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End-of-life decision-making: Euthanasia and assisted suicide under debate in Jojo Moyes's and Thea Sharrock's *Me before you*

SUMMARY

At a certain stage in our existence, death will inevitably come to us all. Euthanasia and assisted suicide raise issues and pose questions that cannot be answered from the perspective of medicine alone. Disciplines such as bioethics, philosophy, and even literature and cinema also offer compelling frameworks from which to address such a complex phenomenon. The present paper explores the notions of euthanasia and assisted suicide through the lens of a contemporary British novel and its cinematic adaptation: Jojo Moyes' *Me Before You* (2012), which was brought to the big screen by Thea Sharrock and released four years later in the UK. As has occurred with other writings and films that will be referenced, the novel and its adaptation provoked opposing reactions—many of them controversial. Is death a private choice in which no one but ourselves should interfere?

Keywords: Euthanasia; Literature; Cinema; Disability; Sexuality; Self-Determination.

INTRODUCTION

Literature and cinema bring to the fore controversial themes that often require elucidation and lead to debates yielding new insights. Both disciplines stand as powerful representative methods for sharing knowledge, developing aptitudes, and expressing attitudes toward various topics (Holgado Sáez, 2013).

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One might wonder what makes drama books and films so appealing – especially novels, motion pictures, or documentaries that address issues such as premature death, mercy killing, and assisted suicide. Perhaps it is the realistic depictions of a dimension of life we would never wish to experience that helps explain our identification with the protagonists or their loved ones. After all, discourses on euthanasia frequently include both fictional cases and real-life stories and testimonies throughout the history of the practice. Our engagement as readers or viewers allows us to explore the phenomenon of death in past and present societies, along with its biological consequences (Salar Sotillos, 2020).

For many decades, cancer has claimed an unacceptably high and disproportionate number of victims. Other chronic and progressive diseases – such as ALS (Amyotrophic Lateral Sclerosis), Alzheimer's, Parkinson's – as well as accidents, or simply aging and the natural course of life, have likewise required the intervention of terminal wards providing palliative care to dying patients. Magazine articles, novels, films, TV series, and documentaries have portrayed euthanasia and assisted suicide as a dignified conclusion to these non-curative but palliative treatments and/or painful processes. Is it ethically right to end the life of a terminally ill patient undergoing severe pain? Under what circumstances, if any, can euthanasia or assisted suicide be justified? Is there a moral distinction between killing a person and allowing them to die? Broadly speaking, supporters of euthanasia argue that everyone has the right to die, and that no specific "right to die" is needed, as other human rights already imply it.

Will Traynor, the protagonist of *Me Before You* (Moyes, 2012), explicitly states that his assisted suicide "[…] is the first thing [he has] been in control of since [his] accident" (2012, p. 469). This statement implies not only his firm conviction in the right to die but also his *will* – curiously reflected in his name – to end what he considers an unbearable existence.

In both Moyes' novel and its subsequent film adaptation—directed by the English author herself—Louisa Clark, or "Lou" (portrayed by *Game of Thrones* star Emilia Clarke), is hired by the wealthy and respected Traynor family as a caregiver and companion for William (Sam Claflin), their 35-year-old son. Once an adventurous and extravagant man, Will's life was drastically altered after a motorbike accident left him with irreversible quadriplegia. Despite two years of intensive physical therapy, a severe spinal cord injury (SCI) rendered him wheelchair-bound, though his cognitive abilities remained fully intact.

His lack of hope, chronic pain, and recurrent infections lead him, during the post-adjustment process, to opt for assisted suicide in Switzerland – a possibility not legal in the UK. He informs his parents that everything will be arranged within six months. Lou's efforts to dissuade Will from his decision and her determination to show him that life is still worth living are ultimately not enough to change his mind. Although he falls deeply in love with the woman who helps him emerge from his emotional isolation, he cannot bear the thought of being a burden to her.

Tragedy and love intertwine in a narrative that highlights a broader societal divide. Thirteen years after the novel's release and nine years after the film's premiere, the debate surrounding assisted suicide and euthanasia continues to polarize opinions. Some critics view the story as a sentimental romantic tragedy lacking artistic depth, while activists see in it a deeply problematic and pessimistic portrayal of disability—one that equates paralysis with a terminal condition. While the plot offers moments that encourage reflection on the meaning of life, many outraged protesters argue that it fails to convincingly portray the "right to decide" it ostensibly seeks to explore.

In the following section, we will reflect on the controversial topic of euthanasia and assisted suicide by providing clear definitions and a comprehensive historical overview of both concepts, applying this context to the narratives under study. The legal criteria for the practice and the arguments for and against euthanasia will be examined in depth to illuminate Moyes' novel and Sharrock's film. Themes such as sexuality and autonomy will emerge as key elements in this exploration of mercy killing and self-determination.

LITERATURE REVIEW

Euthanasia: Concept and History

The so-called "mercy killing" (Dimmock & Fisher, 2017), or euthanasia, has indisputably become a sensitive ethical issue and continues to challenge contemporary society. Public debates, political deliberations, and legal controversies across various countries have, for years, attempted to clarify its legal acceptability and religious implications. The topic is particularly topical in Spain, where the government recently legalized a practice that had previously been rejected as unconstitutional.

Etymologically – despite its relatively recent coinage – the term *euthanasia* originates from the Ancient Greek words *eu* ("well") and *thanatos* ("death"), thus conveying the classical notion of a "good" or "easy death," meaning the act of allowing someone to die without severe suffering or agony (Dimmock & Fisher, 2017; Minocha et al., 2011). Both Greeks and Romans tolerated suicide under certain circumstances, particularly when no relief could be offered to the dying (Young, 2020). Stoics and Epicureans even regarded suicide as a viable option when life had become intolerable or grief unbearable (Minocha et al., 2011).

Following the pagan antiquity of figures like Socrates, Plato, or Eurydice, religious tradition placed Christ as the model of endurance and martyrdom – an embodiment of redemptive suffering and sacrificial atonement. His acceptance of torture and death through faith and grace (Sánchez Sáez, 2020) – devoid of personal choice – stood in stark contrast not only to ancient Greek and Roman ideals but also to later movements such as Protestantism, Secular Liberalism, and Marxism.

The modern understanding of euthanasia, however, began to take form during the early modern period. In *Utopia* (1516), Sir Thomas More imagined a society that permitted death for those whose suffering rendered life unbearable. Similarly, Sir Francis Bacon, in *Of the Proficience and Advancement of Learning, Divine and Human* (1605), advocated for euthanasia as a fair and humane solution for incurable patients. For Bacon, euthanasia meant an easy, painless death, and it was "a physician's responsibility to alleviate the physical sufferings of the body" (p. 141). He distinguished "outward euthanasia" (physical) from its spiritual counterpart, which involved the soul's preparation for death (p. 199).

In line with these early thinkers, modern philosophers such as Plato, Nietzsche, Hume, Bentham, John Stuart Mill, and Émile Zola also openly supported the idea of assisted suicide for those who might otherwise face a cruel end. After all, few would dispute that death may be considered "good" when it occurs naturally, free from physical or moral suffering, when autonomy is respected, and when one passes surrounded by loved ones—reconciled with others, oneself, and, in the case of practising Christians, with God (Poole Derqui, 2020).

Overall, the evolution of the concept has been shaped by ethical, intellectual, and, more recently, medical dimensions. In Hindu culture, for example, the practice of *moksha* – self-administered death – is viewed as a form of liberation from *samsara*, the cycle of death and rebirth (Minocha et al., 2011). Buddhism introduced the idea of *nirvana*, a release from suffering (*dukkha*) and the cyclical nature of existence. In countries like Iceland, decisions surrounding the end of life often revolve around natural law, fate, and divine will (Einarsdóttir, 2009).

Today, euthanasia is globally associated with medical interventions aimed at alleviating end-of-life suffering, which may include the premature ending of life (Minocha et al., 2011). As defined in the Netherlands in 1985, euthanasia refers to "the administration of drugs with the explicit intention to end life at the explicit request of a patient" (in Rietjens et al., 2009, p. 272).

Today, euthanasia is globally understood as a medical intervention aimed at reducing end-of-life suffering, which may involve the premature termination of life (Minocha et al., 2011). According to the definition established in the Netherlands in 1985, it

refers to “the administration of drugs with the explicit intention to end life at the explicit request of a patient” (Rietjens et al., 2009, p. 272).

Euthanasia and Assisted Suicide (EAS) around the World: Legality and Criteria

Since therapeutic innovations have provided increasingly effective mechanisms to control life processes and improve quality of life, patients have assumed a more active role in contemporary medicine. They can now choose to accept or refuse treatment – or even request an intervention to end their lives. The patient has become “an empowered and informed person endowed with several rights vis-à-vis the doctors to protect his/her own interests” (Minocha et al., 2011, p. 25). Physicians, therefore, now consider achieving a good quality of dying to be as pertinent and necessary a goal as curing disease or prolonging life – when possible.

Nevertheless, at present, assisted suicide and euthanasia remain subject to criminal prosecution in many jurisdictions. In fact, the legality of such practices varies widely from country to country. In 2002, the Netherlands became the first nation to legalize euthanasia and assisted suicide (EAS) for competent adults and emancipated minors. The country had officially tolerated euthanasia since 1985, and in 1994, a provisional law preceded the comprehensive legislation enacted eight years later (Groenewoud et al., 2021).

Following the Netherlands, Belgium (2002), Luxembourg (2009), and Canada (2016) also legalized EAS. In 2021, despite public debate, Spain became the fifth country to decriminalize euthanasia.

With this approval, Spain legalized not only euthanasia but also medically assisted suicide, which is permitted in various other countries. Unlike euthanasia, assisted suicide does not involve a third party administering the fatal dose; instead, life-ending medication is prescribed, and the patient ingests it themselves. In the United States, physician-assisted suicide has been legalized in several states over the past 25 years: Oregon (1997), Washington (2008), Montana (2009), Vermont (2013), California (2015), Colorado (2016), Washington D.C. (2016), Hawaii (2018), New Jersey (2019), and Maine (2020). In the Southern Hemisphere, Australia (including Tasmania, Victoria, and Western Australia) has passed similar laws, while New Zealand legalized the practice in November 2021.

In Colombia, the Constitutional Court legalized assisted suicide in 2015, but the practice has yet to be formally regulated by the government. A similar situation exists in Austria, where the Constitutional Court ruled that prohibiting the practice was unconstitutional, and thus no criminal offense is recognized in its execution.

Switzerland, however, has taken a distinct approach. Altruistic assisted suicide – performed even by non-physicians – is legally permitted (Hurst & Mauron, 2003). The country allows this practice for both residents and non-residents, including those who are not terminally ill. Often labeled "suicide tourism," this phenomenon involves organizations such as Dignitas and Lifecircle, which have assisted more than 2,500 people in ending their lives over the past two decades. Volunteers, rather than physicians, typically carry out the process, with medical professionals mainly responsible for evaluating decision-making capacity and prescribing the lethal medication (Botica, 2019).

The Swiss Academy of Medical Sciences has stated that "assisted suicide is not a part of a physician's activity" (Hurst & Mauron, 2003, p. 271), a position that has placed the practice outside the formal scope of healthcare. As a result, doctors are viewed under the law as equivalent to general citizens in this context. This ambiguity effectively permits physicians – like any other individuals – to assist in ending life, almost in a philanthropic capacity.

What nearly all of these jurisdictions have in common is the requirement that every request for euthanasia or assisted suicide undergo thorough scrutiny. In Spain, for example, a patient must suffer from a "serious or incurable illness" or a "chronic or incapacitating condition" that results in "intolerable suffering" to be eligible to request either practice (Ley Orgánica 3/2021, 34040). The request must be submitted twice in writing within 15 days, and the individual must be "fully aware and conscious" (Ley Orgánica 3/2021, 34041), not acting under external pressure, and must have been informed about any subsidies available under the Dependency Act as well as potential palliative care options and sedation. Approval must then be granted by both a second physician and an evaluation committee composed of at least seven members – typically including doctors, legal professionals, and nursing staff. A physician may refuse to proceed on the grounds of conscientious objection or if the legal requirements are not fulfilled (Ley Orgánica 3/2021).

Similarly, in the Netherlands, death by non-natural causes is legal only when the conditions outlined in the Dutch *Termination of Life on Request and Assisted Suicide (Review Procedures) Act* are strictly followed. The physician must report the euthanasia or assisted suicide and adhere to the "statutory due care criteria," which require that:

1. The physician is satisfied that the patient's request is voluntary and well-considered.
2. The physician is satisfied that the patient's suffering is unbearable and without prospect of improvement.
3. The patient has been informed of their condition and prognosis.

4. Physician and patient have concluded together that no reasonable alternative exists.
5. At least one other independent physician has been consulted.
6. The physician has exercised due medical care and attention. (Netherlands Ministry of Foreign Affairs, 2002)

As previously noted, physicians may express hesitation or even refuse to perform euthanasia without facing professional or legal penalties. Ultimately, "patients have no absolute right to euthanasia, and doctors no absolute duty to perform it" (Netherlands Ministry of Foreign Affairs, 2002).

Arguments For and Against Euthanasia

As indicated, euthanasia remains an issue marked by deeply clashing ideological positions and contradictory opinions.

Several ethical theories support its acceptability and legal recognition. One such perspective is the *Quality of Life* rationale, which argues that death may be preferable to a life sustained through therapeutic obstinacy. In other words, prolonging life serves little purpose when its quality is severely diminished and death appears to be the most compassionate outcome (Dimmock & Fisher, 2017). Moreover, assisting someone in dying with dignity does not contradict the primary aim of medicine: the alleviation of suffering.

Closely related to this is the *argument from Personal Autonomy* – or *Self-determination, Liberty, and Dignity* (Sánchez Sáez, 2020). This position rests on the belief that individuals have the right to make decisions about every aspect of their lives, including how and when to die. The ability to accept or refuse treatment and to choose death over prolonged agony should be recognized as a fundamental element of our final wishes (Dimmock & Fisher, 2017). Exercising this right is not an obligation, but it reflects our ownership over our own bodies, lives, and deaths.

A more utilitarian approach is the *argument from Resource Use*, which posits that voluntary euthanasia could be ethically justified from an economic standpoint. If we accept the moral undesirability of allocating limited medical resources to individuals with no chance of recovery, then respecting the wish of someone who no longer desires to live could be seen as socially responsible. The death of terminally ill patients might allow for the redirection of financial and medical resources – such as palliative care, hospital space, and pensions – toward patients whose conditions are treatable or whose suffering can be alleviated more effectively.

From a political perspective, euthanasia should be legally permitted and regulated in democratic societies that support its decriminalization. For example, 85% of the Spanish population reportedly favored legalizing euthanasia in a 2019 survey (Poole Derqui, 2020). In largely secular states, opponents argue that banning the practice amounts to enforcing Christian religious ethics on citizens who may not share those beliefs.

Opposing these ideologies are several direct objections to euthanasia. The *objection from the Sanctity of Life* has deep religious roots and stands in stark contrast to the previously mentioned pro-euthanasia arguments. From a Christian perspective, human life is sacred, inherently valuable under all circumstances, and should not be subject to qualitative assessment (Dimmock & Fisher, 2017). Life is considered the foundation of all goods, ultimately belonging to God; thus, we are not entitled to dispose of it at will (Sacred Congregation for the Doctrine of the Faith, 1980): "If we live, we live to the Lord, and if we die, we die to the Lord" (Rom. 14:8, cf. Phil. 1:20). Additionally, the *objection from Valuable Suffering* holds that end-of-life suffering forms part of God's divine plan: "It is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will" (Sacred Congregation for the Doctrine of the Faith, 1980).

The *Slippery Slope* – or *Wedge* – argument contends that legalizing euthanasia under seemingly justified circumstances could ultimately lead to its acceptance in ethically problematic cases. This objection is rooted in the fear that what begins as voluntary euthanasia may gradually expand to include non-voluntary or even involuntary euthanasia. Supporters of this view criticize the argument from resource allocation, suggesting that if euthanasia is justified on the grounds that resources should be redirected, then the patient's consent may eventually be deemed irrelevant. As Dimmock and Fisher argue: "If euthanasia can be justified on teleological grounds when resources would be better deployed elsewhere, then what is to stop us justifying not merely voluntary and non-voluntary euthanasia, but involuntary euthanasia also?" (2017, p. 133). Should the depletion of medical resources be considered a valid reason to justify euthanasia, the entire process could shift away from personal choice and toward a dangerous norm—potentially transforming it into an unconsented, involuntary procedure.

Finally, from a civic and societal standpoint, the *objection from Modern Treatment* equates euthanasia with abandoning any potential for future recovery or for benefitting from advancements in palliative care. Advocates of this objection argue that euthanasia is unjustifiable, as modern pain management and end-of-life care can effectively relieve suffering. Moreover, it may exert emotional pressure on elderly, terminally ill, or dependent patients – who might feel compelled to request euthanasia in order to relieve their families of emotional or financial burdens. In direct opposition to the Liberty argument, Poole Derqui (2020) even refers to this dynamic as a form of emotional blackmail against the most vulnerable, which intensifies their despair and fosters resignation.

In conclusion, objectivity in discussing euthanasia requires careful attention to the wide range of underlying arguments – whether juridical (e.g., its impact on individual rights and medical responsibilities, the willingness or refusal of healthcare professionals to carry it out, and the appropriateness of legal regulation) or spiritual (e.g., Christian moral teachings, the imposition of religious norms in pluralistic societies, and the emotional consequences for patients and their families).

EAS IN *ME BEFORE YOU*

Jojo Moyes stated in several interviews that her story was inspired by the real-life case of Daniel James, a Nuneaton rugby player who, after living for several years with tetraplegia caused by a dislocation in his neck vertebrae, persuaded his parents to support his decision to end his life in Switzerland. Since 2007, James had attempted suicide on multiple occasions until, on Friday, 12 September 2008, he finally traveled to Bern to fulfill his wish. For James' parents, accepting his self-determination was heartbreaking, but as they explained, "he was not prepared to live what he felt was a second-class existence" (in Booth, 2008).

The case, widely reported in the media, moved Moyes so deeply that she decided to write *Me Before You* – the story of a man whose choice to die stems from the profound loss of identity after an accident results in a life-altering, irreversible disability. For Moyes, the suffering experienced by both James and her fictional protagonist was "not just a matter of being in a chair, […] [but] a constant series of interventions, indignities and health problems" (in Warner, 2016). If life is to be lived with dignity, then, according to the motto of Dignitas – the assisted suicide center in Zurich mentioned explicitly five times and indirectly in others throughout the novel – death must also come with dignity.

We do not choose when we enter this world; do we, then, possess both the capacity and the right to decide when and how we should leave it? Should ending life be a legitimate option when pain is unbearable and the possibility of recovery nonexistent?

As readers of *Me Before You*, we meet a handsome, sexually active, jet-setting businessman with an eccentric and adventurous past. References throughout the novel to extreme sports – skiing, paragliding, bungee jumping – and international travel – China, Kenya, Tanzania – define William Traynor as a vibrant, high-energy man who “led a big life” (Moyes, 2012, p. 426). His current trauma and resulting disability leave him feeling entitled to make the decision to die. The novel – more explicit in its engagement with euthanasia and assisted suicide (EAS) than its film adaptation – openly references real-life cases from which Will draws information. Among these are the case of a woman with a degenerative disease who seeks legal protection for her husband should he accompany her to Dignitas when her suffering becomes intolerable (p. 241), and the story of Leo McInerney, a 24-year-old footballer who died in a Swiss flat after being seriously injured during a match (pp. 242-243, 258-259).

Sharrock’s film adaptation – described by the director herself as “a chance to pause and reflect on the real value of life” (*The Observer*, 2016) – sought to remain as faithful as possible to Moyes’ novel. Still, the West End director emphasized that she had no intention of taking sides in the debate or of passing judgment on such a complex issue (*The Observer*, 2016). At her request, Moyes, who also wrote the screenplay, remained loyal to her original narrative. Based on this shared commitment, the film preserves the essence of William’s character—a man unable to reconcile with the irreversible transformation brought on by his physical limitations.

Portraying Disability in the Story: Autonomy and Virility Lost

Unable to move past his disability, William Traynor is physically and emotionally exhausted by chronic pain, recurrent infections, and frequent hospitalizations. His daily intake of high doses of blood-pressure medication, antispasmodics, painkillers, and sleeping pills underscores the unrelenting nature of his suffering. The pro-euthanasia *Quality of Life* rationale (Dimmock & Fisher, 2017) appears to drive Will’s decision, as the alleviation of his excruciating physical pain seems, to him, to justify his desire to die. Lou’s narration in Moyes’ novel reveals the extent of Will’s physical torment:

> “The days with Will were subtly different – depending on his mood and, more importantly, how much pain he was in” (Moyes, 2012, p. 121).
>
> “There were all sorts of things that caused him pain: […] general aches that came with loss of muscle, […] stomach pain from digestive problems, shoulder pain, pain from bladder infections, […] a stomach ulcer from taking too many painkillers, […] pressure sores from being seated in the same position for too long, […] headaches – a side effect, I thought, of his anger and frustration” (p. 122).
>
> “Sometimes he was in so much pain that his face actually leached colour, turning to pale putty. Those were the worst days” (p. 123).

Given this grave clinical condition, it is not difficult to infer the resulting psychological distress. Although Moyes’ script makes no direct mention of clinical depression or psychological therapy, forensic and clinical psychologist Jeremy Clyman notes that Will's "[…] behaviour, post-accident, show[s] all the signs of a major depression (sadness, hopelessness, social withdrawal, loss of pleasure in life, fatigue, poor appetite/sleep, suicidality)" (Clyman, 2016).

Both the novel and its film adaptation present direct references to Will's abandonment of his career, personal interests, and social life. His trauma is spatially symbolized by his confinement to the "annex" – a part of the Traynors' castle adapted for wheelchair accessibility. The novel and film underscore his emotional disconnect from the world he once thrived in. One striking moment comes when Lou encourages Will to dream about visiting Paris, and he retorts: "[…] I want to be in Paris as me, the old me" (*Me Before You*, 2016, 01:03:27). He elaborates, expressing how his immobility would taint his memories: "I do not want those memories erased by the struggle to fit behind a table, the taxi drivers who refuse to take me, and my wheelchair power pack that won't charge in a French socket" (01:03:49).

In the novel, recurrent references to Will's condition – "the disabled man" (pp. 20–21, 39, 168, 184), "your disabled bloke" (p. 247), "man in a wheelchair" (pp. 80–90, 194), "quadriplegic" (pp. 20–21, 42, 163, 171, 292–293) – establish a sense of vulnerability and isolation that the reader anticipates before even encountering the protagonist. Will's total paralysis, which he sees as a burden to his family, is perceived as potentially off-putting to others. This is evident when Lou is asked during her job interview whether her son's quadriplegia would bother her. Lou replies sarcastically, "Well, not as much as it would bother him, obviously" (p. 27), but her later apprehension about Will's "intimate needs" reveals her unease: "[…] [H]is 'intimate needs' (I shuddered at the phrase)" (p. 24); "What if he needs… to go to the loo? […] I tried not to let my face betray my panic" (p. 44).

Nathan, Will's male nurse, reassures Lou that her role is emotional support, not physical care (p. 45). Yet despite this, Lou's narration conveys the discomfort and awkwardness of witnessing the vulnerable details of Will's everyday life. His total dependence, even for the most basic tasks, is made starkly clear:

> "[I] found it hard not to feel squeamish as Nathan peeled down the waist of Will's pyjama bottoms, revealing a pale strip of bare stomach, and carefully removed the gauze dressing around the little tube in his abdomen, cleaning it gently and replacing the dressing. He showed me how to change the bag on the bed, explained why it must always be lower than Will's body, and I was surprised how matter-of-fact I was about walking out of the room with the pouch of warm fluid. I was glad that Will wasn't really watching me […] because I felt that me witnessing some part of this intimate routine would in some way have embarrassed him too. (Moyes, 2012, p. 101)

Reading such heartbreaking lines, the assumption that Will is incapable of developing a fulfilling personal life does not seem unwarranted. Alicia – his former girlfriend – justifies her engagement to Will's best friend by acknowledging that it was Will who distanced himself: "[…] I did try. […] And he just pushed me away. […] He actually didn't want me here" (p. 65). Is it simply his emotional devastation that drives Will's refusal, or is it his paralysis from the neck down that compels him to let Alicia go?

For a young and attractive man, the inability to consummate love symbolizes a perceived loss of virility. Will's overt masculinity is made explicit in the film's opening scene, where he is shown in bed with Alicia after sex. His disability, however, becomes a nearly insurmountable barrier. He believes he has lost Alicia – and, with her, any possibility of future sexual intimacy or romantic fulfillment.

All of this occurs before Lou. In her efforts to "re-engage him with a life he could deem worth living" (Clyman, 2016), Louisa takes Will on a trip to Mauritius, where she confesses her love. In a poignant night scene on the beach, Will candidly reveals the emotional weight of his physical limitations as he guards himself against her affection. For Will, being impaired means being unable to express love physically – something that clashes painfully with his former self-image: "I can't […] see you naked and not… not be able to… Oh, God, Clark, if you had any idea what I wanna do to you right now" (*Me Before You*, 2016, 01:26:06). In the novel, he echoes this conflict: "I can't do this because I can't… […] be the man I want to be with you. And that means that this […] just becomes… another reminder of what I am not" (Moyes, 2012, p. 423).

Will's choice to die is not only a rejection of his physical condition but also a decision to end the pain of unfulfilled longing – for idealized sexuality, freedom, and masculine identity. As previously discussed, flashbacks to his adventurous and sexually active past suggest a man who once embraced vitality. Now, however, his dependence on others highlights what is framed, both narratively and visually, as a form of emasculation. He needs liberty. As Mr. Traynor tells his wife: "Will needs to be allowed to feel like a man" (p. 167; 01:46:07). Will himself voices a similar longing: he needs "to be a man who has been to a concert with a girl in a red dress" (p. 216). But he also needs empathy and for his despair to be heard: "You thought you knew best. Everyone thinks they know what I need" (p. 73; 01:45:45).

Ultimately, Lou is unable to dispel Will's suicidal resolve. His insistence that life in his current state is not dignified supports his belief that he alone is the owner of his body – and thus the only one entitled to decide when to end his life. But does this suggest that, for Will, death is preferable to living with a disability?

In this way, *Me Before You* compels both readers and viewers to confront this difficult question and take a position – either in support of the protagonist's right to self-determination and a "dignified death," or in opposition to what some interpret as a troubling equation of disability with a life not worth living.

Protests to *Me Before You*

Me Before You sparked international outrage among disability rights activists who opposed what they interpreted as the central message of both the novel and the film.

According to Jojo Moyes, both works present "a fine balance of humour and tragedy, and the moral and ethical issues are quite delicate" (Dadds, 2016). However, many appalled viewers harshly criticized the film, labelling it a "disability snuff movie" (Pring, 2016; Quinn, 2016) that implies disabled individuals are "better off dead" (Pring, 2016). For these critics, portraying disability as a fate worse than death was deeply offensive – especially for young disabled viewers. They argued it harmed public perception of disability, particularly affecting people with spinal cord injuries and their hope for the future. To them, disability is a complex issue requiring serious and realistic treatment, not a sentimental or superficial one.

One of the major points of contention was the casting of non-disabled actor Sam Claflin – best known for his role as Finnick Odair in *The Hunger Games* series (2013–2015) – as Will Traynor. Activists viewed this as an affront to disabled people, who remain underrepresented in mainstream media. Actress Cherylee Houston (*Coronation Street*) expressed frustration: "Dear Mr. and Ms. Hollywood, why can't disabled people just be characters, not this skewed view of our lives?" (Kadrou, 2016). In response, director Thea Sharrock defended the casting, stressing their commitment to portraying Will's condition with authenticity:

> "It is really important to me that the film seems real to anyone who knows anything about this kind of disability. Over five months, Sam and I sent each other lots of cuttings and book recommendations to work out how to create this character who does not do what you necessarily expect" (Kadrou, 2016).

Despite these efforts, many wheelchair users felt alienated. They argued Will should have been portrayed not as "confined" by his wheelchair, but as empowered through it. One viewer commented:

> "I don't think the message that committing suicide so my partner doesn't have to live with a wheelchair user is particularly romantic. […] It's pretty harmful for people like me, especially those newly adjusting to life as a disabled person. I'm not against death and euthanasia, but when it is one of the key plotlines, it becomes harmful. I think that would have been far more worthy of investigation" (Pritchard, 2016).

In the same vein, disabled actress Liz Carr, a leading member of the anti-euthanasia campaign *Not Dead Yet UK*, denounced the film as “offensive to disabled people, the vast majority of whom want to live, not die” (Pring, 2016). For Carr and others, *Me Before You* frames the lives of disabled individuals – and those of their loved ones – as tragic. Activists took to social media, using Twitter to directly address Claflin: “Why should I have to sit here tweeting about how us, disabled people, want to live? This disgusts me!”; “Is being dependent on others really so bad that the only viable solution is death?” (Pring, 2016).

Under the hashtag #MeBeforeEuthanasia, disabled filmmakers, producers, actors, and Paralympic athletes voiced their rejection of the film’s message. They asserted that what disabled people want is not to be encouraged or assisted to die, but to be supported in living full and meaningful lives. They pointed to positive cinematic representations such as *My Left Foot: The Story of Christy Brown* (Jim Sheridan, 1989) and *Intouchables* (*Untouchable*, Olivier Nakache & Éric Toledano, 2011) – both portraying strength, intellect, and resilience in paralysed bodies. *My Left Foot*, for instance, tells the story of the severely paralysed Irish writer and painter who used the small toe of his left foot to create art and poetry. Christy Brown falls in love, marries, and remains sexually and emotionally active – challenging the stereotype of the asexual disabled body. Notably, no backlash followed Daniel Day-Lewis’s portrayal of Brown, possibly because, unlike Will Traynor, Christy’s story is one of empowerment and triumph over adversity.

However, contrary to protestors’ claims, Sharrock’s film does not portray Will as a burden to his family or carers. On the contrary, the film repeatedly shows his parents’ desperate attempts to dissuade him. When Camilla Traynor finds the letter from Dignitas, a powerful scene follows:

> Camilla: Freedom?! You call this ‘freedom’?!
>
> Mr. Traynor: […] We made an agreement with Will. Six months.
>
> Camilla: No, I only agreed so that we had six months to change his mind. I cannot believe that you are willing to help our son end his life! […] He’s my son!
>
> Mr. Traynor: He’s my son, too!! […]. You know how much pain he’s in.
>
> Camilla: God! […] We can still persuade him.
>
> Mr. Traynor: And do you think the pretty waitress is going to do that? (0:42:03)

Lou, too, opposes Will’s decision when she discovers his intentions. Speaking to Nathan, she declares: “I can’t just let this happen. I can’t. And we’re running out of time” (1:17:05). If the film truly endorsed a stereotype of the disabled as worthless, why would a young, beautiful, sexually active woman be depicted as falling in love with a man who cannot reciprocate physically, enjoy sex, or father children?

Moreover, the film does not convey the message that disabled people are "better off dead." Will's family and Lou actively resist his decision. Moral and spiritual themes are woven throughout the narrative – embodied particularly in the character of Jossie, Lou's devout Christian mother. During her daughter's birthday celebration, she offers a blessing at the table: "Dear Lord, […] thank you for […] the strength to face the challenges we meet on our journey" (1:56:37). Later, she voices her absolute opposition to assisted suicide, calling it murder. The golden cross hanging from her neck symbolizes the *Sanctity of Life* objection to euthanasia. For Jossie, as for many believers, life belongs to God, and only He can decide when it ends.

In sum, the love story of Louisa and Will reignited public interest in the ethics of EAS and mercy killing, echoing earlier cinematic works such as *An Act of Murder* (Michael Gordon, 1948), *The Greatest Show on Earth* (Cecil B. DeMille, 1952), *Johnny Got His Gun* (Dalton Trumbo, 1971), *Right to Die?* (Paul Wendkos, 1987), *One True Thing* (Carl Franklin, 1998), *The Sea Inside* (*Mar adentro*, Alejandro Amenábar, 2004), *Million Dollar Baby* (Clint Eastwood, 2004), and *You Don't Know Jack* (Barry Levinson, 2010). All these narratives feature protagonists whose voluntary desire to die is respected and, in some cases, facilitated.

As Rivaya García et al. (2008) argue, any decision made under adverse circumstances – especially one as irreversible as death – demands close attention to the conditions under which it is made. Is the choice truly authentic, autonomous, and free from coercion? In Will's case, the answer seems to be yes. His decision is taken in full awareness of his condition and supported by legal arrangements he finalizes before his death. His choice meets the "statutory due care criteria" outlined earlier: his suffering is unbearable, the prognosis hopeless, and the decision voluntary and informed (Dimmock & Fisher, 2017; Young, 2020). As Mr. Traynor states clearly: "It's his choice, and this is what he wants" (0:42:01).

Traynor says to Camilla, "[i]t's his choice, and this is what he wants" (0:42'01").

CONCLUSION

End-of-life issues remain in the public eye, and the debate will likely continue to generate insights into the broader questions surrounding suffering, dignity, and personal choice. For their detractors, euthanasia and assisted suicide are felonies; for their advocates, they represent fundamental rights. For medicine, they raise bioethical questions with toxicological and forensic implications (Salar Sotillos, 2020). Further empirical research from diverse disciplinary perspectives is therefore still necessary.

What might lead a person to wish to die? While agonising pain is often assumed to be the primary motivation for euthanasia, studies conducted in the United States and the Netherlands show that fewer than one-third of requests are made for this reason alone (Rietjens et al., 2009). In addition to physical factors that drastically reduce quality of life – such as partial or total paralysis, incontinence, or breathlessness – psychological factors also play a significant role. Severe depression, feelings of lost dignity or autonomy, alienation, depersonalisation, perceived burden, and dependence may all be directly linked to the desire to end one's life.

Determining whether *Me Before You* is a fair representation of the right to choose remains challenging, even after multiple readings of the novel, repeated viewings of the film, and consideration of the surrounding commentary. Director Thea Sharrock explained that she "wanted to stick to the universal theme of the simple and yet wonderful way these people fall in love, while creating a space for people to think about what matters" (Quinn, 2016). For her, the subjects of life-altering disability and euthanasia are not dark but difficult – topics best approached through empathy and emotional openness. The key, she suggests, lies in allowing someone into our lives and trusting them to help us see things differently.

Are we the true owners of our lives? Do we possess any real power over our deaths? *Me Before You* does not answer these questions definitively – but it does compel readers and viewers to confront them. Since the film's release in 2016, the novel has sold over fourteen million copies, and the movie has earned more than $350 million globally from box office and home media distribution. Most viewers report being moved by the romance between Will and Lou, with her quirky, vibrant personality serving as a lens through which to process the gravity of the subject matter.

The truth is that euthanasia is a reality in many parts of the world, but moral standards are far from universal. Whether one should have the right to decide when and how to die is a question each reader and audience member must answer for themselves. Literature and cinema possess both the extraordinary power and the profound responsibility to raise such questions – and to create the space in which they can be explored.

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Odluke na kraju života: eutanazija i potpomognuto samoubojstvo u fokusu rasprave u romanu *Tu sam pred tobom* Jojo Moyes i filmskoj adaptaciji Thee Sharrock

SAŽETAK

U određenom trenutku našeg postojanja svi ćemo se suočiti sa smrću. Eutanazija i potpomognuto samoubojstvo otvaraju pitanja i potiču rasprave koje se ne mogu sagledati isključivo iz medicinske perspektive. Discipline poput bioetike, filozofije, ali i književnosti i filma nude okvire za promišljanje ovoga složenog fenomena. Ovaj rad istražuje pojmove eutanazije i potpomognutog samoubojstva kroz prizmu suvremenoga britanskog romana i njegove filmske adaptacije *Tu sam pred tobom* autorice Jojo Moyes (2012), koji je na filmsko platno prenijela Thea Sharrock, a film je premijerno prikazan četiri godine kasnije u Ujedinjenom Kraljevstvu. Kao i druga književna i filmska ostvarenja koja će biti spomenuta, roman i njegova adaptacija izazvali su podijeljene reakcije često popraćene kontroverzama. Je li smrt privatna odluka u koju nitko osim nas samih ne bi smio zadirati?

Ključne riječi: eutanazija; književnost; film; invaliditet; seksualnost; samoodređenje.