

is it personal and cultural evolution primarily via man's non-biological abilities?

To answer my arguments Mr D'Hooge needs to challenge me on whether man is or is not qualitatively different from other animals.

2. A proposal that a grasp of an individual's 'selfness' is a criteria for the bestowal of rights has dangerous implications. If he believes that experimentation on human beings who are unconscious (who therefore cannot grasp that they are a 'self') is justified, then I cannot agree. Rights should be given to all men. In some cases of severe brain damage or mental subnormality, it could be possible to argue that the individuals concerned were not human. However, human rights should be bestowed as widely as possible even at the expense of giving them to some individuals who may not be human, but who clearly have the potential to be human. This again is based upon the value of a human being and a desire not to deny rights even if it means bestowing them inappropriately in some cases. This is not a dogmatic concept, it is liberal and democratic.

Furthermore, by using 'self' as a definition for rights, we have no way of drawing a line. Molluscs can be educated by using their memory (1) they may therefore have a grasp of 'self'. Would Mr D'Hooge refrain from eating a live oyster?

Ethics should be based upon principle. Mr D'Hooge fails to discuss the principles on which my conclusions are based. The debate on animal experimentation must firstly define the nature of man and his destiny, otherwise we do not have the basis for an equal discussion.

## Reference

- (1) Lieberman P. *Uniquely human. The evolution of speech, thought and selfless behaviour*. Cambridge, Mass: Harvard University Press, 1991: 123–124.

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## Death in Denmark: reply to Lamb

SIR

David Lamb's reply to my article *Death in Denmark* (1, 2), is unduly sensitive to the wrong points, and as a result leaves my central contention virtually untouched. I argued, against reductionist and essentialist conceptions of life and death, that major physical functions such as persistent spontaneous circulation *count* for the life of a human being, and that brain-centred conceptions of human death wrongly exclude the significance of the persistent heartbeat – a significance that is widely and deeply held in Western culture. Lamb thinks that I am relying on dogma, on a 'revelatory' appeal to authority, and on the 'dismissal of rationality and argument'; whereas in fact I am *addressing* the relation between holding values and giving reasons, and my criticisms of brain-centred conceptions of human death rely on arguments about which Lamb is silent, conspicuously the *reductio* concerning the cremation of the so-called 'beating heart cadaver'.

If in making my case I had indeed relied largely on 'revelations' about what Wittgenstein might have said to a coterie of disciples (or learned from his bedmaker), then Lamb would have rightly found appeal to *this* authority disturbing. But I didn't. I appealed simply to the importance of the heartbeat in everyday experience of life and death; and I supported this way of proceeding with the view – which seems to me to be incontestable – that reasons alone can neither generate nor explain the values that we hold. Reasoned analysis can of course show us when values conflict, or when we fail to hold to them consistently. And we can often give reasons why we prefer certain courses of action to others. But we cannot indefinitely give reasons why we hold the values that underlie those preferences. Reason-giving comes to an end sooner or later; I'm sure that Lamb understands and accepts this point perfectly well. Pointing it out is to engage in argument and analysis, not to dismiss them.

Now does it follow from this (as Lamb seems to complain) that nothing can be said in reply to assertions which, relying ultimately on convictions about values, stand independent of rational explanation? Well of course it does not; what follows is simply that eventually the disputed assertions will reveal a *moral disagreement* rather than a

technical problem in analysis. I have tried consistently to make this clear in my criticism of exclusively brain-centred conceptions of human life and death. If in this context Lamb finds it unhelpful or distracting (as he seems to) for me to mention that Wittgenstein drew philosophical attention to the limitations of reason-giving, then I am perfectly happy to leave such references out (indeed I am happy to defer to Lamb's superior scholarship in matters Wittgensteinian). My *argument* remains quite unaffected by the omission and, I think, stands on his own feet.

Lamb denies that he is guilty of the essentialism with which I charge exclusively brain-centred conceptions of death, and I readily accept that he specifically disowns a reductionist view of the person as no more than the brain. Again, I regard his emphasis on the bodily integration of the human organism as richer and more sophisticated than Dr Pallis's elevation of the twin capacities for consciousness and respiration. I take Pallis's essentialism to lie in thinking that when these capacities are lost, what remains is *of no concern or significance* to the question of whether we still behold a dying – as opposed to a dead – human being. The irreversible destruction of brainstem function may well be lethal over time for the remaining bodily functions; but this shows only that, over time, the brainstem is necessary for these functions to continue. Now, while phenomena such as cardio-vascular function persist, I argue that they constitute the remaining, albeit short, life of the human being. In denying this Pallis is, I think, reducing the notion of the life of the human being to those functions he thinks crucial.

Now if Lamb takes a similarly robust view of the capacity for bodily integration, I think the charge holds good in his case too. But I readily acknowledge his greater caution – and indeed did so in my original article. As against this caution, Lamb's reply makes much of the inability of 'brainstem-dead' patients *spontaneously* to maintain their internal milieu. But losing this capacity does not rule out the spontaneity of other functions, notoriously cardio-vascular function, for a while. Now if Lamb thinks that the persistence of these other functions is irrelevant *and of no interest or concern*, my charge of essentialism stands.

Perhaps Lamb may not, when pressed, really hold this view at all. The acid test would be whether he would be willing for someone who met all the criteria for brainstem death to be

cremated whilst visibly perfused by a spontaneously beating heart. If at this point he shrank back, then my charge of essentialism could readily be withdrawn. But of course, his claim that 'brainstem death' is the whole truth about the death of a human being would have to be withdrawn as well. After all, there would be something irredeemably odd about thinking one could be dead enough to be a 'cadaver' organ donor, but not quite dead enough to be consigned to the flames.

## References

- (1) Evans M. Death in Denmark. *Journal of medical ethics* 1990; 16: 191–194.
- (2) Lamb D. Death in Denmark: a reply. *Journal of medical ethics* 1991; 17: 100–101.

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## Ethics of preventive medicine: response to McPherson

SIR

Professor McPherson (1) believes that I argue 'that somehow preventive medicine among populations is exempt from the constraints of ethical guidelines, while in contrast therapeutic medicine among individuals is constrained by strict ethical guidelines'. Nowhere did I pose this contrast, since I was concerned not with clinical practice but with medical experimentation on individuals (for which ethical guidelines exist) and on populations (for which there are no such guidelines). Having dismissed the strawman of his own making as 'a confusion', Professor McPherson then introduces his own 'real paradox', ie, that practitioners who 'know the answer, or can persuade themselves that they know the answer', can dispense with 'these constraints', which he describes as 'a formal duty to inform, to counsel and to obtain consent'. Whether the doctor knows what he is doing or not, I can't see how he can justify withholding of information, counsel or dispensing with consent, except in special circumstances in which the paternalistic mode may be excusable, but this does not apply to healthy people who are subjected to 'promotional interventions', as Professor McPherson calls them.

If Professor McPherson really believes that 'experiments among groups to assess the prophylactic efficacy of promotional intervention' are not exempt from ethical guidelines, may I ask where are such 'guidelines' to be found, what do they say about the imperative need to inform healthy people invited to participate in such programmes that the outcome is uncertain and more harm than good may ensue, and why such guidelines have never been applied, to my knowledge, in numerous randomised controlled trials (that is, population experiments by definition) of preventive intervention in healthy people, such as single or multiple-risk factor intervention trials testing the possibility of preventing coronary heart disease, or various cancer screening trials. As Head of the Health Promotion Sciences Unit, Professor McPherson should have the answers at his fingertips.

## Reference

- (1) McPherson K. Ethics of preventive medicine [letter]. *Journal of medical ethics* 1991; 17: 162–163.

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