

advance their conception of the good and that mismatch is due to distortions in her reasoning. We're not permitted to intervene in her life to impose our own conception of the good on her.

What about forcible suicide intervention? Well, on Cholbi's view, we normally have a defeasible permission to forcibly interfere with suicidal individuals' plan to end their lives when the above conditions are met.⁶ That's because suicide attempters tend to be instrumentally irrational and to suffer from distortions of rationality in particular. Moreover, irrational acts of suicide are far more prudentially costly than many other irrational acts: unlike the person who loses her life savings in a game of blackjack, the person who pursues suicide loses her life.

Cholbi's neo-Kantian view enjoys advantages not shared by neo-Millian views like Savulescu's. Specifically, it appears to steer clear of the two challenges for Savulescu's view that I raised above. But it's still vulnerable to two further objections. First, his view implies—implausibly—that it's wrong to forcibly interfere with a person's suicidal plan when that plan is based on a *false belief* about a relatively uncontroversial matter of non-normative fact.

Suppose, for instance, that Jill bet her family's life savings that the Los Angeles Dodgers would win the World Series. Some friends whom she trusts told her—it turns out erroneously—that the Dodgers lost the World Series, and she's in despair. She lives in a rural area with spotty access to the Internet, so she cannot easily verify their claims. Convinced that she's immiserated his family through her reckless actions, she resolves to take her life. Now suppose that you're Jill's friend. You know that her belief is false: the Dodgers, in fact, won the World Series.

⁶ It's important to note that, in a recent piece, Cholbi (2026) expresses empirically grounded doubts about the justifiability of engaging in suicide intervention even when these two conditions are met. Briefly, he argues that it's tricky to accurately predict that an individual will pursue suicide; that preventers may not be impartial in determining whether she would benefit overall from ending her life; that the efficacy of non-consensual prevention efforts is dubious; and that such prevention efforts sometimes have overlooked, overall-harmful side-effects.

In that case, it seems permissible to stop her from ending her life even though the belief on which she acts constitutes a simple factual error, not one rooted in distorted reasoning. To be sure, we're not always permitted to interfere with someone's self-destructive decision when it's based on a brute false belief. The strongest case for intervention can be made when the belief is both (1) easily corrected and (2) concerns some relatively uncontroversial, readily verifiable matter. But Jill's belief about which team won the World Series meets these conditions easily.

Second, Cholbi's Kantian view also seems to get counterintuitive results on trickier cases. Recall that his view licenses paternalistic suicide intervention only when a person's suicidal plan fails to advance her own conception of the good. Some suicidal individuals, though—especially those in the grip of deep depression—seem to lack goals, and even a conception of the good, altogether. These are *suicidal nihilists*, in Cholbi's terms. Because they have no conception of the good, however, it follows that his view forbids stopping them from ending their lives, at least for their own benefit. For, strictly speaking, nothing counts as a benefit from their own point of view. To stop them would be to impose on them a value that they don't embrace: the value of life itself.

Still, contra Cholbi, it seems false that it's wrong to forcibly prevent suicidal nihilists from ending their lives. His point can be challenged by developing an analogy between our duties to suicidal nihilists and our duties to very young children. Respect for autonomy is called for only if a person meets a baseline of autonomous decision-making—when there's enough autonomy there to be respected. That's why we don't generally see it as morally problematic to curb very young children's freedom, for their own good. In lacking a conception of the good, very young children don't meet a threshold of autonomous decision-making such that their will merits the kind of respectful deference that we accord to adults and even older children. There's no autonomy to respect—not yet. And that's what adults have a duty to help them develop.

What I'm suggesting, then, is a potential parallel between our duties toward young children and our duties toward suicidal nihilists. What both groups have in common is that they lack a conception of the good—and, thus, a condition of autonomous decision-making. In this way, both are profoundly non-autonomous. But then it follows that we don't act out of disrespect for their autonomy when we interfere with their actions in certain ways, particularly when we curtail their freedom so as to allow them to develop or regain a conception of the good.

Obviously, there are differences: children have yet to develop autonomy, whereas suicidal nihilists had it, but lost it. Nevertheless, the similarities that I've noted suggest that we're permitted to forcibly interfere with suicidal nihilists' plan to end their lives when our efforts are oriented to helping them regain a conception of the good—hence, autonomy itself. To do so is not to disrespect their autonomy (for there's nothing to disrespect), but to help them regain it.

(When) Might There Be a Right to Suicide?

Savulescu's liberty account and Cholbi's autonomy account face powerful challenges, I've argued. But they also contain important insights into when people do (and don't) retain the right to suicide, so I believe that combining these will bring us closer to the truth. My discussion thus suggests that a person enjoys a strong *pro tanto* right to suicide, such that it's presumptively very wrong to forcibly stop her from ending her own life, if and only if these conditions are met:

(1) *Competence*: the person is competent to meaningfully choose in that she is able to

- (a) understand relevant facts about her prospective action and her situation,
- (b) appreciate how those facts apply to her and to what she values,

- (c) reason about the costs/risks and benefits of suicide, and
 - (d) make a choice on the basis of values that constitute her conception of the good.
- (2) *Authenticity*: the person's choice of suicide is based on a stable, reflectively endorsed desire or value of hers—rather than motivated by a significant distortion of rationality—and she has engaged in reflection to determine that it is so based;
- (3) *Adequate Information*: the person's choice of suicide is adequately informed: it is based on true beliefs about all relevant (knowable) matters of non-normative fact.
- (4) *Means-Ends Efficacy*: the person's choice of suicide will either realize some highly valued goals(s) of hers or at least not undermine her most highly valued goal(s).

When conditions (1)–(4) are met, forcibly stopping her from ending her life is presumptively very wrong, betraying a serious lack of respect for her autonomy and thus for her as a person. My account therefore sets the bar for retaining the *pro tanto* right to suicide rather high, indeed higher than the other views that we've considered. Why? Because suicide is, standardly, very *risky*: the individual stands to lose their only life, with all the good that it may still bring them.⁷

An interesting consequence of this risk-relative view is that it suggests a sliding scale. Normally, third parties—particularly clinicians, police officers, and loved ones—are morally required, within limits, to check whether a suicide attempter meets the above conditions, when

⁷ In setting the bar so high, however, my account doesn't treat the decision to die differently than other risky, potentially severely harmful choices. Does a person have a *pro tanto* right to go stunt cycling on their motorcycle in a remote, mountainous region, even if there's a serious risk of traumatic brain injury—and thus of life-long severe pain or vegetative state? Maybe so! But only, I want to insist, if they meet analogues of conditions (1)–(4).

no sufficiently strong evidence that he does is yet available to them. A suicidal intention does constitute some evidence of impulsiveness or of incapacitating depression, after all. But what if he's a nonagenarian leukemia patient with only another day to live, who has said his goodbyes to family and friends and put his affairs in order? Then, the usual due diligence may be relaxed. The worse a person's life is, relative to her own goals or values, the less careful third parties need to be in checking that his decision is competent, authentic, informed, and means-end efficacious. Indeed, the nonagenarian even retains the right without meeting all of the above conditions.

Ordinarily, though, the bar for retaining a *pro tanto* right to suicide is high. Nevertheless, it is low enough that some people will retain the right even when, by exercising it, they will thereby almost certainly lose many happy years of life. Consider François Vatel, a 17th-century chef who threw a lavish banquet for Louis XIV—but killed himself because his seafood order had not arrived. Now Vatel was impulsive, perhaps psychologically unstable, and definitely ill-informed; in fact, the seafood was delivered *after* he decided to take his life. But if he meets conditions (1)–(4), and submits to third parties' efforts to verify that he does, my view implies that he had the *pro tanto* right to end his life, even for what seems like a frivolous reason.

That last pill may seem especially hard to swallow, so let me clarify. The right to suicide that I have in mind is a *pro tanto* right. So, my discussion doesn't imply that forcible suicide intervention is *all-things-considered* wrong even when the above conditions are met, only *presumptively* wrong. There may be other, stronger moral objections to suicide, either in general or in specific cases, which could justify others in infringing a person's right to end his life. For one, someone who meets the above conditions still has no right to end his life in a way that would bring bodily injury to innocent bystanders—no right to shoot himself at midday in Times

Square, for instance.⁸ Similarly, my discussion doesn't imply that forcible suicide intervention is *all-things-considered* permissible when not all of the above conditions are met, only *presumptively* permissible. There could be other moral objections to certain (especially non-consensual) suicide prevention efforts—for instance, as Cholbi (2026) points out in a later piece that's more skeptical of such efforts, that they're unlikely to deter their targets from ending their lives, ultimately. My discussion therefore leaves open many practical questions, such as *when* and *how* people may exercise the right to suicide, consistent with the rights of others, as well as what sorts of interventions may permissibly be pursued for an individual who lacks the right.

Some of these practical questions are extremely difficult. One person's suicide may and usually does affect others, frequently causing them distress. By ending his life, a person may be traumatizing not only his loved ones but also perfect strangers, like the clinicians who try, and fail, to save his life after his suicide attempt.⁹ In light of that, should a person's family and friends, or his clinicians, be granted the power to veto his suicidal decision, even when it's competent, authentic, informed, and means-end efficacious? Well, would we also think that they have the right to veto his refusal of life-sustaining medical treatment? If so, why? If not, what's the difference? A full account of the right to suicide would have to address these questions.

The case for a right to suicide sketched in this essay is conditional; hence the 'alleged' in my title! Whether it's defensible depends, in part, on settling high-altitude debates about human nature, our relation to God (if one exists), and the place of individuals within the community. But it also depends on the tenability of *antipaternalism*: the idea that it's presumptively wrong to (non-consensually) interfere with a person's freedom for his own good—even to save his life. *Is* it overridingly important to respect a person's autonomy, even at the expense of her well-being?

⁸ Thanks to Aidan McCoy for this example.

⁹ Thanks to Greg Pence for pushing me to broaden my view beyond the suicidal individual.

While some—like myself—find an affirmative answer to this question attractive, it is easier to endorse than to defend. The question of whether there is a right to suicide may not be the only truly serious philosophical problem. But it is still the ultimate test case for antipaternalism.¹⁰

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