Wonderwoman and Superman: the ethics of human biotechnology

John Harris, Oxford/New York, Oxford University Press, 1992, 271 pages, £17.95

John Harris’s new book stands in a long anglo-saxon tradition of philosophy: it is analytical, strong in argumentation, very utilitarian and full of commonsense. In eleven chapters (some of which are based on articles that have already been published) the author discusses a number of disturbing moral dilemmas concerning new medical technologies: the moral status of the embryo and embryo research; (selective) abortion; wrongful life issues, genetic manipulation; commercial exploitation of human beings and fetuses; genetic engineering, and genetic screening, especially in relation to employment.

Harris’s handling of these issues follows generally the same pattern: the facts are given, and then the argumentation starts with questions such as: ‘Why not do this? ‘Would it be wrong to ...?’; ‘Why not produce embryos for research?’; ‘Why not use embryos as organ farms?’; ‘Would it be wrong to produce a hybrid?’; ‘Can it be wrong to try to select for physical traits?’ etc.

In this stage of the argumentation Harris analyses many well known considerations that are generally used with the intention of stopping the developments under discussion. In the case of embryo research Harris shows, for instance, what is wrong with the argument that embryos are human beings, and what is wrong with the potentiality argument.

In many chapters the author elaborates on the arguments he wants to attack or defend by way of thought experiments. This leads for instance to an interesting (but not convincing) encounter with ‘The sisters of the embryo’ and with five different women in chapter 3 (Origins and terminuses) who are all confronted with the situation that their (potential) fetus may in a specific way be affected by their actions. After a thorough analysis of the variables in this thought-experiment Harris concludes that only one principle stands out unshattered, namely: ‘That it is wrong to bring avoidable suffering into the world’ (page 72).

This appears to be Harris’s ultimate moral principle: it concludes almost every argumentation and every chapter of this book, which (both the principle and the book) qualifies Harris indeed as a convinced utilitarian moral philosopher.

Apart from the remarkable people created in the numerous thought-experiments, the reader also becomes acquainted with an unexpected and new typology of thoughts and arguments. There are for instance the ‘fox’ and the ‘hedgehog’ approaches or arguments – Harris seems to possess a special interest in animals – and the ‘argument from myopia’. The latter stands for the ‘it is difficult to see why’ argument, which according to Harris ‘has no force at all, although this fact has done little to reduce its popularity’ (page 107).

In many chapters of this book Harris’s way of handling the moral issues is quite satisfying and convincing: he shows that good thinking and reasoning can solve even intricate and complex moral issues.

In some others however, Harris’s conclusions are too quickly reached. While discussing, for instance, the pros and cons of the use of embryos for research and therapy his final argument is as follows: ‘If, as seems overwhelmingly probable, embryos can be used to save the lives of adults and children …, we would require strong moral arguments indeed to justify cutting ourselves off from these benefits … (page 44)’. On page 48 he formulates it even more strongly, stating that we would not only be crazy but wicked to do so. This conclusion is preceded by the consideration that ‘neither the embryo nor the fetus attains a moral status comparable to that of adults’, and that at no stage does an embryo or a fetus become ‘a creature which possesses capacities or characteristics different in any morally significant way from other animals’.

The embryo only differs from other creatures ‘in its membership of the human species’. It is exactly this feature that causes abortions about their use, at least for some people. Neglecting this, Harris seems to arrive at a rather simple ‘ends justifying the means’ scheme. His thinking is utilitarian indeed. But it is certainly true that many ethicists agree on Harris’s starting point, that ethics should be focused on the promotion of well-being and the avoidance of suffering. This book shows perfectly and convincingly that good reasoning on this basis can lead to an open attitude towards, and even a solution of, many harassing moral dilemmas.

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Perspectives on AIDS: ethical and social issues

Edited by Christine Overall with William P Zion, Toronto, Oxford University Press Canada, 1991, 179 pages, £13.95
This collection of specially commissioned essays by Canadian academics and activists aims to provide an overview of some of the difficult issues raised by HIV infection and AIDS, particularly within the context of Canadian culture and the Canadian health-care system, for university-level philosophy and religious-studies students. An ambitious range of topics is tackled, ranging from the practicalities of promoting safer sex, through the rights and responsibilities of people with HIV in areas of employment and treatment, to the responses of institutions such as the Church and the drug regulatory authorities to the particular issues raised by the AIDS crisis.

Sadly, the book fails to live up to its promise. 'To a worker in the field, a number of discussions are so divorced from the realities of the epidemic that the niceties of theory seem ill-informed, irrelevant or even counter-productive. For example, Zion's article on religion seems to be founded on the mistaken premise that an important issue arising from the epidemic is the need for Church acceptance of homosexual activity – just so long as it takes place in committed relationships, which, he preaches, are 'a mark of what it is to be more fully human and mature'. Not only does this focus completely ignore the real issues of the Church's ethical responsibilities and dilemmas, such as those concerning condom-use in Catholic countries; it is a luxurious irrelevance to health educators concerned with promoting safer sex to all gay men, whether they are in relationships or not. An essay like Miller's exploration of martyr-imagery in relation to people living with AIDS, entitled Acquired Immanent Divinity Syndrome, is witty, entertaining and original, but, I think, adds little to our understanding of the serious issues of social and cultural representations of people with HIV and AIDS.

Happily, however, the book does contain one or two valuable contributions, especially in the field of medical ethics. Benjamin Freedman's essay, health-care workers' occupational exposure to HIV: obligations and entitlements, is a remarkably sensitive overview of this complex issue. After a comprehensive discussion of the doctrine's professional duty to treat the HIV-infectious, Freedman also explores the limits of that duty, and presents the theoretical case for the payment of risk premiums to those treating HIV-positive patients in circumstances of significant and genuine occupational risk.

John Dixon's excellent piece, catastrophic rights: vital public interests and civil liberties in conflict, is a most valuable overview of one of the most pressing ethical issues raised by the AIDS epidemic: that of the right of access of people with HIV to unproven drug therapies. Dixon argues the case for exceptional rights of self-determination to be granted to people with catastrophic illness, 'trumping' ordinarily dominant public interests such as regulatory paternalism, and describes the challenge these rights present to clinical trial designers, who can only reasonably expect people with HIV to be willing to participate in studies in which every arm offers them a valid treatment option.

Lee's endpiece, entitled living with AIDS: towards effective and compassionate health care policy, offers a now grimly familiar review of the failure of government and institutions – in this case in Canada – to respond promptly and adequately to the AIDS crisis, and highlights the important issues facing us in the second decade of the epidemic. In this context, it is a great pity that the opportunity for a pragmatic and constructive examination of these issues offered by this book has, with some notable exceptions, been squandered.

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Into the valley: death and the socialization of medical students


Sociologists can contribute to the study of medical ethics through research into the values and codes of behaviour that actually guide health care professionals' behaviour. There is now a large sociological literature on medical socialisation, on the processes and institutions through which lay men and women are transformed into professionals who deal routinely with disease, suffering and death. Into the Valley is a valuable addition to this literature. It is not, as might be expected from the subtitle, a study of clinical students' learning about the medical management of the ending of life. Rather, it focuses exclusively on students' exposure to death in the first few months of medical school, as students begin to discard their lay identities in favour of those of doctors-to-be.

This is a detailed observation and interview-based study of three situations in which neophyte students were exposed to death and dying in a private, urban American medical school in the mid-1970s. A scheduled visit in the first month of studies to a hospital for the terminally ill and the unscheduled death of an elderly man during an interview practice session are used to examine the ways in which the distinctively 'medical' conception of death and dying was constructed by students and staff.

But the core of the book is about what may have been identified as a central rite of passage into medicine: dissection of the human cadaver. Exposure to death in this particular form is one of the experiences that marks out medical students as special. The classic American studies of medical socialisation of the 1950s and 1960s suggested that medical students' initial apprehensiveness about dissecting dead human beings was quickly and unproblematically replaced by a scientific attitude to the cadaver as learning material. For Hafferty, this was not clearly so. Dissection was an emotionally precarious and ambiguous process for most of them. It was an opportunity for students privately to rehearse their future dealings with dying and dead patients and with their own future deaths. But 'anatomy lab' was also a stage on which to rehearse the public 'feeling rules' of medicine, to display affective neutrality in the face of something that would be distressing or distasteful to lay persons.

To learn to do this to some degree is necessary if one is to practise medicine at all. But in doing so, medical students learn to see some patients as less than fully human. Hafferty and some of the students he interviewed express concern about whether the personal cost of this loss of sensitivity may often be too high for future doctors and their patients. If so, any remedies would lie in changing deeply embedded features of professional and medical school culture, not in changing students' attitudes or in tinkering with the formal curriculum, for example, by adding formal courses in communication skills. But for me, Hafferty's book raises a question