

# Book Reviews

## Euthanasia Is Not the Answer: A Hospice Physician's View

David Cundiff, MD

*Humana Press, Totowa, NJ, 1992, 200 pp., \$17.95*

MOST OF US IMAGINE THAT PROTRACTED dying is unremittingly awful—long, sterile hospital incarcerations with uncontrollable pain, intolerable burdens for

the family, and soulful suffering as family members struggle to let go of the person who is dying. No wonder Derek Humphry's thin and soulless *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide* (National Hemlock Society, Eugene, OR, 1991) has captured the imagination of so many Americans. It might even be useful, if there were no alternatives to the dreary, lonely death evoked in our worst nightmares.

Fortunately, dying does not have to be this way, and we do not have to consider suicide as the most dignified way

out—especially after we read what David Cundiff has to say. He is clearly experienced in working compassionately as a physician with persons dying of AIDS or cancer. Healthcare workers, clergy, and other care givers—as well as those of us facing our own death or the death of a loved one—will find *Euthanasia Is Not the Answer* to be of interest.

*Euthanasia Is Not the Answer* contains useful information on legal and ethical considerations surrounding euthanasia. It also airs the viewpoints of traditional religions. Cundiff emphasizes the

## BOOK BRIEFS

### Creating the New American Hospital: A Time for Greatness

V. Clayton Sherman, *Jossey-Bass, San Francisco, 1993, 311 pp., \$34.95*

The revolutionary changes in healthcare are forcing hospitals to transform their management models. V. Clayton Sherman describes how the new American hospital requires a complete revision of management approach, use of people, response to the customer, and organization structure. He describes aspects of organizational renewal such as assessing change readiness, formulating a plan, and gaining consensus; implementing, refining, and sustaining the change process; and instituting a system of measurement and rewards that will encourage staff to drive the change process forward.

### Taking Charge of Graduate Medical Education: To Meet the Nation's Needs in the 21st Century

Thomas Q. Morris, ed., *Josiah Macy, Jr. Foundation, New York City, 1992, 104 pp., free (paperback)*

The U.S. system of graduate medical education (GME) has been criticized

for not meeting Americans' needs for physicians, geographically and among specialties. This maldistribution may have resulted because there is no overall accountable authority for GME. In addition, responsibility for GME is dispersed among many agencies and organizations. This proceedings of a 1992 GME conference focuses on how to better control the process and products of GME to produce a distribution of physicians that meets Americans' needs today and into the next century.

### Top Docs: Managing the Search for Physician Leaders

George F. Longshore, *American College of Physician Executives, Tampa, FL, 1992, 129 pp., \$27 (ACPE members), \$32 (nonmembers) (paperback)*

As the U.S. healthcare system becomes increasingly complex, healthcare organizations must have leaders who can guide them through the rough times. But how does a healthcare institution organize a search for a visionary leader? George F. Longshore offers a systematic and strategic approach to seeking out, evaluating, and selecting viable candidates. *Top Docs* takes readers step-by-step through the

search process. The book's 16 appendices provide documents and checklists to support their efforts.

## BOOKS RECEIVED

**Abortion: A New Generation of Catholic Responses**, Stephen J. Heaney, ed., Pope John Center, Braintree, MA, 1992

**Beyond the Myth of Dominance: An Alternative to a Violent Society**, Edwin M. McMahon, Sheed & Ward, Kansas City, MO, 1993

**Horrific Traumata: A Pastoral Response to the Post-Traumatic Stress Disorder**, N. Duncan Sinclair, Haworth Pastoral Press, Binghamton, NY, 1993

**Public Mental Health Marketing: Developing a Consumer Attitude**, Donald R. Self, ed., Haworth Press, Binghamton, NY, 1993

**Trust the Truth: A Symposium on the Twentieth Anniversary of the Encyclical Humanae Vitae**, Russell E. Smith, ed., Pope John Center, Braintree, MA, 1991

Coming in the  
Next Issue of  
**Health  
Progress**

difference between passive euthanasia (allowing nature to take its course) and active euthanasia (giving nature a push or, in his words, killing the person). Passive euthanasia does not mean that we stand back and allow all the terrors of our imagination and the actual physical ravages of the disease to consume us. Passive euthanasia—a merciful, comfortable, and dignified death—will occur if care givers accompany the dying person's family, ensure excellent pain control, obtain physical and technical assistance, and help the dying person let go of his or her connections to family (and vice versa) by gently urging them to say all they need to say to one another.

Cundiff does a good job covering pain control and rightly extols the virtues of the hospice movement in assisting families on their journey through dying. But he fails to emphasize the opportunity dying offers for real healing. When healing occurs, we are in less of a hurry to die: Euthanasia is not even a question.

For example, in discussing the suicidal thoughts of Mr. White, a cancer patient who was concerned about the burden of his illness on the family, Cundiff writes, "Mr. White's wife, who was also in the room, showed obvious apprehension in discussing the topic, and we moved to other issues" (p. 37). Why? What a wonderful opportunity to ease Mrs. White into discussing her fears and worries and helping her and her husband achieve greater intimacy by talking to one another. It can be liberating for families to hear that death will most likely be quiet, peaceful, and pain free and to share their loneliness, apprehensions for the future, and feelings of impotence in the face of suffering and death.

Cundiff makes passing reference to the incredible deficiency in the training of physicians, nurses, and others in palliative care and to the feelings evoked as we care for the dying and their families. Medical and nursing staff have little or no training that allows them to examine their feelings about their own death and the death of those close to them. If we

are not clear about our own feelings, it is difficult to imagine how we can understand the feelings of others who are faced with dying.

Cundiff says that "by entering the hospice program, the patient and family have chosen symptom control and psychosocial support over medical heroics" (p. 55). Although true, this statement shows that Cundiff misunderstands the meaning of heroism. The word actually means doing what needs to be done, and thus it is heroic to do nothing at times and simply be. So-called medical heroics are often simply obscene technological gestures perpetrated by professionals who can "never say die" and are out of touch with the soulful, feeling-filled realm of living.

In Holland—the "euthanasia mecca of the world"—the hospice movement has hardly begun. After talking with and reading the philosophy of Pieter Admiraal, one of Holland's chief proponents of euthanasia, and after reviewing Cundiff's chapter on euthanasia in the Netherlands, I am convinced that the proponents of euthanasia in the Netherlands are either uninterested in hospice care, unable to grasp the hospice philosophy, or not trained to delve into the feelings and fears of those who seek their help. Their cavalier approach to euthanasia smacks more of power than of compassion and caring.

Although *Euthanasia Is Not the Answer* is excellent in its description of euthanasia and some aspects of hospice care, the book is not passionate and forthright enough in its demand for more education and training. Cundiff could have put more emphasis on enhancing family connectedness, which, along with pain control, is the greatest antidote for euthanasia. Nonetheless, the book should evoke much soulful reflection for those interested in living and dying.

N. Michael Murphy, MD  
Medical Director  
St. Peter's Hospice  
Albany, NY

**WELLNESS: THE NEW  
HEALTHCARE PARADIGM**

*September's special section on wellness, prevention, and spirituality will include articles on the history of the wellness movement, a community-benefits approach to healthcare, an employee wellness plan, and a hospital's retreat program to foster holistic spirituality.*

**ANTITRUST AND INTEGRATED DELIVERY**

*Clear antitrust policies will be needed to guide healthcare providers as they form integrated delivery networks, according to Br. Peter Campbell, CFX, senior attorney at the Catholic Health Association.*

**PRACTICE PARAMETERS**

*A comprehensive article on patient management strategies outlines how they can improve outcomes for patients and lower costs for payers.*

**HEALTHCARE MANAGEMENT ETHICS**

*In the September issue, Health Progress begins a new regular column on healthcare management ethics. Sr. Joanne Lappetito, RSM, CHA's senior associate in corporate and social ethics, introduces this new feature.*