A “Morally Meritorious” Treatment Option
by Ribhi Hazin

Easeful Death: Is There a Case for Assisted Dying?
by Mary Warnock and Elisabeth MacDonald
(New York: Oxford University Press, 2008), 224 pp., $26

If a society is judged by how well it treats its “most vulnerable members” (p. 127) then, according to the research of Mary Warnock and Elisabeth MacDonald, the Western world in general, and the United Kingdom in particular, are glaring failures. In Easeful Death, Warnock and MacDonald draw upon their diverse experience in medicine, ethics, and public health to cast a lucid gaze on the contentious issue of assisted dying. Many indefatigable pundits who have wrapped themselves in the sacred mantle of this important issue have remained blinded by self-righteousness and have, as a result, remained incapable of hearing the voices from the oft-muted perspectives of those with the greatest stakes involved—namely, the “vulnerable members” of society who are terminally ill or live in a state of “unbearable suffering” (p. 22). Whereas those on either side of the debate have attempted to expound upon the merits of their diverging proposals, Warnock and MacDonald structure their arguments in a way that reflects the notion of Salus populi est suprema lex—that is, the welfare of the people is the supreme law.

Easeful Death acts as a “guide” to engender debate and assist policymakers and individuals in the United Kingdom and elsewhere to work toward making assisted dying “legally permissible” (p. 1) for those whose lives are marked by constant suffering. Although current legal codes provide a patient with the right to live, the authors argue that citizens everywhere have “no right to death” (p. 6). The authors conclude, therefore, that it is only when assisted dying, or “requested death” (p. 15), can become a treatment option similar to surgery or pharmacological therapy that a patient will ever truly be able to “exercise [his or her] own will” (p. 4). It is only in such a case that a person can assume the role of a “rational moral agent” (p. 83) rather than a “vulnerable victim” (p. 83).

The inability to exercise one’s will, particularly in periods of life where one is incapacitated, totally dependent upon others, or faced with the “total indignity of being unable to do anything” (p. 8) for oneself, has rendered many terminally ill patients and their loved ones to view the notion of assisted dying more favorably. The prospect of “losing control” (p. 8) over the way their lives are lived and their refusal to “sacrifice their individuality” (p. 8) have led many with terminal illnesses to consider the “morally meritorious” (p. 4) option of assisted dying.

The authors offer the following analogy to further their support for assisted dying: “If we find an animal caught in a trap, alive but in terrible pain, we feel that we cannot leave it, we must relieve it to end its agony” (p. 10). According to the authors, the key to answering this analogy is by reconciling the law: can we devise a law that allows us to relieve the suffering of those who want to die, without endangering others who do not want to?” (p. 12). The reader is left with a vexatious conundrum: How do you draft such laws when suffering is “intrinsically indefinite” (p. 80)?
Although it should be a concern for “society as a whole” (p. 76), the authors conclude that primary responsibility falls broadly on the shoulders of physicians who have a “duty to save human lives where they can, and to do nothing to lower the quality of the lives of their fellows” (p. 74). Nevertheless, the authors argue, the notion of preserving quality of life is a responsibility that “belongs to us all” (p. 74). The authors question whether or not “blind reverence” (p. 74) for preservation of life at all costs—regardless of economic costs or deterioration of quality of life—may sometimes stand in the way of this duty.

The issue of assisted dying remains largely misunderstood, particularly in the United Kingdom. To enlist the support of medical caretakers in offering patients assisted death as a form of treatment, it must first become a “lawful option” (p. I). Fully aware of the rampant ignorance most citizens have for laws dealing with the issue of assisted dying, the authors meticulously and methodically dissect complex legal precepts as well as long-standing misconceptions held by lawmakers and the public to provide answers to many of the jolting questions people in the United Kingdom have on the legality and morality of assisted dying.

In all, _Easeful Death_ fills a huge gap in the armamentarium of those who believe that assisted dying should be considered in some capacity for those “vulnerable members” in our society whose lives have become unbearable as a result of mental or physical illness. _Easeful Death_ is at once literary and wholesome, a doctrine on morality and ethics that is crammed with unflinchingly honest analyses of trends and policies that have contributed to the understanding of and the approach to assisted dying currently propagated in the United Kingdom and elsewhere.