

principles of double effect and of a proper casuistry are illustrated as a necessary means of escape from the crippling anti-moralities of rigorist and absolutist moral systems.

In the three central chapters Byrne argues with his peers about moral theories, the consequentialist, the deontological and the aretaic. Despite the advantages, clearly outlined, of consequentialism, it does not satisfy: both its assumed 'basic good' and its method of argument are criticized. A strict calculation of benefits may conflict with what conscience calls justice: there is a mode of wrongness to which utilitarianism, even in its refined forms, can be blind, irrespective of calculated utility or disutility. The primacy given to conscience in social relationships is asserted in the conclusion of the chapter.

Having rescued Kant from the absolutism blind to consequence mistakenly attributed to him, Byrne argues with neo-Kantian deontologists and new exponents of a social contract. The medical and social ethics of today are seriously distorted by the individualism which denies obligations to others unless we have freely chosen those obligations: the ideology is at variance with our knowledge of ourselves as aware of, and educated by, our relational ties and obligations. Such self-knowledge is essential to our concept of human dignity, and stands to challenge all moral theories.

It is not surprising, then, that Byrne's prose and moral reasoning are at their most relaxed in the chapter on aretaism, with its leading quotation from Aristotle: 'Only one who has acquired the virtues through action and experience can be practically wise'. Ethics is a practical discipline; its goal is knowledge of how to choose and act – a key maxim, surely, for practitioners in medical ethics. (Helen Oppenheimer's writing on 'moral beings' as 'choosing beings' may be recalled here, and her book *The Hope of Happiness* [SCM Press, 1993].) The aretaic stress on virtues, habits of choice, as the key to ethics does not exclude appeals to the deontologists' act-types and rules, or the consequentialists' results of action; it can accept and include them when morally relevant. Neither does the stress on the rational life as the characteristic basis of human excellence exclude the emotions and their proper expression in social living. In the examined life, rationality governs the capacity to enjoy. Because our

distinctive human nature can only be fulfilled in community, the aretaic theory seeks for the closest possible integration between private good and public objective rights – another key to many of the tensions in medical ethics.

In the last two chapters Byrne returns to a dialogue about morality without and with religion. His aim is to go behind the adversarial conflicts between religion and the secularists on the autonomy of ethics. A review in this journal is not the place to analyse that argument. There are, however, some good things to be picked up by the way, because of Byrne's locating of morality in the widest conceptions of reality. The notion of eternal life, for instance, must embody an ideal of the completion and perfection of human striving for the best, a notion with little attraction for those careless of it here. An apt analogy elucidates why, without a blush, we constantly pass moral judgement on what scriptures, churches and other sources of 'revelation' tell us are God's laws, God's will: the laws of the state are authoritative, as distinct from powerful, only if there are, independent of them, some concepts of 'good' – justice, security, freedom – to make those laws worthy of obedience; without this, mere enactment does not make courses of action right. The right is that which embodies respect for the good, which the divine will, as order-creating, lays down. Such perception is not denied to those without belief in God; they are moral beings because created members of a moral order. The autonomy of the moral agent is preserved.

Fortunately, we are not called upon to choose a moral theory on which to ground our judgements in medical ethics. 'Philosophy cannot produce a decision procedure for ethics.' In the Aristotelian tradition the aim of ethics is not right belief but right action. 'Excellence in it is excellence in the making of choices, not in the devising or discovery of theories or metaphysical systems.' Divergent starting points can be accepted because they lead to insight at the point where it matters.

The book is blemished only by bad proof-reading, a defect which publishers, when publishing was a house craft and pride, were at pains to avoid.

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## In the case of children: paediatric ethics in a Canadian context

Edited by Francoise Baylis and Catherine McBurney, Toronto, Department of Bioethics, The Hospital for Sick Children, Toronto, 1993, 164 pages, \$15 (Canada), \$20 (international)

This is a resource book for health care professionals working with children. It contains over 30 fictionalised case reports covering moral dilemmas across a range of different situations which will be of interest to all who work professionally with children. The intention is that these reports should form the basis for discussions on ethical aspects of paediatric practice. Although the book is subtitled paediatric ethics in a Canadian context it will be a useful source for medical ethics teachers worldwide.

The topics range through important areas such as consent, proxy decision-making, parents who disagree, refusal, aggressive treatment, and end-of-life decisions, child abuse and resource allocation. One of the important points to emerge from the case selection is that ethical issues are all pervasive in providing health care for children.

Many of the situations described in the reports are common, but none the less often difficult to manage. Other reports deal with issues that are at the frontiers of paediatric knowledge and research, but which highlight important areas where there is no ethical consensus.

Each case report is clearly written and relatively brief. The reports provide a basis for analysing the ethical issues, and will certainly provoke thought and lively discussion. There are no answers in this book, but reading and discussing the case reports will promote understanding of the relevant issues. Each report is followed by a series of carefully constructed questions to provoke critical thinking in controversial areas. In this way the difficulties in making 'right' decisions in complex real life situations are clearly brought out. A selection of relevant references for further reading is given at the end of each case report so that learners will be able to broaden their understanding of the ethical issues raised in discussion.

This book is a welcome addition to the literature on ethical issues as they affect children, and deserves to be widely used by teachers in child health care.

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## Changing human reproduction: social science perspectives

Edited by Meg Stacey, London, Sage, 1992, 186 pages, £9.95

This is a collection of essays by social scientists about some of the social and economic aspects of the current revolution in reproduction. It is edited by Meg Stacey, Emeritus Professor of Sociology at the University of Warwick. In her introduction she complains that the enlightenment that might have been offered to those involved in this field by social research and analysis has been neglected to the detriment of all concerned.

Naomi Pfeffer discusses the vexed question of resources and points to the large sums of money involved in providing even modest fertility services. Thus most IVF treatment takes place in the private sector. She discusses the implications of 'these quasi private clinics' for the new political economy of health care and concludes: 'Now more than ever before, money and social status are determining who can get treatment for infertility in Britain'. A similar situation prevailed with regard to abortion in the years before the 1967 Abortion Act was passed, and even now barely half the women who need abortions are able to obtain them within the NHS. Money has often been the key to unlocking medical treatment and this is unlikely to change fast in the present circumstances of the National Health Service. Sarah Franklin discusses the 'changing landscape of conception' from a cultural and anthropological point of view. Frances Price concentrates on multiple births which often result from fertility treatment. Such infants are more likely than others to be born disabled and with low birthweights. Research has already shown that family and friends are only ready and willing to provide help for a short time after birth and that social and community help is meagre. How much sense does it

make to spend large resources on producing vulnerable small babies, when few resources are made available for caring for them? This is a key social and ethical question, as well as an economic one. Erica Haimes raises complex questions about privacy and the right to know about one's genetic inheritance. Marilyn Strathern develops this theme with her observation: 'What might be good for the child is not necessarily good for the parents'. The concluding chapter reaffirms the view that birth is as much a social and culturally conditioned event as a biological one, and in view of this, all these new techniques and their consequences need careful social analysis.

It would be hard to disagree with this argument. Advances in the science and technology of reproduction will not, however, wait upon long-term social research. Since the publication of this book, further startling developments have taken place, most recently the births of babies to two elderly women. Two key issues arise which have ethical implications. Do these developments offer more choice to women? Clearly, they do. Will babies born by these means emerge at least as happy and healthy as children born by conventional means? In the nature of things, this cannot be determined for many years. Meanwhile, science marches on. This is a well-timed, thought-provoking book. Further economic and financial analysis would have been welcome. Do these new methods of reproduction result in the births of a higher proportion of handicapped babies who are expensive to care for, as some have suggested? If so, is it ethical to consider providing such facilities without full screening and abortion facilities being made available as part of the service? A parallel collection of essays focusing on the ethical implications of the new childbirth would be welcome to complement this volume.

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## The ethics and politics of human experimentation

Paul M McNeill, Cambridge, Cambridge University Press, 1993, 315 pages, £35.00 hb

For those interested or involved in the evolution of the process of ethical review of research on humans, this book would make a useful starting point. The author's recommendation for improving the balance of opinions available on such committees emerges during the course of it. Initially, evidence is adduced that research ethics committees (or institutional review boards in the United States) were developed following the realisation that unethical experiments on humans were continuing in spite of the historical abhorrence of revelations of German atrocities committed in the name of science during World War II. Other historical and indeed recent examples of unethical unreviewed research are cited. Research ethics committees have the task of applying ethical principles and rules of ethics to research proposals with a view to protecting the interests of the research subjects. The author develops his arguments for the need, where it has not occurred, to establish a set of principles to which such committees would adhere and he asserts the need to establish this within the law of the country to ensure that ethics committees are not able to exert too wide a discretion in their decision-making, although a certain degree of discretion is necessary.

A major thesis of the book revolves around the question of balanced representation on the committees themselves. Until now, many committees have been based at, or in relation to, an institution that has a research function so that members of the committee from the staff of the institution may have difficulty in acting in an unbiased way. They will, of necessity, have commitments to the success of research within the institution and they themselves may derive benefit from research publications. This is increasingly the situation, for example, in the UK, where government research-funding is becoming more focused in its distribution, based on grading of an institution's research contribution. The conflict of interests in making decisions on the ethical issues pertaining to research projects could therefore impair the ability of such committee members to reach an unbiased balanced decision in regard to protecting the interests of the research subjects. It is asserted that because the balance of power and influence on ethics committees is weighted in favour of the institution's protagonists, partly because of their knowledge and expertise and partly from their position or status, those members from lay