Underpinnings of Medical Ethics


This book represents an opportunity lost. The authors are respectively an emeritus professor of medicine and former head of medical genetics at The Johns Hopkins School of Medicine; a retired research biochemist in the Laboratory of Cellular and Molecular Biology, National Institute on Aging; and a psychiatrist in private practice who is also an assistant professor of psychiatry at Johns Hopkins. Their background is therefore medical rather than philosophical, and they claim in their preface that their “exclusive interest in the book is with safeguarding the supply of Medical knowledge as raw material to be delivered to the Medical ethicist” and that their goal is “to explore some of the major areas of confusion that exist in the no-man’s-land between scholarly clinical Medicine and the professional ethicist, typically nurtured in Philosophy”. They present their project with some assertiveness: “We do not want Medicine to be cast in the role of a poor relation or of a Third World nation to be colonized by experts from advanced civilisations bartering raw clinical materials at a trading post of academic law, or Philosophy, or theology” (page 5). (The eccentric capitalisation is the authors’ own - see below.)

In the light of these remarks I hoped for two things: an formal counterpart, with examples, of the claims that one often hears in an informal way from health care workers - that philosophers, lawyers and theologians tend to be confused or ignorant about what actually goes on in the areas of medicine that they pronounce on so confidently; and an attempt to provide a more adequate factual “underpinning”, to use their own word, for the ethicists’ activities in some crucial areas. Instead the book is often more like a study in the philosophy of the scientific aspects of medicine, and the relevance to ethics is sometimes remote.

Perhaps one reason behind this defect is that the authors are seriously unclear about what they mean by “ethics”. For example, on page 20 “Major Ethics” is described as “the study of the relationship between Acts and their consequences”, “Minor Ethics” as the application of means to broad classes of ends. In several places ethical statements are characterised as descriptive, rather than optative or imperative. One might conclude from these points that the authors are (eccentrically) using the term “medical ethics” for the study of how various desirable goals in the health field are as a matter of fact achieved. Moreover, in this book Ethics is normally contrasted with Morals (itself ambiguously characterised, as “what pertains to the role of conscience” on page 62 but as “norms of behaviour derived from authority” on page 17) which seems to be about what one ought to do. The book claims not to deal with morals. However, there is a chapter called “Ethical Systems” which takes “ethics” in its normal meaning and is, as one would expect, about theories of what ought to be done, whether in medicine or in life in general.

The chapter called “Duration and Quality of Life” provides a good example of how the approach fails to connect with medical ethics as normally understood. Most people would expect a discussion which, whether or not it mentioned QALYs (quality adjusted life years), had a bearing on the kind of ethical issue to which duration and quality of life apply. But this chapter begins with long discussions of what it is for a cell to be alive, the proper account of an individual (organism), three ways in which complex organisms can be studied, various ways in which the survivorship of a cohort can be diagrammatically portrayed, and so on. The points made about the obscurity of some claims about life expectancy presumably have ethical relevance (for example to the comparative evaluation of alternative treatment policies), but this is not made clear. What is finally said about quality of life is fairly perfunctory and tends to suggest that the chief measure of it is the satisfaction of the owner of the life and those who come in contact with him or her. But it is not clear how this view relates to the earlier examples of blind and deaf geniuses: their quality of life does not obviously depend on their being happy. The authors understandably profess a reluctance to prescribe what quality of life is, but again a fuller account of possible views and the ethical issues those views might raise would have been welcome.

The last chapter, “The Main Perspectives”, is an even clearer example of the problems of this book; I hoped for a final summary of what had been shown, but the chapter petered out into a discussion of different senses of “function” found in evolutionary biology.

There is a good deal of incidental interest in this book. But I cannot recommend it as a whole as a contribution to medical ethics. And the incidental merits of it are often obscured by a tiresomely long-winded and inflated style. A fairly typical example (in the final discussion of function) is “The word fitness is floridly self-ambiguous. But it is neither courteous nor enlightening to harp on the ambiguity to the exclusion of all else. We cannot peremptorily suppose that a being using the term are fools who do not look where they are going” (page 396).

And the aforementioned capitalisation system “to denote a special technical sense” is well-meaning, but in the end - or somewhat sooner - it too becomes tiresome. In my view it is altogether unnecessary. Perhaps in some contexts, though not in this book, we need to distinguish the philosopher, the scholar who studies values and which (by speculative rather than empirical means) from the philosopher, the benign contemplative person of “table temperament”; but ambiguity is unlikely between medicine (“a therapeutic concoction”) and Medicine (“the professional care of health and disease among human beings”).

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The Powerful Placebo


The book kicks off with an historical account of medicine which fills up the best part of the first chapter. We see how medicines have been modified, tweaked or superseded throughout the ages, from the simple “laying on of hands” to the more bizarre concoctions such as dirt laced with fliespice and lizard’s blood (taken from the Egyptian Ebers Papyrus, circa 1500 BC) or procedures such as subjecting patients to a human centrifuge. This narrative is highly detailed and probably exhaustive, only to conclude with the speculation (and speculation it is) that most, if not all, treatments before the twentieth century at least can be