

Book reviews

Physician-assisted Suicide

Edited by Robert F Weir,
Bloomington and Indianapolis, Indiana University Press, 1997, xvii + 266 pages, £24.95 (hb).

This is a book of American origin, chiefly aimed at those engaged in medical practice rather than philosophers. It is concerned with euthanasia and the role of the physician in assisting people to die: physician-assisted suicide (PAS). It consists of a collection of essays covering various aspects of the subject, including the history of the practice and its ethics. The book is divided into five parts. Part I deals with the history of the practice; part II discusses the ethical foundations; part III looks at issues arising from its application; part IV discusses the implication for those who might be vulnerable to its abuse and part V examines the legal implications. The book is extremely well balanced: in each section there is usually an argument for and against the positions raised. It is a useful and well-thought-out text. It will make people think and discuss the problems raised, which I think is the editor's main purpose.

As one who favours euthanasia, especially in the situation where it is voluntary, I am going to pick out those two articles that are firmly against PAS. The first I will consider is the essay by Ira R Byock, "Physician-assisted suicide is *not* an acceptable practice for physicians". It is important to be clear about how much is being claimed here and where the emphasis lies in the statement that constitutes the title. And I am not sure the author is clear. He elides the question of whether there should be *assisted suicide* with the question of whether there should be *physician-assisted suicide*. The reason physicians are brought into it is simply a matter of their having the expertise and license, if anyone does, to perform

such acts. But one might agree for some reason that physicians should not perform such acts, while supporting someone doing it. (An analogy is the case of ministers of religion conducting funerals even for non-believers; hardly anyone else seems willing to do it, and from ministers one expects a professional and practised job.) One might suggest a specialist group, rather like (and a strange irony here) midwives. Midwives of death. Byock raises several points, and I cannot deal with them all. The arguments against PAS do not seem to me all that strong. The main weakness is that the discussion does not address the intolerable nature of non-physical suffering, even granted the points about controlling pain (which should not be easily granted). For many the mere comparison in their mind of their state now to what they were may be more than enough to render the situation intolerable. Byock tries to answer this by saying that carers should declare that the person is worthwhile and that there is nothing humiliating about being dependent. It would be foolish to deny this might work but for fiercely independent people this will cut little ice. Byock (page 124) unwisely suggests that it should be pointed out to people that a baby is not humiliated because it is dependent, a suggestion that hardly strengthens his case. Still, Byock raises points that should be discussed in a decisive and systematic way.

This brings me to perhaps the most challenging article in the collection; it is a powerful essay that deserves to be taken seriously, Daniel Callahan's, "Self-extinction: the morality of the helping hand". The central point in this essay is a clever one. Usually it goes almost without question that as far as an argument from rights is concerned they are overwhelmingly in favour of voluntary euthanasia and any objections derive from a utilitarian approach. But one has to be careful. While the right to solo suicide may be clear enough (although Callahan disputes this; we have permissions where

we have no rights), the case where assistance is required creates an interesting issue. What Callahan ingeniously does is turn the rights argument for PAS against itself. The central point is that it is not permissible for us to hand over our right to life to another and give that person permission to kill us. In the normal course of things this is true. It is no defence to murder (let's imagine a case unconnected with people dying of terminal diseases) that the murdered person agreed to be killed. Callahan weakens his case by drawing dubious analogies with slavery and rape. Certainly in the case of rape the idea of a voluntary rape seems impossible: someone who genuinely agrees to sexual intercourse (which is more than merely permitting it to happen or saying "yes") cannot be raped by definition. And the same may be true of slavery. Sadomasochistic cases are more to the point, and there was a recent prosecution in this area — although many at the time argued it was no business of the law. The problem in the case of violence arises from the desire to protect those who might say that they agreed to some violent action in order to avoid some further threat of violence. The answer is that they did not *genuinely* agree in the first place. But the case of the right to life is a tricky one. If Callahan's point is to be sustained it must address some hard cases. We grant permission to surgeons to perform acts that would otherwise be assault, and we think we have the right to give up our lives in acts of self-sacrifice which may involve others killing us. Callahan says that simply to assert we do have the right to give up our right to life is to beg the question and that he has not seen an *argument* justifying it. I'm not sure that the assertion that I have an overriding right to hand over my rights to others is question-begging. One might just stop there. Still, the example of duelling makes this option unattractive. Perhaps the best argument here is that we think it morally justified

handing over all sorts of rights to others (as in the case of surgery) if we think the consequence is some *good*. If this is granted, the question then is: can our own death constitute a good? I see no reason why not if a reduction of suffering can count as a good.

Another interesting point (page 74) raised by Callahan is that physicians, in engaging in PAS, are stepping outside their normal areas of competence and license. In the cases of PAS physicians are being asked to address not a medical problem, but a problem of life, that of dying. The answer is that this boundary has never been very clear, and to rule out anything addressing a problem of life would make much of psychiatry dubious. Perhaps it is. But more damagingly one might reflect as follows. True, dying itself is not an illness, but then breaking one's leg is not illness, or accidentally blinding oneself. They are in a sense problems of life. It might be said that the question here is promoting *health*, but it seems a mis-description to say that having an untreated blind eye is a case of unhealthiness. If you go around for long enough you are probably going to injure yourself. However long is the time in between, if you are born, you are going to end up dying. Should the condition of dying be addressed by physicians? I am not sure why not unless we are going to eliminate other things physicians routinely do. In any case the question of whether *physicians* should perform these acts may be a red herring; again, we could license a special group of people to do it. This may look odd, or even frightening. But it must be borne in mind that if assisted suicide became common, informal social mechanisms would arise - rather as they have in the case of birth and marriage - which simply because of the illegality or rarity of assisted suicide at present cannot exist.

This is a fine book. It is, as I say, well balanced. Physicians for whom philosophical discussion can seem too abstract will read it with profit.

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Practical Reasoning in Bioethics

James F Childress, Bloomington, Indiana University Press, 1997, 386 pages, £33.50, (hb).

This collection of sixteen essays covers Childress's work in bioethics since the 1970s. Most of the material here has been previously published but there are substantial revisions, updates and responses to criticism. This revision has resulted in a book with a coherent structure, not just a collection of essays. The central theme is the principles approach to bioethics which is clarified, defended, and modified in the present text. Childress's approach, which is frequently described as "principlism", found expression in earlier books, such as *The Principles of Bio-medical Ethics*, co-authored with Tom Beauchamp.

The substantive perspective of these essays, says Childress, is that of "liberal communitarianism", which is "founded on a strong presumption in favour of respect for personal autonomy" (page xi). However, Childress insists that this principle can "sometimes be overridden for the sake of communal goods" (page xi).

The book is organised into five sections which break down as follows. Part One outlines the principles approach and defends one particular version against critics, including casuists, feminists, narrativists and virtuosists. Critics of principlism have often argued that the centrality of metaphor, analogy and symbolism, in health care discourse is incompatible with a principles approach. But Childress disagrees, and in the early essays he demonstrates how metaphorical discourse can exist in close relation with principles and rules derived from them. The metaphor of warfare, for example, can be instructive in understanding conceptions of what should be done in health care; note how it determines priorities and depicts the role of the health care professional in our society. Likewise, analogies - such as those often drawn between the holocaust and proposals for the withholding of some forms of life-prolonging therapy - can either illuminate or distort moral discourse according to the manner in which they are employed. The conclusion that is drawn from Childress's analysis of metaphorical and analogical reasoning is that it is valuable when conducted within a framework of principles and rules.

The second part focuses on the principle of autonomy, its implications and limitations, with essays on regulations in nursing homes, the provision of information to cancer patients, and the debate on mandatory HIV screening and testing, where metaphors of the "war" against AIDS are frequently

cited in support of proposals to curtail individual autonomy.

Three essays in Part Three are concerned with the termination of life-sustaining treatment, with particular reference to the debate over the withdrawal of nutrition and hydration from certain categories of patients. The issues highlighted in Part Four include the debate on the allocation of health care and decisions concerning criteria for selective treatment. Two essays on intensive care and organ transplantation offer a comprehensive account of the principles approach in applied bioethics. One essay on the right to health care in a democratic society is particularly critical of the American failure to organise a comprehensive health care system. In Part Five the issue of transplant ethics is re-visited, and Childress assesses criteria for obtaining organs, the notion of human body parts as property, and proposals for a commercial market in organs. The final essay touches on some of the broader issues related to transplantation and research on fetal tissue.

This is a valuable clarification, re-statement and defence of principlism as an approach to applied ethics. It is strongly recommended to many teachers of bioethics who may have misled their students regarding principlism with the use of diagrams purporting to sketch the relationship between theories, principles, rules, and particular moral judgments. The overhead projector may be a useful teaching aid but simplified diagrams are no substitute for the complexities of moral inquiry.

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Do We Still Need Doctors?

John Lantos, New York/London, Routledge, 1997, 214 pages, £17.99.

John Lantos is a paediatrician, teacher and bioethicist at the University of Chicago. In this book he explores the past, present and future roles of doctors as we face the millennium and beyond. Richly interwoven with personal and professional anecdotes, case histories, literary examples and moral arguments, this is an intensely personal, thoughtful and thought-provoking book. The issues, dilemmas