Words

'Medical ethics' – an alternative approach

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Author's abstract

Contemporary medical ethics is generally concerned with the application of ethical theory to medico-moral dilemmas and with the critical analysis of the concepts of medicine. This paper presents an alternative programme: the development of a medical philosophy which, by taking as its starting point the two questions: what is man? and, what constitutes goodness in life? offers an account of health as one of the primary concepts of value.

This view of the subject resembles that implied by ancient theories of goodness, and in later sections of the paper it is shown how Aristotle points us towards a coherent theory of human nature as psycho-physical, which overcomes the inadequacies of dualism and physicalist reductionism.

What is on offer therefore, is the prospect of an integrated account of human nature and of what constitutes its flourishing: to be healthy is to be an active unity-of-parts in equilibrium.

I The analytical tradition

Is medical ethics possible? This question will strike many people as odd, as if one were to ask these days: could there be such a thing as biochemistry? Since the latter is actual any enquiry into its possibility is at best uninformed or idle, and at worst deranged. The thought that the situation is just the same in the case of medical ethics is supported by evidence of a sort similar to that which might be taken to settle the question about biochemistry, namely, the existence of specialist journals announcing their concern with the subject in their titles, and of courses and qualifications that do the same. None the less I believe there is a genuine problem about the possibility of engaging in medical ethics which is not resolved by adverting to current activities.

The difficulty emerges if one considers the description 'medical ethics' and asks what it could

mean. Medicine is concerned with the promotion and maintenance of health, and ethics is about goodness and badness in conduct. Thus one might reasonably conclude that the ethics of medicine has as its scope the morality of forms of treatment. So typically it will be concerned with issues such as the management of malformed infants, mentally retarded children and senile geriatrics; the procurement of abortions, the maintenance of life by extraordinary means, and euthanasia; sterilisation; artificial insemination; organ transplantation; psychiatric counselling; truth-telling in medical practice and health-care distribution.

It is clear that there is such a thing as medical ethics in this sense, which involves the application of general moral principles or ethical approaches to the special problems arising from medical treatment. But this activity is best described as *ethics in medicine*, rather than as *medical ethics*, for it makes no claim to be a special kind of moral philosophy originating in examination of questions about the nature of health and its value. On the contrary it presupposes that the philosophy is developed independently and then is introduced into the consideration of particular issues. And this is so even when the topics under discussion are not simply questions about conduct but include the proper understanding of notions such as personality, health, disorder and so on, which are integral to medical theory.

A suitable analogy for the distinction I have in mind is provided by the history of the relationship between philosophy and education. Since the last war, and due almost wholly to the work and influence of linguistic philosophers such as R S Peters and P Hirst, there has been a growth of literature devoted to applying the techniques of conceptual analysis to the central ideas of education, for example, teaching, learning, play, indoctrination, etc. (1). This work has been fruitful in exposing the many confusions implicit in the use made of these concepts by teachers and educational theorists – though its usefulness is probably now exhausted. Whatever its merits however, it is not, and is not thought by its authors to be, an exercise in educational philosophy. That is to say, unlike the writings of Plato, Aristotle, Ignatius Loyola, Locke, Rousseau and Froebel, it is not concerned with determining schemes, goals and values in education.

Key words

Analytical medical ethics; medical philosophy; conceptions of human nature; dualism; reductionism; non-reductive naturalism.

Similarly, medical ethics as engaged in by philosophers of the same tradition has not been aimed at the development of a theory of the person and of what constitutes his or her flourishing from the point of view of health. It offers instead a critical analysis of the concepts of medicine, as well as that application of results achieved in ethical theory which I mentioned earlier (2). What my original question concerns therefore, is the possibility of medical philosophy analogous to the enterprise practised by Plato and the rest in the area of education.

Before proceeding to give some reasons for pessimism about this it is appropriate to comment on ethics in medicine as it is now. I remarked that analytical philosophy of education has exhausted itself, and it might be thought that this casts doubt on the value of the parallel exercise in respect of medicine. The problem however, is not that the method is intrinsically feeble but rather that its success makes inevitable its demise. Clearing pathways through a jungle of confusions and opening up vistas offering novel perspectives on ancient problems is an important project requiring skill and sharp implements. To the extent that it is successful however, progressively less work needs to be done. Once order is established all that is required is its maintenance, and that task will not support an industry. Redundancy due to lack of further work comes with the passage of time, and after twenty-five years of relentless analysis this kind of philosophy of education finds itself with almost nothing left to do.

Analytical medical ethics however, is barely more than a decade old and is likely to be kept busy for a long time yet. This prediction takes into account three important differences between it and the corresponding study of education. Firstly, fewer philosophers are involved with the subject, and while interest is growing there is no sign of its attracting large numbers. Secondly, and relatedly, the non-philosophical aspects of it are less familiar and more obviously technical. And thirdly, the likelihood of developments that force radical changes in our ways of thinking about the subject is greater in the case of medicine than education. These factors together suggest that there is plenty of work for those interested. Meanwhile that already done indicates the following programme for medical ethics of the 'applied analytical' sort:

- (a) examining the fundamental concepts of medicine, making appropriate distinctions where necessary.
- (b) disclosing the underlying moral assumptions operative in current ethical thinking, and drawing out their implications where these have not yet been discovered.
- (c) detailing the various candidate moral theories, demonstrating how they can be applied to medical problems and dilemmas, and then contrasting the results (3).

II An alternative philosophy of medicine

So much then for the existing enterprise. The project which I wish to juxtapose with it is harder to characterise, though it differs from philosophy in medicine by being essentially normative and only concerned with conceptual clarification to the extent that this is necessary for the development of a medical philosophy. It starts with two questions: *what is man* and *what constitutes goodness in life* and so engages directly with issues of metaphysics and value. It might seem that in claiming this much for it there is, after all, no genuine contrast between medical ethics as here projected and the earlier application of moral philosophy to medical matters; merely a difference of scope, with the former bringing to bear on questions of health-care, conclusions reached in the philosophies of mind and society as well as ethics. But this assessment misconstrues the envisaged relationship between philosophy and medicine. The idea is that there is a distinctive enquiry which begins with certain puzzles about the notion of health and in resolving these creates a type of philosophical, medical anthropology. It is not that the philosophy is (or could be) developed independently and in advance, and then applied. 'Medical ethics' or 'medical philosophy' in this sense do not split up into constituent disciplines but describe a single study. Moreover, it might be argued that this is foundational with respect to other parts of philosophy. Enquiries into moral psychology, education, politics, law, etc, would then be seen to follow from this central philosophical project.

At present it is natural to think of health as a special sort of good, and to understand the latter notion in terms of relations of fittingness, or as the satisfaction of hedonistic, utilitarian requirements. And, of course this is implied by the current view of philosophy in medicine as concerning particular instances of general problems. The alternative approach, however, by reversing the direction of enquiry and giving logical priority to medical concepts is committed to the view that one can only understand the idea of goodness or welfare as it relates to human life in all its various aspects through relating it, by analogy, to the concept of health (4). Given this account, a true ethical theory can only emerge as a development of an adequate medical philosophy.

This line of thought is exciting in so far as it re-locates the centre of enquiry and offers to those interested a more challenging programme of work than that presently available. It is not however, a novel suggestion, and is characteristic of the approach to the philosophy of man adopted in both the classical and mediaeval periods. From the outset of speculative thought in the fifth century BC, the Greeks used the scientific study of medicine to provide models for the understanding of the cosmos – often by drawing analogies between the structure and functions of man and those of the world. Thus Alcmaeon of Croton, whose theories had considerable influence on

subsequent writers, extends to the universe a theory of contrary forces which he applies initially to the nature of health:

'Alcmaeon maintains that the bond of health is the "equal balance" of the powers, moist and dry, cold and hot, bitter and sweet, and the rest, while the "supremacy" of one of them is the cause of disease; for the supremacy of either is destructive. Illness comes about directly through excess of heat or cold, indirectly through surfeit or deficiency of nourishment; and its cause is either the blood or the marrow or the brain. It sometimes arises in these centres from external causes, moisture or some sort of environment or exhaustion or hardship or similar causes. *Health on the other hand is the proportionate admixture of the qualities*' (5), (my emphasis).

I quote in full this report of Alcmaeon's theory as given us by Aetius, because, notwithstanding its obvious errors, it introduces two related ideas which were developed further by later philosophers and which merit renewed attention as contributions to the second kind of medical ethics. These are: first, that health is constituted by a proper relationship, 'equal balance', of faculties and qualities; and second, that medical welfare is a *privative* concept indicating the absence of any disrupting factor. We are apt to speak of a healthy individual as 'flourishing', where this connotes something essentially positive. However, if we take seriously the ancient orthodoxy, as I believe we ought to, it would be better to conceive of flourishing not as a further condition to be promoted beyond mere health, but as a state that is consequent upon the achievement and maintenance of good order, as a resultant feature like, to borrow a comparison offered by Aristotle for other purposes, 'bloom on the cheek of youth' (6).

III Persons as psycho-physical unities

There is a further development of the concept of health as a *unity-of-parts-in-equilibrium* which it would be useful to pursue, particularly in opposition to the reductionist tendency implicit in contemporary medical science. This is the suggestion presented by Aristotle and made much of by his peripatetic and scholastic successors, of a tri-partite division of the human person into body, soul and mind (7). The strength and appeal of this conception of man can be brought out by comparing it with the earlier Platonic, dualist theory and with recent philosophies of mind. For Plato, persons are essentially immaterial selves, centres of consciousness that come to be temporarily embodied in 'too, too solid flesh'. This suggests if not hostility towards the body, at least an attitude of grudging attention to it, well-illustrated by the following exchange:

'Socrates: Ought the philosopher to care about such pleasures – if they are to be called pleasures – as those

of eating and drinking?

*Simmi*as: Certainly not.

Socrates: And will he think much of the other ways of indulging the body, for example, acquiring costly clothes or sandals, or other adornments of it? Instead of caring about them, does he not rather despise anything more than nature needs?

*Simmi*as: I should say that the true philosopher would despise them.

Socrates: Would you not say that he is entirely concerned with the soul and not the body? He would like, as far as he can, to get away from the body and to turn to the soul.

*Simmi*as: That is quite true' (8).

On Plato's conception therefore, the body is something only contingently connected with the person and deserves no more care than is necessary to preserve it.

There are however, several objections to this dualistic theory, not least among which is that it simply fails to give proper account of the relationship between mind and body as this manifests itself in physical well-being. The neurophysiological basis of many psychological conditions is established beyond reasonable doubt, and the capacity of mental states to affect the progress of organic illness is indicated by clinical practice. Plato can be forgiven for not taking account of this objection – at least in the form in which I have stated it, but we could not similarly be excused. Set against dualism and developed in recent years in opposition to it, are a variety of physicalist theories that seek to identify all states, processes and faculties of persons with features of their bodies. *Behaviourism*, *mind/brain identity* and *eliminative materialism* are all as one in denying the existence of a distinct mental realm. Here again, though, problems present themselves concerning: the qualitative character of consciousness; the informational content of mental states; and once more (and principally, in the present context) the evident causal interaction between mind and body noted in the course of medical observation (9).

To a large extent medicine and medical ethics have simply followed these general philosophical tendencies and sought to elevate one element at the cost of attention to the other. More radical still is the attempt simply to reduce all phenomena to the manifestation of the states of a single substance, be it mind or more usually, body. Certainly there has been a reaction to these mentalistic or mechanistic monisms, and an accompanying growth in the belief in the need for *holistic healing* which attends to body and mind as intimate partners in the life of a man. All the same, even this betrays a dualistic conception, for it thinks of the mental and physical as ontologically distinct elements – albeit that they are inextricably united.

Fortunately, there is an escape route from the dilemma presented by the two great, rival theories of human nature. For while dualism and physicalism are clearly *contrary* to one another they are not, as is often suggested, *contradictory*. That is to say, while they cannot both be true, they can both be false. In seeking

to find a place for the mind in our account of man therefore, it may not be necessary to choose between identifying it with the brain, or with some mysterious non-physical entity. And it is a mark of the genius of Aristotle that he firstly, recognises the inadequacies of these alternatives, secondly, perceives that they are not exhaustive of the possibilities, and then thirdly, outlines an acceptable alternative. Thus, in Book III of *De Anima* is introduced a tri-partite division of human nature into body (*soma*), soul (*psuche*), and mind (*nous*) which are so related as to accord reality to the status and causal efficacy of the mental, while maintaining the idea that man is an organic entity continuous in nature with the environment in which he finds himself embedded – both of which ideas are *essential* to any plausible medical philosophy.

Stated briefly, the Aristotelian view rejects the idea that body and soul are distinct substances conjoined in a living creature, or even component parts dependent for their individual well-being upon one another; and instead presents them as *aspects* of the organism, related as matter and form (*hyle* and *morphe*). The 'soul' is the principle of structure, functional organisation and characteristic activity of the quantity of stuff which, when so 'informed', constitutes the 'body'. In these terms no sense can be given to the claim that at death body and soul separate. Since, for the soul to cease to be present is *ipso facto* for the human being also to perish. Death is the destruction of the organism and what remains therefore is not (*pace* Plato and St Augustine) a shell from which the spirit has flown, but simply an aggregate of chemicals no longer worked up into a living system.

Further, just as *soma* and *psuche* are not two *things* but mutually implied aspects of a single substance, so in this scheme mind (*nous*) is identified as a set of capacities for cognition and deliberation which is part of the innate endowment of creatures of a certain level of structural and functional complexity. The chief merit of this account is its anti-reductionist character. For while mental and biological properties emerge out of the physical, they are *supervenient* or *consequential* features and thus are not reducible to it. Life and mind are thereby recognised to be genuine, distinct characteristics of human-kind without being reified into peculiar sorts of substances conjoined to a third, *viz.* matter.

IV The rejection of reductionism

The philosophical strength of this view is evident and hence it is no anachronism to introduce it as worthy of further examination. Indeed in recent times, and for reasons of the sort sketched above, dissatisfaction with radical physicalism and dualism in biology and psychology has prompted philosophers in both areas to develop non-reductionist theories that correspond closely to Aristotle's own (10). Furthermore, this interesting pattern of explanation which identifies the various and often very diverse phenomena that are the

proper objects of different sciences and empirical disciplines, as belonging to distinct levels within an ordered hierarchy (with properties of one plane supervening upon those of a lower level) can be extended to give account of the character and status of social institutions and values.

Writing in the middle of the last century J S Mill confidently asserts that as our scientific understanding develops it will be possible to analyse observations concerning the characteristics and functioning of societies into sets of statements about the behaviour of individual human beings. He comments:

'Men are not, when brought together, converted into another kind of substance with different properties. . . Human beings in society have no properties but those which are derived from *and may be resolved into* the laws of the nature of individual man. In social phenomena the Composition of Causes is the universal Law' (11), (my emphasis).

Repeated application of the same principle of reducibility yields the claim that the nature of individual men and their actions is 'wholly resolvable into' the laws of combination of chemicals (or perhaps physical particles) and, of course, this conclusion is one favoured by some. Mill's own opinion on this matter is vague owing to the contemporary state of cerebral physiology (12), but he holds fast to reductionism as a general principle, and applies it to the case of values analysing all claims of this sort by reference to a theory of psychological hedonism, so producing the famous definition of worth in terms of utility and pleasure:

'actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure, and the absence of pain; by unhappiness pain and the privation of pleasure' (13).

The central objection to reductionism in the case of ethics and social science is the same as that brought against it in biology and psychology, ie, it offends against the autonomy of these realms of reality. There is however, a mistaken if understandable reason why many theorists persist in seeking to reduce all phenomena to the physical – notwithstanding their conspicuous failure to produce a single, reductive definition connecting, by means of the bi-conditional '*if and only if*', a statement couched wholly in an 'objectionable' vocabulary such as that of psychology or ethics, with one expressed in the favoured physicalist style. That reason is evident in the first quotation from Mill when he writes that: 'men are not, when brought together, converted into another kind of *substance*' (my emphasis). It is, in short, the belief that to accept the reality of the social, the psychological, or the ethical, is to be committed to the thesis that there are peculiar sorts of *objects* – Societies, Minds and Values – existing in addition to the ordinary, material entities that comprise them. Precisely this argument,

which used often to be deployed by mind/brain identity theorists against 'mentalism', lies behind the so called 'argument from queerness' currently favoured by objectors to moral realism (14).

As was seen however, this assumption simply misses the point so far as concerns the Aristotelian conception of human nature; and my suggestion is that it is in terms of the general metaphysical theory implicit in the latter that we should try to give account of the character of society and value. Ironically, Mill's error and that of many present-day reductionists is one made by Plato and other dualists also. It rests in part on the false semantic thesis that all meaningful expressions are names of particular things. In the present context this belief implies the following conditional:

If terms such as 'Community', 'Intellect' and 'Goodness', have meaning and are irreducible, *then* they refer to non-physical objects.

Since the former group suppose that there are no such strange entities yet accept the meaningfulness of the terms involved, they are committed to the denial of the second part of the antecedent and so attempt to provide reductive definitions. The latter school by contrast embrace the conditional and affirm the conclusion that things of these sorts do exist.

The resolution of this unsatisfactory position consists, as before, in the recognition that both responses may be false, and this requires the rejection of the commonly held semantic theory. Just as 'Intellect', for example, refers to a range of *mental properties* possessed by individual organisms, and not to a physical or non-physical *object*, the brain or *ego*, respectively, so also 'Goodness', is neither the name of an ethereal, spiritual entity, nor is it reducible to a title for a certain kind of bodily state. Rather it describes a range of supervenient characteristics to be found in persons, communities and other complex unities.

Besides providing the means of escape from ancient dilemmas in the philosophy of the moral and other sciences, adoption of the pattern of explanation advocated here encourages general resistance to the tendency to reify phenomena. This is of direct importance in medicine where both theorists and, to a lesser extent, practitioners are apt to combine acceptance of an 'object-naming' interpretation of the meanings of terms describing illness and disease with a policy of 'mentally detaching' the latter from their afflicted bearers for purposes of analysis and treatment. This tendency was one of the targets of attack by Ian Kennedy in his 1980 *Reith Lectures* (15) and it is unnecessary for me to pursue further the obvious criticisms of it. What should be noted however, is that starting from a general question about the character of medical ethics and from an ancient suggestion as to the nature of health, it has been possible to proceed to a metaphysics of human nature and value which prompts the thought that the reification of medical phenomena besides having bad

implications for clinical practice is philosophically unsound. Of course, this vicious connection is hardly surprising. If one misconstrues the very nature of human beings, and lacks an adequate account of what constitutes their well-being, it is unlikely that the forms of diagnosis and treatment one develops will be satisfactory.

V The possibility of medical philosophy

Earlier I suggested that the programme for medical ethics, understood in the second sense as a philosophy of medicine, should be built around the attempt to answer two questions: *what is man* and *what constitutes goodness in life*? We have now seen something of how the first of these might be answered along roughly Aristotelian lines, and significantly this is connected with an earlier attempt to characterise welfare as a proper relationship of parts and functions within an organised body. Further reflection suggests that in a sense the second question is answered in answering the first. For if we know the essential character of a living system, be it purely biological, psychophysical or social, then we also know what it is for something of this sort to function properly. To be healthy, just is to be an active unity-of-parts-in-equilibrium. This thought also gives independent support to the claim that health is the primary concept of value, and accordingly that theories of the various types of ethical and political goodness are branches of a more fundamental study.

This then is the rich promise offered by the alternative conception of medical ethics. But I also indicated a doubt as to the possibility of our pursuing the enterprise. The latter formulation of the worry is appropriate, since the source of the doubt is not the intrinsic nature of the project but the character of contemporary ways of thinking. Our intellectual history distances us from the world-view of Aristotle and the mediaevals. For while their conception of man in relation to nature is of a conscious being capable of discovering the laws of *physis* (the natural order) or of God's *creation*, and of finding in them a set of norms for the conduct of his own life, our *Weltanschauung* is that of radical empiricism whose metaphysics is reductionist, and whose ethics is utilitarian. To us therefore, there seems an unbridgeable gap between *fact* and *value*, or between *what is* and *what ought to be*; and in these circumstances the only way of giving sense to the latter is by reducing it, in Millian style, to the satisfaction of preferences. The philosophy of value on this account can be nothing other than the theory of choice plus a calculus for determining net utility functions (16).

We should however, be suspicious of these conclusions since the ethic they deliver simply fails to meet our deepest convictions about the intrinsic value of integrity, justice, and other personal and social virtues. Moreover, it provides no basis for distinguishing between deep and shallow preferences;

between, for example, the striving for knowledge and companionship, and the desire for sugar. All are simply pressures to be measured and balanced. If this seems absurd then there is reason to doubt the general philosophical position of which it is a consequence, and to consider seriously the suggestion that questions of value are inseparable from the investigation of human nature.

As members of an organic, psychological and social species we share a range of needs, concerns, affective attitudes, sensibilities and mental capacities which *ipso facto* establish certain values for us. Here therefore, is a mutual dependence between two possible studies: we can discover what gives meaning to human life by seeing what the essence of that life is; and also inform the investigation of the nature of the psychological and the social, by considering what it is we value in them. The differences between our present conceptions and those likely to be associated with this very different approach (akin to that of the ancient world) which we could adopt, may make the attainment of such a philosophy of man and of his health a difficult project.

The optimistic conclusion implied by this discussion however, is that there is no reason for thinking that it is in itself an impossible one, and that there are secure grounds for believing that it could transform our understanding of the content and methods of medical ethics and lead to its being re-located at the heart of the philosophical enterprise.

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References and notes

- (1) A good set of examples of this literature is contained in Peters R S, ed. *The concept of education*. London: Routledge and Kegan Paul, 1967.
- (2) The influence of this approach is evident in Culver C M, Gert B, eds. *Philosophy and Medicine*. Oxford: Oxford University Press, 1982. See especially ch 1: The uses of philosophy in medicine and psychiatry.
- (3) Representative of recent contributions to these aspects of ethics in medicine are the following: Scruton R. Mental illness. *Journal of medical ethics* 1981; 7: 37–38; Dunstan G R, Seller M J eds. *Consent in medicine*. London: King Edward Hospital Fund, 1983; Candee D, Puka B. An analytic approach to resolving problems in medical ethics. *Journal of medical ethics* 1984; 2: 61–70. And for a recent survey of, and further contributions to, this tradition see the special medicine and ethics issue of *The philosophical quarterly* 1983; 33.
- (4) This, in effect, is the view taken by Plato in Book 4 of the *Republic* where he describes justice as a proper relationship between functioning parts of an individual or a society, and thereby likens it to medical welfare. On this account therefore, virtue or moral goodness is a type of health. Later I say something more about the Greek origins of such ideas, and also discuss Plato's account of the relationship between body and soul in a way which shows them to be in tension with this commendable notion of health.
- (5) Aetius. *Placita* V: 30, I, as translated by Kirk G S, Raven J E. *The presocratic philosophers*. Cambridge: Cambridge University Press, 1975: 234.
- (6) *Nicomachean ethics*, book X: Ch 4.
- (7) *De anima, books II & III*, translated with notes by Hamlyn D W, Oxford: Clarendon, 1968. Of relevance here are Hamlyn's interesting article, Aristotle's Cartesianism. *Paideia, special Aristotle issue* 1978; 8–15; and Robinson H. Aristotelian dualism. In: Annas J, ed. *Oxford studies in ancient philosophy*, Vol 1. Oxford: Clarendon, 1983: 123–144.
- (8) *Phaedo* 64c–65.
- (9) A useful survey of these issues is presented by Dennett D C. Current issues in the philosophy of mind. *American philosophical quarterly* 1978; 15: 249–260.
- (10) On irreducibility in biology see: Woodger J H. *Biology and language*. Cambridge: Cambridge University Press, 1952; and for discussion of the idea of 'emergence' and the hierarchy of empirical sciences: Medawar, P B. A geometric model of reducibility and emergence. In: Ayala F J, Dobzhansky T, eds. *Studies in the philosophy of biology*. London: Macmillan, 1974.
- (11) Mill J S. *A system of logic, book VI, on the logic of the moral sciences*. London: Longmans, 1949: 573.
- (12) See reference (11): 555–562.
- (13) Mill J S. *Utilitarianism*. London: Dent, 1931: 6.
- (14) See Mackie J L. *Ethics*. Harmondsworth: Penguin, 1981: 38–42.
- (15) Kennedy I. *The unmasking of medicine*. London: George Allen & Unwin, 1981.
- (16) For the application of this view to medical ethics see reference (3) Candee D, Puka B.

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- (6) Hoskins B B, Holmes H B. Technology and prenatal femicide. In: Arditti R, Klein R D, Minden S, eds. *Test-tube women: what future for motherhood?* London: Pandora Press, Routledge & Kegan Paul, 1984: 237.