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The Severity of Death

Jens Johansson (Uppsala University)

1. Introduction

Just as some illnesses and injuries are worse than others, so some deaths appear to be worse than others. This is so not only for the fairly trivial reason that those deaths that are bad are worse than those deaths that are not bad: less trivially, some bad deaths seem to be worse than other bad deaths. For instance, whereas it may well be bad for an eighty-year-old to die, it is likely to be even worse for a forty-year-old, and still worse for a twenty-year-old.

Supposing that the badness of death does indeed vary in this way, what factor or factor does it vary with? The example just given indicates that age is one such factor: in particular, the earlier one’s death occurs, the worse it is. For a number of reasons, however, things are more complicated—though, as we shall see, maybe not quite as complicated as some philosophers have suggested.

2. Our Topic

I begin with six points of clarification.

First, some people undergo a much worse—in particular, a much more painful—process of dying than others. But this is irrelevant here, for our topic concerns the value of the event of death: the brief event that terminates that process (or more generally, the individual’s life).

Second, a person’s death is often bad for others, such as friends and family, and it is often bad full stop (or bad “from the point of view of the universe”).
However, our investigation only concerns the badness of death for the person who dies.

Third, according to the “Epicurean” view of the value of death, no person’s death is in any way bad (or good) for her. The present inquiry would be completely misguided if this view were true. And maybe it is true: although Epicureanism is counterintuitive, there are arguments for it, which are well worth considering (Rosenbaum 1986; Smuts 2012; Taylor 2012). But not here: for present purposes, I am simply going to assume that Epicureanism is incorrect.

Fourth, for an obvious reason, my death is going to have the same intrinsic value for me as your death is going to have for you. For surely Epicureans are right about this much: no person’s death is intrinsically good or bad—good or bad in itself—for her. If it is bad for her, it is instead extrinsically bad for her: bad for her because of what it causes or prevents.

Fifth, something may be extrinsically, pro tanto bad for a person yet fail to be extrinsically, overall bad for her: it may affect her negatively in some ways but affect her positively (or neutrally) on the whole. For instance, even if a person’s death prevents her from enjoying a nice meal the following evening, it might also spare her decades of torture. Our topic concerns the degree to which a person’s death is extrinsically, overall bad for her. (I will often leave the “overall” qualification implicit.)

Sixth, it is important to distinguish the badness of death from the wrongness of killing. Many believe that the moral objection to killing me is equally strong as the moral objection to killing you, no matter how much we differ in terms of age, intelligence, happiness, popularity, etc. There is no immediate connection between this thesis and the thesis that the badness of death does not vary from person to
person. For it is far from clear that the moral objection to killing varies with the badness of death (Ekendahl & Johansson 2015; Hanser 2013; Luper 2009: ch. 7; McMahan 2002).

3. Age

Again, it is easy to think that the badness of death varies with the victim’s age: the younger the victim, the worse her death is for her.

This may indeed serve quite well as a rough guideline. For at least two reasons, however, it can be little more than that. First, the proposal seems hopeless without some sort of “typically” qualification. Arguably, for instance, the death of a healthy forty-year-old—or eighty-year-old—who would have otherwise enjoyed many additional happy years is worse for its victim than is the death of a twenty-year-old, whose incurable disease would guarantee continued life to be short and only moderately enjoyable. No doubt the latter individual seems more unfortunate overall, but that does not show her death to be worse for her: on the contrary, if someone’s death is not so bad for her, then this is a pretty clear indication that she is the victim of other misfortunes. Death’s not being highly regrettable can itself be highly regrettable.

Second, even aside from this first consideration, the victim’s age at the time of death can at most be evidence that her death is bad for her to a certain degree. It cannot plausibly be what makes her death bad for her to that degree. At least, there must be some more fundamental explanation of why the death of a twenty-year-old is much worse for its victim than the death of an eighty-year-old—more fundamental, that is, than the fact that the twenty-year-old is much younger than the eighty-year-old.
old. It is such a more fundamental explanation that participants in the debate are looking for.

4. The Deprivation Approach

The most widely accepted view of the value of death—including the degree of that value—is the “Deprivation Approach” (e.g., Bradley 2009; Feldman 1991; Luper 2009). It can be formulated as follows:

**The Deprivation Approach.** Someone’s death is extrinsically, overall bad (good) for her if and only if, and to the extent that, her life would have been on balance intrinsically better (worse) for her if her death had not taken place.

The Deprivation Approach is agnostic about what it is that makes someone’s life intrinsically good (or bad) for her—about what makes for a person’s well-being (or ill-being). Perhaps it is pleasure (pain); perhaps it is desire satisfaction (desire frustration); perhaps it is something else—the Deprivation Approach is compatible with any view on this matter.

Strictly speaking, the Deprivation Approach is also agnostic about the value for a person of events other than her own death. However, it would be unmotivated not to extend what it says about death to other events. Unsurprisingly, then—and this will be of some relevance later—advocates of the Deprivation Approach often accept also the following, much more general view:

**The Generalized Deprivation Approach.** An event is extrinsically, overall bad (good) for a person if and only if, and to the extent that, her life would have
been on balance intrinsically better (worse) for her if the event had not taken place.

The Deprivation Approach explains why early death is typically worse than late death. Usually, the value difference between the actual life and the counterfactual life—the life that the person would have had, had her death not occurred—is smaller when a forty-year-old dies than when a twenty-year-old dies. Their respective counterfactual lives may well be equally good, but the forty-year-old’s actual life is likely to be better than that of the twenty-year-old (simply because it is likely to contain more pleasure, desire satisfaction, and other candidate components of well-being). The Deprivation Approach also explains why, in some less typical cases, the death of a twenty-year-old is not as bad for its victim than is the death of a forty-year-old: again, for some twenty-year-olds, continued life would have been only moderately happy. (Similarly, of course, it explains why, in some cases, the death of a twenty-year-old is not bad for her at all; but recall that we are focusing on what makes some bad deaths more severe than other bad deaths.)

The Deprivation Approach may appear to require us to make a dubious comparison. Does it not ask us to compare how well off the person is at certain times after her death with how well off she would have been at those times if her death had not taken place? Such a comparison seems to presuppose the questionable idea that the person occupies a well-being level when she is dead—questionable since, provided that she ceases to exist at death, she has no being after death and hence, it seems, no well-being. Not only does it seem wrong to say that a dead person, while dead, occupies a positive or negative well-being level; she does not even seem to occupy a neutral well-being level, a well-being level of zero. In fact, however, the
Deprivation Approach requires no such comparison, but only a comparison between the intrinsic value of the individual’s total actual life and the intrinsic value of her total counterfactual life (Feldman 1991). We can make this comparison without supposing that the person occupies any well-being level while dead; as it is sometimes put, we make a “life-life” comparison rather than a “life-death” comparison.

There are still problems in the vicinity of this issue. Many philosophers are convinced that in order for an event to be bad for a person, there has to be a time at which she is worse off than she would have been had the event not occurred. It is difficult to find such a time in the case of death: before a person’s death, it seems too early for her to be affected by it, and again, once she dies she apparently no longer occupies any well-being level at all. However, this problem, while not insignificant, afflicts any view according to which a person’s death can be bad for her; since I am assuming that the Epicurean view is false (section 2), we can therefore ignore this challenge here (for discussion, see Bradley 2009: ch. 3; Feit 2015; Johansson 2013; Luper 2009).

There are various other challenges to the Deprivation Approach, however, which we should not ignore. As I said, it has the virtue of explaining why early death is typically worse than late death. Nevertheless, it is often alleged that the theory sometimes gets the severity of death wrong—it some cases by overestimating it, in others by underestimating it. I shall consider the most discussed alleged instance of the former mistake in section 5, and the most discussed alleged instance of the latter one in section 6 (for some other alleged examples, see Belshaw 2013 and McMahan 2002; for replies see Bradley 2007, 2009).

5. Psychological Unity
On the Deprivation Approach, as we have seen, the only thing that matters, in determining how bad a person’s death is for her, is how much intrinsically better her total life would have been if she hadn’t died. The Deprivation Approach thus ascribes no significance to how strongly psychologically connected (in terms of sameness or continuity of beliefs, desires, character traits, etc.) the person is, at the time of death, with herself as she would have been in the future—with her “future self,” as some like to say—if she had instead continued to live. More exactly, the theory ascribes no significance to this factor except insofar as it affects the intrinsic value of the person’s life. Some might think that, all else being equal, a person’s life is intrinsically better the more psychologically unified it is: radical changes in one’s beliefs, desires, personality traits, and so forth, make one’s life intrinsically worse, at least if they occur too abruptly and too frequently. As noted in the previous section, the Deprivation Approach can be combined with any view of what makes someone’s life intrinsically good (or bad) for her, including this one. It is thus open to an advocate of the Deprivation Approach to maintain that, if someone’s death deprives her of a future—perhaps a very happy future—in which she would be only weakly psychologically connected with herself, as she is when she dies, then her death is not very bad for her, since her counterfactual life is not intrinsically much better than her actual life. However, the present point is that the Deprivation Approach does not allow that psychological connections affect the degree of the value of a person’s death independently of how they affect the intrinsic value of her actual and counterfactual lives. On the Deprivation Approach, once we have determined the intrinsic values of the person’s actual life and the life that she would have had, were it not for her death, our job is done.
According to some writers, this speaks against the Deprivation Approach (DeGrazia 2007; McMahan 2002; cf. Millum 2015). They contend that our job is only partly done, for although the degree of death’s badness is, indeed, partly determined by the degree to which the person’s total life would have been intrinsically better for her if she had not died, it is also partly determined by the strength of the relevant psychological connections. In particular, all else being equal, the weaker these connections—between the person as she is when she dies and herself as she would have been at those later times at which she would have received various benefits, had she continued to live—the less her death is bad for her. Thus, even if the person’s life would have been intrinsically much better if she had not died, her death can still fail to be very bad for her. Although proponents of the Deprivation Approach are right that, even in cases where the relevant connections are relatively weak, it is bad for the person to be deprived of those future goods that she would have enjoyed, had she continued to live, they considerably overestimate the degree of this badness.

Why, then, think that this is so? Several reasons have been suggested. First, the Deprivation Approach yields that death is typically worse for the deceased the earlier it occurs. As I have pointed out, some instances of this claim are highly plausible: for example, that the death of a twenty-year-old is normally worse for its victim than that of a forty-year-old, and still worse than that of an eighty-year-old. However, other instances are allegedly less attractive. For example, the Deprivation Approach also yields that the death of a small infant is normally much worse for its victim than that of a twenty-year-old. Critics charge that, intuitively, the reverse is true: death is normally much worse for the twenty-year-old, even though the value difference between the actual and the counterfactual lives is much greater in the
infant’s case. If the reverse claim is indeed true, moreover, then this is likely precisely because the psychological connections between the infant, as she is when she dies, and herself as she would have been at later times, had she continued to live, are much weaker than those between the twenty-year-old, as she is when she dies, and herself as she would have been at later times, had she continued to live (for the simple reason that the twenty-year-old’s psychology is substantially richer than the infant’s).

Second, and relatedly, Jeff McMahan claims (2002: 165) that the Deprivation Approach has the implausible result that it is extremely important to prevent someone from coming into existence, if she otherwise dies immediately after having come into existence. For on the Deprivation Approach, such an individual’s death would be very bad for her (assuming she would have otherwise had a very good life), whereas nothing bad ever happens to an individual who never exists. Thus letting this individual come into existence causes something extremely bad for her, whereas preventing her from coming into existence does nothing of the sort. In response, Ben Bradley (2009: 125) reminds us that death is only extrinsically bad. Whether we have reason to perform a certain action, he contends, depends partly on how much intrinsic value it would bring about, but it does not at all depend on whether it would bring about extrinsically bad things. Suppose, for example, that we can save someone’s life, and thereby cause her to die a much later death. No matter how extrinsically bad this later death would be, this is not in any way a reason against saving her life. Thus the Deprivation Approach does not, in fact, have the result that it is extremely important to prevent the person from coming into existence in McMahan’s story. (Personally, I find Bradley’s response convincing; however, see Millum 2015 for a reply on behalf of McMahan.)

Third, McMahan has put forward the following case:
The Cure. Imagine that you are twenty years old and are diagnosed with a disease that, if untreated, invariably causes death (though not pain or disability) within five years. There is a treatment that reliably cures the disease but also, as a side effect, causes total retrograde amnesia and radical personality change. Long-term studies of others who have had the treatment show that they almost always go on to have long and happy lives, though these lives are informed by desires and values that differ profoundly from those that the person had prior to treatment. You can therefore reasonably expect that, if you take the treatment, you will live for roughly sixty more years, though the life you will have will be utterly discontinuous with your life as it has been. (McMahan 2002, 77)

According to McMahan, it is prudentially permissible for the person—“you”—to refuse the treatment, even though this gives you an intrinsically worse total life. (Of course, those who place an enormous weight on psychological unity, in determining the intrinsic value of a life, might not agree that it does; cf. Bradley 2009: 119. But let’s not worry about this.) This indicates that, contrary to the Deprivation Approach, refusing the cure is not bad for you (that is, not extrinsically, overall bad for you—it can, of course, still be extrinsically, pro tanto bad for you, as it deprives you of various benefits contained in the longer, psychologically less unified life; see section 2). And this, in its turn, suggests that how extrinsically bad an event is for someone is partly determined by psychological connectedness.

Is this convincing? Some do not agree that it is prudentially permissible for you to refuse the treatment (Bradley 2009: 117; cf. Luper 2009: 209–210). However,
even if it is, it is still debatable that it follows from this that refusing the treatment is not extrinsically bad for you (cf. Bradley 2009: 134, 146). Note first that extrinsic badness is not time-relative: although of course an extrinsically bad event, like any other event, occurs at a particular time, it is not extrinsically bad at a particular time. At any rate, this surely holds for the notion of extrinsic, overall badness that the Deprivation Approach is about—for one thing, it makes little sense to say that the intrinsic value of a total life can vary over time (Feldman 1991; Johansson 2013: 258–260). Even if there is some other notion of extrinsic value which is time-relative, this cannot be a problem for the Deprivation Approach. Because we are not here considering, then, the extrinsic value that the event of your refusing the cure has when this event occurs, as opposed to other times, it is hard to see why what you are prudentially permitted to do at that time should have any crucial bearing on the event’s extrinsic value. This would perhaps be of limited significance if your prudential reasons to bring about or otherwise promote this event were always equally strong, but that does not seem to be the case. Consider, for instance, a much earlier time t, at which you are not yet strongly psychologically related to yourself as you will be from age twenty and onwards, whether or not you are going to receive the cure. Would you be, at t, prudentially permitted to promote—e.g., to act so as to increase the likelihood of—your refusing the cure (at age twenty)? Intuitively, it does not seem so. After all, that would risk forgoing a much longer and happier life, something that could hardly be outweighed by the relatively weak psychological connections between you as you are at t and yourself as you would be after having refused the cure. So, your prudential reasons regarding the relevant event—your refusing the cure at age twenty—apparently vary over time, and those you have when the event occurs have no special standing with regard to its extrinsic value. This
lends credence to the idea that it can be extrinsically bad for you to refuse the cure at age twenty even if you are prudentially permitted to do so. For prudence might allow a sort of temporal partiality that is alien to extrinsic, overall badness. Without rejecting the Deprivation Approach, then, we can accept that a person is prudentially permitted to give priority, at a certain time, to those possible “future selves” to which she would, at that time, stand in close psychological connections.

Here is a related point. Plausibly, the intrinsic value for a person of an event—say, an experience of pleasure—is not something that varies from one time to another, depending on facts about psychological connectedness. For instance, even if a person is now only weakly psychologically connected to herself as she will be when she receives the experience, this does not somehow make the experience less intrinsically good for her now than at other times, at which those connections are stronger. In light of this, it would be odd and unmotivated to say that, by contrast, if an event occurs now which prevents this future experience, then the weakness of these psychological connections does automatically affect the extrinsic badness for her of that event. (Again, that would make more sense if the event’s extrinsic badness were somehow possessed by the event now but not at other times; but once again, this is not the case.) A more attractive view is that the weakness of these psychological connections only weakens her prudential reasons to prevent, at the present time, the event from occurring.

These reflections might also be useful in responding to the first criticism above: that, contrary to the Deprivation Approach, death is normally worse for a twenty-year-old than for an infant. Those who find this judgment appealing—I confess I am not one of them—may do so because they are influenced by the more plausible claim that the twenty-year-old has more prudential reason to bring about
benefits accruing to her “future selves” than does the infant, since the twenty-year-old’s psychological connections to these “future selves” are much stronger. Once we separate this latter claim from the claim that an event that deprives the twenty-year-old of future benefits (e.g., death) is worse for her than an event that deprives the infant of future benefits (e.g., death) is for her, the latter claim may lose some of its intuitive force.

6. Preemption

According to some writers, the Deprivation Approach underestimates the severity of death in “preemption” cases such as the following one, provided by McMahan:

*The Young Pedestrian.* A young man, aged twenty, absentmindedly steps off the curb into the path of a bus and is instantly and painlessly killed. During the autopsy, it is discovered that he had a hitherto silent cerebral aneurysm that would inevitably have burst within a week if he had not been hit by the bus. And the bursting of the aneurysm would certainly have been fatal. (McMahan 2002: 117)

The Deprivation Approach yields that the Young Pedestrian’s death is no serious misfortune for him: if it had not occurred, he would have died soon enough anyway from the aneurysm. McMahan and several others take this to be an unattractive result: intuitively, they say, the Young Pedestrian’s death is very bad for him. After all, it ensures that he is not going to have a happy future; the fact that the aneurysm also does so seems not to detract from its badness. (Of course, the alternative view discussed in the previous section—involving the strength of the psychological
connections between the one who dies and herself as she would have been later, were it not for her death—is no less vulnerable to this criticism.)

If the Young Pedestrian’s death is, indeed, very bad for him, what makes it so? It cannot be that he would have had an intrinsically much better life had his death not occurred: he wouldn’t (but see Bradley 2009: 53–60 for some complications). Maybe it is instead that his death is causally sufficient for his not having an intrinsically much better life. But this condition seems to be satisfied even in cases where death is, intuitively, not bad at all—for example, in some cases where the deceased was seriously and incurably ill (cf. Bradley 2012: 409). Various more complex suggestions could be offered here, but instead of delving into these, let us focus on how unsatisfactory it really is to deny that the Young Pedestrian’s death is very bad for him.

On closer inspection, such a denial does not seem to me particularly unattractive. Consider what the Young Pedestrian has reason to desire and do, for his own sake (cf. Bradley 2009: 70). Does he have a reason to strongly desire, for his own sake, that his death—that particular event—had not occurred? It does not seem so. Does he have a prudential reason to sacrifice a substantial amount of his own well-being, if this means that the particular event of his death will not occur? Again, it does not seem so. But if the Young Pedestrian’s death were very bad for him, it is hard to see why he would not have such reasons. (In light of the previous section, this would perhaps not be so hard to see if this case involved a significant lack of psychological connectedness. But let us assume that it does not.) Also, it seems that the fact that he lacks such reasons is due to precisely the factor that the Deprivation Approach highlights: the non-occurrence of the Young Pedestrian’s death would make such a minor difference to his well-being; it would not significantly increase the
intrinsic value of his life. It is difficult to see why this factor should preclude him from having these reasons—i.e., reasons to strongly desire the event not to happen, and to exchange some of his well-being in return for the event’s non-occurrence—but nevertheless not preclude the Young Pedestrian’s death from being very bad for him; in other words, since these reasons are so sensitive to this factor, it would be surprising if the badness were, by contrast, so insensitive to it.

A critic of the Deprivation Approach may try to support the judgment that the Young Pedestrian’s death is very bad for him in the following way. Death from the aneurysm would be a great misfortune for the Young Pedestrian (had he still been alive at that time), even by the standards of the Deprivation Approach: it would deprive him of many happy years. So, if the Deprivation Approach is true, then the Young Pedestrian’s actual death (in the bus accident) is much better for him—much less bad for him—than his death from the aneurysm would have been. Thus if he had avoided his actual death—by, for instance, staying on the sidewalk a bit longer—he would instead have walked right into another, much worse one (death from the aneurysm). And therefore, the critic might contend, defenders of the Deprivation Approach are committed to the absurd claim that it is in fact a good thing for the Young Pedestrian that he dies the early death: that it would have been bad for him to stay on the sidewalk a bit longer. (Because staying on the sidewalk a bit longer is, obviously, not the event of death, and the Deprivation Approach is strictly speaking only about the event of death, this line of thought assumes that friends of the Deprivation Approach are also friends of the Generalized Deprivation Approach—but as noted in section 4, they usually are, and for good reason.)

This line of reasoning is mistaken, however. The claim in question is indeed absurd, but nothing commits defenders of the Deprivation Approach (or the
Generalized Deprivation Approach) to it. The crucial factor for them, remember, is whether the relevant event would have made the person’s life intrinsically worse, and the Young Pedestrian’s staying on the sidewalk a little longer certainly would not have satisfied this condition—on the contrary, it would have given him an enjoyable extra week to live. Of course, it would have led to an extrinsically very bad event (death from the aneurysm), but it would not thereby itself be extrinsically bad. This is not strange: after all, saving a happy person’s life often leads to a huge extrinsic evil for her—a much later death—while itself being extrinsically very good for her.

Granted, it would be implausible to say that there is nothing at all in the situation that is very bad for the Young Pedestrian; it is, after all, a tragic case. However, as Fred Feldman notes in connection with a relevantly similar example (Feldman 1991), there are several states of affairs, closely related to the event of the person’s death, which friends of the Deprivation Approach can say are bad for him—for example, the state of affairs that the Young Pedestrian dies so young. Of course, this state affairs is, precisely, a state of affairs, whereas the Deprivation Approach is about the event of death. (We cannot assume that states of affairs just are events; for instance, a common view is that events are concrete entities, whereas states of affairs are abstract entities.) However, just as it is natural for proponents of the Deprivation Approach to apply what they say about the event of death to other events (and thus accept the Generalized Deprivation Approach), so it is natural for them to apply what they say about the event of death to states of affairs—that is, to take a state of affairs to be (extrinsically, overall) bad for a person to the extent that her life would have been intrinsically better if the state of affairs had not obtained. On this view, the state of affairs that the Young Pedestrian dies so young is very bad for him, for if it had not obtained, then neither his actual death nor his pre-empted death from the aneurysm
would have occurred, and (we can presume) he would have had many more happy
years to live.

Can advocates of the Deprivation Approach even say that the situation
involves some event that is very bad for the Young Pedestrian? Neil Feit (Feit 2015)
has suggested that, in cases such as this one, there are at least events, which are
together very bad for the person. What is required for this, Feit suggests, is that the
person’s life would have been intrinsically much better if none of these events had
occurred. Consider, for example, the Young Pedestrian’s actual death and his
incurring the aneurysm, taken together. On Feit’s view, although neither of these two
events is itself particularly bad for the Young Pedestrian, they are together very bad
for him, since his life would have been intrinsically much better if neither of them had
taken place. This is an ingenious proposal. It is debatable, however, whether it really
is in harmony with the Deprivation Approach. For, independently of the Deprivation
Approach, it seems reasonable to take the extrinsic value that two events, E1 and E2,
together have to be the same as the extrinsic value of the conjunctive state of affairs
that E1 occurs and E2 occurs—rather than the disjunctive state of affairs that E1
occurs or E2 occurs. After all, we are concerned with the extrinsic value of the
combination of E1 and E2: these two events taken together. (Compare with the
intrinsic value that E1 and E2 together have. Surely it more plausible to identify it
with the intrinsic value of the conjunctive state of affairs than with the intrinsic value
of the disjunctive state of affairs.) Hence, given what I just suggested that advocates
of the Deprivation Approach should say about the extrinsic value of a state of
affairs—i.e., that it is bad for him to the extent that his life would have been
intrinsically better if it had not obtained—the Young Pedestrian’s actual death and his
incurring the aneurysm are not very bad for him, even taken together. For if not both
of them had occurred, then one of them would still have occurred, and his life would then not have been intrinsically much better.

In any case, in light of Feldman’s “state of affairs” solution, it is not clear that Feit’s suggestion—or, for that matter, any other solution that implies that the story involves some event or events that are very bad for the Young Pedestrian—is really needed. After all, it is not as if the “state of affairs” approach somehow renders the case any less tragic. Bad states of affairs are not to be trifled with.

7. Concluding Remarks

Although much more could be said about virtually everything covered in this chapter, I think this much is reasonably clear: it is not clear that the Deprivation Approach is mistaken in judging a person’s death bad for her to the extent that she would have been on balance intrinsically better off without it. The Deprivation Approach view has the virtues of elegance and simplicity, and, I think, a sort of immediate compellingness. The objections considered here, at least, do not seem to me to establish that the theory either overestimates or underestimates the badness of death.

Arguably, normally there is no fact of the matter as to exactly what would have happened if an event, which in fact occurs, had not occurred. And even when there is, there need be no fact of the matter as to the precise intrinsic value for a person of that counterfactual scenario. In many cases, then, we should not except there to be any determinate answer to the question of exactly how much intrinsically better off the deceased would have been, if her death had not occurred. (Often it might be determinately true that she would have been much intrinsically better off, or slightly intrinsically better off, and so forth; but there need be no precise degree such that it is determinately true that she would have been intrinsically better off to that
degree.) So if the Deprivation Approach is true, there is often no fact of the matter as to precisely how bad a person’s death is for her; and presumably, sometimes there isn’t even any fact of the matter as to whether it is bad for her at all. Far from being a problem for the Deprivation Approach, however, this is a mark in its favor (though admittedly one that many rival views will share): it is highly counterintuitive that the severity of death is often an entirely precise and determinate matter.

**Related Topics**

“Better Off Dead?”

“Rationing by Age”

“How Does Death Harm the Deceased?”

**References**


