



Consenting to Your Own Death

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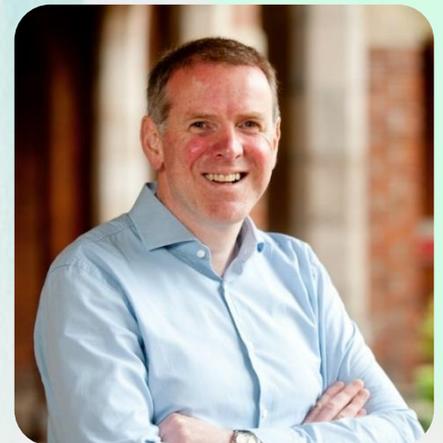
Date: 16 May 2017 (Tuesday)
Time: 4:30 – 6:00 p.m.
Venue: Room 502, Yasumoto International Academic Park
The Chinese University of Hong Kong, Shatin
(5 mins walk from the University MTR Station)
Registration: <https://www.med.cuhk.edu.hk/registration/view.php?id=306980>
All are welcome / Free Admission

Abstract

If healthcare professionals were to assist their patients to die, then the patients involved would need to give informed consent to actions that ended their life. One challenge to both physician assisted suicide and voluntary euthanasia is that patients cannot in fact provide such consent – either because they cannot be sufficiently well informed to give informed consent in this case, or because they would not voluntarily consent if they are competent. On this basis, it is argued, both physician assisted suicide and voluntary euthanasia are always morally wrong. In this paper I argue that the debate over these points ignores a more fundamental issue – whether or not individuals have the normative power to make acts aimed at causing death morally permissible. In turn, this issue depends on an even more fundamental one, namely why it is wrong to cause death in the first place. The paper ends by drawing out some of the implications for policy that stem from approaching the question of consenting to your own death in this way.

Biography

Dr Tom Walker is Director of the Centre for the Study of Risk and Inequality (a cross disciplinary research centre investigating the connections between risk and inequality in the overlapping areas of health, the environment, and finance), and a senior lecturer in ethics at Queen's University Belfast in the UK. In 2015 in collaboration with Professor Hon-Lam Li he was the principal investigator on a project looking at what is owed to older people funded by the UK's Arts and Humanities Research Council. This project included cross-disciplinary workshops in both Belfast and Hong Kong. His main research interests are in the ethics of treating, and preventing, chronic illness – with a particular focus on patients who are over retirement age. He also has research interests in the allocation of scarce healthcare resources, and in obligations to provide information to patients.



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