CRUcial Times

EDITORIAL

Authentic Change or more of the same?

The ambitious and welcome institutional reform program in government and non-government sectors of Queensland needs to focus on the development of community and on the reform and development of community services, and not only on the closure of institutions. If institutional reform is to produce authentic change for the people presently living in institutions, then there must be an investment in community and in community services that are oriented to the long-term. This will be needed if people who have been resident in institutions are to form relationships with ordinary people and to have the opportunities of an ordinary life. Failure to make this investment now will lead to great disappointment in the institutional reform process. It could also affect what is possible for other people with disabilities for decades to come.

Just as the implementation of the Commonwealth Disability Services Act in the 1980's opened up opportunities for change and innovation, so too does the ambitious program of institutional reform which is proposed and supported by the Queensland Government. Like the implementation of the 1986 Disability Services Act, the time-frames for institutional reform are impossible, but this is not a reason for rejecting the opportunities that are there to advance what is possible for people with disabilities. When major change is organised and mandated by a government, and imposed on the community, it is to be expected that the community will not be enthusiastic, energised or visionary. But it is not too late. Let's seize the opportunities, be ambitious and make sure that everything that can be done, is done. People with disabilities need us to be hopeful, visionary, energised and strategic.

Euthanasia and Involuntary Consent

The recent decision by the Northern Territory Government highlights the strength of feeling in the community about voluntary euthanasia. Central to the pro-euthanasia position is the notion that a life of unrelieved suffering can lose its value and become "a life not worth living". The concept of a life without value should be a very difficult one for people who are striving and arguing that people with disabilities ought to be valued in the community. It would seem impossible to remain coherent about the valuing of people with disabilities, while at the same time accepting a position that some lives are not worth living.

Another striking aspect of the pro-euthanasia argument is the notion of voluntary consent and the value that is placed on self-determination and personal autonomy. How are people who lack the capacity to give consent to be dealt with?

One course of action would be to transfer the right of consent to other persons, such as next of kin or a medical professional. Such an approach is evidenced in a case which is presently before the courts in the Netherlands where euthanasia (though technically illegal) is permitted when patients who are in pain ask a doctor to end their lives. In this case, a doctor gave a lethal injection to a three-day old girl who was born with severe disabilities. He did this at the parents' request. Central to this legal case is the issue of whether consent can be transferred to other parties. In whatever way one might approach the issue of voluntary euthanasia, likely extension of the notion of voluntary consent should be very disturbing for people who know, love and work with people who lack competence in exercising choice and personal autonomy. Another possibility, however, is to argue that the lack of competence to give voluntary consent might in itself be seen as an indicator that a life is not worth living.

In Queensland, a new criminal code has been passed by Parliament and will be proclaimed next year when other complementary legislation is also passed. It contains a provision which protects medical practitioners from criminal responsibility where 'medical treatment' includes 'withdrawing medical treatment', provided it is done in good faith. Apparently its intention is to protect people involved in palliative care. In a climate where it is considered some lives are simply not worth living, having a provision which is so broad and all-inclusive is very disturbing. A very explicit consequence of the attitude that some lives are simply not worth living is a recent decision in China which makes it compulsory for *all* people with disabilities to be sterilised.

It seems that victory in Europe 50 years ago did not put an end to the notion of a superior race and the arbitrary determination of what constitutes humanness.

Anne Cross

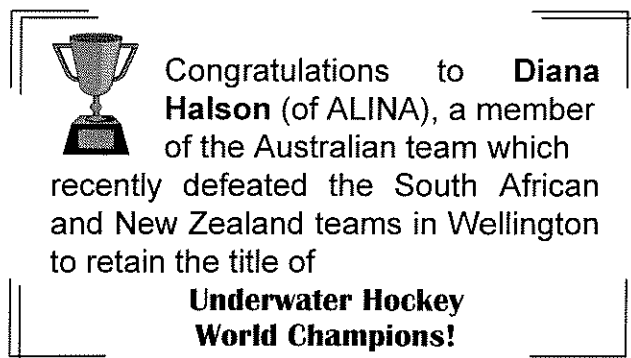| Committee Members 1994/95	
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Jane Sherwin	Consultant

From the President's Desk

Although we seem to be happy to acknowledge that people with disabilities have the same rights as others, we seem to be able to make such an acknowledgement only if we tack on the word "responsibility" and say the two words "rights and responsibility" in the same breath. There is less said about the responsibilities of service-providers to provide quality services responsive to the needs of consumers. This was particularly evident in the Consumer Rights Strategy, issued by Office of Disability, Canberra.

The Consumer Rights Strategy is very much service orientated, and gives the *shift of control* to the service and away from the individual. It almost sounds as if it is saying, "You play the game by our rules, and in return, as a reward, we will let you have these rights". Other people do not have to prove that they are responsible in order to have their rights recognised. For example, people do not have to pass a test showing that they are politically responsible in order to vote.

All consumer rights strategies should emphasise that it is the service-providers who have an obligation to respect the rights of people with disability, and to bend over backwards to make sure that people are offered services that suit their needs and not the convenience of the service. This would mean major changes in ideology, philosophy and practice in many of the services. It is especially so for services that operate institutions. These services must bend over backwards to enable people to move out and to live in the community.

Mike Duggan

Congratulations to **Diana Halson** (of ALINA), a member of the Australian team which recently defeated the South African and New Zealand teams in Wellington to retain the title of
Underwater Hockey World Champions!

A Reflection on Friendship

Who would dare to meddle in the mystery of friendship and relationships?

I would.
Not because I necessarily think that it's a good idea, but because I think that sometimes it's necessary.
Intervention in the lives of people who have disability does not have a good track record.
Intervention in the sacredness of friendships seems arrogant .... and particularly dangerous.
Not intervening when people are lonely seems worse.
I think about my friends.
One of them is my sister, but no one tut-tuts over my shoulder about the appropriateness of that.
Quite a few are people who I've worked with,
Some I feel very close to, but don't see often,
Some I see often, but don't feel all that close to,
Some are very like me, and can finish my sentences for me.
Others are very different, and I like what I learn from them, mostly what I learn about me.
Some I like, just because I've known them and they've known me for a long time,
The majority are older than I am ... some by many years.
There are men and women,
There is variety
There is choice
There is cost.
I think about some people I know who have disabilities
They ... and their families ... talk about their loneliness, their rejection,

The lack of recognition of all that they have to offer
Their vulnerability.
Why? What causes or has caused these blocks?
Why are we so fearful of difference?
Why are we all too busy?
I read stories from afar ... about friendships for people with disabilities, about miracles.
I want to believe them because these stories make ME feel better.
Some things don't ring true - every passing acquaintance can't become a lifelong friend.
Is friendship more likely to come from the extraordinary or the ordinary?
I know some people who are new to town and find it hard to make friends,
I know someone who is at home with young children - she feels isolated,
I know someone who is recently divorced and his wife took all the friends.
None of these people even have disabilities, well, none that show.
So does anyone have the friends they really want?
In Brisbane, in the nineties
Does anyone have time to be a friend these days?
I decide to ask.
I design a questionnaire and circulate it.
It goes to colleagues, students, people I know, their relatives.
32 people reply (not enough to call it research, but enough to test my own experience)

They range in ages from 18-55.

Half the people said their closest friend was of the opposite sex.

Two-thirds said they were the same age as their closest friend.

Half said that when things were bad they had 4-6 friends.

Most said 30 in the good times, others said 5.

"Similar to" or "opposite from" didn't seem to matter.

The most common places that people met friends - work, school, university *(Now, is that ordinary or extraordinary?).*

Introductions by other friends or family members were common too.

People told me that the ability to talk together was what made friends close.

Being known over time - both good and bad times - was integral.

What cemented the friendship - working together on something *(so simple, yet so powerful).*

What cemented the friendship - not identifiable. It took time to develop and it wasn't automatic.

We meet our acquaintances through work and other friends *(that sounds familiar).*

Our acquaintances have become our friends *(Now that's important).*

But, our friends are the people **we** invite further into our lives.

"They are there in the hard times - I can be open, I can risk conflict, it's not so conditional."

And the costs of friendship - TIME - "it has to be integrated with daily reality" - GUILT - balancing/prioritising - "loyalty to some means cost to others".

Over and over I was told:

It's not easy - I have to compromise in my choices and in the behaviour I accept.

There's emotional pain and drain.

It's risky - I'm vulnerable.

IT'S WORTH IT!

Margaret Rodgers

Intimacy, someone has said, is ultimately unintelligible. Yet this novel suggests that intimacy, to the self and to others, may well be all we have.

Veronica Brady in her review of Alex Miller's book, "The Sitters"

The Moloney Family Adventures Cont....

Our last report to you was from Mexico were the Moloney family's Spanish was in need of some rapid improvement for fear of overdosing on nachos. They eventually left Mexico and arrived in Belize where, to their relief, the people spoke English. After conquering the mountains around San Ignatio, the troops headed for Guatemala where the days were spent trekking through jungle, exploring limestone caves, and looking out across Lake Aititlen to the cone-shaped volcanoes. Costa Rica here we come! On a hammock strung between two palm trees at the Honduras beach was where they next found themselves - life on the road is tough!

At last the Moloneys reached the home of Terry's brother in Popayán, Colombia, where they will stay for about 2 months. Bronwyn wasted no time in sending the children off to school, leaving the adults free to spend the mornings bargaining at the local markets and the afternoons relaxing.

Stay tuned for the next chapter of the Moloney Family Adventures.

Melinda Rio

A terrible bug has been going around CRU recently with everyone successfully avoiding it, except Melinda who has been overwhelmed and needs to take 6 weeks off to get over it - the Travel Bug that is!! After narrowly missing the Moloney family at Los Angeles airport by 2 days, the "cure" begins by camping through the Rocky Mountains in Canada, line dancing with the best of them at the Calgary Stampede and blazing a trail through the USA, leaving her mark in Los Angeles, San Francisco, Las Vegas, San Diego, New Orleans, Memphis, New York and Niagara Falls.

✒ NEWS UPDATE ✒

AN AWARD WINNING LIBRARY
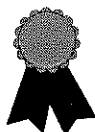
It was a nice coincidence that the day chosen to officially launch the CRU library, May 9, happened to be during National Library Week.

CRU had good reason to celebrate the opening of what has been a long held hope for a major resource to leaders, change agents, practitioners, students, individuals and families, but there was cause for extra celebrations when our new library was presented with a **Highly Commended Award** by the Qld Library Promotions Council. Mike Duggan and Pam Collins accepted the award which now hangs on the wall in the library area.

Guidelines for Library use

Although CRU is unable to lend material, it is our intention that the library should provide resources which can be readily available to agencies and individuals throughout the Queensland community. It is therefore planned that resources are made easily accessible through a policy of:

📖 Making material resources and copying facilities openly available to those who request access. Enquiries by phone or fax are encouraged from people in regional areas.

📖 Charging a nominal fee for each page of material copied.

📖 Flexibility of copying arrangements: for example, allowing users to provide copying paper with CRU accepting payment in the form of a donation or a flat rate for say, 100 copies made.

📖 Using discretion to reduce or waive the fee in cases where a charge may result in hardship or a person's inability to avail themselves of the resources.

📖 Conformity to Copyright regulations in relation to all copying carried out.

For users intending to visit the CRU Library, it is important to contact **Pam Collins**, the Resource Consultant, to arrange a time.

LUNCH-TIME SEMINAR SERIES

Potted History for Lunch

As part of his lunch-time seminar presentation on April 7, **Graham Schlecht**, (Area Manager, Human Services & Health), presented an historical perspective representing the position we come from, and the future as seen through this useful perspective. Each decade since the 1950's (when all people who were receiving service were getting that service through institutions) has demonstrated a "trend" that has represented some change in perspective. Graham outlined those trends as:

1950's
First decade of *questioning*: parents began to question the value of institutional care and approached the Commonwealth Government for funding of alternatives.

1960's
Decade of *partnership*: consolidation of the above arrangements, between government and non-profit organisations, usually parent groups.

1970's

Decade of *consolidation*: although government had been involved in the past through legislation, it took a large step forward. By this stage services had become very large and parents lost the controlling interest in organisations.

1980's

Decade of *awakening* (second decade of questioning): major difference between this decade and the 1950's (when it was mostly parents who did the questioning), is that in the 1980's it was people with disabilities who were doing more questioning with the government going to great lengths to talk to consumers rather than to service providers. This marked the first time that consumers were given a choice and a voice.

1990's

Decade of *practicality*: tendency for government to say: we need to see results; programs need to be result focused.

From this historical perspective, when we ask the question, *"Where is this leading us?"*, we can see that the trend is still on service delivery systems (that is, government in partnership with service providers), rather than on the individual as the holder of funds to purchase services of choice.

In this decade of the 1990's *fragmentation* between funding bodies, service providers, parents and consumers is a major concern.

2001

What will that decade bring? Graham suggests that the trend in this decade will be:

- people with disabilities receiving individualised funding
- enhancement of rights and capacity to choose services. People with disabilities will be customers, in the true sense of the word, who dictate quality through their purchasing power
- a need for flexibility of systems, involving a wide range of service providers and development of support networks which are not service-based.

How do we reach this vision for 2001 from a position of fragmentation that characterises the 1990's? In other words, what will prevent fragmentation and make sure that people with disability do not get lost. Graham suggests that this may be through community-based broker support and individualised advocacy.

Other speakers in the lunch-time series

June 9 **Beverley Perel** and **Catherine Raju** presented two perspectives on families: a reflection on the Year of the Family, and a personal view.

August 4 **Roger Slee**
Newly appointed Professor of Education, University of London

Student Project

Welcome to Bobby Noone

What does it take for people with high support needs to get and stay in work? What sort of planning process is helpful for people with high support needs? What are the work conditions that allow for support and fluctuating health? What is the role of the human service? Is the dominance of 'expert' or 'professional caregiver' the only option? What does productivity mean for someone with high support needs? How is it possible for people with limited life experiences and limited verbal language to make choices and communicate their decisions?

These are some of the questions and issues being explored by **Bobby Noone** who is currently doing field work at CRU. Bobby is a final year student completing a degree in Social Science (Human Services) at QUT, Carseldine. We are pleased to welcome Bobby and look forward to the contribution the project will make to the employment field.

Post Cards from the Regions

Off to a Good Start

In late March, Beverley Funnell came to spend two days with our Committee and Co-ordinators. At that time we had been funded for just over a year, and many things had been done: we had an office; we had employed two Co-ordinators; we had desks and files and phones and a fax. We had just received our brand new computer! But many things hadn't been done, and they were the important things.

Often, it seems, people outside an organisation are more interested in a nice tidy office and positive corporate image than in all the things that we're really here for, which is improving the lives of people with a disability in our local community. We looked at our Mission Statement and shock! horror! It wasn't what we thought it was. It was actually a Belief Statement!

> *Often, it seems, people outside an organisation are more interested in a nice tidy office and positive corporate image than in all the things that we're really here for.*

We knew we needed to focus on setting out the principles and wording the policies that would guide our service, but whenever we set aside a parcel of time to work on it, there were phone calls to return, bills to be paid and important-looking letters that needed responses. And so, all the time we set aside was misplaced.

We decided to get someone else, someone outside of our group, to help us clarify where we are going and how - and where we aren't! But who? There are plenty of people locally who can facilitate a planning workshop, but we needed someone who understands the principles we stand for.

Someone who could help us chart our path to bring about change here on the Tablelands.

We decided to ask Community Resource Unit to spend two days with us looking at our Mission Statement, mapping out policies, clarifying roles of Committee members and workers and building some strong links within our group. Beverley Funnell took up the challenge. Two years ago she had spent some time here looking at the needs of people with disabilities on the Tablelands and has supported our progress since that time.

So, at the end of March Beverley spent two long days as our guide, helping us to read the map, survey all the territory and landmarks, and to decide on a particular route. We looked at the skills which we had and at the skills we would need. We looked at the methods of locomotion we could use to get where we are going. And most importantly, Beverley helped us get a clear vision of where we want to go. We are very pleased to have had the support that Beverley provided, not just over those two days, but over the past two years.

Now our tidy office and good corporate image are backed up by a clear direction and we're finally off to a good start.

Frances Carpenter
Tableland Community Link

Advocacy Development in Mackay

The **Mackay Advocacy Group** initially started from a public meeting in January 1994. At that meeting three people volunteered to develop advocacy in the Mackay area. **Chris Phayer**, **Liz Symons**, and **Arthur Trott**, all have disabilities and were very aware of the need for a formal type of advocacy.

Late in 1994 we applied for a seeding grant to enable us to proceed further by increasing our network through visiting other established advocacy groups in Queensland. We also took part in training programs to increase our knowledge of devalued people in our community.

On several occasions we have been contacted to assist with information and also to advocate for people with various needs. Although we have not advertised as a "working service" the news is spreading about us.

In the near future we are planning to become incorporated and to employ a full-time advocate, enabling us to meet some of the needs of people with a disability in our area.

Chris Phayer and Liz Symons
Mackay Advocacy Group

Project Work Undertaken by CRU

As one of the CRU workers involved in planning for people to move from an institution to their own homes in the community, the importance of taking time to reflect on what is happening in this period has become clear. The changes being made will be with us for a long time. It is an opportunity to create positive changes for many people, and while that sounds fine it also means stretching our capacity to look into the future and to try to predict what will make the difference.

Our experience in consultation work with an organisation that supports people with physical disabilities has been that the majority of people who have lived in institutions for a long period find it difficult to imagine or dream about other possibilities. People who have been dependent on a system may find it hard to make decisions or even participate in the planning. To go from being part of a big system where most things are done for you, to planning your own individualised supports is an enormous task when it involves all aspects of daily living. There have been some exciting moments when people are sparked by new opportunities. One woman we spoke with was bursting to ask if this meant she could choose who she lives with; a very important consideration that most of us take for granted.

For most people working on institutional reform, the greatest challenge is to create and manage the supports and services that meet the real needs of individuals in a way that assists them to have as "ordinary a life" as possible. A fundamental principle is that dignity and autonomy should not have to be surrendered in order for people to get the supports they need. Getting to know the people involved, and their families, is the most important step in the process. Listening to their fears, concerns and hopes helps to build trust and respect. We are working from the 'ground-up' around personal needs and preferences, guided by our belief that services should suit the person and NOT the reverse.

Rosanne Ott

CRU'S EDUCATION & DEVELOPMENT PROGRAM

CRU was pleased to be able to present PASSING in Rockhampton and Social Role Valorisation Theory in Rockhampton, Cairns and Bundaberg.

The three-day theory event is conceptually difficult, challenges many practices by human service workers and is physically demanding. It is therefore very encouraging that the majority of participants reported that they gained a deeper understanding of SRV, that it is very relevant to their current work and that they would recommend the workshop to others.

Three teams of six people completed the five day PASSING practicum in Rockhampton. Each team visited an accommodation service and a day service, and analysed the impact of the service on service recipients, using the PASSING tool. Extremely rich learning occurred as participants considered and discussed how the setting, the groupings, the activities and the language of the service either enhanced or diminished the competencies and image of the people receiving the service.

Participation by local network groups is extremely beneficial in conducting these workshops. Thanks to Jude Hose and the Community Training Network in Rockhampton, and to Frances Carpenter, Tracey Smith and Karen Mansfield in Far North Queensland for their support in these events.

Jane Sherwin

7he Consequences of Negative Assumptions and Stereotypes

In the last edition of *CRUcial Times*, the process of stereotyping was described. Here, the consequences of negative assumptions and stereotypes will be explored further.

> ### Scenario 1
> A child with an intellectual disability is in Grade 4 at her local school. Instead of attending Friday sports with her class mates, she goes to folk dancing with the Grade 1 students in the quadrangle.

Are any false assumptions operating? Are there unhelpful practices? As a consequence of this, are any negative messages being conveyed?

The activity of folk dancing is not impairing to the child's image in itself. The fact that she is engaged in the activity with much younger children, and in a very visible way, is giving unhelpful messages about her competence and about her age. This could be based on the false assumptions that: *She belongs with 5 years olds; She could not possibly keep up with her peers* or that *an intellectual disability means that you like to do things with people much younger than you are.*

> ### Scenario 2
> Elderly people in a day centre are engaged in games like pass-the-balloon and bingo. The prizes are single sweets. A lot of time is spent waiting between activities and refreshments. The staff wear uniforms.

Are any false assumptions operating? Are there unhelpful practices? As a consequence of this, are any negative messages being conveyed?

Two of the stereotypes that exist in our society about elderly people are that they are in their second-childhood and that they are sick. We can see three things here: that both of these stereotypes are in operation; and that by being in operation they are proclaiming to the rest of the community that they are true. The third thing to note is the amount of time-wasting due to inane activities and endless waiting. Ultimately this contributes to life-wasting. Possible false assumptions that might underpin these practices include: *These people are children; These people are not competent; These people are sick and so close to death that we don't need to provide anything of interest or of value.*

False assumptions can lead to practices which harm the image of people with disability and impact negatively on the development of their competencies.

What are the assumptions and beliefs about people with disabilities in the service with which you are involved ? We would be pleased to hear examples from you that demonstrate how negative assumptions guide service practices.

Jane Sherwin

Book Review

Rethinking Life & Death by Peter Singer, The Text Publishing Company, Melbourne, 1994

At our invitation, Peter Isaacs, School of Humanities, QUT, has written the following review of a book which will be of interest to all of us who have concerns about the current euthanasia argument, and the social forces and people who influence the arguments.

Peter Singer is Professor of Philosophy and Deputy Director of the Centre for Human Bioethics at Monash University, Melbourne. He has written extensively in the areas of philosophical ethics and bioethics of specialists working in those fields. However, in his latest two books, both published by the Text Publishing Company, Singer has sought to provide for the general reader accessible discussions of the significance of the moral form of life and current discussions in bioethics regarding life and death decision-making. The latter is the focus of *Rethinking Life & Death* where he argues that the traditional ethic, centred on the sanctity of human life, has collapsed and needs to be replaced by a new ethical framework. Singer likens this revolution in the history of the traditional western ethic to that which occurred four hundred year ago in cosmology when the traditional Ptolemaic cosmology, which placed the earth at the centre of the universe, was supplanted by the Copernican system which placed the sun at the centre of our solar system and posited the earth as one of a number of planets orbiting the sun. His reference to this revolution in cosmological ideas suggests the extent to which he sees the ethical ideas he raises as radical, challenging and disconcerting.

Singer argues that this ethical revolution has been generated primarily within the practice of medicine rather than that of philosophy and has been generated largely by advances in medical technology. Thus the methodology adopted in the book is principally one of narrative, the telling of stories taken from clinical practice, with the stories presenting, not just the dilemmic, or tragic, situation of a central character, but the responses of loved ones, responsible clinicians and legal authorities. These narratives provide the focus of parts one and two of the book which through eight chapters address, respectively, the ethical implications of new criteria of death and the ethical implications of practices or debates surrounding such issues as abortion, treating to die, euthanasia and the treatment of animals. The point of these stories is that of illustrating how a simple sanctity of human life ethic has had to give way to different and more complex ethical criteria. In the third and final part of the book, Singer attempts to sketch a new ethic of life and death based on five new commandments of principles although he acknowledges that 'there may be better ways of remedying the weaknesses of the traditional ethic' (p. 190).

What is this radical transition in ethical thinking which Singer sees as now emerging? Paradoxically, he does not provide a clear and separate account although he frequently discusses the key ethical criteria concerned. Basically, his argument is that the moral worth of human beings cannot rest on biological criteria, that is, the presence of biological life and membership of the biological species *homo sapiens*, but should rest on ethically relevant characteristics, notable those of personhood (see pp. 180-182 and pp 190-192). Within the Western ethical tradition this argument is not new since the view that we ought morally treat others with dignity and respect given their nature as persons, rather than their nature as human beings, goes back almost two hundred and fifty years. Once we acknowledge that the criteria of personhood are not simply biological and are not to be restricted to one biological species, then from a philosophical perspective the radical nature of the ethical transition Singer refers to appears more as a sharpening of criteria which, perhaps, were formerly recognised intuitively but did not require a more careful articulation. However, if Singer's purpose is that of hastening

a Copernican revolution in ethics, then the reader would surely have appreciated a careful delineation of the nature of persons and the grounds for seeing persons as the subjects of more consideration. Regrettably, *Rethinking Life & Death* is limited by its deconstructive intent of exposing the flaws in the sanctity of life ethic. While the final chapter adopts a reconstructive stance, the strength of the argument here suffers from the absence of this important discussion of persons, personhood and the moral form of life.

This is not to say that one would not wish to take issue with some of the positions Singer adopts. His discussion of the moral status of infants (pp 210-217), and his view that they are not persons and, therefore, not entitled to the same degree of moral protection as persons, is one which, I believe, most people would find intuitively unacceptable. This is particularly so when that moral position is linked to the practice of 'treatment to die' with its profound implications both for the infant concerned and the moral sense of the community. Contentious arguments such as this should remind us of two further and important considerations. First, *Rethinking Life & Death* is, when taken as a whole, a story, albeit a philosophical one, within a conversation of critical stories, the conversation of bioethics. Hence, in developing a sound understanding of the issues covered we would do well to critically balance this story against other stories such as John Kleinig's *Valuing Life* and Ronald Dworkin's *Life Dominion*. Second, while in reading *Rethinking Life & Death* we might expect to be both informed and challenged, equally, as participants within a shared,

communal moral form of life, we should seek to challenge and critique. Singer seeks to inform and to challenge, but he makes clear that he does not wish to prescribe and invites critical, open debate on the issues he has raised. Given this sentiment, it is more appropriate that the reader approach *Rethinking Life & Death* not just reflectively, but also critically.

Rethinking Life & Death covers ground which would be quite familiar to those working in the field of bioethics. Yet, in his prologue, Singer warns the general reader that the ethical transitions discussed may cause confusion and division and that the changes suggested in ethical thinking may seem shocking. Certainly some of the changes suggested are contentious, but if the book as a whole is seen as shocking, then further questions need to be raised as to how it is in a liberal-democratic society such as ours that the community is denied access to an informed ethical understanding of these issues and an opportunity to participate in the relevant public ethical conversations. Whatever the strengths or weaknesses of this book, Singer clearly has written it to raise public awareness and understanding, and part of the power of the stories told is the reader's awareness that they represent the contingent nature of the human condition, a contingency which tomorrow could plunge any one of us into situations parallel to those which today we now read between the pages of this book.

Peter Isaacs
Queensland University of Technology

Related Recommended Reading

The new genocide of handicapped and afflicted people, (1987) by Wolf Wolfensberger -
A monograph which alerts the reader to the actions of our society which bring about or hasten the deaths of devalued people.

SRV & PASSING EVENTS

SRV Reflective Theory
Brisbane, October 1995

PASSING
Brisbane, March 1996

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