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benefit" terms. While acknowledging that the material rewards and job opportunities for college graduates are declining, he argues that advanced education can enrich the personal lives of students and contribute significantly to their future involvement in civic affairs. The investment of both personal and public funds "is as justified for the development of personal and civic attributes as it is for the economic."

Much of the present concern with higher education seems to be with what it costs and how to pay for it. But too little thought has been given to the possibilities of restructuring an educational process which occupies many Americans from the age of five to 22. Howe suggests dropping a year from high school and a year from college; he would add programs at the pre-kindergarten level and the equivalent of one year of free higher education for all adults, to be used all at once or in courses taken at different times over a period of years.

Medical Care For the Dying

"Optimum Care for Hopelessly Ill Patients" by the Clinical Care Committee of Massachusetts General Hospital; "Orders Not to Resuscitate" by Mitchell T. Rabkin, M.D., Gerald Gillerman, J.D. and Nancy R. Rice, J.D.; "Personal Directions for Care at the End of Life" by Sissela Bok, Ph.D., in *New England Journal of Medicine* (Aug. 12, 1976), 10 Shattuck, Boston, Mass. 02115.

The issue of prolonging the life of a terminally ill patient has received widespread public attention, largely because of a June 1976 decision by the New Jersey Supreme Court. That decision authorized removal of artificial life-support systems for a comatose patient, Karen Ann Quinlan, in accordance with her parents' request. Three articles in the *New England Journal of Medicine* reflect not only the public's interest in this area, but also the medical profession's new willingness to discuss the matter and to set standards for the application or withdrawal of life-sustaining measures.

The Critical Care Committee of Massachusetts General Hospital proposes a four-part classification system for critically ill patients, based on a six-month pilot study involving 209 admissions to that hospital's intensive care unit. Under this system, treatment for the four categories of patients ranges from two types of "maximal therapeutic effort without reservation" to "selective limitation of therapeutic measures" and, finally, to discontinuation of all therapy.

The Critical Care Committee also recommends that an advisory group be created to consult with physicians on terminal cases but that the ultimate decisions about treatment classification should rest with the responsible doctor. The proposed role for patients and their families is minimal.

A different approach is offered by Dr. Rabkin, of Boston's Beth

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Israel Hospital, and his co-authors, Gillerman and Rice, both attorneys. They propose hospital procedures for issuing "Orders Not to Resuscitate" by means of cardiopulmonary techniques. The authors stress that these "Orders" should be given only after extensive discussion with patients and their families. Other guidelines they propose:

—A physician should not be allowed to issue the orders without the informed choice and consent of the patient, but if the latter chooses death, "the physician is legally required to respect such instructions."

—In the case of minors or those considered unable to understand the risks and alternatives and make a deliberate choice, the physician and an advisory committee can issue the orders with the consent of the patient's immediate family.

The third article, by Bok, of Harvard's School of Public Health, supports the idea of the "living will," whereby healthy people indicate how they wish to be treated should they become gravely ill. However, the author suggests language to correct what she sees as vague or incomplete provisions in the standard document currently in use (which has been legally recognized by one state, California).

The Universal Job Squeeze

"Worldwide Job Crisis Faces University Graduates" by Malcolm G. Scully, in *The Chronicle of Higher Education* (Sept. 27, 1976), 1717 Massachusetts Ave., N.W., Washington, D.C. 20036.

For recent college graduates in the United States, Australia, Canada, the Soviet Union, and Western Europe, the chances of finding jobs compatible with their training are slight, writes *Chronicle* editor Scully. The problem is particularly acute in France, where an estimated half of the university graduates in recent years have been unable to find any employment at all. In the Soviet Union, there are too many specialists in some fields and widespread employment of skilled people outside their field of training.

Educators disagree on whether the current job crisis in industrial nations is a "portent" of changing manpower needs or a "cyclical phenomenon" caused by the economic recession of the early 1970s and the increased enrollments of the 1960s. (In Italy and Germany, university enrollment more than doubled between 1964 and 1974.) There is some concern that, in countries already politically restive, large numbers of unemployed or underemployed college graduates "could form a threat to political stability."

Governments' responses have varied: France, Australia, and Canada have emphasized more vocational training in the university; Germany has placed a ceiling on student enrollments; and Sweden has set limits, not only on total college enrollment (38,000) but also on the number of students in each field of study.