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Book Review

The Troubled Dream of Life: Living with Mortality
by Daniel Callahan
Simon and Schuster, New York, 1993, pp. 231, $21.00

In those medical communities that pride themselves on pushing the frontier of scientific advances to the limit, the ideas that Callahan presents may provoke disagreement. If not disagreement, then at least discomfort. There is a useful rejoinder to reinforce those positions. It is the final words of Mark Twain’s The War Prayer: “It was believed afterward that the man was a lunatic, because there was no sense in what he said.” But first, linger a while. Hear me out.

We have extended the role of the technological imperative beyond illness and disease as we attempt to bring all aspects of our life, even death completely under the mantle of medicine and science. In The Troubled Dream of Life Callahan argues that “medicine must abandon the modern cultic myth that in the cure of disease lies the cure of death.” The decision for Callahan to explore further this issue does not involve retreat but rather a search for meaning.

Those of us in medicine who cannot let go when what we do is no longer effective are trapped by a technological (and at times, moral) imperative that seeks to maintain control to the very end. That position involves an acceptance of view that life and death are not continuous. We have been indoctrinated with the idea that we must control the disease process and resist death until we are at the very edge of the abyss. Callahan provides us an opportunity to reflect on what is involved in being trapped in an unacceptable entanglement. He then examines possible ways out of the predicament.

This is the third book in what is at this point a trilogy about medicine, its problems and the meaning of life and death. The first book Setting Limits: Medical Goals in An Aging Society (1987) was more tentative, exploring issues and options. In What Kind of Life: The Limits of Medical Progress (1990) Callahan became more focused and laid the groundwork for this latest work. In What Kind of Life he proposed a moral agenda for health reform. Although Callahan had made it clear that he opposed euthanasia, he now moves on to a more thorough discussion of related but deeper issues. In the present volume he explores both our understanding of life and death, as well as the role of medicine.

Although Callahan purports not to be a believer this is a deeply religious book. Callahan’s Catholic roots are still very much a part of him despite any protestations to the contrary.

Callahan outlines (p.39) many of the current forces in medicine and society that he sees as responsible for the emphasis on finding a medical solution to end of life dilemmas. In seeking an explanation of the tendency of physicians to overtreat he covers worry about malpractice, a zest for technology, pressure from families and a “moral belief” in the need to prolong life.

Doctor and patient at times find themselves trapped in crisis after crisis, each involving small incremental steps with decisions that seem reasonable in themselves. Even when there is an advanced directive it is not easy. Frequently it becomes not “whether” but “when.” The euthanasia movement emphasizing full self determination “seeks to reassure us we can die as we choose, and provide a technically decisive solution to our dying.” “...because all deaths are increasingly judged to be a human responsibility, with the distinction between omission and commission erased, there is now every incentive to seek a final and decisive control over the process of dying.” (p.92)

Callahan notes that there are many pressures on family, friends and patient who seek assisted suicide. These tensions include the difficulty in withstanding the powerful mystique of advanced
medicine and the associated, often excessive, treatment.

Two strong forces (the technological imperative and patient autonomy) work together to define and dominate the end of life. The rituals and practices surrounding death are no longer those of the community but are defined by medicine. This medicalization of death is reinforced by commercial enterprise and a more secular society. Commenting on writings of the French historian, Philip Aries, Callahan writes of the “tame death” of another age, one that was “tolerable and familiar, affirmative of the bonds of community and social solidarity, expected with certainty and accepted without crippling fear.” He contrasts that “tame death” with the “wild” death of contemporary technological medicine. Callahan, however, does not seek a return to a nostalgic and unattainable past; he does not see that as the viable answer.

The second influence, the strong emphasis on autonomy and its claim that we have total control over our own bodies, although a reaction to it, actually works in tandem with the technological imperative. In acquiescing to that alternative position and emphasizing self determination we are as alone in one as we would be in the other. Callahan suggest there must be another way, something other than a struggling, isolated soul locked in combat with the mechanical robot with tubes and wires. There must be something other than an “existence” defined by the impersonal medical bureaucracies of specialists and health care teams; something other than the alternative choice of the total isolation and loss of meaning associated with absolute autonomy.

The current societal reaction that lends support to assisted suicide seeks to grasp back control from the sterile technological environment of medicine and claim “the right” to determine how and when death will arrive. That alternative also involves denial; it denies that there is any significance to death and suffering. The battle has become one for control, not one that seeks to find meaning. One answer is to try to recover some senses of the “tame death,” to return it to the community, to recognize death and dying not only as inevitable but also as significant. It is only if we have an understanding of nature and some shared ideas about the purpose of life, the meaning of death and the proper role of medicine that we can nourish those attitudes that give meaning not only to life but also to death.

There are two illusions. One is that medicine has the answer, another that I alone can provide the answer. The answer can be more easily found in our narrative, in our history, in our relationship to others, family and friends, in community and in finding significance in all aspects of life, both living and dying.

The assisted suicide movement is based on two claims: the right of self determination and the contention that there is an obligation of the medical profession to relieve pain and suffering. It draws strength from the failure of society and modern medicine to reassure us that there is a setting in which we can manage our dying with dignity, comfort and meaning. It draws strength from our desire to be total masters of our own fate.

To give in to total self determination is to accept that relationships are not important. That they are not central to the patient-physician interactions nor to any other. Relationships have a special place in relieving suffering. Although some individuals, such as Kevorkian, suggest that their approach is “compassionate” it is singularly devoid of any attempt to find meaning in either life or death. To argue that one can help a person by rendering them dead is a logical contradiction. They may dispense with pain but they do not deal with suffering.

Pain and suffering are different and require different resolutions. Pain (physical, physiological) and suffering (psychological, spiritual) are not the same. They involve different realities. The creative, the spiritual, is intertwined with the psychological involving life, suffering and death. Although medicine has a duty to relieve pain it is balanced by other duties and its most fundamental goal is to benefit the patient. The suffering is an area that medicine needs to be more concerned with.

As we help with the pain, we need to find better ways to help with the suffering. We need to comfort, hold and to help people to find meaning. It may require that we be less “modern Physician” and more friend. That may require giving up some of the control that Callahan deplores. It will mean abandoning the myth that it is the role of medicine to defeat death.

There is another level of the discussion that Callahan does not deal with explicitly, although it is one that enriches the arguments he presents. Autonomy or the right to self determination is personal
and not absolute. Autonomy is rooted in the notion of the inherent dignity of the human person and is important in so far as it identifies and nourishes that dignity. That inherent worth is independent of all the trials and tribulations, the sufferings, imperfections and yes, even sins, of the person. It is to be acknowledged and respected. It does not place an obligation on others, for instance physicians, to act in a way that eliminates that very person.

It is legitimate to expect physicians to relieve pain but, as physician, can they eliminate suffering? At a different level Callahan notes that it is an illusion “that society can safely put in the private hands of physicians the power directly and deliberately to take life.” (P. 93) It pushes us further into the ideology of control.

Death is inevitable. Death involves (or should) our social group, family, friends, community. Whether to fight or to accept death? There is a time for both. The secret, not easy to discover, is to know which time it is? But there is a never a time to cause it.

We cannot expect to exert our control over all aspects of nature including life and death. Callahan proposes (p. 173) three alternatives. The first, which he rejects, is that death is “the ultimate insult” something to be “struggled against”, conquered by science and “not accepted.” Medicine should reject the concept that the private taking of life under any circumstances is the purview of either society or medicine.

The second option is that an answer can be found in religion. This is not a personal solution for Callahan but one he sees as an acceptable alternative. In our pluralistic society an answer based on a religious tradition alone, however, is not an effective argument, especially in trying to effect public policy.

The third option which he explores in great detail is that death is part of a biological life that eventually and certainly will come to an end. In the words of Callahan: “I am able to live with... the view that death is part of life, to be accepted, and the grief that goes with it to be endured.” That position involves the acceptance of nature and the recognition of meaning in death, a view certainly compatible with the Christian tradition.

This is an important book which should be read and discussed by those concerned about the issues of euthanasia, assisted suicide and both the present and future role of medicine. There is considerable sense in what Callahan has to say.

— Robert J. Barnet, M.D., M.A.

Living a Christian Life

by Germain Grisez

Franciscan Press, Illinois, 1992. XXIII 950 pp., U.S. $35.00

Living a Christian Life is the second volume of a projected four-volume work entitled The Way of the Lord Jesus. The whole work is billed by its author as primarily for use as a textbook for students in Catholic seminaries, although he hopes it will also be useful for pastors, religious instructors and even parents. Whereas the first volume was a textbook in fundamental moral theology, the volume under review seeks to provide future and current pastors with a body of normative knowledge that they can and should communicate in their teaching, preaching and counselling. With the exception of the lengthy chapter on marriage (Chapter 9, pp. 553-752) it deals with the moral responsibilities common to clerics, religious and lay people. The pervading principle throughout this volume is personal vocation, understood not only in the narrower sense as a Christian’s calling by God to a certain state of life such as religious life or marriage or single life in the world but also, and more adequately, as a calling to love and serve God with all one’s and mind strength and one’s neighbor as one’s self. Taken in conjunction with other volume, this work represents a profound and wide-ranging response to the Second Vatican Council’s call for a renewed moral theology.