Gene Technology and Social Acceptance


Over the past 15 years, since the publication of Walter Bodmer’s report for the Royal Society, the public understanding of science (PUS) has become a positive industry in the UK. Initially intended by the natural scientists to foster public acceptance of science, it has gradually drawn on a longer and deeper academic tradition in Britain of the social studies of science. Some of that social science research predicted the recent “moral panic” over genetically modified (GM) crops and food, but both natural scientists and governments have held social science in low esteem for many years, so it went unremarked at the time.

The hypothesis of those who launched PUS was that the public was merely deficient in factual knowledge and that public acceptance of science could be improved simply by setting out “the facts”. Social studies of science had drawn attention to the vacuity of this “decult model”, both theoretically and empirically, long before the GM furor provided an experimental falsification of the hypothesis that was so far off. With the publication of a seminal House of Lords report on science and society in 2000, a more socially informed way of thinking is now entering the British mainstream.

The book offers a view from a rather different perspective: it is neither British nor a work of social scientists, but comes from the head of corporate communications for Novartis (who also acts as professor of health policy at a Swiss graduate school) and from the communications manager of a major German chemical company. As one might expect from a continental European perspective, there is a lively awareness of social factors in the acceptance of new technology, but sadly the conceptual framework within which these authors work appears dated and unrealistic.

It is an abuse of language (and of the conceptual clarity that should underlie the use of language) to divide, as these authors do, public reaction to GM technology into “rational” and “emotional” categories. Although the authors try to limit the damage by noting that the emotional factors are not “any less valid, less legitimate, or less important”, it follows immediately that the “emotional” factors are irrational. Nor does it help that their subheadings under “rational factors” include: medical benefits; economic benefits; environmental benefits; and social benefits [my emphasis]; whereas the “emotional factors” include: concern about safety and aversion to risk. This is not classification but rhetoric.

In premodern (peasant) societies, almost all risks are natural disasters, Acts of God, such as crop failure; famine; flooding; pestilence, and devastating weather. In contrast, in a modern society risks almost all result from social choices of technology—whether: to build a nuclear power plant or to burn coal; to slaughter a nation’s cattle herds or hope that BSE will not transmit to humans, to plant GM crops. Although we accept socially imposed technological risks—indeed it would be impossible to live in society if we did not—that acceptance is provisional and will turn to rejection if anything goes wrong. The character of risk changes from premodern to modern society; one does not sue God for a natural disaster but we believe it justifiable to sue if a train crashes, or an aeroplane falls from the sky.

Socially imposed technological risks are a central, defining element of life in modern society, not a secondary “emotional” factor. Strangely, although the fundamental text that sets out this thesis on risk—The Risk Society—was originally published in German by a German sociologist, Ulrich Beck, it appears to have been lost in translation. It has been elaborated in the UK by Anthony Giddens, now director of the London School of Economics, but he appears not to be cited either. Despite its flaws, there is a great deal in this book. It attempts a “big picture” overview, and much of its factual and historical content is interesting and valuable. The authors provide a clear exposition of the technical aspects of biotechnology itself and do appreciate many of the social and ethical issues that it raises. It seems to represent a genuine attempt to reach out from the laager of technological supremacists to the wider community to seek consultation and consensus. As such it is to be welcomed, for no purpose is to be served by repeating, with genetic modification, the mistakes of nuclear power. But for all that, this book also shows just how far there is for the scientific-industrial community still to go before it fully appreciates the rational foundations for the public to assert its voice, its values, and its expertise, as well as, and against, the well-articulated voice, values, and expertise of the biotechnology companies.

T Wilkie

Medical Ethics: Sources of Catholic Teaching


This third edition of O’Rourke and Boyle’s Medical Ethics: Sources of Catholic Teaching is a useful and comprehensive collection of statements published, for the most part, by the central authorities of the Roman Catholic Church, the National Conference of Catholic Bishops in the United States and the bishops’ conferences of individual US states on a wide range of issues in the area of medical ethics. The statements are arranged alphabetically according to subject matter. It is useful to have such a wide range of documents available in one volume, many of which would otherwise be inaccessible or unobtainable. The documents included range from major encyclical letters issued by more recent popes on matters such as human sexuality (Humanae Vitae by Paul VI) and human life (Evangelium Vitae by John Paul II) to ad hoc responses by individual bishops to very particular questions with which they have been faced, and upon which they have felt the need to offer some guidance. Unfortunately no guidance is provided as to the weight and authority that is to be given to the various documents. For example, a major philosophical and theological treatise such as the encyclical letter, Evangelium Vitae, by John Paul II is presented alongside an ad hoc response from the bishops’ conference of an individual state to a particular question that has arisen, as though they were of equal significance and importance. This detracts seriously from the usefulness of the collection and gives a misleading weight and authority to a great many of the statements gathered together here.

The impression could also be given that documents such as these provide the only, or indeed the major, source for Catholic beliefs in the area of medical ethics, whereas of far greater significance and abiding value are the contributions to this field of medical ethics of authors such as the late Richard McCormick, John Paris, and Albert Jonsen, to name but a few of the more prominent.

M O’Dowd

The Ethics of Clinical Research in Developing Countries


The discussion paper produced and published by the Nuffield Council on Bioethics about the ethics of clinical research in developing countries is a timely, useful and (for such a concise publication) comprehensive document. It will prove useful for those planning research in developing countries, as well as for those already working in the developing world and planning research. The sponsors of research should also read the paper, whether they are pharmaceutical companies or a host country’s statutory bodies, reviewing research proposals.

The topic has most recently been discussed in the context of the controversy surrounding trials of zidovudine (AZT), but the authors rightly point to a much wider agenda. They also convincingly highlight the differences and difficulties that are particular to research by developed countries in developing countries (rather than those inherent in all research). They also touch, however, on the issue of self-generated research in the developing world.

Perhaps the general issue can most easily be summarised in terms of the competing arguments for universality in the ethics covering research (which can be both paternalistic and paternalism from the developed world), and for acknowledging the need for local self determination (which can be seen as condoning unethical behaviour). Taken to the extreme the “Universal School” may result in no potentially useful research being done in the developed world because of the fear of any harm. The local self determination group can, however, fall into the dangers inherent in having varying standards and therefore lead
to the developing world being exploited by the richer and more powerful North.

More broadly, it is possible to see this branch of ethics as a subset of the overall ethics associated with development, under-development and poverty. Many of the special dilemmas of HIV/AIDS preventive vaccines and the appropriate standards of care arise directly from poverty and inequality. For example, those who argue for developed world standards of care for all trial participants, will need to ask if this medical care should continue to be provided, even when the underlying cause of the condition is malnutrition. Should one then provide developed world standards of food, then hygiene, then infrastructure and so on?

The paper covers the existing guidance and the dilemmas, contradictions, and problems they pose in their application. It also covers the issues of non-therapeutic research, consent and concern for those who remain after a trial is over.

Not surprisingly in such a paper, there are more questions than answers. The authors do, however, point to one very good example of practical assistance that the guidelines can provide. This is where pro-active guidance (unfortunately provisional and therefore un-referenced) is being provided in the form of a document on ethical considerations in international trials of HIV/AIDS preventive vaccines by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Perhaps the future lies in the production of appropriate intermediate guidance and training, in a minimum set of ethical issues and practical considerations that should be addressed before research is started. This may enable a compromise to be reached between some of the impracticalities and difficulties in applying developed world standards and developing universal standards. This paper is a very useful start in identifying the issues and indicating a way forward.

A P Bacon

The Ethics of Health Care Rationing: Principles and Practices


This book is about scarcity and rationing in health care and the ethical questions they raise. It is based on the premise that if the aim of a responsible government is to balance the nation's varied claims upon the collective purse, then no government can be morally blamed for failing to remove the need of rationing from the National Health Service (NHS), and thus rationing as such cannot give rise to legitimate moral concerns. The question that needs to be addressed therefore is not whether rationing itself is unethical, or even whether any particular distribution of mechanisms are unethical, but whether they are structured and work in morally acceptable ways, and lead to morally acceptable results.

In the first chapter Butler describes the gap between needs and resources. He describes what has been done (mainly in the UK) as a way of providing the background to the rationing debate. The second chapter addresses the moral basis of rationing by focusing on which personal qualities we are prepared to accept as a fair basis for discriminating between individual patients. The author could not have chosen a simpler and yet more effective example to drive us through the debate.

Chapters 3 to 5 tackle the debate on rationing from a different point of view. Here Butler explores the moral issues of fairness and justice through the structures, processes, and outcomes of health care. Given that health services will always be in short supply in relation to potential demand, he asks whether they are structured and organised in ways that will promote people's fair and equitable access to health care. This question is addressed by taking the reader through three competing theories of justice: those of Rawls (social justice), Daniels (fair equality and opportunity), and Doyal (human need). All three share a common feature in highlighting that the structure of rationing of health care cannot be left to chance or interest but must be planned and implemented in ways that make explicit the principle of justice they are seeking to achieve.

Butler then takes the reader through the various processes of health care. Starting with a description of Waele's theory of responsible or responsive government, he presents numerous arguments and examples of, implicit and explicit rationing, public involvement in, and political and professional accountability for, rationing decisions, pointing out the potential conflicts between different moral concerns at different levels. Clinicians have a compulsory obligation to treat the individual patients before them, managers to see that public resources are not wasted, and politicians to use resources fairly and to balance interests and expectations of different sections of society. Within a given budget constraint, are government and health authority decisions made on the basis of the best available evidence? Even when that doctors and nurses are unable to do all they would like to do for their patients, are they making choices based on established ethical criteria?

Chapter 5 addresses the ethical issues of health care rationing and health outcomes. As Butler states, outcomes are elusive things. Even at the patient level measuring improvements in health may be tricky, but at population level, where ethical questions are more likely to be posed, the difficulties multiply. Moreover, improvements in health are likely to reflect a variety of social, economic, environmental, educational, and occupational changes among which delivery of care is only one. In situations where all objectives cannot be achieved and comparisons between different outcomes have to be made, how can we fairly establish that some objectives are morally to be preferred to others? Should outcomes be perceived in terms of meeting individual need, the maximisation of total health gain (utilitarianism for example, using quality adjusted life years) or as the narrowing of the health gap between rich and poor?

Chapter 6 singles out this book from others on the topic. This chapter contains a series of stories that Butler has gathered from professionals who deliver health care. In order to present an unbiased selection of stories, Butler's includes anecdotes from doctors, clinicians, nurses, and managers. Despite their different environments, each contains a common thread in that although none say so openly, each clearly describes a decision which implies rationing. These stories clearly bring out the conflict between moral concerns at the different levels.

From a professional point of view this book is well-timed. Jones has produced a broad-ranging work focused on a novel subject: the cadaver. In this year alone, high-profile media issues have included the non-consensual storage of postmortem examination tissues at Alder Hey; the trial of Dr Heinrich Gross, for killing and storing the brains of children in Austria in the second world war; debate about the medical uses of fetal tissues, and the repatriation and reburial of indigenous remains from museums. Speaking for the Dead is underpinned by a profound respect for cadavers. Jones makes the claim that respect accorded to persons (and their wishes) extends to their tissue after death. He bases this on both utilitarian and Kantian grounds. Hypothetical arguments—such as that of the “neomort”—flesh out the argument.

Historical examination of attitudes to cadavers provides a context for this work. It is brave and noteworthy to describe explicitly our fearful subjective response to dead bodies. I would unreservedly recommend this chapter alone for medical students, and the first section. It is a humanising explanation of the heritage and necessity of undertaking post-mortem examination and of learning anatomy by dissection.

Jones then advances another strong contention: that the use of unethical research data and results constitutes moral complicity. He discusses contentious research derived from autopsies and war-time experiments, as well as touching on legal issues such as whether the body and its parts can be regarded as property.

The response to indigenous concerns about archaeological findings is to establish a “neomort”. Jones manages to balance, on the one hand, strong arguments for advancing knowledge in science and anthropology, and on the other, the interests of indigenous peoples in respecting ancestors.

The discussion of organ transplantation policies and the incipient ethical dilemmas of new technologies is generally solid, but occasionally fails to accommodate the full range of opinions. Given the broad remit of the field, Jones does well to cover the many hypothetical situations which may be expected.

In discussing brain death, Speaking for the Dead reintroduces the perspective of the cadaver, the person he or she was previously, and other stakeholders. These viewpoints, in defining brain death, frequently become subordinated to technical neuropsychology and philosophical argument about personhood, selfhood and consciousness. Jones makes more action guiding points, and thus his discussion is more clinically relevant than most other debates about brain death.

Finally, Jones expounds on his particular expertise, embryology, and specifically addresses brain birth. His arguments are based upon careful study and are highly pertinent. I hope they will be heeded.

M Longo

Speaking for the Dead: Cadavers in Biology and Medicine


This book is well-timed. Jones has produced a broad-ranging work focused on a novel subject: the cadaver. In this year alone, high-profile media issues have included the non-consensual storage of postmortem examination tissues at Alder Hey; the trial of Dr Heinrich Gross, for killing and storing the brains of children in Austria in the second world war; debate about the medical uses of fetal tissues, and the repatriation and reburial of indigenous remains from museums. Speaking for the Dead is underpinned by a profound respect for cadavers. Jones makes the claim that respect accorded to persons (and their wishes) extends to their tissue after death. He bases this on both utilitarian and Kantian grounds. Hypothetical arguments—such as that of the “neomort”—flesh out the argument.

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Codified moral medicine is an antedote to modern malaise and weeping in the morass of medical idolatry, and a rampart that should be strengthened continually, rather than dismantled. The notion of medical professional self-regulation, by means of codified moral medicine, was actually conceived in Britain, by Dr Thomas Percival, but born in America. The American Medical Ethics Revolution, through the medium of a tetrad of editors and a stellar collection of luminaries, displays the pedigree of codified American medical ethical thought back to its earliest progenitor: the primordial 1847 American Medical Association (AMA) code of ethics. The publication and edited accounts ably affirm the fundamental, ethical dimension of the practice of medicine in America, and reveals the stark contentiousness underlying American medical ethics, as well as the acute time-lines of the volume.

The rich blend of varied viewpoints culled by the editors was delivered, originally, as papers at a conference in Philadelphia, PA, in March 1997, intended to commemorate the founding of the AMA, and to celebrate the sesquicentennial of its pristine code of ethics. The ensuing volume ramifies into branches of good writing and philosophic musings appertaining to American medical ethics, reaching from the far past to the uncertain future. The volume is comprised of 20 chapters and numerous appendices, showing the evolution of AMA principles and codes of ethics, from 1847 to 1997. The thoughtful ruminations on the evolution of American medical ethics reflect the crisp thinking of noted scholars drawn from diverse fields, including: ethics, law, public policy, philosophy, anthropology, and sociology.

The AMA code of ethics has a history of dissonance, albeit of continued vitality. The lineaments of the code have shown the ability to evolve, in response to professional and legal challenges. Although today, in America, medical ethical issues are possibly more beguiling than ever, some may opine that the code is really an anachronism which offers a mere patina of relevancy, and really nothing in the way of enforceability. Rigorous debate about its continuing vitality and relevance is certainly a very healthy exercise. And, it is in the realm of stirring, informed debate and discussion that the volume particularly excels.

Three chapters, for example, proffer a thought-provoking, trichotomy of views concerning the singular question: who should control the scope and nature of medical ethics? Several chapters examine the relevance and adequacy of the traditional paradigm of codified, collaborative medical ethics in the context of particular, contemporary challenges to American medical ethics, relating, for instance, to “alternative medicine”, managed care, population health, and the challenge of providing universal access to health care, given limited resources.

The lengthy time continuum of the volume encompasses forward-looking comments on future challenges to traditional ethical constructions, involving, for example, molecular medicine. Given the uncertain role of ethics in the unfolding genetics revolution, it cannot be gainsaid that it is timely and potentially salutary, to ponder, in an informed intellectual sense, whether codified ethics can favourably help guide the future of biomedicine.

The recondite nature of this volume is well tailored to suit the curiosity of academically inclined readers interested in medical ethics in America. Its abstruseness, however, is ill tailored to fit the lay reader; and may even fall outside the ken of comfort of some clinicians. In this respect, the volume is ineffectual as an educational conduit for the possible linkage of professional ethics with broader societal ethics.

Withal, the volume indubitably is a beacon of superb scholarship, illumining the path to moral rectitude, and barriers along the way, for academicians. The rich blend of varied viewpoints culled by the editors was delivered, originally, as papers at a conference in Philadelphia, PA, in March 1997, intended to commemorate the founding of the AMA, and to celebrate the sesquicentennial of its pristine code of ethics. The ensuing volume ramifies into branches of good writing and philosophic musings appertaining to American medical ethics, reaching from the far past to the uncertain future. The volume is comprised of 20 chapters and numerous appendices, showing the evolution of AMA principles and codes of ethics, from 1847 to 1997. The thoughtful ruminations on the evolution of American medical ethics reflect the crisp thinking of noted scholars drawn from diverse fields, including: ethics, law, public policy, philosophy, anthropology, and sociology.

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quality housing, low income, lack of educational training opportunities, bad health, and family breakdown. Such difficulties are commonly experienced by people with mental health problems who also have to cope in a society which alienates and rejects them, barring them from every aspect of community life. Remarkably, even the SEU’s remit excludes consideration of the obstacles to social inclusion faced by those with a psychiatric diagnosis.

Creating Accepting Communities is the final report of an inquiry commissioned by MIND, which looked at the nature and extent of social exclusion experienced by people who use mental health services in Britain. The inquiry panel received written and oral evidence from a wide range of individuals and organisations, including mental health practitioners, high street retailers, groups working within the voluntary sector, and, importantly, service users. The book is clearly written and the material well organised into four main chapters, each of which brings a useful summary of the key issues raised. Quotations from witnesses are used extensively throughout the narrative, giving real meaning to the findings, and to participants a sense of “ownership” in the report.

The first chapter summarises evidence presented to the inquiry on how a psychiatric diagnosis can exclude people from a range of socially significant areas such as employment, education/training, aspects of daily life (that is, access to goods and services, social networks, etc), and empowerment within mental health services. The panel found widespread evidence of social exclusion and dismissed claims that this was simply the result of poverty. Instead, they argue that while policy initiatives should focus on addressing the material circumstances of service users, they should also work towards creating greater social cohesion or social inclusion.

A range of ethical aspects associated with social inclusion is briefly but coherently discussed in chapter 2. In particular, inquiry evidence is used to evaluate the relationship between individuals and their wider community, and to address the following questions: how do people decide whether a person is mentally ill; how should people judge the value of a person’s existence; how does society differentiate individuals; how does society judge the value of a person’s existence; and how should people judge the value of a person’s existence. The authors make reference to the wider social inclusion of people who experience mental ill health.


As its title suggests this book’s main area of inquiry is the rationale for, and methodology of, public involvement in priority setting. Mullen and Spurgeon set out to evaluate a number of assumptions and hard issues in priority setting. In doing so they have produced a volume that is both a useful introduction to this area and a worthy piece of research on an important theme.

They begin by contextualising the debate about priority setting within the recent history of health system reform in the UK and other nations. This move enables them to give an analysis of considerable scope. They are not just interested in rationing and public involvement but also in questions about the level to which the UK National Health Service (NHS) ought to be publicly funded. Given the frequently stated assumption that rationing is inevitable, it is very refreshing to read a book that grapples with the difficult, more primary question of whether rationing itself is in fact necessary.

They note that reform processes and initiatives in the health system have served to focus attention on the need for priority setting but that there is a need to evaluate carefully the basis of this need. The present level of funding that the NHS receives is a matter of choice and not simply one of day-to-day interactional necessity, as is frequently implied. They suggest that we should think carefully about the inevitability of rationing and our inability to pay and instead work out how to provide treatments that are of genuine benefit to society.

In chapter three they examine the basis for public involvement in priority setting. Given that many would think that public involvement in the setting of priorities is a good thing they ask the pertinent question, whether such involvement would result in the optimum set of priorities and consider whether it may risk a “dictatorship of the uninformed” (page 34). Other key difficulties addressed are the problems of finding a group that can be considered representative.

In chapter four they survey the traditional approaches to priority setting. This includes a detailed section on QALYs and the standard objections to them. This chapter contains an interesting section on how the rule of rescue can conflict with the maximisation of health care gain that is associated with QALYs (pages 44–45). They cite the Jaymee Bowen case as an example of the depth of feeling that can be provoked when the rule of rescue is at odds with the maximisation of health care benefit.

Their sixth chapter considers in some depth empirical methods that can be used to elicit the values of the public about priority setting. They present a broad range of possible methods in a way that makes them useful, not only for ascertaining views about prioritisation but also for gaining information about other empirical questions within medical ethics.

Given the amount of literature that exists on this topic it is inevitable that some issues are dealt with in a fairly summary fashion, but when they do this the authors make reference to the wider literature.

All those interested in prioritisation and the NHS ought to read this book. It’s likely to be of special interest to those making prioritisation decisions at all levels.
the positive person to inform the partner? Where does confidentiality begin and end? One of the saddest cases, and not as rare as it may seem, is of a married couple in Italy, both infected, who want to have a child. Will the child also be seropositive? Will one or both parents live long enough to bequeath the child? Who else should know of the situation? The Catholic Church has always had high ideals even if many of its adherents, including some doctors in areas of power and authority, have not lived up to them. Those ideals cover not just areas of chastity and fidelity but also those of charity and truth where each one of us has to strive constantly to live up to a more responsible way of living. The church has particularly strong teaching on fidelity in marriage and against premarital and extramarital sex. It is important to recognise the connection between this strong teaching and the basic values of family life and the worth of the individual, on the one hand and, on the other, the abuses that arise from pressures on innocent girls and women, particularly in some cultures. A universal approval of condom use would do more to prevent greater ills and deaths, how can we work towards the time when married couples have sufficient education and knowledge to work out for themselves the right use of conscience with regard to their sexual activities. Inevitably there are occasions when a solution is far from obvious: we have to remind ourselves frequently that we are fallible human beings with free will. This book gives a lot of weight towards enabling the reader to consider and ponder at some considerable depth, a variety of dilemmas and questions.

In so many countries, including our own, a conspiracy of silence, of denial, has grown up in the face of HIV and AIDS. It is only when HIV is looked at objectively and dispassionately, regardless of the moral stigma that so often haunts those affected by the virus, that the real work of prevention will occur. Education is the key. Only when we understand what the virus is, how it is passed on, what it does to individuals and to families—not least the children—will the global epidemic begin to be curbed. Just to know that on average 5,500 funerals take place each day in Africa as a result of HIV should go a long way towards impressing upon us what the consequences in terms of personal tragedy and economic structures are in that continent alone. The rapid spread of the virus in India, passed off as “a bad illness”, resulting from infidelity and prostitution, as well as from untreated blood products, gives cause for alarm. “It won’t happen to me” remains an all too common remark, betraying a total lack of awareness of just how many people are now suffering from this virus, either in themselves or in those they love. This book should be widely read and used for discussion and reflection on just how far each of us has a responsibility for others in this desperately needy world. In our multicultural medical practices all doctors need to be aware of HIV and its consequences.

A Buchanan, D W Brock, N Daniels, D Bell

From Chance to Choice: Genetics and Justice


With over 10,000 bases of DNA being sequenced around the world per minute, it is vital that ethical discussion continues to keep pace with genetic research. This contribution by four top theorists in bioethics carefully considers the implications of the many ways genetic information will influence human health and reproduction, by considering “the most basic moral principles that would guide public policy and individual choice concerning the use of genetic information in a just and humane society” (pages 4–5).

Proceeding with the themes of rights, justice, and harm, problems addressed by the authors include the significance of the moral difference between treating genetic disease and altering personality characteristics; whether the utilisation of prenatal interventions to avoid disability discriminates against the disabled; and who should have control over the utilisation of this technology.

The main focus of the work is upon the future of genetics, however this is framed within an “ethical autopsy” of eugenics, in which the inappropriateness of past practices is considered. It is argued that the wrongs of eugenics (broadly, a denial of freedom) must be recognised when considering what an ethical practice should constitute, but that wanting to provide future generations with genes that could contribute to their lives going better is not necessarily unpalatable. It is vital, however, that any such procedures are pursued justly.

After moving through several topical themes in genetics (which are highlighted in the introduction by the presentation of several futuristic genetics in the final chapter of the book draws out the major principles that should be used in policy-making about genetic technology.

Among the arguments advanced throughout are claims that while genetics and gene therapy are seen as a future perspective for the distribution of genetic technology is acceptable, and that this may also theoretically be applied to non-therapeutic uses. What is more preferable to this is for social institutions to be designed which do not exclude people who are worse-off, and for plurality in views of personal assets and the good life to be protected (chapters three and seven). In chapters four and five it is argued that the boundary between treatment and enhancement does not always coincide with what is acceptable and unacceptable, however, it is a good starting point for what the obligations of the state should be in delivering health care. The authors found no “reason to object in general to using genetic influences any more than environmental ones” (page 202), however concerns about both fairness in the distribution of this technology and medical risk should still be recognised. Chapter six explores in more detail the idea of reproductive freedom in preventing or allowing harm to children, and discusses ways around the “non-identity” problem to illustrate a basis for obligations to prevent harm. Another effect of this obligation, however, is that parents should strive to benefit their children by meeting the limits of a requirement for these benefits are addressed in chapter seven, through an analysis of several disability-rights critiques of genetics.

This is an excellent book that immediately engages the reader with its arguments and strengths of the analysis is the use of real-world examples, a recognition that there may be more than one ethical solution to each problem in genetics, and an articulation of the limits of ethical theory. Although each author has contributed to different chapters, the book does not suffer from an inconsistency of style. It is worthwhile to read it from beginning to end, as subtle connections between many apparently unrelated issues begin to emerge. It will, however, also be useful as a tool for anyone interested in obtaining clear analysis of topical issues in genetics. An extremely comprehensive table of contents also makes the book easy to navigate.

Overall, this book provides new insights on many important questions in genetics, but it also elegantly illustrates the inherent complexity in issues that have arisen and will continue to arise when genetics, reproductive technology and parenting practices coincide.

A J Newson

Living and Working with the New Medical Technologies: Intersections of Inquiry

Edited by M Lock, A Young, A Cambrioso. Cambridge University Press, 2000, £15.95/US$24.95. £42.50/US$59.95, pp 295. ISBN 0521652103

This collection of essays is the outcome of a conference addressing the problems arising from the conjunction of medicine and the humanities with the ever more pressing concerns of biotechnologies. Since this is a fairly new area of development the introduction summarises the argument about what constitutes science and whether it is culturally located. Throughout this well-produced book there is room for discussion and dispute as is inevitable in interdisciplinary work.

The first part of the book lays the theoretical foundations. Rheinberger discusses the enormous change in the ability to control the biological make up of mankind that molecular genetics and gene therapy will bring. This will effectively end the nature/culture juxtaposition. These deliberations are then placed into a philosophical perspective by Rabinow.

Part 2 moves into the real world of laboratories and clinics. Lowy discusses the important role that the concept of controlled randomised clinical trials plays in introducing scientific rigour into medicine (in fact this preceded molecular biology by many years), leading ultimately to the development of centralised, multicentre trials of cancer drugs involving close collaboration between research labs, industry and clinics, this in turn leading to quasi-industrialisation of dealing with incurable diseases. A comparable case is the search for anti-HIV drugs by desperate patients, which has become an interplay between pharmaceutical firms and governmental agencies depending on the cooperation of patients willing to take part in the trials. Thus politics begins to move the debate out of the purely scientific arena; and AIDS activists have gained a definite, though limited, influence which highlights the social science component of modern medicine. Clinical interviews in relation to pathological investigations show that patients have a part to play in making both clinical and surgical decisions, which in turn leads to wider considerations of cost and efficacy. Throughout it is emphasised that decision making in diagnosis and subsequent treatment depends on various kinds of authority, literature, people’s own experience and knowledge, and the sociocultural location of interpretation of medical states.

In part 3 Kaufert examines breast and cervical screening as techniques and airs the debate on whether such screening is cost-effective and at what price to individuals at risk from false positives. Looking at Down's
The use of animals for the purpose of scientific research is an emotive subject. The moral arguments often exhibit polarised positions: the scientific demand for absolute freedom of research, and the abolitionist demand for a total ban on all animal experiments. At one extreme are those who argue that research on animal rights is essential in the battle against disease, and on the other extreme it is argued that the cost in terms of animal suffering is too high and that if experiments were prohibited medical researchers would find some other means of ensuring scientific progress.

The rhetoric employed is also suggestive of a polarity: experimenters are accused of cruelty and indifference, whereas campaigners on behalf of animals are accused of irresponsibility and insensitivity towards the wellbeing of humans. Yet to ask which side is right is to betray a misunderstanding of the complex nature of the debate, in which a plethora of interest groups and philosophical stances find expression in a wide spectrum of viewpoints.

One of the strengths of Animals in Research is that Grayson recognises the complexity of this issue, and in the opening chapter, which surveys the multiple ethical and scientific debates that surround animal research, there is an appeal for constructive listening. Avoiding either extreme, Grayson opens with a comprehensive survey of the many different standpoints that have been expressed in the animal research debate. The second and third chapters focus on public perspectives on animal research and the development of legislation and regulations since the Victorian period. The fourth chapter investigates issues that have drawn the attention of scientists and animal rights and welfare groups since the 1866 act which dealt with research on animals.

As in most ethical debates neither side offers support for needless suffering, and the way forward lies in the consideration of ways to minimise any necessary suffering both in general and individually. Chapters five and six therefore address the three Rs (replacement, reduction, and refinement) which have emerged in a more or less pragmatic way. Each otherwise disparate party can agree. Replacement and reduction seek to minimise the number of animals used in research and refinement is bound up with the minimisation of pain, distress and suffering inflicted upon animals. This discussion is the most significant part of the book, as it indicates the possibility of dialogue and consensus among medical scientists, animal welfare campaigners, government bodies, teachers, and regulatory agencies.

Grayson recognises that medical scientists are ethical and shows how the research community have demonstrated that scientists are taking legitimate concerns about animal welfare seriously. She refers to the British Association for the Advancement of Science which maintains that continued research involving animals is essential for the conquest of medical problems, but recognises that those involved must respect animal life, using animals only when essential, and should adopt alternative methods when available. Grayson also refers to a survey of British doctors in 1993, which indicated a 94% agreement that animal research was important to medical advance, while 92% favoured more investment in the development of non-animal alternatives (page 36).

The final two chapters look to the future. Grayson argues that the debate on animal research is likely to intensify, with concern over transgenic animals and the use of animals as organ transplant sources. For those who are interested in the ongoing debate over animal research the final chapter provides comprehensive details of relevant organisations and web sites.

This is an excellent introduction to the animal experiment debate. Each chapter is carefully balanced and is free from the emotive rhetoric which so often clouds the arguments. Moreover, there are summaries, lists of publications, and in-depth explorations which are relevant to each standpoint covered in the book.

Animals in Research is an essential source for teachers and researchers in the veterinary sciences, and it will be of considerable value to the ethicist who is concerned with the broader moral issues related to medical research and human wellbeing.

The Foundations of Christian Bioethics

H Tristram Engelhardt Jr outlines his interpretation of Christian bioethics. His branch of Christianity, termed “traditional Christianity”, is described as “the Christianity of the first millennium”. Authority is derived from the church fathers whose works are continuously canonised from the church community, in accordance with “the Spirit” (this is contrasted with Western Christianity's use of scriptures and philosophical theology).

In the first half of the book (chapters 1–4) Engelhardt describes the contemporary moral condition, characterised by moral diversity and fragmentedness. He emphasises the erosion of pluralism on moral values and the lack of mechanisms to distinguish between opposing value systems. He terms the present state of affairs as “liberal cosmopolitanism” and argues that the only available value framework is the “principle of permission” — that is, moral authority legitimised by the autonomous choices of those who collaborate; it is procured rather than objective. In the course of these chapters Engelhardt proceeds comprehensively and persuasively to argue that “liberal cosmopolitanism” is not morally neutral but is a powerful moral framework itself — requiring adherence and belief.

Engelhardt's thesis is that “liberal cosmopolitan” ethics, and by extension bioethics, is fundamentally flawed, because the search for universality has sacrificed moral authority and hence moral content. On these grounds he dismisses both secular and “post-traditional” Christian ethics and bioethics. “Traditional Christianity”, in contrast to “liberal cosmopolitanism”, embraces authority (mediated through noetic experience, ie experiential knowing of God) and exclusivity (terms such as “naturalism” and “feminism” are unequivocally political; intended to malign those who are not of the “liberal cosmopolitan” majority). Consequently, “traditional Christianity” is in conflict with liberal cosmopolitanism, which endorses patriarchal and sexist views which are offensive to the liberal majority, and as a result traditional Christians find themselves in a hostile environment.

The second half of the book (chapters 5–8) focuses upon the practical implications of adopting this version of bioethics. There are few surprises here, as the practices which are endorsed and forbidden are attendant to other conservative Christian traditions. For example, contraception is forbidden, as is abortion and prenatal testing (there is no enshoulment in “traditional Christianity”, therefore, disposal of zygotes and embryos is “murder”, as is abortion in general). In addition, little assisted reproduction is allowed: artificial insemination by husband is permissible if the wish for a child does not interfere with the couple's spiritual quest and if there is no third-party involvement (sperm must be collected during intercourse or stimulation by the wife and the husband must carry out the insemination procedure). Of particular interest for bioethicists in this section are the differences which Engelhardt highlights between “traditional Christianity” and more familiar Christian approaches. For example, he rejects frequently cited Roman Catholic doctrines, such as the “doctrine of double effect” and arguments which appeal to biological “naturalness”.

This book contains many interesting insights, though perhaps more moral and scientific issues find expression in a wider spectrum of viewpoints. Engelhardt's thesis is that “liberal cosmopolitanism” is not morally neutral but is a powerful moral framework itself — requiring adherence and belief.
Kierkegaard, as well as an introduction to the ethics of Orthodox Christianity. On balance, however, this book will perhaps seem somewhat irrelevant to contemporary bioethicists, although it may prove of more interest to theologians, especially those of the more conservative persuasion, such as the emerging school of radical orthodoxy. Ultimately, the difficulty with Engelhardt’s position is communication. His rejection of “liberal cosmopolitanism” leads to an unwillingness to compromise, which makes it difficult for those from the “liberal cosmopolitan” worldview to hear his points; this is somewhat problematic given that his intended audience is the academic community.

H Widdows

**NOTICE**

A Cross-cultural Dialogue on Ethical Challenges in Healthcare

An international conference on health care ethics, A Cross-cultural Dialogue on Ethical Challenges in Healthcare, is to be held in Abu Dhabi, the capital of the United Arab Emirates, from 10–13 March 2002. It is being organised by the UAE Ministry of Health. Co-sponsors of the conference include the World Health Organization (WHO), the Islamic Organization for Medical Sciences (IOEMS), the International Association of Bioethics (IAB), the Emirates Medical Association (EMA), and the Gulf Center for Excellence in Ethics (GCEE). As the first such conference in the Arab and Muslim world, it aims to bring together scholars and experts from around the world to address a wide range of ethical and social considerations in the planning and delivery of health care.

The objectives of the conference are to: promote a cross-cultural dialogue towards agreement on universal standards of health care ethics; highlight the Islamic world’s contribution to this process; enhance awareness and knowledge of contemporary ethical issues in health care, and to build national and regional capacity to address complex bioethics issues against the backdrop of rapid advancements in the health sciences.

The conference will examine a broad range of contemporary health care ethics topics including: current controversies in research involving human subjects in developing countries; ethical decisions and consider-ations in clinical practice; social issues in genomics; strategies for allocating scarce resources; access issues in health systems, and building a bioethics capacity and infrastructure in the UAE, Gulf region, and Arab world.

For copies of the conference programme and registration forms please contact: Dr Basil A Badir, Conference Coordinator, Ministry of Health, PO Box 26094, Abu Dhabi, United Arab Emirates. Telephone: +971(2) 6330186 and +971(50) 6325110; fax: +971(2) 6321878 and +971(2) 6349223; email: moh_basilb@hotmail.com and ethics_conf@moh.gov.ae

Website: http://www.uae.gov.ae/moh/start.htm

**CORRECTION**

In the December 2001 issue of the journal the Book reviews section was incorrectly headed Letters. We wish to apologise to readers for any inconvenience this error caused.
T Wilkie

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