How ought counselling psychologists to think about assisted dying?

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Assisted dying has been decriminalised in several countries and territories across the world. In the majority of these jurisdictions, individuals applying for medical assistance in ending their lives are required to be mentally competent to make an informed decision and to have given the matter sufficient consideration. The field of psychology, and counselling psychology in particular, seemingly has a significant contribution to make in this regard. Increasingly liberal attitudes towards assisted dying, both internationally and domestically, suggest that it might be prudent for the profession of counselling psychology to begin thinking seriously about what attitudes it ought to hold with respect to assisted dying. Moreover, recent court rulings have suggested that the current prohibition on assisted dying in South Africa will increasingly face legal challenges on constitutional grounds. Sketching a framework within which counselling psychologists might begin to debate the profession's position towards assisted dying thus seems timely.

Counselling psychology claims to articulate its professional identity primarily in terms of values rather than in reference to certain theoretical orientations, distinct intervention methods, specific client populations or set outcomes. Paramount among these values are altruism, autonomy, dignity, social justice, emphasis on individual agency and promotion of human flourishing. Drawing on these values it appears that life, in the biologically essentialist sense, is a necessary yet insufficient precondition to be considered truly alive. An individual's biographical life constitutes the minimum standard for sufficiency. Consequently, when thinking about the value life might hold for a particular individual, counselling psychologists would have to give primary consideration to the individual's biographical life and not merely their biological state. Once the primacy of biographical life is accepted, it follows that rational individuals are positioned to make judgements regarding the anticipated value of continuing to live or choosing to die. However, this does little to help determine whether counselling psychologists ought to consider assisted dying for those who judge their lives no longer worth living to be morally objectionable.

The values promoted by the profession suggest that certain schools of moral thought might be particularly relevant to counselling psychologists when reasoning about the ethics of assisted dying. The principles of utilitarianism, deontology, African perspectives on personhood and virtue ethics seem to be particularly suited to determining whether, from the perspective of counselling psychology as a discipline, the prohibition on assisted dying under all circumstances, as is currently the case in South Africa, is morally justified. Even a cursory examination of the majority position within each of these moral theories reinforces the complexity of the task confronting counselling psychologists should they seriously wish to develop a coherent professional position on the issue of assisted dying. Nonetheless, based on utilitarianism, deontology and an indigenous bioethics of personhood, it seems that a *prima facie* moral case cannot be made for a total prohibition on assisted dying. However, this is an initial position that is obviously open to objection on various fronts and will hopefully stimulate meaningful discussion within the profession.