

Book reviews

Theology and Bioethics: Exploring the Foundations and Frontiers

Earl E Shelp, editor, 314 pp + xxiv, Dordrecht, £34.75, D Reidel, 1985.

If the question be asked, what is the specific contribution of theology to medical ethics, one can hardly quarrel with J B Cobb's conclusion, on the evidence of this book, that 'what is being looked for is simply not to be found'; 'theologians make no contribution that in principle cannot be made by others'. That conclusion stands on the equation of the secular quest for justice, obligation and benevolence with the Biblical conviction about God's caring especially for the poor and the oppressed – an equation which might well have been falsified in the book. But if the conclusion is true in 1986 it can be drawn only because of the initiatives in the decade 1965–1975 in which the theologians were ahead of the philosophers. These initiatives are admirably traced by LeRoy Walters, recalling the fundamental work of the Protestant Paul Ramsey, provoked by the gadfly Joseph Fletcher, and of the Catholics André Hellegers and Daniel Callahan, provoked by *Humanae Vitae* and the struggle for liberty over contraception. English initiatives, incidentally, were more than a decade ahead of the American, in the work of D Sherwin Bailey, Bishop R C Mortimer and Ian Ramsey, unlikely colleagues brought into medical ethics by one or two farseeing people in the then Church of England Moral Welfare Council, a piece of history still waiting to be written.

Of the eighteen chapters in this book, perhaps ten, including Walters's historical survey and Cobb's Epilogue, shed light on what the theological

contributions are. W R Frankena writes firmly on the structure of ethics in a theological world-view, but with only tangential reference to medicine. Basil Mitchell makes a thorough attempt to anticipate Cobb's conclusion: he examines the thesis that 'Theology is either otiose or intrusive'. He treats with equal seriousness the Judaeo-Christian tradition and the reasoned appeals to principle underlying medicine and medical research. He can accommodate these by deriving the faculty of moral reasoning and the trustworthiness of moral intuition from the image of God in man, albeit marred and to be re-fashioned. He seeks a theological tool to break the polarisation of individualised 'rights' and autonomy and the necessity for a social utilitarian calculus. Granting the historical adaptations of Christianity to culture (and ignoring its record with fire and sword) he identifies the one principle which it cannot surrender as 'the sanctity of life'. He attaches this chiefly (in the modern fashion) to embryonic life (stages unspecified), and so can claim that while it is laudable and in accordance with God's will to attempt to eliminate severe congenital diseases, the attempt to choose and to develop positive qualities becomes a 'usurpation of the prerogatives of the Creator', with incalculable consequences. But when he comes to justify this 'profound intuition', he can offer no more than 'it is one thing' to do x but 'it is quite another thing' to do y. The chapter is most honest in its indecision.

H Tristram Engelhardt Jr's second chapter is the most searching in the book, not because of its apt observation of the necessary resort of theologians to the language of natural philosophy and moral reasoning to justify what, on religious grounds, they believe, but because of its serious attempt to relate the problem of undeserved suffering to our knowledge of and suppositions about God. 'We need to ask from

religion precisely what philosophy cannot contribute: a meaning for life, for suffering, and for death.'

R A McCormick's statement of Christian foundations is the most systematic – documented as it is by frequent appeal to Vatican II – and, in terms of specific relation to medical ethics, the most illuminating. One could go far by reflecting on charity as 'conduct which reminds others of their true dignity'. He is matched on the non-Roman side by S Hauerwas who sees theology as a reflection on experience within the Church, and the Church as essential, not only to theology but also in an explained sense, to good medicine and to good *hospitality* – surely a true expression of what life in hospital ought to be than the etymologically intolerable 'hospitalization'.

R M Green's chapter on Jewish ethics would need detailed assessment by one competent in the field. His general thesis is that the most respected authorities on Jewish medical ethics, including J D Bleich and Immanuel Jakobovits, are too conservative, more concerned with the letter of the halakhic command than the halakhic good of health. This, of course, is no more than to say that Green himself would favour a more liberal interpretation. But he so expounds the rabbinic teaching as to evoke much sympathy with what he feels obliged to regret.

Medical loyalty

D H Smith, finally, grounds a fine chapter on medical loyalty in the theology of covenant and of the irrevocable self-identification of God with the suffering. 'In terminal care, loyalty is incompatible with desertion'. Going with it is a shrewd warning against fanaticism, summed up in an epigram on the three authors whom he has expounded: 'If Royce makes a god of the cause and Niebuhr removes god from the world, Ramsey makes a god of

the patient'. Better that, perhaps, than our new idolatries, of making gods out of slogans.

G R DUNSTAN
*Department of Theology,
The University of Exeter*

Ethical Issues in Preventive Medicine

S Doxiadis, editor, 108 pages,
Dordrecht/Boston/Lancaster, £33.25,
Martinus Nijhoff Publishers, 1985

This book is a transcript of 16 working papers (with edited discussions) of an interdisciplinary workshop, sponsored by the NATO Scientific Council, and held in Athens in January 1985. The topics included confidentiality, informed consent, intervention trials, screening, resource allocation, occupational medicine, and the conflict between the individual and the State, between personal freedom and 'the common good'.

As the first book on the ethics of preventive medicine it should be welcome; it is about 30 years overdue. Still, it has all the shortcomings of a fledgling: it stumbles around, struggles with language, asks questions to which there are no answers. Regrettably, the book has no references and no suggestions for further reading.

Preventive medicine is nowhere defined and some issues discussed are scarcely 'medical', for example, crash-helmet and seat-belt legislation. Also it would stretch the term 'medicine' too much if it were to include the problems of 'improving individual behaviour', 'manipulation of behaviour by controlling the contingencies of reinforcement', and the whole gamut of stick-and-carrot methods used by the State to make the people abandon their erring ways.

The language of rights permeates the book. What does 'No one has a right to happiness but rather a right to the pursuit of happiness' mean? Is there a meaningful answer to the question: 'Has the individual the right to take a voluntary health risk'? The interrogator has mastered Newspeak. One participant even advocated the right of a sick fetus not to live (*sic*). Did not Jeremy Bentham once say that to talk about rights is nonsense and to talk about natural rights is nonsense upon stilts?

Many important problems surfaced at the workshop, such as the lack of evidence for the benefit of health

promotion, which is taken for granted; the paradox that preventive measures may lead to an increase in the health budget and to medicalisation of the healthy; and the opportunity cost foregone in cancer screening programmes (£300 million was spent in the UK on cervical smears for a dubious benefit, while the money might have been spent more wisely on something else). Some platitudes got a hearing, too: 'An ounce of prevention is worth a pound of cure'. As H L Mencken observed, a platitude is a statement which a) everyone believes, and which b) is not true. Is not ten pence of prevention a day more expensive than a £10 cure a year?

Other important problems were left out, such as Rose's prevention paradox (how to persuade the population to participate in activities which may be good for society but which offer little benefit to participating individuals – if they were told the truth they would not bother); the metastasising health-promotion industry searching for its *raison d'être*; and the ethics of the criminalisation of addictive behaviour. The two opposing ideologies in preventive medicine, corresponding to the open and closed societies of Popper, were not explicitly spelt out, although they were discernible in the discussions and ultimately this is what the book is about.

The disappointing input of theologians was hinted at by Professor Dunstan (himself a priest) and an exception to his own rule: 'Modern Christianity seems to be trying to apply the brakes rather than to offer positive guidance for the future evolution of the use of new knowledge'.

One American speaker accused the British Government of suppressing a commissioned report on alcoholism, which had to be 'smuggled out of the UK and published in Sweden' (?!), presumably because it showed what everyone knew, *viz* 'the government has an interest in the production, distribution and consumption of alcohol'. It did not occur to the speaker that so do the people who elected the government. The same speaker insisted on his right to be protected from the person who smokes. As a matter of symmetry, smokers and drinkers should have the right to be protected from such zealots. Understandably, this issue was not raised at the workshop.

PETR SKRABANEK
*Lecturer, Department of
Community Health,
Trinity College, Dublin*

The End of Life: Euthanasia and Morality

James Rachels, 204 pages, Oxford,
£12.95, paperback £3.95, Oxford
University Press, 1986

For two reasons I found this book difficult to review. First, I became personally extremely involved, which reflects, of course, the interest generated by the author's arguments. However, I had to guard against the temptation of offering the readers of this journal my own views on the topic rather than my assessment of Professor Rachels's book.

Secondly, I am not a philosopher and, therefore, recognised my inability to make a scientific appraisal of the author's philosophical arguments. I also lack a thorough knowledge of the great philosophers whose theories are invoked.

It is claimed for the book, that it is 'for anyone who cares about the way we treat other human beings; . . . for anyone who has stopped to consider what we really mean by respect for human life'. Having spent some 40 years in the nursing profession, I feel justified in counting myself as such an 'anyone' and my review is, therefore, based on this, rather than on a philosophical, background.

In order to convey the approach to the topic adopted by the author, it is necessary to list the chapter headings. There are ten chapters, each of which is rich in information and food for deep thought: The Western tradition; The sanctity of life; Death and evil; 'Innocent humans'; Suicide and euthanasia; Debunking irrelevant distinctions; Active and passive euthanasia; Further reflections on killing and letting die; The morality of euthanasia; Legalising euthanasia.

In the first three chapters the author takes us through some of the major tenets of the great philosophers and traditions of thought, both in the Western and the Eastern cultures, showing the striking contrasts between them.

From the 17th century onwards, morality was no longer considered to require a religious foundation and was opened up to a wider debate. Professor Rachels rightly brings the debate into the end of the 20th century using the distinction between 'having a life' and 'merely being alive' as a springboard, a distinction which he illustrates with some telling case studies.