

The Frank E. Seidman
Distinguished Award
In Political Economy

The Acceptance Paper

By

Thomas Cromble Schelling

On Exercising Choice

April 28, 1977

**THE FRANK E. SEIDMAN
DISTINGUISHED AWARD
IN POLITICAL ECONOMY**

The Frank E. Seidman Distinguished Award in Political Economy was established in memory of Frank E. Seidman by Mr. and Mrs. P. K. Seidman. The host college for the Award is Southwestern at Memphis. An honorarium of ten thousand dollars will be given to an economist who has distinguished himself or herself by contributing internationally, in the judgement of his or her peers, to the interdisciplinary advancement of economic thought as it applies to the implementation of public policy.

The purpose of the Award is to recognize and encourage economists who are attempting to extend their methodology into the interdependent areas of the other social sciences. It is applicable to the advancement of social welfare when proper cognizance is given to environmental and institutional influences upon the economic behavior of the individual and groups. The basis for evaluation will be broad enough to encompass both the synthesis of existing economic thought and the pathbreaking development of new concepts.

For the purposes of this Award, the recipient shall be considered an economist by imputation from the quality and importance of his or her professional work and interests. The distinguished contribution must be judged to have satisfied the specific criteria which are stated in terms to reflect the basic objectives of the Award.

Mel G. Grinspan
Director

**Published by the P. K. Seidman Foundation
Memphis, Tennessee**

August 1977

Board of Trustees

P. K. Seidman Senior Consultant
Chairman of the Board of Trustees Seidman & Seidman
Memphis, Tennessee

James H. Daughdrill, Jr. President
Southwestern At Memphis

Marshall E. McMahon Chairman
Department of Economics and Business Administration
Southwestern At Memphis

Lawrence R. Klein 1977 President
American Economic Association
University of Pennsylvania

Arthur Okun Brookings Institution
Former Member of President's Council of Economic Advisers

Ronald E. Terry President
Economic Club of Memphis

Richard M. Gillett Chairman of Board
Old Kent Bank and Trust Company
Grand Rapids, Michigan

Kurt F. Flexner Economist, Memphis, Tennessee
Consultant to the Board of Trustees

Mel G. Grinspan Director of the Award
Distinguished Service Professor
Department of Economics and Business Administration
Southwestern At Memphis



THOMAS C. SCHELLING
Recipient of 1977 Frank E. Seidman
Award in Political Economy

Since 1958, Dr. Schelling has been Professor of Economics at Harvard University. From 1958 to 1974, he was a faculty member of the Center for International Affairs at Harvard; since 1969, a member of the faculty of the John Fitzgerald Kennedy School of Government, and from 1972 to 1974, Chairman of the School's Public Policy Program. In 1974 he was named Lucius N. Littauer Professor of Political Economy.

Dr. Schelling received his B. A. in 1943 from the University of California, Berkeley, and his Ph. D. (Economics) in 1951 at Harvard University.

During 1943-53 he was an economist for the U. S. Government in Copenhagen, Paris, and Washington, D. C., in the field of foreign aid programming. From 1953 to 1958 he was Associate Professor and Professor of Economics at Yale University. During 1958-59, on leave from Harvard, he was with the Rand Corporation. During 1965 he was associated with the Institute for Strategic Studies in London. In the spring of 1976 he was a Lady Davis visiting professor at the Hebrew University of Jerusalem.

He has been a consultant to the Departments of State and Defense and to the Arms Control and Disarmament Agency and a frequent lecturer at the Foreign Service Institute and the several war colleges. From 1969 to 1976 he was project director for the national security studies of the Committee for Economic Development and principal author of the CED's report, **Nuclear Energy and National Security**, 1976. During 1976 he was a member of the Nuclear Energy Policy Study Group.

He is the author of: **Arms and Influence**, 1966

Strategy and Arms Control (with
Morton H. Halperin), 1961

The Strategy of Conflict, 1960

International Economics, 1958

National Income Behavior, 1951

Some of the articles published by Dr. Schelling include:

- "Medical Care Guarantees: Economics of Choice," in **Implications of Guaranteeing Medical Care**, National Academy of Science, Institute of Medicine, Washington, D. C., Joseph G. Perpich, Editor. (Delivered at the Institute of Medicine's annual meeting, November 6 and 7, 1975.)
- "Who Will Have the Bomb?," from **International Security** (vol. 1), Harvard University, Albert Carnesale and Michael Nacht, Editors, Summer 1976.
- "A Framework for the Evaluation of Arms Control Proposals," **Daedalus**, Vol. 104, No. 3, Summer 1975.
- "Command and Control," in **Social Responsibility and the Business Predicament**, James W. McKie, ed., The Brookings Institution, Washington, D. C., 1974.
- "Hockey Helmets, Concealed Weapons, and Daylight Saving: A Study of Binary Choices with Externalities," from **The Journal of Conflict Resolution**, Vol. XVII, No. 3, September, 1973.
- "On Choosing Our Children's Genes," from **Genetic Responsibility**, Mack Lipkin, Jr. and Peter T. Towley, Editors, Plenum Press, 1974.
- "The Process of Residential Segregation: Neighborhood Tipping," in **Racial Discrimination in Economic Life**, Anthony H. Pascal, ed., Lexington Books, D. C. Heath and Company, Lexington, 1972.
- "On the Ecology of Micromotives," in **The Public Interest**, No. 25, Fall 1971.
- "Dynamic Models of Segregation," in **Journal of Mathematical Sociology**, Vol. 1, 1971. (Abbreviated version appeared as "Models of Segregation," in **The American Economic Review**, Vol. LIX, No. 2, May 1969.
- "Game Theory and the Study of Ethical Systems," in **The Journal of Conflict Resolution**, Vol. XII, No. 1, March 1968.
- "The Life You Save May Be Your Own," in **Problems in Public Expenditure Analysis**, Samuel B. Chase, Jr., ed., The Brookings Institution, Washington, D. C., 1968.
- "Economics and Criminal Enterprise," in **The Public Interest**, No. 7, Spring 1967.

The Acceptance Paper by Thomas C. Schelling

When it was announced that I was to receive the Frank E. Seidman Distinguished Award in Political Economy I expected to be asked, "What for?" Instead I was asked, "What is political economy?"

There are at least two answers and they differ in emphasis. One is economics in a context of policy, where policy is more than economics but the "more" cannot be responsibly separated from the economics. Nuclear energy is an example, foreign aid programs another, military manpower and the draft another; I have worked on all three and possibly that is how I qualified.

The second is that political economy is any problem to whose solution an economist can bring a little insight that, though by no means the whole solution, helps in finding a solution or facing an issue, even though the problem would not be identified as economics. In these days of inter-disciplinary committees and task forces there is rarely a problem or an issue that doesn't appear to demand, in addition to lawyers and sociologists and meteorologists and ethicists and microbiologists, an economist. The economist is invited because of a perception that, whatever else may be important, there are some important economics. The economist who joins up usually finds the "whatever else" far more interesting and important than the economics, and though he pays his entrance fee by providing the necessary economics, he gets his satisfaction from helping to think about the rest of the problem.

I have been drawn into studies of smoking and health; the intriguing issues are not the economics of tobacco farming and tax revenues. I have been drawn into studies of future biomedical technologies, like genetic manipulation and genetic choice, and the fascinating parts are not in animal husbandry. I have been drawn into symposia on medical ethics, like the "right to die," and it was not the rising cost of hospital care that kept my attention.

What I propose on this occasion is to provide you a personal answer to what political economy is. I shall do this by sharing with you three topics that captured my participation and, in doing so, enriched my understanding of human affairs and extended my appreciation of where economics can be helpful. The three are chosen to illustrate the second of my two definitions—not the things of which it is merely true that economics isn't everything, but topics in which it isn't clear at the outset that economics is much of anything.

The first will sound a little like science fiction—suppose people could choose the sex of their children. The second is addictive behavior, especially the widespread kinds that are primarily a problem in self-control, like smoking and over-eating. And the third is the institutional arrangements, and the rights and obligations of the interested parties, that govern the act of dying.

It was only after I selected these topics and had begun to plan

what I should say that I realized they have a remarkable lot in common. They all involve small-group strategic relations: coercion and control, including self-control; secrecy and revelation; conflict of interest and conflicting obligations; guilt and responsibility; and often more freedom of choice or power of decision than someone might like to have. I have seen similar problems and issues arise in dealing with the control of dangerous weapons, the design of alarm systems, contract enforcement in the underworld, and the rearing of children. There really is something that makes political economy more than just opportunistic sightseeing in the world of policy.

Choosing the Sex of Children

Imagine that it were possible to choose in advance the sex of children. It is an easy idea to toy with; there is no difficulty in knowing what it means.

We can suppose that nature would make it difficult, otherwise the sex ratios of populations might be thrown askew by accidental changes in diet or climate or exercise or the ingestion of some naturally occurring chemicals. But nature makes contraception difficult, and technology overcame that one. Several possibilities have been discovered that have some scientific plausibility that might eventually make it safe and inexpensive to choose to have a boy or a girl, not leaving it to chance.

I invite you to explore some of the implications. They are intriguing, complex, and a bit awesome. We can already choose whether to have children at all, at what age to have them, how many to have and how to space them over time, and can even somewhat control the sex composition by, for example, stopping when we already have a boy and a girl or trying again if we don't yet have what we want.

Exercising a choice of sex would not lead to any new kinds of families: all the combinations of boys and girls already exist and there is no new pattern to be created. And yet, leaving aside cultures that believed in magic, and leaving aside selective infanticide, this simple and mundane choice, a choice that many people appear to care about, is one that God or nature put completely beyond reach. It is the most universal lottery that we all are subjected to.

My interest is in the consequences and not the technology, and in how we deal with a choice that has never mattered before. So, as I invited you, let us just imagine the capability to do this and neglect the technology by which it might be accomplished.

I should acknowledge, though, that the technology itself can affect some of the intriguing questions we want to pursue. For example, is the technology under the control of the mother alone or does it require cooperation between the parents; will it be known whether or not the choice was exercised and to whom will it be known; and if a girl is decided on and a boy is born is it likely due only to the imperfect reliability of the method, or due to carelessness, or due to cheating? If a child ever wonders whether he or she was

“wanted,” the advent of contraception can affect the child’s acceptance of a positive answer; will the technology of sex choice be such that the child will know what sex its parents tried for, and how likely it is they succeeded?

Leaving those questions behind, let’s speculate for a minute on how people would choose if they did choose. Speculate is all we can do. There is no real evidence. We cannot investigate what people do in fact choose, because they do not in fact choose. And even if we ask them, as several researchers have done from time to time, it is hard to take the responses very seriously.

It is a little like the question, what would you ask for if you caught an enchanted sturgeon and were offered three wishes to let it go free? Not expecting the opportunity, you are unlikely to spend much time making plans for it. The sex of children is a question about which most people—not everybody but most people—are unprepared, especially people who have not yet had their first child. Nobody would dream of making a decision within the short time the interviewer will wait for an answer; and no couple is going to attempt to reconcile any differences they have, or even delicately explore each other’s preferences, for the sake of providing a hypothetical statistic in a survey.

There have been attempts, now that contraception has been widespread and additions to American families can be interpreted as partly intentional, to look at any sex preferences that may be revealed in actual choices on whether or not to go on and have another child. The idea is simple: if families with two girls or two boys more frequently have a third child than families with one of each, this could mean that people want at least one of each and keep trying if they don’t get them in the first two. But the statistics don’t show much, and there are other interpretations. It is widely observed that families with girls and families with boys are different kinds of families. Most parents agree on that. It is possible that families with two girls, in deciding to have a third child, are not seeking a boy but find children a pleasure and two not too many and look forward to a third, while a family with two boys faces a different noise or activity level, or is slightly less satisfied with family life, or, equally satisfied, more impressed that two is a large number. Or maybe boys and girls affect differently relations between the spouses or anything else (like the divorce rate) that has a statistical influence on the birth of a third child. In other words, we wouldn’t know that we were observing preferences for boys and girls if we did find some of these differences in the census figures.

Furthermore, there are at least two ways that preferences might change if the choice became an actuality. There are many cultures in which boy babies are a sign of virility or of God’s favor; there is a slightly coercive tradition that fathers want boys, and the congratulations sound more self-assured when the father has announced a boy. Even grandparents have been known to offer condolences when a third child is a third girl. All of that may evaporate once it’s known that the sex of the baby indicates nothing more than whether the mother took a blue pill or a pink pill. The father who insists he really

is glad that his second child is a girl like the first won't be thought merely keeping his chin up if it's clear that, had he wanted a boy, he could have had one.

And a new set of social and demographic influences will come to bear on the choice if parents have to observe and anticipate sex ratios that depart from the approximate 50-50 in which boys and girls have traditionally been born. If the sex ratio within the ethnic groups or region or social class with which parents identify their children for school, marriage, and career, departs substantially from the historical ratios, and especially if there are government programs to tilt the incentives, people will have to think about the relative merits of being in the majority or minority sex. How they would make those calculations is at present just more speculation, but it is a fair guess that they would make them. If the little boy reports that two-thirds of his kindergarten class are little boys and only one-third girls, his parents will reflect on those figures before deciding whether their next should be a boy or a girl.

Will people be glad to have this choice available? Or will it just add one more decision to make, one more source of conflict, one more opportunity for remorse, when life is already full enough of decisions and married couples have enough to disagree about? Will the couple that already has a boy and a girl, both old enough to know what is going on, appear to render a "verdict" in deciding which they want another of in rounding out their family at three?

Demographically, the main effects will be the aggregates—the overall sex ratio, or the ratio within particular age groups, ethnic groups, socio-economic groups, and other groups within which social life and marriage occur. But there could be effects on family itself, although it is hard to know how to appraise them. For example, if the main direction of choice were toward balanced families—a boy and girl in two-child families—fewer boys would have brothers and fewer girls would have sisters, more boys would have sisters and more girls would have brothers. With today's technology, half the boys in two-child families have brothers; with a technology that leads to mixed families, none of them would.

For the overall ratio we can do a little arithmetic to get an idea of the differences that different choices could make. A preference that appears to show up in interviews and questionnaires in America and Western Europe is a desire for at least one boy. This sounds like a modest male preference, and may be no male preference at all if people also wish to have at least one girl, except for those who plan to have only one child and have to make up their minds. There has been occasionally observed in the surveys of hypothetical preferences some desire to have a boy first. These could be the same; if you want at least one boy, a boy first relieves the suspense.

Just to get a feeling for the arithmetic we can ask what would happen if every family elected a boy first. The result depends on whether the choice is a boy first and leave it to luck thereafter, or a boy first and balance out with a girl. The arithmetic also depends on how many families end up with a single child, how many with two or three or four. Suppose every family had first a boy and then took

them at random. The one-child families would be all male, the two-child families would be three-quarters male, the three-child families would be two-thirds male, and so forth. With the family sizes in this country the children born in that fashion would be 70 percent male and 30 percent female, a ratio greater than two to one. If every family had first a boy and then alternated girls and boys so an even-numbered family would have equal numbers and an odd-numbered family one more boy than the girls, births would be 60 percent boys and 40 percent girls. In this population, no girl would be without a brother; three-fifths of the girls would have no sisters and a third of the boys would have no brothers.

Suppose all families want at least one boy but will take what the lottery gives them until the last child and then, if they do not yet have a boy, choose a boy. Except for families that know in advance that they want only one child—and these are far fewer than the 21 percent in the United States that actually have only one living child—the effect will be small; only families that would have ended up all girls will be affected, and they will have a single boy in place of a girl—and even that will not happen in families that stop having children before they complete their plan.

What are the consequences of an imbalance in the sex ratio? Of all our institutions, monogamous marriage is the one most directly concerned. But in that regard there are already imbalances. First, there are geographical differences ranging from an excess of women in the Washington area to a large excess of men in some western states and especially Hawaii and Alaska. Second, young women of an age to marry have recently outnumbered young men of an age to marry in this country because of the tendency for husbands to be older than wives at first marriage; with new births increasing at 3 percent per year, as they did for the quarter-century that ended in 1956, a three-year age difference means that the women are drawn from a more recent population that is almost 10 percent larger. Third, women live longer than men in this country, and there is a large excess of unmarried women over unmarried men. The ratio is nearly 4 to 1 in the age group beginning at 45. The difference in life expectancy for men and women in their early twenties is six or seven years; and the young woman who marries a man three years older can expect on average to outlive him by a full decade. Evidently the near equality of male and female births coexists with sizable imbalances for important age groups.

What does the government do, as a matter of policy, if boys and girls are born in very unequal numbers, or even if the ratio fluctuates in cycles, evening out in the long run but leaving large alternating imbalances in successive age groups? At the level of "technical policy," the problem is probably no harder than coping with inflation or unemployment, energy, changes in the birth rate or changes in the ratio of elderly retired to the working population. The government could attempt to "stabilize" the birth ratio by a variety of fiscal measures, like differential income tax deductions, differential eligibility of men and women for military service, arrangements for differential college tuition, and a variety of favoritisms and affirmative actions discriminating by sex. It wouldn't be easy to devise successful pol-

icies, but it wouldn't be analytically different from so many things that the government presently tries to stabilize.

But the social and even constitutional implications are awesome. Imagine the government's having to have a policy on a "target" sex ratio for births. Imagine that Presidential candidates had to debate whether it's better for men to exceed women by 5 percent or 10 percent or not at all, or for women to exceed men. Besides the need to incorporate a multitude of sexually discriminatory rewards and penalties throughout the government's expenditure and revenue and regulatory programs, there would have to be a "policy" on the "correct" numbers of men and women to have.

There are already people who argue that federal programs to help the poor with family planning have racial implications, even racial motives. Imagine having explicit demographic targets: a President proposing measures that would hold inflation to 4 percent, unemployment to 5 percent, and excess men to 6 percent.

So it isn't only parents who might like to be spared some of the choices that would have to be made if this particular technology became available. There are some things—the weather may be one and the sex of a child at birth another—that it is a great relief to be unable to control. The lottery dispenses arbitrary justice indiscriminately, but it may beat having to discriminate.

Exercising the "Right to Smoke"

One of the sophisticated financial arrangements of which you can avail yourself at your neighborhood bank is "Christmas Savings." In this plan you are committed to regular weekly deposits until some date in November when all the money is there with accumulated interest to spend for Christmas. It doesn't accumulate quite as much interest as regular savings. The reason people accept less interest on Christmas savings is that the bank protects these funds more than it protects ordinary savings. Regular savings are reasonably well-protected against robbery, embezzlement and insolvency; and insurance takes care of what protection cannot do. But there is one predator against whose ravages the bank is usually impotent. It's you. With a Christmas account, the bank assumes an obligation and a right to protect your account from yourself.

I know some people who cheat on the withholding-tax forms they fill out for their employers. They understate their dependents, so that the Internal Revenue Service takes more than it deserves all year—a free loan from the taxpayer—in return for which the taxpayer gets a reduced shock the following April.

Many of us have little tricks we play on ourselves to make us do the things we ought to do or to keep us from the things we ought to forswear. Sometimes we put things out of reach for the moment of temptation, sometimes we promise ourselves small rewards, and sometimes we surrender authority to a trustworthy friend who will police our calories or our cigarettes. We place the alarm clock across the room so we cannot turn it off without getting out of bed.

Everybody behaves like two people, one who wants clean lungs and long life and another who adores tobacco, or one who wants a lean body and another who wants dessert. The two are in a continual contest for control, the "straight" one often in command most of the time but the wayward one needing only to get occasional control to spoil the other's best laid plan.

As a boy I saw a movie about Admiral Byrd's Antarctic expedition and was impressed that he as a boy had gone outdoors in shirt-sleeves to toughen himself against the cold. I resolved to go to bed at night with one blanket too few. That decision to go to bed minus one blanket was made by a warm boy; that other boy awoke cold in the night, too cold to retrieve the blanket, cursing the boy who had removed the blanket and resolving to restore it tomorrow. But the next bedtime it was that warm boy again, dreaming of Antarctica, who got to make the decision, and he always did it again.

I didn't realize then how many contests of that kind, some pretty serious, I would eventually have with myself, trying to stop smoking, to exercise, to study for an examination, to meet a deadline, or to turn off an old movie on T. V.

Some of our contrivances are ingenious and successful. If told by a doctor we'd live longer if we'd get out in a cement-covered yard and jump up and down for an hour, most of us would settle for shorter lives; but if we get a ball and something to hit it with, and somebody to hit it back, and make rules to convert the jumping into a contest, the activity becomes quite engaging. (Indeed, some even become excessively engaged.) I run for exercise and, I believe like most people, I dislike it; I keep waiting for the inventor of that mechanical rabbit at the dog races to contrive something that adds comparable zest on a people's course.

A colleague once told me, after leading a research project for several years, that he had finally learned what an entrepreneur is: an entrepreneur is a person who spends most of his time getting people to do what they said they would do. And the rest of us spend a good part of our time trying to get ourselves to do what we already decided to do.

Surveys in America and in England indicate that most people who smoke—by no means everybody, but nevertheless a majority—have at some time tried to stop. The Surgeon General has been warning people for two decades that smoking is bad. Just about everybody knows it. If there were some way that cigarettes could be reliably put forever beyond reach, and people could vote on whether they would like that done, it is a fair guess that a majority of the smokers would elect to deny themselves any possibility of lighting another cigarette.

Hardly anybody thinks it could be done, and neither experience with alcohol in the 1920's nor marijuana in the 1960's makes the effort look promising. Those who didn't want the cigarette ban would offer a market for contraband cigarettes; nobody has a good idea how to suppress such a market; and once the market is there the smokers who favored the ban will be little more able to resist cigarettes than they used to be. And even if the abolition were unani-

mously approved by all smokers, somebody would know that if they can sneak in a few cigarettes people will buy them; there will be a black market and most of the people who wish the market didn't exist will patronize it.

Smoking is only one of several addictive or habitual behaviors that people engage in, but it is the best example of one that is widespread, meets no known physical need (except for people who have already acquired the habit), is known to be excessively harmful but only in the statistical long run, is hard to quit, and that most people might like to quit, especially if they could be relieved of withdrawal difficulties but probably even if they had to suffer as long as they were assured of success. Overeating may be second in the number of people who wish they could control their behavior better than they do; and alcohol has a large absolute number, whether or not it comes close to being a majority, who might be willing to quit altogether, if only they could, as the only way of bringing their consumption under control. And there are the people who gamble and wish they didn't, or watch too much television. The phenomenon is widespread, and by no means all addictions are to be deplored nor are all those we deplore necessarily candidates for any kind of action. (If people are addicted to exercise it may be great for them though it infuriates their friends.)

I am not including here opiates or the hallucinogens or the different drugs that, besides their therapeutic uses, turn people on or turn them off. It is not as clear with marijuana as with tobacco that a large part of the participants are convinced it is bad for them, wish they could quit, and can't.

The reason I distinguish tobacco from heroin is not that one is more addictive or worse for you. I am distinguishing the drugs on one side and the food, tobacco and possibly alcohol on the other, because they represent altogether distinct issues in "social control." Nearly everybody who wants heroin suppressed is not an addict. And not many people who take heroin are pleading to be deprived of it. But tens of millions of people wish they could smoke less, or quit smoking, and the primary constituency for social action against cigarettes is probably not among the non-smokers but among those who smoke. (This undoubtedly includes some who smoke but are more concerned about their children than about themselves.)

I am not bringing a solution but only trying to identify a problem in social control that is particularly difficult in a democracy—the possibility that people want to be forcibly protected from their own bad habits. Or the gentler probability that people need various kinds of help, from moral support to institutional rules and even assistance in learning how to manage themselves.

That is not something we learn in school, along with how to write English, to do library research, or to perform an electrical experiment. In fact, most of us don't learn in school how to make ourselves study, and managing one's own study behavior appears to be as serious in graduate school as in high school. School doesn't teach us where to go for help to cut down on our smoking.

There is a recent innovation that we can watch with interest.

In some cities you can now go to a shopping mall and subscribe to a commercial program to help you stop smoking. The idea makes sense: most of us have little knowledge of the ways that people bring a habit or an addiction under control; help would be worth money. (Even the savings on cigarettes alone are more than enough to pay for the course.) But we shall see.

It is widely acknowledged that medical advances in the next 20 years are unlikely to do as much for health and longevity as could be done through changes in these several behaviors—eating, drinking, smoking, sleeping and exercising. Most behaviors that would be prescribed would make sense to most people, could easily become good intentions, and are not imposable by authority. Actually, a good deal of medical research is only going to tell us how we can take better care of ourselves. The easy part is being intellectually persuaded. The hard part is learning how to make ourselves do it. Maybe we can develop more institutions like Christmas savings, that help us stick with our long-term objectives by making it harder to spoil it all in a moment of weakness.

Exercising the “Right to Die”

Ten years ago I had occasion to address the question, What is it worth to save a life? Except for rescues, most programs that save lives do so by reducing some statistical likelihood of death. We may never know who would have died, but didn't. When we decide what it is worth to save a particular life, the life is always somebody else's. But when risks are reduced and life expectancy lengthened, we are all consumers. We share the question, What is it worth **to us** to reduce the risks that afflict **us**, to increase **our** life expectancy, to save some among us—we've no way of knowing whom—that might otherwise die?

For what I wrote ten years ago I chose as title the familiar slogan, “The Life You Save May Be Your Own.” I propose that one useful viewpoint for examining the “right to die” is that it is our right, not somebody else's. Most of the people who deal professionally with the subject are professionally concerned with the dying—ministering to them, defending their rights, designing institutions for their comfort and dignity. I do not deal professionally with the dying; I do not represent them or advise them or treat them or deal with their physicians or their attorneys or their nursing homes.

I merely represent the consumer. I am somebody who, like everybody else, is going to die. Like most of us I do not know how or in what circumstances, suddenly or after protracted illness, conscious or unknowing, expensively or cheaply, mute or articulate, a comfort or a burden to my family or without any family at all. And I ask myself what institutional arrangements I would like to govern my dying.

For concreteness suppose that each among the 50 states had different traditions and practices and laws and institutions for dying and death—different “rights to die” and “rights to live,” different divisions of authority among physicians, hospital directors, public offi-

cials, spouses and parents and guardians, different ways to allocate medical resources or to apportion the costs of caring for the dying, different rules of privacy and immunity, different laws about suicide and malpractice and insurance claims. In which state would I prefer to live and die?

A few of the issues become a little easier to manage from this point of view. We can now disagree sharply about the regimes for dying that we prefer without having to acknowledge that if one of us is right the other must be wrong. As we can differ about the lifestyles we choose, we may differ in the deathstyles we prefer.

The consumer point of view is also useful in thinking about how great the sacrifices are that we should want to make for the dying, or to keep people from dying, and what the limits are to the time and trouble and money we should devote to the dying and to those who may die. Because from this point of view it is not what we owe them and ought to do for them, or what others owe us and ought to do for us; it is where we would choose to set the balance when it is both our time and trouble and money when they are dying, and their time and trouble and money when we are dying. The question is what bargain I want to make. If I choose a regime in which a spouse is not to be indefinitely enslaved to a helpless partner, you cannot easily dismiss me as heartless and selfish if we don't yet know which of the two partners I am going to be.

The "rights of the dying" are different from the "right to die," but they are related. The right to die is occasionally the right to relieve someone of a physical and financial and emotional burden; and the "right to die" may include the right to relinquish certain claims for living that, as reciprocal obligations, make a poor bargain.

Let me divide the spectrum of the "right to die" into three segments. The three correspond to the demands, "Let me die," "Help me die," and "Make me die." The third, "Make me die," involves two very different concepts. One is unilateral: make me die for my sake, I ought to die but can't (and can't even want to). The second is the reciprocal bargain: make me die because that's what I contracted for. This second, stronger case, not "Please make me die" but "Go ahead and make me, that's the bargain," is not what people usually have in mind in discussing rights rather than obligations. But it is worth including because the right to be held to a bargain is usually a prerequisite to making the bargain.

The more poignant case and more philosophically troubling is the demand, "Make me die for my sake." Not "Let me" but "Make me." Make me, despite my wish to go on living, despite my pleading to be kept alive, despite my most desperate efforts to hang on to life. How does this situation arise, and what are the principles that should govern the response?

It arises when I have asked you in advance to see that I die if certain conditions befall me and to disregard any change in mind that the fear of imminent death may seem to induce. I have asked you not to heed my pleas when I become so deranged that I won't go through with it. If I should become terrified of dying you must not prolong my terror.

We confront the question, which is the authentic "I" in that crisis? There are probably two of me, one who was in command when I made anticipatory arrangements, contemplated the alternatives and gave my instructions and warned you not to heed that other one who would surface and speak with my voice when it was time to die. Is that crisis the moment of truth or the moment of derangement?

This problem of authenticity arises in many contexts, though not often with quite the finality of this decision. Someone addicted to alcohol, drugs or cigarettes, or a compulsive overeater, may ask you under no circumstances to heed a plea for a smoke or a drink or a dose or another helping, even if he pleads with tears in his eyes. Indeed, the more frantically he pleads the more you may be enjoined to recognize what a horror you perpetuate, while momentarily relieving it, if you accede. I am told that people who are determined to try parachuting are sometimes incapable of leaping from the aircraft and may need and want and request to be forcibly expelled in the event they freeze at the last minute. Which is the authentic individual, the one who grips the doorframe until his knuckles turn white, desperately resisting the foot against his back, or the one that said, on the ground a few minutes earlier, to use all the strength you need to get him out and not to mistake his phobia for himself?

"Let me die" raises tortuous issues, even for those for whom no divine laws are involved. Letting me die can take a number of forms. There is the physical one of allowing me the means to end my life; but there is also relieving me of any moral obligation or guilt or legal sanctions, providing moral support, helping to avert the shame or disgrace of people to whom my death will be a reproach or a scandal.

At first glance I like the idea of being allowed to die. It isn't asking you to become an accessory! it isn't asking you to overrule my pleas if I change my mind. But some rights verge on obligations. The "right" of a 17-year-old to volunteer in wartime can subject him to a sense of obligation. The right to depart this world raises the question whether the decent thing wouldn't be to discontinue being a burden, an expense and a source of anxiety to people. My disability is just a burden we share as long as there is no alternative; it is a burden I can relieve you of if the option of dying is known to be available. It is an option that can preoccupy us whether or not there is any immediate intention of taking advantage of it.

How could you persuade me you truly wanted me to live? Telling me so, repeatedly, will only demonstrate your awareness of my option and remind me of it. If my surviving gains me a few years of low quality and condemns my spouse to the same when she could have been free had I exercised my right to die, just how do you perceive your obligation to her, and how do I manage my guilt upon awaking every morning, knowing I am spoiling another day of her life? And how do I evaluate the guilt she will feel if I take my life for her sake?

"Help me die" is even more laden with potential anxiety, conflict and misunderstanding, suspicion, guilt and mistrust. Help can mean anything from "Let me—just don't intervene," to "Do it for

me, I can't do it myself" And I may be physically unable, or, like that parachutist, I may be unable to make myself act.

The right to your help is the right to make you an accessory And if you volunteer your help—if I need your help even in raising the subject—how do I interpret your suggestion that, with your help, I can accomplish my own removal? When I ask your help in dying are you to interpret that as a plea to be talked out of it, especially from suspicion that you were a little too ready with your help? And if I continually change my mind, asking help in the morning and rescinding my request in the evening, which of the two is my authentic self to whom you are responsible?

"Help" can mean many things, only one of which is being instrumental in a lethal process. It can mean moral support as I take a critical step myself It can mean making arrangements with physician or attorney It can mean defending me from people who would intervene to prevent my dying. It may mean helping me to reach the right decision, whichever decision that is, sharing the anxiety and the moral burden, while being yourself an interested party

The least burdensome kind of help and the least divisive would probably be participation in the arrangements we might make together, while death is still remote and hypothetical, for a decent death in certain contingencies. Let me propose a piece of technology out of science fiction, which I imagine is actually feasible. A particular contingency in which many people appear willing to hope they would die is a severely disabling stroke, a stroke that leaves one bedridden and inarticulate. Some of us may wish to die because of the horror and indignity of being unable to feed ourselves and unable even to smile if we should recognize our visitors, some of us want to remove a penalty that no one would dream of inflicting on the family, and a gratuitous expense for which no value is received. Now suppose there were available a diagnostic contrivance that could be implanted in the brain that, in the event of cerebral hemorrhage, would measure the severity, remaining inactive if the predicted paralysis were below some limiting value but fatally aggravating the condition above that limit. My conjecture is that the principle would be attractive to many of us. (In line with the consumer point of view that I am urging, I can also conjecture that it would be unattractive to many of us.)

I am not ready to choose which among 50 variegated regimes for dying I might wish to live in. If they actually existed in great diversity we should have experience that would make the choice a more informed one, perhaps an easier one. The whole subject is in dispute. But it is not in great enough dispute—not enough to generate widespread imaginative exploration, and critical evaluation, of competing alternatives.