

A CASE OF EXISTENTIAL SUICIDE INTENT IN A PRISONER

Autonomy Centric Ethics versus Magnifica Humanitas

Grand Rounds
Clinical Ethics Service
UFHealth Shands Hospital

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CASE DESCRIPTION

Prisoner named “ Jimmy” in his 60s

Incarcerated over 25 straight years,

Release is 2 years away

This is 3rd suicide attempt in past 2 months

No prior psychiatric treatment history

This attempt was a laceration on the arm, resulting in massive blood loss. He was lifeflighted from his prison to UFHealth Shands. On arrival, he was tachycardic, hypotensive, with an altered mental state and hemoglobin less than 5. It is reasonable to believe that without emergency medical services, he would have died from his self-inflicted injury.

NOTE: Presenter (JT) has a similar case while working in prison 30 years ago

CASE PART 2

On psychiatric exam after stabilization, he was awake alert, oriented, clear and coherent. His mood was euthymic affect congruent. He was articulate and engaging.

He reported he has outlived everyone he has ever cared for and now has deteriorating physical health, functional disability, and is engaged in conflict with the prison officers, resulting in disciplinary confinement and isolation.

He is indifferent to our potential recommendations for treatment.

He states, he “is tired of living.”

Does not plan to live in prison

THORNTON DISCLOSURES

Part-time Employee of the University of Florida
Retirement pensions,
Imminent retirement from UF (July 2026)
No other financial disclosures

Organizations

AMA, APA, Catholic Medical Association

Language: English only

Bias disclosure on this topic:

I trained at Stanford, and learned in prison (as NHSC assigned physician) .
Since 2015 taught UNESCO Universal Declaration on Bioethics and Human Rights
Political candidate for a minor party for the Florida Senate District 06 Nov 2026

Use of AI Programs in this presentation:

Microsoft: Office 365, Co-pilot, OpenAI ChatGpt4 ,
Dalle-E, Anthropic: Claude 3;
Synthesia; Google Gemini,
All references verified; Prompt history available
All content is selected, and responsibility is with the author.



LEARNING OBJECTIVES:

Compare and Contrast the Medical Ethics Principles of Magnifica Humanitas and Autonomy Centric Ethics.

Compare the applications of these principles in the case of a prisoner who “has nothing to live for.”

Using these principles, discuss the case for or against Assisted Suicide in Prisoners.

How can, or should, AI be used to assist in medical decision-making?



PRESENTATION PLAN

Raise clinical questions

Brief review of Ethical Frameworks

Identify Issues with AI Ethics in Society

Describe Magnificia Humanitas

Focus on Competency Assessment

AI-assisted competency

For competent persons, contrast Autonomy Centric vs. Magnifica Humanitas-based ethics

FINAL COMMENT

Appendices for later reference

CLINICAL QUESTIONS

1. Is this person at risk for suicide?
2. Does he have a mental disorder?
3. Is he a danger to himself due to a mental disorder?
4. Is he competent to make decisions about his mental health treatment?
4. **IF** he is involuntarily committed for mental health treatment
 - Where will he be treated ?
 - What is the plan for treatment?
5. What are the ethical issues re:
 - a. Limitations in access to treatment
 - b. What is needed to determine that he has the right to refuse treatment ?

THOUGHT PUZZLE

WHAT DO THE FOLLOWING WORDS HAVE IN COMMON FOR MEANING ABOUT AUTONOMY ?

Mother

Spouse

Student

President

Rich

Patient

Baby

Soldier

Doctor

Voter

Poor

Prisoner

PRINCIPLES AND VALUES

	Patient	Clinician	Social Interests
Autonomy	Vulnerability and dependence	Expert opinion	Whose opinion matters most
Beneficence	Comfort and social support	Alleviation of suffering	Who benefits and how much
Nonmaleficence	Least harm	Prevention of harm	Who bears the brunt of negative outcomes of either decision
Justice	Rights	Allocation of resources	Who is treated fairly

UNESCO'S 15 BIOETHICAL PRINCIPLES

Human Dignity and Human Rights	Autonomy and individual responsibility	Benefit and Harm	Privacy and Confidentiality	Consent
Equality Justice and Equity	Persons without Capacity to Consent	Human vulnerability and personal integrity	Non-discrimination	Respect for Cultural diversity
Solidarity and Cooperation	Social Responsibility and Health	Sharing of Benefits	Protecting Future Generations	Protecting Biodiversity, Biosphere and Environment

UNESCO'S 10 ETHICAL PRINCIPLES FOR AI

2021

Human Dignity and Human Rights	Do NO Harm	Safety and Security	Fairness and nondiscrimination	Privacy
Sustainability	Human oversight and determination	Transparency and explainability	Responsibility and accountability	Multistakeholder collaboration and governance

NEW FOCUS OF AI ETHICS: MITIGATING IMPACT

The AI Ethics has shifted from *principles* to *real-world consequences*

Core impacts now include:

- Economic disruption

- Environmental strain

- Psychological and relational effects

- Manipulation and autonomy loss

Central question: How do we reduce harm, and preserve human dignity and agency

THE UNIFYING ETHICAL MANDATE ON IMPACT

Impact mitigation requires:

Transparency

Accountability

Environmental stewardship

Psychological safety

Protection of autonomy

Commitment to human dignity

The future of AI Ethics is not hypothetical – it is managing the lived consequences of AI at scale

OPINION

How the Pope's Magnifica Humanitas offers a template for individuals to meet the AI moment

Despite a lack of regulation, we still have the ability to steer artificial intelligence in ways that can benefit our common humanity.

By Séamus Finn & Susan Francois
May 29, 2026



<https://www.anthropic.com/news/chris-olah-pope-leo-encyclical>

Announcements

Anthropic co-founder Chris Olah's remarks on Pope Leo XIV's encyclical "Magnifica humanitas"

May 25, 2026

LIVE

WORLD + RELIGION +

Pope Leo Uses First Major Papal Text to Warn About Dangers of AI

ADD TIME ON GOOGLE

by Nandika Chatterjee +

MAY 25, 2026 10:49 PM ET

The New York Times

Main Takeaways From Pope Leo's Encyclical on A.I.

The Washington Post

Democracy Dies in Darkness

Pope elevates AI ethics to a religious imperative with first encyclical



MAGNIFICA HUMANITAS

Released May 15, 2026 Over 40,000 words, 245 paragraphs, 5 Chapters, 224 references (approx. 210 are directly from Vatican teachings the past 100 years.

The document is centered on a Culture of Ethics derived from Catholic Social Doctrine.

The core issue is our concept of what is HUMAN DIGNITY.

Chapter 3, paragraphs 90-130, is devoted to AI: Grandeur of Humanity in Light of AI

Paragraph 110 calls to “Disarm AI” ie abandon arms race mentality in control of AI

AI Control is addressed as one part of a comprehensive critique of culture

Principles:

Human Dignity is the primary principle

Individuals live within a social context, starting with family

Subsidiarity and Solidarity are core relationship principles

Dangers to human dignity are: commodifying humans, WAR, AI control, and transhumanism

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AUTONOMY & COMPETENCY

A key clinical case ethical issue is the patient's autonomy.

In order to even frame it as autonomy we have to establish his competency

Is he competent (autonomous capacity) to accept or refuse mental health treatment.

How do we assess competence?

- Clinician opinion

- Some structured strategies

- No validated objective clinical assessment instrument

- Variability in conclusions

What is the role for AI in assisting the assessment for competence at end of life.

(this would include stated intent to kill self, and competence for execution)

AI ENHANCED COMPETENCY

AI programs can

- Comprehensively review the medical records and assess baseline prior decision-making

- Do natural language analysis for current interviews to assess impairment and or change in patient values

- AI can offer an opinion on the patient's competency.

AI can assist the impaired patient in decision-making (eg educational aid tailored to the patients literacy and emotional state)

SHOULD WE MAKE AI CONSULTATION ON END OF LIFE COMPETENCY A REQUIREMENT?

What are the ethical arguments for and
against such a practice ?

HUMAN DIGNITY

If we agree he is competent, is it ethical to prevent his suicide?

Autonomy-Centered Liberal Bioethics

Autonomy as the primary moral authority; individuals are self-determining agents.

Worth tied to independence, self-governance, and choice.

The person is fundamentally an independent chooser.

Dignity = control over one's life and choices.

Magnifica Humanitas

Inherent human dignity rooted in the person as imago Dei; dignity is not self-assigned.

Worth is intrinsic, relational, and inviolable.

The person is a relational being embedded in community and responsibility.

Dignity = ontological; never lost, even in suffering or dependence.

FINAL COMMENT AI & HUMAN DIGNITY

Like children, AI learns from our human behavior, e.g., eg biases

Magnifica Humanitas contrasts a culture of power versus a civilization of love.

In a culture of power, if we behave and promote that human life has to be worthy, what happens when Controllers of AI or just AGI decide who deserves to live and who does not?

REFERENCES

Center for Humane Technology [Take Control \(humanetech.com\)](https://humanetech.com)

Magnifica Humanitas

<https://www.vatican.va/content/leo-xiv/en/encyclicals/documents/20260515-magnifica-humanitas.html>

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UNESCO Recommendation on the Ethics of Artificial Intelligence

<https://lnkd.in/g/eeYVmdsf> [Recommendation on the Ethics of Artificial Intelligence - UNESCO Digital Library](https://www.unesco.org/en/digital-library/recommendation-on-the-ethics-of-artificial-intelligence)

APPENDIX 1



AI ANALYSIS of USING AI TO ASSESS COMPETENCY FOR END OF LIFE
in this case, prisoner suicide

AI CONSULTATION IN COMPETENCY ASSESSMENT: POTENTIAL BENEFITS VS. ETHICAL RISKS

Dimension	Potential Benefits of AI Consultation	Ethical Risks / Concerns
Consistency & Standardization	AI applies criteria uniformly; reduces human variability and bias in assessments.	Risk of over-reliance on algorithmic outputs; subtle contextual cues may be missed.
Pattern Recognition	Detects linguistic, cognitive, and reasoning patterns humans may overlook.	Patterns may reflect biased training data; false positives/negatives can have life-or-death consequences.
Scalability	Can evaluate large numbers of individuals quickly, including in resource-limited settings like prisons.	Efficiency may pressure institutions to replace nuanced human evaluation with automated triage.
Documentation & Transparency	Produces structured reasoning trails and consistent documentation.	“Transparency” may be illusory if the underlying model is opaque or proprietary.

AI'S ROLE IN DETERMINING COMPETENCY TO CHOOSE DEATH (E.G., PRISONER SUICIDE)

Dimension	Arguments Supporting AI Consultation	Arguments Against AI Consultation
Respect for Autonomy	AI may help ensure a prisoner's choice is truly autonomous, not impulsive or coerced.	AI may misinterpret distress as autonomy or autonomy as distress; autonomy becomes algorithm-dependent.
Protection of the Vulnerable	AI can flag cognitive impairment, coercion, trauma, or mental illness that undermine competency.	AI may miss culturally specific expressions of despair or trauma; false reassurance could enable preventable death.
Detection of Coercion or Manipulation	AI can analyze communication patterns for signs of external pressure or internalized coercion.	AI may not detect subtle interpersonal dynamics, gang pressure, or institutional despair unique to incarceration.
Emotional Neutrality	AI is not swayed by fatigue, prejudice, or emotional reactions.	Lack of emotional attunement may lead to ethically inappropriate conclusions about a person's suffering or intent.

SHOULD AI BE REQUIRED IN COMPETENCY ASSESSMENTS FOR CHOOSING TO END LIFE?

Dimension

Pros of Requiring AI Consultation

Cons of Requiring AI Consultation

Due Process & Safeguards

Adds a second layer of review; reduces risk of human error; strengthens procedural fairness.

Creates a false sense of certainty; institutions may defer to AI even when clinicians disagree.

Correctional Settings

Helps identify prisoners whose desire for death stems from untreated mental illness, abuse, or hopelessness.

Prison environments distort autonomy; AI may misclassify existential despair as competent decision-making.

Legal Defensibility

AI-supported assessments may appear more objective and defensible in court.

Courts may overvalue AI outputs, undermining human clinical judgment and ethical nuance.

Moral Responsibility

Shared decision-making between human evaluators and AI may reduce individual moral burden.

Diffusion of responsibility: "the AI said they were competent" becomes an excuse for moral abdication.

APPENDIX 2

AI case analysis comparison from the perspective of Autonomy Centric versus Magnifica Humanitas



Dimension	Autonomy-Centered Liberal Bioethics	Magnifica Humanitas
Foundational Moral Principle	Autonomy as the primary moral authority; individuals are self-determining agents.	Inherent human dignity rooted in the person as imago Dei; dignity is not self-assigned.
Source of Human Worth	Worth tied to independence, self-governance, and choice.	Worth is intrinsic, relational, and inviolable.
Anthropology	The person is fundamentally an independent chooser.	The person is a relational being embedded in community and responsibility.
Definition of Dignity	Dignity = control over one's life and choices.	Dignity = ontological; never lost, even in suffering or dependence.

Dimension	Autonomy-Centered Liberal Bioethics	Magnifica Humanitas
View of Suffering	Suffering can undermine dignity; individuals may seek to escape it through self-determined means.	Suffering never erases dignity; the moral response is solidarity, accompaniment, and care.
Moral Status of Dependence	Dependence is often seen as undignified or identity-diminishing.	Dependence is part of the human condition; interdependence is morally meaningful.
View of Vulnerability	Vulnerability is a condition to be mitigated through expanded choices.	Vulnerability calls for communal support, not abandonment.

Dimension	Autonomy-Centered Liberal Bioethics	Magnifica Humanitas
Concept of Freedom	Freedom = self-determination and shaping one's own life narrative.	Freedom = ordered toward the good; exercised within moral limits.
Role of the State	State should maximize individual choice and remain neutral about moral meaning.	State should protect the vulnerable and uphold the common good.
Role of the Physician	Physician as service provider enabling patient preferences.	Physician as healer and protector of life, never an agent of intentional harm.

Dimension	Autonomy-Centered Liberal Bioethics	Magnifica Humanitas
Ethical Risks Identified	Main risk is paternalism or limiting choice.	Main risk is technocratic drift and normalizing harm to the weak.
Right of a Prisoner to Choose Suicide	A prisoner retains autonomy; choosing suicide may be seen as an extension of self-determination, provided the choice is voluntary and informed.	Suicide is morally impermissible; the state has a duty to protect life, especially where coercion, despair, or diminished agency are likely.

APPENDIX 3

From the Thought Puzzle Slide

Mother Spouse Student President Rich Patient

Baby Soldier Doctor Voter Poor Prisoner

All these terms represent individuals bonded in relationships to others

There is no fully autonomous decision-making as the decisions involve the autonomy and dignity of others

END