

5-1-1975

[Book Review of] *To Live And To Die: When, Why, and How*, Edited by Robert H. Williams, M.D.

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Recommended Citation

Connery, John (1975) "[Book Review of] *To Live And To Die: When, Why, and How*, Edited by Robert H. Williams, M.D.," *The Linacre Quarterly*: Vol. 42: No. 2, Article 12.

Available at: <https://epublications.marquette.edu/lnq/vol42/iss2/12>

demical value is high and the ancillary benefits are considerable.

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*In a generous gesture of support, of which note should here be made, the editor of *Linacre Quarterly* furnishes for all course participants a personal copy of each current issue of this journal.

Book Review

To Live And To Die: When, Why, and How

Edited by Robert H. Williams, M.D.

New York: Springer Verlag, 1974

To Live And To Die is a collection of essays on ethical problems that would be of interest to medical students and physicians. The book resulted from a course given on these topics under the direction of the editor of the book, Robert H. Williams, M.D. All the topics have to do with the control and way of life made possible by recent scientific and technical progress, although not all of them would be classified as medical ethics, or even bioethics. Such subjects, for instance, as campus protest, the choice of a career, and marriage are treated in the collection.

Williams himself, besides contributing a lengthy prologue and

epilogue to the book, was responsible for several chapters on specific topics. His own ethics would have to be classified as liberal and purely secular or humanistic. He shows little understanding of, and less sympathy for, a religious ethic. He sees little value in suffering. To escape it, he can find no fault with positive euthanasia at the request of the patient, or even suicide. Contraception is preferable to abortion, but if it fails abortion should be used as a backup.

Williams sees no more than a difference of degree between abortion and contraception. Since there is life both in the sperm and the ovum, even contraception in-

volves "killing." Abortion differs only in that the killing takes place at a later stage of development. Williams is really repeating here an old scholastic position, but unlike the scholastics he uses the analogy not to condemn contraception, but to justify abortion. It was easier to argue for a difference of degree between contraception and abortion in the days when it was thought that the male semen (the ovum was not yet discovered, nor even the sperm) was the sole source of procreation. It is less easy to take this position in the light of present knowledge that "new life" begins with fertilization.

As for human life, Williams seems to build it around rational function, which he calls mentation. Without mentation the body is of no use, and without mentation there is no soul. Even if one were to presume that the soul comes and goes with actual mentation (as he seems to imply, but which one would hesitate to do), since mentation is not in itself a sensible phenomenon, it would not be easy to establish its absence. The absence of mentation would hardly be useful as a criterion for a euthanasia decision, which Williams would want it to be.

Two Different Approaches to Morality

It would be impossible to consider adequately in a brief review all the issues taken up in this book, but it may be helpful to the reader to give some attention to a confrontation between two differ-

ent approaches to morality as reflected in the articles of Arthur Dyck and Joseph Fletcher on euthanasia. Dyck takes the traditional stand against positive euthanasia; it is a violation of the injunction against killing. But there is a difference against causing death and permitting one to die (by not using extraordinary means). There is also a difference between administering a drug to cause death and administering it to relieve pain, even though it has the added effect of shortening life. One might ask what is the difference if death follows in both cases. Dyck argues that the person who takes a drug to relieve pain is not making a choice of death but a choice of how to live while dying. Similarly, one who decides not to use extraordinary means is not making a choice of death but only a choice of how to spend his last days in the most meaningful way. He is making exactly the same choices he might make during his life to take a drug to relieve a headache, or simply to see a doctor or not.

But to cause one's own death is to decide that one's life has no worth for anyone. It is also a way of shutting other people out of your life. Also, if one can take his life whenever he decides it is meaningless, why does he have to wait until he is dying? Why cannot he make the decision whenever during his life he decides it is meaningless? For these and other reasons Dyck cannot justify positive euthanasia.

Joseph Fletcher, on the con-

trary, finds it harder to justify letting a person die a slow and ugly death than helping him escape from such misery. This is a euphemistic way of saying that it is preferable for a doctor to put a patient to death in these circumstances. Fletcher says rightly that it is ridiculous to give ethical approval to ending "subhuman" life *in utero*, as is done in abortion, and refuse to end "subhuman" life *in extremis*. Unfortunately, instead of using the analogy to show that abortion is wrong he uses it to try to justify positive euthanasia. The real question here, according to Fletcher, is not whether you are permitting death or causing it, rather, it is whether you have a proportionate reason. If you have a proportionate reason, it does not make any difference to Fletcher whether you kill a person or let him die. While he admits that not any end will justify an evil means, he holds that a proportionate good *will*. Basically, Fletcher is espousing here a morality of consequences which judges moral acts according to the goodness or badness of their consequences. He would justify positive euthanasia, presumably, as an escape from the misery of a slow death.

Fletcher contrasts this approach with that of the so-called deontologist, who argues that an act is good or bad according as it conforms to a rule — and independently of the consequences. According to the deontologist positive euthanasia is wrong because it violates the rule: Thou shalt

not kill! Strictly speaking, the deontologist approach is Kantian, and it is a little simplistic to group all other moral systems under this heading. In the traditional scholastic position killing an innocent person is not wrong because there is a rule against it. There is a rule against it because it is wrong for other reasons. But it is wrong not precisely because it has bad consequences, but because it goes against man's rational nature to kill an innocent fellowman. It asserts a superiority that has no rational foundation. The fact that in an individual case or situation good consequences might result from such a killing will not justify it. The end does not justify the means. It was on this basis, for instance, that St. Thomas refused to allow a mother to be cut open to provide for the baptism of a baby who could not otherwise be baptized. In the thirteenth century performing a caesarean section on a live mother was tantamount to taking her life. Even though the spiritual welfare of the child (certainly a proportionate reason) was being weighed against the temporal welfare of the mother, St. Thomas did not think the operation could be performed, and precisely because a good end would not justify a bad means.

In all fairness to consequentialists it should be said that not all of them would agree with Fletcher that there is a "proportionate reason" for positive euthanasia. As Dyck points out, while many would admit the possibility of a

proportionate good resulting if one considers only the patient, they would fear the consequences of allowing a practice like this to begin. It would be on the basis of such "secondary" consequences that they would condemn it.

Monogamous Marriage Examined

In a chapter on marriage David R. Mace raises the question of the future of monogamous marriage. He faces openly all the reasons that put it in question. First, there is the shift in emphasis from marriage as a social and familial institution to marriage as a means of personal and interpersonal fulfillment. Given the population problem, there is no need for every marriage to be procreative. In fact, procreation might be carried on in a way more genetically satisfying, if only select men and women were to have children. Similarly, there may no longer be need of the family as a place to nurture children. Conceivably, this could be carried on in a more sophisticated and professional way through other media. Nor is there the same reason in modern society for confining sexual relations to a marital union. Sexual jealousy does not seem to have the same destructive force that it had in the past. There seems to be no need of the traditional sexual exclusiveness of the marriage bond, which raises the question whether it is necessary at all. Really, love and creativity are essentially spontaneous, which implies that an atmosphere of obligation and commitment is not the best for fostering them. There

are even those who do not think that young people should be required to make a life commitment at a time when they are incapable of grasping its meaning.

While admitting that marriage today is in trouble, Mace protests that there are also some very successful marriages in our society. Rather than abandon traditional marriage precipitously, would it not be better to examine these successful marriages to discover why they succeeded? He pleads that in our modern world, where one can get lost in impersonalism, there is more need for a relation in depth with some other person than ever before. Does not marriage offer a unique opportunity for such an experience — one which most people crave today — a deeply satisfying, dependable relationship of complete openness, complete trust and complete sharing of life with one loved person of the opposite sex? Mace is obviously not overwhelmed by the arguments against monogamous marriage.

The chapter on homosexuality, transvestism and transsexualism, while brief, seems fairly well balanced. The author, John L. Hampson, makes it clear that he is dealing with an adult homosexual orientation, not with a passing stage or superficial homosexual conduct. On the legal level, he is in favor of not legislating against consensual acts between adults. He does not think that homosexuality is a disease in the strict sense of the term, but finds it more useful to look upon it as a

developmental problem. It is a disorientation acquired early in life as the result of certain non-standard experiences. In view of this, while he is willing to refrain from applying such terms as sickness or illness to it, he does not agree that it is simply an alternative life style. Since it results from atypical psychosexual development, the homosexual has no more choice in his life style than the heterosexual. As for the possibility of reorientation, he says that perhaps one-third of homosexuals can be successfully treated. This is a little more optimistic than some estimates, a little less than others.

He touches only sketchily on transvestism and transsexualism. He breaks transvestism down into three types: the type who uses female dress for erotic stimulation, the compulsive type, and the expressive type who merely wants to express a feminine side of his personality (they are all men). This last type differs from the transsexual in that these transvestites do not consider themselves females trapped in a

male body. There has not been much success in dealing with the erotic or expressive type transvestite. More success has been reported in the hormonal and surgical treatment of transsexuals, but authors other than Hampson do not feel that we have enough long-term experience with this type of therapy to be confident about it. Hampson concludes wisely that our ultimate goal should be rather the prevention of such disorders as transsexualism.

The reader will find a number of other interesting topics treated in the present book. He will find it profitable reading, even though he may not always find himself in agreement with opinions expressed in it. He will regret also the complete absence of any recognition of the contribution which Catholic moral theologians have made to the field of medical ethics over the past centuries.

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