

Book Reviews

Almost Over: Aging, Dying, Dead, by F. M. Kamm. New York: Oxford University Press, 2020. Pp. xii + 330.

Almost Over presents Frances Kamm's clear-eyed discussion of many of the normative issues that become salient towards the end of our lives. Kamm proceeds largely by engaging with the views of others, where the views of others include not only those of fellow philosophers such as Shelly Kagan, but also those of important health care practitioners and researchers, in particular Atul Gawande and Ezekiel Emanuel. Kamm also takes issue with the arguments of key figures who are shaping US health policy. Most centrally, she deals some devastating blows to Neil Gorsuch's arguments against the moral permissibility of physician-assisted suicide and euthanasia. (Gorsuch has been serving as an associate justice of the US Supreme Court since 2017, after being nominated by then US President Donald Trump.)

Kamm's thinking on death-related issues stretches back over more than three decades, and much of the substantive position that emerges from this book was developed earlier and elsewhere. In *Almost Over*, Kamm puts to work her incredibly sharp analytical skills, using them to dissect the views and arguments of others. Her surgical precision frequently exposes surprisingly serious flaws. Kamm's critical analysis takes place against the backdrop of her own views, and she implicitly concludes that it is primarily the views of others—and not her own—that need revising.

While her criticism of others is illuminating and sound, Kamm does not always do enough to flesh out and defend her counterproposals. Both in this book and elsewhere, the views that Kamm endorses are complex, as she usually aspires to accommodate a host of interacting considerations. It is possible, of course, that our normative reality is as intricate as Kamm's theorizing suggests. If this is the case, however, then Kamm sometimes proceeds too quickly, merely listing the factors that she believes might bear normatively on an issue, slowing down neither to describe them in informative detail nor to provide more than some vexingly cryptic defence of them. After reading *Almost Over*, I thus walked away firmly convinced that the positions that Kamm criticizes ought to be rejected, but lacking a clear idea, at times, what to put in their place.

This is not to say that you should shun *Almost Over*. For one thing, anyone attracted to a view that Kamm criticizes will benefit from reconsidering their convictions in light of her remarks. For another, there are some well-developed positive stances in the book. In particular, Kamm makes a strong case that physician-assisted suicide and euthanasia are morally permissible in a range of central cases, and that worries about some negative side effects of legalization are likely to be overblown. In addition, the book provides a wealth of material to interested philosophers. What I have in mind here is not so much that we can learn from Kamm the art of skilfully dissecting the views of others, though that is obviously true as well. Instead, Kamm often puts her finger on fascinating and underexplored issues without then dwelling on them herself. This is true both for remarks she makes in passing and for the many aspects of her substantive views that she leaves underspecified and underdefended. Finally, *Almost Over* should prove a valuable resource for anyone interested in end-of-life health-care policy. One of the book's key strengths is the constructive, insightful, and very hands-on criticism that it offers of some of the existing policies that aim to regulate end-of-life care in the United States. Indeed, while Kamm's explicit focus is on US policy, her points doubtlessly generalize to policy contexts beyond the US.

In the remainder of this review, I first provide an overview of the book. I then discuss how Kamm presents and defends her 'Willhavehadism' about the badness of death, mainly aiming to illustrate how Kamm sometimes leaves her substantive views underspecified and underdefended.

1. Overview

Chapters 1 and 2 discuss the question of what can make a person's death bad for her. In chapter 1, Kamm lays out her own answer to the question; in chapter 2, she discusses some aspects of Shelly Kagan's view. Kamm argues that there are four types of factors that contribute to the badness of a person's death. First—and maybe foremost—Kamm argues that the badness of a person's death is directly related to the goodness of her life: the better the life a person has lived, the less bad her death is for her. Kamm refers to this view as *Willhavehadism*. At least on the face of it, Willhavehadism appears strikingly different from the currently prevailing view, in analytic philosophy, of what can make a person's death bad for her. According to that view, which Kamm refers to as *Deprivationism*, the badness of a person's death increases with the amount of good life the person misses out on by dying her particular death. While Kamm grants that Deprivationism identifies one way in which a person's death can be bad for her, she does not consider Deprivationism particularly insightful. What Kamm dubs *Alloverism* is the idea that death is bad simply because it puts an end to our existence and our

conscious experience; *Insultism* is the view that what makes death bad are partly the ‘insult factors’ that tend to accompany it, such as the fact that death deprives us of goods we previously possessed. In chapter 2, Kamm’s main focus is on discussing Kagan’s claim that it is not prudentially advisable to end one’s own life as long as one’s future remains worth living through, roughly in the sense that it contains more good than bad. Kagan disagrees with the idea that it can be prudentially advisable to end one’s life simply because its quality will otherwise drop significantly, an idea that some defenders of narrative theories of well-being might be committed to. Kamm argues against Kagan partly by noting that, independently of the appeal of narrative theories of well-being, it could be prudentially reasonable to renounce a future that is on balance positive if enjoying its benefits means having to put up with some very significant bad (such as horrendous pain).

In chapters 3 and 4, Kamm discusses issues related to advanced and end-of-life care. In chapter 3, she looks at Atul Gawande’s views as he lays them out in *Being Mortal* (Gawande 2014). Gawande’s main point is that effective pain management should not be the only, and possibly not even the main, aim of advanced and end-of-life care. It is equally important that individuals should be able to find subjective meaning for the remaining days of their existence. Kamm relates Gawande’s views to important philosophical concepts and insights, thus illuminating and clarifying them. She also provides extremely incisive—and always sympathetic—criticism. In chapter 4, Kamm highlights smaller and larger problems of the ways in which advanced and end-of-life care is currently managed in the US. A key point that she clarifies in her hands-on and constructive discussion is that current policies fail to recognize the inevitable trade-off between respecting patients’ wishes and providing them with comprehensive information to make their decisions well-informed. Some patients may, after all, prefer not to receive detailed information.

In chapters 5 and 6, Kamm’s main focus is on the normative problems associated with ageing. Chapter 5 uses the fictional case of Benjamin Button to disentangle problems associated with ageing—particularly physical and mental decline—from getting older in years. In chapter 6, Kamm discusses Ezekiel Emanuel’s (2014) argument that once he reaches the age of seventy-five, he will not opt for any life-prolonging treatments, even relatively unproblematic ones. Emanuel (a bioethicist and medical doctor) thinks that he will have lived a full life by the time he reaches seventy-five, and that any further existence beyond seventy-five would lack objective significance, would burden his family, and might even blight the overall value of Emanuel’s own life. Kamm’s analysis in this chapter is as insightful as ever, but her criticism sometimes turns biting, particularly when she highlights that if we take Emanuel’s arguments seriously, we have to conclude

that the continued existence of Emanuel's elderly father is not really a good thing.

Kamm's discussion throughout chapters 2 to 6 does not leave the reader with a full-fledged framework for thinking about what makes life worth living as an individual's physical and cognitive abilities decline. Kamm does, however, decidedly reject the relevance of some factors. Most importantly, she argues that an existence is not rendered unworthy merely because one ceases to be able to do all the things one used to be able to do. Kamm makes clear, moreover, that she is sympathetic to Susan Wolf's thinking about meaning, according to which our lives continue to be meaningful for as long as we continue to take pleasure in objectively worthwhile pursuits. Such meaning, Kamm claims, is frequently sufficient (though not necessary) to render a person's continued existence worthwhile (p. 173).

In chapters 7 and 8, Kamm turns to the problems of physician-assisted suicide and euthanasia. In chapter 7, she argues against those morally critical of the two practices. She notes, in particular, how David Velleman's claim that we fail to respect the value of a person if we choose to end her life problematically presupposes that respecting the value of a person means trying to keep her in existence. Kamm also presents arguments in favour of the moral permissibility of physician-assisted suicide and euthanasia essentially in all those cases where a patient reasonably judges—or reasonably judged at some suitable point in time—that ending her life was her least bad option under the circumstances. Kamm here proceeds from well-accepted premisses, and shows how they entail a conclusion that many who accept the premisses are inclined to reject. In chapter 8, she discusses worries related to the legalization of physician-assisted suicide and euthanasia, arguing that they are mostly misplaced. She also shows that, *pace* Emanuel, his discussion of relevant policy is not really a cost-benefit analysis, but presupposes the existence of rights that make such an analysis inappropriate.

2. The sketchiness of Kamm's Willhavehadism

I have criticized Kamm for her tendency to put forward frustratingly fragmentary views. In this section, I want to go at least some way towards substantiating this claim by discussing how Kamm presents and defends a position that she dubs *Willhavehadism* (p. 2). Willhavehadism is a particular way of thinking about the badness of death which Kamm introduces to the philosophical literature because she thinks that it should figure importantly in any comprehensive account of what can make a person's death bad for her (see p. 24). Kamm does not do enough, however, to flesh out the specific badness that Willhavehadism aims to capture. She fails, in particular, to highlight some key ways in which it overlaps with, but also comes apart

from, the type of badness that current mainstream theorizing about the badness of death—what Kamm refers to as *Deprivationism*—focuses on.

Deprivationists claim that our deaths can be bad for us because they can be *overall bad* for us. An event is overall bad for a person just in case it makes her life go worse in the sense that she would have lived a better life in the closest possible world in which the event does not occur. If Sylvia dies today, and had she not died today she would ultimately have lived a better life than the one she lived by dying today, then—as Deprivationists point out—‘dying today’ is overall bad for her. The precise extent of its disvalue amounts to the difference in life value between the counterfactual life that Sylvia would have lived had she not died today, and the life that she did in fact live by dying today. Assuming that it is in our self-interest to avoid what detracts from the value of our lives, overall bad events are bad for us in the very tangible (though not necessarily very frightening) sense that we have a *self-interested reason to prevent them from occurring* if we can. Consider Kai Draper’s illustrative example of the House of Swedish Massage, where you can book a massage either with massage therapist Bjorn, or else with massage therapist Sven (see [Draper 2013](#), p. 78). No matter which therapist you book, you will receive an excellent massage. Sven’s massage, however, will be even more relaxing and invigorating than Bjorn’s. On the assumption that booking a massage with Bjorn means missing out on a superior massage from Sven, booking a massage with Bjorn is bad for you despite the fact that it is not connected to any intrinsically bad consequences. Deprivationists draw our attention to the fact that a person’s death can be bad for her in structurally the same way: death can be bad because living on might be preferable.

Kamm raises ‘serious concerns’ about Deprivationism by arguing that ‘how good or bad one’s life will have been . . . by the time one dies could be a better indication of how bad one’s death is for one than how good or bad one’s life would be in the future. It is worse to die at 20 than at 50 (holding quality of each year constant) even if the 20-year-old [let us call him Tom] is deprived of only 5 additional good years of life and the 50-year-old [let us call her Filippa] is deprived of 20 additional good years of life (holding quality of each year constant). Call this view about the badness of death *Willhavehadism*. In a sense it is a “backward consequentialist” view since how much one will have had is an effect of death’. (p. 2)

The short passage just cited is Kamm’s way of introducing Willhavehadism. It is also the entirety of what she offers in terms of a characterization of the view. This, however, leaves the reader hanging. For one thing, does Kamm think—or does Willhavehadism imply—that a person’s death is always bad for her for as long as her life was only finitely good? If this is Kamm’s thought, then it is not even clear that the badness of a person’s death decreases as the value of her life increases. After all, as long as a person’s life remains only finitely valuable, she remains infinitely far away

from living a life of infinite value. Let us assume, then—consistently with what Kamm says, but moving beyond her discussion—that she has in mind some finite limit after which Willhavehadism ceases to yield the verdict that a person’s death was bad for her. A seemingly non-arbitrary limit that Kamm might have had in mind might be described as ‘the best possible life for a human being’. If so, then one wonders whether Willhavehadism really captures a particular way in which our deaths can be bad for us. That my life will fall short of the best life possible for a human being (as I assume will be the case) may be unfortunate for me in *some* sense, but it is not clear why we should attribute the relevant badness to my *death* in particular. If we try to conjure up the closest possible world in which I live an optimal human life (or at least the best life that is possible for me), it seems intuitive to assume that this world differs in many respects from the actual world. Why not assume that all the ways in which the actual world differs from this possible world are bad for me according to the logic of Willhavehadism? Of course, it is not at all obvious that appealing to possible worlds is the best way of conceptualizing what Willhavehadism aims to capture. I do not mean to imply that it is. Instead, my point is simply that Willhavehadism seems coherent only if it is tied to the notion of a finitely good life which, once reached, implies that a person’s death is no longer bad for her according to Willhavehadism. Had Kamm made this explicit, and had she discussed what she takes the relevant limit to be, this would have helped us understand her view, thus enabling us to assess it.

Much of what Kamm says about Willhavehadism and Deprivationism presents the former as a competitor to the latter, roughly in the sense that at most one of the two accounts correctly identifies how the badness of our deaths is connected to the value of our lives. As illustrated in the direct quotation above, Kamm argues that Deprivationism has counterintuitive implications in a range of interpersonal cases, and that Willhavehadism fares better in these cases. She fails to highlight, however, that Deprivationism and Willhavehadism are almost perfectly aligned in a central set of cases. More precisely, Deprivationism and Willhavehadism always agree on whether—and also on the extent to which—the option of *continuing to live* compares favourably, for a particular person, to *dying right away*. According to Deprivationism, a person’s death is bad for her if continuing to live would add to the value of her life (and where continuing to live is therefore overall good for the person); according to Willhavehadism, dying later as opposed to sooner is at least less bad in cases where continuing to live adds to the value of a person’s life. For both Deprivationism and Willhavehadism, dying right away is worse the more net good life the person thereby misses out on. As I see it, this overlap is worthy of being highlighted, because at least one thing that we centrally have in mind when we ask whether a person’s death was bad for her is whether her death compared unfavourably to continued life.

Spending some time on this congruence between Deprivationism and Willhavehadism would have helped clarify that the two accounts come apart in interesting ways primarily in *interpersonal* cases. In the example that Kamm gives in the quotation above, Deprivationism yields that death is worse for fifty-year-old Filippa than it is for twenty-year-old Tom; Willhavehadism implies the opposite. Kamm thinks that this speaks in favour of Willhavehadism over Deprivationism. Not only does it seem intuitively right, to her, that Tom's death is worse for Tom than Filippa's death is for Filippa (p. 2). Kamm (p. 8) also argues that in a forced choice about whom to save, it would be morally correct to give preference to Tom, roughly for the prioritarian reason that this means helping the worse-off person be significantly less badly off (as opposed to helping the better-off person be even better off). For Kamm, the fact that Willhavehadism about the badness of death 'agrees' with the morally right conclusion—we ought to save Tom's life over Filippa's, and Willhavehadism judges that Tom's death is worse for him than Filippa's death is for Filippa—also speaks in favour of Willhavehadism over Deprivationism (p. 8). As she cryptically puts it, if we accept Willhavehadism, then the 'moral and conceptual conclusions will [in the Tom versus Filippa case] coincide', and this 'suggests the Willhavehadist way of thinking about the badness of death' (*ibid.*).

Those who share Kamm's intuition that Tom's death is worse for Tom than Filippa's death is for Filippa might agree that this speaks in favour of Willhavehadism over Deprivationism. I am at least mildly sceptical of the trustworthiness of such an intuition, however. For one thing, if we agree with Kamm that it is morally correct to save Tom's life over Filippa's in a forced choice, then our moral convictions might incline us to judge rashly that Tom is spared a worse death than Filippa if we save him over her, though a careful analysis might lead us to think otherwise. Second, and relatedly, while it is doubtlessly correct that Tom is worse off than Filippa in terms of 'good life enjoyed' if we do not save him over her, it is not clear why this indicates that his death would be worse for him than Filippa's would be for her. Why should we not limit ourselves to concluding that it is the goodness of his *life* that compares unfavourably to that of Filippa's?

Setting aside the vexed question of the reliability of our intuitions, Kamm is simply wrong to suggest that if we endorse prioritarianism to morally decide whom to save, then the relevant moral judgements align more closely with Willhavehadism than they do with Deprivationism. If anything, they suggest that both views point to something important. To see what I mean, note that prioritarian reasoning supports saving Tom over Filippa only as long as she does not miss out on *much* more good life by dying today than he does. If Tom gains only one day of good life if we save him today—he will survive until tomorrow if we do not let him die today—whereas Filippa gains twenty more years of good life, then any reasonable prioritarian position will

imply that we ought to save Filippa even though it is true that this will leave her *much* better off than Tom (Tom will have lived only twenty years of good life; Filippa will have lived seventy years). In such a tweaked case, it is thus the ‘conceptual conclusions’ of Deprivationism that align with the relevant moral conclusions and, in Kamm’s words, this would then ‘suggest the Deprivationist way of thinking about the badness of death’. The crux is that prioritarianism weighs benefits to the worse off more heavily than it weighs benefits to the better off; its preference for benefiting the worse off is not, however, lexicographic. Even if we grant Kamm the questionable assumption that it speaks in favour of an account of the badness of death if its conceptual conclusions align with the moral verdicts that we reach in life-saving cases, the prioritarian framework that Kamm endorses leaves Willhavehadism and Deprivationism tied. Puzzlingly, Kamm is aware of the fact that tweaking the numbers in a Tom versus Filippa case aligns our moral conclusions with the conceptual conclusions of Deprivationism (see p. 9). There are, moreover, several passages in the text where she suggests that a comprehensive account of the badness of death might incorporate both Deprivationism and Willhavehadism (see, in particular, her table on p. 24). It is decidedly *not* the case, however, that Kamm’s discussion of the two views proceeds as a dialectic that culminates in this conclusion.

In sum, it is possible that Willhavehadism will contribute to our understanding of the badness of death once it is spelled out in more detail. It is quite clear, however, that any contribution Willhavehadism might make to our understanding of the badness of death will complement, rather than contradict, the key insights of Deprivationism. It is quite mystifying, then, why Kamm spends so much time presenting Willhavehadism as a rival to Deprivationism. I wonder, as well, why she would limit her characterization of Willhavehadism to a few sketchy remarks, thus leaving the reader unable to assess the coherence and plausibility of the view. While Kamm is often brilliant, and almost always brilliantly clear, in her analysis of the positions of others, she seems at least sometimes puzzlingly unconcerned by the fact that her positive proposals amount to little more than a collection of suggestive remarks. I encourage anyone interested in the book’s themes to read *Almost Over*. Read it, however, primarily for its insightful criticism of the views of others, or else prepared to pore over the cryptic remarks of a serious thinker who, when it comes to laying out her own views, has only limited patience for guiding the reader along.*

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