

There's a Lesson to Learn From Daniel Kahneman's Death

April 14, 2025

By Katarzyna de Lazari-Radek and Peter Singer

Dr. Lazari-Radek and Dr. Singer are philosophy professors. They host a podcast about what it is to have a good life.

Sign up for The Ethicist newsletter, for Times subscribers only. Advice on life's trickiest situations and moral dilemmas from the philosopher Kwame Anthony Appiah. [Get it sent to your inbox.](#)

On March 19, 2024, we emailed the psychologist and Nobel laureate Daniel Kahneman, inviting him to appear on our podcast, "Lives Well Lived," and suggesting a date in May. He replied promptly, saying that he would not be available then because he was on his way to Switzerland, where, despite being relatively healthy at 90, he planned to die by assisted suicide on March 27.

In explanation, Professor Kahneman included a letter that his friends would receive a few days later. "I have believed since I was a teenager," he wrote, "that the miseries and indignities of the last years of life are superfluous, and I am acting on that belief. I am still active, enjoying many things in life (except the daily news) and will die a happy man. But my kidneys are on their last legs, the frequency of mental lapses is increasing, and I am 90 years old. It is time to go."

Some of those he loved, he added, had tried to persuade him to wait until it was obvious that his life was not worth extending, but they had, reluctantly, come around to supporting his choice.

We did not try to dissuade Professor Kahneman, but we asked him to view the interview as a final opportunity to tell people what he thought they should know about living well. He accepted the invitation, though he did not wish to discuss his decision to end his life.

The interview took place on March 23. Professor Kahneman was cheerful and lively, with no mental lapses. He wrote to us the next day to say that he had greatly enjoyed the conversation. We did not hear from him again. He [died](#), as he had planned, on March 27.

The announcements of Professor Kahneman's death at the time did not reveal how or where he died. Now that those facts have been [reported](#), we feel comfortable discussing the important issues raised by his choice to end his life.

Many countries and 10 U.S. states allow voluntary assisted dying for those who are terminally ill. In some jurisdictions, assistance is also permitted for those who have an incurable condition that causes them unbearable suffering. But allowing relatively healthy people to end their lives because they see their lives as completed is more controversial. Professor Kahneman traveled to Switzerland because it allows competent adults with a firm wish to die to legally receive assistance in dying, whether or not they are residents.

At 90, Professor Kahneman thought that he had completed his life. Long associated with Princeton University, he had certainly accomplished a great deal. In the 1970s he helped to pioneer the field of behavioral economics, contributing to our understanding

of human decision making. His 2011 book, “Thinking, Fast and Slow,” was an international best seller.

But despite his advanced age, he was still capable of research and writing and could still enlighten audiences on how to make better decisions. Apart from his intellectual gifts, he was healthy enough to participate in friendship and family life. Why did none of this give him sufficient reason to continue to live?

The answer, we believe, can be found toward the end of the interview we did with him. He surprised us by denying that his work had any objective significance. “Other people happen to respect it and say that this is for the benefit of humanity,” he said. “I just like to get up in the morning because I like the work.”

We pushed back, arguing that there are objectively good things to do with one’s life. But he resisted. “I feel I’ve lived my life well,” he said, “but it’s a feeling. I’m just reasonably happy with what I’ve done. I would say if there is an objective point of view, then I’m totally irrelevant to it. If you look at the universe and the complexity of the universe, what I do with my day cannot be relevant.”

We do not agree that the size and complexity of the universe render irrelevant an individual’s work for the benefit of humanity. But if, after careful reflection, you decide that your life is complete and remain firmly of that view for some time, you are the best judge of what is good for you. This is especially clear in the case of people who are at an age at which they cannot hope for improvement in their quality of life.

There are serious grounds for opposing such an extension of the right to die. Perhaps some older people who say that they are tired of living would feel more positive about their lives if they received psychological counseling. Perhaps doctors should not be involved in such a procedure, since the patient is not receiving treatment

for a terminal medical condition. Perhaps, if it becomes normal for older people to request and receive assisted dying when they are not terminally or incurably ill, many who believe that they are a burden on their family will feel pressure to end their lives.

All these objections can be met. It should be obligatory for those who make a request for assistance in dying to first receive psychological counseling. As for the participation of doctors, in many countries the reason they are involved is that the patient has to have a serious medical condition and generally only doctors can prescribe the drugs used and sign the death certificate. But a new professional specialty could be developed for assisting people to die when they do not have a serious medical condition.

We do not deny that a belief about being a burden on family may be a reason for some older people to choose to end their lives, but one should not assume that it is typically the principal reason. In Oregon, where assisted dying is legal, the state [annually reviews cases](#) that comply with the legislation: Feeling like a burden was a concern for 42 percent of the terminally ill patients who died by physician-assisted suicide last year but was less significant than losing autonomy (a concern for 89 percent), being less able to engage in activities that make life enjoyable (88 percent) and loss of dignity (64 percent). Nor is it unreasonable for people whose quality of life has declined to a level that is only marginally positive to take into account whether they are a burden to those they love.

Professor Kahneman signaled concern that if he did not end his life when he was clearly mentally competent, he could lose control over the remainder of it and live and die with needless “miseries and indignities.” One lesson to learn from his death is that if we are to live well to the end, we need to be able to freely discuss when a life is complete, without shame or taboo. Such a discussion may help people to know what they really want. We

may regret their decisions, but we should respect their choices and allow them to end their lives with dignity.