

ETHICS TEXT, PROGRESSIVE VIEW

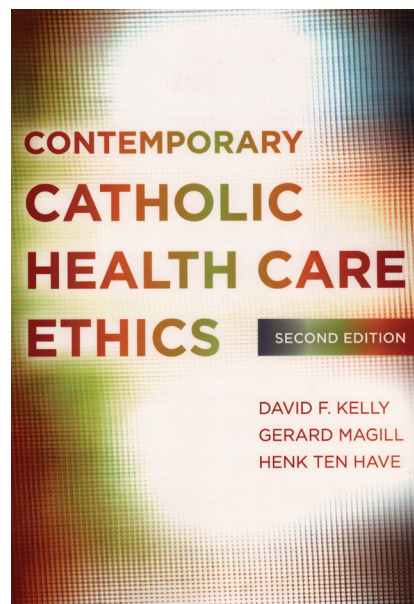
REVIEWED BY DANIEL J. DALY, Ph.D.

Esteemed Catholic medical ethicist David F. Kelly is joined by his co-authors, Duquesne University colleagues Gerard Magill, Ph.D., and Henk ten Have, MD, Ph.D., on this second edition of *Contemporary Catholic Health Care Ethics*. The result is an offering that stands up well in the increasingly competitive field of Catholic medical ethics textbooks.

Parts 1 and 2 of the book essentially reproduce the first edition. The first part presents key concepts in foundational theology, with a focus on theological anthropology. The second part addresses ethical methodology. The revised and new material of the second edition is found in part 3, which addresses issues in applied medical ethics. End-of-life ethics receives the lion's share of attention, as the authors devote chapters to the forgoing of treatment by competent and incompetent patients, the distinction between killing and letting die, the ethics of nutrition and hydration, and advanced directives.

New to the second edition are chapters on research ethics, organizational ethics, specific issues in genetics and global bioethics. The chapter on organizational ethics will be of particular interest to hospital administrators. The authors helpfully walk the reader through the church's developing teaching on cooperation with secular medical institutions.

While Kelly, Magill and Ten Have accurately present official Catholic teaching, the text is not a summary of church encyclicals and declarations. In the introduction, they write, "We



CONTEMPORARY CATHOLIC HEALTH CARE ETHICS, 2ND ED.

BY DAVID F. KELLY, GERARD MAGILL AND HENK TEN HAVE

Georgetown University Press, 2013
288 pages, \$39.95

are convinced that there are problems with the method usually used in traditional Catholic medical ethics....This book is our attempt to present an alternative approach." True to their word, they soon throw their support behind the ethical methodology condemned in Pope John Paul II's encyclical *Veritatis Splendor*, proportionalism. Later in the text, they level proportionalist critiques of official church teaching on artificial birth control, assisted reproductive techniques and the move to-

ward vitalism in aspects of the church's end-of-life ethics. (See page 32.)

Given that progressive perspective, readers might be surprised to find that the text shines in its articulation of the development of the Catholic ethical tradition. Further, it far outpaces other texts of its kind in its excellent presentation of the legal and scientific aspects related to medical ethics. Professors of college medical ethics are well aware that students often confuse and conflate medical legal and medical ethical questions. This text will be helpful to distinguish between these questions, but also will show the interesting ways in which the questions are interrelated.

As readers have come to expect from Kelly's earlier edition, the authors show themselves to be masterful teachers. They clearly and concisely communicate abstract and complex concepts to a lay audience. The text is readable and well-documented. Students will appreciate the glossary containing a variety of technical concepts within theology, ethics and medicine.

A few mild critiques are warranted. While much of the text has been revised, there are sections on theological anthropology and ethical method that could have reflected contemporary research to a greater degree. Next, given its nature as a college textbook which engages the Catholic tradition, and given that moral analysis is done through the lens of proportionalism, the authors should have afforded more space to Pope John Paul II's critique of proportionalism. As it stands, they refer to it only in a footnote. But the methodological difference between the

authors and the magisterium is important to a fuller understanding of official church teaching and why the authors dissent from aspects of it.

Finally, professors of medical ethics and members of ethics committees will wish that the authors had devoted a chapter exclusively to abortion, instead of addressing the issue throughout other chapters.

The text is organized in a way that makes it suitable for a college or univer-

sity course in medical ethics. Because it is divided into 30 chapters, which average 12 pages each, it easily can be used in a 15-week semester. The relative brevity of the chapters gives room to the professor to assign additional primary source readings, if desired.

Professors and hospital administrators looking for a compendium of official church teaching on medical ethics should look elsewhere. So should those seeking discussion of medical

ethics more in line with official church teaching. But those who wish to engage an alternative approach will find such in *Contemporary Catholic Health Care Ethics*.

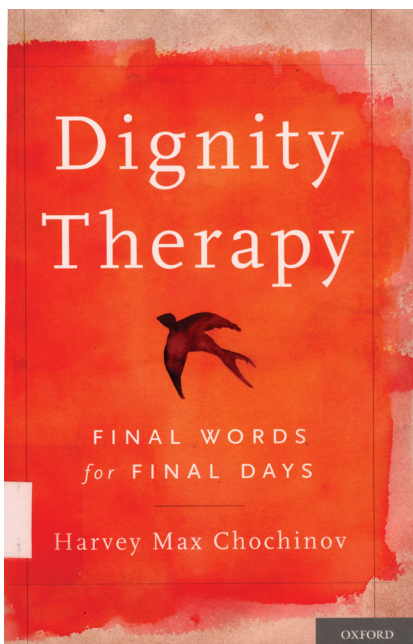
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NARRATIVE GIVES POWER, DIGNITY TO DYING

REVIEWED BY SR. PATRICIA TALONE, RSM, Ph.D.

The *Ethical and Religious Directives for Catholic Health Care Services* urge those within Catholic health care to treat every person whom they encounter with the utmost dignity because “the dignity of human life flows from creation in the image of God.” The *Directives* counsel health caregivers to treat patients and clients “in a way that respects the human dignity and eternal destiny of all.” Harvey Max Chochinov, a Canadian psychiatrist and international leader in palliative care, affords in this text a method to maximize human dignity, especially for those individuals facing life’s end.

The author is no stranger to Catholic health care’s palliative care and Supportive Care Coalition communities. A prolific writer and lecturer, Chochinov has published studies in journals like *The Lancet*, *JAMA*, the *American Journal of Psychiatry* and the *Journal of Clinical Psychiatry*, to name just a few. He has dedicated much of his career diagnosing, addressing and alleviating the depression and anxiety of persons



**DIGNITY THERAPY:
FINAL WORDS FOR FINAL DAYS**
BY HARVEY MAX CHOCHINOV
Oxford University Press, 2012
199 pages, \$49.95

nearing the end of life. His methodology extends far beyond the usual assessment questions to draw forth from patients a rich narrative able to reinforce the meaning and value in each one’s life. It furthermore provides an opportunity for the person facing death to have a mechanism through which to share his or her story with loved ones, thus extending dignity to others.

This short but compelling book builds upon Chochinov’s broad academic and clinical experience. In it, he defines dignity as “worthy of honor, respect, and esteem.” Chochinov sets a tone of sincere affirmation for and attention to each dignity therapy participant. Similar to many of the tenets of the Supportive Care Coalition (in which CHA and many of its members actively participate), the author emphasizes the importance of the here and now in the lives of those facing death. More traditional Catholic theology called this disposition “the sacrament of the present moment.” Noting that contemporary studies in the Netherlands reveal that

many persons requesting physician-assisted suicide are more likely to be depressed, report less social support and experience serious discomfort than do other end-of-life patients, Chochinov's methodology addresses the first two of these concerns. He intentionally provides an opportunity for the patient to talk about the whole of his or her life and to provide a testimony of that life for loved ones to treasure after the patient's death.

Chochinov's preface to the book witnesses to his deep appreciation for the role of narrative in each life and to the power that narrative has for the living. He brings the reader back to the book of Genesis (chapters 48-50) to the death of the third patriarch, Jacob. The great patriarch summoned all of his children to his side, used his final days to bless them and to express his deepest wishes to them. As is true with almost every family, Jacob's clan evidenced sibling rivalry, tensions and its share of relationship mistakes. Nonetheless, Genesis tells us that the patriarch blessed every one with the blessing appropriate to him. Building upon this theme, Chochinov weaves narratives in the form of verbatims throughout the entire text of this book, illustrating his ideas practically and often poignantly.

Dignity therapy itself is part of a larger methodology about which the author has written in numerous articles. The therapist works with the dying person to assist him or her to reflect upon the whole of life, recognizing that the illness the

patient now faces is but one part.

Certain pivotal questions addressed to the patient guide this process. Chochinov's chapters abound with important questions for the patient. Some examples are: "Tell me about your life history, especially the parts that you either remember most or think are most important;" "When did you feel most alive?" "What are particular things that you feel need to be said to your loved ones?" "What are your hopes and dreams for your loved ones?"

Always sensitive to the patient's diminished physical and emotional condition, the therapist insures that throughout the process, the patient can freely stop or pause. Interviews are audiotaped with the therapist transcribing and editing them so that the patient has a mutually agreed-upon document to share with loved ones — a gift and blessing, similar to those of the patriarch, Jacob.

In one sense, this method applies most appropriately to the work of mental health professionals, physicians, psychologists, licensed clinical social workers and hospice counselors. But other health care professionals who minister to dying persons and their families would benefit from reading this text as well. Applying its principles acknowledge and ensure the dignity due to each and every patient and family in need.

Dignity Therapy is a concise book and an easy read, and it also is an excellent resource for further study and reflection. It contains references at the end of each chapter, verbatims to illustrate the author's theses and a comprehensive index. Those hospitals, long-term care facilities and health care systems engaged in the Supportive Care Coalition, palliative or hospice care would do well to have this text in their reference library. Because Catholic health care commits itself to be what the *Directives* call a "community of healing," our patient care encompasses not only treatment of disease, but embraces physical, social and spiritual dimensions of the human person. *Dignity Therapy* is a tool to ably assist in offering holistic care to persons facing life-limiting illness.

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**FROM DIGNITY THERAPY:
FINAL WORDS FOR FINAL DAYS**

Although the patient may often ask, "What should I do?" the underlying and more profound question is, "Who am I?" In the absence of finding an answer, they might conclude that they are a mere shadow of their former self, the living dead, an inanimate object, or that they are just taking up space. This, in essence, is the mindset of patients who feel themselves a burden to others.

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