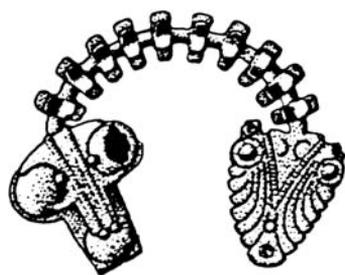


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ЗА КЛАСИЧНЕ СТУДИЈЕ

JOURNAL OF CLASSICAL STUDIES
MATICA SRPSKA



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2009



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ОДЕЉЕЊЕ ЗА КЊИЖЕВНОСТ И ЈЕЗИК

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САДРЖАЈ
CONTENT

СТУДИЈЕ И ЧЛАНЦИ
STUDIES AND ARTICLES

Victor Castellani (Denver), <i>Venus Transformed: Ovids's Metamorphoses</i>	7
Victor Castellani, <i>Venus umwandelt: die Metamorphosen Ovids</i>	
Helmut Satzinger (Viena) — Danijela Stefanović (Belgrade), <i>Offerings for the KAS of Six Ladies</i> (British Museum Stela No. 1679)	27
Хелмут Зацингер — Данијела Стефановић, <i>Понуде за КА шестī дама</i> (Стела Британски музеј бр. 1679)	
Mirko Obradović (Beograd), <i>Kadmeian Letters or what did Herodotos really see in the Temple of Ismenian Apollo in Boiotian Thebes (Hdt. V 59—61)?</i>	35
Мирко Обрадовић, <i>Кадмејска слова или шшш је Херодош зашшш видео у храму Ашшшона Изменијскош у беошшској Теби (Hdt. V 59—61)?</i>	
Melina G. Mouzala (Patras), <i>Antisthenes the Cynic: Theses in his Logic, Ontology and Knowledge Theory</i>	47
Μελίνα Γ. Μουζαλά, <i>Θέσεις λογικής της οντολογίας και της γνωσιοθεωρίας του Αντισθένου Κυνικού</i>	
Ivan Jordović (Beograd), <i>Kallikles — ein Enkel der Demokratie?</i> .	55
Иван Јордовић, <i>Каликле — унук ашшшнске демократије?</i>	
Mark J. Nyvlt (Montreal), <i>The Autonomous Activity of NOYS in Aristotle's Posterior Analytics II. 19</i>	73
Mark Nyvlt, <i>L'activité autonome du nous dans les Seconds Analytiques II. 19 d'Aristote</i>	

Bernard Collette-Dučić (Bruxelles), <i>Chrysippus and Aristo on the Number of Virtues</i>	91
Бернар Колетте-Дучић, <i>Хрисипп и Аристотон о јединственој врлини</i>	
Snežana Ferjančić (Beograd), <i>Veterans of the Praetorian Guard in the Central Balkan Provinces</i>	107
Снежана Ферјанчић, <i>Ветерани преторијанске гарде у централно-балканским провинцијама</i>	

ПРВА ИСТРАЖИВАЊА
RESEARCH DEBUTS

Ифигенија Драганић (Нови Сад), Да ли је Андокид аутор беседе „Против Алкибијада“?	125
Ifigenija Draganić, <i>Was Andokides author of the speech "Against Alkibiades"?</i>	
Немања Вујчић (Београд), <i>Савез Јоњана у доба Римског царства</i>	139
Nemanja Vujčić, <i>Ionian League under the Roman Empire</i>	

НАСЛЕЂЕ
HERITAGE

Милан С. Димитријевић et al. (Београд — Атина — Калифорнија), <i>Хелиоцентрични поглед на свет од првих зачећака у Орфичким химнама и код Питагорејаца до цара Јулијана Апостата</i>	155
Milan S. Dimitrijević et al., <i>The Heliocentric System from the First Seeds in Orphic Hymns and the Pythagoreans to the Emperor Julian Apostate</i>	
Александар В. Поповић (Београд), <i>Теодор Продром и Катомомахиа (Борба мачке и мишева)</i>	175
Aleksandar V. Popović, <i>Theodor Prodromos and Catomyomachia (Battle between cat and mice)</i>	
Ненад Љубинковић (Београд), <i>Диоскури — Јахачи на белом коњуима — Подунавски коњаници — Свети рајници Теодор Тирон и Теодор Стратилата и „Тодорци“ (I)</i>	185
Nenad Ljubinković, <i>Dioscouri and Holy Warriors Theodoros Tyro and Theodoros Stratilates</i>	
Georgios Steiris (Athens), <i>Georgios Trapezuntius Cretensis on Death</i>	189
Георгиос Стеирис, <i>Схваћања Георгџија из Трапезунтија о смрти</i>	

- Soteres Fournaros (Athens), *Ancient Greek and Modern European Philosophy in a Hellene of the Diaspora: Iosepos Moisioudax* 203
 Σωτήρης Φουρνάρος, *Αρχαία Ελληνική και Νεότερη Ευρωπαϊκή Φιλοσοφία σε έναν Έλληνα της Διασποράς: Ιώσηπος Μοισιόδαξ*
- E. D. Protopapadakis (Athens), *Notions of the Stoic Value Theory in Contemporary Debates: Euthanasia and Assisted Suicide* . . . 213
 Ευάγγελος Δ. Πρωτοπαπαδάκις, *Εννοιες της Ηθικής της Στοάς και σύγχρονα ζητήματα: ευθανασία και υποβοηθούμενη αυτοκτοία*

КРИТИКЕ И ПРИКАЗИ REVIEWS

- Мирко Обрадовић (Београд), *Καϊάλοῦ ἔρκικῃ ἰολίσα* (Mogens Herman Hansen, Thomas Heine Nielsen (edd.), *An Inventory of Archaic and Classical Greek Poleis. An Investigation Conducted by the Copenhagen Polis Centre for the Danish National Research Foundation, Oxford, Oxford University Press, 2004. Pp. XVI + 1396*) 225
- Вера Васиљевић (Београд), *Уџбеник као знак њромена* (Kathryn A. Bard, *An Introduction to the Archaeology of Ancient Egypt, Malden — Oxford — Carlton: Blackwell Publishing, 2008. p. XX + 400 + 32 tables*) 231
- Marina Milivojević-Madžarev (Beograd), *Oživljavanje satirske drame* (Gordan Maričić, *Satirska drama danas: teorija ili teatar?*, NNK internacional, Beograd, 2008, str. 119) 237
- Miroslava Mirković (Beograd), *O zanimanju običnih žena u starom Egiptu* (Danijela Stefanović, *The non-royal regular feminine titles of the Middle Kingdom and Second Intermediate Period: Dossiers, GHP Egyptology 11, London 2009, 143 pp, VI pls.*) 240

ΧΡΟΝΙΚΑ CRONICLE

- Snežana Ferjančić, *Trinaesti međunarodni kongres grčke i latinske epigrafike*, Oksford 2—7. septembar 2007. godine 245
- Sandra Dučić Collette, *Šesti međunarodni skup Društva za studije neoplatonizma*, 19—22. jun 2008. New Orleans (*The Sixth Annual Conference of the International Society for Neoplatonic Studies*, 19—22 June 2008, New Orleans, Louisiana) 247

Вера Васиљевић, <i>Нови изазови за еџиптолоџију (Ägyptologie und Kulturwissenschaft. Neue Herausforderungen für eine interdisziplinäre Methodik und Didaktik in den Geisteswissenschaften)</i> . Минхен, 17—21. јул 2008.	248
Auctores varii, <i>Griechische Philosophie und ihre römische Rezeption, Göttinger Symposion</i> , 17. 10. 2008.	254
Livio Rossetti, <i>Socratica 2008</i> , 11—13. decembar 2008, Napulj	258
Francesca Gambetti, <i>Eleatica 2008—2009</i> , 15—18. januar 2009, Salerno	259
Мирјана Глигоријевић-Максимовић, <i>Authority in Byzantium</i> , Међународни симпозијум, Лондон, 15—17. јануар 2009.	262
Мирјана Глигоријевић-Максимовић, <i>Изложба „Визанџија 330—1453”, у Лондону 2008—2009</i>	264
Мирјана Д. Стефановић, <i>Ерџон и есер</i> . Промоција Зборника Матице српске за класичне студије 10 (2008), Матица српска, Нови Сад, 5. јун 2009.	268
Весна Манојловић-Николић, <i>Српско археолошко друштво, XXXII годишњи скуп и Симпозијум „Археологија Баната”, Народни музеј, Зрењанин</i> , 5—7. јун 2009.	271
Georgios Steiris, <i>Society for Renaissance Studies National Conference 2008</i> , Trinity College Dublin, 10—12 July 2008	274
Carl Joachim Classen, <i>Casual Remarks made by C. J. Classen when receiving the “Milan Budimir” Prize in Belgrade on September 24th 2009</i>	275
Danijela Stefanović, <i>Antička kultura, evropsko i srpsko nasleđe, Četvrti međunarodni naučni skup Društva za antičke studije Srbije, Beograd—Sremska Mitrovica</i> , 25—27. septembar 2009.	277
Ивана Поповић, <i>Сејулкрална скулџтура зајадноџ Илирика и сусједних областџи у доба Римскоџ царсџтва</i> , Сплит, 27—30. септембар 2009.	278
Јасмина Грковић-Мејџор, <i>Освејљавање словенско-визанџијских кулџтурних веза</i> , Универзитет Св. Кирил и Методиј, Велико Трново, 15—17. октобар. 2009.	281
Љубомир Максимовић, <i>Важносџ анџичкоџ свеџта у кулџтури и науци 21. века</i> , ЦАНУ et alii, Подгорица, 19—21. новембар 2009.	283
Растко Васић, <i>Сџаринар: 125 џодина (1884—2009)</i>	285

IN MEMORIAM

Александар В. Поповић: <i>Нинослава Радошевић</i> (1943—2007)	289
Ксенија Марицки Гађански: <i>Дубравко Шкиљан</i> (1949—2007)	293
Мирослав Вујовић: <i>Слово о професору Александру Јовановићу</i> (1947—2009)	299
Бојана Борић-Брешковић: <i>Делатносћ Александра Јовановића на</i> <i>йољу нумизмајике</i>	303

ТЕКСТОВИ СА ПРЕДСТАВЉАЊА
ЗБОРНИКА ЗА КЛАСИЧНЕ СТУДИЈЕ 10
НОВИ САД, МАТИЦА СРПСКА, 5. ЈУН 2009.

Мато Пижурџа, <i>Привилеђија сарадње са изузетним знацем ко-</i> <i>јеџ сматрам и искреним пријатељем</i>	313
Јасмина Грковић-Мејдор, <i>Exemplis discimus</i>	315
Daniјela Stefanović, <i>ЕМ НЕТЕР</i>	321
Ксенија Марицки Гађански, <i>Реч захвалносћи</i>	323
Аутори — Authors	333
Списак сарадника — Collaborators	337
Основна упутства сарадницима	339

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E. D. Protopapadakis

NOTIONS OF THE STOIC VALUE THEORY IN CONTEMPORARY DEBATES: EUTHANASIA AND ASSISTED SUICIDE

ABSTRACT: Arguments concerning central issues of contemporary Medical Ethics often not only bear similarities, but also derive their sheer essence from notions which belong to the celebrated history of Ethics. Thus, argumentation pro euthanasia and assisted suicide which focus on the detainment of dignity and the ensuring of posthumous reputation on behalf of the moral agent is shown to echo stoic views on *arête* and the subordination of life to the primary human goal, namely the achievement of virtue. The progress made in palliative care when seen alongside the — steadily increasing — requests for suicide, is indicative of the fact that, though pain now days can be effectively controlled, moral agents often consider the preservation of their life detrimental to the detainment of virtue or posthumous reputation. The stoic view is considered to justify elective death as a personal choice, but is deemed inadequate as well as inconsistent in the broader context of a coherent value theory.

KEYWORDS: *Apatheia*, *pathos*, *arête*, *kakia*, *adiafora*, *summum bonum*, *malum per se*, *malum prohibitum*, Stoicism, value theory, axiology, ethics, moral value, euthanasia, assisted death, assisted suicide, dignity, posthumous reputation

It is often said that the burning issues of the present are unsolved disputes of the past. This could not be more accurate than when it comes to Applied Ethics. The nature of the discipline is such, as to oblige philosophers dealing with it to recur to the history of philosophy, in order to retrieve antecedents and enrich their view on contemporary ethical dilemmas. This is due to the very essence of Applied Ethics: the core of the key-questions concerning every day life has not altered over time. Instead, it remains stable, while,

accordingly, moral dilemmas remain pressing, despite the progress mankind has achieved. When it comes to the basics, we share the same ignorance and awe our ancestors felt. Can life be considered as the supreme value? What kind of attributes has a being to possess, in order to be dealt with as human? What if our very life, the foundation of every virtue, turns to be an obstacle in our strife to achieve virtue in general — *arête*? These questions could be posed — and, in fact, were posed — by Socrates, Plato, Aristotle and the Stoics, but equally tantalize theorists of the present. Some say that the only positive progress achieved is that nowadays we refer to issues as such using a collective label, namely Applied Ethics.

Medical Ethics is considered to be the frontline of Applied Ethics. Although it is considered to be quite “modern” a discipline, often central notions which determine the moral approach to relevant issues can be traced back in time. The current article intends to exhibit that many of the arguments which determine the debate concerning euthanasia and assisted suicide derive their substance from theories of the past, particularly from Stoicism. The concepts which are central to these issues are the same which determined Stoic reasoning over time. Life, dignity, self-determination and virtue are some of the key imports we ought to examine, in order to clarify the interconnectedness of the history of Ethics to its present.

The central notion in Stoic axiology — or theory of value — is virtue (in the general sense), *arête*. It is rather a state than a property, since it consists of many specific virtues instead of being a stand-alone one. Moral agents are considered to possess *arête*, to be virtuous, if they abstain from vices such as sloth, envy, wrath and greed, and instead bear virtues as chastity, abstinence, temperance, diligence, patience, kindness, and humility. Since good is defined as that which benefits or does “not other than benefit”,¹ and that which benefits is virtue alone, true good is virtue and virtue alone. Similarly, the not-good or bad is held to be that which does not benefit but harms, and since that which harms is vice, the only true not-good or bad is vice. The exact opposite of *arête* is vice, *kakia*. Both virtue and vice, *arête* and *kakia*, bear intrinsic moral value. respectfully, *arête* bears *per se* utterly positive moral value, while *kakia* is considered to be *malum per se*, instead of *malum prohibitum*.² Everything in between *arête* and *kakia*, between good and bad, ac-

¹ Sextus Empiricus, *Adversus mathematicos*, ed. H. Mutschmann and J. Mau, *Sexti Empirici opera*, vols. 2 & 3 (2nd edn.). Leipzig: Teubner, 11.22.

² Pelegrinis Th., *Lexicon of Philosophy*, Ellinika Grammata, Athens 2004, p. 531.

cording to the Stoics bears no autonomous moral value, has no intrinsic value.³ Consequently, everything else, apart from virtue and vice, counts as indifferent, *adiafora* according to the Stoic terminology, since they do not either help or hinder the person's moral character. Every event, state of life, sentiment or occasion, can have equally positive or negative moral value, depending on whether it urges us to *arête* or *kakia*. For instance good health, which in general is considered to be one of the supreme goods, can be detrimental in our effort to achieve *arête* if it provides us with the necessary means to malicious ends — if, for example, renders us capable of committing murder or rape. If so, good health ceases to be beneficial and becomes detrimental in our struggle for *arête*. It is obvious that the moral value of every situation or state of being, internal or external, is a relativistic, an instrumental one. In case it allows or aids moral agents to be virtuous, it is positive. Otherwise, it is quite negative.⁴ Stoics, though, did not rank the so-called *adiafora* as equal to each other. On the contrary some of them, e.g. human life, are deemed of greater importance in comparison to others and, hence they are preferred. But that is only with respect to selection and rejection they make no contribution at all to the happy life. To quote Stobaeus:

“some [things] are said to be absolutely indifferent, such as having an odd or even number of hairs on one's head, or extending one's finger this way or that way, or to picking off some annoying object, such as a twig or a leaf. In the [other] sense one must say that... what is between virtue and vice is indifferent, but not [indifferent] with respect to selection and rejection; and that is why some have selective value, and some have rejective disvalue, but make no contribution at all to the happy life.”⁵

Even though *adiafora* are not per se morally good or bad, they still have a kind of value (sometimes called “selective value”) that is keyed to their contribution to the so-called “natural life.”⁶ For example, other things being equal, it is better for a human being to have food than not, because without food he or she cannot survive. Good health, strength, adequacy of the senses and the like are in concordance with natural status of man, hence it is totally justifiable

³ Anthologium, ed. C. Wachsmuth and O. Hense, Ioannis Stobaei anthologium, 5 vols. Berlin: Weidmann, Book II, 7:5a 1—9.

⁴ Pelegrinis Th., *Οι πέντε εποχές της φιλοσοφίας*, Ellinika Grammata, Athens 1998, p. 113.

⁵ Anthologium, ed. C. Wachsmuth and O. Hense, Ioannis Stobaei anthologium, 5 vols. Berlin: Weidmann, Book II, 7:7.

⁶ Ibid 7:7a-b.

for moral agents to incline to such states than to the extreme opposite ones.

Life itself, if faced that way bears only selective value. It is no more than a preferable opportunity either to achieve *arête* or to surrender to malice. Life ceases to constitute the *summum bonum* instead it is considered be just a means to a worthy or worthless end. As easily follows, moral agents should not in any cost struggle to retain life, but only if it's very upkeep is justified by the pre mentioned purpose. As follows, one should eagerly renounce life, if the preservation of it undermines the attainment of *arête*. Under which circumstances can it be the case? Especially when dignity, self control and determination are at stake. Stoics approved suicide in such a case, rather than endangering the preservation of virtue. Zeno (333—264 BC), the forefather of Stoicism, as well as his disciple Cleanthes (c. 330 — c. 230 BC), not only favored such a view, but they practiced their preaching as well, both committing suicide when the circumstances called for such a decision. Cicero confirms that:

When a man has a preponderance of the things in accordance with nature, it is his proper function to remain alive; when he has or foresees a preponderance of their opposites, it is his proper function to depart from life. This clearly shows that it is sometimes a proper function for the wise man to depart from life, although he is happy...⁷

Olympiodorus (c. 495—570 AD) reports five situations in which the Stoics thought abandonment of life was appropriate: “(1) in discharge of some duty, e. g., to defend one’s country; (2) to avoid doing something disgraceful, e. g., betraying an important secret when pressed by a tyrant to do so; (3) when beset by mental deterioration in old age or (4) incurable, debilitating disease; (5) when extreme poverty prevents one from supplying one’s basic needs.”⁸

Another crucial point in the Stoic value theory is the pursuit for *apatheia*, which is the complete containment of passions. The Stoics held that passions constitute a superfluous, excessive impetus, which disorientate moral agents from *arête*. They fervently upheld the Epicurean belief that a man can retain his virtue even when tortured, given that he is capable of abstaining from any kind of fervor.⁹ The

⁷ Cicero, *De Finibus malorum et bonorum*, trans. Rackham H., Harvard University Press, Harvard 1989, 3.60.

⁸ Olympiodorus, *In Platonis Phaedonem commentaria*, ed. L. G. Westerink, *The Greek commentaries on Plato's Phaedo*, vol. 1 [Olympiodorus]. Amsterdam: North-Holland, 1976, 1,8:19—26.

⁹ *Diogenis Laertii vitae philosophorum*, ed. H. S. Long, Oxford: Clarendon Press, 1966, X, 118.

notion of *apatheia*, when probed into in comparison with the Stoic views on “well-reasoned departure”,¹⁰ demonstrates the utter essence of the voluntary abandonment of life: such a decision can by no means be based upon the experience of physical pain or mental suffering. On the contrary, the wise and the virtuous do not channel their deeds according to external situations, which have no impact at all to happiness or virtue. Consequently reasonable abandonment of life can only be based upon the effort to retain *arête*, when this specific goal cannot be achieved by the detainment of life. The virtue of dignity underlies all five points Olympiodorus mentions. The loss of so central a virtue is deemed to be disastrous for a fragile state as *arête*.

Unbearable and devastating pain is the most reasonable moral justification for euthanasia and assisted suicide. The exponents of assisted death often maintain that it is unnecessary and morally unjustifiable to support the life of a person who, due to discrediting pain, begs for the relief of death. It is obvious that extreme pain is considered to be the most important cause of the patient’s request. As follows, giving in at such a request is the sheer manifestation of nothing more than compassion and humanitarian disposal on behalf of the principal, motivation not at all morally reproachable. On the contrary, insensibility to a situation as such is probably a token of twisted moral character.

The opponents of assisted death reject such a view as short sighted, holding that, while those partaking in euthanasia motivated by sentiments as such are of noble moral disposition and susceptible at human suffering, acceptance of euthanasia on grounds of compassion constitutes a major threat for the improvement and forwarding of palliative care.¹¹ That is, if recourse to medically assisted suicide becomes a morally justifiable alternative, the very fact will have devastating impact to the research concerning pain killers and terminally ill patients’ alleviation. Consequently, euthanasia ceases to be an alternative and turns to compulsory even for those who, at the first place would not desire it, since palliative care would be neglected.¹² The specific argument is enforced by the sheer fact that palliative care is far more expensive than euthanasia, hence in many

¹⁰ Englert, W., “Stoics and epicureans on the nature of suicide”, in J. Cleary & W. Wians (Eds.) *Proceedings of the Boston area colloquium in ancient philosophy* (Vol. X), Lanham 1994, MD: University Press of America, p. 69.

¹¹ Dyck Arthur J., “Physician — Assisted — Suicide: Is it Ethical?”, *Harvard Divinity Bulletin* 21, 1992 (4):17.

¹² Reno J., “A Little Help From My Friends: The Legal Status of Assisted Suicide”, *Creighton Law Review*, 1992, 25:1169.

cases preferable. Social care systems favor euthanasia as well, since it preserves public or private revenues and channels them to other — more profitable — destinations, such as transplants or genetic engineering.¹³

If examined closely, the request for euthanasia nowadays cannot be founded on grounds of extreme and unbearable pain. That is because palliative care has so much evolved, so as to leave no place for arguments as such.¹⁴ Painkillers drastically reduce suffering, and most of the times terminally ill patients enjoy an as much as possible acceptable quality of life. Furthermore, euthanasia is often discussed with regard to patients in permanent vegetative state, who entirely lack the ability to feel anything at all. In cases as such, it is almost nonsensical to evoke pain as a means of moral justification of euthanasia. If so, how do we explain the fact that requests concerning euthanasia proportional increase every year? Furthermore, why it is so that euthanasia not only remains in the agenda, but also emerges as the hottest issue of Medical Ethics?

Questions as such oblige scientific meditation to resort to theories that bear similarities with notions which evolved in the context of the Stoic value theory, especially with the concept of dignity. For even when life is not a burden, it may still be an obstacle for achieving one's goals, such as dignity or posthumous reputation. Terminally ill patients who request euthanasia, in fact imply that — other things remaining equal — they would be better off dead than alive.¹⁵ The main reason for such a view is not the *pathos* of pain, but the preservation of their dignity, a key factor for achieving or maintaining *arête*. They detest being attached to medical apparatus, not being in control of their bodily functions, be depended on others and subject to any mechanical malfunction.¹⁶ They prejudge posthumous reputation to the fragility, indignity and uncertainty of their current existence.¹⁷ The absence of pain does nothing but confirm such a view: it is pure volition only — to make use of Kantian terminology — that urges terminally ill patients to resort to assisted

¹³ Savulescu J., "Treatment Limitation Decisions under Uncertainty: The Value of Subsequent Euthanasia", *Bioethics*, 1994, 8 (1): 52.

¹⁴ Prado C. G., J. S. Taylor, *Assisted suicide*, Humanity books, N. York 1999, p. 125.

¹⁵ Brock D., "Death and Dying", in *Medical Ethics*, Ed. Robert M. Veatch, Jones and Bartlett Publishers, Boston 1989, p. 345.

¹⁶ Miller P., "Death With Dignity and the Right to Die: Sometimes Doctors Have a Duty to Hasten Death", *Journal of Medical Ethics*, 1987, 13:83.

¹⁷ Loewy E., "Advance Directives and Surrogate Laws — Ethical Instruments or Moral Cop-Out?", *Archives of Internal Medicine*, October 1992, 152: 1973—1976.

death. Simply, they consider life an obstacle to their strife for *arête*, since in the continuation of their life they “foresee preponderance for the opposites of *arête*”, so they consider the abandonment of their life reasonable. The points (2) and (4) Olympiodorus mentions serve precisely as the moral foundation for euthanasia in the absence of pain or suffering. But the notion which lurks into a posture as such, is that life is not worth living irrespective of the surrounding circumstances, that it simply is not what occidental thought considers to be *summum bonum*, that moral agents can abandon life not only in the face of extreme situations, but also complying with corollaries of pure and undisturbed meditation. For it is obvious that, when pain is controllable — and nowadays it is —, and the constant progress in medical science and technology create or support perpetual anticipation of improvement or healing, requests for assisted death do nothing but reveal ethical persistence to values of a different kind on behalf of the moral agent.

The question which arises from such a moral issue is manifest: is it possible for modern value theories to consent to such a conception of life? As a personal moral disposition against life and death, such a posture would not be unacceptable. But in the context of a coherent value theory, one could not easily reconcile. The main dilemma in euthanasia concerns life and the supremacy of it in comparison to every other attribute. If examined closely, all types of argumentation against assisted death derive their very essence from the same inadequacy: we just cannot accept that life is just a means to an end, further more a means to achieving virtue. To refute such a view — the Stoic one — calls for nothing more than to use common sense, even if disguised as ethical reasoning. For, when it comes to Ethics, no one could stand for the Stoic’s stance that life is just a means to an end, except if he was willing to defend the opinion that Ethics is the absolute end, and not the means for a flourishing life. But such an approach just wouldn’t stand thorough scrutiny. Ethics do not exist in nature, are no part of natural life. One can live — if he is lucky or capable enough — all his life in the wilderness, without having to deal with ethics. Ethics exist only in the context of human civilization, which well proves that ethics is an aftermath of human coexistence and not the other way round. To be more acute, people made up ethics to regulate or improve social life, and they do not just live in order to improve or regulate personal ethics. Stoic value theory just turned the tables, something which in ethics is always almost disastrous. As Russell acutely underpins, Stoics did the right thing to be virtuous, and not the other

way round.¹⁸ Such a conception of ethics, though, smacks of religious disposition.

The recognition of such a deficiency does not justify adherence to life at any expense. At the bottom line, if life is seen as a right, it cannot be obligatory, for in such a case it would be a duty. But let's admit the obvious: the same also applies to virtue. Any other view would not easily avoid the ensnaring of self-delusion.

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¹⁸ Russell Bertrand, *History of Western Philosophy*, Arsenides, Athens 2000, p. 429.

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ΕΝΝΟΙΕΣ ΤΗΣ ΗΘΙΚΗΣ ΤΗΣ ΣΤΟΑΣ ΚΑΙ ΣΥΓΧΡΟΝΑ ΖΗΤΗΜΑΤΑ:
ΕΥΘΑΝΑΣΙΑ ΚΑΙ ΥΠΟΒΟΗΘΟΥΜΕΝΗ ΑΥΤΟΚΤΟΝΙΑ

Περίληψη

Η Ιατρική Ηθική αποτελεί νεοπαγή κλάδο της Εφαρμοσμένης Ηθικής, η οποία, με τη σειρά της, μόλις πρόσφατα εδραιώθηκε ως αυτόνομος κλάδος της Ηθικής Φιλοσοφίας. Ωστόσο οι διανοητές που επί των ημερών μας ασχολούνται με αντίστοιχα ζητήματα ενίοτε δεν απηχούν απλώς αντιλήψεις και θέσεις που ανήκουν στο ένδοξο όσο και μακρινό παρελθόν της Ηθικής Φιλοσοφίας, αλλά πολύ συχνά ερανίζονται αυτούσια τα επιχειρήματα φιλοσόφων των κλασικών χρόνων. Τα επιχειρήματα, επί παραδείγματι, υπέρ της ευθανασίας και της ιατρικά υποβοηθούμενης αυτοκτονίας, τα οποία ως άξονά τους έχουν την διατήρηση της αξιοπρέπειας και την διασφάλιση της υστεροφημίας του ηθικού προσώπου, απηχούν αντιλήψεις των Στωικών περί της πρωτοκαθεδρίας της *αρετής*, και της συνακόλουθης αντίληψης του αγαθού της ζωής ως μέσου για την απόκτησή της. Η αλματώδης πρόοδος που έχει συντελεστεί σε ό,τι αφορά στην καταπραϋντική φροντίδα, σε συνδυασμό με τα διαρκώς αυξανόμενα αιτήματα διενέργειας ευθανασίας, αποδεικνύει ακριβώς αυτό: παρότι ο πόνος στις μέρες μας μπορεί να ελεγχθεί αποτελεσματικά, τα ηθικά πρόσωπα ενίοτε προκρίνουν την διασφάλιση της *αρετής* από την διατήρηση της ζωής τους. Ο συγγραφέας υποστηρίζει πως η ηθική της Στοάς δικαιώνει τον κατ' επιλογήν θάνατο, ωστόσο οι αντίστοιχες θέσεις των Στωικών φιλοσόφων, όταν υποβληθούν στην βάσανο της ενδελεχούς κριτικής εξέτασης, αποδεικνύονται ανεπαρκείς, ατελέσφορες και δυσλειτουργικές στο ευρύτερο πλαίσιο μιας συνεκτικής ηθικής θεωρίας.

