

ETHICS AT THE EDGES OF LIFE. By Paul Ramsey.* New Haven: Yale Univ. Press. 1978. Pp. xvii, 352. \$25.00.

REVIEWED BY ANTHONY D'AMATO**

There have been many reviews of Professor Paul Ramsey's book,¹ which is in its fourth printing and in paperback in the edition I have read. Rather than adding a conventional review to the total, I thought I might better proceed by recounting a film that I saw, which Ramsey mentions in passing,² and relating my viewing experience to Ramsey's thesis.

The film concerns a Down's Syndrome baby who was allowed to starve to death at Johns Hopkins Hospital a few years ago. I saw the film last year when I was guest-teaching a session in ethics at the Northwestern Medical School. The class consisted of about forty medical students, mostly in their second year, and five or six physicians who taught occasional sessions of the course. The director of the course was James Bresnahan, a lecturer at the medical and law schools at Northwestern and a member of the faculty of the Jesuit School of Theology in Chicago. Before the film was screened, Dr. Wayne Borges explained to the class that Down's Syndrome, or Mongoloidism, is an irreversible mental condition—a Mongoloid adult has the mental age of a child of three. (One of the students in the class later offered the comparison between a Mongoloid and an intelligent dog, and the comparison was not challenged by the doctors present.) Infants with Down's Syndrome often are born with a blockage in their intestinal tract, which until a few decades ago meant that such infants would die from an inability to digest food. But then a surgical procedure was invented, which at the time of the movie had a cost of about a thousand dollars, to remove the obstruction. Without saying so explicitly, Dr. Borges' remarks led his audience to infer that in the past the blockage was viewed as nature's way of eliminating Down's children from the human race. But with the advent of the surgical procedure, a choice is presented whether or not to operate and save the lives of these infants.

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¹ See, e.g., Brant, Book Review, 19 J. FAM. L. 137 (1980); Gaffney, 139 AMERICA 396 (1978); Hathaway, 15 SCI. BOOKS AND FILMS 68 (1978); Kohl, 103 LIB. J. 667 (1978); Levinson, Book Review, 32 VAND. L. REV. 1023 (1979); MacIntryre, NEW REPUBLIC, May 6, 1978, at 28; McCormick, 138 AMERICA 288 (1978); Muehl, 95 CHRISTIAN CENTURY 744 (1978); Noonan, Book Review, 25 AM. J. JURIS. 181 (1980); 15 CHOICE 888 (1978); 46 KIRKUS REVIEWS 160 (1978).

² P. Ramsey, ETHICS AT THE EDGES OF LIFE 193 n.11, 194 (1978).

Then we saw the film. The parents of a Down's child were shown seated in a doctor's office in the hospital. Behind the doctor were shelves of books; the office itself was academic and authoritative in style and not like a room in which a doctor would treat patients. The doctor, a man in about his fifties, explained to the distressed parents the surgical procedure and that the child would be a severe mental defective all its life. In a very serious and "responsible" tone, he asked the parents whether or not they wanted him to go through with the operation on the child's intestinal tract. The parents in turn asked the doctor for his advice. The doctor replied that he would not presume to give any such advice. The decision had to be the parents' own, taking into account all the emotional and financial aspects of the situation and foreseeing the future effects of the decision on the family as a whole.

The narrator of the movie informed the viewers that the parents came back with their decision not to operate. The infant, on its little baby carriage sort of tray, was wheeled into a corner of a room off the corridor of the maternity ward. A sign was placed on the tray stating that the child was not to be given any food or drink. Nurses and doctors were shown passing the child's compartment. Some consternation set in among the staff of the hospital as several days passed by and the child was still alive. Inexplicably, the child survived for fifteen days without food or drink before it died.

The brief film ended and we had our group discussion. There was empathy with the parents' horrible dilemma. The doctor in the film was found to be neutral and professional. Considerable discussion concerned alternatives to letting the infant die. One student talked about classified advertisements for adoption of Mongoloid children and the response in one city where homes were found for such children. If the Mongoloid child had the intelligence of a dog, couldn't there be many families in the United States ready and willing to adopt such a "pet"? The thought was repulsive, but surely, someone pointed out, not as repulsive as letting the infant die. Another student asked whether we really should "save" such children. Might their existence have a depressing effect upon families and friends? But maybe the existence and survival of such a child in a family setting might have an edifying effect—perhaps to remind others to be thankful for their good health and fortune in the face of daily setbacks. Another line of discussion concerned whether modern medical science should "go out of its way" to save such infants. Should nature simply be allowed to take its course, without artificial prolonging of such life? Father Bresnahan pointed out that in classic Roman Catholic theology, a distinction was drawn between "ordinary" and "extraordinary"

means of saving life in such situations; the latter was not required as a matter of ethics. However, he added, the distinction increasingly seems to be a verbal one only: what makes this operation for blockage of the intestinal tract particularly "extraordinary"? The class agreed. Ramsey in his book makes the same point in another rather neat way: if we would undertake operation X to make it possible for a normal infant to live, what justifies our withholding operation X if the child is mentally defective? "As God is no respecter of persons of high degree," he writes, "neither should we be."³

The class discussion was especially interesting for one point that was *not* made. The discussion went straightaway to the ethical obligations of parents, doctor, hospital and community. No one said that their conduct was excusable because of the fact that no one did anything positively to kill the infant, and that therefore inaction was not culpable. One of Ramsey's main points is that "benign neglect" leading to death raises just as many ethical problems as active killing. In ethics there is no sharp distinction between, say, smothering the child to death and simply withholding a medically indicated operation. Ramsey I think would have been pleased with the students' bypassing of the action-inaction distinction.

As the discussion wound down to a close, I became uneasy about another point that was not made. My opinion of the film was then solicited, and I said that one thing struck me rather forcefully. The father and mother were shown in consultation with the doctor in his office. The infant was not present; it was presumably in the maternity ward. The doctor, a clear authority figure, was sitting regally at his desk dispensing "neutral" considerations. It was all abstract and formal. The parents were groping for a decision, and the doctor presented "balanced" and depersonalized considerations on both sides. Was it not evident, I asked, that such a structure and setting highly influenced the parents' decision? Wouldn't the situation have been entirely different if the mother were in bed holding her baby and looking at it, with the doctor asking her, at her bedside, if the infant should be operated on to remove the blockage in its intestinal tract? Everyone agreed. Dr. William Buckingham, a professor of diagnostic medicine, said to me after class that he had seen the film often and in many different groups, but no one had ever made that particular observation. The reason, he suggested, was perhaps that consultation with a physician in his office is viewed upon as so impartial and fair that that aspect of the decisionmaking process in the film did not

³ *Id.* at 194.

stand out as unusual and certainly not as prejudicial. And yet, Dr. Buckingham agreed, he would have been surprised if the parents would have withheld consent to the operation in the presence of the (uncomprehending) infant.

Something of the same kind of abstraction strikes me hardest about Ramsey's book. Ramsey is interested in covenants—between patient and physician, between man and God. A person may not commit suicide because that breaks a covenant with God. A physician may not choose death for a patient—whether it is a case of “benign neglect” of a defective child, cutting off Karen Quinlan's life-support system, or euthanasia—because a physician's purpose is to save lives; to heal. Ramsey's cold formalism is well-suited to students of law, since deontological ethics is much more amenable to legislation than, for instance, situation ethics which represents a pole opposite to Ramsey's position. But there are certain human, or situational, factors which seem to elude Professor Ramsey. An old terminally ill patient in great pain requests death—Ramsey would not allow a physician to acquiesce.⁴ But that kind of pain is real and intolerable, though neither Ramsey nor I have (yet) experienced it. At the other extreme of life, Ramsey is in favor of most well-drafted legislation that adds regulations to the *Roe v. Wade*⁵ decision on abortions. Although he commendably wants to save potential lives, how much pain, suffering and death was visited upon unwed mothers in years past who had to procure illegal abortions? If legislation, no matter how well-intentioned, acts as a roadblock, won't “illegal” alternatives make a comeback? I fear there is a kind of abstraction in this book like the consultation with the parents in the film. Yet I would have to admit that my view of the doctor's office scene is biased toward a result that I would want reached anyway. I wanted the parents to order the operation to save the defective child. I figured that they would be impelled toward that decision if they were holding the infant at the time. But what if the mother, cradling the infant in her arms, nevertheless refused consent to the operation? Then I would not respect *that* decision, but instead would argue the state should intervene to take the child as ward of the state and order the operation to save its life. My conclusion is deontological and legal, like Ramsey's, after all.

⁴ Ramsey, however, would allow a patient effectively to refuse attempted cures. *Id.* at 187. This qualification seems to invoke a distinction Ramsey rejected in the case of defective infants, when he refused to distinguish between benign neglect and active killing. A doctor may not kill a patient in extreme pain (euthanasia), but he may cease attempting to cure that patient if the patient so requests. Perhaps Ramsey is simply acquiescing in the patient's free will. But why, if he is opposed to suicide?

⁵ 410 U.S. 113 (1973).