The Value of Life: an Introduction to Medical Ethics

John Harris, London, xviii + 281 pages, £7.95 paperback, Routledge and Kegan Paul, 1985.

Like all John Harris's work, this survey and proposed solution of some of the central problems in medical ethics, especially life and death issues, is brilliantly argued (always) and highly controversial (sometimes). Both characteristics stem from the fact that the book proceeds with strict consistency from the plausible – but by no means inevitable – unexpressed premiss that the only possible source of ethical values lies in what is actually found valuable. Thus freedom from suffering is valued by all sentient creatures, whether or not they can formulate their values and desires in words; and so we are morally obliged to cause as little pain as possible to humans or animals. But life can be valued only by a person, ie by a being that is capable of being self-conscious and of knowing it has a life to value; hence we must respect the lives of human beings already born, but not of plants, animals or human fetuses.

Now, if what is valuable is the same as what is valued, two values will be of supreme importance, because they are necessary conditions for realising all other values. These are the life and the autonomy, ie capacity for free choice, of persons. Hence the obligation to respect their life and autonomy is overriding, and extends to those who are currently not able to exercise personhood but may be reasonably expected to do so in the future, such as children or those temporarily unconscious. Moreover, the lives of all persons are equally important, since no external criteria exist to make their importance unequal; and to kill and to allow to die are morally identical, since their moral effect is exactly the same. So any action (or inaction) which can be seen in advance to result in the death of one or more persons can be justified only if (a) those persons are themselves intentionally threatening the life or autonomy of other persons, or (b) the death of a smaller number of people is necessary in order to save the lives of a larger number, or (c) the persons have autonomously decided that their lives are no longer of value to them.

If this is applied to medical ethics, the following conclusions, among others, can be drawn:

1. Abortions and experiments on human embryos present no moral problem, since no person is involved.
2. The withholding of treatment and/or nourishment from severely handicapped children is morally identical to killing them: indeed, worse, since it causes them more suffering. As such, there is at least a strong presumption that it is wrong.
3. Voluntary euthanasia, freely chosen, is not wrong.
4. On the other hand, the involuntary euthanasia practised by the government, whose failure to provide adequate health care makes it morally responsible for the resulting deaths, is certainly morally wrong.
5. The failure to provide patients with adequate information to make autonomous decisions is wrong.
6. There should be a very strong presumption against overriding patients' expressed wishes, unless there is good reason to think that defects of self-control, reasoning or information make them non-autonomous.
7. No sexual practice or mode of bringing children into the world can be morally wrong unless it violates the autonomy of another person or causes them undesired physical or mental suffering.
8. The value of a life is given by its importance for its possessor, not by its usefulness to others: hence the lives of the old, as long as they wish to live, are just as important morally as those of the young.

There is of course no space to comment on all these points. Instead, I would like to draw attention to two possible areas of dispute, one regarding an internal inconsistency, one regarding the basic premiss.

The internal problem is the status of 'potential persons', ie beings that are not yet persons but may be expected to become persons. With regard to fetuses, John Harris denies the validity of such a notion altogether. But he holds elsewhere that we are obliged to keep children alive until they become autonomous persons. This seems equivalent to treating children, morally, as potential persons: if children, why not unborn children?

The second problem is the basic premiss. There is a powerful alternative ethical view, according to which life is of value in itself, not only because it is valued by its possessor. If such a view is taken, particularly if it is combined with a view that the full development of various kinds of life, particularly human development, is of special value,

some, though by no means all, of John Harris's conclusions will be disputable. For example, abortion and experiments on embryos will raise serious moral problems; some sexual practices may be seen as incompatible with human dignity or development (if, for example, it is the case that promiscuity leads to insensitivity and hard-heartedness); and in some cases, though withholding nourishment from infants is not one of them, letting die may show a respect for humanity that killing does not (to care for the dying by relieving their suffering and not intervening to prolong life may be very different from giving them a lethal injection). The two views do yield different, though not totally different conclusions: how to choose between them is difficult and complex.

What is true on either view is, first, that the life and autonomy of every human being is important, and, second, that ethical questions can be handled rationally and objectively. Even if one were to disagree with everything else in this book, one should be very grateful for the affirmation of these two points, and for the fact that it thereby drives one more nail into the coffin of ethical subjectivism. Probably few people will agree with everything in the book; but everyone seriously interested in medical ethics should read it.

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Whose Body is It? The Troubling Issue of Informed Consent

Carolyn Faulder, London, 158 pages, £3.95, Virago, 1985.

In the first section of this timely book, the reader is treated to crisp definitions of the main concepts surrounding informed consent. Legal, moral and historical meanings are analysed with a clarity which makes this book a pleasure to read. The principle of autonomy is pinpointed as the key to informed consent. This means doctors enabling patients to give their informed consent by offering access to the relevant information pertaining to them.

There is a romantic tradition in this country that there should be a rein on the law intervening in social relationships which are seen as private. Doctors are proud of the way that their patients trust them, even when they lie,

and view with alarm the prospect of legal interference. But the law can be wheeled into the most personal relationships, notably the family, in order to protect its weaker members. Carolyn Faulder insists that the medical relationship is not sacrosanct and that the patient has both rights and responsibilities concerning personal well-being.

I found a difficulty with her argument that patients be offered the opportunity to know as much or little as they require without *forcing unwanted information* on those who do not want it: 'It is, however, for the patient to decide – with the doctor's co-operation – how much information is necessary. Some patients will want to know a lot, others will be content with the bare outlines, and some will prefer to know nothing. To force undesired information on the latter is as much a violation of their autonomy as is the denial of information to those who want it.' (p39).

But how this is to be achieved is not spelled out. How can a patient make an informed decision to *reject* possessing information without first knowing what that information is? Inevitably, if, as is bound to happen, the doctor is to judge the situation, this allows the slide back into paternalism and away from autonomy. Incidentally, Carolyn Faulder refers to the patient in the feminine gender throughout and her examples are mainly drawn from studies of women patients. This strategy is used because of her stated feminist perspective: an intent which limits her arguments. Medicine is still a male-dominated profession both in numbers and, more importantly, in ideology and women patients are treated rather differently from men, as the literature on prescribing illustrates. None the less, everyone, male doctors included, is a potential patient.

Section Two takes a critical look at clinical trials, with particular emphasis on randomised controlled trials (RCTs). Carolyn Faulder points out that providing there is ethical committee approval, there is no compulsion to seek informed consent. She further argues that even where consent is sought, often it is not genuinely informed because some patients do not fully understand the implications of randomisation. Underlying the patient role is belief that if the doctor suggests treatment (or lack of it) then it is for their own good. Thus patients who take part in RCTs should only do so when they are in full possession of the facts and are then willing participants. When individuals fall into the patient role, ie the

vulnerable 'sick' role, they do not owe a duty to medical science. The first duty is to their own survival and it is unreasonable and unethical to expect altruism.

Much has been written about the doctor-patient relationship, and doubtless there will be more. Mostly though, the literature is concerned with searching for ways to improve the relationship with a view to facilitating compliance – *patient* compliance, of course. On those occasions when doctors are made to comply, it may be interpreted as 'manipulative' behaviour by the patient. Carolyn Faulder writes about the 'patient-doctor relationship' in an attempt to redress the prevailing inequality of power.

What then are the reasons preventing patients giving their informed consent? The first reason, as the author emphasises, is to do with power. Information is power, and part of the power of the professional over the lay-person comes from knowledge and restricted access to sources of knowledge. Most doctors guard their knowledge and sources of knowledge jealously. Change is in sight, and some of the ways this is happening are set out in Section III which includes a useful discussion about a Bill of Rights for Patients.

I think that other reasons why information may be held back could have been explored in more detail. Doctors do not have all the answers. This means more readiness from the doctor to say 'I do not know' and more readiness from the patient to accept this professional uncertainty. Also, and often glossed over, is the fact that doctors find it distressing to impart bad news. Withholding or disguising sad tidings may be a way to deal with the anxieties of the doctor trained to 'cure'. When cure is not possible, this can produce a sense of failure. What this book might have touched on is that there could and should be adequate social support systems to enable doctors to share these feelings with colleagues. This would surely be a positive step towards achieving the important goal of informed consent.

This book should be of interest to doctors and patients alike (which means all of us). It can be seen as health education in the very widest sense.

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Feeling Good and Doing Better: Ethics and Non-therapeutic Drug Use

Thomas H Murray, Willard Gaylin and Ruth Macklin, Editors, Clifton, NJ, 220 pages, \$17.15, \$27.50 export, Humana Press, 1984.

This is a book about non-therapeutic use of drugs, drugs for pleasure and drugs for enhancing performance, drugs like cannabis, heroin, cocaine, amphetamines and anabolic steroids. Its central theme is that our society has adopted an inconsistent, paternalistic and often unethical attitude towards drug-taking and has criminalised it in a way which contributes greatly to the harm that it does. The case is made that we should review the present situation, adopt a more humanitarian attitude, develop social rather than strictly legal controls and ultimately if need be change the law.

But this is too simple a summary, for the book is detailed in its approach and its several chapters examine a number of aspects, political, philosophical, social, legal, medical as well as purely practical, in great depth. The contributions by the twelve authors are erudite, compassionate and, I thought, beautifully presented. I particularly enjoyed the chapters by the three editors themselves, the introduction by William Gaylin which sets the scene and presents the problems, the discussion by Thomas Murray on drug use in sport and the final summary by Ruth Macklin proposing *inter alia* some new-look social attitudes. But there is also an interesting chapter by James Bakalar and Lester Grinspoon on social attitudes to risk-taking and, for medical readers, a fascinating discussion by Nancy Rhoden on the psychiatric patient's rights to refuse psychotropic medication and an analogy with the healthy individual's rights to take mind-bending drugs.

Many questions remain to be answered. Why, for example, do we take the unswerving view that drug-taking for pleasure or enhancement is wrong and must be prevented? Is it because of the dangers involved? Not solely, because inherently more dangerous pursuits like riding motorcycles are condoned and some, like climbing Mount Everest