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[Book Review of] *Death, Dying and the Biological Revolution: Our Last Quest for Responsibility* by
Robert M. Veatch

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describe a method characterized by "uncompromising rationalism" and "deductive reasoning." Modern developments regarding natural law "metaphysical pre-suppositions" or other revisions of Catholic theological ethics by its more recent proponents pass by unremarked.

The final selection of the book deserves special note. By dealing with the role of medicine in society and with the effective and equitable distribution of medical resources, it raises social justice issues which have become particularly acute for Western medicine. Two authors, Charles Fried and Garvan Kuskey, take up the question of whether there exists a "right to health care." In so doing they address explicitly and commendably the problematic concept of a "right" itself, a concept which has been crucial but submerged in other chapters, e.g., abortion and informed consent.

This collection is a useful one in that it directs our attention to a variety of well-informed and articulate discussions of medical ethics. Its particular value lies in the fact that it educates the reader to examine these discussions critically.

— Lisa Sowle Cahill

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Death, Dying and the Biological Revolution: Our Last Quest for Responsibility

Robert M. Veatch

Yale University Press, 92A Yale Station, New Haven Conn. 06520, 1976. ix + 323 pp., \$12.95.

As the director of the research group on death and dying at the Hastings Center, Robert Veatch has gained immense knowledge and perspective on the topic of this book. The result has been this enormously valuable publication. Broad in scope, direct and stimulating in style, the book surveys the definition and technology of death, the refusal of treatment, truth-telling, organ donation, and several related issues. Each is presented in depth, with the end result being Veatch's conception of a Public Policy based on philosophical, social, and legal parameters that are easily understood, although undoubtedly debatable.

After a brief synopsis of the statistical data on dying and related costs, he analyzes four levels in the definition of death debate: the formal analysis of the term 'death,' then the concept, locus, and criteria of death. He calls for "a public policy . . . that will enable us to know who should be treated as alive and who should be treated as dead." (p. 55) He then compares four such policy proposals presently receiving consideration. On p. 76 he presents a valuable insight into the statutory difficulties, by formulating his own stature; the emphasis is on the patient's pre-stated opinions, or those of nearest relatives. Veatch is consistently cautious to protect the individual's rights and wishes.

The book is well documented with legal case histories, including a complete analysis of the Karen Ann Quinlan case. He presents a thorough analysis of the 'Living Will,' pointing out deficiencies which few care to admit. He then presents his own guidelines toward the development of such a document.

Perhaps the most valuable asset of this book is its lack of reluctance to offer precise positions on issues, most of which may polarize its readership. 1) "Terms

such as 'brain death' or 'heart death' should be avoided because they tend to obscure the fact that we are searching for the meaning of the death of the person as a whole." (p. 37) He analyzes such concepts as social integration and consciousness as criteria for life. "I . . . believe that death is most appropriately thought of as the irreversible loss of the embodied capacity for social interaction." (p. 42) 2) "Physicians in the states that do not authorize brain-oriented criteria for pronouncing death who take it upon themselves to use those criteria . . . in my opinion, should be . . . prosecuted." (p. 61) 3) ". . . most people writing in the field . . . are careless in distinguishing between the whole brain and the cerebrum and the functions of each." (p. 71) 4) If it is deemed that someone is in an irreversible coma and 'dead,' why do physicians feel compelled to turn off the oxygenator before pronouncing death, then turn it on again to preserve organs for transplant? 5) "When we accept active killing of the dying we are indeed stepping onto a slippery slope. We had best know very well how to get off that slope short of crashing to the depths of moral depravity." (p. 88) But he believes that "in some individual cases, active intervention may still be morally defensible." (p. 93) 6) "I would propose adding 'ordinary' and 'extraordinary' to 'euthanasia' as words that should be banned from further use. It is clearer simply to speak of morally imperative and elective means or of required and expandable means." (p. 110) He also warns against the terms 'meaningful existence' and 'death with dignity.' 7) ". . . the decision to allow dying patients to die or actively bring about their deaths should never be left to the individual physician." (p. 172) He believes that the physician "has no special competence for this kind of decision making." (p. 183) "Physicians, at least nonpsychiatric physicians, are not trained in determining what is in the patient's interest." (p. 217)

Although minor liabilities exist (such as the confusing Table 2) and a few debatable positions are presented, the book is an essential component of any library in medical ethics. The reader is guided through a logical sequence of steps toward a Public Policy, and is given the option of acceptance or repudiation. Whichever option is selected, one is given the necessary legal, medical, and ethical bases for decision-making.

My one reservation, and it is not a strong one, is that in his emphasis on the patient's right to choose, Veatch does not allow enough room for the fact that despondency and other temporary behavioral anomalies may induce a patient to ask for things which he does not really want. It is common for a patient to ask to die, when in fact he really means "Please assure me that it will not be painful," or "Please give me comfort and just let me talk."

— Paul R. Gastonguay
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BOOKS RECEIVED

- Case Studies in Medical Ethics. Robert M. Veatch. Harvard University Press, Cambridge, Mass., 1977, vii + 421 pp., \$15.00.
- A Christian View of Homosexuality. John W. Drakeford. Broadman Press, Nashville, Tenn., 1977, 140 pp., no price given.
- Death, Dying, and Euthanasia. D. J. Horan and D. Mall, editors. University Publications of America, Washington, D.C., 1977, xxii + 821 pp., no price given.
- The Homosexual Question. Marc Oraison. Harper & Row, New York, 1977, 132 pp., \$4.95.
- Homosexuals in History. A. L. Rowse. Macmillan Pub. Co., New York, 1977, xiii + 346 pp., \$12.95.