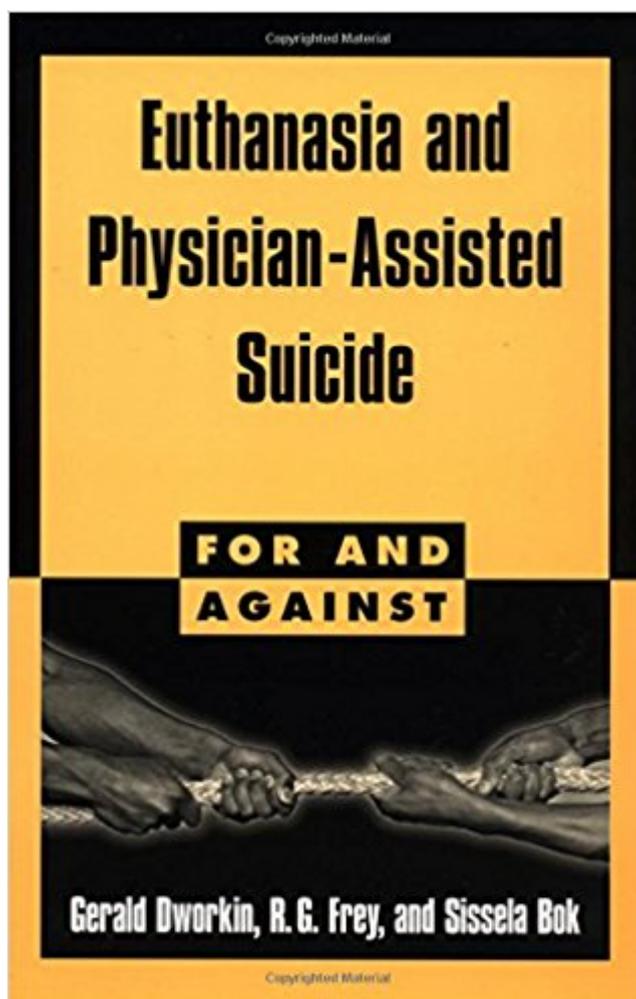


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# Euthanasia And Physician-Assisted Suicide (For And Against)



## Synopsis

The moral issues involved in doctors assisting patients to die with dignity are of absolutely central concern to the medical profession, ethicists, and the public at large. The debate is fueled by cases that extend way beyond passive euthanasia to the active consideration of killing by physicians. The need for a sophisticated but lucid exposition of the two sides of the argument is now urgent. This book supplies that need. Two prominent philosophers, Gerald Dworkin and R. G. Frey argue that in certain circumstances it is morally and should be legally permissible for physicians to provide the knowledge and means by which patients can take their lives. One of the best-known ethicists in the US (author of *Lying: Moral Choice in Public and Private*) Sissela Bok argues that the legalization of euthanasia and physician-assisted suicide would entail grave risks and would in no way deal adequately with the needs of those at the end of their lives, least of all in societies without health insurance available to all. All the moral and factual issues relevant to this controversy are explored. The book will thus enable readers to begin to decide for themselves how to confront a decision that we are all likely to face at some point in our lives.

## Book Information

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## Customer Reviews

The development of new and improved diagnostic procedures and treatments that allow physicians to treat diseases more effectively has complicated the practice of medicine. In elderly, frail, and disabled patients who are dying of chronic, irreversible conditions, the use of advanced "life-saving" technology is problematic and may only serve to prolong the dying process. Now, in addition to

making a diagnosis and deciding on the most appropriate treatment, physicians must also decide when and for whom these expensive diagnostic procedures and treatments are appropriate. These new forms of technology are a double-edged sword. They have raised many difficult ethical, clinical, legal, and social issues concerning the limits of medicine, particularly in the care of chronic, incurable illnesses. The issues of withholding and withdrawing life-supporting treatment, palliative care, voluntary euthanasia, and physician-assisted suicide lie at the heart of these complex and controversial problems. *Euthanasia and Physician-Assisted Suicide*, written by two professors of philosophy and a fellow at the Harvard Center for Population and Development Studies, tackles these issues head-on. It has two parts; in the first, the moral and ethical case for legalizing physician-assisted suicide and voluntary euthanasia is presented; in the second, arguments against these practices are provided. In the first half of the book, Dworkin and Frey argue that physician-assisted suicide is morally permissible and that it ought to be legal for physicians to provide the knowledge or the means, or both, by which a patient can take his or her own life. They propose that autonomy and relief of suffering are important values and that dying patients have the right to make the process of dying as painless and dignified as possible and to control the time and manner of their death. They argue that objections to allowing physicians to serve these values are mistaken and that, once they are seen to be mistaken, physicians will favor physician-assisted suicide and voluntary euthanasia. Furthermore, Dworkin and Frey believe, withdrawal of life support that will result in death is morally equivalent to physician-assisted suicide and voluntary euthanasia in certain circumstances, because there is no moral asymmetry between refusal or withdrawal of treatment and assisted dying. Dworkin and Frey reject the view that considerations stemming from the nature of medicine, or professional norms, preclude the participation of physicians in assisted dying. They discuss the "quintessential" case of physician-assisted suicide, in which the patient is competent, informed, and terminally ill and has voluntarily requested the doctor's assistance in dying; moreover, the patient still requests such assistance after being treated for depression. The moral distinctions between switching off a ventilator, prescribing morphine to relieve suffering even though it will hasten death, and providing a pill that will kill a patient are rejected. In the case of the morphine, the doctor acts and has control, whereas in the case of the pill, the patient acts and is in control. In the latter case, the doctor and patient act together to produce the patient's death. Dworkin and Frey believe that the actions are morally equivalent, since both are intended to bring about the patient's death, and they argue that there is no conclusive moral difference between allowing a patient to die by refusing treatment and by giving a pill, since these are merely similar ways of achieving the same end. In the third chapter, "The Fear of a Slippery Slope," the authors

reject the concern that distinctions between physician-assisted suicide and active voluntary euthanasia and between terminal illness and chronic nonterminal illness will be blurred and that it will be impossible to contain physician-assisted suicide, thereby leading to mass killing. If a physician rigs up a machine that enables the patient to inhale carbon monoxide, then what moral difference does it make whether the physician who arranged the device or the patient actually pushes the button in the end? Dworkin and Frey reject any real moral difference between physician-assisted suicide and active voluntary euthanasia, since in both cases the doctor and patient act together and the only difference between the two is in who acts last. They also suggest that terminally ill, competent patients should not be denied what they choose because of the fear that perhaps more vulnerable and more numerous patients are likely to be "terminated" as well. They believe that it is possible to use safeguards to prevent such a rationalization of killing. Finally, they argue that the burden of proof falls on those who would override a patient's request or deny physician-assisted suicide to provide evidence that horrible consequences are likely. The fourth chapter deals with public policy and physician-assisted suicide. It is not apparent to Dworkin and Frey why the legal system would have a harder time dealing with physician-assisted suicide and active voluntary euthanasia than with withdrawal of life support, termination of artificial hydration and nutrition, proxy consent, or substituted judgment. In the second half of the book, Sissela Bok argues against legalizing physician-assisted suicide and active voluntary euthanasia in four chapters: "Choosing Death and Taking Life," "Suicide," "Euthanasia," and "Physician-Assisted Suicide." She disagrees fundamentally with the approach of Dworkin and Frey, who provide a more focused series of arguments dealing mainly with the ethical and moral aspects of these issues. Bok has found it more useful to find shared views and premises and to study the ways in which they diverge. Unlike her coauthors, who limit themselves mostly to moral arguments, she offers a broader perspective. She draws on personal experiences, presents more clinical material, provides a historical and literary context, quotes poetry and literature, and discusses previous experiences with physician-assisted suicide and active voluntary euthanasia in the Netherlands and current practices in the United States. Bok's writing has a practical and clinical ring to it, and that will certainly appeal to practicing physicians who recognize the multiple aspects of these problems. In clinical practice, these issues are reviewed from a variety of perspectives, and more compelling arguments than the moral ones alone can be used to influence and persuade. This part of the book is much clearer and easier to follow. Bok writes with passion and provides a comprehensive, multidimensional assault on her thesis. Patients seek control at the end of their lives. Few want to die in the hospital (yet over 80 percent of Americans die in hospitals). She argues that there is

inappropriate use of physician-assisted suicide and voluntary euthanasia in the Netherlands and that it is almost impossible to prevent such inappropriate use. For example, although the majority of the 9700 requests for physician-assisted suicide or voluntary euthanasia in the Netherlands were turned down, 3700 were granted. About 1000 people who were not competent to make such a decision were put to death, in violation of the guidelines. Many cases of voluntary euthanasia and physician-assisted suicide are not reported. Many patients who were comatose or demented -- who had never expressed a wish for voluntary euthanasia or physician-assisted suicide -- were terminated. In some cases, severely disabled babies were killed. I found Bok's writing more accessible and her accounts richer than those of Dworkin and Frey. The philosophers provide moral arguments that are eloquent, intricate, and at times difficult to follow. In contrast, Bok provides a more resonant, readable, and clinical approach. In the end, I agree with Bok that it is impossible to view these issues from a single perspective. Two pairs of hands, pulling against each other on a rope in a tug-of-war, are displayed on the front cover. In my opinion, Bok wins on the first pull. Reviewed by D.W. Molloy, M.D. Copyright © 1999 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. --This text refers to an out of print or unavailable edition of this title.

"The public debate on euthanasia and physician-assisted suicide will go on for many years. It is one of the most profound debates in American society now. The authors of these elegant essays for and against euthanasia and physician-assisted suicide are not only clear and compelling thinkers, but they bring to the subject an important set of sensibilities and perspectives. This will be an especially fine exchange for those trying to get a clear sense of the nature of the issues at stake." Daniel Callahan, The Hastings Center "This book did a good job of educating the reader on both sides of the debate on PAS and AVE. I would recommend this book to anyone interested in learning more about these issues." Ethics and Medicine

Exceptional source of information on the topic. Highly recommended as an advanced philosophy textbook to incorporate into one's curricula, again on topic.

good quality book.. but sucks to read.

Euthanasia and Physician Assisted Suicide: For and Against is a book written by three well-known philosophers and ethicists: Gerald Dworkin, R.G. Frey and Sissela Bok. This book discusses the

moral issues of euthanasia and physician assisted suicide. The book is broken down into two parts, the first part contains arguments for euthanasia and assisted suicide and the second part is against. The first part is broken up into four essays written by Dworkin and Frey. They discuss the "quintessential" case of physician-assisted suicide, in which the patient is competent, informed, terminally ill and has voluntarily requested the doctor's assistance in dying. The first essay discusses, and rejects the idea that the principles of medicine prohibits a person's physician to act with the intent to take the life of a patient or to provide means for the patient to do so himself. This essay refuses this idea and argues that it is in fact the physician's job to help people ease their suffering and that a patient's wish must never be overlooked. The second essay talks about distinctions in death. What is considered Euthanasia and what is considered physician assisted suicide? How do the ethics of each differ? Through this chapter readers take a closer look at the difference between "letting a patient die" and "intentionally ending life". This essay also discusses the moral dilemma a doctor must face when dealing with a terminal patient who wants to die. The third essay gives the reader an understanding about why people fear to legalize euthanasia and snubs the opinion that legalizing physician assisted suicide will lead to mass killing. The fourth and final essay of part one deals with public policy and changes that may (or may not) need to be made if legalization were to take place. The authors fail to see why public policy would have a more difficult time dealing with physician assisted suicide and euthanasia then they do when dealing with withdrawal of life support or termination of water and food at the patients request (both practices not considered illegal). The second part is also broken down into four parts. Bok discusses why euthanasia and physician assisted suicide is morally wrong. Unlike her co-authors she does not stick to strictly a moral discussion but talks about the subject on broader terms by providing not only personal experiences but also discusses the legalization of euthanasia and physician assisted suicide in the Netherlands. The first chapter discusses the differences in choosing death and taking life with an "anti-legalization" edge. The second chapter discusses suicide; it's history, the emergence of Christianity and suicide, and pain management. The third part takes an interesting view on euthanasia, patient's autonomy, and the societal risks involved with legalizing euthanasia. The fourth and final part examines the role of physicians and the possibility that a patient who wants to die may just need help with depression. This book is one of the many books published about the moral debates on euthanasia and physician assisted suicide. It presented two very convincing arguments that help readers understand where both sides are coming from. Although this book is convenient in that both sides are accessible in one publication, it was also rather difficult to comprehend. The fact that the book was written by three very intelligent people, two of which have

their PhD's in philosophy, should automatically let the reader know that this book is probably not going to be an easy read. The first half is especially wordy and difficult to grasp. One must read and re-read and to understand what point the author is trying to make. I often found myself re-reading to understand one point, then when reading further along I discovered that either the point I thought the author wanted to make was with wrong or that the author had moved on to a different, equally difficult argument. Indeed, during the second essay Distinctions in Death by R.G. Frey, I felt as if the essay were taking me around in circles, going through the same line of reasoning over and over again, even when the author insisted that there were several points to his argument. The first part, while informative, is not as convincing as it could be due to the difficulty in understanding it. Anyone who reads this book will be more inclined to agree that Bok, no matter what previous opinions one may have, has the better argument. Her positions are clearer, more to the point and offer up more than just a philosophical view on the subject. The fact that she draws from personal experience and offers unambiguous information about related topics helps the reader understand what she wants to say. People can relate to this woman more than they can relate to the essays of Dworkin and Frey. Although this book is designed to target readers who have not yet made a finalized opinion concerning the controversy of euthanasia and physician assisted suicide I would suggest something more comprehensible to start with. This is not a good book to introduce people to the arguments who have not heard much about it to begin with. If you are an intensely philosophical, or if you deal with these arguments frequently than this book may be for you, otherwise look for something different.

I did not order this product

I was doing a debate on assisstent suicide for school, so I picked this book up. It really helped me so much. It covered all the issues, as well as both sides. I was able to state all the facts for my side (for), and their side (against)! This truly is a great book, and I suggest you pick it up if you need info. on this contraversial topic!

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