

REVIEWS

THE UNFINISHED DEBATE ON EUTHANASIA by Hugh Trowell SCM [London 1973]. vi + pp. 186 £3.00 net.

Instructive and sensitively written, this impressively challenges many factual suppositions freely taken on euthanasia, and offers considerations which debaters on euthanasia should not, but often do neglect. In addition it pleads a case. There should be no major change in the English law on euthanasia. Its arguments did not convince me of that, but from many points raised a convincing argument could perhaps be made.

Chapter I, a sketchy history of the incidence of euthanasia and attitudes to it is at its best in a historical guide to as much of a modern debate as has impinged on English debaters. Dr Trowell understands by 'euthanasia' the death of X which X has asked Y to bring about in specified circumstances, and uses 'mercy-killing' where Y brings about the death of X uninvited by X, yet out of humane motivation on Y's part. (As with the 13 unarmed Derry civilians whom Lord Carrington's paras "saved from the IRA") 'The Case for Legislation' is a misnomer for Chapter II. As Trowell recognises, he is here presenting 'the arguments in favour of voluntary euthanasia for an adult person suffering from an incurable distressing disorder'. To make this into *any* kind of case for legislation, something contentious must also be argued: e.g. that without legislation euthanasia is or would be doing harm of a sort that the legislation envisaged is apt to inhibit. Trowell of course, is not arguing for a change in the law, yet it is no slight defect that 'The Case for Legislation' presented—his opponents' case—is one which does not argue for *legislation*, though it does fairly present current arguments or suasions in favour of euthanasia itself.

Chapter III, 'Legal and Ethical Aspects' opens by recalling legal cases and old-

er projects for changing the English law. 'Ethical' covers both the decencies of the doctor's trade and matters of greater concern. Valuable incidental points are made too: see the one about a not uncommon death often mistakenly thought to be caused by turning off a respirator; and the remarks on the "Hippocratic Oath". Chapter IV, "Medical Aspects" examines 'how the doctor arrives at the diagnosis of an incurable fatal disease', arguing that 'Incurable fatal disease' does not admit of intelligible definition, save so broadly as to include the majority of chronic, degenerative diseases of middle age, and most of the troubles of long-term patients in psychiatric hospitals. Means even for picking out "incurable fatal diseases" are uncertain: studies show alarming discrepancies between even diagnoses made in ideal conditions in hospital, and post-mortem findings. Trowell does not deny that stories of apparently perverse resuscitation can be true. (Not all the stories are horrific: see the one about the ward sister with the tattoo on her chest.) But he insists that tube feeding and draining are widely misunderstood: 'a blood transfusion can give relief from symptoms even if it is not curative, while artificial feeding may be necessary to prevent [very painful] thirst; and the removal of the urinary apparatus . . . might cause one of the most severe pains which can affect any man'. Such points, *pace* Trowell, are not difficult to explain, even to quite ordinary and medically uninstructed people. Why, so often, are they not explained?

Some time ago I stood successively by friends' bedsides. Tubes and oxygen masks were indistinguishable, though the hospitals were far apart. On the first occasion, the person was young and the tubes could be read as showing science doing every-

thing to hasten a cure (there was a cure). In the second case, of an older person, plainly dying, the tubes seemed an obscenity, the pointless invasion of an unswervingly honest man's dignity. Thanks to Trowell I now know the tubes were not necessarily pointless. Why was I not told at the time? More importantly, why was the patient not told? Elsewhere, Trowell tells how important information was gratuitously withheld from the dying J B S Haldane (not a man to be baffled by a few medical polysyllables anyway), but fails to connect this apparent medical contempt for the vulgar—as he usefully might—with the vulgar's desire, which he deprecates elsewhere, to have professionals institutionally licensed to do their dubious work (euthanasia, torture, killing 14-year-old Irishmen . . .?) for them.

Chapter V, 'Psychological Aspects' considers how patients, especially cancer patients, react to being told that they are dying: it is then that the declaration envisaged by the 1969 Bill would be made. Voluntary euthanasia demands a rational, steady, informed desire for death. This is usually impossible in the changing moods and denials of the terminal state of cancer. 'Changing moods and denials' is right. Also 'the cancer patient may be habituated to narcotic drugs and stuporous from sedative drugs. All this would make it difficult, if not impossible, for him to make a valid decision about euthanasia'. That is too strong: by what right does Trowell demand more steadiness etc. for the voluntary declaration authorising euthanasia than is required for making a valid will, or for being responsible for murder? In effect, the one is just as legal, the other no less **GOD'S WAY TO BE MAN** by Geoffrey Preston O.P. Darton, Longman & Todd, 1978 pp. 105 £2.40.

Long standing readers of *New Blackfriars* will know that Geoffrey Preston O.P. who died suddenly in 1977 when sadly only 41, wrote many articles for this journal. Yet oddly for a man of his literary and theological talents, he published no books. The many and various admirers of Geoffrey Preston's style of preaching and lecturing, who benefited from his easy and lucid touch and rich theological acumen, will welcome this posthumous publication of what read like retreat conferences to a religious community on the theme of fol-

irrevocable. Chapter VI claims to examine in detail four recent essays on 'the principle of voluntary euthanasia. Not all the essays are examined thoroughly enough, yet point after point shows them to lack nuance, sometimes crucially. A contention worth considering: 'the question whether a person has a right to die has a smirking insincerity concealed in its euphemistic phraseology . . . it is really an argument about whether one has a right to get someone else to do the killing; and that someone a doctor who will cast a cloak of respectability, if not anonymity, over the whole act'. Chapter VII is largely a *stretto* in which elements already stated return. Four appendices give the 1971 BMA report, the V.E.S. reply, the 1969 Bill, and a suggested declaration of a wish not for euthanasia but for being 'allowed to die and not kept alive by (any? or just "extraordinary"?) artificial means in specified circumstances. There is no index and the "footnotes", at the end as *in vase indedito*, are hard to consult.

Dr Trowell sometimes puts his arguments in ways that irritate a philosophical purist, and other petty slips occasionally show (e.g. 'in Scotland a woman was found guilty of manslaughter' cannot be right: the law knows no crime under that name). I dutifully register these trifling reservations. Dr Trowell's valuable and sensitive book is full of arresting considerations. I warmly commend it—especially for those of us who are more inclined to the nice than to the good in moral discussions. More than one important debate on euthanasia is far from being finished.

L. MOONAN

owing Christ through a meditation on the Sacraments.

Much praise and thanks is due to Aidan Nichols, O.P. for choosing and editing these texts because many of the ingredients that made Geoffrey an outstanding and inspiring preacher are contained here; the extraordinary breadth and weight of his reading and knowledge, (*pace* the editor, Geoffrey lived not in a *cell* but in a *library*), which enabled him in his preaching to call on so many sources, ancient and modern, religious and secular, (many of