

## Book reviews

### Medical ethics – an introduction

Kenneth Kearon, Dublin, Columba Press, 1995, 111 pages, £6.99

Kenneth Kearon's book is well written, well-meaning and, well, biased. The prospective reader is forewarned by the back cover which helpfully mentions that he is the Rector of Tullow Parish. Moreover he lectures at the Church of Ireland Theological College at Trinity College, Dublin and in the Adelaide and Rotunda Hospitals. In case one is still unclear as to the author's particular ethical origins, Kearon mentions in the introduction that 'the basis is Christian'. He nevertheless hopes that 'sufficient common ground will be established to enable a discussion with those of other faiths and of none'. This common ground is drawn almost exclusively from Christian sources – many of the references are theological, as are the suggested further reading sources, which hardly encourages the reader to expect a wideranging or fair discussion.

Indeed Kearon's conclusions, though couched in moderate terms, are entirely predictable and based on sources that are mildly ridiculous at times. For instance he begins his discussion of abortion by appealing to the saints. We are told that St Augustine, the fifth-century theologian believed the fetus to be ensouled on the forty-sixth day. We learn that St Thomas Aquinas claimed, in the thirteenth century, that the formation of the soul takes place at forty days in the male and ninety in the female. Kearon then moves on to present the modern viewpoints – firstly those of the ranting feminists; 'Unless reproduction can be fully controlled, women will not only remain in bondage to their sexuality, but even more to those legions of male chauvinists who use female sexuality to their own domineering ends'. The

Church, however, presents a more moderate and compassionate view, by suggesting that abortion indicates 'the kind of respect society will show to the most defenceless beings in our midsts'. Kearon then expands at length about the insurmountable difficulties of deciding when life begins and concludes that one ought to conclude it is better to be safe than sorry and accept that abortion is untenable. He quotes a Church of England report, a Roman Catholic theologian and an Archbishop of York to support his view. However, the matter of whether mothers have more rights than a fetus over their own bodies is not addressed, and neither does Kearon suggest that there are any exceptions to his rejection of abortion. To discuss the ethics of abortion without dealing with the possibility of infant handicap, or that the mother may be living in conditions unsuited to having a child, is a major omission.

The book covers a broad range of topics (though Kearon carefully skirts sticky theological areas such as contraception) and is delightfully up-to-date, mentioning pertinent legal cases from as recently as last year. Kearon's arguments are carefully prepared and beautifully presented: his elegant prose lulls the reader into accepting his opinions as correct almost without question. Each chapter ends with several points for reflection or discussion. This is a nice idea, but once again Christianity appears: 'Outline what, in your opinion, would be the appropriate Christian response to AIDS' and 'Conscience is the voice of God within us. Discuss'.

More fundamentally, Kearon fails to introduce any basic ethical concepts and consequently is able to introduce ideas as and when he chooses. He then conveniently forgets them again if they interfere with his line of reasoning. This is a serious flaw – students not only need to be taught about the current arguments and topics, but more importantly need to be given the tools of logical reasoning

and argument, so that they will be able to make decisions about new ethical problems that will arise during their careers. At present too many of the ethical decisions made in clinical practice are not discussed openly. Such reasoning needs to be made explicit – only if doctors are willing to present their reasoning for dissection and discussion can patients hope to avoid idiosyncratic and possibly prejudiced decisions, and students to learn that ethics is a necessity for good clinical practice.

There is clearly a need for a good accessible textbook on medical ethics for health care students. This is certainly not that book. *Medical Ethics – An Introduction* may provide an easy route into this field, but it fails to challenge and instead offers religious propaganda. Ethical textbooks need to move away from the didactic, and instead towards a clinical ethics approach. Such a book should provide information and techniques of critical thinking that can be applied to practical care. Kearon's book is the antithesis of this – it is narrow-minded and full of Christian dogma. I can only recommend it to Irish priests who should delight in its opinions.

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### Human reproduction: principles, practices, policies

Christine Overall, Canada, Oxford University Press, 1993, 174 pages, £10.95

Last year, towards the end of her PhD research, a friend asked me if I could give her some idea of books recently published by women, on new reproductive technologies. To the surprise

of us both, we found hardly any. We would both have been pleased to have known then of this collection of nine essays by Christine Overall.

The essays cover the following areas: reproductive rights in Canada; conflicts between mother and fetus, and mother and state; selective reduction of pregnancy; killing the fetus following termination of pregnancy; parental rights over frozen embryos; the co-opting of feminist values by non-feminists working in the field; surrogate motherhood; access to IVF; and, keeping records, given the genetically and biologically complex relationships which reproductive technology facilitates. Each essay is short, clearly written and to the point. Although this volume will interest those researching in the area, individual chapters are presented in a way which will make them accessible and useful to students too.

One of the recurrent themes of the book is the way in which women are manipulated by the provision of reproductive technology but at the same time held to be entirely responsible for the decisions which they make as they try to cope with the personal implications. In this 'classic no-win situation' (page 51), women find that they are more blamed than admired for their decisions. Yet, the effects of such decisions upon women can be startling. Take this rather extreme example: '[O]ne woman's reproductive history includes three caesarean sections, a tubal ligation, a tuboplasty ... after which she remained infertile, IVF with subsequent implantation of four embryos, selective termination of two of the fetuses, revelation via ultrasound that one of the remaining twins had "severe oligohydramnios ... and no evidence of a bladder or kidneys", spontaneous miscarriage of the abnormal twin, and intrauterine death of the remaining fetus' (page 49). Another theme is Overall's belief that women are not sufficiently informed about the possible effects of their decisions before they consent to procedures. Her recurrent example here is that the success rate of IVF is consistently over-estimated.

Her approach to each subject can be admired on three levels. First, she is unashamedly feminist in her consideration of the issues. Second, she exhibits a high degree of philosophical rigour. Third, her compassion and concern are always in evidence (though I possibly shouldn't separate this from her feminist approach since it flows just as much from her feminist ideals, as it

is additional to them). One example of her caring ethos can be found in her treatment of access to IVF. After outlining the problems of both a rights and privilege approach to the question of who should have access to IVF, she critiques some feminist approaches, then goes on to give her own appraisal. Before doing so, though, she pauses to state that, whilst she hopes that in the face of truly informed consent, women will decline the offer of IVF, it is for each woman to decide for herself. She roundly rejects the proposition that IVF programmes should be halted by 'feminist maternalism that seeks to protect the best interests of the women affected by IVF' (page 150).

Perhaps the weakest contribution to the collection is the final essay, entitled 'Reproductive Engineering and Genealogy'. Although her overview of the difficulties of genealogy is complete and concise, Overall does not really make a case for keeping records in the first place. Although she gives arguments elsewhere supporting, for instance, the value of records for follow-up (which she regards as vital), the omission of such an argument in this essay is against the pattern of free-standing pieces elsewhere in the volume which makes it such a potentially valuable teaching tool.

The balance remains, however, firmly in favour of purchasing this book which, at £10.95, is certainly a cost-effective addition to personal collections as well as libraries.

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## Articulations: the body and illness in poetry

Edited by Jon Mukand, Iowa City,  
University of Iowa Press, 1994, 426  
pages, \$19.95

In many matters, including medical matters, Britain tends to lag some years behind the USA. For example, the current interest in medical ethics was well established in the USA before it became established in the UK. Even now it is by no means universally taught in anything other than a superficial manner in many medical schools at the moment. It may well be that the recent General Medical Council (GMC) paper on undergraduate medical education will ensure a more

intensive coverage of ethics. But just as this is happening in the UK there are some signs of a shift of emphasis in this aspect of medical education in the USA towards a broader 'medical humanities' approach. There is a case for this. In this country and in the USA it has been the philosophers who have made the running. But philosophers tend to move towards abstractions which do not always appeal to practically-orientated medical students and doctors. For such students the particularities of literature can sometimes be a humanising influence when philosophy cannot. Hence, in the USA there have grown up departments of the 'medical humanities' which may contain philosophers or 'ethicists' but will also contain historians or teachers of literature. Jon Mukand's anthology is one which could be used in a course on the 'medical humanities'.

John Mukand is a physician and poet who has already published, in 1987, *Sutured Words*, a volume of poems to help patients, their families and friends to come to terms with the complexities of healing, illness and death. In the present volume Mukand has added more than a hundred new poems, and he provides a few pages of introduction to the anthology. The poems are mainly by contemporary American poets and are divided into sections with titles such as 'The body: just where grace resides'; 'The medical environment: the hospital smell combs my nostrils', and 'Patients' views of illness: the darkness within me is growing'. There is a section with poems by care-givers, and sections with poems on most areas of medical concern. Just as not every student or doctor cares for philosophical argument, so not all will appreciate the complexity and intensity of contemporary poetry. But for those who do this is a worthwhile anthology and contribution to the 'medical humanities'.

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## Medical law: text with materials

I M Kennedy and A Grubb, London,  
Butterworths, 1994, 1,423 pages,  
£30.95 (sc)

This is the second edition of *Medical law: Text with Materials*. As the name suggests the book provides statutes, cases and articles along with extensive commentary. The text draws upon