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The Bioethics of Fiction: Sophie Jomain's *Quand la nuit devient jour* as Ethical Reflection on Eligibility Criteria for Assisted Dying

Jordan Owen McCullough

Abstract: This article centers on Sophie Jomain's *Quand la nuit devient jour*, a fictional account of the narrator's experience of accessing euthanasia in Belgium. Using Jomain's text as a model, it argues that fiction offers a valuable means of considering the ethical complexities of providing assisted dying on the basis of psychological and existential suffering, particularly as it reduces the stakes of such ethical reflection. Given the shifting legal and cultural frameworks surrounding the end of life in the francophone world and beyond, the article suggests that bioethical reflection through fiction has much to offer ongoing debates on the future of (medically) assisted dying.

ACROSS THE GLOBE, the legalization of assisted dying is becoming a pressing concern for contemporary healthcare. Assisted dying is now legal in parts of North and South America, Europe, and Oceania, with recent years bearing witness to a surge in legislative activity surrounding the practice. In the past few months, France's *Assemblée nationale* has passed the *Proposition de loi relative au droit à l'aide à mourir*,¹ the United Kingdom's House of Commons has passed the *Terminally Ill Adults (End of Life) Bill*,² and Uruguay has become the first Latin American country to legalize assisted dying through legislation.³ A common feature of this recent legislation is the requirement for the person requesting an assisted death to have been diagnosed with a terminal illness and/or be experiencing unbearable physical suffering; however, that is not the case in every jurisdiction. In Belgium, the Netherlands, Spain, and Switzerland, psychological suffering is equally considered grounds to request an assisted death.⁴ There are also several jurisdictions in which the question of assisted dying for those experiencing psychological suffering is being actively considered. In Canada, for example, unless a new bill or further temporary exclusion is passed, legislation on Medical Assistance in Dying (MAiD) will allow requests on the basis of psychological suffering from March 17, 2027.⁵ The issue has also been raised in the UK debates, primarily in relation to anorexia (albeit with greater emphasis on the physical repercussions of the illness).⁶ It therefore appears that this question of eligibility for assisted dying on the grounds of psychological suffering is an important bioethical consideration for our time,

particularly as many countries are actively reimagining the future of end-of-life care. In this context, the present article will suggest that a more speculative approach to bioethical reflection, through the imaginative potential of fiction, could be of particular value.

In their study of MAiD for those living with mental illness, Caroline Favron-Godbout and Eric Racine suggest that the polarizing nature of this provision “can limit the exploration of nuances in positions and impede the mutual understanding of people with different perspectives on this question.” They go on to propose that “a promising notion for exploring these nuances is that of moral concerns, as they may provide common ground for discussion between those in favor and those against” (86). Inverting Tod Chambers’ approach in his monograph on the fictional qualities of bioethics cases (the title of which inspired this article’s title), I will argue that fiction that presents the bioethical complexities of an assisted dying request is particularly well placed to offer a space for reflection on these “different perspectives” and “nuances in positions.”⁷ The article therefore takes up Sarah Chan’s question—“Is there a role for fiction in explorations of [bio]ethics?”⁸—and poses it in the context of contemporary French fiction on assisted dying, positioning the fictional text, as Marie-France Mamzer and Maria de Jesus Cabral have proposed, as “[un] laboratoire éthique,”⁹ that is, a space that invites the reader to “participer à un voyage au cœur de l’éthique du soin, lieu de questionnement par excellence...”¹⁰ By appealing to the (ethical) imagination of the reader, works of fiction on assisted dying help us consider the practice through a more speculative lens, inviting imaginative reflection on the bioethical issues they often raise. In so doing, these texts create what Josie Billington has referred to as “those thought-spaces which literature makes room for, [...] where ordinary life often cannot.”¹¹ Yet for such spaces to be created, we must allow these narratives to “work on us.”¹² As Joshua Landy has argued, these types of “[f]ormative fictions never force themselves upon us. Without our active participation, they will not do their work.”¹³

This attention to the role of the reader is vital when discussing bioethical reflection through fiction as a speculative method. As Laurie Zoloth and Rita Charon argue, “in the encounter of the ethical dilemma [...] [n]o texts [...] are told by telling machines, and no texts are read by reading machines. Each of these texts *comes* from somewhere, and each, in order to be understood, goes somewhere.”¹⁴ In the case of fiction, these stories ‘go’ directly to the (ethical) imagination of the reader. It is therefore within the reader’s imagination that their significance is constructed, with the text allowing us “non seulement de [nous] confronter à des situations complexes, mais aussi de réfléchir aux

dilemmes moraux et aux dimensions profondes et souvent ambiguës de la médecine, dans leur double dimension, individuelle et collective” (Mamzer and Cabral §2). It is at this level of individual and collective—that is, personal and societal—that we find a particularly valuable role for fiction, and all the more in the context of the complex and shifting landscape of psychological suffering, for a fictional work is able to hold these multiple and often competing viewpoints in a way that expands the layers of ethical reflection.¹⁵ In turn, the reader is invited into the rich, entangled complexity of this speculative, ethical-fictional space and is cast as a key figure in the process of bioethical reflection.

The ‘case’ through which we will examine these questions of eligibility for assisted dying is that of twenty-nine-year-old Camille, the first-person narrator of French author Sophie Jomain’s *Quand la nuit devient jour*. Jomain’s novel is a neglected work, set between France and Belgium and published in 2016. Camille has experienced psychological and existential suffering for many years, manifesting in various eating disorders and resulting in two failed suicide attempts. Realizing that “[elle] n’en pouvai[t] plus de [s]e battre contre quelque chose [qu’elle] savai[t] impossible à vaincre” (*Quand* 38-39), Camille decides to take advantage of her Franco-Belgian citizenship and request euthanasia—the administration of lethal medication by a medical professional—in Belgium. The novel charts the narrator’s various forms of suffering, the approval process for her euthanasia request and her eventual admission to and stay in a mental health clinic, where the euthanasia procedure will be performed. Following the pattern of what has been termed a “second wave story”—a story of assisted dying that emerges following the legalization of the practice and serves to critique a certain aspect of it—the novel probes the validity of a euthanasia request in cases such as the narrator’s.¹⁶ It also poses significant questions regarding the potential to palliate psychological and existential suffering and of the inherently flawed nature of the human beings to whom societies have entrusted the task of providing assisted dying. The text thus emerges as a significant exemplar of how fiction, through its imaginative and speculative potential, might promote ethical reflection on eligibility criteria for assisted dying, particularly in the context of psychological and existential suffering, all the while lowering the stakes of the bioethical reflection for which it calls.

Framing the narrative: the euthanasia request

The narrator’s request for euthanasia is formulated on the basis of constant and unbearable suffering that cannot be assuaged, as per the eligibility criteria set out in the Belgian euthanasia law.¹⁷ As she explains, paraphrasing the law:

La loi belge stipule que pour que l'euthanasie soit admissible, il faut que la situation médicale soit sans issue, que la douleur physique ou psychique soit continue, insupportable, et qu'elle ne puisse être apaisée d'aucune façon. Qui mieux que moi pour prouver à ces nombreux spécialistes combien je remplissais tous les critères et combien tous les traitements proposés ne me seraient d'aucune aide? Je n'ai eu qu'à dire la vérité, décrire mes maux, mes luttes, mes années de souffrance morale, la somatisation dont j'étais victime. (*Quand* 40)

This quotation immediately points to the various forms of suffering experienced by the narrator, making it clear that her request emerges from both physical and psychological suffering. Yet it is overwhelmingly the psychological dimension of her suffering, notably in its existential form, that comes to the fore as the text progresses. As Christoph Moonen and colleagues explain, although 'pure' existential suffering is not currently grounds for a euthanasia request in Belgium, what they refer to as "hopeless existential suffering" has become accepted as a form of psychological suffering in Belgium and the Netherlands, thereby allowing physicians to approve euthanasia requests on this basis.¹⁸ The narrator understands her suffering as existential as it "[la] dévore au plus profond de [s]on être" (*Quand* 46), making her feel "comme une étrangère" (*Quand* 149), as if "[elle] n'existai[t] pas vraiment" (*Quand* 150). This existential dimension becomes more apparent still in a discussion with the narrator's psychiatrist, Dr Peeters:

J'étais comme étrangère à ce monde, à ce qui m'entourait, perdue quelque part, cachée dans un corps qui me semblait ne pas être le mien. Aux questions innocentes sur l'existence, sont venues se greffer de véritables réflexions. Pourquoi étais-je née, à quoi servais-je? Quel était le but de la vie si tout avait une fin? [...]

[...] [J]e ne ressentais pas la moelle de la vie, je ne possédais pas l'essentiel: la raison d'être. (*Quand* 133)

It is clear that the narrator's suffering emerges from an underlying sense of not really 'being'; her suffering is therefore existential in the truest sense of the word, as it concerns her ability to live and be in the world. In turn, this existential dimension further complicates the ethics of the request for euthanasia. Although, in the narrator's mind, there is no doubt that she fulfils all the criteria to access euthanasia in Belgium, the ethical-legal ground is shaky, since it is the existential dimension that underpins much of her physical and psychological suffering. Nonetheless, from the outset of the text, the narrator sets about consistently proving her eligibility to access euthanasia, setting the reader up for what appears to be a narrative in favor of euthanasia provision for those experiencing the forms of psychological and existential suffering presented in the text.

This seemingly pro-euthanasia stance also emerges in the contrast the narrator establishes between the absence of assisted dying provision in France and its presence in the somewhat idyllically presented Belgium: “[e]n France, le suicide assisté est illégal, l’euthanasie active n’est pas reconnue, et quand bien même, quels médecins accepteraient d’ôter la vie d’un patient sous couvert d’un état dépressif, aussi profond soit-il?” (*Quand* 39). This representation of the French situation is then contrasted with that of its immediate neighbor:

S’il existait de tels praticiens, c’était ici, en Belgique que je les trouverais. [...] L’euthanasie y avait été dépénalisée depuis 2002. Je suis à moitié belge par mon père, je vivais en Belgique, je savais que ça faciliterait la tâche administrative. Tout était très clair dans ma tête, les raisons qui me poussaient à la solution ultime, évidentes, j’avais la foi d’être entendue. (*Quand* 39)

Beyond merely establishing a contrast between her home country and that of her father, this quotation points to a clear knowledge of the legal context in Belgium and of the requirements the narrator will have to fulfil to be deemed eligible for euthanasia. This explicit engagement with the legal framework in Belgium, at the outset of the text, frames the subsequent reading. Indeed, the entire opening chapter can be read as a narrative medical file, detailing the various physical and mental health difficulties the narrator has experienced, which, together, lead her to pronounce the line with which this opening chapter concludes: “Je serai euthanasiée le 6 avril 2016. À 11 heures” (*Quand* 40). We might therefore suggest that this opening chapter replicates some of the characteristic features of traditional bioethics cases, presenting a case history, complete with detailed insights into the life of the narrator (much more detailed than those of the average bioethics case), and by virtue of the text’s explicit engagement with legal contexts in Belgium and France, asks the reader to speculatively evaluate the legal and ethical validity of the narrator’s request for euthanasia. Although “[u]n médecin généraliste et un légiste avaient validé [s]a demande d’euthanasie” (*Quand* 40), do we agree? The remaining two hundred pages of the text give us the space to reflect on that question as we imaginatively consider the bioethical factors at play.

Complicating the plot: palliating psychological and existential suffering

With her request for euthanasia approved, the narrator decides to spend the remaining weeks of her life in a private clinic that specializes in support for those living with mental health conditions. Shortly after arriving in the clinic, the narrator is introduced to Peeters, “un homme très sympathique” (*Quand* 63), according to Victor Weynen, the clinic’s director. Over the course of the

text, important moments of connection and mutual understanding emerge between the two characters, grounded in an overriding quality of *accompagnement*. The use of this term in the context of euthanasia recalls a recurrent tension between palliative care and assisted dying. In France, *accompagnement* has tended to be a defining characteristic of the palliative care movement;¹⁹ however, Peeters' desire to "accompagn[er]" his patient "[j]usqu'au bout" (*Quand* 194) extends the practice to include euthanasia. In this sense, euthanasia is presented as a form of end-of-life care, rather than antithetical to it. While this incorporation of assisted dying into end-of-life care provision is now well established in Belgium (as in Canada, for example, where it is recognized as a *soin*), such terminology remains jarring in the French context.²⁰ Nonetheless, this question of 'being with' an individual in their suffering is central to the potential palliation of psychological and existential suffering seen in the text; and crucially, for Peeters, it extends beyond mere 'help.' As he explains, "[j]e ne vous aide pas, Camille, je vous accompagne" (*Quand* 140). This stance is reiterated later in the text when, just a few days before her planned euthanasia, Camille asks,

— Et quand on m'euthanasiera, vous serez là aussi ?

[...]

— La loi belge stipule que deux médecins doivent être présents lors d'une euthanasie.

J'ai signé le protocole, et notifié que j'accompagnerai le Dr Janssens.

— Et moi, m'accompagnerez-vous ?

[...] [J]e vois ses yeux briller.

— Oui, Camille. Jusqu'au bout. (*Quand* 194)

In Peeters' acts of *accompagnement*, we find a nod to the developing practice of palliative psychiatry. Manuel Trachel and colleagues define palliative psychiatry as "an approach that improves the quality of life of patients and their families in facing the problems associated with life-threatening severe persistent mental illness" (SPMI).²¹ Palliative psychiatry therefore seeks to make the patient's remaining days, whether they be many or few, as comfortable as possible through the "prevention and relief of suffering by means of timely assessment and treatment of associated physical, mental, social, and spiritual needs" (Trachel et al.). In the Belgian context, this practice is being tailored specifically for patients living with a chronic death wish.²² Yet, as Thijs Vanhie and colleagues note, the use of the word "palliative" in the context of psychiatry "could lead to misconceptions, for example, that death will be the endpoint of the palliative care process" (9). This tension between palliative care and assisted dying thus becomes all the more apparent in the context of

a patient living with a mental health condition who presents with a persistent death wish, since while the aim of palliative psychiatry is not to encourage the patient to change their mind regarding the request, the approach might nonetheless result in a decrease in suicidality (Vanhie et al. 9). In other words, effective palliative psychiatry may serve to reverse the persistent suffering on which a euthanasia request, such as Camille's, is based. Such a suggestion raises vital questions in the context of the speculative bioethical reflection to which Jomain's text calls its reader.

While Peeters' practice bears many of the traits of a palliative psychiatry approach, particularly that of "authentic presence," over the course of the novel we discover that Peeters' interest in Camille is more than professional.²³ While one might argue that psychiatric care tends toward the personal, with "most caregivers [seeking] to acknowledge the patient as a full individual, transcending [their] status as a patient or the specifics of [their] medical condition" (Moonen et al. 222), Peeters' interest in Camille transcends established boundaries. As he explains toward the end of the text, "[j]e tiens à vous, Camille, pas seulement en tant que patiente, mais en tant que femme. Mon intérêt pour vous est personnel" (*Quand* 178). Likewise, when Camille points out that "[Peeters va] au-delà de [ses] prérogatives de psychiatre" in his efforts to help and support her, he is quick to respond with "C'est vrai, mais pas de celles de l'être humain que je suis. L'homme veut vous aider, pas seulement le médecin, vous vous souvenez?" (*Quand* 108). This immediately points the reader to the development of a relationship that breaches the conventional ethics of the doctor-patient dynamic. While Anna Elsner has argued that such ethical breaches are a recurrent feature of fictional depictions of the psychotherapeutic relationship, the ethics of this particular relationship are further complicated by the clear mental health benefits the narrator derives from it.²⁴ The reader thus finds themselves in an ethical quandary, forced to ask which ethical boundary it is more important not to transgress: the one that breaches the clinician's moral code or the one that may lead to the death of a patient.

Although we must be careful not to condone the flagrant disregard for medical ethics seen in this transgression of the professional/personal boundary, and to be mindful of the dramatization of this fictional relationship, neither can we ignore the psychological benefits that emerge through Camille's deepening connection with Peeters. Indeed, as he simply holds her suffering, reassuring her that he has no desire to "[la] convaincre de rester en vie" (*Quand* 65), Camille develops a capacity to "lui fai[re] confiance" (*Quand* 90) that has been markedly absent from her life to date. In turn, the security that comes through this growing trust allows for a shift in the state of Camille's

mental health. In this sense, the text echoes scholarly work by Moonen and colleagues, which suggests that the caring relationship in the context of SPMI “is based on the bond of trust that is the consequence of respecting the entire individuality of the patient” (222). In the case of Camille and Peeters, this ethic of trust is further premised on her belief that “[s]on unique objectif est de [la] conduire au bout du tunnel. Et il fera tout son possible pour [qu’elle] parte dans la dignité que [s]on corps et [s]on esprit méritent” (*Quand* 90). An important example of this developing ethic of trust emerges when Peeters arranges a meeting between Camille and her parents, prior to the euthanasia procedure, the aim of which is to reconcile their differences regarding her desire to die. Following Camille’s mother’s declaration of love for her daughter and affirmation that she does not want her to die, Camille describes Peeters’ actions:

le Dr Peeters, resté silencieux jusque-là, se lève de sa chaise et vient se positionner derrière moi, une main posée sur mon épaule. Cette attitude lui confère une autorité étrange, à mi-chemin entre celle d’un médecin et... d’un amant. [...] Il n’y a personne au monde en qui j’ai le plus confiance que lui en cet instant. (*Quand* 153–54)

In this passage, Camille further acknowledges the evolving nature of the relationship between them. Peeters is no longer simply her psychiatrist, but is increasingly assuming what Camille perceives to be the role of a lover (albeit that no explicitly romantic encounter has yet taken place). It appears, then, that a level of intimacy—or, at least, vulnerability (see Moonen et al. and Verdegem et al.)—between the patient and the healthcare professional is a vital component of actively addressing psychological and existential suffering in patients who have expressed a wish to die. That is not to suggest that one must fall in love in order to find a resolution to the forms of suffering that drive Camille’s request for euthanasia; rather, the text directs our attention to the role of connection and trust—ethical values that could equally be found in a non-romantic relationship of similar relational depth—in actively palliating the forms of suffering on which Camille’s euthanasia request is premised. Far from the ‘neater’ cases on which bioethical reasoning is largely based, then, this text pushes the reader toward a more speculative consideration of a relational and therapeutic dynamic that, although unethical by many barometers, appears to provide some relief from the psycho-existential malady Camille is experiencing.

For much of the text, however, these moments of connection seem only to have temporarily soothing effects. For example, although Camille acknowledges that “[s]es entretiens avec le Dr Peeters [l]’aident à mieux gérer [s]es crises et à les espacer,” a text message from her father and the thought of

Peeters going to meet with her parents causes her to “refai[re] une crise” (*Quand* 89). Yet, as the text progresses, one cannot help but wonder if these moments of connection and care are not solely palliating Camille’s suffering, thereby making her final weeks of life more bearable, but if they are, in fact, remedying the suffering on which her request for euthanasia is predicated. And, if that is the case, might we read this ongoing palliation of suffering as undermining the central criteria for the approval of euthanasia requests in Belgium? If the connection with Peeters, and the ethic of trust that emerges through it, can be understood to ease Camille’s suffering, the reader is confronted with a vital question regarding the validity of her request for euthanasia. While research has emphasized the importance of taking seriously requests for euthanasia on psychological and existential grounds (see Moonen, et al.), as Monica Verhofstadt and colleagues have pointed out, since “some mental disorders tend to fluctuate in severity or even resolve over time,” there is a need to exercise “extreme caution.”²⁵ The reader is thus invited to imaginatively arbitrate on the ethics of the request. We might even suggest that the reader is cast in the role of the third physician, required by Belgian law to validate euthanasia requests where the death of the applicant is not reasonably foreseeable. It is up to the reader, then, to offer their judgment on this complex case by assessing the multiplicity of ethical issues the text presents, safe in the knowledge that the speculative lens of fiction significantly reduces the stakes of any such bioethical decision-making.

The absence of closure: an invitation to reflect

Chambers argues that “one of the unique features of ethics cases is that often they are left unfinished, without closure.”²⁶ As a result, “[b]ioethics cases demand that *the reader* bring closure to the narrative” (*The Fiction* 88). Chambers continues, “[w]e read ethics cases [...] as we do mysteries, not only for their openings but also for their endings. Mysteries invite their readers to bring closure to the narrative with the detective, but bioethics cases leave narrative in some unfinished state” (*The Fiction* 96). Commenting on this absence of closure, Anne Hunsaker-Hawkins posits that “this is a strategy with a purpose: the reader is expected to use some particular moral theory or moral paradigm to bring about a sense of finality.”²⁷ According to Chambers and Kathryn Montgomery, “[c]losure in narrative can be considered in two ways: th[e] conclusion of the interpretive process or the literal end of the story.”²⁸ In the case of this text—arguably an extended, fictional bioethics case—closure comes in the form of the latter, for the plot ends with Peeters finding a letter from Camille in his office, before bounding through

the corridors of the clinic, “courant comme un dément, sous les regards effarés des patients, de [s]es collègues,” “[s]on cri résonn[ant] contre les murs. / — Camille! Arrêtez tout!” (*Quand* 235). Why does Peeters respond as he does? What in Camille’s letter provokes such an immediate reaction in him? For a moment, the reader is left to wonder, that is, until we turn the page and there find Camille’s letter presented in full as the text’s epilogue. The more important question then becomes: was Peeters successful in interrupting Camille’s euthanasia procedure or did he arrive too late? Have his colleagues, in his absence, unwittingly performed euthanasia on an ineligible patient? In leaving her novel open to these questions, Jomain engages with what Zoloth and Charon have discussed as “perhaps, the most urgent open chapter in the cases of bioethics,” namely “[t]he tension of achieving and resisting closure” (31).

Moreover, it is only in the text’s epilogue that we discover its underlying argument. If, however, as Chambers and Montgomery argue, “plots are driven by their endings,” with said endings having “a profound impact on the story that is told” (86), then this epilogue forces us to re-read the text in a different light. Although, for most of it, the text can be read as broadly supportive of euthanasia provision, this letter changes its course entirely. As Camille acknowledges how “[l]a détermination et la certitude dont [elle a] fait preuve ces derniers mois se sont ébréchées au fur et à mesure [qu’elle] restai[t] près [du Dr Peeters],” how her time with him had enabled her to “[se sentir] vivante pour la première fois” (*Quand* 238), her request for euthanasia on the basis of suffering that is constant, unbearable and cannot be assuaged comes undone and we are confronted with the apparently unstable ethics of providing euthanasia in cases of psychological suffering. Jomain’s novel therefore raises important questions regarding the assessment of psychological suffering as an eligibility criterion for assisted dying.

Yet this romantic intrigue brings an additional dimension to our reflections, not least as it troubles the question of genre and its associated literary conventions. On the eve of her euthanasia, Peeters and Camille give in to their intense feelings for one another and spend the night together. It is only then that the full significance of the relationship, in terms of palliating Camille’s existential suffering, is revealed. Following this night of intense emotion, Camille leaves Peeters the aforementioned note, a portion of which reads:

Cher docteur Peeters, je ne crois pas que vous saurez me délivrer de mes maux et de mes souffrances. Je ne pense pas que ce soit à la portée d’un seul être humain, mais ce que je sais, c’est que j’ai reçu dans vos bras ce qu’une éternité de paix ne pourra jamais m’offrir. Je me suis sentie vivante pour la première fois.

[...] Je ne sais plus s'il faut vivre pour mourir ou mourir pour vivre. Et bien que mon cœur saigne en songeant à l'immensité du vide qui m'attend sans vous, on ne peut échapper à son destin.

Mais si vous trouvez cette lettre avant que les substances létales me prennent, alors je jure que je vous appellerai par votre prénom des milliers de fois. Si la fatalité en décide autrement, sachez que je vous ai aimé, et que depuis vous, la nuit est devenue jour. (*Quand* 238)

In a moment, the direction of the text is reversed. Rather than advocating for the provision of euthanasia to those experiencing psychological and existential suffering, the text suddenly advances the counter argument. The problematic ethics of the narrator's request for euthanasia emerge clearly and the reader is faced with a fundamental question: is the request still valid? Has the ethically problematic relationship between Camille and Peeters in fact succeeded where so many other forms of treatment had failed? Has this relationship restored to Camille the sense of *being* that had been so lacking for much of her existence? If that is the case, and this relationship points to the potential to alleviate suffering even after all the 'reasonable' treatment options have been explored, can psychological and/or existential suffering ever be ethically justifiable grounds for an assisted death? Far from arguing in favor of assisted dying, then, through the text's clever narrative structure, and its subsequent reversal of the narrative thread that drives so much of its plot, the reader is plunged into the complexity of the bioethical dilemma at the core of the text (see Mamzer and Cabral §32) and invited to develop a speculative response, without being directed one way or the other.

Conclusion: the fictional bioethics of assisted dying

When it comes to the role of stories in legal and bioethical debates regarding assisted dying, there is a marked preference for testimonial works; however, this article has shown that fiction can play an equally valuable role in these debates. From the outset, the fictional mode allows for a more imaginative and nuanced reflection on the issues at hand. Rather than advocating for one view over another, as is often the case in the testimonial narratives that tend to dominate literary production on this topic, Jomain plays with the moral and ethical stances of the characters depicted in the text and attempts to provide an overview of the various actors who are implicated in and affected by a request for euthanasia. In turn, the fictional mode calls for bioethical reflection premised on imaginative empathy. The novel invites the reader to imagine themselves in the shoes of the different characters and thereby reflect on the various bioethical issues at stake. While, at the level of law-making, parliamentarians tend to turn to testimony to create empathy between political and

legal actors and the subject matter being discussed, what we find here is a capacity for fiction to offer speculative tools of reflection that are not limited to a single socio-political standpoint—albeit that we can, and I do, still read this text as an example of a “second wave story.” Drawing on Chan’s aforementioned work, we can view this text as one that “seek[s] to expand the reader’s understanding, not merely to inculcate or preach but to set us on a journey of ethical development in parallel with the narrative development experienced as we ‘journey’ through the text” (399). As Laura Moss has argued, this is a particular value of the fictional mode. Indeed, in her view, “[s]ometimes reality can only be expressed in a [fictional] story,” since “with stories authors have the freedom to engage the complex ethical issues of health care apart from other forms of medical discourse” (23).

Fiction also provides a means to reflect on these bioethical questions at a slight remove. As Mamzer and Cabral argue, “[l]a distance offerte [par la fiction] autorise une exploration nuancée où les dimensions personnelles, relationnelles et systémiques s’entremêlent” (§34); however, I would point to an equally significant role of fiction in this context, namely, reducing the stakes of bioethical decision-making. The decision that a given reader might make as to the validity or invalidity of the narrator’s euthanasia request will have no impact on a real person—and that is fundamental. Within the confines of the text, the reader is offered a space in which to reflect on the moral and ethical questions it raises, safe in the knowledge that whatever decision they come to will not affect anyone, nor anything, beyond that fictional realm. That said, if we allow this ethical reflection through fiction to “work on us” (Morris 200), it may, in turn, come to influence further discussion and debate on the question, beyond the bounds of an individual reader’s stance. At this level, we uncover the rich potential for fictional works on assisted dying to directly impact societal, parliamentary and legal debate on these questions. Fiction, as a speculative method, therefore has much to offer bioethical reflection on assisted dying, particularly in the complex areas of psychological and existential suffering, and their potential palliation. We would therefore do well to take up the challenge posed by these fictional texts, to reflect on the issues at stake and make use of the creative potential of fiction—and its lack of neat, coherent answers (see Billington)—to advance, shape, and/or nuance our thinking regarding the provision of assisted dying on the grounds of psychological and existential suffering and on the place of such provision in the evolving landscape of end-of-life practices in the francophone world and beyond.

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Notes

1. Assemblée nationale, "Projet de loi relative au droit à l'aide à mourir," <https://z.umn.edu/azqz>.
2. UK Parliament, "Terminally Ill Adults (End of Life) Bill," <https://bills.parliament.uk/bills/3774>.
3. Gabriel Díaz Campanella, "Uruguay aprueba la primera ley de eutanasia de América Latina," *El País*, October 16, 2025, <https://z.umn.edu/azr3>.
4. Caroline Favron-Godbout and Eric Racine, "Medical Assistance in Dying for People Living with Mental Disorders: A Qualitative Thematic Review," *BMC Medical Ethics*, 24 (2023): 86.
5. Government of Canada, "Canada's medical assistance in dying (MAID) law," <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>.
6. See Chelsea Roff, "Could assisted dying for 'terminal anorexia' be coming to the NHS?" *BMJ Supportive and Palliative Care Forum*, <https://z.umn.edu/azr6>.
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