

local and central services and someone to whom the patient may ever turn.

With contributions by the editor, who is also director of the Birth Control Trust, and interesting discussions complementing each section, we are given insight into the strengths and weaknesses of those involved in this aspect of antenatal care. Each profession has its own skill but it is as a team that maximum success is achieved. This is a short yet challenging book, suitable for all members of each team to read before putting the best aspects of quality care into practice.

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## **Informative Paternalism: Studies in the Ethics of Promoting and Predicting Health**

Nina Nikku, Linköping, Sweden,  
Linköping Studies in Arts and  
Science No 55, 1997, 356 pages,  
kl 10.00.

This book is a well-researched dissertation in medical ethics. The focus of its discussion, which is in "the mainstream" of "the Anglo-Saxon analytic tradition", (page 66) is on the potential for ethical conflict "between the beneficence of health promotion and the individual's right to self-determination" (page 337). For its wide survey of views, its own original (though not unproblematic) contentions, and its relevance to present debates, this dissertation will be of interest both to students and teachers of medical ethics.

According to the author, when an action performed with the intention of benefiting the recipient - but without his/her informed consent - is granted priority over the ability of the individual to decide and act on his/her own, that is, is granted priority over his/her putative "right to self-determination," we have a paternalistic action. This description contrasts with more familiar views that restrict the notion of paternalistic action to actions where the recipient is coerced for his own good; for it is precisely the

author's contention that "people can have their self-determination infringed also in situations where they are neither coerced, deceived nor forced into a certain action" (page 338). This thesis is illustrated with reference to various kinds of health information, the latter being linked to an analysis of paternalistic action of the type that the author calls "informative paternalism".

Thus the book has two main parts. Part 1 presents a survey and clarification of the notions of paternalistic action and "informed consent" (that is, the broad range of notions referring to the individual's sanction in one way or another), and of various forms of justification of paternalistic actions, as including justifications resting on different modes of consent (that is, by appeal to individual, future, hypothetical, collective, and proxy consent), as well as various kinds of liberalist and consequentialist positions. It is from this survey that the author's own proposal emerges, namely, that an action performed with the informed consent of the recipient is not to be classed as paternalistic. And here it is also maintained that a paternalistic action with respect to a prior consent which is subsequently withdrawn is not possible, where this is taken to include those cases in which the individual, like Ulysses in the face of the Sirens, has foreseen a weakness of his will and given a "self-binding prior consent" (pages 74-81).

In part 2 the different types of moral justification which have been outlined are employed by the author as an instrument of analysis for the conflicts to which she calls attention here, namely those between what she identifies as the "two fundamental values" of the right to self-determination and information paternalism. Thus the "justificatory frameworks" are variously applied to case studies in the area of health promotion. Here the examples selected all pertain to health information which is in some way "opportunistic", that is, unrequested by the recipient, and which is intended "to steer" his behaviour in the direction which the informer deems to be most beneficial for him, but in a manner that may appear to be insensitive, unwelcome, alarming, or intrusive upon personal privacy. The cases concern, firstly, general health information of the kind that one may be used to hearing from one's general practitioner, concerning weight, smoking, exercise, diet, alcohol consumption, and so forth; and,

secondly, special "predictive" information, for instance, from state-of-the-art private clinics (perhaps contemplating future business), concerning genetic disposition for disease in an individual, such as Huntington's Chorea. In all this, the author's intention is to yield an appreciation of what it may be important (she does not say "necessary") to consider when morally judging a paternalistic action (as per her description) and when making a decision as to whether to perform the action.

The author, then, has tied the notion of paternalistic action to the absence of informed consent. The stated reason for this move is a methodological one. She seeks a "morally neutral" definition of paternalistic action, one which presupposes no particular set of ethical judgments and would thus allow her to leave the moral evaluation of the action "until after the definition" (page 144) - in contrast to those definitions (of Gerald Dworkin, J S Mill, Charles N Culver, Bernard Gert, and others) which she has reviewed and all of which were seen to import an ethical judgment of paternalistic action into its definition (page 35).

However, one wonders whether the definition that the author herself proposes - one which excises informed consent from the notion of a paternalistic action - is not itself already informed by a negative moral evaluation of the notion. This suspicion is confirmed subsequently, in the author's case studies. Here the pre-eminence which she attaches to the right of the individual to decide and act for himself, if not to a liberal individualism, becomes evident, for she always plumps for a maximization of self-determination, as against paternalistic action. The latter, for her, seems to have an inherent negative connotation, although to preserve her putative "meta-ethical" neutrality she allows that there are ways in which the action may be found to be a morally justified one.

There is another aspect of the author's central argument which seems problematic. She contends that bona fide health information, given to us without our "permission" but meant to steer us towards a course of action considered best for us, is liable to conflict with, or infringe, our right to, or capacity for, self-determination (she does not clearly distinguish "right" from "capacity" in this connection). However, it is difficult to see

how an adult person possessed of critical reason (and the examples analyzed in the dissertation all concern competent adults) may have his capacity for acting and deciding for himself at all undermined by being proffered such information, which is in no wise intended to deceive, coerce, or force him to undertake a certain action.

Is it not rather the case that a person's powers of self-determination are exercised precisely in the face of such information, that is, in deciding how to react to it and what to make of it? It seems to me that the author here is working with an unduly limited concept of self-determination - one that leads her to imagine "conflicts" where there may be none.

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## **Moral Strangers, Moral Acquaintance, and Moral Friends. Connectedness and its Conditions**

Erich H Loewy, Albany, N Y, State University of New York Press, 1997, xii + 251 pages, US\$ 18.95.

This book is basically an attack on libertarian political and moral theory, as espoused by Robert Nozick and more particularly by H T Engelhardt in his *Bioethics and Secular Humanism*. Although Professor Loewy is himself a professor of bioethics, the present work is a general work of moral and political theory in which issues of medical ethics are mentioned only incidentally. The term "moral strangers" which features in his title is derived from Engelhardt's book. According to Engelhardt, people from different cultural groups are "moral strangers" who may share no ethical presuppositions in common. Reason and religion, Engelhardt thinks, are both unable to provide ethical codes which are persuasive to all. The only thing that everyone has in common is a desire to pursue his or her own way of life as seems best to them, and so the only moral principle which can reasonably be commended to all is respect for everyone's right to be allowed to do just this to the extent

that allows a similar right to others. If a government goes beyond this negative principle and imposes obligations to help others positively, for example by taxing the citizens to finance welfare schemes, it interferes unjustifiably with the liberty of those on whom the obligations are imposed.

This is the standard libertarian position. In reply, Loewy concedes that it is neither possible nor desirable to arrive at agreement on all moral issues - except between "moral friends", those who share some particular religious or other outlook. But he maintains that we are all potentially "moral acquaintances", who share far more than is allowed by the minimal ethic of the libertarian. We are therefore able to "craft an ethic" which is far richer in content than libertarianism and which can be found acceptable in one version or another by all. What we all share is a "framework" constituted by what Loewy calls the "existential *a priors*": a drive to stay alive, biological needs, social needs, the desire to avoid suffering, a basic sense of logic and the desire to live freely and pursue our own interests. We also share an innate primitive sense of compassion - though this can be distorted or crushed. On this shared basis an ethical discussion informed by "rational compassion" can proceed, and in his final chapter Loewy produces suggestions as to how this discussion might go.

The thesis of this book is obviously important, and its treatment is informed by impressive scholarship: there is a good deal of discussion of classic texts, in particular by Kant and Rousseau. But in the end the book is spoilt by a very rambling and repetitive construction and by a tendency to substitute rhetoric for argument. The result is that the main thrust of the argument is obscured. For example, I remained unclear how far Loewy's case against liberalism is really about enlightened self-interest rather than morality, or indeed whether he is arguing that this distinction cannot in the end be drawn. There are rhetorical tricks which might well alienate even a reader sympathetic to the main idea of the book: for example, the repeated use of the phrase "most of us think" rather than "most people think" to introduce any widely-held beliefs which seem to support Loewy's position. The style of writing makes it hard to read, with long paragraphs and very long and awkwardly constructed sentences. Also, some curious mistakes

have crept in at some stage of the book's production: for example, the word "truth" instead of "truce" (in the phrases "armed truce" or "uneasy truce") appears on pages 21 (twice), 24 and 181 (twice).

Although *Moral Strangers, Moral Acquaintance, and Moral Friends* is not about medical ethics as such, its theme is clearly relevant to the provision of health care and it ought, therefore, to have been of general interest to readers of this journal. But its defects are such that all in all I cannot recommend it.

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## **Caring: Gender-sensitive Ethics**

Peta Bowden, London and New York, Routledge, 1997, 224 pages £40.00 hb, £12.99 pb.

In attempting to formulate a "gender-sensitive" ethics, Peta Bowden's book draws on the now extensive literature by feminist theorists, notably Carol Gilligan, who have propounded an ethic of care as a moral framework distinct from the more conventional ethic of justice and rights. Bowden's theory starts from the premise that caring is an ethically important practice which expresses ethically significant ways in which we matter to each other (page 1). She contends that adopting an "ethic of care" promises a gender-sensitive corrective to conventional moral theories (page 9). Arguing that grand theorising is inadequate for explicating practical life and that attempts to produce a feminist ethic often fail to resist the universalising and exclusionary habits of modernism (page 11) her approach aims to unsettle fixed and unitary understandings of caring and is grounded in an insistence on the particularity of different practices and relationships. Thus, she focuses on four contexts - mothering, friendship, nursing and citizenship - to illustrate caring relations.

There is little to dispute in Bowden's contention that caring is generally devalued and that everyday involvement in caring relations is rendered invisible. Equally it is difficult to deny her claim that the reflexive nature of caring requires and creates