Book reviews

When Did I Begin? Conception of the Human Individual in History, Philosophy and Science


There is little time to lose. It is essential for the integrity of parliamentary debate and for the right conduct and regulation of embryo research that Norman Ford's argument and conclusion be assimilated before the British Government introduces its promised legislation in 1990–1991. Fr Ford is Master of the Catholic Theological College in Melbourne, Australia. He is master also, not only of the disciplines of philosophy and theology proper to his profession, but also of the most up-to-date studies in embryology available to him through Alan Trounson and Roger Short, in particular, in Melbourne, and other biologists of comparable eminence elsewhere. There results an exemplary exercise in the application of philosophical analysis to scientific data: an argument progressing by elimination to a clear and defensible conclusion. The conclusion is that 'the human individual begins at the primitive streak stage, but not before it. This is so because the conditions for the presence of an actual human individual, in the sense of an on-going living ontological individual with a true human nature, are not satisfied prior to the formation of the primitive streak' (p 173). 'That is when I began being me: ensouled with a rational soul or life principle, which makes the human body be the same individual from that stage until death' (p 175).

Fr Ford wrote his book out of a concern for a truthful basis to pastoral teaching. His own traditional view — which equates the emergence of human personality with the formation of the zygote at fertilisation — he found incompatible with the scientific evidence of pre-embryonic cellular activity now available. This evidence is traced in absorbing detail (with diagrams); and at every stage — zygote, early cleavage, morula, blastocyst, early differentiation within the blastocyst, beginning of implantation — the test is applied: have we here a cluster of homogeneous cells, or a multi-cellular, heterogeneous developing human being having one ontological entity? At every stage the test is conclusive: there is no 'human being' (as distinct from being biologically human rather than murine, bovine, equine, etc) until, all indeterminacy, all possibility of twinning or of neoplasm, being past, cell commitment begins with the establishment of the primitive streak and implantation in the womb is complete (the true 'conception' in its historic meaning).

Fr Ford is patient and fair in presenting opinions from which he is driven to differ; even those of Professor Lejeune, which are shewn to rest on a radical misunderstanding of the scientific data on which they were alleged to be grounded.

The debt of civilisation to Aristotle is recognised in the careful and illuminating exposition both of his embryological observations and theories of conception, and of his philosophy of the soul — 'the cause and first principle of the living body', 'the form of actuality of matter organised into a living organism whose parts, organs and functions are for the benefit of the totality of what is alive' (pp 35, 36). There is no room for Platonic or Cartesian dualism in embryology. Similarly Boethius and St Thomas Aquinas are given their proper respective places in the tradition. So are William Harvey and the seventeenth century searchers for sperm and ovum.

Fr Ford's conclusion is not new. This reviewer has held it and expounded it for years, as have several distinguished Roman Catholic moralists who have seen it as their duty to develop received teaching in the light of advancing knowledge. What is new is Fr Ford's magisterial exposition and defence of that conclusion in terms and with a skill which must commend his work to embryologists and philosophers alike. As a work of scholarship it is greatly to be admired. As essential reading for those who must form social policy in the immediate future it is confidently prescribed.

PROFESSOR G R DUNSTAN
Honorary Research Fellow
The University of Exeter

Intensive Care: Facing the Critical Choices

TA Raffin, J N Shurkin and W Sinkler, 210 pages, New York, Oxford, £11.95 pbk

This short American book can best be described as a layman's guide to intensive care and the ethical and emotional dilemmas it generates. The first half deals almost exclusively with intensive care — what it is, what it provides and why. Five chapters cover the body systems in turn and then comes a neat account, titled Program for recovery, which reminds the reader of the less technical but still very necessary components of management such as nutrition, sleep, exercise and incentive.

The transition to ethical matters is made primarily from chapter 7 onwards, with a consideration of death and dying which leans heavily on the
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(chapter 11).

This book is a sincere, worthy and on
the whole successful attempt to assess
the pros and cons of 'Life and death'
decisions, made almost exclusively
within the setting of an intensive care
unit in the United States. The author
describes the need for a 'moral theory'
and one must, of course, agree with
this. However, most people without the
gift of religious faith and revelation can
perceive no simple way of arriving at a
moral theory, since the moral
infrastructure of society is not static
over time. However, the author makes a
heroic effort to identify various ethical
'appeals' which have to be considered in
every difficult decision, ie 'respect for
persons', 'cost-effectiveness and
justice', 'rights', 'consequences of our
actions', and 'the virtues'.

The author concludes that none of
the current ethical systems take account
of all these 'appeals'. After discussing
some of the other guidelines which have
been proposed he itemises a new model
for the patient-physician relationship
which takes account of the various
'appeals' which frequently conflict and
whose strength has to be assessed
positively and negatively.

I found this first part of the book
sensible and there was little that one
would disagree with. I was unsure to
what extent any original points were
made. However, I found the last two
thirds of the book quite fascinating.
These comprise a detailed account of 40
very realistic clinical situations which
covered the care of elderly and
frequently fatally ill patients, young
children, and neonates with serious
medical disorders, as well as some
young adults. Some of the situations
envisioned seem almost unreal to a
British physician because of the high
level of public awareness in the United
States that bodies can be kept 'alive'
with the heart continuing to beat and
ventilation maintained artificially for
virtually unlimited periods. Some of the
'decision-making' seems hardly worth
discussing. For example, three pages
are devoted to the process of arriving at
the conclusion that a baby born with
hydranencephaly should not be
aggressively managed. In general, I
found no difficulty in agreeing with
the conclusions of the author and his
reviewing panel in most of the clinical
situations discussed, although I felt in
many cases that unduly heavy weather
was being made. However, I found it
very difficult to agree that a previously
healthy 84-year-old woman who had
broken her leg and was refusing to eat
should be force-fed if persuasion failed.
I found this suggestion almost obscene

but I recognise that this sort of situation
is an ethical gray area and I suspect that
physicians in the United States are
somewhat more therapeutically
aggressive in the elderly than their
counterparts in Britain.

To summarise, I felt this was a
worthy attempt to clarify ethical issues
in life and death situations and the case
analyses that comprise the latter two
thirds of the book could be read with
advantage by all medical students and
any doctors who face some of the
difficult decisions which are discussed
and analysed.

PROFESSOR C J DICKINSON
Professor of Medicine and Chairman,
Academic Department of Medicine,
St Bartholomew's Hospital Medical
College, London

Life and Death
Decision Making

Baruch Brody, 250 pages, USA,

Logic in Medicine

Edited by Calibert J Phillips, 104 pages,
London, £5.95, British Medical Journal,

Logic in Medicine is captivating in its
clarity and offers a challenge to those
who believe that medicine is more an art
than a complex science governed by
logic. On the other hand, those who
believe that medicine is respectable and
credible to the extent that it can justify
its claims by careful reasoning will find
this book a cogent illustration of that
position. The book consists of six
articles each of which focuses on the
use and value of systematic reasoning in
a particular area of medical theory and
decision-making. The chapters discuss
the following topics: doctors and
witchcraft, formal logic, diagnostic
logic, diagnostic systems as an aid to
clinical decision-making, an economic
perspective showing the use of logic in
allocation decisions, and, finally, an
argument for fundamental ethical
principles in health care.

The cumulative effect of reading this
book is the renewed realisation that an
essential component in the practice of
medicine is the conscious use of method
and reasoning. This attention to greater
rigour in method is recommended as a
necessary supplement to an intuitive
approach based on experience which
'usually serves remarkably well' (p ix).
However, an emphasis on reflective
method does not promise certainty
either in diagnosis or treatment
decisions. In an excellent discussion of
diagnostic logic, Fergus Macartney
rejects the need for certainty in
diagnosis in the general management of