William H. Colby is not only an excellent attorney but a true counselor as well. In his book *Unplugged: Reclaiming Our Right To Die In America*, he conveys a sensitivity and compassion about a subject that many patients, families, doctors, and lawyers alike find extremely difficult to discuss. The book addresses questions about the nature of death and dying, illuminating the complicated areas of law, ethics, and medicine in a fascinating and well-written book.

Colby has been in the midst of such decision making for more than 20 years. One of his notable qualifications is the fact that he represented Nancy Cruzan and her family from the local court to the U.S. Supreme Court and back again, ultimately achieving for the family the right to remove Nancy’s feeding tube. He also testified before Congress and shaped the legislation that became known as the Patient Self-Determination Act of 1990, which requires hospitals to ask patients upon admission if they have an advance directive.

*Unplugged* provides an historical accounting of right-to-die law, using the Nancy Cruzan, Karen Ann Quinlan, and Terri Schiavo cases to illustrate how the issues involved have progressed over the years.

Part One of the book, which chronicles the journey that Terri Schiavo and her family experienced, provides the reader with a glimpse into her life before and after the cardiac event that left her permanently unconscious. Colby relates examples that demonstrate the loving relationship of the family, including a good relationship between Terri’s husband, Michael, and her parents and siblings. Colby allows the reader to view the events of Terri’s life objectively and to decide for himself or herself how and why the family relationships broke down and ultimately became bitter. More importantly, by taking the reader along on this journey, Colby shows how something similar could happen in the reader’s own family. After reading *Unplugged*, the reader may well feel impelled to take action to prevent it from happening.

Part Two describes developments in modern medicine that contribute to the increasingly difficult medical choices that people—including family members and clinicians—face when a patient goes into a steep physical decline. As a result of advances in medical technology, patients often find themselves on what Colby describes as the “institutional glide path.” A complex matrix of factors plays into this experience, including problems physicians have in providing accurate prognoses and in speaking frankly with patients and family members about those prognoses.

Physicians usually believe that it is not medically useful to deprive patients of hope by telling them they are dying. But it is also not useful to give people false hope, Colby believes. “False hope, however, is equally debilitating,” he writes. “Many doctors avoid the reality of the dying, critically ill patient and look instead to the next piece of technology or clinical trial available, even if it offers little hope of recovery. The patient simply moves from one technology to the next, ultimately dying in the ICU without having the chance to understand that he is dying and find meaning in his remaining time.”

Even when it occurs in elderly, chronically ill people, death or debilitating illness often seems to come as a surprise, leaving caregivers and family members little time for meaningful reflection on the decisions that have to be made. Because that is so, Colby believes that we should look upon the Schiavo, Cruzan, and Quinlan cases as a kind of gift. If nothing else, these cases have opened “the lines to a critical societal conversation” by causing us Americans to ask ourselves: “What do you think was ‘right’ for Terri Schiavo? What would you want if you were in her shoes?” A consideration of such questions could ensure that we have more time to think about and express the decisions we would want made on our behalf.

Colby’s account of the historical development of the relevant legal cases, the medical technology, and the “living will” is fascinating and should be meaningful to all readers. *Unplugged* also contains many references to other works, so that readers can easily pursue additional materials on this topic. One might note that Colby shares with his readers his own personal durable-power-of-attorney document. It is clear and concise and spells out his wishes concerning who is to make health care decisions for him if he should become unable to make them for himself. Colby concludes the book by encouraging readers to “go and have a talk” with their loved ones, to make their own wishes known.

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