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, Giuffré, 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
warning for those in this growing area of concern.

Animals as a source of human transplant organs is an equally fascinating section, commencing with a superb chapter by Richard Werner, recounting the futuristic tale of the earth’s occupation by a ‘superior’ race, the Bios. The diary of a human scientist unfolds in a dialectical discussion on whether humans can be sacrificed, as well as other animals in the cause of another race. Arguments of speciesism and the greater good of all ‘nature’ rather than parts come alive in this original presentation. After this, other chapters in this section seem rather heavy and philosophical, devoted in the main to arguments about sacrificing life for organs and assessing the quality of life for either healthy animals or very handicapped humans. All agree that healthy animals should not be made to suffer and that harvesting human organs after death is preferable when transplantation is necessary to save the life of another.

Finally there are two brief chapters on the nurse’s role, which are rather prescriptive and uncritical. Nurses are seen to have a primary role as patients’ advocates, and this is accepted apparently because previous nursing authors have supported and written about this. The second author illustrates this principle with the case of Baby Doe, reminding the reader that the child (not the family) is the primary responsibility of the nurse, who acts as his advocate.

In summary this is a useful collection for those, such as students, who are interested in learning about medical ethics, and it may stimulate debate and help others to realise there are many ways of looking at ethical problems. A quote from Richard Werner captures the essence of this subject and is sadly in contrast with the message from some of my nurse colleagues:

‘I do not see it as the job of the moral philosopher to draw moral conclusions, to tell other people what they ought to do, if for no other reason than they won’t listen anyway… The important point is for one to develop one’s own reflective morality, not to receive someone else’s conventional wisdom’.

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Human Life and Medical Practice

Professor Mason faces the harsh question head on: do we, should we, aim for quality or quantity of life? Is the sanctity of life paramount, or is the capacity for enjoyment of that life to be a prominent factor in the ethical equation? In this careful analysis of the problems raised by abortion (around 172,000 cases a year in this country), euthanasia, fetal and neonatal rights and the definition of death, he sets out the issues with clarity and gives his own views with the firmness and modesty to be expected from one who has over many years developed a strong philosophical stance, derived from experience and close study of the views of others.

The author could be said to have missed a trick over abortion. The real effect of the Abortion Act, 1967 is that it legalised abortion ‘on demand’, since the requirement that the mother will be at greater risk if the pregnancy goes to full-term is satisfied in every case by the statistics for maternal death and morbidity, at least in the first trimester. This was revealed by the gyrations of Professor Huntingford and the Attorney-General over the validity of certificates under the Act: a striking example of legislation unwittingly contradicting the intention of Parliament and flying in the face of current ethical views.

The great value of this book is its historical perspective, illustrated by specific examples which clarify the issues (sometimes: whether the Gillick case cleared or befogged the air open to argument.)

Not surprisingly, the Arthur case figures prominently in the discussion. While the case was directly concerned only with the rights of a neonate and its parents, it raised a number of issues which go to the root of medical ethics, many of which are still unresolved. The value of Professor Mason’s analysis is that he gives us the reasoning behind the ‘pre-Arthur’ and the ‘post-Arthur’ approaches to the problems of the defective neonate, so providing a framework for the examination of other ethical problems. It might have been some comfort to the tragic Dr Arthur to realise that he had at least polarised the chaotic views of his profession.

The other great virtue of this short book is the full annotation, with reference not only to the literature (somewhat scanty and often tendentious) but, more important, to all the leading cases in English law, and to many from North America. This is probably the only way to make sense of the network of strands of thought in this changing area. One aspect he does not cover, nor could he do so to any effect is: what is the duty of the doctor faced with the ‘need’ to sterilise a girl unable to consent by reason of her mental state, but too old to be made a ward of court? The House of Lords grappled with this problem recently and permitted it ‘in the existing circumstances’.

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News and notes
Professorship in medical ethics for JME’s first Editor

Dr Alastair Campbell, the first Editor of the Journal of Medical Ethics, has been appointed Professor of Biomedical Ethics in the Medical School of the University of Otago, New Zealand. He will also be the Director of the university’s newly established Bioethics Research Centre. Dr Campbell was previously Senior Lecturer in the Department of Christian Ethics and Practical Theology, Edinburgh University.