BOOK SECTION:
ESSAYS AND REVIEWS

Assisted Suicide and the Right to Die: The Interface of Social Science, Public Policy, and Medical Ethics by Barry Rosenfeld (Washington, DC: American Psychological Association, 2004), 201 pp., $49.95.

Although Rosenfeld does not indicate the primary audience for his book, it is clear that interested readers would include lawyers, prosecutors, and judges who must address end-of-life decisions in court; mental health professionals who must assess a client's competence for making end-of-life decisions; governmental representatives and their staffers who are formulating laws and regulations regarding end-of-life decisions; and professional staffers from nursing homes, hospitals, hospices, and home health facilities. In addition, I think that many nonprofessionals currently addressing the end-of-life question for a family member will find parts of this book extremely helpful, but I would not recommend Rosenfeld's book for readers who lack an extensive background in social science research methodology.

Rosenfeld is an excellent writer who is able to clearly elucidate extremely complex concepts to those with backgrounds in research. This book is well thought out. However, Rosenfeld would never survive an interview with Bill O'Reilly. One cannot explain or summarize these issues within a three-minute discussion. I initially believed Rosenfeld, position would be straightforward. It is not. In the "Introduction" (preface), Rosenfeld writes that summarizing, interpreting, and elaborating on the scientific literature of the end-of-life decision-making process is reminiscent of Sisyphus' struggle. Initially, I thought his comment was a bit
bizarre until I reached chapter five. The issues are extremely complex and sometimes the research is seemingly contradictory. Thus, the publisher needs to include a warning label on this book: **This book must be read in its entirety.**

Rosenfeld has a rare talent for writing about extremely complex material. He is able to explain complicated statistical associations by employing simple bivariate relationships. Later, he introduces other statistically significant variables and links them to the original bivariate relationship. Here lies the reason that one must read Rosenfeld's entire book. If one reads only parts of the book, the reader will miss critical information that provides greater clarity to seemingly simple casual relationships. I have certainly read other summaries of research that included discussions of multiple variables that were written with greater economy. However, I have never read an analysis with such profound clarity as Rosenfeld's. This clarity is more than style. Rosenfeld's offers an intricate organization of his thought processes.

Two additional positive aspects of the book warrant particular attention. First, Rosenfeld addresses the issue of measurement. He offers several citations for instruments that can be employed in end-of-life decision making. By doing so, he is setting the stage for making meaningful comparisons for future research. If two studies use the same instrument for measuring a shared independent and dependent variables, researchers will have greater control over external validity. Controlling for external validity is the central problem Rosenfeld identifies. In addition to offering specific measurement tools, Rosenfeld offers commentary on the reliability and validity of these instruments. Such commentary is invaluable for researchers.

Second, chapter four is a thoughtful exercise in the analysis of methodological limitations for end-of-life decision making research. Rosenfeld, unlike many other authors, provides
great clarity of the limitations of social science research findings and warns the reader not to rely too heavily on the results presented in the literature. He is very specific, clear and accurate in his criticism of the research. Most importantly, he addresses the limitations of his own research findings. This chapter is an excellent model for other authors to employ for analysis of social science findings in other areas of research.

I could find only two minor flaws within this excellent piece of literature. First is the lack of graphic illustrations. Rosenfeld commonly compares percentages of outcomes for various studies. This is good. However, the comparisons he makes would be more apparent and meaningful if he conceptualized them with bar charts. Bar charts would enable the reader to gain deeper meaning from the comparisons.

Second, Rosenfeld fails to consider the common pattern that exists among semi-comatose patients. In my experience, "comatose" patients who are facing the end-of-life experience are constantly shifting their level of lucidity. Thus, if one is employing an instrument or an interview with such patient, the researcher or clinician is not likely to obtain reliable results. The lack of reliability does not suggest a problem with the instrument or the interview, but rather with the shifting lucidity of the patient. This is a critical problem in court testimony regarding the patient's wishes for end-of-life decisions. At what point in time is a patient's requests accepted? Although Rosenfeld does not make such a suggestion, we need research from neurophysiologists who can establish a pattern or a greater level of insight into the fluctuating lucidity we find in many patients. Such research would address many of the research and clinical problems articulated by Rosenfeld.

It is rare for such a research book to be as well-written and profoundly insightful as the work of Rosenfeld. Although Rosenfeld is a psychologist and the book is published by the
American Psychological Association. I suspect that this book will gain greatest interest outside of psychology. I highly recommend it for health professionals, practicing lawyers, and judges. In addition, university libraries should include this volume in their collection for their academic programs in law, medicine, nursing, social work, and psychology.