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Medical ethics has changed regarding assisted suicide in the elderly. A recent book discusses present-day thinking.

By Richard E. Finlayson

BOOK REVIEW:
CULTURE OF DEATH: THE ASSAULT ON MEDICAL ETHICS IN AMERICA
by WESLEY J. SMITH

It was shortly after I completed the writing of my last column that I came across and read CULTURE OF DEATH, subtitled "The Assault on Medical Ethics in America." The author is Wesley J. Smith, an attorney who has authored other books dealing with ethics. He is an attorney for the Anti-Euthanasia Task Force. In this column I will briefly and partially review the book, and comment upon its relevance to the topic of suicide and especially assisted suicide in the elderly.

Smith opens his book with the following bold statement:

> Unbeknownst to most Americans, a small but influential group of philosophers and health care policy makers are working energetically to transform our medical practice and health care laws. They are turning away from the 'do no harm' model, established by Hippocrates more than two thousand years ago, and towards a stark utilitarian system that would legitimize medical discrimination against—and even in some cases the killing of—the weakest and most defenseless people among us.

The body of the book opens with Smith describing instances of ill persons having been denied life-saving medical treatment because their cases were deemed hopeless by medical providers, administrators, family, and others. Smith goes on to trace the roots of our society's decreasing regard for life, laying much of the blame on the bioethics movement, which is a very recent one, having begun only about thirty years ago and now having international status.

Smith refers to and quotes from the major leaders of the bioethics movement past and present. He also references and quotes many of the movement's

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detractors. I was not naïve to this subject when I read Smith's book, but I must state that I did not fully appreciate how far the movement has taken us from what would be described as "traditional moral values." Let me give some examples.

Joseph Fletcher, philosopher and former Episcopalian priest, has been regarded as the "patriarch of bioethics." Although controversial, he had a powerful impact upon Western thinking during the second half of the twentieth century. He was most famous for creating the idea of "situational ethics," which emphasizes "cutting loose from moral rules" and viewing "reasoned choice as basic to morality." Fletcher proposed a scale of fifteen properties to measure and define humanhood (the reader will readily find these fifteen qualities described in standard works on ethics). In other words, working from this perspective, some persons could be defined as being nonhuman. Smith goes on to state that not all of Fletcher's ideas would become culturally or medically acceptable, but the idea of dehydrating cognitively disabled people, proposed by Fletcher in 1974, has already become legal in all fifty states.

Peter Singer, according to Smith, reduced Fletcher's fifteen-point scale to two crucial characteristics of a "person": rationality and self-consciousness. By these criteria, according to Singer, many animals would be classified as "persons." Conversely, some humans would not be persons. Smith states that Peter Singer is "in bad odor" in Germany and Austria, where people consider his opinions Nazi-like. Let me insert at this point that Smith has taken this last statement from another source, as he has many others. It is not practical for me as author of this column to double reference.

Our readers have read numerous accounts of what happened in Nazi Germany, especially the manner in which Hitler and his supporters promoted the idea that some lives were not worth living. What some may not know, however, is that the erosion of regard for individual human rights had begun well before the rise of Hitler. Smith goes into some detail tracing the origins of such thinking, leading eventually to the Holocaust. For example, in 1920, law professor Karl Binding and physician Alfred Hoche published *Permission to Destroy Life Unworthy of Life*. The authors argued that physicians ought to be allowed to kill people deemed to be *unworthy of life*. The theme of eliminating persons as nonproductive, "Useless Eaters", and diverting the resources to others who were productive, led to the elimination of many Germans before the Jews were sent off to death camps. The reader of Smith's volume is challenged to consider the parallels between the German experience and what has been happening in the United States and other countries. Virtually everywhere, health care systems are overburdened and utilitarian solutions are being sought, often at the expense of individual rights and dignity.

Smith begins his focused discussion on suicide by reviewing some epidemiological findings, for example, noting that the highest rates are among white males age sixty-five and older. As I mentioned in my previous column, elderly, socially isolated white males with chronic illness are the prototype for suicide risk. Efforts to reduce suicide rates do not seem to be working. One reason might be that the United States is growing increasingly pro-suicide, according to Smith, who also points out that specific information on how to kill yourself is readily available on the Internet, in books, and in other writings.

Smith also discusses "rational suicide," a topic that I touched on in my last column. It seems to be the primary basis for assisted suicide. According to Smith, "Under the theory of 'rational suicide' mental health professionals have a duty to stop suicides only if they are impulsive or frivolous. If the suicidal person is deemed to have a rational basis for self-destruction, the professional's primary duty is to help sort out the pros and cons of self-destruction nonjudgmentally and assist the patient in the use of proper decision-making techniques. Indeed, some advocates believe that the proper response of the professional in such cases is not just to help the suicidal patient achieve clarity, but actually facilitate the suicide itself."

An example of a person who may become "rationally suicidal" would be the person who is so ill that life no longer seems worth living, a situation that I encountered many times in my work in nursing home psychiatry. One of the quotations addressed by Smith in his book is from a British academic, John Harris. I quote from Smith's book: "To kill or fail to sustain the life of a person is to deprive that individual of something that they value. On the other

hand, to kill or to fail to sustain the life of a non-person, in that it cannot deprive that individual of anything that he, she, or it could conceivably value, does that individual no harm. It takes from such individuals nothing that they would prefer not to have taken from them. . . . Non-persons and potential persons cannot be wronged in this way because death would not deprive them of anything they can value."

At this point I will largely depart from a direct reporting from Smith's book. I am, after all, not a bioethicist nor trained in law. I can, however, attempt to give some relevant examples from personal experience. I must say that when I graduated from medical school, the graduating class took the Hippocratic Oath. It was clear that our duty was to save lives, improve them, or, as Sir William Osler advised, "comfort always." This was, for my generation, a deeply conditioned, visceral response to pain and suffering. Not all of this conditioning was done in medical school or residency, but rather was also based upon my earlier training at the hands of my parents, scout leaders, teachers, ministers, and others. Perhaps for these reasons, I have a bias against the direction that the bioethics movement is taking us. The idea that a person (Homo sapiens) becomes a nonperson as the result of circumstances is most disagreeable to me. My mother and father each spent the last several years of life in a nursing home. Both suffered with dementia. Their conditions were very similar to that of many others I had attended in these homes. As the months went by, the satisfaction from our visits dwindled because there was little meaningful conversation. The motivation to make the visits decreased, until I reframed my thinking. I realized that much can be communicated even when language abilities are lost. My mother was very fond of ice cream. I frequently brought a cone or a sundae and her reaction was always positive. I perceived that we were having a good visit and the nursing staff commented that the visits had a positive effect upon her mood and behavior.

At the present time, a colleague of mine is in a nursing home, having had a brain hemorrhage. His speech is seriously impaired, garbled if you will. Yet, as his wife affirms, his ability to understand is largely retained. We refer to this condition as expressive aphasia. Does he value his life? Possibly not as much as he did before the stroke. Neither his wife nor his friends, however, think of him as being any less of a *person*. According to some bioethicists, a farm animal might, at this time, be more of a person than my friend.

It is common, in nursing homes, to hear residents say that they want to die. Some even say "somebody help me to die." So there we have it, the issue of assisted suicide. Physicians have traditionally assisted older persons through the dying process by pain control, attention to food and liquid intake, and whatever was necessary to help the person have a dignified and as comfortable a death as possible. At times, the administration of medication such as morphine has hastened the process. The conceptual leap to making the physician the agent of the death is huge, in my opinion. Withholding fluids, usually intravenous feedings, leading to dehydration, is in common use today. The intent is to use this as the primary method of death. The argument against stopping intravenous fluids is based upon the belief that it is not a medical procedure per se, but simply one providing a dying person with water to assuage thirst and give comfort. Dehydration is not a painless procedure, sometimes requiring days before unconsciousness and death supervene. On the other hand, there are cases in which people are not conscious, and probably not able to experience the discomforts associated with dehydration. It is of some interest that people seeking assisted suicide do not choose dehydration as a method, for good reason.

The key issue with so-called rational suicide is the state of mind of the individual seeking it. The mood state of a person is closely connected with their view of the future. Medical students and residents are taught to assess their patient's view of the future (e.g., by asking the question "How does the future look to you?") as one indication of whether a person is clinically depressed. Depression is a treatable condition. I recall having read that a number of Dr. Jack Kevorkian's customers were depressed. One wonders how many had a thorough psychiatric evaluation before they submitted to his death machine. Speaking from my own experience, almost all suicides are associated with major depression or another major disorder such as schizophrenia, which is also a treatable condition. I have observed numerous cases in which suicidally depressed individuals experienced a dramatic change in outlook following

the resolution of their depressed state. Many made comments such as "I can't believe that I was thinking like that. It's good to be alive."

It is likely that I have not added anything new to the discussion of this topic. I agree with Wesley Smith and others that the "slippery slope" paradigm is very relevant here. The public policies of today and tomorrow have and will have had their genesis in the universities and other academic centers of our nation. It seemed to me that Wesley Smith, in his book, did not make an attempt to demonize bioethicists or their movement, but rather accepted them as persons searching for solutions to our societal problems. He did, however, state that as a group they have tried to set aside the traditional moral values of the Western world (i.e., Judeo-Christian beliefs) and replace them with their own views of the world. He gives examples of some bioethicists that have actively resisted ideas that seem radical and unacceptable to most of us. Unfortunately, what seems unacceptable now may become public policy and be accepted at some point in the future.

I recommend Wesley Smith's book. It is well researched and clearly written. If, after reading the book, one thinks that Mr. Smith has overreached in some areas, he or she will likely find agreement and support among others.