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DEDICATORY ESSAY

Margaret Somerville: A Refreshing Challenge

*George J. Annas**

Health law is applied law, the entire body of law applied to the promotion of human health and the delivery of medical care. It is accurate, if not flattering, to observe that the vast majority of health law teachers and practitioners are content to take their “applied” discipline as they find it, and spend most of their time and energy describing the intersections of law, medicine, and health care as they occur in the world around us. Margaret Somerville is a refreshing challenge to health law’s self-satisfied and confining activities, and it has been invigorating to be her friend and colleague over the past two decades. She challenges not only health lawyers but all leaders in the caring professions to act as “the sherpas of the new ideas for the next generation.” She insists that we, like sherpas who guide climbers up the mountain, “take responsibility for the safety of those we lead; not to seek recognition and to accept not always to be recognized; to carry burdens for others; to explore; to move forward on the basis of trust, loyalty, honesty, courage and integrity.” She sees her mission in life (and that of health lawyers around the world) “to evolve a new paradigm” for the human community, together with the ethics that can inform and shape it. In her words, “We are the new generation of explorers of our human mind, imagination and spirit. The challenge for all of us is to create structures in which we can both personally identify and feel we belong in small groups, and yet recognize ourselves and all others as part of the one human family.”

Her efforts to make us think deeper about ourselves and our future on a global level are rooted in her own history. Born in Australia, where she received degrees in both pharmacy (University of Adelaide, 1963) and law (University of Sydney, 1973), she moved to Canada in 1975, where she received a doctorate in comparative law (McGill University, 1978).

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She has been on the faculty of the McGill University School of Law since 1978, where she has been the Gale Professor of Law since 1989. Among her many honors, she is a member of the Order of Australia, a Fellow of the Royal Society of Canada, and holds honorary doctor of law degrees from the University of Windsor and Macquarie University.

Through her work with colleagues in both the U.S. and Europe, Professor Somerville has been extremely influential in transforming health law into an international venture, and in making the promotion of human rights on a global scale its primary concern. She chaired the world's first major international conference on law, medicine and health policy in Sydney, Australia under the auspices of the American Society of Law and Medicine in 1986. This conference was so rewarding that it has been held every three years since then, most recently in London and Toronto. But perhaps her crowning achievement was to embody her views on the necessity of "transdisciplinary" research and education in health law by founding the McGill Centre for Medicine, Ethics and Law. As the Centre's Director since its founding in 1986, she has not only been its guide and visionary, she has also encouraged other universities to adopt the transdisciplinary model. I founded one such program, the Law, Medicine and Ethics Program at Boston University Schools of Medicine and Public Health in 1988, and our two centers have collaborated on a number of AIDS and human rights-related projects over the past five years.

Professor Somerville is correct in asserting that to be meaningful in the real lives of real people health law must not only be informed by medical science and philosophy, it must incorporate the work of colleagues in these disciplines into the day-to-day pursuits of health law professionals. Formal structures, such as transdisciplinary university centers, help make this goal accomplishable; the rarefied and isolated atmosphere of the law school is simply too detached from life to appreciate what is needed to make a meaningful contribution to the health of the peoples of the world. She has also provocatively urged us to change the color of our metaphor for dealing with difficult problems from black, white and "grey" to "red, blue, and purple-pink," suggesting that instead of dullness, "this would create a middle comprised of the colors purple-pink that are often associated with the imagination" and perhaps help entice more people to respond creatively to the scientific world's achievement of "exhilarating uncertainty."

Professor Somerville's publications and speeches have been voluminous and varied. One of her most important and insightful works was published here, in *The Journal of Contemporary Health Law and Policy*,

The Song of Death: The Lyrics of Euthanasia (1993). The subject of euthanasia and physician-assisted suicide has become one of the most discussed (and least understood) topics in health law during the past few years. In this article Professor Somerville brings a new measure of understanding and compassion, as well as a clear-eyed vision of the causes and possible treatments for our pathological fascination with medicalizing death. As she so well argues, "euthanasia talk" is actually used as a mechanism to deny that which we fear most (death) and to try to tame it with technology in the hands of the historically beneficent medical profession. She explores the use of language in the debate and makes a particularly valuable observation on the role of stories or narratives in it. Proponents of changing the law concentrate on stories, like that of Dr. Timothy Quill and his patient "Diane," that suggest that death by an overdose suicide can convert a horrible death into a "good" death through medicine.

But, Professor Somerville insists, there are "other ways of knowing" than just through rational analysis and such narrative. The lines we draw in the law, such as the line between refusing treatment and demanding a lethal overdose, "correspond not just to logic, but also . . . to collective wisdom, precedent and deeply felt intuitive, moral and emotional responses. These 'other ways of knowing' must be given space within which to function and the knowledge to which they give access must be properly taken into account." When proponents of using pills and a plastic bag to commit suicide, for example, suggest using a "ribbon" to tie the plastic bag over one's head, Professor Somerville notes that the ribbon "can be associated with events such as tying up a little girl's hair or wrapping a present—warm, caring, gratifying and life-affirming activities," and that such associations seem to be consciously chosen to help "normalize suicide, and by association, euthanasia." One need not agree with everything Professor Somerville says in this article to conclude that she has set forth the intellectual standard by which future arguments both for and against normalizing suicide and euthanasia for the dying will be judged. This is her challenge and her gift to all of us, and is typical of the depth and perception in her work.

While giving a commencement address at Macquarie University in Sydney, Australia in 1993, Professor Somerville mused on what has been important in her life. Her own self-portrait is a fitting conclusion to the dedication of this issue of the *Journal* to an energetic, inspirational and innovative health law colleague. This is what she wrote:

Images that permeate my life: bright, strong colours; sun, sand,

sky, sea, and birds; the mystery of cats; the sensitivity and receptivity of their whiskers; the sharp wave of joy in breathing the early morning air; the warmth of shared laughter; life as a voyage down a river moving to discover the unknown in lateral terrain, beauty and wonder, tides, obstacles, dangers and length an immense adventure; traveling, in hope, with soul-and-mind friends in the world of ideas, imagination, and creativity; and as my father used to say, “living with the universe.”

The world of “ideas, imagination, and creativity” is her world, and we should all be thankful that it is. When Professor Somerville thinks of her end in it, she speaks of wanting to be buried “under a gum tree in the outback of Australia.” All of us in health law can join in the hope that this event will take place far in the future, perhaps after we have adopted her search for the “purple-pink middle” as our own.

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