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African Normative Personhood and the (Im)Permissibility of Euthanasia

Accounts of normative ethics that are based on the African conception of personhood tend to say that the goal of morality is to develop one's normative personhood (i.e., character) which is accomplished by exercising other-regarding virtues in the context of community. One argument in the African philosophical tradition that defends the permissibility of euthanasia appeals to this understanding of personhood (Molefe, 2020). This argument suggests that developing a sufficient degree of personhood leads to a kind of achievement dignity that can be lost in the process of a bad death. As such, euthanasia is permissible in order to preserve achievement dignity. I argue that there are a number of problems with this argument including that it cannot apply to those who fail to develop their personhood, that it is impossible to lose achievement dignity for non-moral reasons, and that the argument may prove too much in justifying involuntary euthanasia. An argument for the permissibility of euthanasia that appeals to the achievement dignity associated with African personhood cannot be successful. Furthermore, shifting the argument to appeal to status dignity grounded in personhood is unlikely to completely rescue it.

KEYWORDS: *Euthanasia, African bioethics, Cross-cultural bioethics, African personhood, Achievement dignity*

I. INTRODUCTION

While there is a very large literature on euthanasia in Anglo-American bioethics,¹ comparatively little has been written on it in the African tradition (Molefe and Muade, 2023, 27). This is so despite the fact that normative and applied ethics dominates much of the discussion in contemporary African philosophy. On the other hand, perhaps this is unsurprising given that there are currently no countries

¹ Consider that at the time of writing this, the main databased of English-speaking philosophy in philpapers.org contains over 2500 entries listed either under 'Assisted Suicide' or 'Euthanasia'.

in Africa where euthanasia is legal (or even decriminalized). Thaddeus Metz explains that “just as many in the African philosophical tradition [...] reject abortion by appeal to the value of life, so they reject euthanasia on the same ground” (2022, 188). Jimoh Amzat et al.’s recent sociological study of attitudes toward euthanasia on the African continent appears to confirm as much, at least with respect to active or voluntary euthanasia (2023).² Consider also that the South African Law Commission Report, *Euthanasia and the Artificial Preservation of Life* (Mahomed et al., 1998), recommends only passive euthanasia and that its recommendations have yet to be adopted (Molefe, 2020, 108).

In light of the relative dearth of discussion in African ethics on euthanasia in conjunction with the data suggesting that many African cultures reject it, it is surprising to discover that in the few places where euthanasia is discussed by African philosophers, it often receives a very sympathetic hearing (e.g., Bikopo and van Bogaert, 2009; Magena and Chitando, 2013; Molefe, 2020; Tangwa 1996, 2010). Perhaps this is a place where African professional philosophy and more widely held African cultural attitudes come apart.

One important argument that defends the permissibility of euthanasia in the context of African thought appeals to *personhood*, which is probably the most theorized moral concept in the African tradition. Accounts of morality that focus on it tend to say that the goal of morality is to develop one’s personhood, which is a normative term akin to character. Personhood is developed by exercising other-regarding virtues and therefore must be accomplished in the context of community.³

² For a different data point, Magena and Chitando, 2013, suggest (seemingly tentatively) that the Shona peoples would endorse euthanasia. For yet another data point, Molefe cites three dissertations written about the report on euthanasia in South Africa which all advocate for voluntary euthanasia (2020, 108; see Alli, 2016, 72–79; Paleker, 2016, 39–42; Strohwal, 2014, 28–29, 37–41). Molefe also observes that “It is interesting to notice that some of the leading legal commentators in South Africa have also advocated for the legalisation of euthanasia (see De Vos, 2015; McKaiser, 2019; Thipanyane and Makane, 2019)” (2020, 109).

³ There are debates over how to resolve apparent conflicts between the individual and community with respect to personhood. The best-known one is between *radical communitarianism* and *moderate communitarianism*. Radical communitarians say that personhood is *only* possible within the context of their community and that the needs of the individual are always subservient to communal needs (see Menkiti, 1984, 2004, 2018). Or even stronger, they say that individuals never have needs that conflict with communal needs. Moderate communitarians, on the other hand, hold that while personhood exists within the context of the community, individual needs are just as important as communal needs, with some theorists

In Section 2, I construct what I take to be the strongest argument for the permissibility of euthanasia based on personhood (Molefe, 2020). The argument I will examine suggests that developing a sufficient degree of personhood represents a kind of achievement dignity. If achievement dignity can be lost in the process of a bad death, then euthanasia is permissible in order to preserve it. In Section 3, I explain why this argument is intended to apply to voluntary, non-voluntary, and involuntary forms of euthanasia. In Section 4, I identify a number of problems with this argument including based on the fact that it cannot apply to those who fail to develop their personhood, that achievement dignity cannot be lost in the relevant sense, and that if the argument really justifies involuntary euthanasia that it proves too much. In Section 5, I show that though an argument that appeals to the status dignity entailed by personhood is more likely to be successful, it still faces significant challenges.

Before proceeding it is important to be clear about a number of definitions and assumptions. When I say an idea is African, I just mean that it is an idea that has been important to a substantial number of indigenous black Africans in the sub-Saharan region. This does not mean that the idea is exclusive to the African continent. It naturally follows from this definition that whether an idea is African is a matter of degree (see Metz, 2022, 7-8). For anyone sceptical of this definition it is enough for my purposes that by African I am simply referring to an idea that is important to contemporary African scholars (see Allais, forthcoming; Lougheed, 2025).

The definitions surrounding euthanasia can be slippery as substantive philosophical issues appear to sometimes rest on them. Inasmuch as possible I will use the relevant definitions in the way my primary interlocutors use them, which I hope are relatively neutral. I will use the term *euthanasia* to refer to cases where a physician or qualified medical practitioner actively or passively brings about the

acknowledging there can be genuine differences in such needs (see Gyekye, 1997, 1992). Inasmuch as possible I intend to remain neutral on this debate, though I will make note of it when it is relevant.

death of a terminally ill patient who is suffering greatly, has no prospect of recovery, will die in the foreseeable future (or is in a permanently vegetative state), and has requested euthanasia (themselves or through an appropriate proxy). *Passive* euthanasia involves withholding treatment in order to lessen suffering, with the knowledge that it will hasten death.⁴ *Active* euthanasia involves prescribing a treatment that will bring about a person's death. There are at least three different types of active euthanasia. *Voluntary* euthanasia occurs when the patient is competent to request and consent to euthanasia themselves. *Non-voluntary* euthanasia occurs when the patient is unable to request and consent to euthanasia but has given an advanced directive and/or transferred medical decisions to a proxy (e.g., often a close family member).⁵ *Involuntary* euthanasia occurs when the patient does not consent directly (voluntary) or indirectly (non-voluntary) and could even outright oppose it.⁶ How best to define these and related terms have been the subject of debate. However, I simply state the definitions I have in mind without defense as doing so would take me too far afield. I hope that this work will still be of interest (and perhaps even convincing) to those with different starting definitions.⁷

II. RECONSTRUCTING THE ARGUMENT FOR EUTHANASIA BASED ON PERSONHOOD

The argument I construct for euthanasia from personhood is based on chapter four of Motsamai Molefe's book *An African Ethics of Personhood and Bioethics: A Reflection on Abortion and Euthanasia* (2020). Molefe's chapter is one of the most detailed analyses of euthanasia to be found in contemporary African philosophy. I aim to reconstruct his argument in favour of the permissibility of euthanasia in

⁴ Some will also want to insist that doctor here is not *intending* to bring about the death of the patient. They trying to minimize suffering which involves letting nature take its course but so much the better if the patient happens to recover in the process.

⁵ Of course, it is controversial whether euthanasia can ever be legitimately requested by a proxy.

⁶ These definitions mostly align with Molefe, 2020, 105-107.

⁷ Other important terms include informed consent, proxy, consent, and death. But to make progress I need to move beyond definitions. I hope my arguments are consistent with various definitions of these and other relevant terms.

as most plausible as terms possible. Molefe's goal is to "defend the view that a plausible interpretation of personhood ought to permit euthanasia" (2020, 104). He begins by emphasizing that the goal of human existence is to develop personhood; this is how to manifest a dignified existence. Molefe also says that his argument applies to all forms of voluntary, non-voluntary, involuntary and both passive and active euthanasia (2020, 107). Unlike Kantian dignity which emphasis autonomy, "personhood posits moral perfection understood in terms of sympathy to be the essence of morality" (Molefe, 2020, 111). I begin by offering what I think is the best standardised version of Molefe's argument and then proceed to explain each premise in term.

Molefe's Argument for Euthanasia from Personhood:

1. The quality of an individual's life is indexed to the level of personhood that individual achieves in their lifetime.
2. Achievement dignity is valuable and marks the success or failure of a life.
3. Sufficient moral achievement (and hence significant achievement dignity) is necessary for a good death.
4. Death is a process that can result in moral decline where achievements can be lost, which means that achievement dignity or personhood can be reduced or lost.
5. Certain biomedical conditions threaten personhood (i.e., achievement dignity) and euthanasia is a way of preserving personhood.

Therefore,

6. (Voluntary, Non-Voluntary, Involuntary) Euthanasia is permissible.

This is what I take to be the most charitable and straightforward interpretation of Molefe's argument. From here on, I will refer to it as the 'argument from personhood' for short. I now turn to explaining the motivation I identified for each premise.

Premise (1) is required because it underpins the idea that a good death is possible in the African tradition. According to Molefe, the *prima facie* reason for a good death in an African context is the following:

The idea of an elder is both descriptive and normative in African philosophy. Descriptively it refers to an individual that has lived a long life—the reference here being to age. Normatively it refers to the quality of life the individual has lived. The idea of *quality of life* should be understood not to refer to well-being per se; however, that term may be understood. Well-being might be a non-trivial secondary consideration related to quality of life, though. Primarily, this phrase refers to the good state of the character of the individual, the fact that the individual exudes moral excellence (Menkiti, 2004; Wiredu, 1980) (Molefe, 2020, 112).

He observes that this explains why the death of an elder tends to be celebrated instead of grieved (Molefe, 112-113).⁸

With respect to premise (2), Molefe quotes Kwame Gyekye:

The type of burial and the nature and extent of grief expressed over the death of an older person depend on the community's assessment, not of his personhood as such, but of the dead person's *achievements* in life, his contribution to the welfare of the community, and the respect he commanded in the community. Older persons who may not satisfy such criteria may, in fact, be given simple and poor funerals and attenuated forms of grief expressions. As to the absence of ritualised grief on the death of a child, this has no connection whatsoever with the African view of personhood as such, as alleged by Menkiti (Gyekye, 1992, 108-109 quoted on Molefe, 2020, 112-113; emphasis mine).

⁸ Molefe cites Gyekye, 1992, 108-109 and Menkiti, 2004, 325 to support this claim.

It is achievement that marks the success or failure of a life. Later it becomes clear that Molefe ties this sort of moral achievement to *achievement dignity*. Molefe affirms that there are multiple kinds of dignity such as *status* and *achievement* dignity, *intrinsic* and *extrinsic* dignity, and *unconditional* and *conditional* dignity (Molefe, 2020, 118). Status dignity is intrinsic and so exists in virtue of some ontological capacity and does not have to be earned.⁹ However, achievement dignity is extrinsic and can be gained and lost based on how an individual comports themselves (Molefe, 2020, 188). Accordingly, “[t]o talk of a death with dignity means providing the agent with conditions that keep her extrinsic dignity intact, thinking of her dying in ways that do not diminish one’s sense of her achievement dignity” (Molefe, 2020, 119). The death of an elder can be considered good because they have reached a certain level of moral achievement. This implies that “a good death is accounted for in relation to extrinsic dignity in terms of personal conduct and circumstances, specifically the idea that by the time the individual dies or during the end of her life, her extrinsic dignity— captured in terms of her record of personal achievement—is not fundamentally threatened and reversed” (2020, 119).

Regarding premise (3), a good death can be understood in terms of a moral achievement. Molefe explains that “This idea is *agent-centred* insofar as it accounts for a good life in terms of moral *achievements*” (2020, 114). A child did not have the chance to pursue and develop personhood which explains why this account only applies to elders who have lived full lives (Molefe, 2020, 115). In other words, it is a virtuous life (i.e., developing personhood) which serves as “the basis for a good death. In other words, if you die at an old age and you have not been leading a massively good life, yours is not a good death simply by virtue of your age—it is just death” (Molefe, 2020, 115). This is why an old person who does not achieve personhood receives a meagre funeral and little expressions of grief

⁹ For more on status dignity see Killmister, 2020.

or celebration (Molefe, 2020, 115). Later it will be clear that this idea of moral achievement is connected to achievement dignity.

Premise (4) claims that death is a process and sometimes can result in moral decline and the loss of achievement, and presumably the dignity that comes with it. Though in the introduction I noted that I do not want to wade into definitions of death, it is important to note that Molefe appeals to the fact that the African tradition usually draws a distinction between two senses of death in *processual* death and *absolute* death (Molefe, 2020, 115). He therefore assumes that it makes sense to speak of death as a process. With this distinction in view, he argues that once an “individual slips into the process of death, biologically, that state of decline and deterioration should not be allowed to continue to the extent where it mars and shades the moral achievements of an elder, or any individual for that matter” (Molefe, 2020, 115-116).¹⁰ All of this leads Molefe to “conclude that a good death, morally and biologically speaking, revolves around the potential and actuality of pursuing and preserving one’s extrinsic dignity” (2020, 119).

Regarding premise (5), Molefe believes that it needs to be asked whether a seriously ill person can still pursue a moral life or if their biological conditions are undermining their dignity (2020, 119).

To help motivate this idea, Molefe quotes Ifeanyi Menkiti:

¹⁰ At this point, Molefe’s chapter then takes a curious turn by appealing a life force ethic to reinforce the claim that death can be a process. In explaining this idea, he says “[a]ll we need to do, in employing the ethic of vitality, is eschew its religious overtones, by falling back on the secular idea of personhood” (2020, 116). While there is a secular account of life force on offer in the literature commonly referred to as liveliness, it is simply unclear what this has to do with personhood. I do not understand what this appeal has to do with personhood nor why Molefe believes the shift here is helpful. For example, Molefe claims that a vitality ethic has the maintenance of life itself as the fundamental battle ground in ethics. His view implies that death is always the result of a lost moral battle (Molefe, 2022, 116-117). But then this implies that there *no way of having a morally good death*, which is in conflict with one of his main positions. What makes this appeal even more puzzling is that Molefe adds, “I do not think, however, that what is most valuable about human beings is the fact that they possess vitality or life, construed in either secular or religious terms. I think of the value of human lives in terms of their capacity to morally achieve or fail in terms of character-development, which is conceived in terms of the acquisition of moral excellence (personhood). It is the capacity for moral perfection and how the moral agent uses it that better accounts for the diminishing or development of our humanity.” (Molefe, 2020, 117). Investigating this further here would take me too far afield, but I hope to explore these ideas in future work.

As such, when we say that an elder has died a good death, we are referring to the fact that during her last days her achievements were not threatened or reversed by an indecent and shameful form of existence. Shame in African moral thought, is opposed to personhood, as it is characterised by the individual feeling ‘incomplete and unwholeness’ (quoted in Menkiti, 1984, 176 quoted in Molefe 2020, 199).

Since it is possible to lose one’s dignity or personhood in the process of dying, “the greatest wish is that the elder (or even a dying adult) should die under quiet and peaceful conditions that are not characterised by feelings or conditions of shame” (Molefe, 2020, 119). According to Molefe, human life is unique because humans possess the capacity for personhood which he analyses as the capacity for sympathy (2020, 120). This means “that moral agents are able to pursue personhood because they have the capacity for virtue (sympathy)” (Molefe, 2020 120).

Thus, “to say of some moral agent that she has achieved personhood is tantamount to the idea that she is characterised by a dignified human existence. The capacity for sympathy refers to *intrinsic* or *status* dignity, and the acquisition of personhood refers to extrinsic or achievement dignity” (Molefe, 2020, 120; emphasis mine). Human existence is first and foremost about using the capacity for sympathy to develop personhood, and this implies a kind of achievement dignity. This leads Molefe to claim “that euthanasia should be permissible in the context where the pursuit and preservation of a dignified life are threatened or stand to be reversed by extreme medical conditions” (Molefe, 2020, 120).¹¹

III. THE SCOPE OF MOLEFE’S ARGUMENT FOR EUTHANASIA FROM PERSONHOOD

¹¹ The reader may have noticed that at times Molefe shifts between status and achievement dignity. I will address this in 4.1.

In this section I briefly explain the scope of Molefe's argument with respect to the type of euthanasia it justifies. Molefe says that voluntary euthanasia is permissible of individuals who are in a permanent vegetative state. Such a state is pointless, morally speaking, because the person is unable to pursue achievement dignity (i.e., personhood). For Molefe:

To allow such a life to continue defies the very spirit of the ethic of personhood, which, in my view, pivots on the value of sympathy, which is associated with values like care, compassion and so on. If we imagine ourselves in the shoes of a human being who is caught in a pointless form of existence, in the sense suggested above, then we should be able to recommend euthanasia. It is sympathetic to do so, and in keeping with respecting their dignity (2020, 120).

Regarding a person in a vegetive state but who has made it clear that they desire to be kept alive at all costs, Molefe writes that unlike in the West, autonomy is not sovereign. The exercising of personhood should involve shared decision-making (2020, 121). On African communitarianism decisions are made based on consensus and this means that "competent individuals engage in a dialogue until they find a common position that accommodates everyone and facilitates the common good" (2020, 121). This does not imply that an individual's position is ignored but is instead taken into account with all of the relevant stakeholders to generate a collective decision. This implies that "[o]ne possible decision that may emerge from this collective decision-making scheme is euthanasia, which is bolstered by the moral consideration that the life of the patient is pointless and meaningless" (Molefe, 2020, 121).

Voluntary euthanasia is also permissible for individuals who are terminally ill, suffering greatly, and has no prospect of relief (Molefe, 2020, 121). This is because:

[C]ontinuing in a state of terminal illness where the suffering leads only to more suffering threatens the individual's personal sense of worth (extrinsic dignity) which has accrued to

her as a result of her moral achievements. Her loss of her moral agency, and with it the ability to pursue moral excellence, slips her into the process of death, both biologically and morally. At this stage her body is enveloped by disease and suffering and her dignity is seriously undermined (Molefe, 2020, 121).

In order to preserve the integrity of her achievements the patient needs to have the option of terminating her life. This preserves her extrinsic dignity. Likewise, if a person has no ability to pursue personhood, then her life is morally meaningless, and she should be able to terminate it (Molefe, 2020, 121-122).

Surprisingly, Molefe acknowledges that his view may well imply that certain cases of involuntary euthanasia are permissible (2020, 123). This is because “[i]n contexts where shared decision-making takes priority, provided of course that we have conclusively satisfied ourselves that the agent has reached the stage where her life is pointless, euthanasia may be proposed even if the patient left a directive opposing it” (Molefe, 2020, 123).

IV. EVALUATING THE ARGUMENT FROM PERSONHOOD

In this section I offer a number of challenges to the argument from personhood, including those based on the fact that appealing to achievement dignity excludes people from the argument (4.1), achievement dignity cannot be undermined by nonmoral reasons (4.2), and that this argument cannot justify involuntary euthanasia (4.3).

What about euthanasia for those who lack achievement dignity?

A natural question emerges regarding individuals who do not achieve personhood. Remember that since personhood indicates a moral achievement, it is not something that everyone arrives at. This is why those who are moral failures are sometimes referred to as animals or non-persons within this tradition. Indeed, Molefe believes that euthanasia is permissible in such cases since:

[E]ven a morally defective individual has status dignity because they have the capacity for sympathy. So long as her life has not reached a state where it is pointless, where they can no longer use their capacities, we have duties to respect and continue urging them to aspire for moral excellence. Should the individual, however, reach a position where her existence may be pointless, insofar as she may not be able to pursue moral perfection, then euthanasia is [an] option open [...] to anyone (2020, 124).

Molefe is astute to recognise this is an obvious question for his position. Indeed, it helps to clarify the ambivalence in the presentation of his argument regarding the kind of dignity he has in mind. Recall from the above that Molefe claims that if the process of a bad death begins, it should not be allowed to continue not just for those who have sufficiently developed their personhood (i.e., achievement dignity), but also for “*any individual for that matter*” (2020, 115-116; emphasis mine).¹² The fact he recognises his argument will not apply to those who lack achievement dignity confirms it really is achievement dignity he uses as a base for his argument. But then this leaves the reader puzzled why he defends euthanasia by appealing to personhood or achievement dignity. More importantly, notice that it undermines premise (3): Sufficient moral achievement (and hence significant achievement dignity) is necessary for a good death.

Status dignity is about the *capacity* for moral achievement while achievement dignity is constituted by actually making good use of that capacity. Notice too that if a person only has status dignity, death cannot be a process by which they lose the value of their achievements which means premise (4) does not apply. It also means that certain biomedical conditions could not threaten their achievements and hence (5) does not apply. In sum, it is not possible to motivate an argument for

¹² Elsewhere he writes that “Remember, the paramount moral consideration is the capacity to pursue personhood and the actual preservation of one’s dignity. The choice is generated by facts revolving around the capacity for virtue—a capacity which posits the development of a perfect character as *the* goal of life” (Molefe, 2020, 122). But he bases status dignity on the capacity for personhood and achievement dignity based on actually developing personhood is what he worries will not be lost on a bad death. So, this is another place of ambiguity.

euthanasia based on the achievement dignity that results from developing personhood that will apply to those who have failed to develop it. As Molefe knows, personhood is a success term which by definition marks out achievement.

Where does this leave the argument from personhood? It must be given up or perhaps modified by appealing to *status* dignity.¹³ Alternatively, a proponent could ‘bite the bullet’ and accept that the argument only applies to those with sufficient personhood because they are the ones with achievements to lose. However, the implication of this approach implies that two patients with identical medical conditions could have a different eligibility status regarding euthanasia, which is counterintuitive, to say the least. Indeed, in a survey of different types of dignity in the Anglo-American tradition, Remy Debes writes that “[t]o this it should be added that [moral] virtue accounts make up the minority of all modern positions, no doubt because most contemporary positions eschew the hierarchical drift that comes with tying dignity to virtue” (2023). It is thus unsurprising that this type of problem has emerged for Molefe’s argument.

At this juncture it might be responded that though Molefe is clear that normative personhood is indeed an achievement, the criteria for it is one of degree, not a threshold. Thus, an individual may have less personhood (i.e., achievement dignity) than someone else, but it does not therefore mean that they have *no* personhood and hence no achievement dignity. If this is right, then it makes sense of why Molefe would phrase his argument in terms of achievement dignity and explains away the potential problems with his appeal to capacity dignity. He can simply maintain that his argument is about normative personhood which implies a kind of achievement dignity, and that it applies to everyone. If this is right, then it would assuage this worry for Molefe’s argument, though my concerns to follow this one would still apply to it.

¹³ I will examine this possibility in Section V.

There is admittedly some reason to think that Molefe believes personhood comes in degrees. For example, he affirmingly quotes from Ifeanyi Menkiti's influential account of personhood:

We must also conceive of this [human] organism as going through a long process of social and ritual transformation until it attains the full complement of excellencies seen as truly definitive of man. Above, Menkiti informs us that the pursuit of personhood is a socio-moral process of transformation, where the agent espouses and exhibits moral excellence (Menkiti, 1984, 172 quoted in Molefe, 2020, 32; brackets added by Molefe).

Thinking of personhood as a kind of transformation clearly affirms thinking of it as coming in degrees.

However, on the very next page following the Menkiti quotation, Molefe quotes the influential African philosopher Quasi Wiredu in order to explain that personhood is a *perfectionist* theory, where part of the moral life involves an individual striving to fulfill certain conditions: "But such evaluation [that one is a person or a non-person] presupposes a system of values. Since the context of such evaluations is nothing short of the entire sphere of human relations, the system of values presupposed cannot be anything short of an ethic." (Wiredu, 2009, 15 quoted in Molefe, 2020, 33; brackets added by Molefe). The bracketed section added by Molefe to the quote is informative. It shows that Molefe also believes there can be *non-persons* which means there are people who do *not* achieve personhood in any meaningful sense. This interpretation of Molefe's understanding of personhood is further supported in some of his other work on personhood. Elsewhere he writes that:

If the individual performs well, then she counts as a person and if she does poorly, then she is assigned the status of a non-person [...] To be called a person is to acknowledge that she has added dimensions of moral virtue to her humanity. And, to be called a non-person is to acknowledge that she has lived below the abilities of her humanity, without denying her humanity and the basic respect due to her merely as a human being (Molefe, 2019, 5).

And later he adds that “To be called a non-person is to be morally judged to have lived below what is befitting a truly human life” (Molefe, 2019, 39). All of this clearly implies that for Molefe there is also a threshold for personhood, and some individuals do not cross it.

Does all of this point to a fundamental tension, if not outright contradiction, in Molefe’s thinking on personhood? It need not. A degreeed versus threshold interpretation of personhood does not have to be an exclusive disjunction. Since not everyone achieves personhood for Molefe, there must be a threshold for it, by definition. But this is still consistent with the claim that personhood (once the threshold is met) comes in degrees, with some individuals having a greater degree of personhood than others. The upshot of this discussion is that it remains puzzling why Molefe appeals to personhood and achievement dignity to justify the permissibility of euthanasia since not every individual has it. This is so even if personhood comes in degrees.

Finally, notice that these ideas are likely to generalize to any account of normative personhood, such that it is doubtful the argument can be rescued by detaching it from Molefe’s ideas. Did Adolf Hitler merely achieve a lower amount of personhood than Nelson Mandela? Here it makes sense to think that Hitler did not possess any achievement dignity at all, where any dignity he did have was a status dignity that all humans possess in virtue of being human. Again, this is perfectly consistent with the claim that personhood comes in degrees and is developed over time. While more remains to be said about how this point generalizes to all plausible accounts of normative personhood, doing so would take me too far afield and distract from my evaluation of Molefe’s argument.

Can Achievements really be undermined by illness?

Another problem for Molefe’s argument is that it is doubtful that that achievement dignity can be undermined in the relevant sense. This becomes clear when the conditions of a person’s death are not their fault. Though in some African cultures, illnesses are thought to be the result of sorcery, evil spirits, or departed ancestors that one may have wronged, etc., it is noteworthy that virtually all

accounts of personhood, including Molefe's, are entirely secular and naturalistic. This means that there are cases where a patient becomes terminally ill through no fault of their own. Whatever the cause of such illnesses, they are entirely naturalistic and nonmoral causes, on the assumption that they can even be identified.

With this caveat in view, it is simply false that being terminally ill and suffering immensely undermines a person's achievements. Personhood is something that is earned through moral actions; it cannot be lost by something non-moral. If developing personhood is what gives someone achievement dignity, then that achievement dignity cannot be lost by a non-moral thing like a terminal illness. Reflect on the case of moral exemplars. Nelson Mandela was in a permanent vegetative state at the end of his life. This is precisely one of the cases that Molefe says may warrant euthanasia because personhood (or achievement dignity) will be degraded. Indeed, on Molefe's view, Mandela may well have been a candidate for involuntary euthanasia because doing so would have protected his (achievement) dignity. But all of this is mistaken. It is false that Mandela's achievements were threatened by his illness. His work for a peaceful transition from apartheid cannot be negated by an illness, or even by a bad death. The personhood argument implies that the achievement dignity of a martyr can be negated by their bad death, but this is absurd.

Here again, a rejoinder might be raised by appealing to the fact that personhood comes in degrees. Thus, a slightly more modest claim is not that Mandela's personhood is entirely lost due to his illness, but that it is weakened or degraded. In other words, his achievement of a peaceful transition from apartheid does not completely evaporate because of his illness, but it is lessened.

I mentioned two points by way of reply. First, this could be a place where intuitive bedrock is reached. I do not see how Mandela's accomplishments can be lessened at all by a bad death. When we remember Mandela now, do we focus on the way in which he died or on his achievements? Maybe there are other arguments to motivate this idea beyond this one, but I leave it to others to raise them.

Second, there is a difference between justifying euthanasia on the basis that personhood (i.e., achievement dignity) will be entirely lost and on the basis that it will be weakened. Molefe's argument seems to imply the former, but even if I am mistaken about this, the justification is less strong if the basis is a weakening of personhood, not a complete loss of it. In such a case, other arguments against euthanasia may well have more weight, especially if a complete loss of achievement dignity is supposed to be an overriding consideration.

Involuntary Euthanasia cannot be justified on the basis of preserving the patient's achievements

My final point has to do with the scope of the argument. Even if the personhood argument were successful, which it is not, it could not justify euthanasia. In his defense of involuntary euthanasia Molefe emphasizes share-decision making and decision-making by consensus which are important parts of African culture.¹⁴ He hints that if a community thought euthanasia was good for a patient, then it should be carried out even if it is against the patient's wishes. However, notice that such a suggestion runs contrary to Molefe's emphasis shared decision-making. If a terminally ill patient does not agree to be euthanized (or would not if they were competent), then there is an important sense in which they have not been considered in the process. Involuntary euthanasia is therefore impermissible on Molefe's very own emphasis on shared decision-making. At most, what it might be allowed is for members of the community to continue to dialogue with a patient (or their proxy) in an attempt to reach consensus with them about euthanasia. Of course, this is not an objection to Molefe's argument itself, but rather to its scope.

¹⁴ Molefe is weary of 'egocentric views' that worship independence and autonomy and perhaps this is fair. However, he seems to think that these assume a person always knows what's best for themselves and so their autonomy cannot be violated (Molefe, 2020,123-124). But this is clearly false. It could be that autonomy is thought worth preserving even in the face of poor decision-making. Consider parents who intentionally refrain from intervening when their child is making an obviously poor choice, out of respect for autonomy and what the consequences of a poor decision might teach the child.

Additionally, there is something bizarre in wanting to euthanize someone against their wishes in order to preserve their achievement dignity. Furthermore, focusing on the idea that personhood comes in degrees (even if there is a threshold for it) so as to say involuntary euthanasia is about preserving a weakening of personhood instead of its outright loss, does nothing to help Molefe's case. In fact, this reasoning is weaker since it is worse to lose one's achievement dignity altogether than to merely have it weakened. Consider that an individual who failed to develop their personhood and instead lived a morally bankrupt life would therefore *not* be subject to being euthanized against their wishes since they have no achievement dignity to protect. There is something highly counterintuitive about this implication.

V. STATUS DIGNITY AND AN ALTERNATIVE ARGUMENT FOR EUTHANASIA FROM PERSONHOOD?

Given the problems associated with the argument from personhood, the reader may fairly wonder why appeal to it at all. But remember that Molefe appealed to it in order to provide a distinctly *African* justification for euthanasia. A more fruitful approach might be to pursue an argument based on status dignity, thereby avoiding the myriad problems associated with appealing to achievement dignity. Engaging personhood to accomplish this appears possible because one analysis of personhood “conceives of human beings as having moral status/dignity insofar as they have the *capacity* for virtue. We should respect and treat human beings with utmost moral regard because they have the *ability* or *capability* to pursue human excellence” (Molefe, 2020, 54; emphases mine). In other words, it is the *capacity* to exercise personhood that is the basis of status dignity, not whether that capacity is ever exercised (for more see Molefe, 2020, 40-54). Interestingly, status dignity or something closely related to it appears in arguments in the Anglo-American literature on euthanasia (e.g., Murders, 2017; Gómez-Vírveda and Gastmans, 2022; Kerstein, 2019). Though engagement with this literature could

surely lead to fruitful cross-cultural dialogue about the permissibility for euthanasia in the future, I set such a project aside here as I am searching for a justification grounded solely in African personhood.

I am ultimately doubtful that status dignity based on personhood could be used to defend the permissibility of euthanasia or at least not used in many cases. Though it seems that status dignity grounded in personhood is a natural place to defend the permissibility of euthanasia given the failure of an account grounded in achievement dignity, it is not as straightforward as one might think to offer such a defense. Recall that for Molefe, status dignity is grounded in the capacity for personhood. For Molefe, personhood is the moral perfection to which we ought to all strive towards. He believes that all of the virtues associated with personhood can be derived from the virtue of *sympathetic impartiality* (Molefe, 2020, 54; he borrows this from Wiredu, 1996, 71). These include other oft cited virtues in the African tradition such as altruism, harmony, solidarity, servanthood, care, and friendliness (Molefe, 2020, 54). He believes that “[a]t the heart of all of these moral concepts is the moral insight that the most important feature of African moral thought is the idea of being open, responsive to others and always aware of our responsibilities towards them by creating conditions for human beings to be able to pursue personhood” (Molefe, 2020, 55). This is what Molefe calls sympathy. In other words, “the analogy of the *root* signifies the primacy or foundational status of the virtue of sympathy in the discourse of personhood. In my view, all other-regarding virtues associated with personhood are generated from and expressive of the foundational virtue of sympathy” (Molefe, 2020, 55). In sum, the question is how to motivate a defense of euthanasia if dignity is grounded in the capacity for sympathy.

If a patient is terminally ill, suffering greatly, and has no reasonable prospect of recovery, their death is imminent, etc., and requests assistance in dying (either themselves or through an appropriate proxy), then sympathetic impartiality seems to permit euthanasia. In such a scenario it would be cruel and unsympathetic not to grant the patient’s request for assistance. Furthermore, in analyzing the Nso

of Cameroon's view of euthanasia, Godfrey B. Tangwa affirms that they agree with the widely shared commonsense moral intuition that pain and suffering are intrinsically bad (Tangwa, 1996, 196). This is a safe assumption to apply across the African continent, including to those offering analyses of personhood. This appears to further bolster the case for euthanasia, but it is noteworthy that Tangwa's own defense of it is mostly confined to elders who have lived flourishing lives which is exemplified by having large families (1996, 195). But the degree to which a person has lived a flourishing life cannot be appealed to if the justification for euthanasia is supposed to be based on status dignity, not achievement.

What remains challenging is that any appeal to autonomy over one's body is illegitimate in this context. As Molefe's own commentary on the permissibility of involuntary euthanasia shows, autonomy is not an important value in the African tradition (or more carefully, it is at least not an important value in analyses of African personhood, which is our dialectical context).¹⁵ If the patient's autonomy over their body is blocked out as irrelevant to moral decision-making, then I believe that there are fewer cases where euthanasia is permissible. Consider that individuals can exercise sympathy by conscientiously looking after those who are terminally ill. Remember the type of virtues associated with sympathy here are generosity, altruism, servanthood, etc. It is not difficult to see how a community coming together to care for a terminally ill patient could help them to exercise their capacity for sympathy. It is a path toward moral perfection. What is further interesting is that it could be a matter of sympathy in the other direction, from the patient to their community, to *not* avail themselves of euthanasia in order to permit members of their community to cultivate their personhood. A possible rejoinder to this suggestion is that it is unlikely members of the community are only able to develop their personhood if a terminally ill patient refrains from opting for euthanasia.

¹⁵ Notice that I criticise his position not for violating the patient's autonomy but because his view suggested it could violate decision-making by consensus (which is something he wanted to affirm).

There are many different opportunities to develop personhood, and it does not require the terminally ill staying alive. But whether there are *unique* ways of developing personhood that correlated to the kind of care involved in palliative cases is surely possible. I will not develop this point further but note it is worth exploring in the future.

Finally, none of this denies that there may well be cases of suffering that are so extreme that they only serve to traumatize all those who are involved, such that euthanasia is permissible. I will not offer a detailed analysis of what criteria could be used to establish the existence of such cases here, and instead note one of the important criterion involves the empirical question about the degree to which a patient's pain can be successfully medicated.

VI. CONCLUSION

The topic of euthanasia has not received sustained attention in African philosophy despite applied ethics being a thriving subfield more generally within the African tradition. I examined a case for the permissibility of *all* forms of euthanasia based on African personhood as located in the work of Motsamai Molefe and found it wanting. His argument depends on understanding personhood as implying a kind of achievement dignity. This means that the argument cannot be applied to those individuals who have not sufficiently developed their personhood. To include them, he would have to develop an argument that does not rest on achievement dignity. However, thinking of personhood as coming in degrees does not help to rescue the argument since even if personhood comes in degrees, it is clear that certain individuals never attain any degree of it. Another problem with the argument include the fact that a person's achievement dignity cannot be undermined by a bad death. Finally, the scope of the argument is too strong because consensus-based decision-making, by definition, cannot justify involuntary euthanasia. It is also highly counterintuitive to think this could be a way of preserving a person's achievements. A more promising approach to defending euthanasia based on

personhood is to appeal to the status dignity it implies given each person's capacity for personhood (i.e., sympathy). However, given that a patient's autonomy is not in view, such an argument may well have much less force than one first suspects. There are numerous avenues for future explorations into the permissibility of euthanasia in the context of African moral philosophy and I hope this discussion may help to spur them on.

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