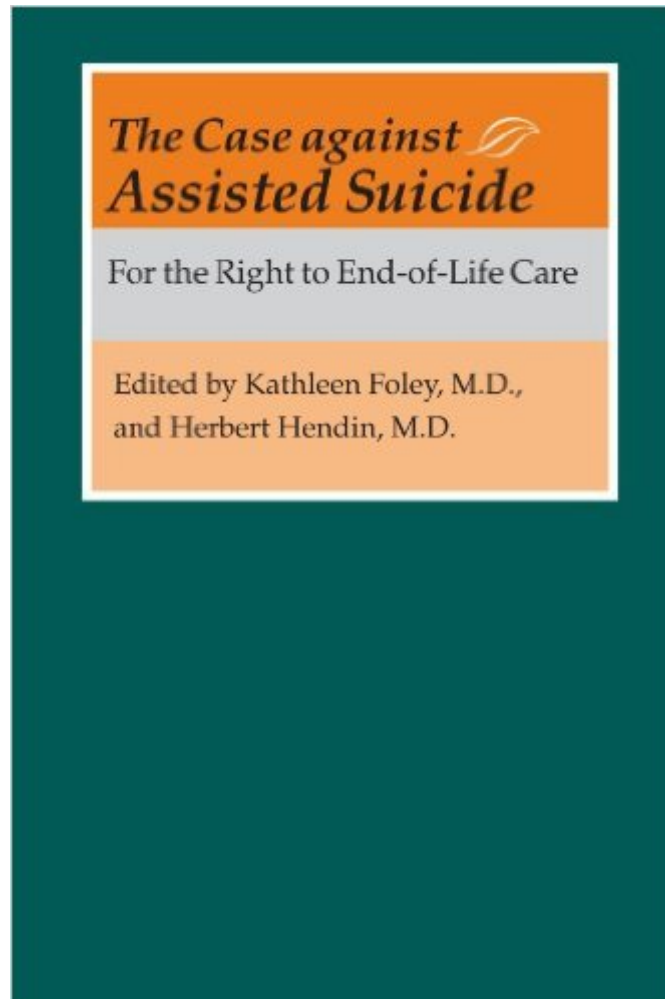


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# The Case Against Assisted Suicide: For The Right To End-of-Life Care



## Synopsis

In *The Case against Assisted Suicide: For the Right to End-of-Life Care*, Dr. Kathleen Foley and Dr. Herbert Hendin uncover why pleas for patient autonomy and compassion, often used in favor of legalizing euthanasia, do not advance or protect the rights of terminally ill patients. Incisive essays by authorities in the fields of medicine, law, and bioethics draw on studies done in the Netherlands, Oregon, and Australia by the editors and contributors that show the dangers that legalization of assisted suicide would pose to the most vulnerable patients. Thoughtful and persuasive, this book urges the medical profession to improve palliative care and develop a more humane response to the complex issues facing those who are terminally ill.

## Book Information

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## Customer Reviews

Editors Kathleen Foley and Herbert Hendin note in their preface to *The Case Against Assisted Suicide* that much of the dialogue on physician-assisted suicide (PAS) involved one side invoking religious principles against assisted suicide, while the other proponents of PAS invoked feelings of compassion and talk about autonomy. This book is a welcome change to that deadlock by investigating in non-sectarian language the very problematic nature of physician-assisted suicide. Even better, the primary contributions are from physicians in end-of-life care or disability advocates and hospice workers, giving the reader an intimate view of the realities of end-of-life care. The book is divided into four sections: The first section has an impressive line-up. Bioethicist Dan Callahan's essay on compassion and its limits undercuts some of the strongest arguments that PAS proponents make. He is joined by Yale Kamisar's legal critique of PAS, and also an essay on the

patient-doctor relationship by Leon Kass, the head of the Presidential Committee of Bioethics. The second section is the most disturbing as it examines the reality of physician assisted suicide in Oregon, the Netherlands, and during a period of time in the Northwest Territory of Australia. Every essay is written by one or two physicians who practice medicine in the country or state affected by assisted suicide. Running as a theme through all these accounts is the silence surrounding suicides, the squelching of meaningful discussion of suicide alternatives, and the lack of any real oversight. Upon reading the second section, a PAS proponent may retort, "oh fine, the Dutch and the Oregonians have messed it up, so we'll just improve it in the future."

Kathleen Foley, MD & Herbert Hendin, MD, editors *The Case Against Assisted Suicide: For the Right to End-of-Life Care* (Baltimore, MD: Johns Hopkins UP: [...], 2002) 371 pages (ISBN: 0-8018-7901-9; paperback) (Library of Congress call number: R726.C355 2002) (Medical call number: W32.5AA1C337) This is a collection of articles and essays by several different authors, all pointing out problems with the right-to-die such as the physician aid-in-dying now available in Oregon and Washington. Johns Hopkins University Press also published a similar collection that took the opposite point of view: *Physician-Assisted Suicide: The Case for Palliative Care and Patient Choice* edited by Timothy E. Quill, MD & Margaret P. Battin, PhD. This book is reviewed in the companion bibliography: "Best Books on the Right-to-Die". Search the Internet for that exact expression. This review is actually a review of some chapters from the book. Only the most insightful and original chapters are reviewed. ~~~~~ Chapter 1: "I Will Give No Deadly Drug": Why Doctors Must Not Kill by Leon R. Kass, MD, PhD. People who are old and sick can sometimes be persuaded that death is the best option for them. It relieves them of any further suffering. And their families are also relieved of the further stress of their disease and dying. Kass wonders whether we have gone too far in the direction of patient autonomy. Just because a patient 'wants to die' does not mean that death is the best choice.

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