

# ATTITUDES, SOULS, AND PERSONS: CHILDREN WITH SEVERE NEUROLOGICAL IMPAIRMENT<sup>†</sup>

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What I want to do here is not so much to construct an argument as to confess some misgivings. My misgivings concern children of a special kind who are familiar to anyone who has spent much time around a pediatric hospital. These are children who are profoundly, irreversibly neurologically damaged. I do not have in mind children who are simply developmentally delayed. I mean children who will never be able to speak, to walk, to sit up, or to feed themselves. Sometimes they are blind or deaf. Their intellectual abilities are extremely limited, often so much so that they have never been able to recognize their own parents. The cause of their condition is often anoxic brain injury or head trauma, or perhaps, less commonly, a genetic condition with neurological effects.

What do we make of these children? How are we supposed to treat them? There is often no reason to doubt that with the proper kind of care they could live for many years into adulthood. They require an extraordinary degree of attention, and not just by health care workers. Their parents often look like war veterans, exhausted and shell shocked. Inevitably, questions arise as to how aggressively to treat these children's medical problems—whether to treat a pneumonia, or replace an intracranial shunt, or start dialysis, mechanical ventilation, or tube feedings. These are burdensome interventions, most of them, but interventions that can often prolong a life.

Parents and pediatricians invariably want to do what is best for the child. But when they ask me what I think would be best, I am at a loss as to how to respond. Best interests? What are the interests of such a child? Sometimes they seem to take pleasure in being stroked or being in the water; on the other hand, they often feel pain—from spastic limbs, perhaps, or more often, from the medical procedures they have to undergo. Are they loved? Yes, often very deeply. The lives of entire families are often structured around the care of such children and are marked by a special kind of grace and tragedy. Often the parents and siblings of such children have made personal sacrifices of heroic proportions, but are still haunted by guilt for what they have not done, or for the things they have secretly wished for. The irony is that the object of this guilt and sacrifice and love is totally unaware of it. How are we supposed to think about a life like this from a moral point of view? Does it make any sense to think about the “best interests” of such a child?

In his classic article “Toward an Ethic of Ambiguity,” John Arras points out that when a child is devoid of any of the capacities we think of as distinctly human, asking about his or her “best interests” amounts to little more than asking which

way the balance of pleasure and pain tilts.<sup>1</sup> Some severely impaired children will be in unremitting pain, and then we can say with some confidence that the balance tilts toward withholding or withdrawing treatment. But what about children who are not in pain, but who lack (and will always lack) the capacity to think, to communicate, to give love, or to be conscious of receiving it? The answer to the question of whether such children have an interest in continued life will often be a tentative “yes.” But it will be a “yes” tinged with hesitation and uncertainty, because the question seems to skirt the more fundamental problem, which is whether the language of “interests” really captures what is morally at stake. Can we do no better than to think of these children as repositories of pleasure and pain?

## Personhood and Thick Ethical Concepts

One well-traveled avenue that philosophers addressing these issues have taken is the one that leads to the question, “What is a person?” The idea here, of course, is that in order to determine the moral status of severely damaged or limited human beings, we must ask ourselves whether or not they are persons. Why? Because we all know, more or less, what the moral status of a person is—that persons deserve a certain kind of respect, that they have rights, that we owe them duties that we do not owe animals or nonsentient life, and so on. If a neurologically damaged child (or for that matter, an anencephalic, a fetus, or an adult in a persistent vegetative state) is a person, then we must treat her morally as we treat other persons. But if she is not, then we are justified in treating her in other ways—say, as a being whose interests can be safely overridden for the interests of those who *are* persons.

So how do we tell what a person is? By their capacities: intelligence, speech, self-consciousness, abstract thought, the ability to relate to others, and so on.<sup>2</sup> So, the argument goes, the reason we might be inclined to say that these severely damaged

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children are not persons is that their capacities, and their potential to develop these capacities, are so limited. If you cannot and will never think, speak, understand language, or form a relationship with others, you are not a person and therefore do not have the moral status of a person. Englehardt, for example, arguing that adults are persons because of the fact that they are free, rational, and responsible for their actions, concludes that even normal children are not persons: “If being a person is to be a responsible agent, a bearer of rights and duties, children are not persons in a strict sense.”<sup>3</sup>

So what is wrong with this approach? Part of the problem is its (unstated) view of the philosopher’s role: as a kind of language czar, who devises standards for the use of words and tells the linguistic community how to use them. “Person” is thus transformed from its ordinary use to a technical, philosopher-defined use, which, on Englehardt’s conception, does not include children. But the point of this kind of definitional exercise, while widely accepted (at least implicitly) in analytic philosophy, is by no means clear, nor is the exercise practically useful in any obvious way. In any case, it is subject to the kinds of criticisms that Wittgenstein levelled against philosophical theory: “It is not our aim to refine or complete the system of rules for the use of our words in unheard-of ways” (PI § 133).

A more damaging problem with this approach, however, is the way it confuses what Wittgenstein would call the “grammar” of the word “person.” It suggests that “person” is a factual term, one that can be answered by looking at a being’s capacities or potential for developing those capacities. But then it assumes that the answer will give us moral guidance: tell me if this is a person, and I will tell you what you ought to do. This expectation is, however, deeply confused. “Person” is a moral term, not just a factual one, and the question “Is this being a person?” is itself a moral question.

“Person” is what philosophers such as Bernard Williams would call a “thick” ethical concept, one that represents a fusion of fact and value.<sup>4</sup> Thick ethical concepts are unlike the very general ethical concepts such as *good* and *ought* upon which moral theorists have tended to concentrate, and whose meanings are almost entirely evaluative. But they are also unlike purely factual words such as “curly,” “purple,” or “carrot.” They have both factual and evaluative elements; that is, they fuse “is” and “ought.”

Thick ethical concepts like *coward*, *bully*, *cruel*—and, so I would argue, *person*—map onto things in the world, like purely factual concepts, but they also represent ethical evaluations of those things onto which they are mapped. In other words, to call a person a coward or cruel is to pick out and describe something about him, in the same way as calling him a father or a Canadian, but it is also to communicate a particular type of ethical evaluation. And the ethical evaluation is not something that follows from the description, nor is it a kind of add-on, or attachment. It is built right into the meaning of the word.<sup>5</sup>

This is the reason it is misguided to think we can decide what beings are persons by purely factual criteria. To try to devise purely factual criteria for applying the word “person” is like trying to devise purely factual criteria for applying the word “coward.” Criteria for being a coward that made no mention of any kind of ethical evaluation—that did not convey that cowardice involves a failure of courage, that to call a person a coward is to insult him, that to behave like a coward is something that one ought not to do, and so on—such criteria would not be able fully to convey the meaning of the word. Indeed, it is hard to see how one could understand how people apply a thick ethical concept without sharing (if not actually, at least imaginatively) the evaluative component. Without at least an imaginative understanding of what sort of evaluation is carried by words such as “coward,” “cruel,” or “person,” these concepts would simply be arbitrary ways of dividing up the world.<sup>6</sup>

### Attitudes and Souls

In the *Philosophical Investigations*, Wittgenstein writes, “My attitude towards him is an attitude towards a soul. I am not of the opinion that he has a soul” (PI § 178). I want to suggest that to treat a severely neurologically damaged child as a person—or, in Wittgenstein’s more apt phrase, as a “soul”—involves taking up a certain attitude toward him. By “attitude,” I mean the kind of stance implicit in our dealings with other persons, such as the recognition that a person deserves a special kind of respect, that he or she is to be given a proper name (rather than, say, a number), that he or she is to be referred to with the pronouns “he” or “she” and “him” or “her” rather than “it,” and so on. Taking up this attitude toward a person does not follow necessarily from any fact about him; it is not a logical consequence of anything that I believe about him (“I am not of the

opinion that he has a soul”). Rather, the attitude—an attitude toward a soul—is built right into the language that we use to describe him.

Our uncertainty about severely damaged children, it seems fair to say, is less about whether they are properly described as “persons” than about what attitude toward them it is appropriate to adopt and what language best expresses this attitude. The problematic ethical questions that bioethicists tend to ask about such children—can we allow this child to succumb to an easily treatable pneumonia? are we obligated to ventilate a vegetative patient indefinitely at the parents’ request? can we transplant a heart from an anencephalic child?—are problematic exactly because they are situated within this broader uncertainty. If we are uncertain how to answer these ethical questions, it is because our broader, more general attitudes toward these children are themselves ambivalent and poorly articulated.

Now, to take up this sort of attitude toward a human being—an attitude toward a soul—is in part to recognize that she is the proper object of certain moral attitudes. That is, it is to recognize that we have duties toward her, that she has rights, and so on. But an attitude toward a soul, I want to suggest, is not solely a moral attitude. It encompasses all the complex ways that we treat our fellow human beings. Some of these may involve moral attitudes, such as the idea that all human lives have dignity, or that all lives are to be valued equally. But others seem closer to matters of custom, manners, or tradition, such as the idea that a person should be referred to by a name, or that when a person dies she should be given a funeral. Our moral attitudes are situated within this much broader family of attitudes.

All this is to say that our ambivalence about how to behave toward these severely damaged children is not solely a moral ambivalence. It is a broader ambivalence about what attitude is appropriate to such damaged, limited human lives. Let me give an example. I would find it very disturbing, though not in any strictly moral sense, to see parents hold a birthday celebration for an anencephalic child—to bring him a cake, put a birthday hat on him, sing to him, and so on. Why? Partly, perhaps, because the child will never be capable of recognizing the significance of the event; partly also because the celebration would remind me of the gap between an anencephalic and ordinary children, like my own. But I think these are part of a larger reason,

which is that a birthday celebration implies that an anencephalic is a child like any other. And celebrating the birth of an anencephalic suggests that we take up the same attitudes towards *her* that we take toward other children: that this child will be a part of the family like any other child, that her life will have a narrative like that of an ordinary human being, from birth through childhood and adulthood to death. It suggests that this is the kind of being for which a birthday celebration is appropriate. And what seems painfully obvious is that an anencephalic is not such a being; that the reasons why we celebrate a birthday are absent here; that the passage of another year of life can have no meaning for a being without a cortex.

Now, by saying that taking up such attitudes would not be morally disturbing, I do not mean to trivialize them or to imply that they would have no moral resonance. I only want to make the point that these attitudes should not be reduced to their moral components; that the word “moral” does not fully capture what it is to take up such an attitude; and that when we take up the wrong attitude, it does not seem quite right simply to call the attitude immoral. I might say, for example, that it is immoral for parents to refuse to give their children names, or, even worse, to give them names like, say, Fluffy, or Rover; it is immoral, but it is not *simply* immoral. It seems closer to the truth to call it unsettling, or even just creepy, because it seems to represent an inappropriate attitude to take up toward a child. It suggests the attitude one takes toward a thing or a pet; it denies the child her humanity. Many of us would find it deeply disturbing. But the reason is the reverse of the reason the birthday celebration for an anencephalic is disturbing, which is that the celebration seems to attribute to that child a humanity that she does not have.

This may help to explain some of the rancor and division over the issue of using anencephalics as organ sources. Opposition has little if anything to do with cruelty, suffering, or violations of rights, but rather is often expressed in terms like “dignity” and “respect.” This kind of language expresses a discomfort with the attitude toward the anencephalic that using them as organ sources seems to represent. It comes close to treating them as objects or things. But what is wrong with treating them as objects, one might say? They are neverconscious beings, more like corpses than human beings. The answer, I suspect, has something to do with what Wittgenstein

is gesturing toward when he writes, “The human body is the best picture of the human soul” (PI § 178). Anencephalics are, after all, living infants who often look very much like ordinary infants. It should not be all that surprising that many people (especially parents) find it difficult to take up the same attitude toward them that we do towards objects or even corpses.

Yet neither is it easy to take up the same attitudes toward them as toward ordinary human beings, and it should not be surprising that the attitudes of doctors are often much different from those of parents, or even the lay public. When I was a thirdyear medical student, my rotation in internal medicine took place at the county hospital in Charleston, South Carolina. I can remember following one of the interns on ward rounds, a particularly sharp and easygoing man who, when the rotation began, took the time to introduce me to each patient on the ward, most of whom were (this being a county hospital in South Carolina) poor and black. We passed through the room of one patient, an elderly woman who was, if not permanently vegetative, very close to it. She was getting no treatment other than tube feedings and hydration. The intern’s instructions to me were roughly this: “Think of it this way. She’s a plant; you’re the gardener; your job is to make sure she is watered.” And then we moved on to the next patient.

To understand why this kind of remark is in equal parts callous, deeply embarrassing, and, in a despairing way, weirdly appropriate, you probably will need to have spent some time in a county (or Veterans Administration) hospital, where exhausted and often bitter residents take care of America’s sick and disabled poor. This is the vacuum in which attitudes toward severely impaired patients develop, and the intern’s remark reflects those attitudes: hostility at having to take care of such a patient, a sense of futility surrounding her future, and a sensibility trained to ignore deeper questions surrounding life and death.

### Forms of Life

Another way of making these points would be to say that we have developed a certain kind of language that we use in describing ordinary persons, their behavior and mental lives, and our behavior toward them. It includes not only moral language, but also the language of religion, kinship, ritual, politics, and so on. The moral question is whether, and in what ways, this language

extends to such severely damaged children.

But putting it this way makes things sound simpler than they are. It sounds as if the attitudes we take up toward other beings are essentially a matter of what we *decide*. But this is not quite right. Our attitudes toward other beings are rooted in, if not exactly instinctive behavior—reactions rather than conscious deliberations. (This is part of why Wittgenstein contrasts attitudes with opinions.) Now, I do not mean to suggest that all of our dealings with other persons are mechanical and without thought—that we do not make conscious decisions to argue with other people, or to flirt, or to joke with them. What is does mean is that in the background of all this behavior is the attitude that this is *the kind of being* with which you can argue and flirt and joke. And this attitude is not something that we ordinarily decide upon; it is simply what we do. As Wittgenstein says, “The essence of the language game is a practical method (a way of acting)—not speculation, not chatter” (PO, p. 399).

Now, does this mean that what attitude we take toward another being is something over which we have no control, or that it cannot be influenced by the will? Of course not. To take a superficial example: think, for example, of the different attitudes a doctor takes toward a human being, first, when he is percussing his chest, and next, when he is playing against him on the basketball court. An attitude toward a human being as the object of a diagnostic examination is different from an attitude toward a human being who is about to take you to the hoop. Patients are different from opponents. And which attitude you take up is more a kind of unconscious reaction, depending on the context, than a conscious decision. It is less like changing your mind than like falling back into a habit. Another way to put this point is to say that our attitudes toward other beings are built into the language that we use to describe them, and the language is embedded in a way of behaving toward them—what Wittgenstein calls a “practical method.” This practical method is not something that is best described as deliberative action, but something that is reactive and habitual. As Wittgenstein puts it: “The origin and the primitive form of the language game is a reaction; only from this can more complicated forms develop. . . . Language—I want to say—is a refinement. ‘In the beginning was the deed’” (PO, p. 395). This point

is connected to another problem in the debate over personhood, or the quest to find some key difference between these severely damaged children and a person and to put your money on that difference as the morally crucial characteristic. Philosophers have tried on various occasions to name, as the morally crucial characteristic, consciousness, the capacity for speech, and the capacity to feel pain, among many others. The point I would like to make, following Cora Diamond, is that it is not enough just to ask whether a given characteristic is morally important; we also have to ask what a particular group of human beings has *made* of that characteristic.<sup>7</sup> A biological characteristic becomes something for moral consideration when human beings make something of that characteristic: in their religion, art, literature, rituals, institutions—and in their ethics. In some cultures a young girl's menarche is of tremendous moral significance, while in others it is not. Some cultures make a lot of the differences between men and women, while others do not. Menopause is important for some cultures, for others not. The birth of twins may be, depending on the culture, a sign from God, a curse, or nothing other than a reason to dress the children alike and give them rhyming names. My point is that saying something about the moral significance of these biological characteristics (or lack thereof) is not just a matter of saying something about those characteristics themselves, but of the form of life in which those capacities do or do not make a difference.

Think, for example, of the ways that we North Americans distinguish between the concepts of *pets*, *livestock*, and *vermin*. In the case of rabbits, there are no biological differences that distinguish between the categories. We eat rabbits as livestock, we keep them as pets, and we poison them as vermin when they get into the garden. Our attitudes toward rabbits differ dramatically in all three cases, and so does the way we treat them morally, but these differences do not depend on their biological characteristics. Another example: Westerners, unlike many Asians, find it horrifying and repulsive to think about eating a dog. Is this explainable in terms of the dog's characteristics? No, or at least not wholly; and if you want to understand why a people find this horrifying, you have to understand what a culture has made of these characteristics.

This helps explain why, in the case of neurologically damaged children, constructions such as "best interests" often seem less than helpful. We can say that

severely damaged children have an interest in avoiding pain and in things that give them pleasure, but we cannot say much more. It is even hard to say, sticking solely to the language of interests, why severely damaged children like this have an interest in avoiding things that many people have a gut reaction against, like being used as a living organ donor, or being anesthetized and used as teaching instruments, or, to use an example from a science fiction short story, having their skin used as handbag leather after they die. If we want to say why we find such things repellent and horrifying, we usually fall back on concepts such as harms to dignity or the "symbolic value" of a body, which may not explain much but at least get us closer to the idea that these actions represent objectionable attitudes toward such children.

### CONCLUSION

I have tried to express some of my misgivings about the notion that we can decide how to behave toward neurologically damaged children based solely on their capacities, or even by asking what is in their interests. How we think about and behave toward them is tied to the attitude we take toward them, which is in turn tied to a form of life. But what does this tell us?

First, it suggests that there is no single morally correct attitude to take toward such infants, but rather a range of attitudes, which are in turn embedded in particular cultures. It would not surprise me, for example, to hear an anthropologist speak about one culture that revered such damaged children and another culture that simply discarded them, and that each attitude was tied in complex and subtle ways to the culture's religion, structures of kinship, beliefs about health and illness, and so on. Even in our own (Western) culture(s) we hear a broad range of opinions on the appropriate behavior toward such children that touch on everything from infanticide to disability rights to the sacredness of every human life. The capacities and interests of such damaged children do not give us, or any culture, a determinate answer on how to behave toward them. And how we do behave toward them cannot be thought about separately from all of our other cultural resources.

Second, I do not believe we can completely separate how we think about damaged children from the way we think about ordinary children. A culture might well think about severely damaged children in very different ways depending on, say, whether they think of children as

a kind of family property, or whether they think of a damaged child as a kind of curse or divine retribution, or whether they think of the deaths of a number of small children as natural or unavoidable.<sup>8</sup> In such contexts one can imagine the death even of a less severely impaired child to be a matter of indifference, or even something to be desired. But these are not the ways we in industrialized Western countries have come to think of children. We have inherited a certain ideal of the family and its importance, and while our attitudes toward children are complex and often contradictory, it is certainly true that we devote considerable resources to thinking about the rights of children and our duties towards them.<sup>9</sup> We treat them as, if not ends in themselves, at least ends to be, and many people think of their children as the most precious and important things in their lives. Whatever attitudes we hold toward severely neurologically damaged children will have to be reconciled with these more general attitudes toward children and family life.

Finally, and perhaps most crucially, whatever our attitudes toward severely impaired children, they will have to be reconciled with broader cultural understandings about the purpose and significance of human life. By this I mean not just what Wittgenstein calls *Lebensformen*, or forms of life, but that dimension of *Lebensformen* relating to questions such as what constitutes a meaningful life, or when a life has sense, or what kind of life counts as a success or a failure. Different cultures and different eras have asked and answered such questions in dramatically different ways, of course, and many individuals may answer them differently even within a single culture, especially in immigrant countries such as the United States and Canada. But understandings about questions such as these form the backdrop against which human practices take place and help shape our conceptions of the moral dimensions of those practices, including our actions regarding severely impaired children.

What is particularly difficult to reconcile here are our attitudes toward such children and certain widely shared Western views about the meaning of human life. I have in mind the cluster of convictions surrounding what Charles Taylor calls "the affirmation of ordinary life."<sup>10</sup> These convictions locate significance in things like our families and the people we love, but also in meaningful work—the satisfaction of artistic or literary creativity, the sense of higher mission involved in social or political activism, the gratifi-

cation of doing a job well, the fulfillment of a moral duty to provide for one's family and loved ones. These kinds of convictions locate significance largely in the individual and how he or she chooses to live a life. Thus, the significance of a life is intimately tied to the choices a person makes, which may involve, for example, developing a relationship with God, fulfilling a calling, carrying out one's duties, or many other things.

What makes these understandings about the significance of life difficult to reconcile with our attitudes toward children is that such understandings make a meaningful life inaccessible to any child with severe neurological impairment. (And, for that matter, to many children and adults with less serious damage.) If a person will never be capable of appreciating the emotional bonds of family, will never be able to find meaning through the life of work, and will never be able to return love to another human being, then she will not be able to live the kind of life to which many Western cultures give meaning. This is not the only way of seeing the lives of such children, of course. Things might be otherwise in cultures where meaning is bound up with a being's place in the natural order, or with the transmigration of souls, or any number of other cosmologies. But these are not the cosmologies that form the selves of most Westerners. Perhaps this is why the lives of profoundly damaged children strike many Westerners as especially tragic. These children throw into vivid relief the contrast between the kind of life that allows us to achieve the goods that make life worth living and the

very different kind of life that lies ahead for such a child.<sup>11</sup>

This may help us to understand the internal contradictions of clinical decisions for these children and the reasons why they often appear so intractable. On the one hand, we are understandably wary of withholding or withdrawing beneficial treatment for such children. We are the inheritors of a strong tradition of rights and equality that makes us reluctant to withhold treatment from a person on the grounds of her intelligence or disabilities. We also see that the lives of these children may have deep significance for their families. Yet on the other hand, we recognize that these lives fail to meet the criteria by which we count our own lives as meaningful. We try to convince ourselves that we should protect vulnerable lives, but we cannot imagine this as a life we would want to continue living. We say all lives deserve respect, but our measure of the good life for ourselves does not include a life like this. We say that all lives are equal in the eyes of God, but we wonder why God has allowed such a life to come into being.

#### NOTES

1. John Arras, "Toward an Ethic of Ambiguity," *Hastings Center Report* 14 (Apr. 1984): 2533.
2. For a sampling of such writings on personhood, see H. Tristram Englehardt, "Ethical Issues in Aiding the Death of Young Children," in *Intervention and Reflection: Basic Issues in Medical Ethics*, 4th ed., ed. Ronald Munson (Belmont, Calif.: Wadsworth, 1992), pp. 119–126; Joseph Fletcher, "The Cognitive Criterion of Personhood," *Hastings Center Report* 4 (Dec. 1975): 4–7; Mary Anne Warren, "The Moral Significance of Birth," in *Feminist Perspectives in Medical Ethics*, ed. Helen Bequaert Holmes and Laura M. Purdy

(Bloomington: Indiana University Press, 1992), pp. 198–215; Michael Tooley, "Abortion and Infanticide," *Philosophy and Public Affairs* 2, no. 1 (1975): 29–65; John A. Robertson, "Involuntary Euthanasia of Defective Newborns," *Stanford Law Review* 27 (1975): 246–261; Daniel Dennett, "Conditions of Personhood," in *The Identities of Persons*, ed. Amelie Oksenberg Rorty (Berkeley: University of California Press, 1976); and various essays collected in *What Is a Person?* ed. Michael F. Goodman (Clifton, N.J.: Humana Press, 1988).

3. Englehardt, "Ethical Issues in Aiding the Death of Young Children," p.120.
4. Bernard Williams, *Ethics and the Limits of Philosophy* (Cambridge, Mass.: Harvard University Press, 1985), p. 129.
5. Cora Diamond has made this point more forcefully than I have here in her extraordinary essay "Eating Meat and Eating People," in *The Realistic Spirit: Wittgenstein, Philosophy, and the Mind* (Cambridge, Mass.: MIT Press, 1995), pp. 319–334.
6. Williams, *Ethics and the Limits of Philosophy*, p. 141.
7. See Diamond, "Eating Meat and Eating People."
8. For two very different cultural worldviews and their relationship to children, see, e.g., Nancy Scheper-Hughes, *Death without Weeping: The Violence of Everyday Life in Brazil* (Berkeley: University of California Press, 1992) and Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (New York: Farrar, Straus and Giroux, 1997).
9. For a provocative and deeply moving account of some of these contradictions, see John D. Lantos, *Do We Still Need Doctors?* (New York: Routledge, 1997).
10. See Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge, Mass.: Harvard University Press, 1989).
11. One of the few works I know of that takes on these deeper questions about dying children is the wonderful essay by Margaret Mohrmann, "Are Children Our Future? Reflections on Destiny and Dying Children," presented at a conference on Bioethics and Human Destiny: Jewish and Christian Perspectives, Loma Linda Center for Christian Bioethics, Loma Linda, California, February 1997.