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Medical Ethics: Common Ground for Understanding

O'Rourke/Brodeur

St. Louis; Catholic Health Association, 1986, \$16, paperback.

This is a book of short essays, 60 in all, dealing with medical ethics. It is divided into three sections. The first section deals with the general topic of professional responsibility; the second treats the general principles of medical ethics; and the third discusses specific articles and court cases. This last section deals almost entirely with the question of preserving life. The book does not present Catholic teaching, but aims at reaching a pluralistic audience without conflicting with this teaching.

The individual essay is devoted to presenting the ethical principles involved in the topic covered, a discussion of these principles, and the relation between them when more than one is involved, and a conclusion. As one might expect in brief essays of this kind, especially when aimed at a pluralistic audience, the conclusions are not necessarily solutions or answers to the problems treated.

The book contains much valuable information and ethical discussion and will provide a helpful introduction to the ethical problems it considers. An unfortunate omission, however, is a discussion of the problem of abortion.

The third section of the book is given over largely to articles and cases dealing with the problem of withholding withdrawing treatment, including nourishment. The authors argue that decisions of this kind must be related to the condition of the patient. This is certainly true if the condition of the patient affects the means in question. Thus if a patient is dying and will die shortly even with treatment, his condition will make the treatment useless. But if the condition of the patient does not affect the means in question, but is in itself made the basis for the decision, the whole approach is changed. One is no longer dealing with quality of means, but quality of life. In this shift, the reason behind the decision is no longer to spare the patient a burdensome or useless means, but to end a burdensome life.

The authors refer to this as "allowing the patient to die." They seem to assume that they can use this expression legitimately because nothing positive is being done to end the life of the patient. But "allowing a patient to die", if it is to be acceptable, implies more than just an omission. It implies as well that death is outside the intention of the health care provider. It follows that the expression can be used legitimately where there is some reason other than death for the omission (or the commission). But it cannot be used legitimately where anticipating death is the reason behind the omission.

It is unfortunate that the authors do not offer a clear definition of euthanasia in their discussions. This would have alerted them to the fact that one can commit euthanasia by omission as well as by commission. Indeed, neither omission nor commission will constitute euthanasia just because they are related to death. The decisive factor will be the intention. And this is what makes the difference between a decision based on quality of treatment and a decision based on quality of life. In the latter the intention is to bring on death . . . since this is the only solution to the problem. So when one withholds treatment because of the condition of the patient, he is guilty of euthanasia by omission. And this conflicts with the teaching in the Declaration on Euthanasia.

The condition of the patient which the authors claim would warrant withdrawal of all treatment, etc., is defined as that in which he is no longer able to achieve the goal of human beings. Traditionally death itself was thought to be the end of human striving. In thesis form, this was stated in simple Latin: *mors est terminus viae*. I am not sure how valid a claim one can make for ruling out all possibility of human striving prior to death.

The authors offer as a classic example of such a condition an "irreversible coma." In

other parts of the book they include other cases. But even if *per impossible* one could get over the euthanasia hurdle, this kind of criterion is too indefinite to be applied with any kind of moral precision or security. Would it apply, for instance, to the "pleasantly senile" as some would like to maintain?

The book will be of value to the Catholic reader in challenging him to define and clarify his own Catholic values.

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