

treatment to people in a "permanent vegetative state". As Post implies, such lives are not clearly *worse* than being dead. However, the justifiability for me of such treatment turns on the extent that there is some chance of recovery. The basis is thus not religious faith, but medical scepticism, scepticism that such states really are "permanent". Such treatments are not clearly futile, as doctors sometimes claim. But I cannot accept Post's claim that survival of the body and the ability to excrete waste products is an existence worth prolonging. And perhaps the biggest moral challenge of Alzheimer Disease, Post does not consider. Even if we accept that there should be better care for demented people (as, presumably, everyone would agree, just as we would all agree that there should be no poverty and the world should be a better place), what priority should such care have in a world of limited resources? What are we prepared to deny other people to provide the Wanglies of this world with their hopes for a miracle? How much is a life with Alzheimer Disease worth? For me, appeal to "incomparable human worth" does not answer these important questions.

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The Moral Roots of Prenatal Diagnosis. Ethical Aspects of the Early Introduction and Presentation of Prenatal Diagnosis in Sweden

Christian Munthe, Gothenburg, Centre for Research Ethics, 1996, 88 pages, US\$ 15.00.

One of the most discussed medical techniques during the last two decades has been prenatal diagnosis. The technique itself is not controversial, rather its consequences. When there is a positive result, selective abortion is the controversial aspect of prenatal diagnosis. Above all, because of its possible consequences, complicated ethical problems arise. This technique is now in general use in

clinical practice, but how did those who introduced prenatal diagnosis look upon the ethical problems during the introduction of the technique? Did they show any interest in them, or were these problems ignored? Which motives were the most important ones at the introduction? It is these questions which are the subject of this book. The author has examined the debate on prenatal diagnosis in Sweden during the period 1969-77. Why this period? Because it was during these years that the presentation and introduction of prenatal diagnosis took place in Sweden. It was also the period that preceded the intense debate that has since characterised prenatal diagnosis.

To get answers to his questions the author has used two sources of information. The primary one has been printed publications and the secondary source has been interviews with four leading medical specialists on prenatal diagnosis from the period in question and four critics from the debate after 1977. Along with many other things that have become clinical practice prenatal diagnosis does not seem to have been the result of deliberate research and development programmes. It is rather an incidental spin-off of basic medical research which eventually became clinical practice.

During the period 1969-77 the author found 64 articles mentioning prenatal diagnosis. He divided these into six categories: scientific, professional, patient-organisation, popular, daily and official. Eight items were written by ethicists and published in popular publications with a very small chance of reaching specialists, politicians or a larger audience. More than half of the articles were written by medical specialists.

The author found three perspectives which form the basis for the introduction of prenatal diagnosis in Sweden. The first he calls "the official view", the typical perspective embraced by the medical specialists. This is the view that prenatal diagnosis is a tool for genetic counselling: "the activity of determining the possibility of a pair of prospective parents to have a child with a certain medical condition, informing them about the result and also about possible lines of action on the basis of this result". There is no place for coercion, pressure or manipulation within the official view. Instead, this perspective is characterised by respect for the patient, and its purpose is to

strengthen the patient's autonomy. However, within this perspective there were some controversies. Some medical specialists, for example, argued that patients should agree to an abortion, if the test result turned out positive, before being offered prenatal diagnosis. And some thought that anxiety should be included in the indications for prenatal diagnosis.

However, there are problems with this perspective not discussed in the book. One problem is that the patient will not always understand the consequences of the information. A second problem is that there is not much time before a decision has to be made about a possible abortion. The crucial question is how autonomous and free can the woman be in a situation of this kind?

The second perspective is called "the preventive aim". The purpose of this perspective is to prevent children with genetic disorders from being born. This perspective is, from philosophical point of view, very complicated because it deals with questions regarding the moral status of people who may or may not exist in the future. The interesting discussion on this problem covers the difficulty of interchangeability of possible future persons and the moral status of possible people. The preventive aim is in conflict with the official view's stress on respect for the patient as an autonomous person. Moreover this perspective ties prenatal diagnosis to the large and complex issue of the morality of abortion and especially selective abortion.

The third perspective presented is called "the economic motive". This perspective was put forward by medical specialists who hoped that prenatal diagnosis would reduce the costs to society of caring for children with genetic disorders. The author distinguishes different interpretations of the economic motive, for example, one honours the preventive aim, on economic grounds, but does not observe the demand for respect of the autonomy of the individual; whereas another excludes measures taken to restrict the autonomy of the individual.

An important conclusion of the author is that "ethical aspects were not a very frequent subject in the specialists' presentations". When a new technique, that may be controversial, is introduced in the medical context, the medical specialists very seldom discuss the ethical consequences of the technique, but rather discuss the technical and economic issues. But when a new

technique has become clinical practice, ethical discussions belatedly commenced and that is too late. This is what happened in Sweden when prenatal diagnosis was introduced.

The author concludes by saying that "it must be considered to be a main core of the work-ethics of any scientific or technological specialty that specialists have a strong responsibility to lay ground for, initiate and participate in such discussions".

My conclusion is that the author has written an important work which describes and analyses the implicit moral values of medical specialists in Sweden during the introduction of prenatal diagnosis. I believe his findings can be generalised to other countries and that they show the importance of discussing ethical issues at an early stage in the introduction of a new technique or technology.

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Christian Virtues in Medical Practice

Edmund D Pellegrino and David C Thomasina, Washington DC, Georgetown University Press, 1996, 164+xii pages, £21.75, \$27.95.

The authors say of this book that it "attempts to define the Christian virtues of faith, hope and charity and to show how they modify the practice of medicine and the healing professions and the ethical principles of benevolence, autonomy and justice". These, together with non-maleficence (which the authors regard as too minimal to warrant consideration) have been much discussed in recent years in medical ethics, notably in what has become a standard book, *Principles of Bioethics* by Beauchamp and Childress. The authors of *Christian Virtues in Medical Practice* are two American Roman Catholics: Pellegrino is a well-known medical specialist and ethicist, and Thomasina a philosopher with clinical interests. This is the latest of a series of collaborations by them. They say that medical ethics has expanded more rapidly in the last 20 years than in the whole of the previous 2,500 years, and also that the golden age of specific medicine has just begun.

In this dynamic situation the practice of medicine is carried on in the "West" in plural societies, hence the effort to arrive at some agreed basic principles. The authors are convinced that the many Christians involved in the practice of medicine must be engaged in serious ethical discussion with those of other faiths and philosophies engaged in medical practice. They must show courtesy and respect for them; dogmatism and proselytising with respect to colleagues or patients must be ruled out, for it does not respect them as persons. At the same time the preoccupation of the authors is with what Christianity can contribute to ethical issues in medical practice. What can it add to the natural virtues of benevolence, autonomy and justice and the concomitant truth-telling, promise-keeping and confidentiality which follow from them? How can faith, hope and charity inform the ethical discernment of Christians? The relation is bound to be subtle. However, charity can rule out things which are not subtle; rudeness, inaccountability, abruptness, refusal to treat for economic reasons, discrimination because of social class or ethnicity, medical practice regarded as a business, or as an exercise in entrepreneurship, applied biology, politics, or social convenience. These and other radical remarks would appear to call into question much public policy in the USA (and, of course, the UK), but the authors do not directly address these, confining their few remarks to Christian hospitals.

In the middle chapters of the book they write cogently on the greater depth which the three theological virtues of faith, hope and charity add to the natural virtues of benevolence, autonomy and justice. They make full allowance for the fact that these virtues can be expressed by non-believers and that believers by no means always embody them, whilst maintaining their radicality and their call to a perfection which cannot be fully achieved but which nevertheless challenges and inspires. The book is not for the most part concerned with the substance of ethical decisions, but with the manner of arriving at them. The aim of the moral life is indeed to make the right decisions, but also to be a person of discernment and right motivation, for moral judgment is an art. This book is mostly concerned with the latter, with an ethic of virtue, with a Christian moral philosophy looking

back in particular to St Augustine and St Thomas Aquinas. An ethic of virtue can never be neglected, and there has been considerable recent discussion of it both in moral philosophy and moral theology; and the latter must not ignore the former, as this book recognises. However, its discussion of moral philosophy will be too condensed for those unfamiliar with it. The basis of the book is the Christian understanding of the dignity of the person, of which the writings of Pope John Paul II are surprisingly taken as the key example, rather than some notable twentieth-century personalist philosophers and theologians.

This brings me to a weakness in the book. It accepts without discussion the teaching of the Roman Catholic *magisterium*. It is one thing to accept it, but another not to deal with criticisms made of it by other Christians and by many Roman Catholic moral theologians. The encyclical *Veritatis Splendor* (1993) is taken for granted. An absolute position is assumed on abortion, euthanasia and several other issues regarded as intrinsically evil acts, a conception which itself requires examination. No notice is taken of the position of Christians who would be grateful for large parts of the book but who disagree with these absolute positions. Is it not unwise to assume that once the *magisterium* has spoken critical moral reason is suspended? Reception by the faithful must in the long run be decisive with respect to the teaching of the church, as the example of *Humanae Vitae* on contraception has shown.

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The Moral Maze of Practice: a Stimulus for Reflection and Discussion

N Kohner, London, King's Fund Publishing, 1996, 92 pages, £8.

This concise, affordable text, accurately reflects its title. Amongst its intended readership of health care professionals it will be of immense value to clinically based nurses,