THE SANCTITY OF SOCIAL LIFE: PHYSICIANS' TREATMENT OF CRITICALLY ILL PATIENTS by Diane Crane (Russell Sage Foundation, 1975, 212 p. hardcover, $12.95)

Diane Crane's most important contribution to medical ethics will not be the cogency of her ethical reasoning about what physicians, as a matter of fact, are doing in their treatment of seriously ill and dying patients.

Her analysis is based on interview and questionnaire data obtained from over 3,000 physicians in a variety of specialties. Her major conclusion, based on this data and corroborated by an examination of actual hospital records: physicians generally do not base their treatment of critically ill patients on physiological grounds alone, but also on the patient's capability of interacting with others and of resuming his social role.

The two introductory chapters provide a thoughtful survey of the literature and central issues involved in the care of the critically ill, as well as identifying some of the methodological problems encountered during the research. One of the most prominent of such problems was the "clinical mentality" of physicians which was seen in their resistance to making generalizations about patient care and their preference to consider each case as unique.

Part I discusses the use of case histories in the study, the physician's use of medical-social factors in decision making, the distinction between acute and chronic illnesses in patient care, and norms concerning resuscitation.

Part II attempts to locate the sources of variation among physicians in their treatment of the critically ill by examining certain organizational, social, and cultural variables. An appendix helpfully includes replicas of the questionnaires and the case studies used in the study.

Other, more specific results of Crane's research are at least noteworthy, more likely provocative, and certain to fuel the ongoing debate about what physicians ought to do in their treatment of the critically ill. Pediatricians, for example, were found to be significantly influenced by the family's attitude toward treatment in their decision of whether or not to treat a brain-damaged child. The consent of adults was found to be only one factor in treatment decision making for them. In fact, adults with severe physical damage but with the ability to be maintained for a considerable period of time are likely to be treated even against their own wishes. Thus, in spite of the legal and moral right to refuse treatment, no guarantee exists that patients will be treated according to their wishes. The data further indicates that there is a 20-25% "hard-core" of physicians who will treat all their patients until the matter is taken out of their hands, that is, regardless of the patient's social potential or their physical/mental condition.

The data also points out that Catholic physicians appear to be characterized by a concern for the preservation of life. Catholics are unlikely to incur high risk to the patient in the use of pain-killing narcotics, yet, surprisingly, they are significantly influenced in their treatment decisions by social class and age, more so than either Jews or Protestants.

Crane's evidence strongly indicates that it is the sanctity of social life which concerns physicians today rather than the more traditional sanctity of biological life. She has performed an invaluable service by showing that physicians do adopt multiple points of view in making important treatment decisions. The book deserves serious attention from physicians and all those embroiled in the heat of medical ethics debate for this reason alone. Crane offers reliable, well documented, and understandable factual insight into what physicians do in their treatment of the critically ill. What remains is to figure out if this is what they ought to be doing.

— Reviewed by
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Editor's Memo Pad:

The vital issue of survival after death is receiving renewed attention. Due probably in part to the spate of "death and dying" bills appearing in a number of state legislatures and to the recent judicial decisions regarding the conditions for removal of life support systems from a terminally ill patient. Increasingly, the public has become aware of persons who were alleged to have died, or had been a heartbeat away from death, but returned to give an account of their experiences after they had "died." One of the recently published books on the subject, Life after Life, written by Physician Raymond A. Moody, Jr., considers the evidence contained in the intensive personal interviews he conducted with fifty persons who had had these kinds of experiences. He judiciously refers to these events as "near-death" experiences and offers the cautious conclusion that these "... represent a novel phenomenon for which we may have to devise new modes of explanation and interpretation."

These experiences not only raise interesting questions about the nature of the dying process but also questions about both the criteria used to determine the cessation of life and the conditions for organ donation. For a fuller analysis of this book, reference is made to Fr. Moraczewski's review scheduled to appear in the April (1977) issue of SIGN magazine.