Book reviews

The Sanctity of Life Doctrine in Medicine: a Critique

Helga Kuhse, 235 pages, Oxford, £25, Clarendon Press, 1987

This book is a study of the ethics of homicide in medical practice almost wholly devoted to showing the inadequacy, because of its inconsistency, of a sanctity of life approach to that ethics. According to the first chapter, the sanctity of life approach is based on the notion that the direct taking of innocent life in medical practice, as elsewhere, is absolutely forbidden. But other important ideas are seen to be associated with the sanctity of life principle as discussion proceeds: for example that there is something inherently valuable in human life independent of the quality of life it occasions, that all human life is of equal value, that there is something inherently wrong in the taking of human life as such. To the sanctity of life approach with these implications the author opposes an account of the ethics of homicide based on a quality of life approach. This uses the notion that life is valuable only in so far as it is a precondition of other things (for example pleasure or the exercise of autonomy). Homicide is only an evil if it forecloses a life which is associated with these other goods.

Three lengthy chapters in the middle of the book, amounting to some three-quarters of its material, treat of the ways in which defenders of the sanctity of life principle try to reconcile their views with the fact that many apparently licit clinical decisions have among their foreseen consequences that a life should not be prolonged as long as is medically possible or that a patient's death should be hastened. Acts and omissions, the principle of double effect, and

extraordinary and ordinary means are treated here. The critique of these devices is thorough and penetrating but its general outline is familiar from other treatments of homicide and medical ethics provided by quality of life theorists (including the author's own work with Singer on life/death decisions in paediatrics). The general conclusion reached is that these devices are used with notable inconsistency by their proponents and do not offer any good grounds for supposing that if the hastening of death (or the failure to prolong life) are foreseen consequences of voluntary actions, these acts should not be considered homicidal in their intent and thrust. Sanctity of life theorists, in other words, are using a much broader notion of justified homicide than they suppose and are in effect endorsing the belief that quality of life considerations can justify an act homicidal in its thrust.

The principle of double effect is the most important of the devices used in the ethics the author opposes. Her treatment of it is polemical in character. A more independent discussion is perhaps needed to settle finally the question of whether the fact that a homicidal consequence is no part of the reason for an act being performed does at all imply that this consequence is (as Thomists argue) no part of the act itself, but a mere circumstance which bears less centrally on its moral character. Overall, however, it must be said that the author succeeds in showing that we need a broader notion of justified homicide than that suggested by traditional talk of the sanctity of life.

What does not follow from the force of the central critical chapters of this book is the truth of the quality of life ethics of homicide expounded in the final chapter. For the quality of life and sanctity of life accounts of the ethics of homicide are not exhaustive alternatives, and as a study of the applied ethics of homicide this book is

seriously deficient in implying that they are. It is possible to hold that human life is intrinsically a good (and homicide therefore intrinsically an evil) while recognising that in some cases the consequences of continued living (for example in great pain in a terminal state) justify or mitigate the taking of life. The intrinsic wrong or evil of homicide is not an absolute wrong or evil, though homicide is always a drastic act which *unless* justified or mitigated is wrong without qualification.

To say that homicidal acts are intrinsically wrong, and forbidden unless justified, is to endorse the idea that there is something about being human which makes a life importantly valuable. In her last chapter the author seeks to overthrow this impediment to her quality of life view by appealing to the manifest injustices of speciesism. Like others before her she is unable to distinguish between saying that being a human life is *necessary* for having a peculiar value and saying that it is *sufficient*. Let us hope that the latter view is defensible, for then we shall avoid the miserable conclusion endorsed in this work to the effect that there are no direct reasons why it is wrong to kill human infants.

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Persons and Personality

Edited by Arthur Peacocke and Grant Gillett, 222 pages, Oxford, £19.50, Basil Blackwell, 1987

The Ian Ramsey Centre in Oxford has become an important institute for the study of philosophical and theological issues surrounding the practice of

medicine and science. In December 1985 the centre held a weekend workshop which was called Persons and Values. This volume is a result of that workshop.

Many of the philosophical issues which surround the concepts of person and personality bear directly on matters of medical interest. Much of the debate about abortion, for example, is over the issue of 'When is a fetus a person?' Of more interest to me is the question of when psychological problems should be seen as part of the person, and when they should be seen as something alien. For example, depression can be viewed as a disease which 'attacks' a person, or alternatively as part of the personality. In my outpatient clinic I find myself moving uneasily between these two broad formulations with their differing therapeutic implications.

Psychotherapy and theology alike are interested in the question of how a person may be helped to become fulfilled. In both disciplines there is an implied difference between, on the one hand *changing* someone, and, on the other, *helping* him or her to develop.

In this volume there are thirteen essays by a range of people, for example, doctors, philosophers, lawyers, sociologists, theologians.

It is as though one had asked a number of different people to take a photograph of some aspect of Oxford and then placed all the photographs in one frame. There is no intellectually satisfying whole, but it is a fascinating book to sample, knowing only, as you start each essay, that it will give you one person's glance at one feature of the problems surrounding persons and personality.

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Recollections and Reflections

Douglas Black, 132 pages, London, £14.95, British Medical Journal, 1987, hbk

This is an outstanding book by a very remarkable man. It is one of a series, The Memoir Club, commissioned by Dr Stephen Lock, editor of the *British Medical Journal*. Though not strictly an autobiography it is rather a series of memories and reflections of a life in medicine, scholarship, research and administration.

The author begins with the

framework – as a medical student at the University of St Andrews, as a resident – and then goes on to describe his years in Oxford. He went to Oxford originally to work with Leslie Witts, doing research into gastric haemorrhage, but this led onto work with burns. This was followed by work in Cambridge with Elsie Widdowson where his special interest in problems of fluid balance led to the study of nephrology, the medical aspect of disease of the kidneys.

War-time service with the Royal Army Medical Corps (RAMC) took him to West Africa and to India, eventually taking him to the Central Military Pathology Laboratory in Poona.

Returning to England he was appointed to a lectureship in Manchester; Robert Platt was then full-time Professor of Medicine there. Somewhat to his surprise he stayed in Manchester for 26 years, succeeding Robert Platt as Professor of Medicine, and eventually as President of the Royal College of Physicians in London. He comments on the responsibilities of a professor of medicine, clinical care of patients, administration, examining and research. This last interest led Sir Douglas to membership of the Medical Research Council.

His chapter on medical practice reveals a doctor with great sympathy and feeling for patients and their relatives, even in the stress of a busy outpatient clinic. He notes the increasing specialisation in medicine with the problems this may bring and the virtual disappearance, at least in larger hospitals, of the 'general physician'.

The chapter on the progress of medicine asks the questions: Has there been an improvement in health? Has increase in medical knowledge contributed to it? Has access to health care improved? His answer to all these questions is a qualified 'yes'. In particular he deals with his own subject of nephrology, indicating the progress made by kidney dialysis and transplants. He finds that on the whole the National Health Service has been a success in spite of current underfunding and that it compares favourably with the system of health care in the USA.

The next chapter deals with his time in Manchester, with comments on medical examinations. He notes with pride the development of one of the earliest university departments of general practice under its first professor, Pat Byrne.

As a member of the Medical Research Council he became Chairman of the Clinical Research Board. This led, in

1973, to his relinquishing his chair in Manchester to become the Chief Scientist at the Department of Health. His time at the Department of Health and Social Security (DHSS) led to the publication of the famous Black Report on inequalities in health. This showed the health disadvantage suffered by manual workers, particularly unskilled, and the health disadvantages of social deprivation. He does maintain however that advances in curative medicine have done something to reduce mortality from diseases for which treatment is effective.

In 1977 Douglas Black succeeded Sir Cyril Clarke as President of the Royal College of Physicians in London, an office he held until 1983. He describes the function of the college and the many duties of the president, responsible as he is for the problems of physicians throughout England, Wales and Northern Ireland. The positive aim of the college is to maintain and improve the standards of practice in the interests of patients. In particular the colleges are concerned with postgraduate training. In Black's time many issues came up for consideration. These included tobacco, fluoride in water and nutritional topics such as dietary fibre, obesity and food intolerance. Of great public concern was the Panorama programme on brain death. Another matter was the possible association of nuclear emissions at Sellafield and childhood leukaemia; this latter is still uncertain.

After retirement he has found many activities. Through the Wellcome Trust he was able to convene a committee of the Royal College of Physicians on ethical aspects of medicine. While President of the Royal College of Physicians he accepted an invitation to become a consulting editor of this journal and subsequently he also became President of the Institute of Medical Ethics, which publishes the journal. He has also served as President of the Medical Protection Society which defends doctors accused of negligence and has an important role in all the medicolegal aspects of the practice of medicine. He then became President of the British Medical Association, the Medical Council on Alcoholism, and Health Concern.

These appointments were followed by the chairmanship of the British Medical Association's board of science and education. He chaired a working party on alternative medicine after Prince Charles, in his presidential address, had asked for consideration of the matter. It was decided that a controlled trial would be impracticable