

xenotransplantation upon us, perhaps the next volume, necessarily extended, will propose some what ifs, maybes and shoulds. For now compliments on a job well done.

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Ethics in Reproductive and Perinatal Medicine: a New Framework

Carson Strong, New Haven, London, Yale University Press, 1997, 247 pages, UK£19.95. US \$30.

This is an excellent book. It covers most of the important ethical issues that the reproductive technologies have raised and it is written in an admirably clear, level-headed and even-handed way.

One might complain that it is not exactly obvious what Strong's intended audience is: on the one hand it is a little too philosophical for practising obstetricians and gynaecologists, on the other hand it is not philosophical enough for professional ethicists (like the author himself) working in the field. However, the book will be a valuable book of reference and resource for both physicians and ethicists concerned with the thorny problems that infertility treatment raises.

Basically, Strong is an autonomist in that he sees the value of patient autonomy as central: as far as possible women and couples should be able to determine their own reproductive choices and modes of family formation for themselves. I agree with the author that this is the best perspective for dealing with the ethical problems in reproductive medicine, but over the last few years there has been a sustained critique of the idea of autonomy and Strong might have spent more time defending that idea against the various contemporary attacks.

Strong claims that his own approach is a methodologically novel one, but I must say that it seems to me to be a fairly traditional liberal position. It is also rather parochial in that it is for the most part more or less exclusively concerned with the North American scene and seems unconcerned with the lively debate about reproductive technologies in Europe, the United Kingdom and Australia. The work of the Human Fertilisation and Embryology Authority in the UK and the reports of the

Nuffield Council on Bioethics are not mentioned at all. Again, very little is said about the methodological "crisis" in bioethics - the questioning of traditional "deductive" approaches relying on absolute "principles", and the search for a new model for bioethics. Strong briefly discusses a "casuistic" approach but more discussion is needed here. For example, the approach in common law cases (like the UK cases on the treatment of gravely disabled children) where a precedent is gradually extended in its application in order to cover unfamiliar situations, would repay further study. Again, there has been a revival of Aristotle's idea of "practical wisdom", that is the kind of knowledge involved in deciding how we should act in particular here and now situations and where the emphasis is on a kind of quasi-intuitive "good judgment". One of Aristotle's favourite comparisons is with navigation: some rules and norms are necessary but there has to be continual adjustment and readjustment to changing circumstances. For Aristotle navigation is the "art of the possible", requiring a great deal of creative imagination and it cannot be reduced to a mechanical application of rules. So also with ethical decision making, whether it be in medicine or any other area.

However, despite these reservations, Strong's book will be a very great help to all of those - physicians, nurses, ethicists and patients - involved in reproductive and perinatal medicine.

I might say that the book has been handsomely produced and is a pleasure to read.

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Duty and Healing: Foundations of a Jewish Bioethic

Benjamin Freedman, 1996.
<http://www.mcgill.ca/CTRG/bfreed>
approx. 1.4 MB.

This (electronic) book, written by a clinical bioethicist of great experience who was also well-versed in the Jewish tradition, exemplifies dialogue between two traditions at its best.

Duty and Healing is grounded in the author's practice of ethical consultation in medicine, and contains several reports of actual consultations as recorded by him over the years. But

these reports, though sensitive and compelling in themselves, are included mainly for the service they perform, namely, facilitating a profound exploration of the basic suppositions and values of the practice, and thereby the effect of contemporary bioethical discourse.

Freedman argues that the basic idiom in Judaic discourse is one of duty; this he juxtaposes to the idiom of rights, which he sees as central to contemporary secular bioethics. He shows how the very process of an ethical consultation, as well as the substance of several issues it commonly addresses, suffers from a pervasive emphasis on "rights". For example, the purpose of a physician seeking advice on how to proceed in a difficult case is normally misperceived when she is taken to be asking: "What are my rights vis-a-vis this patient?", or even: "What are the rights of this patient [against me or others]?" Rather, the physician is wondering how best to discharge her duty towards the person under her care.

Similarly, members of the patient's family are not primarily concerned with exercising "rights" over the patient and his care. Freedman recognises that if it should come to a court of law, an issue of "who should decide" would appropriately be discussed in terms of rights; but he argues that it is deeply misconceived to import this legal orientation into ethical discourse in medical practice. Instead, we should realise the primacy here of duty: for example, the duty of children towards their parents. Drawing on both empirical studies and philosophical analysis, Freedman offers a critique of the common justifications for granting family members the power to make medical decisions for incompetent patients. He offers, instead, to ground such authority in the primacy of their duty of caring for their relative. I found this one of the most compelling parts of the book (Family—section one of the book's four, the other three being Consent, Competency and Risk).

In the section on family the Judaic perspective furnishes, then, a proposed corrective to the common secular model of rights. In the section on consent, by contrast, the recognition of genuine ambiguity in medical choices—central to contemporary bioethics—is employed in a critique of standard rabbinic pronouncements. As Freedman shows, rabbinic writers in this field have mostly asserted a "duty to be healed", leaving little