

11-1-1983

**[Book Review of] *Moral Responsibility in Prolonging Life Decisions*, edited by Donald G. McCarthy and Albert S. Moraczewski**

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## Recommended Citation

Benjamin, Walter W. and Doyle, James J. (1983) "[Book Review of] *Moral Responsibility in Prolonging Life Decisions*, edited by Donald G. McCarthy and Albert S. Moraczewski," *The Linacre Quarterly*. Vol. 50: No. 4, Article 16.

Available at: <https://epublications.marquette.edu/lnq/vol50/iss4/16>

This line of criticism is not meant to suggest that concrete decisions in medical ethics are easily made. The problem is that we seem to have no articulable process for rationally reaching them within the framework Veatch establishes. And without such a process there is not, in principle, a way of arriving at a reasoned consensus about the specific issues in medical ethics. Without the possibility of such agreement, it is hard to see the value of agreement about general principles. To resolve this difficulty, one must have a single basic principle, like the love command of Christian ethics, or the principle of utility, or the Kantian principle of respect for persons. Veatch correctly rejects the principle of utility, but does not closely consider the other alternatives, perhaps because of the ambiguity of the status of his contractors. Self-interested contractors would not accept either the Christian or the Kantian principle. But this refusal shows only that the demands of an agreeable conventional morality do not necessarily coincide with the logical demands of a moral system which is based on moral truth and seeks to give real guidance for difficult choices.

In short, this is an important and useful book, but it founders on the rocky shoals of ethical theory because the author did not think hard enough about the demands of the difficult task he undertook.

— Joseph M. Boyle, Jr.  
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## TWO VIEWS ON:

# *Moral Responsibility in Prolonging Life Decisions*

Donald G. McCarthy and Albert S. Moraczewski, Editors

*Pope John Center, St. Louis, 1981, xii + 316 pp., \$9.95.*

### I

The genesis of this work arose from papers prepared for three institutes for health care professionals which were co-sponsored by the Catholic Health Association and the Pope John Medical-Moral Research and Education Center of St. Louis. The volume is designed as an intra-Church project, has the *Nihil Obstat* and *Imprimatur*, and carries out the mission of the Center namely, "applying Church teaching to contemporary medical-moral issues." This paradigm, ironically, contributes to both the strength and weaknesses of the work.

The book is divided into three sections. There are four essays on "Life and Death"; eight on "Prolonging Life Decisions"; and the editors are completely responsible for the final eight chapters on "Clinical and Pastoral Applications." The contributors represent the disciplines of theology, biblical studies, philosophy, law, sociology and medicine.

In general, the essays are critical of contemporary ethical trends, for most respondents speak out of a natural law, deontological framework.

Since the reviewer is not within the Roman Catholic moral tradition, whatever judgments he makes should be accepted provisionally. Nevertheless, the strengths of the work are as follows:

1. It provides guidance for those working within Catholic institutions in applying Church teaching to contemporary medical-ethical dilemmas. Those outside this tradition might well consult this symposium volume to note the rationality, order and care with which Catholic moral philosophy proceeds.

2. Unlike many "doing" biomedical ethics today, most contributors connect faith to works, doctrine to behavior. The "vertical" is the sanction for the "horizontal."

3. There is an excellent appendix that not only includes the text Vatican Congregation's "Declaration on Euthanasia" (1980), but gives a series of hospital "no-code" orders, living will and certification of terminal condition statements. Hospitals and health care administrators can profit by reviewing, modifying and using them.

Nonetheless, *Prolonging Life* has limitations.

1. There could have been a *better balance* between the author-professionals. The work has a clergy/philosopher bias for there are only three very short chapters by physicians (19 pages of 309) and only two chapters from one attorney. Why were those who "work the medical trenches" not given more input? How is it possible that eight chapters on "*Clinical* (my italics) and Pastoral Applications" were written by the two editors? Father McCarthy, for example, castigates the American Medical Association's 1981 criteria for allowing seriously defective newborns to die because it involves a "quality of life" criteria. Could not a physician have been found to defend the AMA position?

2. There is *very little dialogue* in the work. Serious engagement takes place only with two physicians who differ over the determination of human death by the Harvard Criteria (flat EEG). This probably was the fault of the Institutes, however, for it seems they were designed to explicate moral positions, rather than debate them. This reviewer would have liked to have had input from well-known Catholic moral philosophers such as Charles Curran, Dan Maguire, or Richard McCormick. While the editors state that McCormick gave them "helpful suggestions," contributors fault his criteria of "potentiality for human relationships" in deciding medical intervention in seriously defective newborns. Ironically, a United Methodist ethicist, Paul Ramsey receives high praise while "Roman Catholic 'new' moralists" (Roach) are ignored.

*Prolonging Life*, therefore, will be of significant use for those who wish recent articulation and defense of traditional Catholic positions on these matters. It will not be helpful for those in search of an open (and fair) debate on the ethical ferment within the Church.

—Walter W. Benjamin, Ph.D.  
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## II

Each week it seems that yet another case of nontreatment of a severely handicapped infant or of a comatose adult patient is brought to our attention. Current interest centers on the case of two Los Angeles physicians charged with killing Clarence Herbert, a comatose, severely brain-damaged patient, by withdrawing a respirator and, when the patient defied expectations by continuing to breathe on his own, withholding food and water until he died on Sept. 6, 1981 (*New York Times*, 2/7/83).

In *Moral Responsibility*, six theologians, three physicians, two philosophers, an attorney, a biblical scholar and a sociologist grapple with the many aspects of this

complex problem of prolonging life decision-making and in so doing, provide an excellent resource for all those involved in such decision-making. Many of the contributors will be well-known to *Linacre Quarterly* readers: Byrne, Horan, Boyle, Atkinson, Ashley, Connery, Reilly and others, in addition to the editors.

The volume evolved from institutes which the Pope John XXIII Medical-Moral Research and Education Center in St. Louis co-sponsored with the Catholic Health Association in St. Louis, Tampa, and Phoenix in 1980-81. Scores of professionals in health care, bioethics, and the law reviewed and offered suggestions on the chapters.

The extensive coverage of the topic makes the book a treasure trove. The four chapters of part I offer a biblical vision of life and death, an ethical and theological reflection on the prohibition of killing the innocent, and an analysis of the medical-legal trend to accept brain criteria for human death in those cases where respiration and circulation are artificially supported. Part II contains eight chapters on medical procedures which prolong life, the shared responsibility of patient and physician, a historical background to Catholic thought on moral responsibility in prolonging life decisions, basic principles which function in the Judeo-Christian tradition on stewardship of life, conscience formation, a legal analysis of statutes and judicial decisions, and a chapter on the modern trend toward greater acceptance of mercy killing and withholding ordinary treatment. Part III considers the clinical and pastoral applications with special concern for the role of administrators, physicians, nurses, and pastoral ministers. Appendices contain the full text of the Congregation for the Doctrine of the Faith's "Declaration on Euthanasia" as well as helpful examples of hospital policies on no-code orders and on withdrawing patients from life-sustaining equipment or therapies.

Two extreme approaches continually surface in discussions about prolonging life. On the one hand is medical-moral scrupulosity, a tendency to demand that everything possible be done to maintain life ("vitalism," as Father Richard McCormick would term it). Medical-moral laxism, the other extreme, is the tendency to choose arbitrarily when life-sustaining procedures should begin or end. *Moral Responsibility* successfully maintains a middle approach between these two extremes. This is an approach which does not put forth easy answers to difficult questions, but demands hard, prudential judgments by all concerned. Even given the tradition's distinction between ordinary and extraordinary means, deciding whether a particular therapy is or is not extraordinary is no easy thing and often calls for the decision-makers to live with less than absolute moral certainty that the right decision has been made. The middle approach is the one, however, that is most consonant with the best insights of the Roman Catholic medical ethics tradition.

*Moral Responsibility* does not have as its purpose the presentation of positions on all sides of the issues with which it deals. Thus, there is a certain homogeneity or consistency throughout; missing are exponents of divergent views within the contemporary Catholic medical ethics community. This approach has its advantages but it will disappoint readers who believe, to take one example, that the last word has not been said on the so-called "quality of life" and "modern consequentialist" debate. Chapter 2, by Richard Roach, S.J., deals with this debate in a somewhat contentious manner with no opportunity provided to the opponents in the controversy to offer a rebuttal.

In an otherwise carefully edited work, one error calls for correction (p. 51). Morris B. Abram (not Maurice Adam) is chairman of the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research.

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