Abortion: the Crisis in Morals and Medicine

Cameron and Pamela F Sims, 159 pages, Leicester, £2.25, Inter-Varsity Press, 1986.

Until recently the most vociferous opposition to the practice of therapeutic abortion was Roman Catholic in origin. In the contemporary debate, however, an even stronger anti-abortion stance is being taken by sections of evangelical protestantism. This short book is a statement of such a position, the authors being the warden of a conservative evangelical study centre and a consultant in obstetrics and gynaecology. Abortion is always to be condemned even on the grounds of rape, incest (the baby can always be adopted) and the near certainty of severe abnormality in the new-born baby. The possibility of abortion in the case of risk to the mother's life is conceded with reluctance though 'she must herself participate in that decision, and some women, aware of what the choice will mean, have opted instead to refuse treatment in order to save the life of the child' (page 99).

Attitudes to abortion in the theological tradition are surveyed, the 'text' of the argument being: 'As you did it unto the least of these my brethren you did it to me', and much is made of the belief that Jesus Christ was fully human from the point of conception. The legal position in the United Kingdom and elsewhere is examined together with what is considered to be the relevant medical data.

A whole chapter is devoted to a critique of the arguments in favour of abortion, in particular to the classic work by R F R Gardner (1) in which compassion for the mother was recognised as at least one factor in deciding to proceed with the termination of a pregnancy. 'We do not (at least we should not!) come to conclusions about what is right on the basis of being compassionate *unless it is already clear to us that this is right in itself*' (page 93). Herein lies the weakness of the argument, for where there is ethical ambiguity then surely compassion has some part to play. There are those who would hold to a fully incarnational theology but do not see this as a starting point for discussion, or at least as the only factor to be considered. The argument is essentially one-sided. For those involved pastorally, while

acknowledging the seriousness of the decision to terminate a pregnancy, there must be a concern for the total well-being of the mother. A pastoral ethic cannot emerge from a combination of the theological assertion and relentless logic.

Many who are unhappy with the approach outlined in this book are equally unhappy with the number of abortions which take place. The sad thing about this position is that the middle ground is abandoned and debate concerning the criteria upon which abortions may legitimately proceed becomes that much more difficult.

A final chapter is devoted to an examination of embryo research. Not unexpectedly the authors are against it. Again the argument is one-sided and frequently of the 'thin end of the wedge' variety. Is there no compassion for the childless couple or any desire to find ways of *preventing* the development of abnormalities in the fetus?

Reference

- (1) Gardner RFR. *Abortion; the personal dilemma*. Exeter: The Paternoster Press, 1972.

DAVID LYALL
Chaplaincy Centre,
Western General Hospital,
Edinburgh

Handbook for Hospital Ethics Committees

Judith Wilson Ross, Sister Corrine Bayley, Vicki Michel and Deborah Pugh, 176 pages, Chicago, \$28.75; AHA Members \$23.00, American Hospital Publishing, Inc, 1986

This book is written by members of the Center for Bioethics, St Joseph Health System at Orange, California and is, not surprisingly, entirely American in its orientation. It is essentially a practical book, advising US ethical committees on their structure, membership procedures and functions as well as pointing out some problems and pitfalls. The legal (US) issues are considered with an appendix mentioning several case studies.

The book is well presented and readable and apparently comprehensive and it would be surprising if it was not well received in the US as being useful for any bioethical committee chairperson.

However, US committees on ethics seem to have a completely different function from those in the UK. In the

US such committees make decisions or give advice on patient treatment, for example, who should or should not be given a DNR (do-not-resuscitate) order. There is barely a mention on the ethics of medical-research procedures.

For this reason the book will be of limited value in the UK and elsewhere where committees are almost entirely concerned with the ethics of research procedures on the healthy and the sick and not concerned with the ethics of therapy.

IAN MACDONALD
Professor of Applied Physiology,
Head, Department of Physiology,
United Medical and Dental Schools of
Guy's and St Thomas's Hospitals,
Guy's Hospital Campus,
London SE1 9RT.

Sexuality and Medicine

Earl E Shelp, editor, 271 pages, Dordrecht, Holland, £38.95, D Reidel, 1987

A new book in the D Reidel Publishing Company's *Philosophy and Medicine* series demands scrutiny on many counts. Not the least of which must be whether or not we need further information in the face of a plethora of publications that claim to be relevant to the scientific and philosophical study of sex in our culture today. This volume is the first of a series and is subtitled *Conceptual Roots*. This seems an unfortunate choice perhaps when one considers that *concept* is a re-fashioning of *conceit* a Middle English word of several derivations including 'a fanciful notion' and 'a morbid seizure of the body or mind'. This book indeed contains both fanciful notions and morbid seizures. But it also contains a lot of good sense and stimulating philosophy, not the least of which is contained in Alan Soble's admirable preface.

Understandably definitions figure largely in this book and fundamental is a definition of what constitutes sexual health. Robert Kolochny seems to argue that sexual health is a characteristic of those who do not appear in the sex therapist's consulting room, a view that does not seem to be shared by his co-authors Joseph Margolis and Sandra Harding. As might be expected in a book with the title *Sexuality and Medicine* some authors, like Frederick Suppe, mount the platform to state the claim once again, that medical disciples are all

suspect when it comes to unravelling or even treating the problem areas of human sexuality. Of course he may be right, but his argument is far from convincing.

Peter Breggin's argument for a connection between good sexual experiences and romantic love is an interesting one, but fraught with potential ethical minefields, as he seems to see physical love as a vehicle for spiritual relationships and the mind boggles at the possible implications of spiritual relationships forming a basis of physical love. Elsewhere one sees evidence of certain professional disciples voicing opinions that are hardly supportable in any scientific way – for instance, Vern L Bullough's uncritical endorsement of Havelock Ellis's contribution to sex research. Havelock Ellis was without doubt an encyclopaedic and clever sexual anthropologist. But surely it is foolhardy to promote an unsuccessful doctor with little or no practical and clinical experience in sexuality and medicine as a doyen in the field.

Earl E Shelp, this well produced book's editor (from the Institute of Religion and Center for Ethics, Baylor College, Houston) claims that his contributors have shown that human sexuality is not subject only to the explorations of medicine or philosophy. The relatively meagre contributions made by doctors to this book compared with the space allocated to those of non-medical academia would seem to indicate that, in his opinion, medicine should remain a junior partner in the study of human sexuality. Happily on this side of the world this does not seem to be the case. But of course *Sexuality and Medicine* only has one European contributor – from West Germany. The rest hail from the United States.

ERIC TRIMMER

Editor, *British Journal of Clinical Practice* and *Consultant Editor, British Journal of Sexual Medicine*

Philosophical Medical Ethics

Raanan Gillon, 189 pages, Chichester, £8.50 paperback, John Wiley and Sons, 1986

Philosophical Medical Ethics is written by a doctor and aimed principally at doctors who must confront ethical issues, whether or not they believe that medical ethical debate has anything to offer them. Raanan Gillon's book is based upon a series of articles written for the *British Medical Journal*. These

articles have, on the whole, translated well into book form. It is to be hoped that the book can at least reach its intended audience, as the articles in the *BMJ* would have done. The *BMJ* sits around many medical coffee rooms and is something into which people dip. A book is less likely to be read by those who see no need for it. This book is not a piece of abstract or abstruse philosophy but is written from the perspective of a practitioner with philosophical skills, who knows the problems and dilemmas that entails. Given this, the strength of the arguments against complacency regarding ethical issues in medicine, and the parallels drawn between ethics and science, it would be a great shame if the book only reached those already persuaded of the need for ethical discussion and awareness in medical practice. If it only reaches its more limited intended audience it might also fail in fulfilling its undoubted introductory role. Hopefully this book will be adopted as required reading for those in training in the health service – not just doctors. It is suitable and does not require prior philosophical training or knowledge.

Medical ethics has practical import. A strength of the book is that it is developed with a 'backdrop' of an actual medical case, the so-called 'Arthur case'. The intention is to show how a whole range of issues can arise from a single case, and how a series of positions can be adopted in response to it. The book begins and ends with discussion of this controversial death of a Down's Syndrome baby but it might have been strengthened if cross-connections to the case had been made more fully and explicitly in its course.

Rather than arguing for a single position, or attempting to provide answers, the book sketches a variety of different possible ethical positions and makes repeated reference to two – utilitarianism and deontological or duty-based ethics. Gillon points to broad agreement between ethical theories at a macroscopic level, and the four principles he offers are broadly acceptable from a variety of positions. These are helpful for recognition and analysis of medical ethical problems. Many of the major themes of these, such as consent, confidentiality, paternalism, the distinction, or lack of it, between killing and letting die, are clarified in the book. However, while analysis of the principles is given, the decision as to what weight to attach to the different principles and their scope is left largely to the reader – an

advantage if it encourages the reader to enter the area of debate and think for herself.

Apart from drawing broad possible landscapes of medical-ethical debate Gillon entices his readers with gestures towards various possible avenues, the exploration of which might radically change the picture of medical practice. For example he suggests, alongside others, that there are degrees of autonomy. Enticing too is the suggestion that if one takes beneficence to be applicable not just to actual patients but to persons at large this leaves health workers with obligations towards the Third World. A shift in perspective is also suggested in discussion of the doctor/patient relationship. Lack of delving may well be just what is needed to encourage readers to delve more deeply themselves into medical-ethical issues. My reservation is that signposting avenues of exploration may not be sufficient for readers to recognise the radicalness of the implications of some of Gillon's suggestions and arguments.

SARAH HADDON FURNESS

Lecturer in Philosophy, and Journalist,
University of Essex

Healthy Respect – Ethics in Health Care

R S Downie and K C Calman, 266 pages, London, £5.95, Faber and Faber, 1987

Healthy Respect argues for and from the position that respect for autonomy is the principle from which all other moral principles derive their authority. One aim is to show what respect might mean and entail. The book achieves this by never losing sight of the world in which medical practice and service takes place and in which technological developments can sharpen and create dilemmas.

Healthy Respect has something to offer all health workers – not just, or principally, doctors, but nurses, medical students, psychiatrists, social workers, dentists, politicians and – importantly – patients, even potential ones. It is intended for a wide readership because its authors believe that if respect for autonomy – everyone's – is taken seriously then we should see ourselves as members of a collective, responsible society. Specifically in health care, all those involved in the caring, including