

EUTHANASIA AND PHYSICIAN-ASSISTED SUICIDE:

For and Against

by Gerald Dworkin, R.G.Frey, and Sissela Bok.

Cambridge: Cambridge University Press, 1998.

Reviewed by PEG TITTLE

Euthanasia and Physician-Assisted Suicide: For and Against is one of a series of books intended to "offer a new and exciting approach to the investigation of complex philosophical ideas and their impact on the way we think about a host of contemporary ... issues." The idea is simple, and reminiscent of Dushkin's *Taking Sides* series: "two or more philosophers, in opposition on some moral, social, or political issue, will state and defend their positions on the issue in as direct and powerful a manner as they can." Unfortunately, the strategy fails in its aim to 'capture the clash of the arguments, ideas, principles, positions, and theories that are philosophy's lifeblood.'

Whereas each volume of *Taking Sides* focuses on a whole field, each volume of *For and Against* focuses on one issue only: a much deeper discussion is therefore possible. But because the essays are independent, this discussion is more like two monologues than a dialogue. In fact, neither Dworkin nor Frey (for) ever refer to Bok (against), nor does Bok refer to Dworkin or Frey. I'd rather see a series called *Conversations*, in which two philosophers actually talk to each other, in which the counterpoint is presented immediately after the point (and not fifty pages later, in a different context, with perhaps slightly different terminology)--in short, in which the clash is clearly presented.

Certainly the discussion in this book is competent. I did find Dworkin and Frey more systematic and rigorous in their examination than Bok, Bok more comprehensive in surveying opinion to date. But, and this is a problem to be expected with the format, Dworkin and Frey focussed on the morality of euthanasia and physician-assisted suicide, whereas Bok focussed on the legality--so to a large extent, they simply missed each other.

More problematic, for me, was their definition of physician-assisted suicide: cases in which physicians provide the knowledge and/or means by which a patient can take her own life. I should think providing the knowledge and/or means is not terribly controversial; after all, drugstores have

been providing razor blades and sleeping pills, hardware stores, rope and stools--thus assisting suicide--for quite some time.

In fact, the authors seem to avoid the terribly controversial aspects of the issue. For example, I would've liked more justification offered for the condition that the patient must be terminal or in a lot of pain. If suicide is morally and legally acceptable purely on the grounds of autonomy, then it seems to me we need an argument for raising the bar when one is physically unable to carry out a suicide decision and requests physical assistance. To call refusing such assistance unjust discrimination on the grounds of disability is a new and very promising argument--and not mentioned at all in the book.

And what about involuntary active euthanasia? The really difficult cases involve people who cannot consent (involuntary, not nonvoluntary), people for whom one considers *doing* something (not just letting nature take its sometimes awful course).

Speaking of active and passive, the book certainly doesn't progress beyond Rachels on this difficult and still unresolved (for many) aspect of the issue: Dworkin and Frey agree with Rachels, that there is no moral difference between active and passive euthanasia; Bok bypasses the morality of the issue, focusing on the social consequences of legalizing active euthanasia (as passive euthanasia is already legal).

To end (pun intended of course), I was intrigued by Bok's description of a "Taxonomy of Suffering" developed by Kathleen Foley and colleagues, which describes problems in caring for those who are dying: "inadequate physical symptom control; undiagnosed depression or anxiety; unaddressed existential distress; untreated psychological distress in family members; untreated family fatigue; lack of skill in effective communication; and unrecognized fatigue and/or moral distress in professional health care providers" (119). It seems to me this list could as accurately be titled "Taxonomy of Ordinary Living." Our society has this guilt thing about pleasure, so pain alleviation, like sex and marijuana, gets all tangled up in morality. And we have an obsession with duty and hierarchy, coupled with an avoidance of honest self-examination, that leads to a rather pathetic value system (system?). So many people lead such inauthentic lives, no wonder death is

problematic: they try to do in a few days with a feeble mind/body what they should've been doing in the sixty or seventy years prior. Until we get living right, of course we're going to have trouble with dying.