



Falling in place

Learning to fall: the blessings of an imperfect life

Philip Simmons

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Mrs. R. looked tired, yet her eyes were piercing and her voice determined. “Bal, I need a new way of looking at all of this, something to read. What can you recommend?” For four years we had been patient and physician companions on the unpredictable course of her advanced cancer. I admired her courage and insight, her tenacity and determination. “I think I have just the book for you,” I responded.

Whether we encounter the threat of death as a patient, family member or professional caregiver, we find ourselves confronted by the mysteries that have haunted the human condition since we first acquired the ability to contemplate our own transience. We sense our existential aloneness with quickened pulse. We seek islands of meaning in a sea of unknowing. Philip Simmons’ *Learning to Fall: the Blessings of an Imperfect Life* has earned a permanent place on my bedside table. It helped Mrs. R. Perhaps it may be a help to someone you know.

Philip Simmons was 35 years old when he was diagnosed with Lou Gehrig’s disease. Married, with two young children and a promising career as an English professor and writer, he suddenly found himself enrolled in one of life’s most challenging immersion courses. To date he had celebrated life’s highs and lows with a keen eye and an inquiring mind. Now this!

Simmons has been at a tough school for the past eight years, but now, with the publication of this remarkable book, we are the beneficiaries. For all his disarming honesty and lack of pretense it is evident that Simmons is no ordinary student. He writes, “beyond the dualities of feast and famine we’ve

glimpsed something else: the blessings shaken out of an imperfect life like fruit from a blighted tree ... This book is for those ready to embrace this third way, the way through loss to a wholeness, richness, and depth we had never before envisioned.”

Learning to Fall consists of twelve richly textured, highly entertaining, always informative essays on everything from mud to family life, from the matting practices of frogs to the musings of Marcus Aurelius. With curiosity and wit Simmons introduces us to the mundane yet sacred corners of his world. With “purposeful awareness” and “alert calm” our gifted guide points us toward

the healing depths within, the inner peace that is our potential. We come to see through his eyes the wonder that can overflow each moment. We are in the hands of a master craftsman. He presents us with countless “Aha!” moments and nuggets of insight as he explores life’s daily experiences — the light and the dark, the savage and the serene — toward a deeper, richer, way.

Learning to Fall is a wonderful achievement. It draws on a wide array of wisdom traditions with discernment, humility and grace. It is never facile, always challenging, uncompromising, yet hopeful. It belongs on the short list of backpack resources for all those who find themselves in need of a guide as they journey to the edge.

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Ethics undone

Culture of death: the assault on medical ethics in America

Wesley J. Smith

San Francisco: Encounter Books; 2001

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Modern hospital practice occasionally puts caregivers and families in agonizing quandaries. When a baby is born with severe defects that are likely to be fatal, are doctors and parents ethically obliged to employ heroic measures, regardless of cost? Can a doctor ethically help terminally ill patients in intractable pain kill themselves? When a woman in the last stages of pregnancy permanently loses all brain function, should clinicians use advanced medical procedures to keep her body going until the baby can be delivered? Is infanticide ever acceptable? What about xenotransplantation?

Such bioethical questions have been

the subject of considerable academic discourse in recent years. In this thought-provoking and contrarian book Wesley J. Smith makes the case that a cadre of academic bioethicists (especially bioethics patriarch Joseph Fletcher and Princeton University’s Peter Singer) has influenced contemporary bioethical thinking and legislation with an overly utilitarian and even heartless stance that devalues human life. (They, in turn, argue that we can no longer rely on traditional ethics for answers to bioethical questions and propose a “new ethics” meant to protect the quality, rather than the sanctity, of human life.)

An attorney for the Anti-Euthanasia Task Force, Smith attempts to make the case that the ethical foundations of modern medicine are relentlessly changing from a system based on a profound respect for human life into a system devoid of heart and soul — a system in which severely impaired people have not just the right but sometimes even the duty to die (as in futile care theory). He wishes to redirect thinking and public opinion with this book. The author's approach, distinctly contrary to the utilitarian stance usually taught in medical school and residency, argues for a viewpoint based on the inviolability of human life. The book discusses a wide-ranging series of issues, including euthanasia, infanticide, organ transplantation, brain death, futile care theory and animal rights in the context of medical research.

Smith regards respect for the sanctity of human life in all forms as the primary bioethical imperative. He dismisses current utilitarian bioethical thought as



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spiritually and ethically bankrupt and refers to Aldous Huxley's *Brave New World* as an example of fiction becoming reality in contemporary bioethical thinking. Smith is concerned that mankind is in grave danger of losing its capacity to be compassionate, considerate and kind-hearted by embracing a view of life that favours the swift disposal of whatever is infirm, old, disabled or even just simply ugly and upsetting. In short, Smith worries that modern culture now tends to cheapen and reject human life that is imperfect or flawed.

Although I found Smith's arguments interesting and even provocative, I frequently found myself disagreeing with him. For instance, Smith strongly argues against euthanasia in all settings, even in the situation of terrible pain in terminally ill patients, suggesting that improvements in pain management and palliation are effective solutions. Certainly much can often be done along those lines, but my own clinical experience is that sometimes effective pain relief in terminal cancer can be achieved only by using pharmaceuti-

cal agents to the extent that consciousness and cognition are substantially impaired. Although I agree that legalized euthanasia is not necessarily the appropriate answer, I would nevertheless be reluctant to collectively condemn those who help patients who request help in escaping the agony of terminal illness should the pain become unmanageable.

This book will interest readers who wish to examine a coherent conservative perspective on contemporary bioethical issues. The book is full of medical vignettes to support the arguments forwarded, although I suspect that some stories involve malpractice more than deliberate clinical decisions based on actual utilitarian analysis. I disagree with much of what the author has to say, but I certainly must agree that Smith does a fine job of offering a viewpoint refreshingly different from that of current bioethical culture. His book is a well-written and well-argued critique of modern-day bioethical teachings aimed at the nonmedical public. Readers will find themselves reviewing their beliefs.

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Room for a view

Learning the hard way

Sometimes learning the hard way means learning in a bizarre way. Some forty-odd years ago, the significance of uptake and distribution in the administration of drugs was impressed upon me in the following dramatic manner.

I was one of four recently qualified junior house officers in a small rural hospital in Northern Ireland. On a particular occasion one of my colleagues, on being called to the emergency room, found a 17-year-old girl dead on arrival, the victim of a drowning accident. We were a conscientious bunch of young

docs. Moved by this tragic loss of a young life, we determined that, in future, when any call came from the scene of a potential drowning, one of the junior medical staff would accompany the ambulance on the outward journey, taking along resuscitative equipment and drugs.

Some weeks later, at around noon on my day on emergency-room duty, we received such a call. It came from a luxury hotel not far from the hospital. A young man had taken a liking to the proprietor's daughter, but the relationship was not acceptable to the family.

Hence, the young man was allegedly in the process of drowning himself in the hotel's outdoor swimming pool. I hastily joined the ambulance team, and off we went, hurtling down the road to the scene of the event.

On arrival I found a completely unexpected tableau: a group of rather senior-looking adults — about six of them, I reckoned — had managed to rescue the young man from the pool and were sitting on his trunk and limbs at the poolside to prevent him from jumping in again. At first I thought he was naked, but soon I discerned a pair