reproduction and the social good and fears by dominant groups of higher population growth in other groups (what one British expert has called 'competitive tribalism'). One author even offers a variant of the 'yellow peril' theme: fear that the First World will lose its world primacy.

There is much discussion about the human right to control fertility and the extent to which this has to be seen in context. One author asserts that the right is not fundamental but must take account of responsibilities to the self, to others and to the next generation. No author dissents from the proposition that the decline of external moral absolutism and advances in contraceptive technology have led to greater individual choice - and hence to greater individual moral responsibility. Women, in particular, have gained control over their sexual lives, while individuals generally have been able to avoid some of the undesirable results of sexual activity. However, contraception has not radically changed attitudes to human sexuality. We are told that sexual behaviour is a complex human activity in which sexual attitudes determine the acceptability of contraception rather than the reverse.

The relationship between individual responsibility and external guidance is considered in the context of the sexual behaviour of minors and the role of public health workers providing contraceptive services to them. The question is whether medical providers should be moral educators. Although medical morality has replaced religious morality, this has not avoided conflicts of moral value both for providers and clients of contraceptive services.

Two authors deal with the relationship between population growth and development, a theme occupying increasing attention in international institutions concerned with development. How population growth relates to national welfare is an 'intricate problem'; when is government intervention morally justified? China's coercive one-child policy raises ethical issues. It is concluded that such issues have to be considered in the context of the values of those involved and the claims of the communities affected.

This book provides a stimulating and informative debate on a wide-ranging topic. It touches (too briefly) on the issue of individual responsibility to future generations but deliberately avoids the matter of individual responsibility for what happens to other life on earth as world population growth puts such life under ever greater pressure. Those major moral issues must impinge on sexual behaviour.

Any further symposium on this topic should deal with Sexually Transmitted Diseases (STDs) and include one or more contributors from the Third World where the pressures of excessive population growth could produce new moral and philosophical insights.

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Sharing the Darkness: The Spirituality of Caring
Sheila Cassidy, 164 pages, London, £5.95, Darton, Longman and Todd, 1988

Everyone, so we are told, has a book in them. Sharing the Darkness is that kind of book and its spirituality is personal.

Dr Sheila Cassidy was thrust into the limelight when in 1975, having treated a wounded revolutionary in Chile where she was then working, she was herself arrested and tortured. It was a remarkable story of personal courage and I remember hearing her on the radio describing in a most moving way the spiritual aspect of this experience (more fully recalled in her book Audacity to Believe). In this present book she refers to this terrible incident in passing. More recently she has become well known as the Medical Director of St Luke's Hospice, Plymouth, which was featured in the TV series The Visit. It is from this experience of terminal care, which has been her concern for the past nine years, that she draws the main themes for her book.

When these two aspects of her life are in mind her writing is at its best. While critical of attitudes which sometimes make professionals appear uncaring she nevertheless explains the process and the system which can bring this about. She considers communication of 'bad news' and provides a thoughtful chapter entitled Hospice as Community, in which she confronts the tensions of stressed working relationships finding 'natural' support groups more useful than 'facilitated' ones in helping to bring about some resolution.

If the book is something of a patchwork wrought from stuff of varied quality and having no easily discernible pattern overall, at least in her Introduction the author lets us know she is aware of this is so. It was a book she had to write. The subtitle is perhaps then misleading for it is not a systematic theology of caring.

The poignant illustrations which can hold the attention of an audience for a lecture, broadcast - talk or sermon, cannot appear maudlin when written. I found this especially so in her description of hospice patients or members of the L'Arche Community in their work. As she says: 'It is difficult to write without sounding sentimental'.

This aside, the book will be most appreciated by those who find the autobiographical jottings of others helpful in charting their own journeys through life and who are seeking soundings to discover the spiritual bedrock. If it does raise more questions than it answers then this is an inevitable part of that voyage of discovery that has to be made in the matter of faith as in other matters of human knowledge. It is an honest attempt to grapple with important issues of belief and especially with the problem of pain and suffering. It is by someone who has experienced pain acutely herself and has continued to observe it closely in the sufferings of her patients as well as in herself and her co-workers while attempting, through professional skills, to bring relief and comfort to those in their care. Above all, it is a book by someone who cared passionately about her work and is seeking to understand its spiritual dimension. Sheila Cassidy did test her vocation to the religious life when she entered a convent but she returned to medicine eighteen months later, knowing that way of life was not to be hers. She is concerned not just about the love of God but also about the love of neighbour. Here is no spiritual flight of fancy, for her writings are related to the real world (Meister Ekhart, St Ignatius, Annie Dillard, Helder Camara are among her guides) ... it is incarnational.

I look forward to Sheila Cassidy's more systematic development of these important themes in what I hope will be a series of further writings. Meanwhile Sharing the Darkness provides a useful starting point for discussion and for prayerful reflection.

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Maitre De La Vie
The merit of this work is that it defines the thoughts of an informed Christian regarding the problems caused by biomedical progress.

The different techniques in several medical procedures such as artificial insemination, in vitro fertilisation, contraception, abortion etc, are expressed in a clear manner.

As a Christian, emphasising the effects that these innovations will have on the society, he warns against their use without taking into account the human being, and the quality of life, one aims for.

Therefore, this book is a testimony, a testimony of a Christian whose aims and thoughts have to be considered as a contribution to a discussion on ethics. This work, which is inspired by a tradition which the author holds, cannot by itself be a reference book of medical ethics. Medical ethics are the result of a consensus and therefore cannot arise from any single sectarian attitude be it religious, political or scientific.

The procedures described dramatise the disadvantages of the use of modern techniques without demonstrating their benefits. (For example, the fictitious anecdotes reveal only excessive application.)

If society has to take a position on the use of biomedical innovation, it cannot take the risk of not accepting it. The achievement of a consensus between science, morals and politics, which can be the only way to define the ethics, will need a clarification of the motives of these parties.

So, even if this book cannot be considered as a work of medical ethics, it has to be seen as conveying the position of a thinking Christian with regard to the progress of modern medicine.

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La Fecondazione Artificiale: Questioni Morali Nell'Esperienza Giuridica

Maurizio Mori, 341 pages, Italy, L.28000, Giuffrè, 1988

The moral dilemma of *in vitro* fertilization (IVF) is to decide whether or not it is permitted to intervene in the procreative sphere. In Mori's book, the author pinpoints the problem in the first pages, underlining the fact that the choice is not easy because there are two alternative understandings of life. Essentially, IVF is a kind of test case, where logical reasoning cannot eliminate all doubts. In these circumstances there is a balance of logical arguments on the two sides and consequently moral intuitions or moral sense become relevant factors in choosing what is right and what is wrong. According to Toulmin's affirmations, we can say that we are faced by a personal choice of life.

I think that this resembles the epistemological theories of T Khun, who affirms that scientific paradigms are not comparable (the paradigm is the group of scientific theories which, at a given moment in history, defines the perspective in which particular scientific research operates). For example, while the particular theories of the Ptolemaic System or the Copernican system can be examined rationally, the two systems as a whole are not comparable with each other, as their points of departure are different, one geocentric, and the other heliocentric. But, as in this kind of philosophy, it is not easy to explain how we can choose between two possible decisions in the balance.

What is original in Mori's proposal is the fact that he maintains that in difficult cases, logical reasoning does not guarantee the victory of either one of the contrasting theories. However, he believes that rational attempts, which may sway the balance, are possible. In this way we may avoid the rather unsatisfactory conclusion that the decisions must be made under the influence of moral intuitions and subjective moral sense.

The road which Mori indicates to us is that of moral analysis which is implicit in current law, and in particular, in Italian law. Consideration of the sentences handed down in two cases involving artificial insemination (Rome 1956 and Padua 1957) followed by a careful analysis of the subsequent debate, permits Mori to come to an interesting conclusion. In actual fact, the moral code which is implicit in current Italian legislation is not in principle against artificial insemination, because fatherhood is based primarily on social considerations and not biological links. Thus, if the biological systems do not work there are no valid objections to interventions in the procreative process, even if this changes the normal biological relationship of a couple.

Of course, in this way, we cannot automatically solve the problem about the balance between the arguments in favour and the arguments against IVF. We can, however, according to Mori, at least overcome a stalemate position and presume that it is legal to intervene medically in procreation. It is up to those who are against this view to prove their own case.

It is easy to see who Mori's principal target is: those who on behalf of the Catholic Church argue against any kind of IVF. As this position is strongly held, particularly in Italy, it is highly appropriate that a dissenting voice on the part of non-clerical bodies be raised.

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Biomedical Ethics Reviews 1987

Edited by J M Humber and R F Almeder, 185 pages, New Jersey, USA, £32.70, Humana Press, 1988

This edited work is written for professional and lay readers in order to explore ethical issues of current importance. This, the fifth volume in an edited series contains seven chapters written by contributors from the health care and ethical disciplines. Each of the three sections, which are introduced by the editors, is quite different in style and depth of analysis. Some subjects will be more accessible to the 'untrained' reader than others.

The first, and the most discursive section, on care of the elderly or those near the end of their lives and the problems of respecting their autonomy in various situations involving medication is richly illustrated by case material. Many of these vignettes are probably relatively familiar to those with aged relatives. Difficulties in coping with chronically deteriorating abilities in the elderly and the effects on others may influence practitioners to prescribe for the benefit of carers rather than the patient, whose own wishes are either not explored fully or excluded in the cause of safety. The problem of deciding whether to treat those elderly who are very disabled is also aired and this section concludes with a list of rules for prescribing. It serves as a clear...