

## Book Review

Norwood, F. (2009). *The Maintenance of Life: Preventing Social Death through Euthanasia Talk and End-of-Life Care – Lessons from The Netherlands*. Durham, NC: Carolina Academic Press.

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*The Maintenance of Life* is an anthropological study on the practice of euthanasia in the Netherlands. Study data was collected over 15 months through direct observation and in-depth interviews of patients, families, and doctors. The data was interpreted relative to the historical and cultural context that gave rise to the legalization of euthanasia. The results were used to lend insight into the challenges of legalizing euthanasia in the United States.

The book begins by defining social death as being precipitated by a loss in one's physical capacity to engage in activities and relationships that inform social identity, enhance self worth, and sustain life meaning. In this case, social death is attributed to physical deterioration that occurs near the end of life.

Norwood found that patients most often struggled with the inability to do errands, live independently, control urine incontinence, and engage in social relationships. The significance of these losses was punctuated by patient efforts to sustain capacity to engage in relationships by avoiding pain medications that compromised mental alertness.

The process of euthanasia relies heavily on the Dutch tradition of "overleg," or dialogue. Overleg allows for active participation in social life through which social connection is facilitated and collaboration in decision-making occurs. In the case of euthanasia, the patient's *huisarts*

is responsible for overseeing a five-step process defined by "euthanasia talk."

The patient is responsible for (1) initiating the request for euthanasia that must be (2) submitted in writing by the patient. If the patient meets the criteria for euthanasia, the *huisarts* (3) will ask another *huisarts* to evaluate the patient for a second opinion. Then (4) a date is set for euthanasia upon which (5) euthanasia occurs. This process may be cancelled at any time by the patient or the *huisarts* as the content of euthanasia talk evolves.

The patient's primary *huisarts* may delay (or end) the process if there is an absence of family involvement or unresolved family conflict, the patient does not have a terminal illness with unbearable pain, or the patient shows signs of mental illness and/or suicidal thoughts. The patient may end the process and often does so before getting to the third step.

Based on this and other research, Norwood found that the majority of patients did not follow through with euthanasia, in part, as a result of the therapeutic effect of euthanasia talk.

Euthanasia talk gave patients the opportunity to increase their social engagement and life quality. Patients were able to shape life meaning, strengthen family bonds, and gain the peace of knowing what to expect at the end of life.

The author also explored the potential for euthanasia to be used inappropriately. These cases included instances in which pain medication was administered when “medically indicated,” life-prolonging treatments were withheld/withdrawn, and euthanasia was provided when the patient was too impaired to give consent (p. 89). However, close scrutiny of euthanasia deaths partially depended on the accuracy of voluntary reporting by the *huisarts*.

There were compelling narratives by *huisarts*, patients, and family members who experienced the euthanasia process. Social workers would likely appreciate the revelation of personal insights imbedded in these accounts. However, being an anthropological study, this material was largely overshadowed by a broader focus on the technical details of the study, results and sociopolitical context of the Netherlands.

The author concluded by summarizing how culture shaped the policies and practice of euthanasia in the Netherlands. There was some discussion about how the United States could address the issue of euthanasia,

but Norwood cautioned that the Dutch process would not be feasible in the United States given different cultural norms, health care funding, and service network for end-of-life care.

For example, patients at the end of life are at risk for social death. Without the opportunity to engage in euthanasia talk, patients must process alone whether to end their suffering with suicide being the only option. (Norwood cautioned that suicide introduced the potential for a failed attempt, which was less likely to occur with euthanasia.) Nevertheless, social workers must uphold the law despite patient needs to process or access such resources.

Altogether, this book is a masterful illustration of how one country successfully integrated euthanasia into the system of health care. Although bound by culture, it provides an excellent starting point for anyone interested in exploring how the United States might respond to the demand for euthanasia. It also alludes to the ethical challenges faced by social workers responsible for patient care.