

## TWILIGHT OF THE PROSTHETIC GODS: MEDICAL TECHNOLOGY AND TRUST

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IT WAS SIGMUND FREUD'S LAMENTATION ABOUT HAPPINESS in *Civilization and Its Discontents* that introduced the idea of a prosthetic God:

Man has, as it were, become a kind of prosthetic God. When he puts on all his auxiliary organs he is truly magnificent; but those organs have not grown on to him and they still give him much trouble at times. Nevertheless, he is entitled to console himself with the thought that this development will not come to an end precisely with the year 1930 A.D. Future ages will bring with them new and probably unimaginably great advances in this field of civilization and will increase man's likeness to God still more. But in the inter-

ests of our investigations, we will not forget that present-day man does not feel happy in his Godlike character.<sup>1</sup>

The unhappiness to which Freud refers may be about mortality itself, but it may also be about how extensively the “Godlike character” of human beings, and the technology that makes it possible, is associated with what is meant by happiness.

For the past half century, the material progress of medicine has given rise to two types of debates about technology and the human person: one has to do with the limits of such progress, the other with the autonomy of those who are subject to it. In this essay I will argue that these two debates are, in reality, reflections of one enduring problem about the nature of trust in persons and, in particular, “corporate” persons, that is, professionals. The significance of technology in relation to this problem of trust arises not so much in the nature of technology itself but in its application to problems that arise as a result of confrontations with disease and death.

### *Autonomy and the End of Life*

Surely Friedrich Nietzsche’s moral code for physicians establishes one basis for understanding the cultural meaning of autonomy as it has come to take its place in modern life:

*A Moral Code for Physicians.*—The invalid is a parasite on society. In a certain state it is indecent to go on living. To vegetate on in cowardly dependence on physicians and medicaments after the meaning of life, the *right* to life has been lost ought to entail the profound contempt of society. Physicians, in their turn, ought to be the communicators of this contempt—not prescriptions, but everyday a fresh dose

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<sup>1</sup> Sigmund Freud, *Civilization and Its Discontents, The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Vol. XXI (1927–1931) (London: Hogarth, 1961) 90–1.

of *disgust* with their patient.... To create a new responsibility, that of the physician, in all cases in which the highest interest of life, of *ascending* of life, demands the most ruthless suppression and sequestration of degenerating life—for example in determining the right to reproduce, the right to be born, the right to live.... To die proudly when it is no longer possible to live proudly. Death of one's own free choice, death at the proper time, with a clear head and with joyfulness, consummated in the midst of children and witnesses: so that an actual leave taking is possible while he who is still living *is still there*, likewise an actual evaluation of what has been desired and what achieved in life, an *adding-up* of life—all of this is in contrast to the pitiable and horrible comedy Christianity has made of the hour of death.<sup>2</sup>

Nietzsche did not advocate a private dying; on the contrary he regarded the deliberate choice to end one's life as something to be "consummated in the midst of children and witnesses." Why children? I suppose for the purpose of impressing upon them from an early age the contempt for decrepitude that Nietzsche championed. Children do not easily and readily pay attention to adults; they are more often served by adult attention, especially today. It is entirely better in Nietzsche's view that they learn early on to forget about needing to attend to those who cannot give them attention. What better way than to witness suicide, perhaps regularly, and, even better, that kind of suicide we now call "assisted" at the skilled hands of physicians? If I read such autonomy correctly, it requires a corporate assent that includes family, friends, and friendly physicians. It is a socially and culturally defined autonomy of a particular kind.

Nietzsche's idea of autonomy found resonance, of course, among Nazi ideologists, but the idea of having some sort of control over one's departure from life is not destined to be murderous. William Edward Hartpole Lecky (1838–1903), the Irish historian whose two works,

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<sup>2</sup> Friedrich Nietzsche, *Twilight of the Idols or How to Philosophize with a Hammer* (New York: Penguin, 1968) 88.

*History of Rationalism* (1865) and *History of European Morals* (1869) established him as one of the major mediators between natural theology and modern rationalism in the nineteenth century, stated the dilemma less polemically than Nietzsche did:

But the time must come when all the alternatives of life are sad, and the least sad is a speedy and painless end. When the eye has ceased to see and the ear to hear, when the mind has failed and all the friends of youth are gone, and the old man's life becomes a burden not only to himself but to those about him, it is far better that he should quit the scene. If a natural clinging to life, or a natural shrinking from death, prevents him from clearly realizing this, it is at least fully seen by all others.<sup>3</sup>

Two notions of autonomy compete for our acceptance. On one side—which is our Nietzschean inheritance—we define liberty not only as freedom from others but also as freedom from ourselves, from that aspect of our bodily and mental capacities we wish to change in some way or another. This would not be especially troubling except for the specific kinds of choices such freedom offers. On the other side—which is represented by the cultural inheritances from our major religious traditions—we define the limits of our liberty as a way of determining our responsibilities to others and ourselves.

We understand the recognition of the divide between personal liberty and social responsibility to be one of the enduring features and tensions of modernity. The “right” to kill oneself, in the same way as the “right” to abortion, has always struck me as peculiar to and indicative of the modern sensibility about how personal liberty and social responsibility go together. All of modern public health is a testament to this sensibility, one in which the ancient motivations of shame and guilt have been recycled into the modern motivations of self-improvement and self-convenience.

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<sup>3</sup> William Edward Hartpole Lecky, *The Map of Life: Conduct and Character* (London: Longmans, Green, 1899) 340–1.

*A Shift in Moral Sensibilities*

In his chapter on “Saintliness” in *The Varieties of Religious Experience*, William James remarked:

A strange moral transformation has within the past century swept over our Western world. We no longer think that we are called on to face physical pain with equanimity. It is not expected of a man that he should either endure it or inflict much of it, and to listen to the recital of cases of it makes our flesh creep morally as well as physically. The way in which our ancestors looked upon pain as an eternal ingredient of the world’s order, and both caused and suffered it as a matter-of-course portion of their day’s work, fills us with amazement.<sup>4</sup>

The “strange moral transformation” that James described paved the way to our present circumstances in which the endurance of pain is unacceptable except as we may choose to endure it. The ever louder cultural protest has been, for at least a hundred years, against the blind acceptance of any inevitability about the human condition, including how we depart this life.

What has happened in the course of truly great achievements in the history of public health and of modern medicine is that larger numbers of our fellow human beings are conscious that only one thing yet remains unavoidable, that final relieving of anxiety, which our more refined anxieties obviously anticipate. This is why James’ remark about the strange moral transformation marks a cultural turning point in what the quest for health and well-being means in an era when only death, if not disease, seems defiant of rational apprehension. Genetic determinants of illness will be, I expect, for some time to come reflected in public opinion as something akin to bad luck. But even this will change, perhaps in some series of dramatic breakthroughs, leaving us

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<sup>4</sup> William James, *The Varieties of Religious Experience* (Cambridge, MA: Harvard University Press, 1985) 239–40.

with the following sense of fate: only the accident of consciousness (or what was once put philosophically and sociologically as the “accident of birth”<sup>5</sup>) and accidents themselves (now high on the list of causes of mortality in those under fifty years of age) will not yield to complete invention or prevention.

What demographers have pointed out for some time is that with the decline in birthrates, helped by the decline in infant mortality, and with the steady increase in longevity, due to a steady improvement in public health measures and medicine over the same time, we have created a world in some places, certainly not all, where individual health and wellness are not only indirect benefits of centuries-long scientific and technological progress but have also become intense sources of investment, anxiety, and expense.

In recent years, expenditures on healthcare in the United States have reached around 14% of the gross domestic product, or approximately \$4,390 per capita. When compared to the percentage of GDP spent on healthcare in the United Kingdom, the number is about half. The significant point of comparison, however, is that the United States and England have comparable figures with respect to morbidity and mortality rates, longevity, and other principal measures of health and well-being.

For most analysts of public health, and in particular, economists, such a comparison is the equivalent of exposing not only inefficiency but immorality. Otherwise insistent about the imperatives of the rational actor, more than a few economists over much of the past century have never been entirely persuaded that the medical profession is anything other than, to use George Bernard Shaw’s memorable remark, a conspiracy against the laity. Of course, Shaw was condemning the medical profession’s concealment of malpractice, but he meant to convey that all professions, including the profession of economics, are “conspiracies against the laity.” It would be better to look beyond this remark to his even more powerful summation of the situation: “Invited to contribute

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<sup>5</sup> See Herbert Spiegelberg, “‘Accident of Birth’: A Non-Utilitarian Motif in Mill’s Philosophy,” *Journal of the History of Ideas* 22 (1961): 135–46.

a series of articles in a Manchester paper in reply to the question, 'Have We Lost Faith?' Mr George Bernard Shaw gives his answer in this single sentence: 'Certainly not; but we have transferred it from God to the General Medical Council.'"<sup>6</sup>

Shaw's humor, the truth of which we recognize more clearly today perhaps than readers did a century ago, had more to say about doctors than about patients, who are, I think, equally deserving of being reminded that when physicians profitably acquiesce to requests for more examinations and tests, we see that the road to wellness has also been paved with better intentions than either astute economists or complaining patients are necessarily ready to acknowledge. The fact that the United States leads the world in the consumption of healthcare resources may have less to do with the nature of medical practice than with the remarkable convergence of science, technology, faith, and affluence that serve to inspire American complaints about everything to a finer degree than is possible anywhere else. To be exquisitely anxious is a kind of cultural resignation to the absence of more immediate and momentous problems that have beset so much of humanity for so long.

There is something wonderful about this kind of progress and wonderfully empty, as Freud lamented in his observations about "prosthetic Gods" in *Civilization and Its Discontents*.<sup>7</sup> The goal of complete prosthetic replacement parallels the obsessive avoidance of all that may imperil us. The logic of such developments, sociologists and anthropologists long ago recognized, defines the nature of institutions in which those aspects

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<sup>6</sup> Bernard Shaw, *Doctors' Delusions, Crude Criminology, and Sham Education* (London: Constable, 1932) 1.

<sup>7</sup> Exemplifications of such emptiness abound, represented in science fiction in such stories as Brian Aldiss's "Supertoys Last All Summer Long," the basis for Stanley Kubrick's final film, *A.I.* In real life, the family quarrel over the disposition of the remains of the legendary Ted Williams, whether put into cryogenic perpetuity or cremated, exemplified a pathos in which remembrance and preservation became hopelessly entangled. Along with cloning and artificial intelligence, the material extension of consciousness leaves open the question of its authority over others in each succeeding generation. See Leon Kass, "Mortality," *Powers that Make Us Human: The Foundations of Medical Ethics*, ed. Kenneth Vaux (Urbana: University of Illinois Press, 1985) 7–27.

of individuality, including the individual himself, are necessarily dispensable. No individual is an institution, at least not for long. Freud recognized that discontents were not principally based on the organization of our environment—although the central dogma of public health would so contend—except for that vast internal environment within each of us that is inaccessible to others and often to ourselves as well.

The unintended consequence of living longer has been that we expect, indeed demand, that less happen to us in terms of adversity along the way. Such yearning for clear sailing is nothing new, and I am hesitant to call this being selfish or spoiled in some new way, because I think it represents a problem that was just as familiar to Plato in his *Dialogues* as it was to John Wesley and Cardinal Newman in their respective sermons on “The Danger of Riches.” This problem for our time is that health and well-being, although quite understandably conceived of as material things, are something we either have or do not have in terms of blessings rather than rights. Newman, for example, knew that having such riches and putting our trust in them were two different things entirely. The trust, as he and many others after him have observed, is misplaced, a sight lower, as it were than where such trust should be placed. But this is our fate after the backdrop of heaven and hell has fallen away and in its place we put our trust in physicians, in their science and their technologies. The intensity of distrust in doctors, I would contend, is in fact evidence of the demand for trust in things that we believe will keep us alive longer, if not forever.

### *William Osler and Public Trust in Doctors*

That public confidence in the motives and actions of doctors has never been thoroughly secure should not surprise us. What is interesting, quite apart from some expected frequency of deviance among those otherwise trusted in their medical vocation, is when ridicule is directed at the most distinguished rather than the least reputable. A spectacular, and thus revealing, instance occurred upon the occasion of William Osler’s departure from the Johns Hopkins University in 1905. In my reading of such an incident, the illuminations of authority are most important to examine. It is the character of this authority in its person-

al and corporate manifestations that defines the nature of trust and directs our attention to those anxieties that such trust is intended to appease if not eliminate.

Osler (1849–1919) is regarded as the doctor’s doctor, and his name remains synonymous with humanistic medicine. He was in every sense an iconic figure, larger than life, and an embodiment of vocation and dedication.<sup>8</sup> Osler’s appointment at Hopkins as Professor of Medicine began in 1889, where he remained for sixteen years. He was instrumental in the founding and subsequent fame of the Medical School at Hopkins (which opened in 1893), and it was during this same time that his reputation and fame increased greatly. In 1904, he accepted the Regius Professor of Medicine at Oxford and left Hopkins on May 15, 1905.<sup>9</sup>

How and why was it, then, that for a brief period he was widely regarded as an advocate of forced retirement and euthanasia? Various analyses of the specific incident that led to the ridiculing of Osler’s reputation have been written defensively. They blame journalists but take little notice of what the widespread upset may have revealed about the public’s perception of doctors. The canonical account is given by Harvey Cushing in *The Life of Sir William Osler*.<sup>10</sup>

In preparing for his final address to his Hopkins’ colleagues in February 1905, Osler selected the title “The Fixed Period,” after Anthony Trollope’s novel of the same name. The novel, published in 1882 at the end of Trollope’s life, is set in 1980 and recounts the imaginary country of Britannula where the citizens pass a law whose purpose is to rid

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<sup>8</sup> Osler’s canonization as a medical saint has been assured in recent years by the publication of the proceedings of the American Osler Society. See Jeremiah A. Barondess, John P. McGovern, Charles G. Roland, eds., *The Persisting Osler: Selected Transactions of the First Ten Years of the American Osler Society* (Baltimore: University Park, 1985); and Jeremiah A. Barondess and Charles G. Roland, eds., *The Persisting Osler II: Selected Transactions of the American Osler Society, 1981–1990* (Malabar: Krieger, 1994).

<sup>9</sup> See W. Bruce Fye, M.D., “William Osler’s Departure from North America: The Price of Success” in Barondess and Roland 245–57.

<sup>10</sup> Harvey Cushing, *The Life of Sir William Osler* (two vols.) (Oxford: Clarendon, 1925) 664–74.

themselves of the infirmities of old age by fixing an exact age when all people should be euthanized. *The Fixed Period* is narrated by the President of Britannula, John Neverbend, who writes his account while returning to England after his efforts to carry out the plans for a fixed period are prevented by British authorities. Neverbend's sincerity never wavers about the merit of fixing a time when a person, by virtue of age (in Britannula, 67), should give up his life, in effect, for the good of all. It would also be a death with dignity: "I had felt it to be essentially necessary so to maintain the dignity of the ceremony as to make it appear as unlike an execution as possible."<sup>11</sup> The first candidate for "deposition" in a "college" where, after a year, he would be put to death is Neverbend's "almost dearest" friend, Gabriel Crasweller. The naming of the college, Necropolis, is a source of some debate, with Neverbend preferring "Aditus," while another proposes "Cremation Hall."

Those around Neverbend, including his wife, are not convinced of the idea itself or that Crasweller's time has come in any case. Their resistance and reasons for it are thick with common sense and everyday experience, despite the euphemisms that abound about its being anything but an execution. Critics at the time described the novel as a *jeu d'esprit*. Robert Tracy concludes that it "is not a satire on Victorian England. It is instead—as the President's name suggests—a satire on the narrow-mindedness and the lack of human sympathy that characterize abstract reformers."<sup>12</sup>

When Osler took Trollope's *jeu d'esprit* and tossed it merrily into American public notice in 1905, it did not occur to him that he was introducing a bit of British satire that Americans might take literally. Here is Osler:

It is a very serious matter in our young universities to have all of the professors growing old at the same time. In some

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<sup>11</sup> Anthony Trollope, *The Fixed Period* (New York: Penguin, 1993) 39.

<sup>12</sup> Robert Tracy, *Trollope's Later Novels* (Berkeley: University of California Press, 1978) 287. See Donald Smalley, ed., *Trollope: The Critical Heritage* (London: Routledge & Kegan Paul, 1969) 487–92.

places, only an epidemic, a time limit, or an age limit can save the situation. I have two fixed ideas well known to my friends, harmless obsessions with which I sometimes bore them, but which have a direct bearing on this important problem. The first is the comparative uselessness above forty years of age. This may seem shocking, and yet read aright the world's history bears out the statement.... The effective, moving, vitalizing work of the world is done between the ages of twenty-five and forty—these fifteen golden years of plenty, the anabolic or constructive period, in which there is always a balance in the mental bank and the credit is still good.... To modify an old saying, a man is sane morally at thirty, rich mentally at forty, wise spiritually at fifty—or never....

My second fixed idea is the uselessness of men above sixty years of age, and the incalculable benefit it would be in commercial, political and in professional life if, as a matter of course, men stopped work at this age. In his *Biathanatos* Donne tells us that by the laws of certain wise states sexagenarii were precipitated from a bridge, and in Rome men of that age were not admitted to the suffrage and they were called *Depontani* because the way to the senate was *per pontem*, and they from age were not permitted to come thither. In that charming novel, *The Fixed Period*, Anthony Trollope discusses the practical advantages in modern life of a return to this ancient usage, and the plot hinges upon the admirable scheme of a college into which at sixty men retired for a year of contemplation before a peaceful departure by chloroform.<sup>13</sup> That incalculable benefits might fol-

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<sup>13</sup> In fact, Trollope's proposed means of departure in the novel was not chloroform: "As to the actual mode of transition, there had been many discussions held by the executive in President Square, and it had at last been decided that certain veins should be opened while the departing one should, under the influence of morphine, be gently entranced with a warm bath. I, as president of the empire, had agreed to use the lancet in the first two or three cases, thereby intending to increase the honors conferred" (39–40).

low such a scheme is apparent to any one who, like myself, is nearing the limit, and who has made a careful study of the calamities which may befall men during the seventh and eighth decades.... Whether Anthony Trollope's suggestion of a college and chloroform should be carried out or not I have become a little dubious, as my own time is getting so short.<sup>14</sup>

The reactions in newspapers to Osler's address were thunderous, leading him to speak out in his own defense on the front page of *The New York Times*. Five days after his address, following numerous news reports with headlines such as "Useless at 40" and "Professor Osler Recommends all at 60 to be Chloroformed," Osler responded:

I have been so misquoted in the papers that I should like to make the following statement: "First—I did not say that men at sixty should be chloroformed; that was the point in the novel to which I referred, and on which the plot hinged. Second—Nothing in the criticisms have shaken my conviction that the telling work of the world has been done and is done by men under forty years of age. The exceptions which have been given only illustrate the rule. Thirdly—It would be for the general good if men at sixty were relieved from active work. We should miss the energies of some young-old men, but on the whole it would be of the greatest service to the sexagenarii themselves."<sup>15</sup>

Osler's insistence that he was primarily misunderstood, and that Trollope's ideas were Trollope's and not his, allowed him to distance

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<sup>14</sup> William Osler, "The Fixed Period," *Aequanimitas, With other Addresses to Medical Students, Nurses and Practitioners of Medicine*, 3<sup>rd</sup> ed. (Philadelphia: Blakiston's Sons, 1932) 381–3.

<sup>15</sup> *The New York Times* (27 February 1905): 1. For accounts of this episode, see Henry R. Viets, "William Osler and 'The Fixed Period,'" *Bulletin of the History of Medicine* 36 (1962): 368–70; Steven L. Berk, MD, "Sir William Osler, Ageism, and 'The Fixed Period': A Secret Revealed," in Barondess and Roland 297–301; Michael Bliss, *William Osler: A Life in Medicine* (New York: Oxford University Press, 1999) 321–8.

himself from the more hyperbolic claim that he endorsed the idea of literally disposing of the old. In the third edition of his deservedly famous book of essays *Aequanimitas*, Osler wrote from England:

To one who had all his life been devoted to old men, it was not a little distressing to be placarded in a world-wide way as their sworn enemy, and to every man over sixty whose spirit I may have thus unwittingly bruised, I tender my heartfelt regrets. Let me add, however, that the discussion which followed my remarks has not changed, but has rather strengthened my belief that the real work of life is done before the fortieth year and that after the sixtieth year it would be best for the world and best for themselves if men rested from their labors.<sup>16</sup>

It is impossible, from such a distance in time, to estimate the effects of Osler's remarks on the public, however much they may have been taken out of context. He rationalized, for example, that newspapers might have been having their own fun at his expense. Twelve days before his departure from America, *The New York Times* published a cartoon depicting old men coming out from hiding as Osler walks off in the distance. His impression that the papers did have some fun at his expense was not unreasonable.

However, a few reports appeared of people committing suicide, their bodies found with news clippings of Osler's address nearby.<sup>17</sup> His apology to "every man over sixty" and his continued insistence about the rightfulness of his views about aging raise an interesting problem about the role of professional advice—individual and corporate—especially

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<sup>16</sup> William Osler, preface, *Aequanimitas*, viii. An early biographer of Osler noted that his convictions about such matters were deeply self-referential, attributing their strength to his own early maturity. See Edith Gittings Reid, *The Great Physician: A Short Life of Sir William Osler* (London: Oxford University Press, 1931) 174–7.

<sup>17</sup> See David B. Hogan, "Sir William Osler: Fixed Terms, Fixed Ideas, and 'Fixed Period,'" *Annals of the Royal College of Physicians and Surgeons of Canada* 28.1 (February 1995): 25–9.

in light of the association of reports of suicides with his remarks. It is entirely possible that a few older people took his words to heart, that is, they recognized the diminution of their own powers along with their social standing. Of course, Osler's was a social prescription, a vague statement of public policy, rather than a form of individual counsel. He failed to recognize the powerful connection in some minds between his authority as a physician with patients in his care and the meaning of his words outside that context to those not in his immediate care but who accepted his wisdom *as a physician*. In so failing, he illustrates one of the profoundest dilemmas of where to draw the line between personal responsibility and public good.

Another problem emerges from this cautionary tale, in terms of the meaning of anecdotes and statistics. Osler based his social pronouncements on a literary text, a flight from a social reality which itself was captured, distorted, and missed in Trollope's imaginary musings. The missing part was reiterated in the newspapers in the form of examples of old people still vital and productive. Osler dismissed these examples as being exceptions to the rule, thus proving it. He never gave up his conviction that institutional mechanisms must be used to make room for the young in the pursuit of knowledge. He favored incentives to retire. The arguments he provoked have continued to inspire debates about retirement and euthanasia, two things lately that seem to have been separated in the public mind. But that retired physician, now imprisoned, Jack Kevorkian, whether or not he knows of Osler or Trollope, has called attention once again to the question of whose authority it is, in principle, to give and take away life. Appeals to a mix of anecdotal testimony and relentlessly gathered statistical overviews have put the matter of principle out of focus. Osler proposed a philosophical way of seeing that, like Trollope's, was contradicted in two ways: by the voice of experience and common sense and by the accumulating social-epidemiological evidence of continued vitality into old age. Nevertheless, he reminded that the principle of authority rises above the demands of experience and the facts of social science, for the betterment of both.

### *Control and the Absence of Certainty*

The example of Osler, in his personal authority as a physician, seems familiar to us but evermore at a distance—today the stakes appear higher in many respects, especially given the fact that the individual actions of physicians are exposed more for malpractice than celebrated for greatness. What we allow to be done or not to be done is no longer so consistently mediated by personal authority, and so looking for answers by looking for people to provide them may misconstrue how serious the stakes have become. But what is the alternative? Part of the absence of certainty about what is not to be done in particular arises from the hope of progress itself. Max Weber, in such formulations as “the disenchantment of the world” and “the rationalization of the world,” envisioned a cold, brisk wind blowing across Occidental ideas about the connection between hope and progress. Progress proceeds, as it were, with neither a sense of divine intervention nor implication.

Among his most brilliant insights, C. S. Lewis observed that when the apostles preached to the pagans, the pagans had and feared *their* gods, even as we have so many who doubt even that one exists. The pagan fear was about a choice among divine powers, whereas ours is a fear that no power is decisive. The religious mission has become doubly difficult because the laity has to be persuaded that it actually possesses a spiritual condition before it can be offered a cure, whatever that cure may be. Such was the older meaning of hope in the hope of progress. Torn from any number of spiritual moorings, this hope is now a will to power, at which complaints for over a century have been directed. Unfortunately these complaints have not succeeded in changing the character of this progress. The Weberian imperative of a science and technology projecting onto the world a vision of control of that world gives no indication of any kind of mediating authority about who is in control other than who succeeds at being in control.

Taking control of your life, as the therapeutic prescription now requires, means trusting in others only to the extent absolutely necessary, and no more. Perhaps this shallowness of trust is inversely related to the intensity of our disappointments. At the center of this control, from opposite ends of the continuum of life, abortion and physician-assisted

suicide, both employing relatively simple technologies, are manifestations of the shallowness of trust and the bitter heart of disappointment. But they are the pre-conditions for much of the prosthetic technologies and subsequent hopes that have followed for the individual. In a collectivist sense, the era of social engineering gave tyrants a license to imagine themselves as prosthetic gods. Perhaps the next utopian idea after the repudiation of collectivism will come to be seen as the complete exercise of “private” control over human beings in their removal from the world. Both abortion and physician-assisted suicide are the private abandonment of hope for and beyond this life. They are constantly heralded as public rights against which any resistance, however construed, is called infringement. But an enormous cultural inversion has taken place, since what is now perceived of as an infringement, at least in moral terms, was once regarded as protection based on a general prohibition against the taking of life.

Some years ago in one of the many iterations of debate over the “right” to die, I came across the following three sentences in a letter to *The New York Times*:

I prefer to die without being able to ask for a doctor to help me kill myself. Come the time, I will not even want to think about that. I surely will not want the people around me thinking I should be thinking about that.<sup>18</sup>

This observation made by Mr. Julius B. Poppinga in 1994 clearly stands in stark contrast to the pronouncements of secular elites who are central to envisioning and thus promoting a world in which the pain of living may be as much a pain to others as it is to the person in pain. Mr. Poppinga, an attorney and an elder of Grace Presbyterian Church in Montclair, New Jersey, suggested a plausible alternative to Nietzsche’s proposed solution of 1889: the “that” in his plea (“I surely will not want the people around me thinking I should be thinking about *that*”) is a form of double forgetting, a double not thinking about “that.” Mr.

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<sup>18</sup> Julius B. Poppinga, letter to the Editor, *The New York Times* (13 June 1994): A14.

Poppinga was asking not only that he not have to consider the subject of physician-assisted suicide “come the time” but also that he not have to think about such an “option” as something on the minds of others “around” him.

The term “around,” as in “I surely will not want the people *around* me thinking,” defines the social context, that is, the role of the will of others, in this kind of double-forgetting. A cultural repression is a form of prohibition that exists prior to consciousness and its deliberations. In this case the idea of physician-assisted suicide would be repressed both as something that one would consider for oneself and as something that one would know others would expect one to consider. Individual “autonomy” is presently credited as the source and arbiter of thinking about physician-assisted suicide. Yet such a widely debated expectation should be seen as the failing of a cultural repression that was once sufficient in its capacity to judge the individual consideration of all suicide to be a kind of self-doubt, a failure on the part of the individual. The next step in a failing cultural repression is the replacement of that self-doubt with collective affirmation that such self-doubt is instead a species of self-control.

In the case of assisted suicide, the failing cultural repression does not, by the fiction of autonomy or by the collective indifference to suffering, necessarily lead to a widespread practice of euthanasia. This would require a wholly different degree of public coercion. Instead, an uneasy balance exists between those who are intent on hastening their own deaths by active intervention and those who acknowledge that pain, as William James observed, does not have to be endured for its own sake. This must be seen as a vast improvement, leading to more attentive hospice care, for example. In democratic societies especially, the resistance to shifting this balance too far in the direction of support for assisted suicide is likely to remain fairly strong, thus avoiding a broad transformation in the social patterns of how we die.

### *Conclusion*

In contemporary debates about the corruptions of the medical profession, the harshest criticisms have been aimed at the entrepreneurs of managed care and for-profit medicine. They certainly have something to answer for, although it seems that patient satisfaction in general has not suffered as much as some critics would like to contend. Various social and intellectual movements, in and around medicine, however, have diminished the status and importance of the individual practitioner in ways that have yet to be fully accounted for. Such practitioners operate, literally, in the twilight of moral sensibilities about the meaning of human life. When he examined comparable problems of physician authority twenty-five years ago in *Ethics at the Edges of Life*, the theologian Paul Ramsey concluded:

[O]ur children and our children's children will not even have been cognizant of the fact they have journeyed on into the setting sun of Western law and morality, not seeing the shadows. We may even now be living "between the evenings" (a beautiful—and, I believe, Jewish—expression for "twilight"). That's the sum of it.<sup>19</sup>

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<sup>19</sup> Paul Ramsey, *Ethics at the Edges of Life: Medical and Legal Intersections* (New Haven: Yale University Press, 1978) 42.