Until recently the question of how much effort to invest in sustaining a dying person or a severely malformed newly born infant was left largely in the hands of physicians. Most patients' families and society as a whole gave the problem no more complicated thought than the simplistic dictum that one did "all" one could for the loved one. This formula implied that death came as an act of God and nature: the problem no more complicated than the hand of physicians. Most patients' newly born infant was left largely in the family's (and society's) investment of its personal resources.

In actuality the situation was never that simple. Very few patients received all theoretically possible services, if by that one means the kind of care available to presidents and the super-rich. Not long ago, for example, five physicians worked around the clock to save a patient's heart would stop and the lungs cease--to the fancy hospital in the first place. However, until recently people did allow physicians to decide by themselves how long, how much to care, basically not being accountable to any but their own busy consciences and a few, are now becoming available for the comfort of ignorance, cut short the energy spent on pondering which consumer products to buy. As ever more of us may face these judgment-day decisions, and we trust ourselves: white, male, upper middle class, hard working, gainfully employed. For those of us who do not fit this profile, to gain our share of life and health, it seems, requires extra attention, effort. Nor can we accept that the question of whether or not a child born to us will be subjected to scores of operations and sent home hopelessly unequipped to lead a normal life, will be made without involving us. Neither can we accept that the decision whether a relative's body will be pumped until our personal resources are exhausted--or only until the insurance runs out--will be determined by the personal views of the particular physician into whose care we loved one happens to have fallen.

As we take these matters into our hands we will have to sacrifice some of the comforts of ignorance, cut short the television watching time and curtail the energy spent on pondering which consumer products to buy. These are our two dominant non-work-time activities--and invest the time and energy thus released in exploring in our hearts and with each other, such difficult issues as: How long should we keep the body of our father, mother, or perhaps our daughter or son, functioning once the brain is defunct? Should "heroic" measures be taken on behalf of a child born to us, unequipped to live without such interventions, and at best condemned to a life of severe impairments? What criteria should we rely upon in deciding--a basic unyielding undiluted commitment to life in any...
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form? A utilitarian set of values that put a price tag and a cost-effectiveness calculation on everything? A humanitarian liberalism which seeks support for a full life for everyone and recognizes a new obligation of the dead to help the living?

Institutions will have to adapt to these new technologies and new demand for participation by resting such decisions not in an individual physician, but in committees made up of several health professionals who will have to base their ruling on publicly stated criteria; or, much better, in committees that include clergy, humanists, community leaders, citizens-at-large, who review these matters and set guidelines within which individuals could come to their decision. The courts, quite properly, would serve as a review and dialogue level for decisions passed by committees and individuals.

Finally, society, as it has already begun to do, will have to invest some time for a grand debate on all these matters. It is only in this way—through talk shows, symposiums, dialogues in coffee houses, places of worship, over dinner tables, even cocktail parties—that we slowly come to terms with a new issue, overcome our old-fashioned sentiments and form new ethical criteria. While the grand debate may seem at times repetitive, going nowhere, and conflict-ridden, in effect, there is no more economical way for a society to reset its taboos nor a better investment of a society’s attentive capacity. Actually, having found our capacity to deal with these matters, having developed our ethical and participatory talents here, we may even carry them into other areas in which no basic reforms will come about without our active interjection. The questions of who shall live and when to let die are a quite suitable place to start our more ethically active existence.

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