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[Book Review of] *Euthanasia and Clinical Practice: Trends, Principles, and Alternatives The Report of a Working Party*

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BOOK REVIEWS

Euthanasia and Clinical Practice: Trends, Principles, and Alternatives *The Report of a Working Party*

The Linacre Centre, London, 1984, viii & 88 pp., Index, \$9.50 (US).

The Linacre Centre is a relatively new (founded in 1977) centre for research in health care ethics within the Catholic moral tradition. This book is the result of a collaborative effort of a working party made up of Linacre Centre staff, several of the best known English Catholic moralists, most notably, G. E. M. Anscombe and John Finnis, and several eminent clinicians with wide experience in dealing with the dying and seriously disabled, most notably, R. B. Zachary. The chair of the working party was John Mahoney, a well known Jesuit moralist.

This book is concerned specifically with the *morality* of euthanasia and related activities; public policy questions are dealt with only incidentally. According to the Report, "there is *euthanasia* when the death of a human being is brought about on purpose as part of the medical care being given him" (p. 2). The crucial implication of this definition is that there is euthanasia only when death is sought to benefit the patient or, in the limiting case, when death is of benefit to others but no harm to the patient. The Report's conclusion is that euthanasia is wrong. But it has another, more constructive aim: to show how the traditional sanctity of life ethic actually provides intelligent and humane guidance for clinical practice and for the decisions of those facing death.

The Report is a very competent piece of work. It is not only a noteworthy contribution to the discussion of the morality of euthanasia and withholding life-saving treatments, but also a realistic and clinically nuanced treatment which should prove to be of considerable help to working physicians and other health care professionals. Its utility is enhanced by the fact that it is brief, well written, and utterly without frills or rhetoric. The literature discussed is as much American as English, and it quickly becomes apparent that the differences between American and English society and health care are not relevant to the matters discussed. The analysis is occasionally difficult and sometimes nuanced, but philosophical technicalities are kept to a minimum, and the result is an accessible and highly practical book. It is available directly from the Linacre Centre: 60 Grove End Road, St. John's Wood, London NW8 9NH.

Euthanasia and Clinical Practice is comprised of four major parts. The first provides a description and analysis of the various forces within clinical practice and thinking which are leading people to accept euthanasia. This part considers five specialized fields of care in which euthanasia has become a pressing issue: care of the newborn, care of the handicapped, terminal care, care of the elderly and intensive care. The conclusion is that in the care of the newborn, euthanasia has become commonplace, but that in the other areas there is little evidence of trends one way or another, except in terminal care, where the hospice movement indicates a trend against euthanasia. Unfortunately, the Report was completed before the practice of withholding artificially provided food and water from various debilitated patients was widely acknowledged and discussed. The implications of this growing practice are, therefore, not considered.

The first part also considers factors external to clinical practice which have contributed to the acceptability of euthanasia: utilitarian conceptions of responsibility, possessive individualist conceptions of the person, social Darwinism, the organized advocacy of

euthanasia, and economic factors.

The discussion of the program of Exit, the English group advocating voluntary euthanasia, exposes a central ambiguity in the case for voluntary euthanasia. Exit refrains from advocating non-voluntary and involuntary euthanasia, but neither does it reject them. In fact, Exit's arguments, all based on quality of life considerations and not on what a competent patient wants, justify non-voluntary and involuntary as well as voluntary euthanasia. The powerful rhetorical appeal to freedom and autonomy is exploited by this approach, yet Exit's arguments justify euthanasia because of its alleged benefits, and these benefits can be achieved as well or better in non-voluntary and involuntary euthanasia than in voluntary euthanasia. This has implications for the relevance of euthanasia in the Nazi era: "But once it is grasped that central to the argument for euthanasia in Germany in the 1920s was the concept of a 'life not worth living' and how extendable that concept is (and how much it was extended) and when it is realized that exactly the same concept is being more or less explicitly invoked at the heart of present arguments for euthanasia, then the historical lessons of the German experience can hardly be overlooked. It takes some hubris to discount them" (p. 19).

The second part of the Report deals with the underlying moral and religious issues. It is comprised of a chapter on philosophical considerations about murder and the morality of euthanasia, and a chapter on the Christian tradition's teaching on the value of human life. The philosophical chapter is the most difficult in the Report, but it may well be the best short statement in existence of the Catholic view on the ethics of killing and withholding treatment. It will repay careful study.

This chapter unfolds in logically rigorous manner. First, the concept of murder is clarified and the prohibition of murder is explained and defended. The core of the prohibition is the prohibition of intentionally killing the innocent. Second, euthanasia is related to this prohibition and shown not to be an exception to it. Killing human beings because their lives are considered wretched or not worth living is not like killing animals in great distress, for it denies the special spiritual status of human beings, and is in a non-sectarian sense "irreligious." Third, the possibility of murder by omission is explained. Fourth, the difference between murder by omission and certain other kinds of withholding life-saving treatments are demonstrated. In other words, this chapter clarifies both what euthanasia is and why it is wrong, and makes clear that not all decisions to withhold life-saving measures are murder by omission.

The chapter on the Christian tradition amplifies and supports the philosophical analysis of the philosophical chapter. The ethical importance of human life as a gift from God, the character of human stewardship for life, and a Christian evaluation of the idea of "death with dignity" are succinctly presented, along with relevant quotations from recent Catholic teaching.

The third part of the Report discusses more concretely the basis for decision-making concerning medical treatments. A chapter considers the rights and duties of competent patients in regard to medical treatments. In this chapter the meaning and logic of the distinction between ordinary and extraordinary means of treatment is clearly presented and shown to be essentially different from "passive" euthanasia, in which treatment is withheld not to avoid burdens, but to hasten death. Another chapter deals with the rights of incompetent patients and the duties of others towards them. This chapter considers how the ordinary and extraordinary treatments distinction is to be properly applied to decisions about the incompetent.

The fourth part of the Report takes the principles and procedures developed in the second and third parts one step further towards concrete application. This is done by formulating a set of guidelines for good practice which are informed by the moral outlook developed in the earlier parts of the Report. Here the experience of the clinicians in the Working Party is particularly evident, and the results of this experience are likely to prove especially helpful and encouraging to practitioners. For its two chapters make clear that opposition to euthanasia on sanctity of life is not only philosophically defensible, but practical and humane in a way that euthanasia is not. The first of the two chapters in this

part distinguishes the various classes of patients who would be considered by some as candidates for euthanasia, and details the kind of treatment appropriate for each. This chapter also spells out the requirements for good team care of the very debilitated and dying and shows how euthanasia can only compromise proper team care. The final chapter considers the specific measures needed to care for the patients in the threatened categories of people discussed in the first part of the Report.

The Report ends with a succinct conclusion, a useful glossary of terms and a competent index. A brief but useful note on the Arthur case, an influential infanticide case decided in the mid-1980s, is added.

The Report notes that the Linacre Centre is undertaking a new study on brain death. That is a welcome announcement. One hopes that the Centre will also take up a development in the euthanasia controversy which it does not address: namely, the growing practice of and concern about withholding artificially provided food and water from the comatose. Had that issue emerged clearly at the time the Report was written, its judgment that handicapped newborns were the group most at risk for the "benefits" of euthanasia might have been different. For now it appears that the permanently unconscious are at least equally at risk. Such is the dynamism of the movement towards euthanasia. Even so, this book is by no means outdated. Its arguments and analyses are not likely to become obsolete. For they state as well as I have seen stated, the core of the sanctity of life vision.

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For the Patient's Good: The Restoration of Beneficence in Health Care

Edmund D. Pellegrino and David C. Thomasma

Oxford University Press, Oxford and New York, 1988, 256 pp. Hardcover. \$29.95

In this book, Pellegrino and Thomasma continue their project of constructing a medical ethics based on a retrieval of beneficence, a project they began in their earlier work, *A Philosophical Basis of Medical Practice* (1981). In the present volume, the authors leave the plane of a general philosophy of medicine, in order to elaborate an ethics of medical practice that will support ethically and medically sound clinical decisions, under contemporary circumstances. Their model, which they name beneficence-in-trust, is a conscious alternative to the quasi-hieratic paternalism of an earlier Hippocratic era: the contractarian patient-autonomy model which today enjoys widespread hegemony, and the teleology of social utility which now appears aggressively ascendant.

The case this book makes for the option of grounding applied medical ethics in the good is persuasive, for many reasons. It provides a basis for continuity with the best in the Hippocratic tradition. It tends to supply a foundation for concrete ethical norms which comport with time-tested intuitions of what is right and wrong. As well, it dialectically elevates and integrates insights of the competing patient autonomy model, which are of undeniable value, and it is articulated within a meta-ethical framework making feasible its application under conditions of moral pluralism, by allowing for the interaction of differing conceptions of the good on those levels which can be distinguished from the minimum agreement necessary to ground the covenant between doctor and patient. Not least of all, it offers a unified protocol for ethical decision-making under clinical conditions which appears fully informed by the responsible physician's regard for the sanctity of life.