

Letters

Salary Increases

Robert J. Bazell, in his otherwise excellent report "The Berkeley scene, 1971 . . ." (News and Comment, 10 Sept., p. 1006), implies that Governor Reagan denied faculty salary increases for 2 years in a row. In fact, Governor Reagan recommended a salary increase for faculty in the 1970-71 budget equal to that for other state employees, but the legislature specifically deleted it. It is true that the 1971-72 budget did not recommend salary increases for the faculty or for other state employees.

While the error is minor, it underscores a common misunderstanding of the authority of the governor's office. The governor proposes, but the legislature ultimately disposes.

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Retirement Funds

The Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) system, the retirement plan used by most universities in the country, was designed to provide two kinds of investments. TIAA invests in fixed income securities, while CREF invests in stocks. Olson and Handorf (1) recently analyzed CREF and found that it achieved a 76 percent total return, while the *Standard & Poor's Index* achieved a 105 percent total return for the period 1960 to 1970. For the same period, the large growth funds achieved an average annual percentage gain which was over 4 percent greater than that of CREF. Olson and Handorf pointed out that a participant would have \$24,000 more available as a source of retirement funds if he obtained a 1 percent increase in interest (over that earned by CREF) on an annual \$1000 investment for 30 years. CREF (2) countered by suggesting that risk as well as return must be considered.

The evaluation of an equities fund such as CREF is somewhat complicated, but let us use their risk-return method

to evaluate TIAA. Since federally insured savings and loan associations are certainly safe investments, the investment of \$100 per month with TIAA for the period 1 January 1953 through 31 December 1971 can be compared to an investment of \$100 per month compounded semiannually at the average annual yield on savings accounts. The value with TIAA would be \$30,536 (average annual interest of 3.9 percent), while the value with the savings account would be \$32,316 (average annual interest of 4.5 percent). These values were obtained from TIAA and the United States Savings and Loan League, respectively. The rates for the savings account were for simple pass-book accounts. Without increasing the risk, higher returns could be obtained by simply "shopping around" and also by investing in savings certificates. In conservative terms, it should not be difficult to obtain at least a 0.4 percent greater return than the averages we have cited. This would result in a rate at least 1.0 percent greater than that obtained from TIAA. The effect of a 1 percent increase in earnings has already been discussed.

It is even more important to consider what payment (based on the accumulation) is made upon retirement. TIAA cannot obtain higher interest rates for past periods, but, by a simple change of policy, can drastically improve their payout. The TIAA system does not allow for cash settlements on retirement but provides only for monthly or yearly payments. Under the most conservative option (Last Survivor Full with Ten Years Certain) TIAA will pay 8.3 percent and CREF will pay 6.2 percent of the accumulation for a 65-year-old man whose wife is 61. The average yield of new utility bonds (rated AAA and AA by Standard & Poor) issued for 4 November 1971 (the date this letter was written) was 7.6 percent.

Thus, with an accumulation of \$100,000, we arrive at the remarkable comparison that, while TIAA will pay annual payments of \$8300 for the life of the annuitants with 10 years guaranteed, a representative bond will pay \$7600

annually and will return the full principal intact to the individual's estate. It is difficult to accept the annuity payments of TIAA and the merit of their conservative practice, which liquidates the annuitant's estate after 10 years, when an equivalent payment, based on highly conservative bonds, can be provided that leaves the estate intact both during the annuitant's life and after his death.

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References

1. A. C. Olson and W. Handorf, *AAUP Bull.* 57, 355 (1971).
2. W. T. Slater, *ibid.* 57, 359 (1971).

Criteria of Death

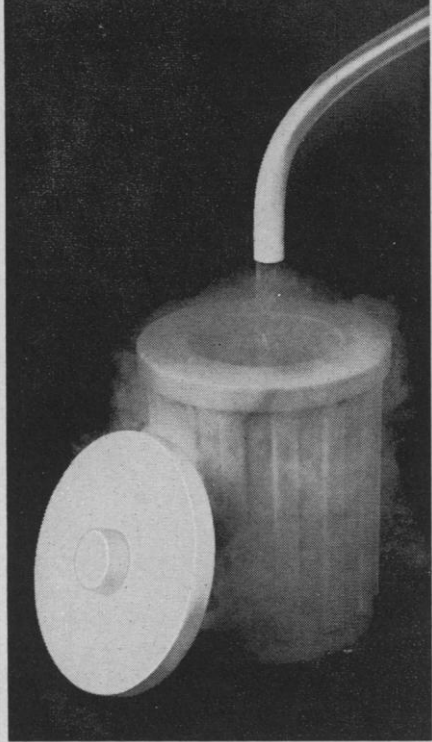
As a physician, I was spellbound by the debate between Morison (20 Aug., p. 694) and Kass (p. 698) over whether death is an event or a process. Skirmishing foot soldiers must experience the same sort of enthrallment on hearing issues of strategy and tactics debated by military high commands.

I fully appreciate that life, death, and war are much too important to be left to doctors and soldiers and require high-level decision-making. Nonetheless, generals tend to see woods and forests, while infantrymen see trees and bushes. It is the old philosophical and intellectual problem of the general versus the particular. Death is a general process, says Morison; it is a particular event, says Kass. There follows an orchestration of chords and notes running the gamut of opposites: life and death; being and nonbeing; part and whole; accident and necessity; ideas and realities; objective and subjective; absolute and relative; complex and simple; society and the individual.

Analogously, generals and military historians deal with events and processes. Was the war over at Gettysburg or at Appomattox? When did the South really give up the ghost? Particular objective events force subjective decisions on both the general and the foot soldier. One decides when to surrender his army, the other decides when to throw up his hands or run for his life.

The analogy is absurd only when we view the individual in the isolated process of dying. Kass is talking about the objective event of dying. The indi-

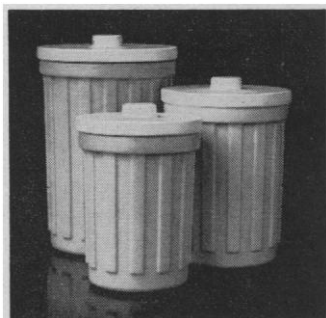
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vidual no longer has subjective decision-making power as he nears death. Then whose subjective decisions are we talking about? Society's, of course.

If a man falls off a cliff in a wilderness and is instantly killed, it is an event about which the buzzards can debate. If he is found alive and is rushed to a hospital, social forces become part of his struggle for life. Nurses, doctors, pharmacists, technicians, drug suppliers, medical electronics specialists, and so forth decide the events instead of nature. The dying patient is kept alive. Sometimes this is a victory and sometimes it is a tragic mess. The objective possibility of permanent brain damage forces the family doctor to make subjective decisions.

Yet, Kass, the champion of particular events that decide life or death, rushes in with a precise decision. Is it the height of the EEG wave? No. Is it the width of the pupils? No. It's all much more simple. Our particularist gives us a generalist's answer. It is the death of the patient "as a whole."

We technicians at the bedside, like infantrymen in the field, need clear-cut orders. Kass's answer is like no orders at all. Morison has some "suggestions" but is as cautious as McClellan before Richmond. We need generals who know properly how to deal with *events* without getting confused in the *process*. To pretend that individuals exist apart from society is as absurd as to pretend that society exists apart from individuals. To pretend that the death of a patient *under our care* is an objective event independent of society's role and does not depend on our subjective decisions is equally false. We must institute new criteria of death that correspond to the new technology that has evolved in the struggle for life.

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Neither Morison's article nor the analysis of it by Kass gives much help to the physician, confronted as he has always been by the problem of death and dying, and now additionally confronted by the many devices and procedures that enable him, if he so desires, to prolong life to absurd lengths.

I have practiced medicine for 52 years and have actually seen hundreds of deaths. It has been necessary to find some practical solutions to the dilemmas posed by these new capabilities. As physicians, we should preserve life

and enhance its potential for the person. When unable to preserve a meaningful life, we should do all that is possible to protect the patient from suffering. When the ultimate preservation of life is impossible, and the alleviation of suffering may shorten life, the relief of pain should take precedence over the prolongation of life. The prolongation of life per se is not moral, humane, or profitable just for itself alone. It is a theatrical stunt.

I support abortion even when the birth of a defective child is only probable; those unfit for normal human participation in life should not be born. Whether any pregnant woman should have the right to abortion is something for society to decide. Whether it is proper to grant euthanasia to the hopelessly insane, criminal, or incapacitated individual is also a decision for society to make.

I personally think such procedures should be authorized, but the physician should not carry them out on his own. Actually, such decisions need be considered very rarely. The question of whether there is "life" or "death" or whether these are merely biological attributes cannot really be solved by philosophical argument. We must simply agree on definitions.

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My wife and I take the strongest possible exception to the words of Kass in his reference 15 (p. 702), "Strictly speaking, I doubt if we could establish the *right* to be mercifully killed. Rights imply duties, and I doubt that we can make killing the *duty* of a friend or loved one." It is not a question of making it a duty; the duty is there.

As Kass's words appeared in print, my wife's mother was entering the last few weeks of a long and agonized decline into death. Every time we visited her she asked (when she was lucid) "Why don't you help me die?" She was accusing us, and rightly, of not doing our duty by one whom we loved and respected. Had we allowed any lower animal to remain in such a state of torture, we might have been subject to criminal action.

We were, of course, too craven to do anything. In that "of course" lies an indictment of our society, if not of us.

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