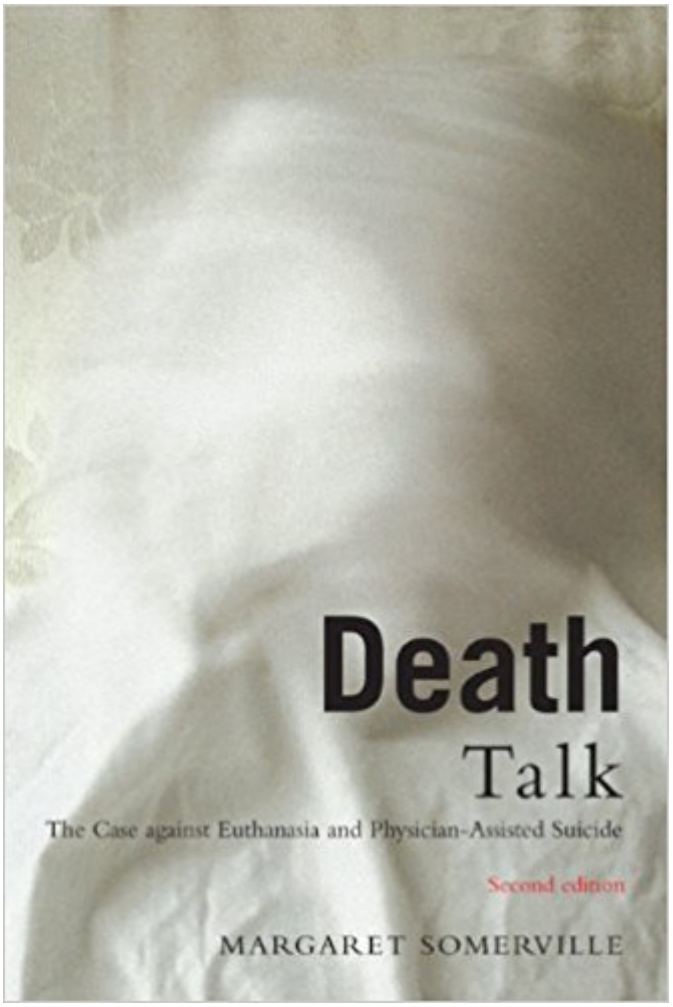
Death Talk, Second Edition: The Case Against Euthanasia And Physician-Assisted Suicide



Synopsis

Death Talk asks why, when our society has rejected euthanasia for over two thousand years, are we now considering legalizing it? Has euthanasia been promoted by deliberately confusing it with other ethically acceptable acts? What is the relation between pain relief treatments that could shorten life and euthanasia? How do journalistic values and media ethics affect the public's perception of euthanasia? What impact would the legalization of euthanasia have on concepts of human rights, human responsibilities, and human ethics? Can we imagine teaching young physicians how to put their patients to death? There are vast ethical, legal, and social differences between natural death and euthanasia. In Death Talk, Margaret Somerville argues that legalizing euthanasia would cause irreparable harm to society's value of respect for human life, which in secular societies is carried primarily by the institutions of law and medicine. Death has always been a central focus of the discussion that we engage in as individuals and as a society in searching for meaning in life. Moreover, we accommodate the inevitable reality of death into the living of our lives by discussing it, that is, through "death talk." Until the last twenty years this discussion occurred largely as part of the practice of organized religion. Today, in industrialized western societies, the euthanasia debate provides a context for such discussion and is part of the search for a new societal-cultural paradigm. Seeking to balance the "death talk" articulated in the euthanasia debate with "life talk," Somerville identifies the very serious harms for individuals and society that would result from accepting euthanasia. A sense of the unfolding euthanasia debate is captured through the inclusion of Somerville's responses to or commentaries on several other authors' contributions.

Book Information

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Customer Reviews

"This book would be a most welcome addition to the library of any person interested in the debate on euthanasia. Somerville succeeds in discussing openly and honestly both sides of the euthanasia and physician-assisted suicide debate." Saskatchewan Law Review

Margaret Somerville is Gale Professor of Law, professor in the Faculty of Medicine, and founding director of the McGill Centre for Medicine, Ethics, and Law at McGill University. She is also the author of The Ethical Canary: Science, Society, and the Huma

Somerville begins her behemoth case against assisted dying with a quote from Jeff Kennett, the former Premier of Victoria, Australia. Not only is this a completely fringe statement that is a red herring, but it does nothing to support her case (which is supposed to be against VOLUNTARY deaths between consenting individuals). Kennett claimed that the elderly should be "escorted out of life" with a minimum of fuss. Aside from Kennett (and the anti-choice lobby) I could not find any evidence of anyone else advocating such an extreme position. But I suppose it would be too much for Margaret to recognize the extreme irony of her own position. Anti-choicers are the ones who want to mandate a "natural" death on everyone.In her first chapter, The Song of Death, Somerville acknowledges that at least some hard cases do warrant assisted dying, but legalising it will change our norms. In doing so, she is advocating a continuation of the status quo, in which a privileged and wealthy minority can choose when, where and how to die, but everyone else is caught and seized by a system that mandates a "natural" death upon them (usually while being medicated to the gills with analgesics and utterly torpid, unable to even use their mental faculties).I do give Margaret credit for understanding that the modern trend is for most people to die from chronic and/or painful illnesses (including MND, some cancers, full-blown AIDS, `natural' deaths from locked-in syndrome, quadriplegia, metastatic cancer, etc). But her claim that "society has rejected killing for two thousand years" is patently false. Wars were frequent, those who didn't profess belief in the dominant religion of the time were killed either directly or through social ostracism. The death penalty was taken for granted as a requisite instrument of society (even though evidence has shown that it does not deter heinous crime, at least in the US).On pages 35-36 she lambasts Derek Humphrey's Final Exit, citing the "colossal risk" that such practical instructions regarding suicide methods is likely to somehow instigate a rash of suicides among the depressed. This is absolute bunkum. The suicide rate in the US did not increase after the tome's publication. The only real difference was in the methods of suicide. While all would wish to reduce suicide rates, a blanket prohibition on assisted suicide will do

little but encourage hangings and DIY helium kits (to say nothing of one-way voyages to Switzerland). I think we can all agree that overdosing on morphine or other analgesics is far preferable to hanging or placing a shotgun in one's mouth and pulling the trigger with a toe.The distinction Somerville tries to draw between withdrawing life support and giving an overdose of barbiturates is thinner than spider's silk and hardly as sturdy. It is, however, filled with convolution and a fog of extraneous language and specious rambling. Would Margaret find it acceptable for ill-intentioned doctors or unscrupulous family members to unplug patients from respirators without their consent? Should paramedics be allowed to "let" traffic accident casualties die from their wounds? I certainly wouldn't find this behaviour acceptable, but Somerville has given no reasons as to why she would find this immoral. Perhaps she is simply grasping at an ever-shrinking quantity of straws. She does expend at least a modicum of effort in trying to do so in chapter 3 (The Song of Death: The Lyrics of Euthanasia). According to Somerville, euthanasia does not occur if 1) the primary intention is to relieve suffering, rather than cause death (a troublesome distinction at best, and nigh impossible to verify), or 2) when medically futile treatment is withdrawn. This second instance is defined as "having no useful physiological effect." This is incredibly vague and open to interpretation. Who decides whether a treatment has a "useful physiological effect"? Would it be "useful" to keep a young quadriplegic hooked up to a ventilator for 60 years until their natural death at age 80? Perhaps for the anti-choice onlookers in society, but not for the patient him or herself (unless they consented). Surely it would be best for everyone to let the patient decide what treatments are beneficial and which are not?This position also takes the (unwarranted) view that life is always worth living (a stance disproven by every suicide that takes place).In an unexpected act of respect for autonomy, Somerville does concede that refusing treatment can be valid, but does not consider this to be suicide or assisted suicide. This is nonsensical. No one refuses a respirator or feeding tube unless they wish to die. It does, though, leave me extremely concerned at how she feels morphine should be prescribed (since patients can endure pain for weeks or months in order to stockpile enough pills for a lethal dose). She does not make her position transparent, although I would not be surprised if she would support laws that remove all patient autonomy in this regard and require painkillers to be administered only on bureaucratic say-sos.Margaret states that the only time when taking another life is justified is in self-defense. What she inadvertently does here is encourage patients to commit suicide by cop (kill enough people, or otherwise act in a patently hostile manner until the police kill you). Obviously, this would be barbaric for all, but what do the terminally and incurably ill have to lose (save several weeks, months or years of state-mandated torture?)? Another avenue would be to get sent to death row in a state that has a low average

conviction-to-execution duration.The remainder of the book’s introduction is spent on spirituality, and its importance and connection to how humans deal with life and death. I may be cynical, but this is likely to disguise her Catholic-based opposition to end-of-life choice. Her claim that voluntary euthanasia and assisted dying would preclude proper closure between patients and their loved ones is utter, nonsense.(see Helga Kuhse’s Willing to Listen, Wanting to Die for a detailed example of how planned deaths can bring families and loved ones closer). Under the current system, premature suicides are prevalent, and success GUARANTEES a lack of closure between the patient’s families and friends.Later in her 800-page glob of nano-sized text, she emphasizes the difference between terminal sedation (which intends to relieve suffering) and a mass overdose of barbiturates that causes death much more quickly (which is murder, according to her). Major problem - intent is almost impossible to determine with any degree of certainty (the delay between the administration of morphine and death would be one way), but the patient is not able to request this at present (as it would be seen as hastening death and therefore assisted suicide). So, while Somerville does not intend to do so, she is advocating a system that promotes nonvoluntary euthanasia and involuntary euthanasia (i.e. murder) while steadfastly opposing a regulated, compassionate and fair system where the affluent and serendipitous are not the only ones who are guaranteed a peaceful and painless death. Oregon studies have repeatedly shown that simply having the means to exit life painlessly, on one’s own terms, is enough for many patients. About two thirds of patients who receive the barbiturates never use them.The "slippery slope" argument ignores the prevalence of non-voluntary and involuntary that already exists (and goes unreported and unlooked for). To suggest that increased scrutiny will lead to more abuse, rather than less, is not only prima facie absurd, but flies in the face of empirical evidence to the contrary (as evidenced in anonymous doctor surveys).Clearly, laws against assisted dying are like laws against abortion - they only make the practice WORSE. They force practitioners underground and make a merciful death inaccessible to many people who need it most. They don’t do diddly squat to make things better for anyone (except murderers seeking loopholes).Lastly, Somerville is very fond of using the word "kill." I can understand why she would be deferential to this term instead of, say, "assisted dying", due to the connotations the pejorative verb carries. But to conflate VOLUNTARY euthanasia with murder is to deliberately cloud the issue, which is the exact charge she levels at the liberal/libertarian stance on this issue.(Magnusson, Angels of Death)(Kuhse H, Singer P, Baume P, Clark M, Rickard M End-of-life decisions in Australian medical practice. Med J Aust 1997; 166: 191-6.)(Luc Deliens, Freddy Mortier, Johan Bilsen et al. End-of-life decisions in medical practice in Belgium, Flanders. The Lancet 2000; 356: 1806-11. Comment by H. Kuhse on the latter article was published in the

Belgium journal Ethiek & Maatschappij, le trimester 2001, Jahrgang 4, Nr. 1, April, pp. 98-106.)(Euthanasia and other end-of-life decisions in the Netherlands in 1990, 1995, and 2001)(Death Penalty Information Center)

I bought the book to do a research in class in reference to people right to die, and how each State reacted to Medical Professionalsassisting patients to end their lives over a painful, terminal illnesses and the repercussions that followed. I donated the book to my library after I finished in case some students needed the book. Then they would not have to purchase it.

Death Talk, Second Edition: The Case Against Euthanasia and Physician-Assisted Suicide Euthanasia and Physician-Assisted Suicide (For and Against) Euthanasia and Physician-Assisted Suicide Euthanasia and Physician-Assisted Suicide: Killing or Caring? When Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context Intending Death: The Ethics of Assisted Suicide and Euthanasia The Case against Assisted Suicide: For the Right to End-of-Life Care Intention and Causation in Medical Non-Killing: The Impact of Criminal Law Concepts on Euthanasia and Assisted Suicide (Biomedical Law and Ethics Library) The Future of Assisted Suicide and Euthanasia (New Forum Books) Euthanasia and Assisted Suicide: Global Views on Choosing to End Life Summary: The Future of Assisted Suicide and Euthanasia by Neil Gorsuch: 45 Minutes - Key Points Summary/Refresher Right to Die?: Euthanasia, Assisted Suicide and End-of-Life Care Forced Exit: Euthanasia, Assisted Suicide and the New Duty to Die Last Rights?: Assisted Suicide and Euthanasia Debated Arguing Euthanasia: The Controversy Over Mercy Killing, Assisted Suicide, And The "Right To Die" The Euthanasia/Assisted-Suicide Debate (Historical Guides to Controversial Issues in America) At Issue Series - Physician-Assisted Suicide (paperback edition) At Issue Series - Physician-Assisted Suicide (hardcover edition) The Nixon Administration and the Death of Allende’s Chile: A Case of Assisted Suicide Good Life Good Death: A Doctor’s Case for Euthanasia and Suicide