Aims and Motives in Clinical Medicine

To many this will seem an attractive book. Purporting to be 'a practical approach to medical ethics' it offers guidance on abortion, experimentation, transplantation, euthanasia and other topics in language devoid of philosophical technicalities. Moreover it is written from within the medical ambience, both authors being consultant surgeons with academic appointments, and their informal, even 'chatty', style conveys the atmosphere of a relaxed conversation with colleagues.

The authors set out to show that moral decision making can be improved by a clarification of the aims which the action seeks to achieve. They also constantly stress the importance of motive in determining the moral quality of actions. In what they regard as a central chapter of the book (chapter 5), they supply the reader with a checklist to help him to analyse his own decisions.

Throughout the book, we are assured that an individual must make up his own mind about basic moral convictions, but it is surely a most insensitive reader who misses the authors' own preferences. In the first chapter, we learn that the Christian '...believes that there must be an external standard of reference and that these moral principles have been revealed by God in the form of commandments...'. In the final chapter we find that it is possible to act morally without a religious faith, but not without some difficulty.

Regarded purely as an introduction to some current problems in medical ethics, this book could prove useful to doctors and others with little knowledge of the literature already available. The problems are presented in brief but balanced summaries and are well illustrated with case material. What is totally lacking, however, is sustained discussion of the complex ethical issues implicit in the practical situations. The approach of the book is to break each problem up into 'aims', 'methods', and 'results' and to offer value judgments on each of these components. It is a style of argument reminiscent of a form of Roman Catholic moral theology, now largely discarded by the theologians themselves, in favour of other methods. Nowhere in this book do we find discussion of what 'right in principle' might mean, or of what difficulties are entailed by attempts to express moral claims in the form of principles. In a passing reference to the 'utilitarian' view, we are told that, unlike those who struggle with 'more basic moral principles', this view is held by people impatient to discuss results (page 66 and page 72). (I suppose we can be thankful for John Stuart Mill's sake that 'utilitarian' is in lower case and quotation marks.) No other ethical theories are referred to, far less discussed.

Perhaps it is unfair to point to these theoretical deficiencies. We are told plainly on the back cover that 'the book is not just another philosophical treatise around the subject of medical ethics'. This is undoubtedly true. One would not entrust surgery to a philosopher, and expecting philosophical skill from surgeons may be a less hazardous but equally inappropriate expectation. The book's value lies in the fact that it is an honest attempt to clarify the components of moral choices in medicine by men who have to make some of them.

A V CAMPBELL

Our Future Inheritance: Choice or Chance?

Unlike most products of a committee, this little book¹ is coherent, informative, and highly readable; it certainly deserves a wide audience. We are given an account of the scientific, social, ethical, and legal implications of some recent advances in genetics and biology by a working party which was an offshoot of the Science and Public Affairs Committee of the British Association for the Advancement of Science. The discussions are presented in such a way that they should be readily intelligible to the informed layman, and although some of the issues raised are still in the realms of science fiction, nevertheless one must applaud the British Association's return to the lists of morality and ethics.

The two authors of this book, a scientific journalist and a professor of genetics, have summarized the factual evidence given to the working party by a wide variety of acknowledged experts in the fields of human artificial insemination, in-vitro fertilization, genetic screening, selective abortion, organ transplantation, genetic engineering, and cloning. The views expressed by the working party presumably represent a consensus of the opinions of its members, people such as Professor C R Austin and Dr R G Edwards of the Physiological Laboratory, Cambridge; Dr John Maddox, formerly editor of Nature; Professor R G Dunstan, of the Faculty of Theology, King's College, London; Dr Anne McLaren, formerly of the Institute of Animal Genetics, Edinburgh; and Dr David Owen, MP, and Mrs Shirley Williams, MP.

The first topic to be discussed in depth is artificial insemination. Although there is an excellent account of the legal problems that surround the present practice of AID (artificial insemination by donor) in Britain, it is unfortunate that there is no discussion whatsoever on the central issue of the recruitment of donors. This is undoubtedly the stumbling block that has severely hindered the development of AID,
in spite of a growing demand for its use, and growing public acceptance of the idea. The second major issue to receive attention in this book is in-vitro fertilization. This is an interesting area for discussion, if only because it has already engendered a great deal of Press publicity and public debate, and people have adopted entrenched views, well in advance of the birth of the first child ‘conceived in a test tube’, as the Press will have it.

It is good to learn that the working party that produced this excellent book continues to exist, although now re-named the Committee for Social Concern and Biological Advances. Let us hope that they will turn their attention to other and perhaps more pressing problems, such as euthanasia, abortion, homosexuality, and drug addiction, which are probably of more concern for the future welfare of mankind than artificial genetic engineering, or the birth of the world’s first test-tube baby.

R V SHORT


It is perhaps the case, in discussions for and against voluntary euthanasia, that we tend to exaggerate the importance of the ethical component in the discussion because it is easier to talk about abstract principles and hypothetical situations than to deal with the specific dilemmas of individuals in making good clinical judgments in specific cases. It is also possible that a great deal of the moral earnestness evinced for or against the supposed ‘right to die’ is misdirected towards purely academic discussion of the morality of euthanasia. It should be more properly directed towards the development of greater understanding of the needs of the dying and the bereaved, to the provision of better facilities for the care of the dying and their families, and towards the education of public opinion about the actual treatment of terminal illness, and the facilities and services already available for the alleviation of acute pain and distress and for the support of the families involved. These opinions are strongly canvassed in a new publication of the Church of England.

When one asks what is distinctively Christian about this serious attempt to examine the case for legalizing voluntary euthanasia, it must be said that it is in the quality of the concern which is expressed throughout this study rather than in the specifically theological part which, in any case, appears somewhat trite and perhaps irrelevant. The general ontological significance of death and the Christian vision of the possible transcendent metaphysical meaning of death in the whole scheme of things, which, presumably, serves as the basis of the Christian’s ability to affirm life and to accept his own death as part of life, tends to be neglected in an account which is perhaps too expository and too accommodating to the position of advocates of voluntary euthanasia, too closely focused on the death of the individual and consequently too moralistic in tone (like the opinions it criticises) to inspire confidence as an alternative to voluntary euthanasia.

The real contribution of this book lies in the expression it gives to a care for the facts, attention to the needs of specific individuals and situations, and hence to a restatement of the truth that an ethic of love must be concerned in a central way with issues of casuistry and prudence. Doctors and society must be trained in the kind of sensitivity and discriminating, compassionate judgment upon which all care of our fellow human beings depends. The book begins, continues and ends with the discussion of specific cases. It illustrates the Christian ethic at work in the way they are discussed. Since the case for euthanasia frequently rests on the discussion of exceptional cases, the authors take this concern with specific cases seriously but they insist that ‘a professional ethic cannot be built on altogether exceptional circumstances’ (p 12), because ‘when we normally distinguish between what is “always wrong” and “what is generally wrong” we do so against a background of assumptions, one of which is that we are operating within the conditions of life that we normally encounter’ (p 11). And further they argue that, ‘If this is true of the accepted ethics of the medical profession, it is even more obviously true of the law.’ (p 12).

The illuminating illustration of how an informed medical and Christian prudence would work in particular cases is interleaved with competent discussions of the moral, theological and legal aspects of the subject. The report, which reads remarkably well as a monograph, in spite of being the work of a committee, ultimately agrees with the sentiment of those who fight for the legalization of voluntary euthanasia in recognizing every man’s right to die well and society’s corresponding duty to assist him to do so. However, this is done in such a way that it clarifies some of the dangerous ambiguities in the current usage of the term ‘euthanasia’, disputes that there is any general ‘right to die’ as distinct from the right to die decently and as painlessly as possible, and ultimately recommends that should be no change in the law, because, it is argued, the provision of adequate means for men to die well is within the competence of society (and would meet most of the demands of those who would advocate voluntary euthanasia), and the enlightened application of the law as it stands would be sufficient to deal with the truly exceptional cases. The issue is the education of the social conscience of the general public and the more adequate preparation of people for death.

I E THOMPSON