

Book Reviews/Comptes rendus

JOHN KEOWN, *Euthanasia, Ethics and Public Policy: An Argument against Legalization*. Cambridge: Cambridge University Press, 2002, xx + 291 p.

This book addresses the debate over whether to legalize voluntary active euthanasia (VAE) and physician-assisted suicide. Both practices continue to be illegal in most jurisdictions aside from the Netherlands, Oregon, and the Northern Territory of Australia. John Keown weighs in on the side of retaining the prohibition.

Some opponents of legalization reject VAE in principle. Others are willing, at least for the sake of argument, to accept that genuinely voluntary euthanasia might be morally permissible; they contend, however, that to legalize the practice is to set foot on a "slippery slope" leading sooner or later to the killing of patients who have not chosen to die. Proponents of liberalized euthanasia laws claim that the evidence from jurisdictions which have legalized VAE—most notably the Netherlands—refutes the slippery slope argument. Opponents of liberalized euthanasia laws claim that the evidence from those jurisdictions *supports* the slippery slope argument. Keown undertakes to sort out and assess these competing claims. He concludes that the slippery slope argument is indeed well founded.

Euthanasia, Ethics and Public Policy also addresses some of the broader conceptual and philosophical issues in the debate. Keown, who teaches medical law and ethics at Cambridge, approaches these in the English analytic style, combining meticulous attention to definitions and distinctions with a nontechnical and common-sensical mode of argumentation. An opponent of euthanasia, he defends an "inviolability of life" doctrine, which holds human life to be a "basic" (though not an "absolute") good, and which forbids acts or omissions that are *intended* to hasten death, while permitting acts and omissions intended to avoid or alleviate suffering even if they are anticipated (though not intended) to hasten death.

VAE is usually justified in terms of the principles of "quality of life" and autonomy. The former principle—advanced by utilitarians such as Peter Singer—Keown rejects as arbitrary (how much quality makes a life worth living?). The latter principle, autonomy, he rejects both on philosophical grounds (no right to make immoral choices) and factual ones (patients'

autonomy may be compromised by untreated depression, undisclosed options, or pressure from institutions or relatives). Both principles, moreover, set up a slippery slope from VAE to much wider practices inasmuch as the "quality of life" principle could also justify non-voluntary (and ultimately *involuntary*) euthanasia, while the autonomy principle could justify death-on-demand, irrespective of medical condition.

In the Dutch law, which permits and regulates VAE law, the two principles appear to complement one another—rules designed to protect patient autonomy check the power of doctors or others to impose death arbitrarily, and rules meant to effect the quality of life principle (such as making VAE a last resort in the face of intolerable suffering) check the power of patients to demand it. Keown argues that this appearance is deceptive because the rules are unenforced and unenforceable. His evidence is derived from an analysis of the results of two major surveys of Dutch physicians and from a review of the Dutch case law on euthanasia. This evidence suggests, for example, that non-voluntary euthanasia (usually, though not always, in cases where the patient is incompetent) is both practised and condoned, though it is ostensibly against the law.

Keown's interpretation of the data diverges from that of many Dutch authorities, including the investigators whose studies he relies on. He contends that the Dutch are "in denial," and that the Dutch experience actually vindicates the anti-euthanasia positions taken by expert committees, supreme courts and medical associations in Britain, Canada, and the United States. His empirical case in support of the slippery slope argument is well taken, but whether one accepts the policy implications he draws will depend at least in part on one's sympathy with his ethical views regarding euthanasia. On the latter score, the philosophical arguments presented in this book are unlikely to persuade readers inclined to a more liberal perspective.

This book will be of interest to several audiences, including those with a substantive interest in euthanasia (and related) policy issues, practical ethicists, and socio-legal scholars occupied with the relationship between "the law on the books" and "the law in action." Its clear style and controversial argument make it suitable as a supplementary "case study" reading for upper year seminars on social ethics or health policy debates.

Allan Greenbaum *York University*

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