

5-1-1987

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Recommended Citation

Barry, Robert (1987) "[Book Review of] *What Are They Saying About Euthanasia?*, by Richard M. Gula," *The Linacre Quarterly*: Vol. 54 : No. 2, Article 17.

Available at: <http://epublications.marquette.edu/lnq/vol54/iss2/17>

What Are They Saying About Euthanasia?

by Richard M. Gula, S.S.

New York: Paulist Press, 1986. 179 pp. \$5.95 paperback

This book is actually mistitled. It should really be, *What Did They Say About Euthanasia?*, because the book is now quite out of date. There are no references to be found later than 1983 and that indicates that the author is poorly informed about contemporary developments in the mercy killing debate. This book might be of historical interest to individuals, but it cannot provide an up-to-date account of contemporary thought and events on euthanasia. Gula summarizes the thought of Catholic and secular moralists from the late 1970s and early 1980s on the ethics of active and passive euthanasia, but he mentions virtually nothing of the contemporary debate on providing food and water or on the morality of "rational suicide". Because of that, I would like to mention some of the recent developments in mercy killing so that readers can have some insight into the seriousness of this problem.

At its national convention in Washington, D.C. in September, 1986, the Hemlock Society indicated that it would introduce a referendum into the California legislature which would give physicians the legal power to give lethal injections to terminally ill patients. However that category might be defined, on request. This referendum might very well meet with much success, for while Hemlock has been unable to find a legislator willing to introduce such a measure, there seems to be strong public support for such a measure. What is disturbing is that many people are now coming to accept the notion that "rational suicide" is a morally acceptable course of action. What actually constitutes "rational suicide", however, remains problematic. Writers such as Tom Beauchamp define rational in utilitarian burden-benefit terms, holding that it is morally permissible for terminally ill patients to take positive measures to end their lives. What this viewpoint fails to see, however, is its ethnocentric bias. The rationale is defined as that which is in accord with Western, rationalistic and hedonistic calculations. Thus, Beauchamp would reject suicide for any religious motive as being rational.

Rational suicide is now being accepted as a morally legitimate option by many professional suicidologists. In a survey of contemporary thought on suicide by professional suicidologists by David J. Mayo entitled "Contemporary Philosophical Literature on Suicide: A Review in *Suicide and Life-Threatening Behavior*, Vol. 13(4), Winter, 1983, it was shown clearly that many suicidologists now endorse the idea that suicide can be a rational and morally defensible choice, in some cases. This bodes ill for those seeking to protect the medically vulnerable and mentally handicapped, because professional suicidologists have been some of the strongest opponents of the view that taking one's life can be a rational action.

A number of courts in the past four years have endorsed the claim that nasogastric feeding is comparable to the use of a respirator, and have argued that it could be withheld or refused when judged to be too burdensome. The evident assumption of this argument is that similar treatments should be administered according to the same ethical and legal principles. It has been suggested, however, that according to this principle, feeding tubes should be administered according to the principles governing the administration of urinary catheters because they are more similar than are respirators or ventilators and nasogastric feeding tubes. Both urinary catheters and nasogastric feeding tubes are passive conduits which can usually be inserted and maintained by skilled nurses. Both of these assist natural bodily functions and do not replace the bodily function of swallowing as a respirator positively replaces the inhaling and exhaling function of the body. Urinary catheters and nasogastric feeding tubes are not profoundly burdensome, and most physicians consider them to be non-invasive forms of care. And both can prevent patients from succumbing to conditions which are readily treatable.

This comparison suggests that nasogastric feeding tubes should be provided according to the same criteria governing the provision of urinary catheters. When urinary catheters can be provided by skilled nurses and when their provision is not profoundly painful for the patient and can substantially sustain the life of the patient, they are provided. Similarly, when nasogastric feeding tubes can be provided by skilled nursing care and when their provision is not profoundly painful for the patient and can substantially sustain life, they, too, should be given. This opinion is in harmony with the assumption that similar forms of treatment should be administered according to the same principles, even though it might not be a popular judgment on the issue at the present time.

The debate on the ethics of providing nutrition and fluids to various classes of patients has taken on the character of the debate on abortion in the middle 1960s. The strategy of those promoting passive mercy killing now seems to be formally identical to that used by abortion advocates in the 1960s. In both cases, the National Conference of Commissioners was used to promote their death-dealing measures. Just as abortion advocates used the hard case of twinning to overcome the objections of liberal Catholic moralists to abortion, so also euthanasia advocates are now using the case of the comatose patient to overcome the objections of conservative Catholic moralists to providing them with feeding.

Fortunately, the United States Catholic Conference has taken a very strong stand on this issue in favor of life. In the Nancy Ellen Jobs case, the New Jersey Catholic Conference submitted an *amicus curiae* brief which demanded that this seriously brain-damaged young woman not be brought to death by dehydration. In adopting this posture, the USCC has opposed the thought of such leading Catholic moralists as William E. May, Germain Grisez, Albert Moraczewski, Kevin O'Rourke, Benedict Ashley and Edward Bayer, who have held that there is no obligation to provide feeding for brain-damaged patients such as Mrs. Jobs. Just as the nation's bishops had to fight abortion for the past 20 years without the support of liberal Catholic moralists, so also does it now appear that they will have to fight the mercy killing movement in coming years without the support of their conservative moralists, a grim task, but one from which our nation's bishops apparently do not shrink.

The contemporary mercy killing scene is by no means hopeful. Political leaders are reluctant to promote legislation to require medical treatment or restrict assisted suicide because of the political power of the media, legal and medical associations in support of legalized mercy killing in various forms. For more than three years, the divided pro-life movement has been wringing its hands about the advance of mercy killing, but it has not been able to construct effective and politically acceptable model legislation that could be promoted. It seems to this author that the only substantial hope of curbing mercy killing which we have at the present time is our nation's bishops. Now that they are becoming more aware of the present peril, they might be able to develop effective measures against it.

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