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Human Health and Stoic Moral Norms

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ABSTRACT

For the philosophy of medicine, there are two things of interest about the stoic account of moral norms, quite apart from whether the rest of stoic ethical theory is compelling. One is the stoic version of naturalism: its account of practical reasoning, its solution to the is/ought problem, and its contention that norms for creating, sustaining, or restoring human health are tantamount to moral norms. The other is the stoic account of human agency: its description of the intimate connections between human health, rational agency, and moral norms. There is practical guidance to be gained from exploring those connections, whether or not one is ready to follow stoic moral theory all the way to its austere end.

Keywords: human health, moral norms, practical reasoning, stoicism, virtue

I. INTRODUCTION

Philosophers of medicine may find it useful to explore the resources of stoic[1] ethical theory. For one thing, stoic norms, like medical ones, are grounded in a schematic account of human nature and diversity, with an implicit metaethic that is parallel to norm-setting discussions in medicine about what constitutes physical health for a given human individual in a given environment. Both normative enterprises thus grow out of preliminary, abstract descriptions of human species-characteristics, but in their normative applications are relentlessly particularistic – meant to be modified as needed for the peculiarities of particular cases. For another thing, stoics argue for an intimate connection between health and virtue – one so intimate, in fact, that for stoics, effective health care is *ipso facto* an element of caring for the recipient's moral

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development. Even if modern philosophers of medicine are ultimately unpersuaded by that very strong thesis, they have a good deal to gain from examining the case for it.

II. THE STOIC AGENDA

Stoics think it is no more difficult to derive norms about moral conduct from facts about human physiology and psychology (human nature) than it is to derive norms about health from those facts. It is true that humans differ from each other considerably in their anatomy, physiology, and psychology. Yet there is general agreement that we can derive philosophically defensible and determinative *medical* norms from general facts about human nature, amended (when applied to cases) by more specific information about the individuals and environments involved. We routinely derive, test and refine norms about nutritional requirements, for instance, or lethal environments, or satisfactory blood gases, or pathological mental states in this way. Even if it is true, as philosophers have recently argued, that it is more or less futile to try to define medically significant concepts of health, disease, and normality for human beings *in the abstract*,[2] none of those authors supposes that the whole enterprise of medicine is futile, as it would be if it were equally difficult to define medically significant norms of health, disease, and normality in the full particularity of concrete cases. Such particularistic medical norms collectively define the forms and conditions of life in which we believe human beings can be healthy, and no one is surprised to find the arguments for them to be thoroughly naturalistic.

Suppose we say that moral norms, by contrast, define the forms of life in which we believe human beings can be virtuous. There is, of course, remarkable diversity in the patterns of human conduct and character – in the complex sets of intentions, beliefs, values, plans, hopes, expectations and patterns of conduct that define various ways of life and conceptions of a life worth living. But for stoics, moral norms define, first and foremost, the forms of life in which human beings can be psychologically healthy, because stoics hold that human moral excellence (virtue) *just is* the pinnacle of healthy psychological development with respect to a special feature of paradigmatically human life: active rational agency. So when we get medical norms for human psychological health from facts about the world, we also get stoic moral norms. Physical health enters the picture insofar as it is important for psychological health, and hence, for virtue.

For the philosophy of medicine, there are two things here of general philosophical interest, quite apart from whether the rest of stoic ethical theory is compelling. One is the stoic version of naturalism: its account of practical reasoning, its solution to the is/ought problem, and its contention that norms for creating, sustaining, or restoring human health are tantamount to moral norms. The other is the stoic account of human agency: its description of the intimate connections between human health, rational agency, and moral norms. There is practical guidance to be gained from exploring those connections, whether or not one is ready to follow stoic moral theory all the way to its austere end.

In what follows, I shall simply describe – mostly without much supporting argument – the relevant stoic views, leaving to my nonstoic readers the straightforward task of extracting items of philosophical interest.

III. METAETHICS: IS, OUGHT, MORAL NORMS, AND ULTIMATE JUSTIFICATION

The Moral Point of View. Stoics hold that nothing distinguishes moral reasoning and the moral point of view from other forms of practical reasoning except inclusiveness, and hence finality. Moral reasoning is simply practical reasoning all-things-considered. It is reasoning about what we ought to do and be, but not from a special-purpose point of view such as prudence, benevolence, legality, or efficiency – or health care. Its question is not "In terms of prudence (or benevolence, or law, or efficiency), what ought I to do?" but rather "*Everything* considered, what is it, *finally*, that I ought to do or be?" Of all practical questions, this is the only one whose answer can have the logical (as opposed to merely psychological) finality or overridingness people expect moral judgments to have.[3]

From Is to Ought. Stoics hold that, just as there is no logical sleight of hand in the derivation of special-purpose norms, there is nothing mysterious about the derivation of moral norms. In both cases we begin with an aim or a goal that is "given" – already in operation in a game we are playing, a job we are doing, or more fundamentally, in our psychology. Such fundamental ends may be either part of our genetic endowments, or our largely subconscious psychological development, or our deliberate choices, but they already contain implicit imperatives – norms for our behavior ("Be careful!", "Be kind!", "Get satisfaction!").[4]

Practical reasoning then does three things: (a) It finds any available means to the given end.[5] (b) Then for any means found, it asks whether there is a decisive reason *not* to take it, both as compared to taking other means to the same end and as compared to taking none of them. It assesses these matters both in the light of conflicting ends we may have (our internal economy of competing purposes), and in the light of relevant strategic considerations (how other people will react if we take this step toward our goals). And then (c) from the remaining available alternatives, if any, it selects one. This is an everyday process.

Think of playing chess. The aim is to win – to force the other player into checkmate. That fundamental imperative is built into the enterprise. But for most moves there are many alternatives to assess, both tactically and strategically. And if the game is one of many in a championship match, or is embedded in a controlling social project such as entertaining a guest, it may be wise to forfeit or tie, thus violating the fundamental imperative of the game considered by itself. The same sort of reasoning that regularly assesses and implements norms within the game and in aid of its fundamental imperative also assesses play in a wider context.

Moral reasoning, for stoics, is simply the most wide-ranging form of practical reasoning we can manage – one in which we try to consider every possible means, every conceivable competing purpose we might have, every possible ramification of and reaction to what we might do or strive to be. It is practical reasoning all-things-considered.[6]

Ultimate Justification. Notice that moral reasoning of this all-encompassing sort resolves the problem of ultimate justification by shifting the burden of proof to the skeptic: If the game is already underway, then when we have established by thoroughgoing reflection (on the fly, as it were), that there is no decisive reason to stop or alter our activity, then for practical purposes we have gotten a thoroughgoing justification of it.[7] Skeptics who continue to ask for reasons for endorsing what we are doing will put themselves in the comical position of suggesting hesitation or change when a thorough search has uncovered no decisive basis for it – the purest form of *argumentum ad ignorantiam*.

IV. NORMATIVE ETHICAL THEORY: HUMAN NATURE, HEALTH AND VIRTUE

Stoics operate with the following schematic account of human moral development.[8] It is meant to describe a sequence of events that unfolds

naturally in the course of every human life, given minimal conditions for physical and psychological health. Its end point is virtue, understood as excellence in active rational agency, and such excellence is understood as a similarly natural development, first from mere health into fitness, and then from fitness into virtuoso agency.[9] "Natural development" here means nothing more than unimpeded development: a trajectory set in motion and sustained by the healthy human constitution itself in a very wide range of circumstances. Medical norms related to agency – that is, the norms that define the necessary and sufficient conditions for creating, sustaining or restoring healthy agency – are thus identical to the norms that define the conditions for creating, sustaining or restoring stoic moral development and virtue.

This stoic account of moral development begins with a thesis about the behavior of infants in the cradle – a thesis that contrasts sharply with other ancient (and some modern) accounts of the same matters. Epicureans, for example, along with some modern behaviorists, insist that the controlling motivation of infants is to seek pleasure and avoid pain, and that this is evidence for thinking that pleasure is the ultimate or final human good. Such an inference is not plausible, however, unless we also hold that human development does not radically transform or eliminate infant behavior but is rather a matter of growth and maturation – of increasing the size, subtlety, complexity, and power of what we start with as infants, along the trajectory suggested by our earliest behavior. But the Stoics rejected both the pleasure/pain account of infant motivation and the growth/maturation account of development.

On the Stoic account, infants in the cradle are motivated primarily by their attachment to and "affection" for themselves – attachment and affection that show themselves in behavior aimed at self-preservation and the satisfaction of "impulses" of many sorts. The Stoics insisted on the point (as a matter of observational knowledge) that infants often subordinate pleasure-seeking to other pursuits, such as efforts to move, to explore their environment, to observe, respond, mimic and learn.[10] They believed that the obvious explanation for such behavior was that infants had a primitive consciousness of themselves and their interests, and a built-in affection (appropriate disposition) for preserving themselves and satisfying *all* of their interests. Moreover, the Stoics held that psychological development was self-transformative in a predictable way. In their view, mature human beings were fundamentally different creatures from immature ones.[11] And they held,

against the Aristotelians, that habituation was *not* the fundamental mechanism of character formation. Rather, they thought that the fundamental mechanism was *oikeiosis*.[12]

Here is how the mechanism works, according to the Stoics. Early in infancy children's natural affection for themselves is extended to external physical objects and states that are (or appear to them to be) instrumental to satisfying their primal impulses. Infants acquire an affection for the people who care for them effectively, and for comforting or pleasurable or useful objects. Then a fundamental transformation occurs. Children soon begin to "appropriate" these useful objects psychologically – making the external things "their own," as it were, in a way that makes the affection for them like the natural affection the infants have for themselves. This makes the children disposed to preserve (and act for) the external things in the same way they are disposed to preserve and act for themselves. Thus the initial, conditional affection for the things as means to ends is converted, through *oikeiosis*, into an affection that is quite independent of perceptions of a thing's instrumental worth. Even if the caretaker has become unreliable, or the useful object is broken, once we have "appropriated" such things, we have affection for them in themselves, for their own sakes. They have intrinsic value for us.

It is instructive to think about what sorts of health concerns we might have about this psychological appropriation or internalization of objects. We are rightly concerned about the extent to which children (and adults) might become over-attached to objects – so attached that they are unable to cope with separation or loss; so attached that separation or loss is a serious impediment to health, requiring intervention to set things back on course. We are likely to recommend, as a matter of mental health, that those who take care of children take steps to moderate their object-attachments, and to teach them to cope with loss. This is precisely the concern stoics have about the way psychological attachments can compromise moral development, and the stoic remedy is the same: make sure that the attachments are compatible with the ability to cope with loss.[13]

The next major step in (stoic) development occurs when children acquire language and begin to represent states of affairs and causal connections to themselves, and to generalize, hypothesize, and make rules about how to get what they want. The same two-step process occurs here as well, with dramatic consequences. Children first develop an affection for the beliefs and inferences that are instrumental (the ones that work; the "correct" ones), just because those are the ones that work. A similar affection arises for

rule-following behavior that is successful. Then, through *oikeiosis*, children at a surprisingly early age begin to appropriate their useful beliefs, generalizations, rules, and expectations – and thus to convert affection for the instrumental worth of such things into affection for the things in themselves. Children thus come to have an affection for true belief, correct conduct, and rule-following for its own sake, quite independently of valuing it for its usefulness. This is, moreover, a recursive process. Beliefs are repeatedly modified in the light of new experience. Inconsistencies are repeatedly dealt with in order to make it possible for conduct to conform to all the beliefs one has. Children thus come to value coherence and consistency as well as correctness – first for instrumental reasons, and then through *oikeiosis*, for its own sake.

The health concerns we commonly have about this step in the process are also parallel to stoic ones, along three normative dimensions. One is a strong prohibition on any interference with the acquisition of language and the development of the cognitive abilities inherent in fluent language use – not only with respect to the memory, imagination of the future, and self awareness that arise or develop with language, but also with respect to the basic patterns of thought (relevance, consistency, inference, explanation, prediction) developed with it. The inability to acquire these things, given a reasonably hospitable environment, is conclusive medical evidence of ill-health or a deficiency that calls for corrective treatment. Deliberate infliction of such inability on a child would be prohibited, just in terms of what counts as health care, in almost any imaginable environment. These are medical norms, based on notions of physical and psychological health, but they are also stoic moral norms, based on the definition of virtue as the perfection of the activity of rational agency.

A second normative parallel is a requirement that we actively enable or assist children in the acquisition of language and the cognitive abilities arising from it. This too is commonly thought of as part of caring for the health of the child, and in stoic ethical theory, it is caring for the child's moral development as well.

And finally, there is a parallel between health care and stoic moral norms with respect to the dangers involved in this step. It is dangerous to our health (and to stoic moral development) to become "rule-bound" – too attached to particular routines, rules, or patterns of thought, or to particular memories or expectations. When such attachments interfere with major life activities, our health is compromised.

The penultimate step in the stoic developmental story comes with the realization of the instrumental value of practical intelligence itself, and the attendant affection that we eventually develop for the general ability to do things correctly – in the right way, for the right reasons. This is quite distinct from the affection for getting the desired outcome. The novice archer wants to hit the target, certainly, but soon comes to appreciate that the most reliable way to get that result is by *making the shot correctly*. And this lesson, once learned in a few contexts, is generalized into an affection for practical abilities of all sorts. Affection for the usefulness of these things is then also transformed, through *oikeiosis*, into an affection for them that is quite independent of their utility. We come to value, for its own sake, the ability to do things in the right way for the right reasons. Or so stoics suppose.

The final step, stoics suppose, comes from the persistent commitment to cultivate practical intelligence, once we love it both for its utility and for its own sake. This is the step that puts people decisively on the path to stoic virtue, though like paths to other forms of virtuosity, few take it. To take it is to see that hitting the target (getting many of the things we want) is not ultimately within our control, and not within our control at all except through the correct exercise of our practical intelligence. Getting that much right (perfecting our ability to do the right thing in the right way) then becomes our paramount concern in every context. At first, of course, we want this merely as a means to our other ends. But it is quite natural to appropriate it as well, and through *oikeiosis*, come to have a paramount concern for perfecting the exercise of our practical intelligence for its own sake.

For these two last steps of the stoic account of moral development, it is probably not possible to make the case for a close parallel between medical norms and stoic moral ones. That is because these steps take matters beyond health into the areas of fitness and virtuosity. Medicine sometimes ventures into this terrain – in sports medicine, performance-enhancing treatments, cosmetic procedures, and so forth – but there is persistent dissent about its connection to health, and hence its appropriateness as a medical concern. In terms of the norms implicit in health care itself, this sort of medicine seems at most merely permissible. By contrast, since stoics see virtue as a level of rational agency far beyond mere health, their moral norms address this accordingly. Deliberately impeding the development from health to fitness, and from fitness to virtuoso agency is prohibited; supporting it is required. But perfectionistic aims unrelated to virtue (the whitest possible teeth, for example) are decisively matters of indifference for stoics.

V. APPLYING STOIC THEORY TO CASES IN MEDICAL ETHICS

This discussion has been quite abstract, and it may be useful at this point to bring it to bear on some concrete issues in medical ethics – especially on some much discussed issues, in order to see more clearly whether there is anything new here. These illustrations will necessarily be sketchy, and to simplify the expository problems, I will confine them to topics that have been thoroughly worked over by utilitarians, Kantians, and modern Aristotelians. I will begin with some general remarks about applying stoic principles to cases, and then move on to consider questions about suicide, assisted suicide, euthanasia, and quality of life.

A. Moving from Theory to Practice, in General

Particularism. Stoics are particularists about moral decision-making. That means two things. First, stoics expect to be able to construct concrete normative advice about many of the details of how a given person should act in a given situation. Stoic ethical theory is aimed quite directly at actual practice, not merely at constructing sets of general principles. But second, stoics do *not* expect to be able to deal with moral cases *a priori*. The details will always depend on who the people involved are (in terms of their character, ability, knowledge, limitations) and what their physical and social circumstances are. This does not mean that stoics are moral relativists. Surgeons, after all, are not considered epistemological relativists when they operate in terms of the nonstandard anatomy they see before them on the table rather than in terms of the normative expectations they acquired in the course of their medical education and practice. In a similar way, stoics are particularists without being relativists in the moral judgments they make about particular cases.

Internalism about conceptions of virtue and a good life. The stoic conception of virtue and human good is constructed from considerations "internal" to the constitution or nature of physically and psychologically healthy human beings. That conception of virtue is normative for such human beings only. Sharks have their own form of excellence, and their own form of a good life. It would not be intrinsically good for sharks (as opposed to good for other fish) if we tried to teach them to read, and to respect the rights of bluefish. Similarly, humans with significantly abnormal constitutions – in particular, abnormal psychological constitutions – will have significantly abnormal forms of virtue and conceptions of the good internal to their

constitutions. Only if such abnormalities are temporary or reversible would it be intrinsically good for them (as opposed to good for other humans) if we tried to press a stoic conception of virtue on them.

Nonpaternalism and appreciation of difference. It does not follow from the fact that stoics endorse the perfection of active, rational agency for normally developing human beings that they are thereby committed to an uncaring attitude toward human beings who have permanently ceased to be rational agents, or who are prevented, by disability, from becoming rational agents. Moreover, stoic theory does not entail a dismissive or uncaring attitude toward nonhuman animals, as has sometimes been alleged. On the contrary, on the stoic account, when healthy human beings develop through *oikeiosis* an interest in the well-being of others for their own sakes, that interest is an interest in their having whatever counts as a good life for *them*, no matter how different that might be from what counts as a good life for us.

Appreciation of difference must be cosmopolitan, but not self-defeating. *Oikeiosis* transforms our thinking about others, and about their various properties or characteristics. We begin with an appreciation of how others, or some of their characteristics, are instrumental goods for ourselves and move to an appreciation of how those others or characteristics are good in themselves. Stoic theory is cosmopolitan in insisting that it is wrong to confine this process to locals, or to objects of the most basic and immediate instrumental value to us. We live in the whole world as well as in a particular part of it; we live lifetimes as well as in the moment; we have elaborate intellectual, aesthetic, social, and psychological needs. It is just an error to imagine that the only things, animals, and people that are instrumentally good for us are things, animals, and people in our immediate vicinity, or that are in our most basic and immediate interests.

Moreover, it is an error to confuse token with type, or part with whole. *Oikeiosis* operates on parts and types as well as whole individuals, and stoic moral psychology is thoroughly conventional in accounting for how we can come to "love the man and hate the sin;" or to believe that a certain sort of person typically has characteristic X, even if all the ones we know personally lack X. These part-whole distinctions can lead us into errors – invidious prejudices, denial, blind loyalty and so forth. But once we prevent or correct those errors, sound distinctions and inferences widen the bounds of our purely instrumental appreciation of others, and through *oikeiosis* we develop a similarly widened appreciation of the intrinsic worth of a worldwide range of other objects, animals and people. Notice, however, that this process does not

get off the ground directly in cases where something (say, the polio virus) has no known instrumental value for us, basic or otherwise, in part or in whole, as a type or a token. Nor does it get off the ground directly in our confrontation with some human beings (say, relentless killers) whose only relation to us threatens our survival, or ability to thrive. Indirectly, *oikeiosis* can give us a limited appreciation of intrinsic worth in such cases. We can acquire an appreciation of the intrinsic worth of some of the properties of beneficial viruses, for example, and then extrapolate that admiration to all viruses with similar properties. We can extrapolate our appreciation of various aspects of beneficial human agency to similar aspects of the agency of relentless killers. But on a stoic account, the recommended forms of such appreciation of intrinsic worth will be only those developed through *oikeiosis*, and action based on that appreciation must not be self-defeating. It must be aimed at creating a maintaining arrangements in which threatening things or people can flourish on their own terms without defeating our own pursuit of virtue.

B. Suicide and Assisted Suicide

The ancient Stoics notoriously endorsed suicide, and it seems fair to say that they would have been willing to endorse some forms of assisted suicide, had they directly addressed the question. After all, if death by his own hand was the right thing for Cato, given his circumstances, then it is hard to see why it would *necessarily* have been wrong for someone to hand him a sword at his request, or sharpen it for him while he finished his other business. The stories ancient philosophers tell of stoic suicides usually do involve such assistance, and it is not questioned. But we should remember that stoic constraints on suicide itself are stringent, and the nature of the justification offered for it guarantees that assisted suicide will rarely be justified. This fits rather well with existing norms for medical practice. To see why this is so, consider: Stoics endorse suicide if and only if it is the last best option for the expression of rational agency in a particular life (as it might have been for Seneca, given his character and circumstances, after Nero sentenced him to death). This endorsement is derived from the stoic doctrine that it is our activity as rational agents that is the only thing of ultimate value as an end. But it also follows from this doctrine that suicide as a way of merely escaping pain, or unpleasantness, or depression, or the burdens of rational agency itself would not be justified. For stoics, the quality of one's life as a healthy, normally formed human being is not measured, ultimately, by the hedonic quality of one's experience. What counts is one's ability to understand the world and to

act effectively in it. That, and not hedonic tone, is the source of happiness, and stoics famously hold that one can be "happy" (flourish, have a good life) in that sense in prison, or in slavery, or (as Marcus Aurelius wryly observes) in a palace. Sages, it is said, can even be happy on the rack, though they will groan in pain as much as anyone else.

If modern medical norms were to follow stoic ones on the question of suicide and end-of-life discussions, as they now often proceed in political and ethical discussions, they would have to be reframed in a fundamental way. (Oddly, it is not clear that existing medical practice would be as significantly changed. Perhaps there is a good deal of stoic theory already embedded in medical norms.) Stoics do not frame these issues primarily in terms of imminent death and the bad hedonic quality of the dying person's experience. Those are subsidiary matters, and legal statutes or professional codes of ethics that try to restrict "death with dignity" decisions to those circumstances would be repudiated by stoics. Moreover, stoics do not frame these issues in terms of *a priori* absolutes about the infinite moral worth of every human life, whether characterized by rational agency or not, and would repudiate any absolute requirement to preserve human life in a persistent vegetative state. Similarly, palliative treatments that permanently compromise the dying person's rational agency would be repudiated.

The primary issue for stoic theory and stoic medical practice is whether the dying person can be sustained as an active, effective rational agent. The answer to that question will always be person-specific, and will depend as much on that person's psychological set up and social circumstances as on his or her medical condition. It may be that sages can be happy in virtually any circumstances, but we are not all sages, and stoic ethical theory instructs us to deal with people as we find them, not as we wish they were. Some people find life as a quadriplegic unbearable precisely because they can no longer be active rational agents in any way *they* recognize as worthwhile, no matter how vividly we can imagine such a life for them, and no matter how persistently we try to show them how to live that life. Satisfying ourselves that they are medically stable, well cared for, and provided with opportunities to make active new lives for themselves may well end our medical obligations to them, but it will not justify (on a stoic account) *requiring* them to remain alive under those conditions, or ignoring their advance medical directives.

Neither does it justify assisted suicide, however. Of course it is true that many of the things we do in our daily lives require the active cooperation and participation of other people. This could also be the case for suicide, and there

is nothing in stoic ethical theory that requires us to withhold our ordinary cooperativeness and care from people who are (justifiably) making preparations to end their lives. But the same stoic doctrine that endorses suicide when it is the last best thing we can do as rational agents would *refuse* to endorse any assisted suicide in which the assistance is designed to *replace* a capable, would-be suicide's own agency with another's, or to compensate for the would be suicide's fears or lack of resolve. That rules out the Dr. Kevorkian cases, and perhaps most others in which people call for assistance from medical professionals.[14]

In general, however, it seems to me that the most illuminating thing about a stoic approach to these questions is the way in which it directs our attention away from thinking about life as a vessel for experience – one that is good only to the degree that it is filled with experience that is, on balance, pleasant rather than painful.[15] Likewise, it directs our attention away from the thought that the only tolerable forms of life are ones in which we can hang on to some minimum of what we already have, or in which we can preserve some previously constructed identity. Rather, stoic moral norms direct our attention to the possibilities for making and remaking good lives for ourselves as active, rational agents. Norms for medical practice (in end-of-life situations) that are in line with those stoic ideas are intellectually refreshing to consider.

C. Euthanasia and Lives Worth Living

For aspiring stoic sages, the only life worth living is a life of stoic virtue, and the only good death is a death consistent with such virtue. But as I have remarked previously, in stoic theory that is a judgment only about the lives of people with a certain type of constitution or nature – namely, the generic constitution of a mature and healthy human being. Human infants have a significantly different constitution, in which rational agency is at most a prospect, and the same is true to lesser degrees for children up to the age of reason (roughly 14, according to the ancient Stoics), and for formerly healthy adults whose rational agency has been damaged by disease or injury. The prospects for their development or return to rational agency define, in large measure, the nature and extent of moral norms for paternalistic intervention – both medical and routine. In standard cases, we take the steps needed to help along the normal course of development or rehabilitation, and these steps sometimes involve considerable discomfort or pain for the patient.

But suppose the child (or damaged adult) lacks the potential for rational agency? I suggest that stoic theory then requires us to reconsider what counts

as a good life for that particular human being, and to make decisions about interventions based on our appreciation of the intrinsic worth of that sort of life, *for that human being*, and not merely for us. This immediately rules out any form of euthanasia based *merely* on the patient's lack of capacity for rational agency. Rather, the relevant question will be whether the patient has the prospect (given social circumstances), for a life that is worthwhile in terms intrinsic to the patient's actual constitution. If the patient is only capable of a primitive form of awareness (not self-awareness), and thus is only a vessel for limited forms of sense experience, the only thing that will count as a good life for that patient is a favorable balance of pleasure over pain. Consider three possibilities for such cases.

(1) Medically, it may be that no such favorable balance can be sustained, because it may be that sustaining the life without a preponderance of pain would mean sustaining it without consciousness. In such cases, euthanasia is surely an option stoics would immediately consider. It seems pointlessly cruel, other things equal, to inflict or prolong such pain, and it is hard to see how mere human life, without consciousness, could be considered intrinsically good for the bearer of that life.[16] But presumably stoics would also take seriously the standard range of policy arguments defending the view that there are other things at stake in these cases as well – such as the difficulty in designing social institutions that will prevent vicious slippery slopes, and the difficulty posed for the moral psychology of people who euthanize other human beings. Here stoic theory probably has little to add to existing discussions.

(2) Medically, it might be that a favorable balance of pleasure over pain can be sustained for these patients, but that social circumstances will inevitably undermine such medical efforts. One can imagine extremities of war or poverty or social organization that reduce these patients' prospects for a good life to zero. Euthanasia would have to be as seriously considered here as it is in the cases of medical impossibility.

(3) Medically and socially, it might be possible to sustain a good quality of life for these patients, but it might also be very costly, thus significantly reducing resources and opportunities for healthy human agents. Here stoic ethical theory would give a typically austere response. Stoics would begin with the point that for healthy, mature human agents, the only thing of ultimate moral significance is virtue – the perfection of active rational agency. All other things, including money, fame, social standing,

influence, and worldly achievement are ultimately matters of "indifference" – some of them preferable to others, to be sure, but none of them comparable in importance to virtue. So for stoics, the expense, difficulty or inconvenience of caring for these patients is beside the point if caring for them is required by virtue, or at least is consistent with it. If so, then the only further issue is whether this enterprise would be self-defeating – ultimately compromising one's pursuit of virtue, and through it, a good life. But if, as stoics believe, a good (stoic) life is possible in slavery, or in poverty, or in a palace, then the circumstances in which caring for another will genuinely compromise one's good life in stoic terms are extreme ones. On this question, stoic ethical theory diverges sharply from utilitarian analysis, for example.

VI. WHY SHOULD PHILOSOPHERS OF MEDICINE BOTHER WITH STOICISM?

Stoics have often been dismissed as eccentric, even as fanatic, in their insistence that virtue is the only good, that it is an all or nothing affair rather than a matter of degree, and that the virtuous person – the sage – is undisturbed by passions or attachments. That dismissive reaction is unfounded, I believe. But in any case those issues are irrelevant here, since the elements of stoic ethics assembled above are not the eccentric ones. The metaethical elements are congruent with the most sophisticated forms of naturalism in the philosophical repertoire; the valorization of rational agency (as at least one fundamental good) is common currency in ethical theory; a close connection between human psychological health and virtue is a common assumption of ancient (Western) ethical theories, and has been central to theories of moral responsibility ever since. So at that very general level there is not even much novelty here, let alone eccentricity.

Attention to stoic metaethics, and to the close parallels between the norms of medicine and stoic moral norms are nonetheless instructive. This is so, I believe, because it makes a plausible case for thinking that stoic moral theory – and possibly most other ethical theories – are enlargements or extensions of the norms implicit in health care, and not something separate from such norms. Medical norms are at the center of moral ones, as it were, simultaneously anchoring them, and being ratified by their reflective

endorsement, all-things-considered. And if that is the case, it should be productive, both for medical ethics and for ethics *per se*, to make sure that the two realms achieve a stable, thorough theoretical integration – or failing that, at least consistency within reflective equilibrium.

Stoic ethical theory provides a useful platform for pursuing that theoretical integration. Stoicism is not a mere historical curiosity. Its influence on Western philosophy has been continuous and significant for over two thousand years. Its ethical theory, once disentangled from its theological metaphysics, has a striking and persuasive connection to modern science, and remains philosophically formidable. In sum, stoicism provides a clear, coherent, and refreshing alternative to the standard inventory of contemporary ethical theories.

NOTES

1. I distinguish the ancient Stoics from their contemporary descendants by using a lowercase 's' for the latter. The outline of what I take to be a philosophically defensible contemporary version of stoic ethical theory can be found in my book *A New Stoicism* (1998). This paper is part of a continuing investigation of stoic ethics, other pieces of which will simply be referenced rather than summarized in this paper.
2. For some of the relevant discussion see Toon (1981); Vacha (1985); Brown (1985); Merskey (1986); and Sade (1995).
3. For fuller accounts of these points in terms of ethical theory generally, see my "The finality of moral judgments" (1973) and Chapters 1 and 2 of *Reciprocity* (1986).
4. Contemporary stoics are divided about whether to jettison the ancient Stoic conception of a cosmic *telos* – the notion that the universe itself is a rational being within whose grand purposes humans have assigned roles. This controversy, while it makes a big difference in other matters, does not make a difference in this one.
5. Legend has it that G.E. Moore was once asked if he thought the ends justified the means, and that he replied, "What else could?" If the end E is a given, and M is a means to E, then E is by definition *a* reason for doing M, though not necessarily a conclusive one. (M may be prohibited; there may be a quicker, cheaper, more reliable way to get to E; etc.).
6. This was the standard view of moral reasoning in Classical Greek and Hellenistic ethics. See Julia Annas: "My station and its duties: ancient ethics and the social embeddedness of virtue," December 2000 symposium on the Legacy of Greek Ethics at the Eastern Division meeting of the APA. I am told, but have not verified, that it is also characteristic of some ancient Asian traditions, notably Confucian and Buddhist ones. It is often obscured or incautiously abandoned in divine command and supreme principle moralities. But that raises notorious theoretical difficulties. See Baier (1958); Foot (1972); etc.
7. This point is developed at length in Becker (1973).
8. The expository parts of this section, though not the interwoven observations on health concerns and medical norms, closely follow the ones I give in "Stoic Children", and in *A New Stoicism*. But of course the expository parts are not meant to be novel. They are meant

to conform to the ancient texts, especially Cicero, *De Finibus* Book III, and the best modern scholarship on the ancient sources.

9. For a much more detailed account of the process, see *A New Stoicism*, Chapter 6, and for evidence from contemporary psychology to support the account, see the "Commentary" to Chapter 6.
10. Cicero, *De Finibus* III.v.
11. (3) "Each period of life has its own constitution, one for the baby, and another for the boy, another for the youth, and another for the old man. They are all related appropriately to that constitution in which they exist" (Seneca, Letters 121.15).
12. The term *oikeiosis* is hard to put into English. It has sometimes been translated as familiarization, because it has the same root as house or family. But it is probably better translated as attachment, incorporation, or appropriation. I will follow Long and Sedley (1987) in using the English term appropriation for it.
13. Stoics are not theoretically committed to anything stronger than this. Though some early Stoics apparently insisted that in the sage, such attachment to externals, and indeed the passions generally, would be completely rooted out, such insistence can only be supported if it is necessary for excellence in agency. We have good reasons, however, for agreeing with other stoics that the extirpation of attachments and passions is neither psychologically possible in healthy humans, nor necessary for virtue. For the debate, see Inwood (1985, chap. 5); Striker (1991, pp. 62–73); as well as Becker (1998, chap. 6, and Commentary to that chapter).
14. In June of 1993, at the Third International Post-Polio Conference organized by GINI, a German judge challenged a panel of physicians and philosophers to describe a case in which it was impossible for a rational person, unimpeded by others, to bring about his own death in and at a reasonable time, without direct assistance from others beyond their provision of standard, life-sustaining care. It was a surprisingly difficult challenge to meet. Most of the supposed impossibilities hinged on the agent's fears or lack of resolve – things that stoics would regard as evidence that the person was unable to meet the conditions for rational suicide. A quadriplegic on a ventilator, for example, supplied with a motorized wheelchair in the normal course of rehabilitation, could plan and carry out many forms of suicide.
15. John Rawls has an illuminating discussion of the concept of persons as "containers" for experience versus that of "autonomous persons who have certain fundamental interests. . . ." in his 1975 Presidential Address to the Eastern Division of the American Philosophical Association (1999, pp. 287–300).
16. Any living being, animal or vegetable, can flourish or not, in ways appropriate to its constitution. But presumably the presence of some sort of subjective experience is necessary to license eudaimonistic concerns about good lives, and that includes the lives of humans reduced to a permanent vegetative state.

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