

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

possibilities for the development of both self and other. However, these positions have become commonplace in feminist scholarship. Bowden claims that what distinguishes her text is its two-fold objective. First, it attempts to move beyond the impasse between care theorists, whose discourse “readily slips into generalisations that are abstract and distant from the lives of the very different practitioners of caring values and the range of practices in which the values of caring are embedded”, and their postmodern opponents who charge them with insensitivity to differences between carers. Secondly it aims to make connections between theoretical discourses and practical moral life (pages 10-12). It is, questionable, however whether she succeeds in these objectives.

Fundamentally, I would argue that for a moral theory to offer a guide to “practical moral life” it must be defined with sufficient clarity. Although Bowden acknowledges the severe difficulties in articulating an ethics of care, her response is that “[t]he inability to define the ethic of care, or to determine its boundaries with precision does not signal the impossibility of knowledge or the chaos of relativism” (page 183). In similar vein she does not argue for “definitive or comprehensive conclusions. The results of this work are not more than guidance that my assembly of examples provides for the reader’s own understanding of the ethical possibilities of care. Nowhere do I presume to define ‘caring’” (page 17). Instead her strategy is to survey caring practices across a range of contexts. However, sidestepping the issue on the grounds that definitions are likely to be fixed or unitary scarcely provides practical guidance. The inherent difficulty of applying an ethics of care to “practical moral life” is well illustrated by the attempts of the Canadian Royal Commission on New Reproductive Technologies to formulate policy recommendations regulating reproduction. The commission’s thoughtful report, published in 1993, represents what is probably the most sustained attempt to apply an ethic of care to the resolution of complex moral issues. Nevertheless, the report has attracted criticism from legal scholars, such as Rachel Ariss, for inattentiveness to the extensive critical literature on the ethic of care and its failure to grasp the sophistication of Gilligan’s theory. Bowden’s strategy of taking care theory and seeking

to apply it across a range of contexts seems to me to run a similar risk of failing to recognise the ambiguity and manipulability of the ethic of care. Although she tersely summarises the reservations which have been expressed about an ethic of care from a variety of theoretical perspectives in her introductory chapter (pages 7-12) such critiques are never fully addressed. It is particularly noteworthy that she wholly neglects a crucial distinction highlighted by theorists such as Dean Curtin and Joan Tronto, who point to two different conceptions of caring, which has led Carol Smart to argue that increasingly the notion of *caring about* is valorised in ethical and legal debates, while the practical process of *caring for* continues to be downplayed. In Bowden’s analysis there seems to be no place for evaluating such a differentiated ethics of care.

Although many of the standard preoccupations of feminist theorising - the importance of relating theory to practice, the dangers of essentialism, the need to transcend the public/private dichotomy and the problematic nature of rights discourse - are central themes of this book, other issues which constitute some of the most interesting debates in recent feminist theory are less fully developed. For instance, the whole question of boundaries and the separateness of persons merits fuller analysis. Bowden points to the “binary-unity” of self which characterises mother/child relations (page 22) and to how friends risk violation to boundaries they did not intend to relax (page 84). The question of boundaries clearly is implicated in the nurse/patient relationship which, as she points out, is underpinned not only by the power differential which results from the acquisition of expertise and knowledge on the part of the nurse, but also because the administration of personal care is performed by fully clothed professionals who may be gloved and masked and hidden from intrusive eyes and instruments, and is mediated through the use of unfeeling instruments and machines. This power differential is also heightened by the fragmentation of identity which illness occasions, and which in turn is deepened in the world of institutional health care, where the patient’s private lived experience becomes a public object (pages 113-14). In the context of citizenship debates, Bowden draws on Martha Minnow’s work on the power of those who construct and name boundaries

(pages 168-182). Yet her espousal of this whole relational approach to ethics and contention that it might lead to a reconceptualisation of the intertwined values of attachment and autonomy requires further development. Moreover, important questions raised by Susan Sherwin about when care should be withheld are ignored.

Ultimately then, this book is useful as an admittedly partial overview of some of the debates around caring. Perhaps the most interesting chapter is the one on friendship - a practice which, Bowden argues, offers liberating possibilities for interpersonal caring, because it is characterised by informality and a relative absence of controlling rules and institutions (page 60). The chapters exploring mothering and nursing afford an accessible introduction to some fairly well rehearsed debates about paradigmatic examples of caring practices. By contrast, analysis of an ethics of care and citizenship potentially offered more scope for new insights since these debates are less developed. However, in this regard Bowden’s conclusions are disappointing. In pointing to the necessity of contesting how citizenship practices are constructed in opposition to caring relations she draws extensively upon Minnow’s innovative analysis of legal rights, while other contributions to this debate by scholars such as Carol Pateman, Iris Young and Nancy Fraser are merely cited without any further discussion. Furthermore, although Bowden concedes that her analysis is inevitably partial, and justifies her choice of contexts on the basis of “their central significance in the range of forms that caring among persons can take” (page 15), I find it somewhat surprising that she wholly neglects the extensive literature on environmental ethics, a discipline which has drawn heavily on an ethics of care, which seeks to expand the meaning of care and in which women scholars and activists have been particularly influential. Nevertheless, notwithstanding the limitations of this work, in demonstrating the failure of society to assume responsibility for or reward caring practices, and offering an accessible introduction to the work of some care theorists it does further what the author identifies as one of her primary objectives, ie “to unmask the conceptual ascription of the ethical significance of caring to ‘private responsibility’ ... by placing a range of personal caring practices at

the centre of philosophical concern” (page 184).

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Ethics in Medicine

Milton D Heifetz, Amherst, New York, Prometheus Books, 1996, 264 pages, £16.99.

It is a curious fact. A surgeon can make a stab at writing a book on ethics that is at least as competent as most such, whereas a philosopher, unless perhaps he is John Locke, can hardly make a stab at surgery and expect to be averagely efficient. This book, by a top neurosurgeon, is, though full of bad things, well up to the prevailing professional standard, and will be every bit as useful to the student as what is usually set. I shall comment on the initial stance adopted by the author, and then briefly discuss a single chapter, rather than skim over the whole book.

Dr Heifetz has considerable hopes for the study of ethics. He thinks, with unrealistic optimism, that the subject might possibly improve the conduct of those who study it (page 9). To achieve this improving end, Dr Heifetz invites us to “stand back and assess our situation, free from the burdens of tradition, dogma, or gut reaction that limit our thinking” (page 10). That sounds well. But is this possible, and insofar as it is possible, would it be wise? It is after all rather a Cartesian project, and look where such a thing landed Descartes! In my experience most people, including philosophers, are unshakeably convinced that they should not poison an aunt for a legacy. Never the less they tend to give a rather feeble account of why this is so. Fortunately for aunts, they do not straightaway free themselves from the burdens of their traditional belief. The phrase “gut reaction” is vulgar and unhelpful. The thought that one should not poison one’s aunt is not typically accompanied by visceral upset. We should simply talk about our convictions - sometimes fallible - which we struggle further to understand, and leave our innards out of it.

In this book Dr Heifetz concentrates on the usual life and death issues. This seems to me a good choice. Something momentous is at stake. We are spared endless wander-

ings in the desert of informed consent and other empty places. (Dr Heifetz dwells briefly on informed consent in “The Doctor-Patient Relationship”, one of his better chapters, obviously touched by his own experience.) There is an attempt here to find some general rationale or framework, rather than simply to discuss “case studies”. This too sounds promising. But Dr Heifetz, as perhaps we all do, tends to promise more than he can deliver.

He begins his account by pointing out, as a kind of axiom, that everyone wants to avoid being harmed (page 20). Unfortunately, he immediately gives a bad account of what harm is. “It is the judgement of the person acted upon that determines whether or not harm does or does not exist” (page 24). “It exists whenever an act is considered unacceptable by the individual acted upon” (page 23). All this is obviously wrong. He says that “no one willingly accepts harm” (page 24). To make this even plausible one would have to add “under that description”. People willingly accept what is in fact harmful to themselves all the time. But it is not true even with this qualification. It is absurd to suppose that if a political prisoner gives himself to be shot in place of a companion, the bullets “really” do no harm after all. Should the prison authorities perhaps be congratulated for managing to murder without harming? Of course I am assuming that “willingly” does not here mean something like “joyfully”.

The axiom is, then, that people do not like to be harmed. From this we somehow derive a teaching: “Individual freedom is inviolate as long as others are not harmed in the exercise of that freedom” (page 25). This is a familiar enough claim. But it is unthinking. It is often all right to close off possibilities open to others, even where what they propose to do is unobjectionable. We do so a hundred times a day. Anyone who sits in a chair prevents everyone else sitting in it at that time. The first person to X stops everyone else - countless millions - from being the first to X. Dr Heifetz often expresses fine liberal sentiments on our behalf. “The individual does not exist for the benefit of others - in fact the converse is the case” (page 181). I wondered what the converse might be.

“The essence of ethical problems” is then said to be “the balancing of relative harms” (page 26). Does this mean that the solution to the problem is simply to balance harms? This would

be an unsympathetic interpretation for what might be called harm balancing can be very evidently unjust. One only has to remember the killing-one-to-save-five cases discussed in a thousand ethics classes. The sympathetic reader is then left with a problem of understanding this claim.

The upshot of all these deliberations is a little disappointing. One emerges with four principles “which should be balanced in each situation” (page 32). Naturally, one gets a feeling of déjà vu. (The four principles turn out to be the familiar ones, with “the public interest” taking the place of distributive justice.) On the positive side, this approach would seem attractively powerful, that is to say powerful in what it permits, and would probably enable a doctor to avoid most of the uncomfortable injunctions which threaten to embarrass him or her. True enough, there is a mention here of “firmly grounded precepts”, and this might cause anxieties (page 32). But then we are told reassuringly that there are no “clear cut rules” (page 33). This should make the book appealing - at least, if it were not also said in so many other books. But one wonders whether one wouldn’t find more illumination by scrapping the framework and returning to the case studies.

So much for the theoretical framework. Since we must be selective, let us see how Dr Heifetz handles the topic of abortion. It is interesting to note how little the framework seems to be called upon. There is indeed no novel contribution here to this much-discussed problem. Abortion cannot be murder, we are told, for murder, in the moral rather than the legal sense, is to kill with malice and no one feels malice towards babies, fetuses or whatever (page 123). This is a surprising (and useful) account of murder. It would not count as murder to kill an aunt for her money if one had nothing particularly against one’s aunt. This would be especially obvious if one was also thinking of giving some of the proceeds to good causes. Given this account of murder, there is not much left to discuss about abortion. We soon find that despite the fact that everyone, no matter the stage of his development, has the same rights, (page 149) we can more or less go along with the status quo, parental choice and all that. This is a little unexpected, since Dr Heifetz is not only convinced about “equal rights” in the sense explained, but is keen on the idea of “as if” autonomy in cases