How Bad Is Death?
Ben Bradley
Syracuse University

I. Introduction

A popular view about why death is bad for the one who dies is that death deprives its subject of the good things in life. This is the "deprivation account" of the evil of death. The deprivation account might be considered the "received view" concerning the evil of death.[1] But the deprivation account entails that there need be no relationship between the disvalue of someone's death and the quality of the life that preceded it. It is often thought that a person's death is less tragic, or less bad, if she has lived a good life or accomplished great things. In *The Ethics of Killing*, Jeff McMahan argues that a deprivation account should discount the evil of death, and other misfortunes of deprivation, for previous gains in life.[2] In what follows, I defend a version of the deprivation account against McMahan's argument. I argue that McMahan's attempt to adjust the disvalue of a death in light of the quality of the life that preceded it leads to unacceptable results. I show that we can make sense of intuitions that pull us towards McMahan's view by noticing that the truth of an attribution of badness to a death depends in part on conversational context.

II. The Token Comparison View

Let me begin by stating a version of the deprivation account. McMahan refers to this sort of view as the "Token Comparison View," so I will follow his terminology.

The Token Comparison View (TCV): The overall value, for a person x, of the event of x's death = the value for x of x's actual life minus what the value of x's life for x would have been had that actual death not occurred.[3]

TCV entails that a person's death at a particular time – an event token – is bad for her if her life would have been better on the whole had that event token not occurred. This would be the case if her death deprived her of an intrinsically

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[1] For examples of deprivation accounts, see Nagel (1970), Silverstein (1980), Feldman (1991), Feit (2002), Broome (2004), and Bradley (2004). Naturally there are many critics of the deprivation account; for one example see Rosenbaum (1986).
[2] References to McMahan are always to *The Ethics of Killing* unless otherwise noted.
[3] Very similar formulations of the deprivation account have been defended by Fred Feldman (1991, 150; 1992, 216) and John Broome (2004, 249).

good future, though as will be seen shortly, there may be other ways for a death to count as bad according to TCV.

Some points of clarification are in order. First, TCV is a view about the value of a death for *the person who dies* – not for the world, or for any other person. A person's death might be bad for her yet good for the world, or vice versa. Second, I make no assumptions here about what things are good or bad for people. TCV is designed to be compatible with any substantive theory of welfare.[4] Third, and relatedly, since TCV evaluates a death by appeal to the values of whole lives, it is compatible with the view that the value of a death depends in part on its effect on global features of the life, such as its "narrative structure" or "shape."[5] Fourth, TCV requires us to compare the values of two lives: the life a person actually lives, and the life she would have led had her actual death not occurred. I will assume that we can understand this idea in terms of possible worlds; what a life would have been like had a death not occurred is understood as what that life is like in the "closest" or most similar possible world in which that death does not occur (Lewis 1986).

Finally, TCV is a view about the badness of death; but there are different ways of talking about that badness. For example, in comparing deaths, McMahan sometimes says that one is "worse" than the other; sometimes he says that one is more "tragic." He also frequently calls death a "misfortune." We might wonder whether these amount to the same thing. I take it McMahan uses "worse," "more tragic," and "a greater misfortune" more or less synonymously: "we may conclude that a death is *worse or more tragic* to the extent that the following characterizations are applicable to it" (McMahan 184, my emphasis); "the pace at which the *badness* of death diminishes with age will accelerate. Eventually a point will be reached at which death will scarcely be a *misfortune* at all" (McMahan 185, my emphasis). For the purposes of this paper I follow McMahan in not making heavy weather over a possible distinction between the ideas of badness, tragedy and misfortune.[6]

What does TCV entail about the relationship between the value of a person's death and the quality of the life that preceded it? TCV is compatible with there being some relationship. Suppose we think that the value of a person's life is determine in part by a global feature such as narrative structure; suppose that Fred and Ned die, and are deprived of similar futures; and suppose that Fred's

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[4] One caveat: TCV is not compatible with radical pluralism about personal well-being of the sort described by Keller (2004, 35). According this sort of pluralism, there is no such thing as "overall" well-being; rather, there are several incommensurable sorts of well-being. If such a view were true, TCV would have to be relativized to a sort of well-being.

[5] See MacIntyre (1981) and Velleman (1991).

[6] Draper (1999) insists that many things that count as bad according to views like TCV are not misfortunes. See Feit (2002) for one response to Draper. I return to this issue in Section IV below.

life had been going much better than Ned's up until that point. Fred's death might have a greater negative impact on the narrative structure of his life than Ned's death has on the narrative structure of Ned's life. Thus, Fred's death could be worse than Ned's, despite the fact that they are deprived of similar futures, in virtue of the fact that Fred's life had been going so well; or, depending on the details of the narrative structure view, the reverse might be true. But McMahan sees an even closer connection between the evil of death and the value of the preceding life. So I turn now to his argument against TCV.

III. Previous Gains, Comparative Misfortunes, and Discounts

Here are two examples that McMahan suggests pose a problem for TCV:

The Geriatric Patient (GP): A woman reaches the maximum life span, the biological limits of human life. Every organ is on the verge of failing when she dies suddenly of a massive hemorrhagic stroke. (McMahan 117)

The Progeria Patient (PP): A child of twelve dies from progeria in a state of advanced decrepitude. (McMahan 134) (Progeria is a rare disease that causes something like premature aging.)

The examples of PP and GP are intended to be relevantly similar, so let us add to the description of PP that like GP, he dies of a hemorrhagic stroke just before organ failure would have occurred.

McMahan thinks TCV has difficulties accounting for the misfortunes of GP and PP. According to McMahan, both suffer misfortunes, but PP's misfortune is much greater. If we stipulate that GP and PP are deprived of the same amount of goods in death, TCV entails that their deaths are equally unfortunate. But according to McMahan, death is not the misfortune for either patient. He makes a distinction between the misfortune of death itself and two other sorts of misfortune. There are the overall misfortunes in dying, including those misfortunes attributable not to death itself, but to events or states associated with death in some way. There is also the misfortune of having no more goods in prospect whether one dies or not (McMahan 127, 134-5). This last sort of misfortune is the kind suffered by GP and PP: "The death is not the misfortune. The misfortune lies in the circumstances of the life: namely, that it no longer offers a prospect of good" (McMahan 135). Even were they to survive a bit longer, they wouldn't be getting much out of their lives given their decrepitude. The problem seems to be that TCV entails that GP and PP suffer misfortunes of precisely the same magnitude, given what their life prospects would have been

had they not died when they did. But PP's situation seems much more unfortunate than GP's.

At this point we should notice that if it is right to say that the misfortunes suffered by GP and PP are not properly attributed to their deaths, then the examples pose no problems for TCV at all. TCV is a view about the value of death itself; it is not intended to account for any other associated misfortunes. TCV seems to be in good shape. However, things are not so simple. Even if TCV is not touched by these examples, we still need to account for the other misfortunes associated with death. Furthermore, I would like to account for those other misfortunes in essentially the same way I account for the misfortune of death; it would be theoretically satisfying to have a treatment of misfortunes that treats death as just one of a range of similar misfortunes. I suggest the following general view of misfortunes, which we might call the "Comparative Misfortune View":

> **CMV:** The overall value, for a person x, of an actually occurring or obtaining event or state e = the value of x's actual life minus what the value of x's life would have been had e not occurred or obtained.[7]

CMV seems incompatible with the view that PP's misfortune is greater than GP's. After all, for any misfortune PP suffers, there seems to be an analogous one suffered by GP. Dying deprives neither of much; neither has much to look forward to. McMahan has a hypothesis about why PP's misfortune seems greater:

> The reason that it seems a greater misfortune for the Progeria Patient to have arrived at a point at which no further good is possible is that he has gained so little – and so much less – from life. The Geriatric Patient has already had a full life; the Progeria Patient has not. (McMahan 135)

McMahan here asserts a necessary connection between the evil of death and the value of the life that preceded it: the better someone's life went, the less bad his death is. This idea finds expression in certain things we say about the recently deceased, such as "at least she lived a full life." It is not just in cases of death in old age that we feel this way; we may have a similar intuition in the case of a young novelist who completes his great novel just before his death (McMahan 140). By completing his novel, the young novelist makes his life

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[7] This view of misfortune shares important features with Feldman's accounts of extrinsic value (1992, 150) and overall value (1991, 216). "Value," here and henceforth, should be understood as value for the subject.

better, thereby lessening the evil of his death. Walter Kaufmann expresses something like this idea in the following passage:

> Not only in childhood but long after one may retain the feeling that one is… at the mercy of death. "But once what I am bent on, what is holy, my poetry, is accomplished," once I have succeeded in achieving – in the face of death, in a race with death – a project that is truly mine,… then the picture changes: I have won the race and in a sense have triumphed over death. Death and madness come too late. (Kaufmann 1961, 382; quoted on McMahan 138)

Though the things we say at funerals, such as "at least she lived a full life," may provide *prima facie* evidence against CMV, we should not take this too seriously. There are many things we might be trying to express when we say that someone has lived a full life. We might simply be saying, in accord with CMV, that her death was less bad than it would have been had she died earlier and therefore been deprived of more of a good life. Similarly, we might be saying that her death is less bad than many other people's deaths, since many people die in childhood or early adulthood. Or we may be just changing the subject, in order to console ourselves or others. We may not be trying to suggest that death isn't so bad, but rather to take our minds off the evil of death by thinking about something intrinsically good, such as the life of the recently deceased. This is a very common phenomenon. When someone loses his job and is divorced by his wife, we might cheer him up by saying "at least you have your health." This doesn't help to show that the person's misfortunes are less bad than he thought. It just reminds the person that despite the great misfortunes he has suffered, there is another misfortune that he has managed to avoid. Perhaps the same thing is happening when we console the relatives of the recently deceased by reminding them that she lived a good life.[8]

These remarks may seem tendentious; in any case, we cannot settle the issue of the relation between the evil of death and the life that preceded it just by examining the things we say at funerals. The real problem with McMahan's hypothesis is that it is hard to see how to construct a plausible view according to which the value of a person's life necessarily affects the value of his death. The simplest such view is what McMahan calls the "Previous Gain Account." According to this view, "the badness of a death is inversely proportional to the extent to which the life it ends was good overall" (McMahan 136). But the Previous Gain Account is too simplistic. McMahan rejects the Previous Gain Account because he thinks it goes wrong in the case of Mozart's death (McMahan

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[8] Thanks to Ned Markosian for discussion of this response. I believe he first suggested the "changing the subject" reply to me.

140). Mozart accomplished a great deal in a very short life. Accomplishment is, according to McMahan, one important part of personal well-being. So the Previous Gain Account seems committed to the view that Mozart's death was one of the least bad deaths anyone ever died. But of course, most of us consider his death very tragic. Had he not died, he had a lot of great life ahead of him. The Previous Gain Account completely ignores what Mozart lost out on by dying young, and looks *only* at what he did while he was alive.

In light of the example of Mozart, McMahan's solution is to *discount* the misfortune of death for previous gains in life (McMahan 144). The discounting view does not entail that Mozart's death is not very bad. What Mozart lost out on in dying plays *some* role in determining how bad his death is, but the fact that he accomplished so much *mitigates* the badness of his death.

At this point we need to be clear about what it means to "discount" the misfortune suffered in dying. McMahan suggests we *multiply* the value of the misfortune by a fraction depending on the value of the life.[9] For example, someone who lives a very fortunate life might get a 20% discount on the badness of her death (the value of the misfortune of her death would be multiplied by 4/5), while someone who lives an unfortunate life might get no discount. Call this the "Percentage Discount View." We might formulate the view more precisely as follows:

> **The Percentage Discount View (PDV):** The overall value, for a person x, of event e = (the value of x's actual life minus what the value of x's life would have been had e not occurred) multiplied by some fraction corresponding to the value of x's actual life. The better the life, the smaller the fraction.

PDV gets the result McMahan wants in the case of the young novelist. His death deprives him of some goods, but the misfortune of that deprivation is discounted by some percentage due to the fact that he completed a novel. But when we try to explain why PP's situation is more tragic than GP's, we run into trouble. According to McMahan, PP's *death* is no worse for him than GP's is for her. It is the other related misfortune, the absence of future goods to which to look forward, that gets discounted more in GP's case than in PP's.

> The Progeria Patient and the Geriatric Patient have virtually no losses at all, but this is because the conditions of their lives preclude the possibility of further good, and this itself may be a misfortune. I suggest that all three types of misfortune can plausibly be discounted

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[9] This is the way McMahan accounts for discounting in the case of prudential unity relations (McMahan 80); in personal correspondence he endorses the same idea with respect to previous gains.

> for the magnitude of the victim's previous gains from life. (McMahan 141)

> We should discount the misfortune a person suffers in dying (whether the misfortune is the loss caused by death, the overall loss, or simply the arrival at a point at which no further good is possible) for the magnitude of the person's previous gains from life. (McMahan 144)

So it is not just the misfortune of death itself that gets discounted for previous gains in life. But this raises a question for discounting views in general: Which misfortunes are subject to discount? It seems implausible to suppose that *all* misfortunes are discounted. If I stub my toe, it hurts just as much if I've had a good life as if I haven't, and the pain does not seem to be any less bad for me. Having been well-off in the past does not give me a magic shield against misfortunes generally. But it is difficult to find a non-arbitrary criterion to distinguish the misfortunes that are discounted from the ones that aren't.

McMahan claims that it is only *misfortunes of deprivation* that are discounted, because they are "essentially comparative."[10] But misfortunes of deprivation cannot be neatly separated from other misfortunes; sometimes an event will cause some good or bad things, while also preventing others. Such cases pose serious problems for McMahan's proposal. Suppose that if event E were to occur, it would cause states of affairs with value +9 for subject S, but would also prevent states of affairs with value +10 for S. Thus it is both a *prima facie* non-deprivational fortune and a *prima facie* deprivational misfortune. Would E be good for S or not? If McMahan is right, the value for S of the non-deprivational fortune involved in receiving goods with value +9 is not subject to discount no matter how well things have gone for S in the past. But the value for S of the deprivational misfortune involved in being deprived of goods with value +10 is subject to discount. Thus, whether E is good overall for S depends on how well things have gone for S in the past. If S has had a poor life so far, the misfortune of being deprived of goods with value of +10 is not discounted; thus, E would be bad for S overall (9 minus10 equals –1). If S has had a very fortunate life so far, that misfortune is discounted; if the discount is greater than 10%, E turns out to be good for S overall (9 minus (10x.8) equals +1). This is an

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[10] Personal correspondence. McMahan also suggests, again in personal correspondence, that the misfortune of having no future goods to look forward to cannot be discounted in the way described by PDV, since that misfortune cannot be assigned a numerical value. This either constitutes a departure from the position he takes in the passages quoted above, or suggests that he thinks there is more than one way to discount a misfortune. Furthermore, I think there is no good reason to say that no numerical value can be assigned to such misfortunes, as long as there is a numerical value for the intrinsic goods the person would have received if he had not reached a point of having none in store.

unacceptable result. Whether E is a good deal for S or not does not depend on
how well S's life has gone.

Thus, it seems better to say that *all* misfortunes are essentially
comparative; a misfortune is a misfortune because it makes its victim worse off
than he would have been otherwise. Different misfortunes do this in different
ways. Some make the victim worse off by causing something intrinsically bad to
happen to him; others by preventing something good from happening to him; and
still others by doing both.

One might think that there are some misfortunes, such as pain, that are not
essentially comparative, but rather "just plain bad." But here it is important to
make a distinction between overall misfortunes and intrinsic misfortunes. We
might say that pain is always *intrinsically* bad, and that whether an episode of
pain is an intrinsic misfortune for someone does not involve any comparisons
with other ways the person's life might have gone. But an episode of pain can be
determined to be an *overall* misfortune only by making a comparison between an
actual life and a counterfactual one. This distinction between types of
misfortunes is not arbitrary, but it does not map onto the distinction McMahan is
after; what McMahan needs is a non-arbitrary way to distinguish the *overall*
misfortunes that are discounted from those that are not. I have argued that there is
no way to make that distinction.

IV. A Defense of CMV[11]

Suppose, then, that the misfortunes of PP and GP are not evaluated by
appeal to the quality of life each enjoyed before dying. What should we say about
their misfortunes, and how do we account for the sense that PP suffers a greater
misfortune? I think McMahan is right to say that their *deaths* are equally
unfortunate.[12] What is the misfortune that PP suffers that GP doesn't? An
obvious answer is that unlike GP, PP had progeria. Had PP not had progeria, he
would presumably have lived a long, relatively happy life. Having progeria
deprived PP of lots of goods. CMV has no difficulty in accounting for the great
misfortune PP suffers. Of course, CMV also seems to entail that GP suffers a
great misfortune: the misfortune of being an ordinary human being subject to the
aging process. Had GP not been subject to the ordinary rigors of aging, she

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[11] The defense of the deprivation account I give in this section is described and ultimately rejected
by McMahan (110-112); it is similar to that given by John Broome (1999, Ch. 10).
[12] By the end of the paper, the reader might wonder whether I really think this sentence is true. I
do think it is true, but I also think there are contexts in which it is true to say that PP's death is
worse, because of the well-accepted context-sensitivity of counterfactual claims. I hope the
ensuing discussion makes this clear.

would have lived a lot longer and presumably happier life. What, then is the difference between the two?

There is a principle that McMahan calls the "Realism Condition" that could help explain what is going on here, but perhaps not in just the way McMahan has in mind. The Realism Condition is the following principle about losses: "for there to be a loss, a good must have been genuinely in prospect but then have been prevented by some intervening condition" (McMahan 133). Kai Draper makes use of a similar principle in attempting to distinguish genuine evils from mere comparative evils that are unworthy of disappointment: "Whenever someone is prevented from receiving a large benefit that she was very likely to receive and, hence, reasonably hoped to receive, she has suffered a misfortune" (Draper 1999, 393). It is considerably more realistic or reasonable to suppose that PP had some goods in store that were taken away by his progeria than to suppose that GP had some goods in store that were taken away by the fact that she was subject to the rigors of aging. The nearest possible world where PP lives a long and healthy life is not much different from the actual world, while the nearest world where GP remains alive and healthy to age 185 must be governed by different biological laws.

In suggesting that we make use of the Realism Condition (or, alternatively, Draper's "likelihood" constraint), I am not suggesting that we take it as a serious piece of ethical theory, to be built into our account of misfortune, but rather as a pragmatic constraint governing the circumstances in which a counterfactual life may appropriately be considered as one of the terms of comparison in CMV. That it is merely a pragmatic constraint governing the *assertability* or *appropriateness* of attributions of misfortune, rather than part of the truth-conditions for such attributions, is shown by the fact that it may be overridden in contexts where we are seriously considering unrealistic possibilities such as extremely long life or immortality.[13] In such contexts, the actual length of human life does seem like a misfortune for all humans. So CMV does enable us to say, at least in contexts in which realism is important, that PP's overall losses are greater than GP's.[14]

But CMV does not *require* us to say that PP's losses are greater than GP's. This leads us to another possible difficulty facing CMV: namely, there are many

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[13] McMahan claims that a comparison between death and immortality is "the wrong comparison; it is not what we are most interested in" (McMahan 104). I think we sometimes are interested in this comparison, as evidenced by Williams' much-discussed "The Makropulos Case" (Williams 1978).

[14] Feit suggests a way to reformulate a comparative view to account for Draper's intuitions, involving restricting accessibility relations between worlds (Feit 2002, 376). There might not be much difference between my view and Feit's on this issue, provided features of conversational context help determine accessibility relations.

ways for an event not to occur.[15] Let t1 be the actual moment of death for PP.
Here are some types of possible worlds where PP's actual death does not occur
(there will of course be many worlds fitting these descriptions):

>   W1: PP dies from the hemorrhage, but not at t1.
>   W2: PP dies at t1, but not from the hemorrhage.
>   W3: PP does not die at t1, because he never has a stroke and his progeria
>   is cured.
>   W4: PP does not die at t1, because he never has a stroke and never had
>   progeria in the first place.

I think it is often implicitly supposed that at most one of these sorts of worlds is a
sort of world that would have been actualized had PP not died his actual death.
But this is not the case. The particular line of inquiry in which we are engaged
will partially determine the truth of a judgment concerning which of these sorts of
worlds would have been actualized. Whether PP's death is bad for him, and how
bad it is, depends on which of these sorts of worlds we are comparing to the
actual world.[16] Thus, our judgments about the evil of death are sensitive to the
particular inquiry we are making concerning that death.

This fact introduces a serious complication into the attempt to use CMV to
say whether one person's death is worse than another's. For example, when we
say that PP's death is worse than GP's, what we are really saying is that the
difference in value between PP's actual life and some counterfactual life of his is
greater than the difference in value between GP's actual life and some
counterfactual life of hers. Since we've seen that there are a multitude of
counterfactual lives that may serve as comparisons for PP and GP, we can see that
while there will be ways to specify counterfactual lives for PP and GP that will
result in PP's death being worse than GP's, there will also be ways that will yield
the opposite result.[17] But surely that can't be right; isn't it unequivocally true that
PP's misfortune is greater?

There is a sense in which PP's misfortune is unequivocally greater than
GP's. The value of PP's life is much less than that of GP's, and the shortness of
PP's life is a direct result of PP's progeria. It is unequivocally true that a very
short life like PP's is worse than a long, full, happy life like GP's. But when it
comes to determinations of *overall values* of particular events in people's lives,
we must simply abandon the idea that there are always unequivocal answers. We
get an unequivocal answer to the question of whether PP's misfortune is worse

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[15] This is what McMahan calls "The Metaphysical Problem" for the Token Comparison View
(McMahan 107); see McMahan (1988), Feldman (1991), Feit (2002) and Bradley (2004) for
further discussion of the problem.
[16] In order to get a W4 world to be the world of comparison, we would need to admit that there
are "backtracking" counterfactuals (Lewis 1979).
[17] Thanks to Peter Menzies for discussion of this point.

than GP's only given a specific description of the misfortunes suffered by the two patients and given specific alternative lives for comparison. As John Broome says about a different example, "all the significant facts have been fully stated once we have said what dying at eighty-two is better than and what it is worse than. There is no further significant question whether or not dying at eighty-two is an absolutely bad thing" (Broome 1999, 171).[18]

We might be disturbed by the multitude of possible comparisons available, and we might want to rule out certain comparisons as being in some sense "unfair," by determining rules governing which comparisons count as fair comparisons. For example, when comparing the misfortunes of PP and GP, there would be something odd about comparing PP's actual life with a life where he dies of a stroke a moment later, then comparing GP's actual life with a life she lives in a world where she doesn't suffer the stroke, the aging process is reversed, and she lives another fifty years, and concluding that GP's death is worse than PP's death. Perhaps in order for a comparison between deaths to be fair, we should have to hold the same kinds of facts fixed when comparing each death to a counterfactual death. The comparison just made would violate this rule, since, among other things, in GP's case the actual cause of death (the stroke) is absent in the comparison world, while in PP's case the actual cause is still present.

But such rules will not ensure that we always get the result that PP's misfortune is worse than GP's. Suppose we compare PP's actual life to the life he would have in a world where he never has a stroke and where a cure for aging and progeria is found, and compare GP's actual life to the life she would have in a world where she never has a stroke and where a cure for aging and progeria is found. There seems to be no reason to say that the difference in value between their actual and counterfactual lives would be greater for one than for the other. We may follow McMahan in assuming that, despite the difference between the lengths and values of their lives prior to t1, were their conditions to be cured at t1, their *post-t1* lifespans would be identical in length and in the fortunes and misfortunes contained. "Any treatment that would extend the life of a child with progeria by fifty years could also do the same for the Geriatric Patient if it were administered at a comparable stage in the latter's process of aging" (McMahan 134). Thus aging deprives GP of a period of life with length and intrinsic value equal (we may suppose) to that of the period of life deprived of PP by his progeria. The comparison does not seem to be "unfair" in any way.

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[18] Broome's overarching concern is to eliminate the notion of "absolute" goodness in favor of a comparative notion of betterness, whereas I am concerned to eliminate talk of absolute goodness only when *extrinsic* goodness or badness is at issue. The view endorsed here is entirely compatible with the existence of absolute intrinsic goodness; the extent to which something is intrinsically good does not depend on any comparisons.

I am skeptical that any set of rules for fair comparisons between deaths can be developed. But the quest for such rules is unnecessary. If someone makes the apparently shocking claim that PP's misfortune is not as bad as GP's misfortune, we should simply insist that the person tell us exactly what misfortune he is talking about and what comparisons he is making. When we learn what comparison is being made, we might discover that all that is being said is that the difference in value between PP's life and a very similar life in which he dies a second later is less than the difference in value between GP's life and a very different life in which her condition is reversed and she dies years later. This would hardly be shocking at all, and it would not prevent us from also making a different and more appropriate comparison.

Based on these considerations, one might wonder whether it would be a better idea just to forget about making interpersonal comparisons of deaths at all.[19] But I think this is a mistake. There are some instances in which it might be important to determine whether one person's death would be worse for her than another person's would be for him. For example, such determinations might need to be made in cases where medical or other resources are scarce and only a limited number of people may be saved (though of course this is controversial). In such cases, we don't seem to have a problem in determining which comparisons would be relevant, though of course we do face epistemological problems in determining what sort of life a person would have were he to be saved.

Another complication is worth considering. In the discussion of the Realism Condition above, I claimed that the nearest possible world in which PP does not have progeria is much like the actual world. This presupposes that there is a possible world in which PP does not have progeria. This might be questioned. It is sometimes thought that a person's origins are essential to him.[20] If so, then given some further assumptions about the essences of gametes, it could turn out that a person's genetic makeup is essential to him. Call this view "genetic essentialism." Progeria is a genetic disease; according to the Progeria Research Foundation, the likely cause is a single mutant gene.[21] If we are to use CMV to determine how bad it is for PP that he has progeria, we need to compare his actual life to his life in the nearest world where he does not have progeria; but given genetic essentialism, there is no possible world in which PP exists but does

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[19] This is what Alastair Norcross suggests regarding comparisons of the values of actions (Norcross 1997).
[20] See Kripke's famous discussion of Queen Elizabeth (Kripke 1972, 113).
[21] http://www.progeriaresearch.org/

not have progeria.[22] Thus CMV prevents us from saying that it is bad for PP that he has progeria. [23]

We might avoid this problem by rejecting genetic essentialism. It certainly seems possible to imagine a particular person having existed with a different set of genes, which provides at least *prima facie* evidence against the essentiality claim. The genetic essentialist might say that what we are really imagining is not that very person existing with different genes, but a different person with some of the same characteristics. But it is hard to see the motivation for such a claim. Even if we grant that genetic makeup is relevant to cross-world identifications of individuals, we need not and should not require *complete* genetic similarity for cross-world identity. And even if it were essential to PP that he was born with the set of genes he was born with, it would not follow that it is essential to him that his condition is uncurable or untreatable.

But this response does not really get to the heart of the problem. Suppose complete genetic similarity is not required for cross-world identity; there could still be *some* genes the possession of which is essential to their owners. We could imagine a different, fictional disease, call it progeria*, that is caused by a set of genes that really is essential to those who have it.[24] We might even stipulate that progeria* cannot be cured or treated without loss of identity. Suppose PP has progeria*. Then the preceding response does not apply. But there is still wiggle room. We might admit the existence of impossible worlds, and reformulate CMV to allow a comparison between the value of a person's actual life and the value of his life at some nearby impossible world. As long as there is an impossible world in which PP does not have progeria*, CMV could yield the result that PP's progeria is bad for him even if genetic essentialism is true. The genetic essentialist who refuses to countenance impossible worlds should just bite the bullet and say that PP's having progeria* is not bad for him overall, since having progeria* is a necessary condition for PP's existence at all given genetic essentialism.[25]

V. Conclusion

I conclude that previous gains in life do not affect the evil of death. Nor do they lessen the evils of any other misfortunes. This enables us to maintain a relatively simple account of misfortune – in particular the misfortune of death –

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[22] This assumes that possession of the gene invariably results in having progeria. If this assumption is false, then so much the worse for the objection, and so much the better for CMV.
[23] Thanks to Tim Bayne and Ernest Sosa for discussion of this objection.
[24] Thanks to Jeff McMahan for this suggestion.
[25] This raises problems of the sort discussed by Parfit in Ch. 16 of (1984). These are very difficult problems and I cannot do justice to them here.

and is therefore a theoretically satisfying conclusion. But it might also be depressing in certain ways, so in the spirit of Epicurus, let me attempt to convince the reader that such depression would be irrational.

Some might be sad to know that it is impossible to make death less bad by writing a great novel or achieving some other noble goal. But if your death will be very bad for you, that is actually a really good sign for you. You do not want to end up in a situation where your death comes as a blessing. In any case, there is no point in trying to make your death less bad.[26] You can make your death less bad by making it the case that your actual death preempts another death that would have occurred just afterwards; for example, you could set things up so that if the falling piano had not killed you, a falling anvil would have killed you shortly thereafter, thereby making it the case that your actual death from the piano would deprive you of very little. That would not be a good idea.

Others might find the conclusions reached here to be de-motivational. Death will get you in the end, and contrary to what Kaufmann suggests, you will not be able to "triumph over death" by accomplishing great things, so why bother at all? The answer is that there are plenty of other reasons to accomplish great things. If you were going to write a great novel just so you could defeat death, you were doing it for a bad reason. If you are concerned about your personal well being, you should be concerned with the value of your life, not with the overall values of the events that take place in your life. Writing the novel might increase the value of your life, so go ahead and do it anyway.[27]

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[26] McMahan makes a similar point (129-130), though his aim is not to cheer up the reader.

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