knowledged these facts, our reason should tell us that if we would not like to be made to suffer, neither will they. This is a version of the golden rule. The undeniable existence of this wider perspective guarantees that we really do have a choice between the ethical life and the selfish life. Sadly, and this is why Singer's answer is only partial, the existence of the ethical option is not a reason for choosing it.

The choice for ethics depends on a new view of self-interest. Unless we change, our material acquisitiveness will get us: our societies will fly apart into the war of all against all, and the resources of the planet will run out. Thus self-interested reason dictates that our survival depends on abandoning the "decade of greed" notion of self-interest. But why should any version of self-interest lead us to opt for an ethical life?

Experimental support for the choice of ethical living comes from rational choice and games theory in the form of Robert Axelrod's research into repeated games with the prisoner's dilemma. Briefly, supposing the prisoner's options analogous to the options facing people in the world, Axelrod's research shows that the most rational self-interested response is: cooperate, think of the other people involved, and treat their interests as equal with your own, until you discover who is non-cooperative.

This finding is significant for Singer because it does not require us to think of the other "prisoner" as our child or member of "our" group; it goes beyond evolution. It requires us only to see her humanity. The life choice recommended by the most successful strategy in Axelrod's research is cooperative; yet it is self-interested too.

This, then, is Singer's non-moral reason for choosing the cooperative, ethical life which *How Are We To Live?* set out to find. It might be argued that the recommended strategy is not moral at all, just because of the reason given for opting for it. Singer's counter is that it does not matter if the reason for choosing the ethical life is self-interested. What matters is that the option requires you actually to make other people's interests a feature of your reasoning about your own.

This seems neat, yet it fails to meet the criterion for success set in *Practical Ethics*. For the reason comes from within, and hence presupposes, one of the alternative life choices. Moreover, it presupposes the alternative not apparently chosen. This confusion arises partly, I think, because Singer believes, consistent with the notion of universalisability, that there is only one ethical life. He wrongly rules out the possibility that the depth of disagreements within medical ethics, such as over abortion, can reflect clashes between different ethical lives. On Singer's account of ethics, it does make sense to speak of Axelrod "disproving" Jesus' dictum "turn the other cheek". But to speak like that of Jesus' words is surely to fail to grasp one thing an ethical life can be.

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Moral Status: Obligations to Persons and Other Living Things

Mary Anne Warren, Oxford, Oxford University Press, 1997, 265 pages, £35.

This book is ambitious in the ground it covers, attempting to discuss a number of theories of "moral status", and offer one of its own. It has much in it to interest people concerned about health care (particularly the discussions of euthanasia and abortion), as well as those interested in animal rights and environmental issues. The title refers to the question of what things can properly be the subject of our moral concern, or as the author puts it at one point, what things we can have moral obligations to. Various answers are discussed and rejected, including a number of theories which seek to offer a single test of what we can be morally concerned with. These include Albert Schweitzer's claim that everything alive deserves our respect, the claim of a number of philosophers that it is sentience - the capacity to have or experience feelings - which qualifies something for moral status. Also discussed is the Kantian claim that it is only persons (in virtue of their capacity to reason) who can be said to be the object of moral concern. There is much in the detailed discussion of these various claims to attract the attention of professional philosophers as well as others interested in the whole area.

The author thinks we can properly be concerned not just with animals and humans but also with "non-sentient organisms, as well as species and ecosystems" (page 89). This claim is, however, never argued for with the care it needs, and the author does not in my view establish at any point a claim which goes beyond the one that we have obligations concerning the environment (she mentions rivers) but not obligations to the environment. It is one thing to claim the that such things as rivers need to be paid attention to because of the claims of other living things which need them for some reason, and quite another to claim that we have obligations not just to these creatures, ourselves included, but to the rivers and mountains themselves. I see no reasons offered by the author to think that we need to go beyond the former of these two positions. And if we can have obligations to water because of the place it plays in the lives of ourselves and other creatures, presumably we can have them also to minerals and chemical compounds of various sorts for just the same reason. And if so, we are coming close to having no very clear answer to a question posed early in the book, namely why most people would not think it wrong to grind a stone into powder for their own amusement.

Having dismissed the various theories mentioned above, the book goes on to offer a "multi-criterial" account of moral status, a theory according to which there is no single criterion on which we can decide what things have moral status. The author offers seven different principles which are relevant to this decision, and argues that although this necessarily complicates the matter, it is no more than is needed to do justice to it. The book concludes with a discussion of how these principles would condition our thinking about such matters as euthanasia, abortion and animal rights. A consequence of Warren's claim about the necessity for a multi-criterial approach is that it leads her discussion of these issues to an "on the one hand but then again on the other" result. Inevitably, where a number of principles compete, there can be no very hard and fast answer to questions about the rightness or wrongness of various practices. Hence there is little in Warren's conclusions about these par-

ticular cases with which one can enthusiastically agree, or disagree.

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Medical Futility and the Evaluation of Life-sustaining Interventions

Edited by M B Zucker and H D Zucker, Cambridge, Cambridge University Press, 1997, 201 pages, £45 hb, £15.95 pb.

At the American College of Physicians' conference in 1993, it was reported from New York State that of 329 cardiopulmonary resuscitation (CPR) attempts in 307 patients, 65% had taken place in patients terminally ill with AIDS, cancer, stroke or sepsis. This was presented as the result of state legislation. Most of us find this shocking: shocking in its indignity to the dying, shocking in the suffering for patients and families in the temporary "successes", shocking in waste of resources, shocking in its implications of how we view dying.

Cardiopulmonary resuscitation is a particularly stark example of a life-sustaining intervention, for without it death is inevitable. It is a paradigm case and in any book on life-sustaining interventions it rightly occupies a major place. Successful CPR varies according to setting or patient group from around 50% to under 1%. Its success is generally overestimated by both the lay public and by health care professionals, especially nurses. Discussion between patients and their carers is the exception rather than the rule, despite exhortations, guidelines, circulars and legislation; written information fails to bridge this gap in the vast majority of cases. Is there then a point at which CPR should be defined as futile by the doctors and not considered? Do patients have a right to useless or ineffectual interventions? If not, what level of probability defines "useless" or "ineffectual"? If CPR is the starkest example, what about every other intervention of doubtful benefit in societies in which third parties pay? Should you pay for me to have a useless treatment just because I do not know or will not accept its almost certain lack of value? As Murphy remarks in his chapter in this book, if our society cannot deal responsibly with futile interventions we have little hope of dealing with any kind of marginally beneficial care. From one perspective, futility is a special case of a wider debate about rationing.

These themes make up the 16 chapters in this collection. Overall "futility" emerges as a necessary concept, albeit one capable of abuse and needing careful definition. Brody's initial chapter elegantly outlines the arguments on both sides and concludes that notions of professional integrity have a pivotal role. Once we accept that the principles of autonomy and justice cannot produce satisfactory solutions to highly practical problems, the way is cleared for futility judgments to start rather than stop conversations. The remaining chapters embroider Brody's themes, inevitably with some repetition, but never challenging his main thesis. A dissenting chapter would have been welcome: not everyone is happy with "futility" and the debate goes beyond defining and applying it.

Brody's chapter is followed by a personal account by Patricia Brophy of Brophy v New England Sinai Hospital. For a British reader, it is instructive to read this in conjunction with the analysis of the public and press response to the Jaymee Bowen case, in which futility arguments were so confused with economics.[1] The remaining chapters fall into four groups: those considering futility in different groups or settings (intensive care unit, medical wards, nursing homes, children, the old); those on practical aids to conflict resolution (ethics committees, liaison psychiatrists); those on culture, community projects and policies, and those on legal and economic perspectives. Not all are successful in producing a balanced account: seven lines on Islam compared to nearly four times that number on Native American culture (0.8% of the US population) in the chapter on religious attitudes is an example. Sometimes essential factual information could be more clearly separated from the ethical debate. Sometimes the treatment is too superficial: under six pages on alternative medicine and medical futility barely scratches the surface. But the best chapters are very good indeed, contributing perspectives from a wide range of disciplines. Brody's initial chapter is an example of the fine writing that we have come to expect from him; Paris and Poorman contribute an account of conflict between medical judgments and religious beliefs whose implications are wider than the title; Murphy's account of the economics of futile interventions reveals a wisdom that is the fruit of a mature reflection on these issues and not merely an analysis of costs. If these were the highlights for this reviewer, there is much more that is rewarding to study - and none of it over-lengthy. A valuable contribution to a subject of immense practical importance and warmly recommended.

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Ethical Dilemmas in Assisted Reproduction

Edited by F Shenfield and C Sureau, New York and Carnforth, Lancashire, Parthenon Publishing Group Ltd, 1997, 96 pages, £39 hb US$65.

This slim but dense volume offers the reader concise discussions on a number of the complex ethical dilemmas presented by assisted reproductive technology.

It is clear that the question of ethics in this field is a moving stream. The reasons why we need an ethical imperative in donor insemination (DI), in in vitro fertilisation (IVF), and in intra-cytoplasmic sperm injection (ICSI), and surrogacy are given. The welfare of the unborn child is widely understood as a matter of the greatest importance. Yet, the needs of the prospective parents cannot be ignored. These ethical values are not those of the medical profession but are based upon the culture of the population they serve; the wide sense of disquiet over the recent birth of a baby to a 60-year-old being an example of the public's close attention to these practices.

The constant progression of scientific techniques in medicine demands that we continuously re-examine all ethical questions. For example, sex selection and pre-implantation diagnosis offer fresh dilemmas, the resolution of which will have as much to do with the culture of the population as with the clinicians' own views - and