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A Bioethical Perspective on Death and Dying: 
Summaries of the Literature

Information Planning Associates

Information Planning Associates, Inc., P.O. Box 6318, 5632 Connecticut Ave., N.W., Washington, D.C. 20015. 88 pages, $8.95 (paper).

Death and Dying is a special supplement of the monthly journal Bioethics Digest containing all of the abstracts in thanatology which appeared in the first twelve issues of the digest. The abstracts are grouped in the following eight major sections with appropriate subsections: attitudes toward death; death education; definition and determination of death; euthanasia: (a) ethical and philosophical considerations and (b) policy and legislation; involuntary euthanasia: (a) children and (b) the Quinlan case; care of the dying; bereavement; and suicide.

The publication has some very definite positive features such as: 1) the writing of the abstracts is lucid and concise; 2) the sources are extremely varied: newspapers, journals of law, medicine, psychology, philosophy and religion; edited readers, textbooks, and convention papers; and 3) the choice of readings dealing with the multiple facets of the Karen Ann Quinlan case are well-balanced. However, there are two flaws which are glaring. One, there are no addresses given with the bibliographical data which would save the reader time and energy in obtaining a copy of the complete article cited. The other is the uselessness of the author index. A title index, if an index is warranted (questionable), would have more value.

Weighing the positive and negative elements, this particular publication would serve well as a source book in preparing courses in death education whether it be for the undergraduate or graduate levels, for continuing education, or for in-service training. For those individuals who are more intensely involved in bioethical problems or have a broader grounding in bioethical issues or in bioethics the Digest itself may be more valuable, in the sense that each issue covers a spectrum of problems. A cautionary word is in order. Abstracts can be abused by having them substitute for the knowledge of the content and the nuances of that content gained by reading the original sources. This unintentional tendency can be accelerated by the shortness of time and the inaccessibility of the original material. This, however, distorts the true value of the abstract as a reference tool and would distort the value of this publication in particular.

— Peter H. Beisheim

Dying and Death: 
A Clinical Guide for Caretakers

David Barton, M.D., Editor


This collection is intended to inform and assist professionals caring for terminal patients in a hospital environment. The editor (associate clinical professor of psychiatry, Vanderbilt University School of Medicine) and seven contributors address medical, psychological, social, ethical and personal issues from the per-
spectives of physician, psychiatrist, nurse, clergy, philosopher, ethicist, and patient. In general, the chapters represent a patient-centered approach to care, stressing the prerogative and responsibility of the patient as primary decision-maker. Authors shift the focus from the doctor as central authority to a team approach to clinical practice. The family also is seen as a source of insight into appropriate treatment alternatives and attention is given to helping its members cope with stress and conflict.

Most contributors seem to interpret "caregiving" as the sustenance of a network of relationships, whose functioning for good or ill is defined in psycho-social rather than strictly medical and technical or procedural and hierarchical terms. While this is a valuable perspective, many observations about care are offered which are accurate but hardly new. Readers may find the resulting guidelines obvious from direct experience with death, or even from familiarity with current theories about personal interactions in proximity to it.

The common emphasis is on communication as the essential factor in adequate care. Communication with the patient is particularly vital, but it is also important that the lines of exchange be kept open among the health care professionals mutually concerned with patient welfare, and between the health care team and family members. Specific recommendations are often aimed at facilitating communication or breaking down barriers to communication. The authors usually prefer not to generalize about the advisability or morality of specific acts or procedures (e.g., withdrawing treatment), except when they are necessary preconditions for successful interpersonal exchange (truth-telling, articulation of anxiety and fear, etc.). The message is that "care" is equivalent to concerned communication which aims at honesty and perhaps "acceptance" of death. This thesis, congruent with trends in contemporary psychology and in the "death and dying" literature, is not in itself original, however true.

The first half of the book consists of eight chapters written by Barton as "An Approach to Caring for Dying Persons." A central insight is that the dying patient strives to "die with dignity" through the generation of a sense of "aliveness" in the face of permanent loss of his or her life's achievements. The "transactional triad" of person, family, and "caregivers" must cooperate in order to help the patient transcend the "meaning crisis" constituted by the process of dying. Barton gives us some helpful analyses, such as that of the already-troubled family and of some inappropriate "coping mechanisms" on the parts of health care providers, especially physicians. However, he has a tendency to set forth the obvious in detail with concepts and jargon apparently borrowed from conditioning psychology and transactional analysis.

The book's second half contains a diversity of other perspectives on the care setting, some theoretical and some practical. The section is led by two chapters edited from interviews with two persons who, approaching death, are atypically forthright and articulate. While not really conveying new information, the chapters are gripping because they impart a sense of urgency and reality about death which lends significance to surrounding discussions.

I found the most helpful theoretical chapter in the book to be "Caring for the Dying Person: Ethical Issues at Stake," by Robert M. Veatch, Ph.D., senior associate and director of the research group on death and dying of the Institute of Society, Ethics, and the Life Sciences. Veatch shows how differences of opinion about morally commendable care alternatives are rooted in implicit or explicit commitments to classical ethical principles. He describes three such principles, then applies them to three areas of moral conflict which arise frequently in care for the terminally ill: truth-telling, definitions of death, and refusal of treatment and direct killing. Finally, Veatch discusses implications of his analysis for hospital and legal protection of patient self-determination. Veatch is perceptive, clear, and usually precise in honing the moral issues.
While little ground is broken in *Death and Dying*, the book is exemplary of the multi-dimensional approach it advocates. Its contributors are clinically involved, psychologically and ethically reflective, and willing to share with others their own perceptions of human dying and "caregiving."

— Lisa Sowle Cahill  
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**TWO COMMENTS ON:**

**Human Existence, Medicine and Ethics**  
William E. May


(1)

This is a very readable book, divided into seven chapters, expertly dealing with such current medical-moral questions as the dimensions of consent in human experimentation, euthanasia, determination of clinical death and cadaver organ donation, as well as some of the more practical problems of genetic engineering. The author's basic orientation is a Christian ethic strongly stressing human dignity and human rights. This orientation is keynoted in his introductory concept of a human being as a "created word" of God, as echoing the Christian concept of the "uncreated Word" made flesh in Jesus Christ.

Dr. May builds his concepts on consent and clinical research on infants, minors and the retarded around the published opinions of Paul Ramsey and Richard McCormick, rejecting the latter's theory of "proxy consent." In the case of appropriate therapeutic research consent of a parent or guardian is not properly called "proxy" since the only consent required is the personal consent of the responsible party in the proper exercise of parental responsibility. In the case of non-therapeutic research, May holds (with Ramsey) that any so-called "proxy" consent is invalid because extrinsic to the unknowing experimental subject and that no one can rightly volunteer another for procedures which, of their very nature, require personal consent.

Dr. May likewise rejects test-tube human fertilization as illicit experimentation because (among other considerations) it exposes the experimental subject to the danger of great harm. In regard to artificial insemination in general, he likewise rightly rejects the arguments that attempt to defend masturbation (to obtain sperm) as part of the current consequentialist biologic approach to morality. He contends, moreover, that artificial insemination ruptures the fabric of the marriage covenant by rejecting the husband as the person that he is. Although Dr. May seems to hold that the difference between *AIH* and *AID* is only a difference of degree (p. 47), it seems to this reviewer that although either form of artificial insemination is a utilitarian and anti-personal biologism, *AID* seems to add a deeper distortion to the marriage covenant. The author makes reference to the condemnation of artificial insemination by Pope Pius XII and that Pontiff's beautiful presentation of the sacred and personalistic values of natural intercourse but does not mention the distinction between artificial insemination and artificial aids to natural insemination.