that resolution may differ widely from country to country. For example, as
the book points out in chapter five, Canadian women of South Asian
origin with a cultural bias against female children may obtain a termina-
tion of pregnancy in that country, pro-
vided that the physician is unaware
that this is a sex selection preference.
These same women can, and do, cross
the border into the USA where a termina-
tion of pregnancy due to parents' preference is not an issue. In
the UK, it may well be that some eth-
nic groups might also choose to
discriminate against female babies - it
is certain that national sentiment
would not support them.

This book clearly makes the point
about national/cultural differences. It
compares and contrasts the legal
ethical positions in the UK with those
in France in particular, and in the
EU/USA in general. It is noteworthy
that some chapters in this book refer
to "England". If this is simply a loose
way of describing the United King-
dom, then it is merely irritating. But if
it is describing English Law, then this
lack of clarity could be significant.
One of the clearest contrasts is in
the approach to surrogacy. In France, it
is prohibited - in the UK it is regulated.

This is not to say that all interested
parties in the UK are in agreement.
Those who feel that France has chosen
the better path will be encouraged by
the words of Sir Malcolm Mac-
naughton, former president of the
Royal College of Obstetricians and
Gynaecologists (RCOG), who in a
paper published in the November
1997 issue of the Journal of the British
Fertility Society wrote: "The Ethical
Committee of the International Fed-
eration of Obstetrics and Gynaecology
had strong reservations about the
practice of surrogacy and was
called concerned that it might violate family
values. Children born into situations
where their genetic, gestational, and
social relationships to their parents are
fractured, are at potential risk and
would best be served by policies
designed to discourage the practice.

"......... all decisions ........should
be viewed from the perspective of a
child's best interests, even, if neces-
sary, at the expense of the interests of
the adult parties".

This book does give space to the
views of the "adult parties" or "pa-
tients", but only in a short chapter
written from a French perspective. It
would have been helpful to have had a
contribution from a UK patients' asso-
ciation. Furthermore, this brief
chapter scarcely touches upon the
huge variety of fears, doubts, hopes,
and dreams of patients undergoing
fertility treatments. Most pertinently,
in a book about ethics, this book over-
looks the possibility that in their over-
whelming desire for a child, the
prospective parents may ignore or
even knowingly reject the ethical
dimensions of the treatment they seek.
In such cases, ethical input will only be
offered by the medical practitioners
closely involved, which makes even
more important and urgent the need
for a clear and coherent approach to
these ethical dilemmas within the
medical profession.

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Fragmentation and Consensus:
Communitarian and Casuist Bioethics

Mark G Kuczewski, Washington DC,
Georgetown University Press, 1997,
177 pages, US $55.00.

The world of medical practice, under-
stood as a socially situated craft, has
 seemed ideally suited to the resur-
gence of neo-Aristotelian ethics in the
last two decades of this century (and
indeed, on some accounts is partly
responsible for it). The renewed
emphasis on phronesis, i.e. the use of prac-
tical wisdom and judgment in assess-
ing the particular, is widely agreed to
be beneficial: where controversy per-
sists, however, is around the need for
agreement on human good(s) or the
human end(s).

In this interesting and insightful
book, Mark Kuczewski maintains that
a form of communitarian casuistry
which specifically excludes overall
agreement as to the human telos pro-
vides the best method available for
deliberation in bioethics. Principle-
based deontologic models of ethics are
rejected as failures, representing to
him merely the safeguarding of per-
sonal preferences, and leading to
terminable debate. His emphasis on
consensus as the major goal of ethics is
clear throughout his writing.

His outline and critique of varying
accounts of communitarianism and
casuistry are the core of this work, and
succeed superbly in demonstrating
which problems in post-
Enlightenment morality such ap-
proaches have attempted to address.
He incisively elucidates what he de-
scribes as the "whole tradition" model
of communitarianism (associated
most clearly with Alasdair MacIntyre's
more recent writing) with its specific
standards of rationality intrinsic to
the community's traditions. This he re-
jects, contrasting it with the "mutual
self-discovery" model which attempts
to combine the view of humans as
both deliberating and social beings,
without postulating a shared vision of
the good life. Both approaches aim at
seeing the moral agent in a situated
role in family and society; although
Kuczewski is aware of the risks of imposing "shared" values to which
even the second approach is prone, he
considers that this risk can be met
adequately by infusing this model with
casuistical methodology. Here, he pro-
vides what I consider to be the best
critical summary currently available of
the origins and method of modern
bioethical casuistry, and of its ability
(through what he refers to as kinetic
taxonomy, i.e. a changeable under-
standing of which concepts fit best
with each type of case) itself to critique
ethical theory. He thus arrives at a
specific understanding of communitari-
anism, in which casuistical meth-
ods are an integral parif. I believe he
demonstrates well that the opposition
between the two approaches (the one
supposedly relying on a "top-down"
application of theory to practice, the
other moving "bottom-up" from ac-
tual decisions in paradigm cases) is
only apparent and never has been real.
Casuistry can always be understood as
a communitarian ethic: whether in its
previous historical guises, or as cur-
cently used in medical ethics, it only
makes sense against the background of
a community's practices and convic-
tions. Kuczewski constantly refers to
such concepts as "our society" and
"our intuitions": casuistry is merely
the paradigm-based working out of
these societal developed (and thus
arbitrary) convictions.

Unfortunately, in attempting to
demonstrate the usefulness of "com-
munitarian casuistry" in clinical medi-
cal ethics he is much less convincing.
His three examples of supposed prob-
lems are, to my mind, poorly chosen
and fail to show a conceptual or prac-
tical advantage for his approach. In
the first two, the attempt is merely to
illustrate how his approach provides
better justification for the current
clinical consensus. In considering re-
spect for advance directives to refuse

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The bias I detect is an emphasis on mental illness as a lack of rationality, and rationality itself defined very cognitively. The chief criterion of mental health which is presented is that of a somewhat individualistic and atomistic autonomy. Clearly this vision of autonomy has an evaluative component built in. The concept of autonomy is itself an area of ethical debate in mental illness, precisely because, whatever incapacity mental illness causes, it surely has a direct impact on both the patient's capacity to be autonomous, and his or her experience of being autonomous. Further, in cases where mental illness is chronic (which is perhaps the more common situation), the patient's experience and capacity for autonomy will be bound up with his dependency relationships with his carers, both professional and personal. The traditional medical ethical view of autonomy may therefore be inappropriate.

What I also missed from this otherwise stimulating book was a section about the duties of psychiatrists generally. It might be illuminating to consider whether the duties of psychotherapists differ from the duties of more general psychiatrists. There is real uncertainty about the extent to which psychiatrists might have duties to third parties, and American lawyers and psychiatrists have experience of this; consider this quote from one of Szasz's papers: "Tomorrow's psychiatrists will be the gatekeepers of their community". Is this view tenable today, and in what circumstances? Where do the views of users' groups fit in relation to this view? These, and many other questions seem to me to be proper for a book looking at the ethical dilemmas in daily psychiatric practice.

In the final essay, Appelbaum suggests that, as a therapeutic strategy, deinstitutionalisation has had some unpleasant side effects. It has forced psychiatrists (both in the USA and the UK) to choose between two roles, both of which give rise to ethical tensions. The first role is as identifier and treater of mental illness; the second is that of public protector. The reality is that most psychiatrists carry both roles, and hastily change hats, depending on the situation, and the political wind, while trying to keep both hats in mind (so to speak). Edwards's choice of papers doesn't give much sense of how awful this can be to do. What his book does do is provide a solid introduction to some of

Ethics of Psychiatry


Any anthology is likely to have its idiosyncrasies, and this is not necessarily a bad thing. R E M Edwards has collected together 31 essays which address, in different ways, and with different views, some of the commonest ethical dilemmas in psychiatry. The essays are divided into seven sections, each with a useful introduction, and an equally useful list of papers for further reading. One of the strengths of the book is the presentation of the original texts, often appropriately shortened or edited for simpler reading. Reading an author's original arguments is valuable for students, because both the weaknesses and coherence of his or her arguments are easier to read than accounts by other detractors or apologists.

It is thought-provoking to consider which papers one would choose if compiling a similar book (remembering that Edwards co-ordinates a teaching programme in medical ethics, for which this book is designed to be a core text). Edwards's established views about rationality and mental illness clearly influence the tone of the introductions, the choice of papers, and the book's construction in total. The first section addresses conceptual issues in mental health, and especially the evaluative aspect of diagnosis. Here we find classic essays by Szasz and Edwards. The second section contains essays which demonstrate the limitations of the medical model in psychiatry; for example in relation to issues of gender, and erotic object choice. Other sections consider the duties of psychotherapists, and the question of civil commitment. Refreshingly, there is a section about forensic psychiatric dilemmas, although nothing about the involvement of psychiatrists in the death penalty process, which is curious given the emphasis on US law.

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