Catholic theology. The great enemy in all this is recognised to be utilitarianism. The second paper is concerned in general terms with the distinction, crucial to Catholic theology on these matters, between acts and omissions, and with examples of the importance of the distinction for medicine (where it is more familiar as that between killing and letting die). The third paper deals with the distinction between 'ordinary' and 'extraordinary' means of prolonging life, and is again well illustrated with medical examples. The three papers are intelligible each on its own, but they form a unity with 'respect for life' as the unifying theme.

The pamphlets illustrate the re-appearance of a phenomenon which was discredited in the 18th century in non-Catholic circles but has turned up once more in the field of medical ethics – casuistry. Casuistry is the attempt to apply general philosophical considerations to the solution of specific moral problems. It was discredited because the reasoning involved was predominantly special pleading for dogmatically held conclusions. Until recently casuistry was confined to the decent privacy of seminaries or the like, but it has reappeared in the medical context because doctors have been confronted with new situations, created not just by improved medical techniques but also by changing moral attitudes in the general public and by better informed patients and relatives who are more aware of their rights than formerly. As a consequence doctors have turned to listen to those who are still confident enough in their general principles to undertake to show how these principles can be applied to the specific problems which have arisen in the context of present-day medicine.

The three papers bring out the merits and demerits of casuistry in a medical context. On the one hand, the papers make a genuine effort to show the relevance of general principles and philosophical positions to concrete situations by discussion of numerous medical cases. On the other hand, the arguments which attempt to make the link between the general principles and the actual cases are frequently not clear and indeed the general principles themselves are ambiguous. For example, a basic moral principle is said to be 'respect for human life' and this is analysed

to mean not just the vegetative life of the human body but a life with 'the capacity for human flourishing' (Paper 1 pp. 14–17). Yet this principle seems to recede in Paper 3 pp. 14–17 when there is a discussion of the obligation of the doctor to treat defective newborn babies. This discussion is critical of the views of Professor John Lorber, who holds that the relevant consideration in deciding whether or not to treat defective babies who would otherwise have died is the possibility of their having any hope of ever having an independent existence compatible with human dignity. Now this consideration seems to be much like the one suggested in Paper 1. But in Paper 3 the relevant bit of the Catholic tradition seems to be that 'every human being is of equal value and as such has a claim to care and protection'. Well, no doubt, moral reasoning could proceed from *that* premise, and if so the relevant considerations would become, as Paper 3 suggests, whether treatment is likely to be cost-effective, burdensome to the baby, the relatives etc. The point however is that we are now operating on a different line of argument, and one which does not fit easily with the first, since the first is a version of the familiar 'respect for persons' of the Kantian tradition (despite the attempt to hook it on to Aristotle) whereas the second is utilitarian (although the papers are avowedly anti-utilitarian). This is only one example of ambiguity in the fundamental position.

The moral conclusions drawn from these principles do not always seem to follow either. For example, in Paper 3 (p 24) we are told that 'according to the view taken in these papers of respect for life, it is not open to anyone to choose death because it now seems preferable to life and to adopt a course of action (or inaction) with a view to hastening death'. But if what we are respecting in human life is 'a capacity for flourishing' it is quite unclear why it is not open to someone to choose death if he knows that this capacity is irreversibly impaired. It is not even clear why someone might not choose death for a baby which was radically defective. The answers would be that in the first case suicide is always or absolutely wrong and in the second case killing is always or absolutely wrong. And this brings me to what is always and absolutely wrong about casuistry – the casuist knows the

answer to his question before he starts the process of reasoning and the reasoning becomes tendentious rhetoric disguised as philosophical argument. The authors stress the moral importance of 'openness to all human goods' (Paper 1, p 7). Yes, and intellectual honesty is a 'human good'.

R S DOWNIE

Editor's note

Readers' attention is drawn also to the debate between Ms Kuhse and Father Hughes, beginning on page 74, which concerns the same theme.

Matters of Life and Death

Edited by John Thomas, Published by Samuel Stevens, 1978, 378 pp., \$8.95.

Fortunately for students and teachers of medical ethics, the last decade has witnessed the publication of a number of anthologies in bio-medical ethics thus reducing the burden of collecting disparate articles from a variety of inter-disciplinary and specialised journals. The editor is a former minister and Professor of Philosophy at McMaster University. Given his background and training, he nevertheless successfully avoids the pitfalls of either presupposing a religious framework for ethical issues or theorising on principles at the expense of the realism of clinical decisions of life and death. Thomas' objectives were to choose articles for their readability and relevance and to avoid 'unduly technical treatment' of the topics. But the articles are treated with technical competence and Thomas' care in selecting his authors according to specialisations pays off in providing an inter-disciplinary treatment of the issues without compromising on analysis.

The volume has a predominantly topical organisation including issues on: abortion and fetal research, death, dying and euthanasia, eugenics and genetics, human experimentation, behaviour control through drugs and psychosurgery, and finally, heart and renal transplantation. However, there is considerable room for manoeuvre in adapting the volume to a thematic approach with sections available on

the nature of medical ethics, patients' rights and the doctor-patient relationship, and rights and health care. While there are no designated sections on truth-telling, consent or confidentiality, these basic themes are integrated throughout the volume in the context of specific issues. The result is not short shrift on these important principles but rather nuanced qualifications on their meaning and complexities when attempts are made clinically to implement them. A sampling of five professional codes of ethics is provided which I would not find adequate but this shortcoming could easily be remedied by supplementing with the International Code of Medical Ethics, the Declaration of Geneva and the Declarations of Hawaii, Oslo and Tokyo. The American Medical Association's Principles of Medical Ethics included is the widely publicised 1957 Code. However, the AMA House of Delegates have now prepared a report including a draft of a new set of seven principles to replace the existing list of ten. While publication of the new draft had not occurred at the time of writing this review, the new draft form is encouraging in its shift of emphasis to an ethic based on notions of rights and responsibilities rather than benefit and harm. Undoubtedly, we can look forward to much debate and dispute on the new draft before final endorsement is given.

A central difficulty in compiling an anthology of medical ethics is the speed with which it becomes outdated. Although first published in 1978, the vast majority of the articles were written prior to 1976. This may be inevitable given the time lag required between compiling articles and actual publication and, indeed, some of the articles which are less dependent on empirical research and more focused on conceptual analysis can withstand the hazard of being outdated. The area which would most require supplementation to update is, paradoxically, one of the more probing sections of the volume (in its attempt to discuss the serious ethical issues with clarity) – eugenics and genetics. Included in this section are discussions of human *in vitro* fertilisation, discussions which ironically assumed that success in this highly researched area was very remote.

However, the birth of Louise Brown on 25 July 1978 startled those

who assumed that human *in vitro* fertilisation and embryo transfer was a piece of remote science fiction. I suspect that her satisfactory progress to date, showing all standard indications of normalcy, has also caused chagrin to some who looked upon this procedure as inevitably resulting in abnormalities or deformities. The emotive, pejorative language of 'deliberate manipulation of a human embryo' exposes the bias of Leon Kass' assessment of the *in vitro* procedure. The language of 'manipulation' (used too frequently in ethical discussions) connotes a firm suspicion that certain research is another instance of glory-seeking hubris on the part of research scientists. Kass is careful to qualify his concern with an appeal to the medical profession as a whole to see that a minimal requirement be met by all researchers in this delicate area. *In vitro* fertilisation, he argues, needs yet to be successfully and regularly accomplished in species more closely related to humans *eg*, in primates. This requirement is now history and it is likely that researchers will feel *post-facto* justified in working towards continued success at the human level. However, this present surge of confidence does not retrospectively answer the question of whether Steptoe and Edwards proceeded ethically in their experiments on the unborn. Only a thorough-going consequentialist ethic would assess the morality of a method by the single criterion of success in the outcome. In fact, some of the more sceptical are still not willing to say that Louise Brown's birth was a success, on the assumption that there could still be developmental complications and these, they hypothesise, may be the result of her 'unnatural' type of conception.

Serious objections to *in vitro* fertilisation are further made on the grounds that the procedure is not therapeutic but rather clearly experimentation on unborn children and, it is agreed, we have regulations governing such experimentation. But this objection is often muddled by confusions about who is undergoing and consenting or not consenting to the procedure. Those who see the procedure being done on an unborn child (as Kass does) conclude that the potential and serious unknown risks to the unborn constitute unjustified experiment rather than potentially beneficial therapy. Those who see the procedure as primarily

therapeutic see the consenting and informed subjects to be the husband and wife. *In vitro* fertilisation on these terms is analogous to the artificial insemination of a wife with the husband as donor. The immediate purpose is to enable a couple who are prevented from conceiving because of physiological obstacles to have a child. The experimental/therapeutic assessment of human *in vitro* fertilisation hinges ultimately on one's assessment of the status of the fertilised ovum and its inability to give consent.

Finally, the section on eugenics and genetics is considerably weakened by not incorporating discussion of recombinant DNA research, its objectives, prospects and the risk-benefit questions. One of the authors alludes to the research but prescinds from discussing it since it has already been widely publicised. But one reason for an anthology is to condense such discussion and clarify the issues in readable form. With these provisos, I find the selection of readings effectively fulfil the editor's laudable objective which I happen to share when teaching ethics to medical students.

D DOOLEY-CLARKE

Compliance in health care

Edited by R Brian Haynes, D Wayne Taylor and David L Sackett, Johns Hopkins University Press, 1979, 516 pp, \$25.00.

Anatomy of an Illness, as Perceived by the Patient: Reflections on Health and Regeneration

Norman Cousins, W W Norton & Co, London, 1980, 173 pp, £5.75.

The size of the volume on compliance in health care and the fact that over one third of it comprises an annotated bibliography of over fourteen hundred references testifies to the growing significance of this subject. Since it deals with the whole question of how far a person's behaviour coincides with medical advice and with the strategies which may be employed to persuade patients to take their medicines and obey doctor's orders the topic has sinister connotations of manipulation and control. For this reason, the distinguished editors are rightly