

2-1-1986

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Recommended Citation

Barry, Robert (1986) "[Book Review of] *Last Wish*, by Betty Rollin," *The Linacre Quarterly*: Vol. 53 : No. 1 , Article 14.
Available at: <http://epublications.marquette.edu/lnq/vol53/iss1/14>

BOOK REVIEWS

Last Wish

by Betty Rollin

New York: Linden/Simon & Schuster, 1985, \$11.95, hardcover.

Betty Rollin is a former NBC correspondent who was the author of *At First You Cry* in which she described her traumatic experience with breast cancer. In *Last Wish*, she describes how she assisted her mother, Ida Rollin, in committing suicide after a long struggle with cancer. While the story she recounts is very dramatic, it is also quite frustrating and intellectually dissatisfying.

Much of the book relates day to day events and conversations between Betty, her husband, Ed, and Ida over her illness and decision to commit suicide. What is lacking in the book is a systematic analysis of Ida Rollin's decision to commit suicide and her family's decision to assist her. The absence of this kind of analysis is particularly dissatisfying because there have been few if any studies of mercy killing, and also because there are many features in Betty Rollin's life that would be of great interest to Freudian analysts.

As is always the problem with mercy killers, Rollin's account of her mother's dying is not very credible, because the only way of verifying her reports is by examining her mother, which is obviously impossible. Rollin reports some events and conversations concerning her mother's suicide in such detail, from a distance of two years, that one suspects these events existed more in her mind than in reality.

But if it is true that her mother was often so debilitated, drugged and in pain that she could barely speak or move, it is hard to believe that she suddenly could become alert, fully coherent, cheerful, and even positively looking forward to her death as Rollin implies when she came to the decision to end her life. It is disturbing that Rollin did not report her mother's suicidal wish to her physician, acceded to her wish to kill herself, and did not attempt to provide her with psychiatric care. If Rollin's reports are to be believed, her mother was suffering from severe depression resulting from the illness, drugs and isolation, and if she received aggressive psychiatric care, it is quite likely that she would not have sought suicide.

Ida Rollin's suicide shows that the "right to die" movement is quite sexist, for the vast majority of its candidates for it or victims of it have been women. In recent years, only John Brophy and Clarence Herbert became notable candidates for death at the hands of their wives. But we have frequently heard of the deaths of many women at the hands of their family members. Ida Rollin was killed by Betty and her husband. Jean Humphrey was killed by her husband, Derek. He is now executive director of the *Hemlock* society which will seek to repeal California and Florida laws against suicide and assisted suicide, permitting physicians to give lethal injections to terminal patients. Emily Gilbert was shot by her husband, Roswell Gilbert, for purported reasons of mercy, even though she was unquestionably competent and not terminally ill when she was killed. At the Crista Nursing Home in Seattle, Washington, two elderly women were dehydrated to death at the request of family members. In Texas, Vera Dixon was starved to death in the home of her son who refused to feed her. He was not prosecuted because there is no law requiring a son to feed his

mother. In Birmingham, Alabama, a 73-year-old pensioner was freed after he admitted killing his 75-year-old wife from motives of mercy. In Toledo, Ohio, Mary Tukedy was shot by her husband after she fell out of bed. Bedridden and helpless for months, her husband, Joseph, told detectives he shot her because "she called out on him once too often". In Menlo Park, California, Harold Pritchard is petitioning a court to order removal of a feeding tube from his 43-year-old wife who was badly injured in an automobile accident. Before suicide and mercy killing are legalized, this apparent sexist bias should be deeply studied.

Our nation is now engaged in a serious debate on the legalization of suicide, assisted suicide and mercy killing, and serious thought should be given to approving these because we have better ways of coping with terminal suffering than by inflicting death. Our community has been based on the principle that the life of the innocent is a fundamental good which is not to be deliberately destroyed in order to resolve tragedies, alleviate burdens or implement social policies. The "right to die" movement challenges this fundamental convention by asserting that death can be a "public good" which could be chosen to resolve these issues. If death should come to be accepted as such a good, then we will not be very far away from making it not just an object of free choice, but a social obligation.

The "right to die" movement is challenging contemporary Western secular society to find the means of resolving the problem of ultimate suffering on its own terms. I am unalterably opposed to the deliberate and willful killing of the sick because of my religious beliefs, but also because through hospice care and high quality medical and psychiatric care we can meet the needs of the terminally ill without inflicting death on them. There are better ways of coping with suffering than by allowing family members or professional healers to kill the sick and dying. Caring for the terminally ill can often be troubling and unrewarding, but this should not stop us from doing what justice and charity require.

The "right to die" movement wants to breach suicide laws, but it fails to see that these laws serve a good purpose. Because many in our community are immature and others are not in control of their lives, suicide is a very real threat to them. They read the law differently from those who are rational and in control of their lives. If the mentally disturbed see that others can commit suicide when their sufferings become intolerable, they may see that their suicides would be justified. Suicide laws protect them by giving law enforcement officers the legal power to intervene if they attempt to kill themselves, and they also enable society to intervene authoritatively to provide therapy and help for these people. Maintaining the integrity of suicide laws is justified because modern psychology has shown that more than nine out of ten persons who attempt to end their lives are either alcoholic, chemically dependent or clinically depressed. If suicide laws are abolished, it would be very difficult for society to authoritatively intervene to help these people confront their personal tragedies. And the good of allowing a few purportedly "rational" suicides would be vastly outweighed by the risks repealing suicide laws would impose on the immature and incoherent.

There is nothing in the proposal of the "right to die" movement that the terminally ill should be able to end their lives that would prohibit those who suffer greater distress from also killing themselves. If the terminally ill can kill themselves, what is to stop a 38-year-old man, who has badly injured himself, killed his wife and children and another family because he neglected to maintain his car, from choosing a lethal injection? Suffering financial ruin and the loss of his family, who is to say that his suffering is not worse than that of a terminally ill person? If suicide laws are repealed, and the desire to end one's life is protected by the constitutional right to privacy, then it will eventually be impossible to prevent anyone from committing suicide who claims that their wish for death is rational and coherent.

I have no problem in saying that what Betty Rollin did to her mother was gravely immoral since as she was a formal cooperater in her mother's death and wanted her to die. *Last Wish* is a dangerous book, because it has romanticized despair and tried to justify sentimental murder. We are quickly reaching the point where the terminally ill will become medical hostages whose lives will depend wholly on the beneficence of their families and

care-givers. Rollin proposes one solution to the tragedy of terminal suffering and she has not presented persuasive arguments that her solution is the best.

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Medical and Health Information Dictionary: Libraries, Publications, and Institutions

Anthony T. Kruzas, Kay Gill, and Karen Bakus, eds.

Detroit: Gale Publishing, 1985. xiv + 699 pp., \$160, hardback.

Upon first seeing this directory, I wondered what use it might be, but after having seen and used it, I wonder at how useful it is! It contains the addresses of virtually every journal, newspaper, newsletter, organization, agency, directory, audiovisual producer and service, computer information system, library, information center and organization that is in any way remotely involved in medicine, medical ethics, medical law, advocacy and research. The directory gives addresses, phone numbers of virtually all of these organizations and descriptions of the activities and concerns of all of these publications, services and organizations. It is clearly the most comprehensive directory of this type ever to be published, and it is of great benefit to all who work in the rapidly expanding field of health care and its related fields.

Admittedly the price is high for this work, but it is clearly worth it for health care organizations, attorneys and academic personnel working in health care. What would be of benefit would be if Gale would publish updated addresses and phone numbers of the items listed so that the value of this directory would endure. But even without that, this directory will still be of great use to those working in health care and allied fields.

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Closed: 99 Ways to Stop Abortion

by Joseph M. Scheidler

Crossway Books (Westchester, Ill.) 350 pp., \$9.95.

The issue of abortion has always created controversy, and the debate rages on. The United States Supreme Court is scheduled to review two abortion cases from Illinois and Pennsylvania in which the Department of Justice has intervened by filing a brief seeking reversal of the 1973 abortion rulings. Advances made by the medical and scientific