



*Acerba illa vita velut carcere atque aculeo. Health or Death  
in More's *Libellus vere aureus*: Early Modern Thought and  
Contemporary Debate*

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ABSTRACT

~~Relentlessly scrutinized~~ by utopian writers, death has instigated ~~formidable pursuits~~. In Thomas More's *Libellus vere aureus* Raphael Hythloday explains how and why death on the island of Utopia has been rationalized. Such radical assumptions about when and how to die ~~generate a clash among~~ More's theories as a utopian thinker, his stance as a statesman, and his convictions as a religious person. Whereas More's commitment to Catholic doctrine prevailed over his allegiance to the king, he seems to overturn it in Utopia, a country in which euthanasia is highly institutionalized as well as commonly and openly practiced. This essay pursues a dual purpose. It explores the ways in which More develops his provocative attitude toward health and death by merging classical notions, early modern re-elaborations, and religious beliefs about acts of self-killing or intentionally ending a life in order to relieve incurable suffering. It situates issues of health and death in More's Utopia and early modern thought within the contemporary debate on end-of-life decisions.

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## I. Utopia, Agency, and Finitude

Utopian thought feeds on a speculative magnitude that has attracted sustained critiques and generated radical revisions. In the contemporary age, the advocates of utopia have been prompted to corroborate the effective agency of a predominantly abstract frame of mind. A response, which also serves as a rebuttal, entails illuminating how utopian projects have intervened in history and shaped societies by probing the most unyielding, unchangeable features of humankind. Understanding how utopias unfold proposals for the present involves recognizing that utopian writers share a penchant for extrapolation: While perusing the present, they anticipate the future; in focusing their investigation on very specific historical contexts, they address universal ontological inquiries.

Relentlessly scrutinized in utopia, death has instigated formidable **pursuits**. The utopian mentality thrives on the assumption that the world can be made, changed, and corrected, and the finite nature of human beings poses the greatest challenge to their capacity for metamorphosis and adaptation.<sup>1</sup> End-of-life decisions are thus essential for assessing agency: facing the idea of death entails defining the relationship between social values and individual ideas of a good death. Deciding, while we are healthy, what end-of-life care is suitable for us presupposes a willingness to rationalize the final phase and share our choice with those close to us. Acts of self-killing or intentionally ending a life in order to relieve incurable suffering are certainly major topics of reflection. This essay explores issues of health and death in Thomas More's *Libellus vere aureus nec minus salutaris quam festiuus de optimo reip. statu, deq[ue] noua insula Vtopia* (1516), in early modern thought, and in contemporary debate. It aims to define how More formed his utopian attitude toward fitness, infirmity, and terminal illness by merging classical notions and religious beliefs. It then investigates why living and dying in Utopia has particular relevance at present.

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## II. The Act of Dying in the Early Modern Age and in Thomas More's Utopian Thought

Physician-assisted suicide and euthanasia in the contemporary age have been defined in relation to biomedical technology, yet both practices have existed

since the beginning of Western medicine, more than two thousand years ago, and arguments validating or rejecting them have proliferated from antiquity to the present. How physicians should respond if they are asked to give a deadly drug was openly discussed within the ancient Greek medical community. In examining the Hippocratic Corpus and the Oath, Vivian Nutton maintains that “the involvement of the doctor in prescribing poisonous drugs, and in ‘taking the lead in giving such advice’ would doubtless have been deprecated by most ancient doctors if it resulted in murder, but there is ample evidence of their willing participation in suicide and euthanasia.”<sup>2</sup>

The idea that individuals should prepare themselves for death while waiting for divine judgment resonated throughout Europe in the Middle Ages. The topos of *ars moriendi* circulated thanks to popular preachers who proclaimed death as a moment of truth. Treatises and devotional writings portrayed fights between demoniac and heavenly creatures around the bed of the dying person, whose soul was at stake. Such battles were the epicenter of an ethical vision according to which the behavior of religious people should constantly tend toward the decisive event of death. The major sources are two related Latin texts dating from about 1415 and 1450.<sup>3</sup> In early modern England *The Craft of Dying*,<sup>4</sup> published anonymously in 1450, and *The Rules and Exercises of Holy Living* and *The Rules and Exercises of Holy Dying*, published by Jeremy Taylor in 1650 and 1651, respectively,<sup>5</sup> had a wide circulation owing to the work of printers such as William Caxton. *The Craft of Dying*, which blends German, French, and Anglo-Saxon sources, examines material aspects of death, the process of dying, and iconographic and literary representations in the fourteenth and fifteenth centuries, when life was constantly threatened by bubonic plague and other pandemics, wars, and famine.

The transition from the medieval era to the early modern age exhibits syncretic components that define Western attitudes toward death. While in the Middle Ages illness, aging, and mortality show disturbing marks of decay, utopian writers wished to dominate death by neutralizing its corporeal nature. They contributed to overcoming medieval views by eliciting a process of rationalization through which the macabre topos of iconography and literature were gradually replaced by dignity and gravitas in the act of dying. A calm, composed end became the ethical-religious paradigm for Christian death, accompanied by meditation, serenity, and sweetness. Although the collective resonance of such a model is difficult to assess, written testimonies certainly had an impact on approaches to death in utopias between the sixteenth and seventeenth centuries.

The ideal of a serene end substantiated utopian thought in the early modern age, indicating the achievement of ethical autonomy. Heretics and Reformed intellectuals connected to Erasmus praised the imaginative ability, which can transform death by envisioning heaven as the seat of new forms of knowledge. The belief that “phantasia” allows the human mind to elevate finitude to a superior sphere, where wisdom and happiness can be attained, shows a shift of sensibility from *artes moriendi* to a vision of humankind free from superstition and able to express autonomy of thought. As individual dignity prevails over the corruption of the body, death becomes an expression of honor and heroism.

Recent studies on the historical anthropology of illness and on the theory and practice of learned medicine in the early modern period have questioned the belief, shared by historians of medical ethics, that active euthanasia, encompassing ways of hastening the death of terminally ill patients, was considered unacceptable in the Christian West before the 1870s. Michael Stolberg’s historical approach to euthanasia between 1500 and 1800 is founded on early modern texts illustrating how the lives of dying patients could be shortened by means of practices widely accepted among the lay public: “The intentional hastening of death in agonising patients had an accepted place in pre-modern popular culture. These practices must, however, be put into their proper context. Death was perceived more as a transition to the after-life and contemporary notions of dying could make even outright suffocation appear as an act of compassion which merely helped the soul depart from the body at the divinely ordained hour of death.”<sup>6</sup>

Stolberg examines treatises published in Europe by early modern physicians and a lawyer and observes how medical arguments would incorporate deontological, moral, and theological issues. He then tackles More’s description of what in contemporary terms would be defined as active euthanasia or physician-assisted suicide: “It is far from certain and indeed unlikely, however, that he wanted to be understood as endorsing that practice, as indeed many other aspects of life on Utopia. After all, the Utopians were not Christians and they permitted divorce and remarriage and condemned all war.”<sup>7</sup> Stolberg is right in observing that the island of Utopia had developed customs unheard of anywhere else in Europe. Cultural differences thrive on geographic isolation. Although a clear-cut distinction is drawn between the Utopians over there and the Portuguese, the English, and the Flemish conversing in Antwerp, the description of terminal illness projects the whole discourse onto a universal plane: constant intolerable pain, no hope of recovery or improvement, inability

to perform any task, depression caused by helplessness, sense of inadequacy, desire for rest, obedience to the will of a superior entity—each of these feelings is at the core of humankind. It would thus be simplistic to declare that More's major goal is to exhibit his speculative disposition; rather, he is expressing his penchant for extrapolation, an essential structural component of the utopian frame of mind that involves projecting and expanding known data or values into an area not yet explored or experienced, so as to form conjectural knowledge. In presenting his views, More constructs an image of the future.

Drawing upon the classical tradition, early modern humanists expressed sympathy toward suicide. As Brian Cummings acutely points out, one of the apothegms by Erasmus and *Utopia* by More share an appreciation of suicide in classical terms. More explains that self-inflicted death is permitted in Utopia when life is no longer worth living. However, it would be arduous to maintain that More shared with Montaigne a critique against Christian intolerance. In his *Essais*,<sup>8</sup> Montaigne describes acts of self-killing and connects them to Latin authors. While detaching his view from traditional theological concepts, he emphasizes the importance of personal judgment or conscience. Cummings points to a discrepancy between More's fiction, offering an imaginative space in which a tolerant gesture can be displayed, and his *Dialogue of Comfort against Tribulation*, written in 1534 to express strength of will while enduring his ordeal with King Henry VIII. According to Cummings, the clear stance showed in *Dialogue* against taking one's own life, even under extreme circumstances, proves that suicide in Utopia derives from More's willingness to integrate skeptical philosophical thought but should not be confused with anti-Christian polemic.<sup>9</sup> For Cummings it is clear that "More describes as the worst possible sin 'where the devil temptith a man to kyl and destroy hym selfe.'"<sup>10</sup> Michael Macdonald and Terence R. Murphy argue that the sympathetic approach humanists showed toward suicide was not in tune with their times: in early modern England antipathy to suicide was expressed both in the courts and in popular culture.<sup>11</sup>

### III. Thomas More, Ralph Robinson, and Gilbert Burnet

More assimilates and intersects a complex variety of philosophical, religious, and social views. Structurally, [book 1](#) is immersed in [reality](#), [delving](#) into the contingent political and economic matters affecting Tudor England, [and](#)

book 2 is projected above the real, evoking the laws, rituals, and customs followed by the Utopians. While Raphael Hythloday offers a meticulous account of their many public events and a few private activities in order to substantiate his description of the well-being shared by all citizens, the ultimate existential inquiry comes to the foreground: a good life entails a good end of life.

Hythloday's explanation of how health care is ensured and end-of-life decisions are taken requires a thorough textual analysis. The Latin edition of March 1518 published by Johann Froben in Basel, the first English translation by Ralph Robinson dating to 1551, and the second English translation by Gilbert Burnet dating to 1684 present notable dissimilarities. The Basel edition, endorsed by Erasmus, was aimed at correcting the errors in the first edition, printed in Leuven in 1516 and still present in a second edition, published in Paris in 1517. The hermeneutical issues raised by More's conflicting intentions as an author multiplied after his death in 1535, since the original Latin version had a restricted circulation and reception revolved around the first two English translations. In comparing the three texts, it becomes clear that More's Latin style underwent different adaptations and renditions by each translator.

The chapter entitled "De Servis" begins with the paragraph "Mira huius gentis æquitas" illustrating slavery in Utopia; it continues with the paragraph "De ægrotis," which explains how sickness is treated. The logical nexus between being slaves and being sick is defined at a metaphoric level: both conditions involve captivity and loss of autonomy. The country of Utopia is efficiently organized to treat diseases by offering intensive care, medical attention, a broad variety of medicines, and healthy food in hospitals. If patients cannot be healed, their social status and existential prospects change radically. People affected by incurable diseases benefit from constant support: company, conversation, and assistance are offered to soothe their condition, physical as well as existential. However, if their disease is incurable and, moreover, unrelentingly painful, they receive a different treatment. Terminally ill patients are individuals who from a personal and social point of view have lost the will to continue living: their ability to contribute to society has been permanently impaired, and when their suffering becomes implacable, their dignity is annihilated. It is thus the duty of the priests and the magistrates to exhort incurable, suffering patients not to hesitate—they should embrace death

by starving themselves and/or by asking for some means that will hasten their end:

Egrotantes, ut dixi, magno cum adfectu curant, nihilque prorsus omittunt, quo sanitati eos, uel medicinae uel uictus obseruatione, restituant. Quin insanabili morbo laborantes assidendo, colloquendo, adhibendo demum quae possunt leuamenta, solantur. Caeterum si non immedicabilis modo morbus sit, uerumetiam perpetuo uexet atque discruciet, tum *sacerdotes ac magistrates hortantur hominem*, quandoquidem omnibus uitae muniis impar, aliis molestus ac sibi grauis, morti iam suae superuiuat, ne secum statuatur pestem diutius ac luem alere, *neue, quum tormentum ei uita sit, mori dubitet; quin bona spe fretus acerba ilia uita uelut carcere atque aculeo uel ipse semet eximat, uel ab aliis eripi se sua uoluntate patiatur*, hoc ilium, quum non comoda sed supplicium abrupturus morte sit, prudenter facturum; quoniam uero sacerdotum in ea re consiliis, id est, interpretum dei, sit obsecuturus, etiam pie sancteque facturum. *Haec quibus persuaserint, aut inedia sponte uitam finiunt, aut sopiti sine mortis sensu soluuntur.*<sup>12</sup>

Such fundamental assumptions about dying reveal a conflict among More's utopian theories, his political position, and his religious convictions. ~~As lord high chancellor of England, More was a supporter of the Catholic Church: when King Henry VIII requested that he acknowledge the 1532 Act of Supremacy, according to which the monarch would also be the head of the Church of England, More would not do so and was later executed. While More's personal belief in Catholic doctrine was more important than his loyalty to the king, he seems to disregard that in Utopia, a country in which institutionalized euthanasia is common and openly practiced.~~ Two aspects invite closer scrutiny. First, in order to support euthanasia, More draws a clear-cut distinction between self-killing and intentionally ending a life in order to relieve incurable suffering and pain. Second, his focus on the economic and societal value of human beings measured by their fitness and ability to perform a job, along with the implication that health care must be granted in order to cure any disease and recover productivity, seems to suggest that the function and utility of human beings is more important than their essence. Caritas and utilitarianism are not easily reconcilable. It can be argued that it is not More who speaks in the first person but his fictional mariner-philosopher,

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and it is not the English people who are being discussed but the Utopians. Still, Utopia is presented as an ideal social model, which England should aspire to emulate. How More positions himself with regards to the utopian model portrayed in [book 2](#) is one of the strongest ambiguities on which *Libellus vere aureus* lays its foundations.

Hythloday meticulously describes the social custom according to which priests and magistrates interact with patients affected by incurable, painful diseases: “Sacerdotes ac magistrates hortantur hominem . . . neue . . . mori dubitet.” The use of the verb *to doubt* discloses that their aim is to establish a mental and psychological connection with patients and persuade them that they should not be doubtful about dying.

The first translation into English presents a conceptual shift: Ralph Robynson chooses to ignore More’s focus on doubt and creates a litotes around the idea of willingness: “The priestes and the magistrates exhort the man . . . that he wyll nott bee vnwylynge too dye.” Patients are persuaded not to be unwilling to end their suffering and encouraged to embrace death by starving themselves and/or by asking for some means that will hasten their end, “wylynglye to be rydde” of their own life:

The sycke (as I sayde l) they see to wyth greate affectyon, and lette nothyng at all passe, concernynge other Physycke or good dyete, wherby they may be restored agayne to theyre healtre. Them that be sycke of in curable dyseases they comforte wyth syttyng by them, wyth talkynge wyth them, and, to be shorte, wyth all maner of helpes that maye be. But yf the dysease be not onelye vncurable, but also full of contynuall payne and anguyshe, then *the priestes and the magistrates exhort the man*, seyng he ys not able to doo annyde dewtye of lyffe, and by ouerlyuing hys owne deathe is noysome and yrkesome to other, and greuouse to hymself; *that he wyll determyne with hymselfe no longer to cheryshe that pestilent and peynfull dysease*: and, seyng hys lyfe ys to hym but a tourmente, *that he wyll nott bee vnwylynge too dye*, but rather take a good hope to hym, and *other dyspatche hymselfe owte of that paynfull lyffe*, as owte of a pryson or a racke of tormente, *or elles suffer hym selfe wylynglye to be rydde owte of yt by other*. And in so doynge they tell hym he shal doo wyselye, seyng by hys deathe he shall lyse no commoditye, but ende hys payne. And bycause in that acte he shall followe the cownsell of the pryestes,



that is to saye of the interpreters of goddes wyll and pleasure, they shewe hym that he shall do lyke a godly and a vertuose man. *They that be thus per suaded fynyshe theyre lyues wyllinglye, othere wyth hunger, or elles dye in theyre sleape wythowte annye fealnige of deathe.*<sup>13</sup>

The second translation into English also introduces a major change by shifting the emphasis from the idea of willingness to the notion of choice. According to Gilbert Burnet, “The priestes and the magistrates come and exhort them that . . . they should . . . choose rather to die”:

I have already told you with what care they look after their sick, so that nothing is left undone that can contribute either to their case or health; and for those who are taken with fixed and incurable diseases, they use all possible ways to cherish them and to make their lives as comfortable as possible. They visit them often and take great pains to make their time pass off easily; but when any is taken with a torturing and lingering pain, so that there is no hope either of recovery or ease, *the priests and magistrates come and exhort them*, that, since they are now unable to go on with the business of life, are become a burden to themselves and to all about them, and they have really out-lived themselves, *they should no longer nourish such a rooted distemper, but choose rather to die since they cannot live but in much misery; being assured that if they thus deliver themselves from torture, or are willing that others should do it, they shall be happy after death:* since, by their acting thus, they lose none of the pleasures, but only the troubles of life, they think they behave not only reasonably but in a manner consistent with religion and piety; because they follow the advice given them by their priests, who are the expounders of the will of God. *Such as are wrought on by these persuasions either starve themselves of their own accord, or take opium, and by that means die without pain.*<sup>14</sup>

The way in which people die varies significantly in the second English translation. In the Latin original it is specified that incurable, suffering patients starve themselves to death or allow their life to dissolve after being put to sleep without any perception that they are dying: “Haec quibus persuaserint, aut inedia sponte uitam finiunt, aut sopiti sine mortis sensu soluuntur.” Robinson chooses words that reproduce the same idea of

dying without any sense of death: “They that be thus per suaded fynyshe theyre lyues wyllinglye, othere wyth hunger, or elles dye in theyre sleape wythowte annye fealnige of deathe.” Burnet decides that a specification about the substance used to induce death is needed and introduces a reference to opium, which is completely absent in the original: “Such as are wrought on by these persuasions either starve themselves of their own accord, or take opium, and by that means die without pain.”

#### IV. Legacies and Recontextualizations

*Dialogue of Comfort against Tribulation* was written while More was imprisoned in the Tower of London. While in his fictional work he reflected on human dignity eroded by incurable and painful illness, in his autobiographical writing he expressed his acceptance of destiny and reflected on the transience of power and life. Far from expressing contradictory attitudes toward health and death, *Libellus vere aureus* and *Dialogue of Comfort* offer an integrated approach to human finitude. Utopias constantly discuss forms of human intervention devised by each author to comprehend, and ultimately elude, death. In order to understand the diverse layers of More’s frame of mind it is fundamental to tell the prominent statesman apart from the fervent Catholic and the bold utopian thinker. Dialogue, the rhetorical and diegetic core of *Libellus vere aureus*, is the discursive mode most suited to host a bipolar way of reasoning. Beginning with its prototype, the genre is made to absorb the utopian frame of mind, which feeds upon paradox, hyperbole, antinomy, and litotes.

*Utopia, The City of the Sun* (1623) by Tommaso Campanella, and *New Atlantis* (1627) by Francis Bacon define the genre of utopia in early modern Europe by displaying their authors’ dialectical vision through different personae. Plato’s and Lucian’s dialogues, Renaissance drama, and legal disputes in courts blend in [book 1](#) and [book 2](#) of *Libellus vere aureus*. Hythloday is described by Giles as a Portuguese sailor who has traveled with Amerigo Vespucci and visited unexplored countries. While praising his skills as a seaman well acquainted with colonial explorers and Spanish conquistadores, Giles explains to More that Hythloday, like Ulysses and Plato, has been a traveler of the mind. He exemplifies the idealist philosopher who prizes intellectual autonomy over political power and rejects diplomacy as a form of disguise that generates corruption. In contrast, More the narrator embodies

the practical philosopher and active politician inclined to accept mediations. *Utopia* is thus the written description, submitted by Thomas More the author to his friend Peter Giles, of the oral description of Utopia, presented by Hythloday to Giles and More the character.<sup>15</sup>

Utopia as a literary genre creates speculative sites where different radical arguments are built up and subverted, conceptualized and probed, expanded, filtered, magnified. More defends Christianity and believes that the expression of religious spirituality is the foundation of civil society, yet his preference is for freedom of belief, as practiced by the Utopians, who ignore the Revelation. The ~~lord high chancellor~~ who died after choosing not to relinquish his Catholic faith portrays a utopian society in which all religious cults can be professed. Euthanasia, upon which the Catholic doctrine had laid one of its strictest bans, is described as a eugenic practice that contributes to the maintenance of social order. However, suicide deriving from causes other than incurable and painful illness deserves a merciless punishment: "Alioqui qui mortem sibi consciuerit causa non probata sacerdotibus et senatui, hunc neque terra neque igne dignantur; sed in paludem aliquam turpiter insepultus abiicitur."<sup>16</sup> It is hard to think of a countermeasure more violent and dangerous than being denied burial and thrown into a bog, which Robinson renders as "a stinkyng marrish"<sup>17</sup> and Burnet translates as a "ditch."<sup>18</sup> If one visualizes what will happen to the body, it is clear that More wants to convey a strong warning about its corruption. The only way of removing the physicality of the dying person is by situating the event on an ethical plane. It is not death that generates repulsion but, rather, the disgraceful behavior of those who are unwilling to leave this life: "Hominum enim cuncti fere tam immensam fore beatitudinem ut morbum lamententur omnium, mortem uero nullius, nisi quem uident anxie e uita, inuitumque diuelli."<sup>19</sup> The reward for dying with grace will thus be a solemn ceremony and the preservation of one's memory beyond one's corporeal end.

The resonance of More's discourse on life, health, illness, and death deserves an in-depth study. *Biathanatos*, written by John Donne in 1608 and published after his death, is a heterodox apology for suicide, supported by emblematic biblical representatives such as Jesus, Samson, Saul, and Judas Iscariot. Donne clarifies that despair, self-protection, self-aggrandizement, fear of suffering, impatience to reach the afterlife, and other reasons arising from self-interest are unacceptable. Suicide is justified exclusively when it is done with charity and for the glory of God.

Like More, Campanella saves the body from corruption by accessing a symbolic plane on which cremation allows death to be united to fire: “Non humanur corpora defunctorum, sed cremantur, ut pestis non suboritur, et ipsa convertantur in ignem, rem tam nobilem ac vivam, quae a Sole venit, et ad Solem regreditur.”<sup>20</sup> Thus in the City of the Sun every lifeless body becomes one with the vital and purifying warmth of the flames.

In *Of the Advancement of Learning* (1605) Bacon illustrates the division of medicine into three medical tasks: preservation of health, cure of disease, and prolongation of life. He observes that physicians are not inclined to visit patients who are close to death and argues that instead it is their duty to maintain a humane rapport and help the dying persons pass away more easily and quietly. He then proceeds to distinguish between two end-of-life scenarios associated with illness: outward euthanasia is intended to procure an easy dying of the body, while another kind of euthanasia takes care of the soul. It is interesting to notice that for Bacon physician-assisted suicide is inscribed within a discourse to improve the effects of medicine: “The physicians of this age, though they pursue well enough the general intentions of cures, yet the particular receipts which are proper for the cure of particular diseases they either do not well understand or do not scrupulously observe.”<sup>21</sup>

The stoic tradition, reconceptualized as serene death by More, Erasmus, and Pico della Mirandola, evolved in parallel with the strict precepts of Christianity that proliferated during the Counter-Reformation. Cardinal Robert Bellarmine, the most influential Catholic thinker of the time, wrote *De arte bene moriendi Libri duo* (1620)<sup>22</sup> to teach people that concern about eternal life should permeate their existence, not become manifest in the moment of agony, after lucidity and discernment have waned. As life on earth should be in preparation for eternal life, *ars moriendi* must be understood as art of living. The issues raised by Bellarmine are still fundamental today: How can individual autonomy be preserved in the moment of death?

The ways in which good lives and good deaths can be defined socially as well as individually are clearly relevant to contemporary debates on end-of-life decisions. Marie-Aurélie Bruno, Didier Ledoux, and Steven Laureys explain how in the mid-1970s intensive care physicians, rather than ethicists or lawyers, aroused discussion about “the need to withhold or withdraw life-prolonging treatments and the notion of ‘death with dignity.’”<sup>23</sup> Nowadays the legalization of assisted dying is firmly rejected on the basis of its dangerous closeness to intentional killing, or it is strongly advocated as a form

of humane treatment and preservation of human dignity. The idea that the very essence of caring would be undermined if a carer were allowed to extinguish human life generates an aporia, which could be either solved by claiming that euthanasia or physician-assisted suicide involves a voluntary act or emphasized by maintaining that, regardless of its voluntary nature, the intention and aim would always be to kill a human life. Julian C. Hughes is convinced that “to allow this type of action to become established as a norm would be to take away a prohibition that has supported health care practice in civilized society. It would be to allow a breach in the principled objection to non-voluntary or involuntary killing.”<sup>24</sup> More’s contribution to the debate on end-of-life decisions consists in his appraisal of the question as to whether continued life should be a priority almost at any cost, in every possible sense of the term. Nowadays the terms of such a question have been changed by the advancement of medical technology: “Medicine is now ethically obliged not to promote life at all costs in a paternalistic way but rather to enable patients to choose what kind of life represents a ‘good life’ to them and what kind of life does not.”<sup>25</sup> It is a programmatic statement that will continue to arouse responses as conflicting as More’s complex meditations, which interweave the topos of *ars moriendi*, religious beliefs, medical conceptions, and social norms about euthanasia and suicide.

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### Notes

1. See Vita Fortunati, Marina Sozzi, and Paola Spinozzi, eds., *Perfezione e finitudine. La concezione della morte nell’utopia in età moderna e contemporanea* (Turin: Lindau, 2004).
2. Vivian Nutton, “Hippocrates, the Hippocratic Corpus, and the Defining of Medicine,” in *Ancient Medicine* (London: Routledge, 2013), 67.

3. John Shinnars, ed., *Medieval Popular Religion, 1000–1500. A Reader* (London: Broadview Press, 1997).
4. Frances M. M. Comper, ed., *The Book of the Craft of Dying and Other Early English Tracts Concerning Death: Taken from Manuscripts and Printed in the British Museum and Bodleian Libraries*, preface by the Rev. George Congreve (London: Longmans, Green, 1917).
5. Jeremy Taylor, *Holy Living and Dying: With Prayers Containing the Whole Duty of a Christian* (n.p.: Elibron Classics, 2015).
6. Michael Stolberg, “Active Euthanasia in Pre-modern Society, 1500–1800: Learned Debates and Popular Practices,” *Social History of Medicine* 20, no. 2 (August 2007): 205.
7. *Ibid.*, 209.
8. Michel Eyquem de Montaigne, *Essai sur la Mort*, in *Les Essais, Édition conforme au texte de l'exemplaire de Bordeaux . . . par Pierre Villey*, ed. Verdun-Louis Saulnier (Paris: PUF, 1992).
9. Brian Cummings, “Freedom, Suicide, and Selfhood. Montaigne, Shakespeare, Donne,” in *Mortal Thoughts: Religion, Secularity, and Identity in Shakespeare and Early Modern Culture* (Oxford: Oxford University Press, 2013), 242–43.
10. *Ibid.*, 243 n. 30.
11. Michael Macdonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford: Clarendon Press, 1990), 87.
12. Thomas More, *The Utopia of Sir Thomas More*, in Latin from the edition of March 1518 and in English from the 1st ed. of Ralph Robinson’s translation in 1551, ed. J. H. Lupton (Oxford: Clarendon Press, 1895), 223–24; my italics.
13. *Ibid.*, ivi; my italics.
14. Thomas More, *Utopia*, trans. Gilbert Burnet, ed. and trans. Henry Morley (London: Cassell, 1901), 140–41; my italics.
15. Paola Spinozzi, “*Utopia*, *The City of the Sun*, and *New Atlantis* as Manifestos of Utopian Ideals in the European Renaissance,” special issue, “Memory, Conflict, and Commerce in Early Modern Europe,” ed. Martin Procházka, Paola Spinozzi, and Rui Carvalho Homem, *Litteraria Pragensia. Studies in Literature and Culture* 23, no. 45 (September 2013): 6–25. See also Stephen Greenblatt, “At the Table of the Great: More’s Self-Fashioning and Self-Cancellation,” in *Renaissance Self-Fashioning from More to Shakespeare* (Chicago: University of Chicago Press, 1980), 11–74.
16. More, *Utopia of Sir Thomas More*, 224.
17. *Ibid.*
18. More, *Utopia*, 141.
19. More, *Utopia of Sir Thomas More*, 276.
20. Tommaso Campanella, *La città del sole*, trans. and ed. Tonino Tornitore (Milan: UNICOPLI, 1998), 104. The volume includes the first Italian edition (1602), the last print edition (1637), and an appendix.
21. Francis Bacon, *Of the Advancement of Learning*, in *The Works of Francis Bacon*, ed. James Spedding, Robert Leslie Ellis, and Douglas Denon Heath (Cambridge: Cambridge University Press, 2011), 387.

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22. Roberto Bellarmino, *De arte bene moriendi libri duo* (Viterbo: Typis Discipulorum, 1620); Roberto Bellarmino, *L'arte di ben morire*, ed. Giovanni Ancona (Casale Monferrato, Italy: Piemme, 1998).

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23. Marie-Aurélié Bruno, Didier Ledoux, and Steven Laureys, "The Dying Human: A Perspective from Biomedicine," in *The Study of Dying: From Autonomy to Transformation*, ed. Allan Kellehear (Cambridge: Cambridge University Press, 2009), 64.

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24. Julian C. Hughes, "Ethical Issues and Health Care for Older People," in *Principles of Health Care Ethics*, 2nd ed., ed. Richard Ashcroft, Angus Dawson, Heather Draper, and John McMillan (Chichester: John Wiley and Sons, 2007), 473.

25. Bruno, Ledoux, and Laureys, "Dying Human," 65.