

BOOK REVIEWS

Edited by
David E. Balk

Whose Life Is It Anyway? The Matter of Assisted Suicide

A review of *Assisted Suicide and the Right to Die: The Interface of Social Science, Public Policy, and Medical Ethics* by Barry Rosenfeld. Washington, DC: American Psychological Association, 2004. 201 pp. (ISBN 1591471028). \$49.95. Reviewed by John R. Jordan.

Barry Rosenfeld is an associate professor of clinical and forensic psychology at Fordham University. Dr. Rosenfeld has also been affiliated with the Memorial Sloan-Kettering Cancer Center in New York City. With Colleen McClain-Jacobson, Anne Kosinski, Hayley Pessin, James E. Cimino, and William Breitbart, Rosenfeld co-authored “Belief in an Afterlife, Spiritual Well-being, and End-of-Life Despair in Patients with Advanced Cancer,” published by *General Hospital Psychiatry*, 2004, 26, 484–486.

John R. Jordan is the Director of the Family Loss Project (FLP), a research and clinical group providing bereavement services in the greater Boston area. Through the FLP, Jordan is developing an innovative support program for suicide survivors. He is Co-Investigator on a research project assessing the problems, needs, and support resources of people who have lost a loved one to suicide. He is also working on a research project to develop a new measure to help clinicians identify individuals at risk for complicated mourning. He is a member of the Board of Directors for the American Foundation for Suicide Prevention - New England Affiliate, and with Bob Baugher is co-author of *After Suicide Loss: Coping with Your Grief* (available at b_kbaugher@yahoo.com).

The matter of control over the end-of-life is a very old concern, an issue with which every society has to struggle. Who decides when someone will die? Is it moral for an individual to end their life, or to hasten their death (e.g., by refusing treatment)? Is it moral for another person to assist in that act? These questions

go to the heart of how we understand the rights of the individual human being and the right of society to control that individual, our obligations to ourselves and to others, and the construed meaning of death itself. They also raise complex concerns about the purpose of our medical care system and who has control over decision-making in that system. These profound and deeply emotional issues periodically burst into the forefront of our collective consciousness, most recently in 2005 when the legal and family drama over the Terri Schiavo case received intense (albeit brief) media attention. And of course, the issues can be very front and center for any family confronting life and death decisions about a member.

One of the most controversial manifestations of the debate around the right to die involves the question of physician-assisted suicide (PAS)—whether the medical system has any legitimate role in providing help in hastening dying for patients who desire to end their life. For anyone seeking a cogently written and dispassionate analysis of the issues involved in this difficult subject, as well as a thorough review of the empirical research that bears on those issues, the book *Assisted Suicide and the Right to Die: The Interface of Social Science, Public Policy, and Medical Ethics* will serve as an outstanding resource.

After a short Introduction that includes definitions of terms such as euthanasia and physician-assisted suicide, *Assisted Suicide and the Right to Die* begins with a chapter that offers a brief history of the political, philosophical, and religious debate around assisted suicide and/or euthanasia, primarily in the United States and the United Kingdom. Chapter 2 provides a detailed review of the case law that has led to the current legal status of assisted suicide in the United States (basically, the U.S. Supreme Court has ruled that U.S. citizens do not have a constitutional right to die, but nonetheless that individual state legislatures are free to enact laws that allow for, or prohibit, PAS. To date, only Oregon has passed legislation that authorizes PAS). The chapter includes sections on the widely known cases of Karen Ann Quinlan and Nancy Cruzan, as well as the 1997 Supreme Court cases that established our most recent adjudication of the issues. Rosenfeld continues laying the background knowledge needed by the reader in Chapter 3, where he reviews the status of medical and legal mechanisms for conveying end-of-life preferences, including Do Not Resuscitate (DNR) orders, Living Wills, and Health Care Proxies.

In Chapters 4 through 6, the author provides the scientific foundation for a discussion of the issues involved in assisted suicide. Chapter 4 presents a valuable overview and critique of some of the difficult methodological and ethical problems that arise when attempting to do research in this area. This overview will prove invaluable to anyone contemplating empirical study of this topic, and is followed in Chapters 5 and 6 by thorough reviews of the research studies that have examined two crucial factors that seem likely to influence an individual's desire for more control over, or speed in, their dying process. More specifically, Chapter 5 examines the role of psychological and psychosocial factors (such as depression or hopelessness as a response to terminal illness), levels of available social support, in determining general interest in PAS among healthy persons, or in actual requests for assistance from terminally ill patients. Reflecting the research sophistication found throughout the book, Rosenfeld notes that the apparent role of depression/hopelessness is dependent, in part, on the methodologies employed and the questions asked. Chapter 6 summarizes the data on the relationship between pain and other physical symptoms (such as dyspnea, or shortness of breath) and interest in, or requests for, PAS. Together, these three chapters provide an excellent review of the empirical groundwork for understanding the factors that influence the desire for PAS among patients.

Chapter 7 offers an analysis of the components of end-of-life decision making, providing an important distinction between the issues involved in establishing the legal competence of an individual to make such decisions, and the process by which such decisions are actually made. Again, relevant research is discussed, including the few measures that have been developed to assess competence. The chapter also reviews the studies on the impact of cognitive impairment and psychiatric disorder (mostly depression) on the process of decision making. Interestingly, although it is sometimes viewed by clinicians as *prima-facie* grounds for ruling someone to be incompetent, Rosenfeld notes that there is only a weak relationship between the severity of depression of a patient and the degree of impairment of their ability to make life and death decisions. Finally, this chapter also highlights the general lack of knowledge on the part of most mental health professionals about what constitutes a competency assessment.

Chapters 8 and 9 address two venues where some form of assisted suicide or euthanasia is legally recognized and therefore open to scientific investigation. The Netherlands essentially decriminalized euthanasia and PAS in the 1980's, and then passed specific legislation making it fully legal in 2001. Likewise, the voters of the state of Oregon approved the Oregon Death with Dignity Act in 1994, which then became law after several legal challenges in 1997. Both chapters provide similar information about the development of the hastened death movement within those locations, detailed data about the utilization of the option among the general population, and to a lesser extent, comparison of the differences between the legal requirements and actual utilization of hastened death in both settings. Rosenfeld also presents a thoughtful and empirically grounded examination of the many controversies that have surrounded the legalization of euthanasia or PAS. These controversies include the fear that such services will be utilized only by the poor or medically underserved in society, and that implementation of the service will slide down a widening slippery slope of transformation from a voluntary option to a more coercive requirement that will be applied to increasing numbers of medical patients.

Assisted Suicide and the Right to Die concludes with an exceptional summary chapter titled "Where Do We Go From Here?" In it, Rosenfeld first identifies many ambiguities that remain to be resolved and require further study. These ambiguities include:

- the conceptual and clinical implications of the emerging finding that depression and hopelessness play a central role in requests for hastened death (e.g., will aggressive treatment of depression result in a reduction of requests?)
- the question of what we mean by decision making capacity and its corollary, rationality,
- the apparent inconsistency and variability of people's desire for PAS over time and circumstances (e.g., indicating the desire for assisted suicide while healthy may not be very predictive of what one will want when actually faced with a life threatening illness)

The author also comments on the validity of those who put forth the slippery slope argument against PAS, noting that the experience in the Netherlands might tend to support such a conclusion, while the data from Oregon suggest just the opposite.

He also addresses the arguments that legalizing PAS will hinder the improvement of palliative care services, observing that the current state of affairs, where there already may be considerable covert hastened death, is not desirable either.

Overall, Rosenfeld deserves high marks for producing a book that is clearly written, well organized, and comprehensive in its coverage of the important issues and scientific information about assisted suicide. If there is a fault to the book, it is only in the dryness of the treatment of this topic. Clinicians looking for a book of case studies, or ethicists searching for clear guidelines about the morality of PAS, will be disappointed. Certainly, a family seeking specific guidance about decision making around the terminal care of a loved one would not find this book helpful. Instead, *Assisted Suicide and the Right to Die* provides a scholarly, neutral, and scientifically informed overview of a topic that is sure to come more to the forefront of public awareness as the members of the baby-boomer generation begin to confront their own mortality and to deal with the medical system that, for better or worse, will assist them in passing on.

Extraordinary Grief

A review of *Voices of Bereavement: A Casebook for Counselors* by Joan Beder. New York: Brunner-Routledge, 2004. 219 pp. (ISBN 0-415-94614-X). \$24.95. Reviewed by David L. Pressman.

Joan Beder is Associate Professor of Social Work at Yeshiva University. She wrote "War, Death, and Bereavement: How We Can Help," published in *Families in Society*, 2003, 84, 1-5; and "Bereavement after a Physician Assisted Suicide: A Speculation Based on Theory," published in *Suicide and Life Threatening Behavior*, 1998, 28, 302-308.

David L. Pressman is a doctoral candidate in clinical psychology at Teachers College, Columbia University. He received his M.S. in clinical psychology from Teachers College in 2004. His master's thesis included a cross-cultural examination of the social context of grief processing behaviors in the United States and China. His dissertation focuses on an analysis of adult attachment orientation as a predictor of adjustment following chronic, non-acute stressors.

No loss is timely, but for some, life's circumstances cushion the severity of the death of a loved one. For others, the situational aspects of a death allow the impact of the loss to be magnified.