Well-Being and the Good Death

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Abstract

The philosophical literature on well-being and the good life contains very little explicit discussion of what makes for a better or worse death. The purpose of this essay is to highlight some commonly held views about the good death and investigate whether these views are recognized by the leading theories of well-being. While the most widely discussed theories do have implications about what constitutes a good death, they seem unable to fully accommodate these popular good death views. I offer two partial explanations for why these views have been neglected in discussions of well-being and make two corresponding recommendations for future work in the philosophy of well-being.

Keyword well-being, welfare, death, good death, good life, prudential value

All of us have some preferences about how we will die. We care about such things as what will cause our death, when and where it will happen, who will be with us, how much warning we will have, and how we will experience death. While such preferences are sometimes grounded in a concern for the well-being of others or a desire to promote some social or spiritual cause, preferences regarding one’s own death are commonly self-interested or, as philosophers say, prudential. In other words, they are grounded in a concern for one’s own well-being. Accordingly, they provide insight into an individual’s substantive normative view about what makes a death go better or worse for the one who dies. This is commonly referred to as the theme of the good death.¹

Despite its obvious significance to self-conscious mortal beings like ourselves, particularly as we draw close to the end of our lives, there has been very little discussion of the good death in one place where one would most expect to find it: the philosophical literature on the good life, which is primarily devoted to identifying a plausible substantive theory of well-being.²

¹See, for instance, Davis and Slater (1989), Miller (1995), Neumann (2017), Smith and Periyakoil (2018).
²For an introduction to this literature, see Heathwood (2010), Bradley (2015), and Fletcher (2016a, 2016b).

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Explicit discussion of the good death has been curiously absent from philosophical discussions of the good life.3

It might be thought that there is nothing problematic about the silence surrounding the good death. After all, the silence is only apparent. Most theories of the good life are understood to be comprehensive and pertain to all portions of a life, from beginning to end. So, even if well-being theorists have not explicitly addressed the theme of the good death, they have been implicitly addressing it. For instance, those who defend hedonism (which identifies well-being with pleasure and the absence of pain, broadly construed) are thereby defending the idea that the best death for an individual is the most pleasant, or least unpleasant, death.4 Likewise, desire-fulfillment theory, perfectionism, and objective list theories each provide their own distinctive picture of the good death.

The purpose of this essay is to highlight some commonly held views about what makes for a better or worse death and examine how these views might fit into the existing theoretical landscape. In particular, I explore whether the four leading theories of well-being are able to fully accommodate these popular views about the good death. The findings of my preliminary investigation into this matter are that, by and large, they cannot. If these views about the good death happen to be true, the most popular and widely discussed theories of well-being appear to be inadequate in this domain. Moreover, even if these views are not true, it seems both odd and problematic that commonsense views about the good death have no representation among the dominant theories of well-being.

In Section 1, I offer some terminological clarifications. In Section 2, I present four types of factors that are commonly thought to affect the goodness or badness of a death. In Section 3, I focus on three specific factors and examine whether they are recognized by the leading theories of well-being. In Section 4, I conclude with two partial explanations of why these views about the good death have been overlooked and some corresponding recommendations for future work in the philosophy of well-being.

1 Preliminaries

What is meant by “the good death”? Since I will make frequent use of this familiar phrase, let me begin with some clarifications about how I will understand and use it. First, inclusion of the word “the” is not meant to presuppose that there is a single, unique type of good death. If deaths can be good, presumably there will be a diversity of ways that death can go well for people. This is especially plausible if there is a diversity of goods in life (e.g. knowledge, pleasure, appreciation of

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3 Notable exceptions include Kagan (2012), which touches on certain good-death themes, and Dorsey (2017), which defends the view that deaths can have some non-instrumental value insofar as they are unified by long-term projects. This topic has also received attention from bioethicists, though this work tends to be less theoretical and concerned mainly with death in medical settings. Lastly, the topic of the good death is partially addressed in the “evil of death” literature, which largely centers around the Epicurean puzzle of whether and when death could be bad for us. However, it is customary in that literature to distinguish between the process of dying, the event of death, and the state of being dead and to focus attention on the second or third. See, for instance, Bradley (2009), 179. This has the effect of screening off many pre-death states of affairs that tend to be the focal point of discussions of the good death. Consequently, while the evil of death literature certainly has relevance to the present topic insofar as it addresses one incredibly important facet of how well or poorly our deaths go for us, it hardly addresses death in the more full-bodied biographical sense that will concern us here.

4 As many philosophers of death have emphasized, hedonists can also recognize that death has comparative value or disvalue insofar as it renders one hedonically better or worse off than one otherwise would have been.
beauty, virtue) as this would suggest a range of possible good deaths corresponding to the different prudential goods and various combinations of them. However, even if there is only one sort of thing that makes our lives go well, it is likely that there are many different forms that the good can take.

Second, in talking of “the good death,” I do not mean to restrict attention to the positive side of prudential value. Not unlike discussions of “the good life” that address both the prudentially good and the prudentially bad, it is important to attend to the full spectrum of possible deaths, from the very good (if such a thing is possible) to the very bad. This is particularly important because, while it is uncontroversial that deaths can be bad, there is room for debate as to whether any death qualifies as all-things-considered good. In any case, my focus in this essay is less on the overall prudential assessment of deaths and more on features that contribute to making a death go better or worse for an individual. A less misleading phrase for our topic might be “the better or worse death.”

Lastly, “death” in the present context does not refer merely to the bare event of death, the event of a person’s permanently ceasing to exist. Nor does it refer only to the process of dying, which might be understood as a process of physical deterioration leading to the event of death. Instead, let us understand “the good death” to refer to a good end of life or even a good final chapter of one’s life. The literary metaphor is illustrative. In a biography, a chapter about an individual’s death is not typically restricted to the dying process, much less the bare event of the death. It tends to be far more inclusive, encompassing relevant events leading up to the dying process and the event of death, as well as events that occur in the aftermath. Understanding “death” in this broader biographical sense, the good death concerns how well or poorly the final portion of a life goes for the individual living that life.

2 Good Death Factors

What makes a death go better or worse for the one who dies? Let me begin by acknowledging that all of the leading theories of well-being identify factors that may very well have prudential significance. The fact that a death involves pleasure or suffering, satisfied or frustrated desires, achievement or failed endeavors, virtue or vice, knowledge or ignorance, healthy or unhealthy relations with others, etc. can be reasonably thought to impact the quality of a person’s death. Arguably, these are often or always good death factors: things that directly impact how well or poorly a death goes for the individual who dies. By “directly impact,” I mean that these features have non-instrumental prudential value or disvalue, either in and of themselves (and thus have intrinsic prudential value) or as part of some larger whole (and thereby have contributory prudential value). In other words, these things make a death go better or worse for a person apart from whatever other non-instrumental goods or bads they might help to bring about.

My aim in this section is to highlight four aspects of death that are often taken to have non-instrumental prudential significance: the place of death, one’s company in death, the cause of death, and one’s manner of facing death. Granted, it is worth asking whether these factors have intrinsic or contributory value, and whether they are basic components of well-being or there are deeper features that are essential to them that explain their prudential significance. While I

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5 Some may prefer to conceive of death as the event of permanently transitioning to an afterlife.

6 We might wonder whether their prudential significance is rooted in their contribution to narrative unity [cf. MacIntyre 1984; Velleman 1991; Brännmark 2003; Dorsey 2017]. For a useful introduction to the literature on narrative and well-being, as well as her own intriguing proposal about how narrative can affect well-being, see Rosati (2013).
will draw some (mostly negative) conclusions about this issue in Section 3, it is not possible to pursue it in a systematic way here. With these clarifications in mind, let us turn to four types of putative good death factors.

### 2.1 Place of Death

“My grandmother died in the hospital. It was the first time she’d ever been in one....The hardest part about it was that the very last thing she asked me was to take her home....In my grandma’s case there was such clarity of thought, and when the last thought on your mind is ‘I want to be home’, then that must be the most important thing there is....If you look at this landscape every day it becomes a part of who you are....So how can you see yourself in the hospital—a place that is so totally foreign to the nourishment of the soulful self.’”
—Ron Short, playwright. 7

A person’s location at the time of death is one obvious candidate for a good death factor. Humans across a range of cultures express a preference to die at home. 8 This wish is not universal, but it is relatively common. It often manifests itself as a desire to die in one’s homeland rather than abroad, or to die in one’s home rather than the unfamiliar setting of a hospital. No doubt, one reason why one might have a preference to die at home concerns the quality of one’s experience while dying. People may predict that their experience leading up to death will be more tranquil and less alienating if they are in a familiar setting. In that case, dying at home might be valued instrumentally inasmuch as it is seen as a means to a more positive state of mind. However, in some cases what would lie behind that positive experience is the perception that being in one’s home is something that directly makes for a better death. This might be grounded in the fact that you bear a special relationship to your home—it is where you belong, it is where you experienced so many valuable and intimate moments, it is connected to your identity. These are properties of dying at home that might explain why many people desire it. If it is doubted that people ever really care about such things apart from the ir impact on their experience, let us keep in mind that people often have strong preferences about where their bodies are buried or where their ashes are scattered. Such preferences obviously need not be about one’s own mental states. Even atheists who reject the idea of an afterlife often have preferences about this.

### 2.2 One’s Company in Death

“[Lou] told Shelley he was afraid he might fall one day, hit his head, and die. It wasn’t dying that scared him, he said, but the possibility of dying alone.”
—Atul Gawande, Being Mortal.9

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7 Anderson (1996), 27–28.
8 See, for instance, Steinhauser et al. (2000); Higginson and Sen-Gupta (2000); and Gawande (2014), 59, 66–67, 136–139, 165, 192.
9 Gawande (2014), 82.
Arguably, one’s company in death has prudential significance. As I write this, the world is in the throes of the Covid-19 pandemic. One of the prominent reasons why Covid-19 hospital deaths are widely regarded as tragic is that infected patients often die alone, isolated from their family members due to hospital policies that prohibit or strictly restrict visitation.\(^{10}\) Many people have a deep fear of dying alone, and it is quite common for people to want their loved ones to be with them at the end. There may be specific individuals you would especially hope to have at your deathbed and specific people you would especially \textit{not} want present.

People’s preferences about who surrounds them in their final days or moments might be purely instrumental. Hedonic considerations often lie behind such preferences, and one can instrumentally desire others’ presence in order to repair or nurture relationships. Even so, a preference to have certain people present at one’s death can be grounded in the thought that their very presence makes for a more desirable, or less undesirable, death. This point applies to other kinds of significant life-events. My brother was unable to attend my wedding due to illness. I wanted him to be there, and this was not merely a desire to make us both happier. If asked to choose between having him at my wedding or both of us receiving a pleasure-inducing drug that would have guaranteed a more positive experience, I would have preferred the former. His presence at my wedding would have had value for me apart from any hedonic effects. Similar points apply to death. Just as we can have a special relation to our homes that makes it more desirable to die there, a person can have a special connection with others such that their presence at the end arguably makes for a better death.\(^{11}\)

### 2.3 Cause of Death

“I don’t want to die from a stray bullet in the street, I don’t want to die from an accident, from a plane crashing. I want it to be either incredibly peaceful or with a purpose.”

—An urban youth in America.\(^{12}\)

Most of us are not wholly indifferent to what will bring about our death. While there do not appear to be many causes of death that are popularly regarded as being prudentially \textit{good} (dying from a noble act of self-sacrifice may be one exception), it is relatively easy to identify causes that are widely thought to make for a worse death. The quote above concerns causes of death that are purposeless and arbitrary. Other examples abound. Imagine dying from an act of betrayal. Or consider cases of people dying as a result of their own risky or imprudent actions, such as heavy smoking, ignoring social distancing recommendations during a pandemic, or attempting to live amongst grizzly bears. Or consider cases where the cause of death is ridiculous or embarrassing. There is the story of a man visiting the Grand Canyon who decided to joke with his family by pretending to fall into the canyon. In his attempt to jump onto a lower ledge, he plummeted to his death.\(^{13}\) In the eyes of many, these causes make for a worse death. Granted, some will find them undesirable only for instrumental reasons—they can lead to psychological pain for the one dying, they can taint how one is remembered after one is gone, and so on. But many will retain this conviction even where there is not greater psychological suffering, a diminishment of one’s posthumous reputation, or any other

\(^{10}\) Wakam et al. (2020), Schairer (2020), Burke (2020).

\(^{11}\) We should not leap to the generalization that any significant life-event is enhanced by the presence of loved ones. Most people don’t want family and friends present when they lose their virginity.

\(^{12}\) Anderson (1996), 75.

\(^{13}\) https://www.latimes.com/travel/la-xpm-2012-mar-19-la-trb-death-grand-canyon-20120315-story.html
instrumental harm. In a word, they are thought to directly detract from the desirability of one’s death, just as other causes might directly enhance a death’s desirability.

2.4 One’s Manner of Facing Death

“Do not go gentle into that good night, / Old age should burn and rave at close of day; / Rage, rage against the dying of the light.”

—Dylan Thomas, “Do not go gentle into that good night”.14

For many, how one approaches death has prudential significance. One might hope to face death contemplatively, like Socrates or Hamlet. Or with a sense of levity and good humor like Voltaire who, when his bedside lamp flared up, is said to have remarked “What? The flames already?” Or with defiance, like Susan Sontag who fought to stave off death by blood cancer until the bitter end.15

As with the other three factors, what constitutes the ideal manner of facing death is a subject of normative disagreement. In a 2000 survey, a majority of subjects (which included terminally ill patients, doctors, nurses, and family members) thought it important to “maintain a sense of humor” at the end of life.16 Yet, others—like James Boswell, who was disturbed by Hume’s cheerfulness in the face of death—will see humor on one’s deathbed as inappropriate and lacking the proper gravity. Some will value the defiant struggle against death that was preached by Thomas and practiced by Sontag; others will see such resistance as futile or pathetic. While there is room for normative debate about this good death factor, many people believe that there are better and worse ways to face one’s death.

3 The Good Death and the Leading Theories of the Good Life

Let us suppose, for the sake of argument, that the four types of factors discussed in the previous section can have prudential significance and directly impact how well or poorly the end of life goes for the person living it. In this section, I will restrict my attention to three specific factors: dying at home, having one’s loved ones present in one’s final moments of life, and having an embarrassing cause of death. Suppose that these three factors in particular tend to directly impact a person’s well-being, for better (the first two examples) or worse (the third).17 One desideratum for a theory of well-being would then be whether it recognizes these good death factors. Theories of well-being typically purport to identify all of the things that are good or bad for individuals in the most basic and fundamental way and that can explain why anything else is good or bad for them. So, the relevant sort of recognition can take one of two forms: either these good death factors will be regarded as basic components of well-

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14 Thomas (2003), 239.
15 Enright (1983), 330; Rieff (2008).
16 Steinhauser et al. (2000).
17 In the interest of space, I am only discussing three specific instances of good death factors. However, all four types of good death factors are represented insofar as some instances of an embarrassing cause of death will pertain to both the cause of death and one’s manner of facing death. For instance, a person’s embarrassingly flippant attitude about the risk of death might play an important role in bringing about their death.
being (or ill-being), or they will bear some essential connection to the basic component(s) recognized by the theory that would account for their non-instrumental value.

My purpose in this section is to offer a preliminary investigation of whether the above three features of deaths have been recognized by the four leading theories of well-being. Two of these theories—hedonism and desire-fulfillment theory—are subjective in the sense that they imply that whether something is directly good or bad for a person depends on the psychological states of that individual. The other two theories (perfectionism, objective list theory) are objective in the sense that they allow for the possibility that something can be good or bad for a person independently of that person’s positive and negative attitudes. Since the good death factors I am considering do not explicitly involve the psychological states of individuals and therefore seem to have a rather objective cast, it is somewhat predictable that subjective theories will not fully accommodate them, even if they can partially do so. More interestingly, I will argue that perfectionism and most objective list theories fall short as well. Lastly, I will suggest that, even in cases where they recognize a good death factor, three of the theories may nonetheless fail to accurately capture the way in which it is prudentially significant.

3.1 Hedonism

Hedonism maintains that what makes something good or bad for us is its effect on the pleasantness or unpleasantness of our experience. Thus, the only things that are basically non-instrumentally good and bad for us are pleasure and pain, broadly construed. 18

Hedonistic theories do not recognize our three good death factors as being basic components of well-being. None of the factors under consideration pertain directly to the quality of one’s experience. Nor does hedonism fully recognize them in the second way, for pleasure and displeasure are not essentially linked to these good death factors. There are countless cases where these features of death are not attended by an increase or decrease in pleasure or suffering. Dying at home and the presence of loved ones at death pertain most fundamentally to the physical (or perhaps virtual) location of the dying person in relation to a certain place and certain people. 19 These things can obtain irrespective of the mental states of the dying person. Further, in talking of an embarrassing cause of death, I am not referring to a cause of death that leads a dying person to actually experience the unpleasant state of being embarrassed. What is being referenced is a cause of death that is worthy of embarrassment. An event may be embarrassing relative to a certain party irrespective of whether that party ever actually feels embarrassed. And, indeed, there are plenty of examples of embarrassing deaths where the person in question feels no embarrassment, including (but not limited to) sudden or instantaneous deaths, cases where the embarrassing features of death are unknown to the person dying, and cases where the person is well positioned to experience embarrassment but simply fails to have the fitting response.

Hedonism cannot account for the prudential value of the good death factors in these cases where there is no hedonic difference. Furthermore, if our good death factors have non-instrumental prudential value in these cases, they presumably also have some prudential value

18 Different varieties of hedonism diverge in how they understand the nature of pleasure or happiness and its negative counterpart and in how much weight is given to different kinds of positive and negative mental states, but these distinctions should make no difference to the present discussion.

19 Modern technology can allow a person to virtually “occupy” their home from another location or to have loved ones “present” virtually. Whether this kind of presence is of equal prudential value is a matter for substantive debate.
that cannot be explained by hedonism in the cases where there is a hedonic difference. Consequently, it appears that hedonism cannot fully accommodate our three good death factors, though it may partially account for their prudential value in some cases.

3.2 Desire-Fulfillment Theory

Desire-fulfillment theories center around the idea that well-being consists in getting what one wants. According to the simplest form of desire-fulfillment theory, a state of affairs is good for you if and only if you desire it and it obtains. Since our actual desires can be distorted by ignorance, false beliefs, and bad reasoning, some have proposed more sophisticated “idealized” desire-fulfillment theories, which focus on the desires that a person would have if they were fully informed and rational. On these theories, if you or your idealized counterpart desire something for its own sake, then it is good for you in and of itself.²⁰

The first thing to note is that desire-fulfillment theory is remarkably flexible and can recognize virtually anything—any state of affairs that can possibly be desired—as having prudential significance. Since people commonly do have desires regarding the features of death that we are considering, it is tempting to suppose that desire-fulfillment theory accommodates them. If I desire to die at home or in the company of my family or to avoid some embarrassing end, and that comes to pass, desire-fulfillment theory deems this good for me.

However, desire-fulfillment theories make space for our good death factors in a way that does not do justice to how many people will view their prudential significance. A distinguishing mark of desire-fulfillment theories is that they imply that each individual’s well-being is partly grounded in their psychology. What is good for a person depends crucially on what they desire. Since people’s desires about their own deaths vary, this theory implies that the contours of a good death will also vary from individual to individual. There is much plausibility to the idea that what impacts the goodness or badness of a death will depend, to some extent, upon the particular context and circumstances of the individual, including various psychological facts. For instance, if someone has not forged a positive connection to their home (perhaps it was the site of domestic abuse or other traumatic events), then presumably dying at home is not good for that person. Likewise, it might be that the best manner of facing death will be different for different people and must have a certain fit with their temperament and the overall character of their lives.

Yet, many people will reject the idea that these features of death are good for a person if and only if they or their idealized counterpart desires them and they occur. Imagine a man who dies from accidentally shooting himself with a gun that he himself just loaded. Most people will think the embarrassing nature of his death makes it worse for him, and this apparent badness does not dissipate if it comes to light that this particular man would in no way have minded dying in this pointless and embarrassing way, or for some reason desired that kind of death. If anything, this may suggest a kind of evaluative insensitivity on his part that provides a further reason to think him badly off. This example draws out the fact that desire-fulfillment theory has implications that are counterintuitive for many people. It can only recognize our good death factors in those instances where they happen to be desired by the dying person, actually or under hypothetical idealized conditions.

²⁰ For simplicity, I will speak mostly in terms of the simple desire-fulfillment theory, though the discussion can be easily adapted for idealized theories. Also, there has been some debate about how best to formulate desire-fulfillment theories. Suppose that a subject S desires some state of affairs x. Let y be the state of affairs of S’s desiring x. On one approach, what is good for S is the conjunction of x and y. On another approach, what is good for S (given y) is x. This distinction is discussed in Dorsey (2013). I am adopting the latter formulation since it holds more promise for accommodating the good death factors.
In sum, if our working assumption is true and our examples of good death factors do have non-instrumental prudential significance, it appears that the two leading subjective theories of well-being cannot fully accommodate this fact. This result does not seem particularly surprising nor will it generate much worry among subjectivists. While it is possible that some will want to argue that their favored theory can fully accommodate these popular good death views, most committed subjectivists will simply reject our working assumption, perhaps supplementing that rejection with a debunking explanation as to why people have these objectivist intuitions. What is more interesting to investigate is whether proponents of objective theories of well-being, who tend to take objectivist intuitions more seriously, are able to recognize our examples of good death factors. Let us now turn our attention to the most prominent objective theories.

3.3 Perfectionism

Perfectionism about well-being holds that the good life for humans consists in the development and exercise of capacities or excellences that are distinctive of our kind. Precisely which capacities those are is a matter of some debate. Some perfectionists rely on an account of human nature as a guide, while others do not. The most popularly cited capacities include theoretical rationality, practical rationality, and autonomy. For our purposes, we can follow Richard Kraut and think in terms of some broad categories of capacities: physical, sensory, affective, social, and cognitive.

How might perfectionism account for our good death factors? It might be thought that desiring or choosing a certain kind of death reflects some excellence of character. To be sure, the desire or choice to die at home or have loved ones present in death may indicate a healthy and fitting sentimental attachment to the places and people of one’s life. The desire to avoid an embarrassing end might also reflect some excellence of character. But our examples of good death factors concern the actual circumstances of one’s death. Desiring or choosing these aspects of a good death is neither necessary nor sufficient for them to actually occur.

Perfectionism may be able to partially account for the prudential significance of dying at home, with loved ones nearby, or from some embarrassing cause. For there will be cases of each kind where that feature of death is bound up with the exercise of one’s capacities. Dying at home might involve reminiscing about one’s personal history with that place or taking stock of one’s life (cognitive capacities) and feeling various emotions that arise (affective capacities). Having loved ones present at death can be good for individuals insofar as it involves the exercise of their affective and social capacities. And sometimes the cause of a death is embarrassing because it stems from a person’s failure to exercise their capacities well. In the Grand Canyon case mentioned above, it is possible that the man who fell to his death in an attempt at humor exhibited practical irrationality and clumsiness.

21 As one reviewer pointed out, if subjectivists already find ways to reject objectivist intuitions about knowledge, achievement, and friendship, they will probably have no problem doing the same with intuitions about these (more minor) death-related goods and bads. For some examples of debunking explanations from the hedonism literature, see Crisp (2006), 119–20, and Feldman (2004), 42, 110–11.
22 Bradford (2016).
23 Ibid., 129.
24 Kraut (2007), 145, 161. Perfectionism is widely thought to have trouble accounting for the badness of pain, though Kraut believes pleasure and pain (in certain objects) can be accommodated by perfectionism (see Sections 33, 39, 43). If so, perfectionism will have some overlap with hedonism.
Even so, there are instances where these good death conditions cannot be explained in perfectionist terms. Dying at home and having loved ones present may seem to make for a better death even in cases where the dying person is unconscious, or is conscious but unable to meaningfully engage because they are heavily medicated or in severe pain. Likewise, dying for some embarrassing reason might seem to make a death worse even in cases where the person exercised their capacities to the fullest. Consider another embarrassing cliff death. In September 2010, the owner of the company that makes Segway motorized scooters died by accidentally going off a cliff...on a Segway. For the sake of argument, suppose that he was fully justified in believing that the path was safe and that he was operating the vehicle with expert skill. I suspect most would agree that even if he did exercise his capacities perfectly well to the very end, the cause of his death is quite embarrassing and made for a worse death than if he had simply fallen off a cliff while taking a walk. An embarrassing cause of death need not stem from a failure to exercise one’s capacities well or any lack of excellence in the person who dies. Hence, as traditionally understood, perfectionism seems unable to account for these cases where a good death factor obtains apart from any success or failure in exercising one’s capacities. And if it cannot account for the prudential significance of the factors in these cases, it presumably also fails to fully account for it in cases that do involve the excellent or poor exercise of perfectionism-relevant capacities.

3.4 Objective List Theory

We turn finally to objective list theories, where one might most expect to find some recognition of the distinctive goods and evils of death we have been considering. Objective list theories are objective and pluralistic. These features create a hospitable environment for our good death factors. Pluralism allows for multiple factors that directly impact well-being, and the objective dimension allows for factors that have some independence from the attitudes of the person who dies.

Objective list theories are sometimes portrayed as explanatory theories, which purport to identify the things or properties that are basically good or bad for us and explain why anything else is good or bad for us, and sometimes as enumerative theories, which list various things that are good or bad for us without any commitment about whether they provide the deepest explanation of prudential value. This difference is neatly illustrated in essays by Guy Fletcher (2013) and Christopher Rice (2013). These philosophers present very similar overlapping objective list theories, but

25 Brooke (2010).
26 There might be innovative variations on traditional perfectionism that go some way toward capturing these views. Gwen Bradford (2020) has recently proposed a “tripartite perfectionism,” on which well-being is a function not only of one’s exercise of capacities through some activity, but also of whether that activity yields its proper output or a negative output. For example, striving to achieve a goal will have some prudential value insofar as one is exercising one’s practical rationality, and there will be further value or disvalue depending on whether that striving culminates in achievement or failure. This sort of view might have the resources to explain some of our good death factors. Since most of us have an on-going goal of sharing our lives with loved ones, and of maintaining our dignity and avoiding embarrassment, perhaps the goodness of having loved ones at death and the badness of an embarrassing death could be explained in terms of positive and negative outputs. However, perfectionism, as traditionally understood, makes no prudential distinction between cases where an activity culminates in its proper output and those where it does not.
27 Woodard (2013); Fletcher (2013). However, see Lin (2017), who argues that all of the major well-being theories are both explanatory and enumerative.
Fletcher regards his list as enumerative while Rice presents his as explanatory. If an objective list theory is (merely) enumerative, it may be compatible with a range of explanatory theories (including hedonism, desire-fulfillment theory, perfectionism, or an explanatory objective list theory). In contrast, an explanatory objective list theory is a rival to all other explanatory theories. For that reason, our interest is in explanatory objective list theories.

With this interpretive groundwork in place, it may be asked: do our three examples of good death factors find a place on objective list theories? What I wish to establish in this section is that, although an objective list theory could in principle recognize these good death factors, by and large the objective list theories discussed in the philosophical literature have not recognized them. To ground this discussion, consider a representative sample of objective lists proposed over the past four decades:

- **Finnis (1980):** life, knowledge, play, aesthetic experience, friendship, practical reasonableness, religion
- **Parfit (1984):** (positive) moral goodness, rational activity, the development of one’s abilities, having children and being a good parent, knowledge, and the awareness of true beauty; (negative) being betrayed, manipulated, slandered, deceived, being deprived of liberty or dignity, enjoying either sadistic pleasure, or aesthetic pleasure in what is in fact ugly
- **Griffin (1986):** accomplishment, the components of human existence, understanding, enjoyment, deep personal relations
- **Kagan (1998):** accomplishment, creativity, health, knowledge, friendship, freedom, fame, respect
- **Murphy (2001):** life, knowledge, aesthetic experience, excellence in play and work, excellence in agency, inner peace, friendship and community, religion, happiness
- **Kazez (2007):** happiness, autonomy, self-expression, morality, progress, knowledge, close relationships
- **Zagzebski (2008):** long life, health and freedom from suffering, comfort and the variety of human enjoyments, friendship and loving relationships, using our talents in satisfying work
- **Fletcher (2013):** achievement, friendship, happiness, pleasure, self-respect, virtue
- **Rice (2013):** achievement, meaningful knowledge, loving relationships, pleasure, autonomy

The first thing to notice is that our three examples—dying at home, having loved ones present in death, an embarrassing cause of death—do not appear on any of the nine lists. Indeed, there is no mention of anything explicitly death-related. Thus, our three good death factors have not been acknowledged as things that are basically good or bad for a person. This rules out one way in which the lists might have accommodated our examples.

The other way they might do so is by recognizing other things that are essentially linked to our three examples and explain why they have non-instrumental prudential significance. Let us

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28 For present purposes, I will interpret the above lists as explanatory, even where this conflicts with an author’s intent. Also, it is worth highlighting that, with the notable exception of Derek Parfit’s list, the above lists only speak to the goods of life and say nothing about what things are bad for us. Objective list theorists, like many other well-being theorists, have tended to neglect considerations of ill-being, the negative dimension of well-being. See Kagan (2015).
examine whether the above lists recognize the good death factors in this way. (Since I have already discussed hedonism at length, I will not discuss happiness or related hedonic notions—pleasure, suffering, etc. Objective list theories that include these goods will generally recognize our good death factors at least to the extent that hedonism does.²⁹).

Our first example of a putative good death factor is dying at home. The fact that one bears a special relationship to one’s home—which could be based on a certain fit, shared history, or its role in one’s identity—may explain the prudential significance of this factor. While most of the above objective lists speak to relationships, they appear to be gesturing toward reciprocal relationships with other sentient beings (“friendship,” “loving relationships,” “deep personal relations”). There is no indication that special relationships with places or objects might serve to enhance the desirability of a person’s life or death. It might be thought that dying at home is a form of self-expression (which appears on Jean Kazez’s list), though that seems wrong since the phrase suggests a kind of activity. Perhaps it is self-expression to choose to die at home, or to struggle against obstacles to ensure that that happens. But, setting aside cases of suicide and active voluntary euthanasia, dying at home itself doesn’t seem to be appropriately regarded as an act of self-expression. Even so, one may regard it as making for a better death even when the person plays no active role in bringing it about.

The second example is having loved ones present at your deathbed. At first glance, it may seem obvious that friendship and loving relationships adequately account for this good death factor. But, on reflection, it is not so obvious. When “friendship” or “deep personal relations” appear on an objective list, what prudentially significant property or properties are being indicated? Presumably, the idea is that what is ultimately good for us is having loving personal relationships (acquiring them, maintaining them), and perhaps also developing and deepening them. Having loved ones at your deathbed could serve to maintain, develop, or deepen your relationship with them, but it need not.³⁰ Nor must the absence of a loved one at the end of one’s life have an adverse effect on the relationship. If your spouse or child is physically unable to reach you due to weather conditions or transportation restrictions, this need not diminish the quality of your relationship in any way. Nonetheless, it remains a natural thought that being in the company of loved ones makes for a better death.

Turning now to an embarrassing cause of death, it might be thought that respect or self-respect addresses this issue. But a loss of self-respect or the respect of others is not an essential feature of an embarrassing death. Presumably, the man who died at the Grand Canyon did not have the time or mental clarity to lose self-respect as he fell. In any case, embarrassing deaths can be instantaneous. And some embarrassing deaths never become known to other people and therefore do not weaken others’ respect for the person who died. A much more plausible candidate is an item that appears on Derek Parfit’s list of prudential bads: being deprived of dignity. Arguably, this helps to explain why an embarrassing cause of death is bad for the one who dies. It constitutes a loss or diminishment of one’s dignity, whether or not the one who dies or others are aware of this fact.

In summary, none of the nine objective list theories we have considered seem to be successful in capturing all three good death factors. Those theories that include happiness or some related notion might be able to partially account for some instances of our good death

²⁹ One rarely sees “desire-fulfillment” or “exercising one’s capacities” appear on an objective list. But if they did, that theory could go as far as desire-fulfillment theory and perfectionism in recognizing the good death factors.

³⁰ This resembles a conclusion reached in connection to perfectionism.
factors, in the way that hedonism can. Only one of the lists (Parfit’s) appears suitable to more fully capture just one of our good death examples (an embarrassing cause).

3.5 Death’s Axiological Significance

My investigation thus far suggests that, if our three examples are indeed good death factors, then hedonism, perfectionism, desire-fulfillment theory, and most of the proposed objective list theories undergenerate inasmuch as they cannot fully recognize the prudential value of all three good death factors, even if they might account for some instances. What I now wish to suggest is that hedonism, perfectionism, and objective list theories may also have the further shortcoming of “misgenerating” with respect to the good death factors. A theory can be said to misgenerate when it correctly identifies that a given thing is prudentially significant, though it does not accurately capture how it is prudentially significant. For instance, it might misidentify what it is about something that makes it good or bad for us, or it might misidentify the degree to which it is good or bad. I will now suggest that three of the leading theories may misgenerate in the second way.

Many people seem to attribute greater axiological weight to goods and bads that occur at the end of a life. For instance, imagine a person experiencing a migraine headache at some otherwise uneventful point in the middle of their life, and then imagine them experiencing it at the very end of their life. For many, the latter seems worse, and presumably what explains this is the proximity of the suffering to one’s death. Even if the amount of suffering (and opportunity cost) would be the same, it seems worse that one’s life should end on that note. Likewise for happiness. The experience of joy, contentment, and other pleasant emotions seems better to have at the end than at some less significant earlier point in our lives. And similar points can be made about exercising one’s capacities and facing embarrassment and a loss of dignity.

If goods and ills that occur at the end of a life do indeed carry greater prudential weight, it is not obvious that hedonism, perfectionism, or the typical brand of objective list theory have a principled way of accounting for this fact. Nothing internal to hedonism seems to explain why pleasures and pains at life’s end would carry greater weight than otherwise equivalent pleasures and pain occurring earlier in life. Nor is it clear that perfectionism can make sense of the idea that the very same type and level of capacity-exercising has different prudential weights at different points in life. Finally, while an objective list theory might in principle include some goods or bads that could account for this difference in axiological significance, the nine objective lists given above seem to contain no such items. Consequently, it appears that most of the leading theories have trouble accommodating one aspect of commonly held views about the good death.31

I have now surveyed the most popular and widely discussed theories of well-being to see whether they recognize some paradigmatic good death factors. My preliminary investigation suggests that, if my working assumption is true, each of the theories undergenerates by failing

31 Desire-fulfillment theory, in contrast, has a very natural way of capturing death’s axiological significance. Insofar as many people have a stronger desire to be at home, have loved ones present, and avoid embarrassment in their final hours than at other times, desire-fulfillment theory can easily capture why these things would be prudentially better or worse for those people. It therefore does not seem vulnerable to the particular misgeneration problem facing the other theories. Granted, it might be thought that desire-fulfillment theory misgenerates in a different way: it fails to adequately explain why good death factors are good or bad for a person since it implies (counterintuitively) that this is so because the individual desires to have or avoid them. This is a familiar general objection to desire-fulfillment theories.
to fully account for the goodness or badness of all three good death factors. Moreover, hedonism, perfectionism, and the popular sort of objective list theory seem to misgenerate insofar as they cannot account for the greater axiological significance commonly associated with goods and bads at the end of life. All of this lends support to the following conditional conclusion: if our three examples are indeed good death factors, the leading theories of well-being are inadequate insofar as they do not fully recognize them. Granted, this investigation has only been preliminary. I have left many stones unturned, so it is quite possible that proponents of the leading theories will find inventive ways to honor these commonsense convictions about the good death. Still, the present investigation should at least suffice to shift the burden of proof to those who are inclined to think that the leading theories can fully accommodate these popular views of the good death.

4 Moving Forward

My preliminary investigation suggests that the dominant theories of the good life cannot accommodate some commonly held views about what impacts the goodness or badness of a death. Whether this is a problem for these theories depends on whether the putative good death factors under consideration do indeed have non-instrumental prudential value. Recall that my conclusion is conditional: if these things directly impact the goodness or badness of a death, then the leading theories of the good life do not provide a plausible picture of the good death. I have only entertained the antecedent as a working assumption and grant that there are a host of interesting ways one might try to explain away these intuitions about the good death. However, even if this working assumption is false and these factors do not have non-instrumental prudential significance, it nonetheless seems odd and problematic that widely held views about the good death should find no representation among the leading philosophical accounts of the good life. Since many people have views about what constitutes a better or worse death that involve the four types of factors presented in Section 2, we should strive to have some theories that can make sense of them.

My aim in this section is to offer two partial explanations of why the good death has been neglected in discussions of well-being and to make two corresponding recommendations for future work in this area. The first pertains to methodology. The second concerns a kind of well-being theory that might accommodate these good death factors.

4.1 A Shortcoming of the Current Methodology

One partial explanation for the neglect of the good death has to do with methodology. Well-being theorists tend to take as their starting point such broad, all-encompassing questions as “What does human well-being consist in?” or “What makes a life go well for the one who is living it?” The most widely debated theories of well-being are broad answers to these broad questions. Such simple, broad questions encourage us to take a wide-angle view of the topic and may foster the expectation that there is a simple, broad answer to be discovered. They nudge us away from an approach that takes a close look at particular dimensions of our lives. Our exploration of the good death shows that a narrower in-depth focus on a certain portion of human life can reveal greater complexity and richness in the realm of prudential value. It helps us see and appreciate what is easily missed from a bird’s eye view of human well-being.
This is not to say that the good death provides the only avenue for learning this lesson. The philosopher Anthony Skelton (2014) has argued that the leading theories of well-being are not well-suited to address the well-being of children. Skelton’s critique of the extant well-being literature has affinities with the present critique. The main difference is that Skelton is focusing on the beginning of life rather than the end of it. Still, both projects arguably reveal oversights in the well-being literature that are attributable to a methodology that focuses on human well-being in general.

There is nothing wrong with taking an interest in ambitiously broad questions about well-being. Yet, if narrowing our focus to some restricted dimension of well-being (such as the prudential value of death, or the well-being of people with autism) yields new insights about the good life and reveals shortcomings of the most popular theories, we should be wary about theorizing only at the most general level. Ideally, philosophical work will draw not only upon our reflections and intuitions about what is good for human beings in general or what makes for a good life in general, but will also examine well-being in narrower dimensions of human life. This could constitute a kind of reflective equilibrium methodology for the philosophy of well-being.

4.2 The Need for a Different Kind of Objective List Theory

Another part of the explanation for why well-being theorists have not recognized the four good death factors may be an overly restrictive understanding of objective list theories. To date, the sorts of objective list theories that have been proposed tend to acknowledge only a relatively short list of prudential values: achievement, friendship, happiness, loving relationships, knowledge, and so on. While these lists may hit upon the prudential goods and ills that matter the most in our lives, they might neglect a wide range of goods and bads that matter to a lesser extent. I assume that many of the good death factors we have considered qualify as minor goods and bads. Dying at home, having an embarrassing death, and facing one’s death with good humor are not the sort of things that are likely to make the difference between a good life and a bad life. They are not typically regarded as having anything close to the prudential importance of such things as life-long loving relationships, major achievements, long-term life-satisfaction and happiness, and so on. Still, even if these good death factors are not sufficient to “make or break” a person’s overall well-being, arguably they do have some significance and should sometimes figure in people’s prudential deliberation, particularly as they approach the end of their lives.

To capture the subtleties of people’s views about the good death (and, in all likelihood, many other aspects of our lives), we may require a different kind of objective list theory—one that incorporates both major and minor goods and bads of life and thereby constitutes a more radical form of pluralism. This may be an unwelcome development to philosophers who are eager to arrive at complete and digestible answers to our normative inquiries and, perhaps because of this, are drawn to simple, elegant theories. Completeness in a theory of well-being might be attainable if prudential value can be boiled down to a single property or some small set of properties. However, it is possible that the prudential landscape is far more complicated.

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32 Rodogno et al. (2016).
33 This deficiency of objective list theories is explored in Rice (2017).
and nuanced than any monistic or modestly pluralistic theory is able to capture. To repeat a
popular misquoting of Einstein, “Our theories should be as simple as possible—but no
simpler.”34 If there are minor prudential goods and bads, there is a real possibility that a
complete and plausible theory of the good life will always remain beyond our reach. This
would not mean that theorizing about well-being is futile or that we can never arrive at
worthwhile knowledge. Proponents of this new brand of objective list theory might reasonably
hope to increase their knowledge of the major goods and bads of life and perhaps also their
understanding of some of life’s minor ones. But they should expect their understanding of the
good life to always remain a work in progress.35

5 Conclusion

Philosophical discussions of the good life have been relatively silent on the topic of the good
death, and it appears that the leading theories of the good life cannot do justice to certain
widely held views about the good death. This is explained, at least in part, by a methodology
that focuses on providing broad answers to broad questions and does not attend to narrower
domains of life, and by an overly restrictive understanding of objective list theories. This
suggests two recommendations for future work in the philosophy of well-being. First, the
dominant methodology needs to be counterbalanced by attention to narrower domains of
human life and experience. Second, there is the need to explore and develop more nuanced and
complex objective list theories that make room for minor goods and bads—including, though
certainly not limited to, all of the features that make for a better or worse death.

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34 What he actually said: “It can scarcely be denied that the supreme goal of all theory is to make the irreducible
basic elements as simple and as few as possible without having to surrender the adequate representation of a
single datum of experience.” Einstein (1934), 165.
35 Granted, even if this sort of objective list theory would mark an improvement over the status quo, there is a
reasonable worry that objective list theories embody a problematic atomistic approach to well-being, which treats
a good life as a life comprised of parts that are valuable irrespective of their place in a life. It is quite possible that
the prudential significance of a life’s end might be more salient if we evaluated lives holistically. For a promising
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