In 1973, at the age of 25 and recently discharged from the Air Force, Dax Cowart was attempting to build a future for himself. Visiting a piece of undeveloped real estate in Texas, Dax’s life would be transformed; plans regarding the future life he imagined would soon be unachievable—an unattainable dream.

When he attempted to start his car, the entire plot burst into a blazing inferno. Despite being attacked by the surrounding, biting flames, and perhaps driven by an instinct to live, Dax escaped from his car and fled through the walls of fire as his flesh literally melted and his vision gradually escaped him.

One year later Dax found himself in the grips of a future he wanted nothing to do with. As his body was ravaged by deep third degree burns he was left severely disfigured; the finger segments of both hands were fused by the flames leaving no functional capability, and while one of his eyes was decimated by the flames, the other remained questionable, sealed beneath a layer of scar tissue. Muscles atrophied and burned beyond recognition, Dax Cowart literally bore no semblance to the man he was before the explosion.

The method of treating burn patients is an excruciatingly painful one. Due to the severity of his burns Dax was susceptible to severe infection, and if not treated, he would certainly die; thus, if the medical professionals were to save his life, they needed to subject him to the daily pain of burn treatments consisting of submerging and cleansing his entire body in an antiseptic bath, removing infected, blood- and pus-stained gauze, and replacing it with sterile gauze. And despite the nurses’ gentle effort Dax writhed in ultimate pain.

Having withstand one year of “therapeutic” torture, Dax maintained one persistent request: he asked that the painful burn treatment be stopped, and he be allowed to die. His doctors, convinced of the stability of his physical condition, assured him that as long as he continued the treatment he would live, and that eventually he would be able to return to a life of “relative normalcy.” Dax, however, did not wish to endure any more pain, and did not see an acceptable future on the horizon. He wanted to pain to end; Dax wanted to die.

Essentially, Dax Cowart’s argument supporting his right to die is
grounded in three issues: pain and prognosis of treatment; quality of life and prospects for the future; and autonomy and competence. The evidence from these three perspectives will show that Dax's request is not an unreasonable one, and furthermore, will support the idea that in such dire situations, an individual should have the right to choose death. However, a fourth issue relating to the rights and obligations of medical professionals will prove that there are limitations regarding the extent of another individual's involvement in a person's right to die. Lastly, an argument will be constructed that weighs the relevant moral considerations, and both verifies and validates, practically and morally, the fact that an individual should have the right to choose between life and death.

**Pain and Prognosis of Treatment**

Dax Cowart undeniably experienced an unspeakable degree of pain during each burn treatment. By 1974 he had endured a full year of agonizing daily procedures, and yet, he remained totally helpless and completely dependent on others. Standing in his shoes, one can easily see the futility that Dax realized. Yet, Dax sought no pity; he wanted his individual will to be honored.

In response to his persistent request to die, the medical professionals surrounding him attempted to work out a mutually agreeable alternative. The doctors generally concurred that since Dax had undergone so much suffering, and since his burns were almost healed, honoring his request to die would be unacceptable. And as a means of persuading Dax to accept their alternative, Dr. White, his psychiatrist, suggested an increase in dosage of pain medication. Although Dax admitted that this did in fact ease the pain considerably, even under the influence of this increased dosage, he reacted hysterically to every touch during the treatment, responding to the delicate removal and replacement of gauze, passing in and out of consciousness, Dax cried, "Easy, easy, hey, easy. Oh easy, easy. Hey, easy on the back of my leg! Oh, GOD!" And this level of pain was considerably less than that of the previous year! It is apparent why, when asked if he would agree to continue treatment, Dax refused.

The only solution the doctors would offer, however, was one in which Dax would continue the healing process, and then, when able to act independently, he could, if he chose, terminate his life. Dax agreed that *ideally* this would be the best alternative, for he would be capable of judging for certain if he did or did not want to live given the circumstances. Dax's point was well made. This was not an *ideal* situation; he had already endured one year of daily treatments; the future meant more treatments, operations, and painful rehabilitation for both his hands and legs. Dax sought to end the pain immediately; he wanted to die.
A Right To Die

Quality of Life

The explosion that disfigured Dax Cowart forever changed his life. Perhaps most oppressive was the fact that he was no longer a handsome young man. Moreover, not only did he not look, or feel as he had, but his physical capabilities were reduced to the point where leading an independent life seemed improbable, at best. No longer could he perform those activities that he had enjoyed so much in the past; his new future would not include surfing, rodeo riding, or playing football. If Dax was to enjoy his new life he would need to fundamentally change both who he was and what he enjoyed. Dax did not think this was a plausible future; he did not want to lead the life of a “blind cripple.” Dax’s doctors often attempted to reassure him, speaking of a restoration of reasonable bodily function, but having lived an independent and “normal” life, it is understandable why he would not settle for such a limited existence.

Dax’s attorney, Rex Houston, after winning him a large sum of money, saw opportunity on the horizon. Mr. Houston claimed Dax would be free to do virtually whatever he chose; as his brain was healthy, he could hire individuals to help where he was physically lacking. No amount of money, however, would allow Dax to see the world through his own eyes, nor return his physical ability; the money would certainly assist Dax in a transition to his new life, but it would simply not bridge the life altering voids his wounds created. Dax remembered who he was; he valued that person. For Dax there was no benefit in recreating himself in order to be able to tolerate life.

Autonomy and Competence

The issue of autonomy lies at the core of Dax Cowart’s request that he be allowed to die. Issues of pain and quality of life are the factors the decision to die would have been based upon, but autonomy is the true qualifying consideration, for without autonomy, Dax simply hadn’t the right. Dax may have had good reasons to want to end his life, but did he have the right to make such a decision? If he had that right, it must be established whether or not he was competent to make such a decision.

Dax argues that because it was his life that was in question, his word should have been paramount. He believed he should possess the legal right to refuse treatment and choose between life and death. Most importantly, Dax only requested that he be granted the option—the ability to choose for himself what to do with his life.

The tentativeness of the doctors in entertaining his requests is understandable considering their professional standing and the time period at which this situation occurred. Although the doctors agreed that Dax was of sound mind, this did not resolve the issue at hand, for they questioned
whether Dax had a right to die, believing this request was grounded in certain ulterior motives derived from the extenuating circumstances. Dr. Baxter, Dax's primary physician, saw the majority of the outbursts as a way "to get what he wanted, to gain control of his environment, to manipulate everyone around him." Such a remark is plausible given Dax's helpless predicament, but to say it was the fundamental basis for the requests is unfounded. Dax wanted to gain control over the immediate destiny of his life in order to grant himself relief; it was the relief from suffering that was paramount, not control. Dr. White saw Dax's behavior as "a recurrence of angry little boy feelings that any person will begin to have after undergoing the incredible ordeal that he had been undergoing." This perception of Dax's behavior, too, misses the point. The premise that Dax was requesting death over life because of extenuating circumstances is reasonable, but again, to say he acted in such a manner for reasons purely based on control, or because he was psychologically regressed by his situation, is to belittle his request to die, and given Dax's predicament—the pain and the future that was apparent to him—it is obvious he had sound reasons for not only questioning the appeal of life, but choosing death instead of life.

The Rights and Obligations of Medical Professionals

As embodied in the Hippocratic Oath, medical professionals, in dealing with the sick and injured, must continually direct their abilities toward the preservation of life. If they did not consistently do so, one would question their worth as a healer. Thus, it is appropriate for a doctor or nurse to direct their efforts in the direction that has the greatest probability of sustaining life. It is, therefore, obvious why Dax's doctors' interests conflicted with his own. They had a job to perform, namely to save his life, and this goal was achievable beyond doubt. Thus, they naturally did not want to allow him to die. Dr. Larson, the burn specialist, spoke of pain as not necessarily an evil, but as an investment that would eventually allow Dax to live an independent life. He believes his obligations to the medical profession are very strong, and in fact, stated that granting Dax the right to die would be equivalent to killing him. Dr. Baxter did not state his beliefs with such vehemence, but similarly believed he was obliged to deliver life saving and preserving techniques and services to patients, to the best of his ability. Do these inclinations by themselves, however, justify keeping a man alive and subjecting him to horrific pain? It can be safely asserted then, that ideally, medical professionals, if they are to do their job to the best of their ability, are obliged to save lives. Yet, does this obligation carry more weight than an individual's right to choose his life's destiny?

Unfortunately, Dax was incapable of controlling whether he lived or died, and as such, relied on others to aid him in dying. This aid could have
taken several forms: the medical professionals could have actually killed him, assisted him in committing suicide, or stopped the treatment and allowed him to die naturally. It seems inappropriate that Dax should oblige another to either kill him or assist his suicide, for that individual would then have to live with the trauma of having done so. The third alternative, the passive approach, might also induce a sense of trauma in that one could have saved a life but chose not to; but this is not identical to the previous two, as a passive role is fundamentally different from an active one. Furthermore, though Dax would have surely accepted any of the three forms of aid, he was primarily asking that the doctors discontinue treatment, not kill him.

In an effort to resolve the situation in a manner agreeable to both Dax and themselves, the doctors attempted to find an alternative. They proposed that Dax should complete the burn treatment and rehabilitation process. At that point he would be able to function independently, and therefore, have the option of terminating his own life if he choose to do so. Under the circumstances Dax did not find this proposal acceptable, but was literally left with no other option.

The Weighing of Relevant Moral Considerations and Verification and Validation of an Individual’s Right to Die

It is clear that Dax Cowart had significant reasons to justify wanting to end his life, but did he in fact have the right to do so, and if he did, then what, if any, limitations existed? Weighing the relevant moral considerations—the rights, interests, and obligations of both Dax and medical professionals who treated him—will show that the autonomy of Dax carries greater weight than the obligations of medical professionals in making a decision of this nature.

An examination of the moral considerations that surround Dax’s predicament reveals that he, as well as anyone in a similar position, would be best served if a right of autonomy was observed. His interests in the matter were simple; he wished to end the extreme physical and emotional pain and suffering in his life. As the soundness of Dax’s mind was not in question, he was the most fit individual to judge the circumstances that surrounded the his painful therapy and the prospects for the future he envisioned; it was he who experienced the torment, and it was he, if he chose, who would live that future life.

First and foremost Dax had an interest in being practical, and thus, the decision he made with regard to the future course of his life would had to have been decided very carefully, and at the time of his hospitalization, such prudence should have included several considerations. He would have needed to consider the amount of time and pain invested up to that point, the desirability of enduring additional pain and rehabilitative therapy in order to
know the exact physical state his body would achieve, what he could in fact physically perform in the future given a specific physical state, and lastly, he should consider the possibility that he might develop new interests he would be capable of performing, and consequently attain a degree of happiness. Also, Dax had a secondary interest—a moral one; he should consider the effect of his decision on those individuals with which he had intimate relations. If he was to make a morally acceptable decision, he should confront his mother and fully realize the impact that such a choice would have on her.

Ultimately, however, the decision must be Dax’s alone; his word must be paramount in the matter. Given one is of sound mind, no other individual is as well equipped to decide the fate of a life than the person who leads that very life. It would be unwise, and as relates to his mother, morally unacceptable, for Dax to ignore the relevant considerations that surround his predicament; therefore, if necessary, he should seek counsel in this matter, for these factors must be discussed and prioritized; but in the end, he alone must make the decision whether to live or die.

A situation involving an individual’s right to die involves several areas of potential conflict which are derived from the seemingly contradictory rights, interests, and obligations of medical professionals who are charged with the care of such persons. Medical professionals are undoubtedly obliged to save lives when at all possible, which is a very reasonable approach to medicine, for if a patient were incapable of soundly deciding the course of his life, would it not be prudent for a medical professional to initiate treatment that would ensure life, and thus, an opportunity to perhaps decide in the future? The obligation of medical professionals, then, is a practical one; however, is it appropriate for the will of a doctor to override the right of choice of an individual of sound mind? A doctor may be absolutely certain that his patient will recover and function with a degree of normalcy in the future, and in such a circumstance, he is obliged, according to the tenets of the medical profession, to inform that patient of his potential for recovery; yet, if this patient of sound mind refuses to accept further treatment, it seems unacceptable that the doctor should have the right to subjugate the will of the patient to his own. The doctor’s interest in the matter is certainly relevant, and if he believes a patient will be able to lead a decent life, he should by all means attempt to convince him of that fact, but again, the last word, the final decision, must be the patient’s alone, for it is he who must live the life in question. Moreover, the considerations the patient must make in regard to the quality of his future existence are personal in nature; they are not public considerations which can be adequately grasped and weighed interpersonally, and therefore, these exist, not only beyond the realm of medicine, but outside of the physician’s necessary sphere of influence.

It is important to note, however, that just as a patient possesses the right of autonomy, so do medical professionals, and it is from this notion of the autonomy of medical professionals that one’s right to die should encounter limitations. Because doctors and nurses, too, have the right to choose the
course of their lives, a patient's request to die cannot necessarily involve them in the act of killing or suicide. This does not mean that medical professionals who are willing to assist cannot, or necessarily should not, but that they are not obligated to assist. The argument may be made that the same applies to the termination of treatment; because a patient will die if he does not receive treatment, not treating him is identical to killing him. Although such situations may seem similar, they are not identical. Honoring a patient's ability to soundly decide the course of his life, even if he decides to end that life, is not equivalent to taking part in the act of killing or assisted suicide; the former involves the respecting one's wishes, and the latter involves actively enabling those wishes to be actualized. Ultimately, one may feel a sense of responsibility for not forcing the patient to continue treatment, and though this feeling is certainly grounded in a moral conviction, it is, practically speaking, based in a difference of opinion regarding the best course of action.

Grounded in the fact that one must ultimately live his or her life, he or she has the right to choose between life and death. Therefore, as applied to the case of Dax Cowart, the principle of autonomy is as follows: since Dax was of sound mind, and therefore, capable of making deliberated and informed decisions regarding the future course of his life, he had the right to choose whether to live or to die. This is a principle regarding the right of choice only, and thus, does not necessarily directly involve any other individual in the consequences of that decision.

The judgment in favor of the right to die is verifiable in that it passes the test of long term mutual advantage. The criterion of this verification is the fact that all prudent persons acting in enlightened self-interest would find it mutually agreeable. The fact that this is mutually acceptable can be understood in terms of the reciprocity and universalizability of the judgment. If any one individual's position was interchanged with that of Dax's, it would be in his best interest to have the right of choice; only then could he decide for himself, the direction his life would proceed in. Universalizing the judgment demonstrates that it is not self-contradictory, and that everyone would benefit from such a principle, for it provides all with the necessary opportunity to decide their futures, and this, is in the long-term mutual advantage of all those who attempt to guide their existence towards a particular end; in fact, it only functions effectively as a rule of action when everyone is granted that right of choice. Again it must be stated that this is a principle granting the freedom of choice. It is entirely plausible that in retrospect the result of one's decision will be found to be not the best of all possible results; but what decision is fully guaranteed? The point is to allow one to direct his life as he or she chooses; the only demand the individual must abide by is dealing with the consequences of the decisions he or she makes.

Validation of the principle is achieved on the grounds that it is appropriate according to the purpose of moral rules in general; it will minimize and resolve potential conflicts of interests between a patient and medical professional and ensure that both will be optimally well off in terms of their
own enlightened self-interest, despite those conflicts of interest. The patient, with the right of choice and the facts at hand, can determine the course of his or her life according to his or her long-term enlightened self-interest; the medical professional is given the opportunity to inform the patient of the facts, and assist him or her in coming to a decision as to the best course of action as he or she perceives it. However, because of the relative weights of the moral considerations involved, medical professionals are only obliged to attempt to save a life when that individual, if capable, consents; thus, it is in their long-term enlightened self-interest to abide by the principle, for doing so would fulfill their obligation to medicine.

Beyond the issue of death itself, the case of Dax Cowart was and remains a man's struggle to be allowed to choose for himself the destiny of his life. The fundamental issue then is that of autonomy and freedom of choice. Ironically, Dax claims that he is happy to be alive today and does not wish to die. This irony, however, fails to lessen his message: "If the same thing were to occur tomorrow, and knowing that I could reach this point, I would still not want to undergo the pain and agony that I had to undergo to be alive now. I would want that choice to lie entirely with myself and no others."