

them, and the painful socialization of these women is especially detectable in these particular sermons. Collier-Thomas' analysis of each sermon is incisive and penetrating, and serves as a unifying thread for them.

Daughters of Thunder should be of particular interest to people interested in the history of the black church, as well as in gender and racial issues. Largely neglected by historians whose historiography reflected the male-dominated character of black leadership and intellectual life at the turn of the century, these women believed that they were commissioned by the Spirit. As such, they balked at the racial and sexual stereotypes that sought to prevent them from occupying the sacred desk. Combining scholarship with passion, wisdom, and eloquence, they preached powerful and persuasive sermons in the unique and distinctive African-American tradition.

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Committee on Medical Ethics, Episcopal Diocese of Washington. *Assisted Suicide and Euthanasia: Christian Moral Perspectives: The Washington Report*. Harrisburg, PA: Morehouse, 1997. 80 pp. Paper, \$8.95.

Among the perplexing ethical issues raised by medical care during recent decades is the question of how to help persons die well. The more medicine has taken control of the process of dying, the more pressing this question has become. Should we do everything possible to sustain human life, even if it is marked by great pain and little or no opportunity for personal communication? If suffering is intractable and unbearable, should we, in mercy, take steps to hasten the moment of death? Is there a moral difference between allowing a patient to die by terminating life-sustaining measures and taking deliberate actions intended to end a patient's life?

Faith communities have found it important to address these questions in order to aid their members in careful moral reflection and action. Some years ago, Gerald Larue sought to catalogue religious beliefs regarding hastening the death of the terminally ill. In his *Euthanasia and Religion* (Los Angeles: Hemlock Society, 1985), he reported on the views of over two dozen religious organizations. While most of these groups were opposed to "mercy killing" for terminally ill patients, there was a wide range of views about specific questions.

More recently, the Committee on Medical Ethics of the Episcopal Diocese of Washington, DC, has produced a report that takes up the questions of euthanasia and assisted suicide in a highly engaging and readable manner. The report, produced by an eleven-member panel of theologians, ethicists, health-care professionals, lawyers, and lay persons, draws on the Anglican moral tradition to discuss the ethical permissibility of ending a suffering patient's life.

Specifically, this small book focuses on the moral arguments for and against hastening a terminally ill person's death either by assisting suicide or by performing euthanasia. The arguments against euthanasia and assisted suicide are given greater attention, because, as the report notes, they represent the dominant tradition in Christian thought. Thus, drawing on the Anglican method of attending not only to Scripture and reason, but also to tradition, the burden of proof is placed on those who would seek to alter the Christian heritage of opposition to taking innocent human life.

The book is not the first by Episcopalians (as Anglicans are known in the United States) to address the question of euthanasia. David H. Smith's informative work, *Health and Medicine in the Anglican Tradition* (New York: Crossroad, 1986) is still the best single volume for those who want to know what this tradition has to offer on a wide range of bioethical issues. More recently, a controversial 1996 report of a task force in the Newark Episcopal Diocese took a surprisingly favorable stance toward assisted suicide. In contrast, the work of the Washington Diocese's committee often seeks to correct what it considers to be the excesses of the more liberal Newark report.

However, readers who are looking for *the* Anglican position on euthanasia will be disappointed. Instead, the book does its best to present nuanced arguments on both sides of the issue. While there is a brief but useful attempt to define some areas of common ground between the camps, the book concludes not with an attempt to settle the matter but with an invitation for readers to weigh the arguments and decide for themselves.

From the beginning, this book is a model of clarity. It opens with useful definitions and distinctions. "Assisted suicide" refers to actions intended to aid a patient in the deliberate termination of his or her own life. For example, a physician might write a prescription and provide instructions for a patient who wishes to take a fatal dosage. "Euthanasia" refers to actions by a caregiver, such as directly administering a lethal drug, with the intention of ending a patient's life. Some commentators have argued that assisting a suicide is morally distinct from performing active euthanasia because of the difference in the person who serves as the agent of death. The book's authors reject this distinction because both actions are aimed directly at ending the life of the patient. The report does, however, distinguish morally between killing patients and allowing them to die by withholding or withdrawing life-support. The report also distinguishes between killing patients and providing pain relief that runs the risk of hastening death.

Those who are familiar with the chief arguments for and against active euthanasia and assisted suicide will find little new in the book's summary of these arguments. Nevertheless, there is considerable value in having such a succinct statement of the arguments in one place.

Of greater value is the opportunity the book provides to observe well-informed Christians, using the resources of their Anglican faith tradition, wrestle with the issue of helping patients die well. None of the hard questions is dodged, and no simplistic answers are tendered. The book points out, for example, that even some of the staunchest opponents of active euthanasia have sometimes allowed for hastening death in rare and extreme circumstances. As an example of fellow believers engaging each other with mutual respect about a matter of great moral weight, the book is a model of moral discourse for other faith communities. Specialists in bioethics will learn little new from this work except, perhaps, more about the current state of the discussion in the Anglican faith. On the other hand, the book could provide a useful entrance to the euthanasia and assisted-suicide debates for undergraduate students in Christian ethics courses or for church members who wish to give careful consideration to the issue.