has informed the report is one of its greatest strengths.

The focus of the report is on American law and practice but there are some references to inquiries into ART in other countries, (these are fewer than one might expect. In the 11-page index, the Warnock Committee is not listed - though the Human Fertilisation and Embryology Authority is mentioned once; and the [Victorian] Waller Committee which has published a number of influential reports in Australia on ethical and legal aspects of ART which have been implemented in legislation, is listed only in relation to its advice on the disposition of the Rios frozen embryos).

The report is very well researched and, in the American style, there are copious footnotes (though no bibliography). There is an extensive executive summary (pages xi-xxxi) and a summary of legislative and regulatory recommendations (pages 445-451; there are two minority reports, by four members and one member respectively: pages 453-462).

Recommendations are made on issues that have proved especially contentious in other jurisdictions. These are illustrated by the recommendations on “gestational surrogacy arrangements” (this means that the surrogate’s own eggs are not used - the gametes come from the intended parents). If the genetic mother and the surrogate mother agree after the child’s birth that the latter should be the child’s legal mother, then she should be able to obtain a judicial declaration for a formal adoption. If the two women cannot agree, each should be entitled to apply for custody and other rights with respect to the child; the court could then resolve the dispute and appoint one mother, based on the best interests of the child. However, the other mother’s status as a biological mother should not be terminated “unless circumstances ordinarily justifying the involuntary termination of parental status are shown to exist” (page 446). If the intended parents change their minds and will not accept the child after its birth, the surrogate mother should have the right to obtain a declaration of the legal obligations of both the genetic mother and father (page 446).

There are also some interesting recommendations concerning the theft of gametes and embryos (which has apparently occurred in California). The report states that it should be a criminal offence knowingly to transfer a person’s gametes, or embryos into anyone except that person or that person’s spouse without the written consent of the donor and the recipient. Similarly gametes should not be removed from a deceased or incompetent person unless he or she has consented in writing to that in the specific circumstances while able to do so.

In short, this is a book that will stimulate and inform discussion by providing a range of views on many topical issues arising from ART. Although the law in countries outside the United States is barely mentioned, this should not deter readers in other countries. Ethical debate is independent of geographical boundaries!

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Making Sense of MacIntyre

Michael Fuller, Aldershot, Ashgate, 1998, 143 pages, £35.

This short book makes a promise, which it largely fulfils. The author offers to guide us through the intricacies of Alasdair MacIntyre’s trilogy, After Virtue, Whose Justice, Which Rationality? and Three Rival Versions of Moral Enquiry, in order to help us grasp the basic thesis of these works. MacIntyre claims that the whole edifice of modern moral and political philosophy rests on crumbling foundations, and as a consequence that our individual and collective lives in modern liberal societies are in a dangerous moral muddle, from which we urgently need to be rescued by the restoration of a unifying moral vision.

Fuller describes his project of “making sense of MacIntyre” as “a slippery but rewarding task” (page viii). Anyone who has tried to read all three of MacIntyre’s long and complex volumes must surely agree with him. They are so densely packed with scholarly reference and detailed argumentation in tortuous sentences, that they remind this reviewer of one critic’s description of Wagnerian opera: “glorious moments but dreadful half hours”. Fuller’s lucid prose and carefully structured analysis are a welcome relief from the much more discursive style of MacIntyre. Yet, although he surveys a wide range of interrelated issues in a book of only four chapters, Fuller does not oversimplify the difficult theoretical issues. This is certainly not a “dumbing down” of philosophy, but it is an attempt to lead the reader (willing to persevere with some quite abstract material) through the different phases of MacIntyre’s critique and to appreciate why the issues he raises are of such fundamental importance to us all.

Fuller’s exposition is greatly enhanced by his decision to use another contemporary philosopher, Richard Rorty, as a foil to MacIntyre. Rorty’s account of the “liberal ironist” is another attempt to deal with the uncertainty and confusion of modern moral, social and political life, but one which holds onto (albeit ironically) the liberal vision which MacIntyre dismisses. Fuller’s use of Rorty in this way is an inspired move, because his view is a genuine alternative to MacIntyre’s, and his analysis of the central issues in the epistemology of morals is of equal scholarly weight. Fuller thus sets up a debate between the two approaches, thereby allowing the reader as spectator of this bout to decide on the victor. Fuller himself appears to lean towards Rorty, although not in any conclusive way. Nevertheless, some of his conclusions about MacIntyre are fairly damning. For example, he concludes that MacIntyre’s account of a return to tradition appears to be, once all the ambiguity and qualification is cleared away, simply a call to return to something like the theocentric sociocentric metaphysics of mediaeval Thomism. Fuller remarks: “This is about as realistic as expecting liberal democracies to embrace Islamic Fundamentalism as a core ideology” (page 140), and so his preference might be for Rorty’s passionate liberalism, despite its lack of secure intellectual foundation. However, here as elsewhere in the volume, Fuller is very quick to show why the MacIntyre style of analysis must cast doubt on any liberal dream of a world community. Thus the author, despite occasional lapses, stands largely to his task of helping the reader to make sense of MacIntyre, leaving any final evaluation of the MacIntyrean thesis to the reader.

Why should people interested in bioethics or bioethics bother with this book, or indeed with the original writings on which it depends? Since neither Fuller nor MacIntyre (in their writings being surveyed) raise specific topics of relevance to medicine and health care, what is the point of entering this somewhat rarefied philosophical terrain? An answer to these questions can be offered at two
levels. At a simple level, MacIntyre’s work, especially *After Virtue*, has had a strong influence on all areas of applied ethics in the past decade. In bioethics, the resurgence of virtue ethics as a viable way of approaching dilemmas of both doctors and patients, stems from MacIntyre’s assertion that we must revisit the narrative unity of the moral life. But at a deeper level, we need to think through the basic issues in metaethics raised by Fuller’s juxtapositioning of Rorty and Fuller. Bioethics is as prone to uncertainty about the roots of moral value as any other area of ethics, but there has been a tendency for the literature to avoid these moral abstract discussions, perhaps out of fear of losing the attention of the busy practitioner who asks for answers, not more questions. The discipline will descend into mere pragmatics if such issues are never debated, or if current assumptions are left unchallenged. (For example, the publication of the second edition of Engelhardt’s *Foundations of Bioethics* provides an ideal opportunity to question the assumptions about personal and social morality in that approach to bioethics.) Thus *Making Sense of MacIntyre* can be strongly commended to all readers of this journal. Though medicine is never mentioned, the questions the book explores are fundamental for anyone interested in establishing a viable medical ethics in our pluralistic and confused age.

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Am I My Brother’s Keeper? The Ethical Frontiers of Biomedicine


During the last few years there has been a modest backlash against the ethics of unlimited patient autonomy. In this volume Caplan has produced a strong challenge to the emphasis on personal freedom, thus signalling the end of biomedicine’s endorsement of a laissez faire, individualist approach to the ethics of health care. The appeal to personal autonomy developed in response to a lack of trust in doctors and a questioning of the grounds for their paternalism. Patient autonomy was frequently endorsed as a means of curtailing over-treatment, especially with regard to the end-stages of life. But the reality of modern medicine, with its emphasis on cost-containment and rationing, would suggest that lack of trust in the medical profession is rooted in fears of under-treatment. Moreover, as Caplan observes, trust is unlikely to be restored in the context of proposals to limit therapy with reference to criteria based on the patient’s alleged lifestyle, and even less likely will the economically marginalised find good reason to trust health care if they are offered the freedom to purchase therapy in return for organ “donation”.

The nineteen essays in this volume combat self interest and moral cynicism, stressing the virtue of trust and of caring and sharing the burdens of disability and dying. The topics covered here embrace some of the more complex moral questions — recent biomedicine, which include: fertility treatment; the ethics of medical research; doctor-assisted suicide; access to health care; eugenics; cloning; analogies with the holocaust; organ transplants; payment for organs and tissues; living donors; xenografts; rationing of health care, and proposals to redefine death. A central theme is the desire to combat the morality of an unfettered free market and unlimited self-determination. For example, the opening essay on infertility treatment and artificial conception questions the value placed on individual choice as a supreme justification for reproduction, whether naturally or artificially mediated. Caplan draws attention to numerous scandals associated with several infertility clinics involving the mishandling of embryos; lack of quality control; inadequately tested therapies; health and safety violations, and inadequate screening of potential patients, where greed has supplanted the morally commendable motive of assisting the infertile to have babies.

A similar picture is painted of practices associated with treatment at the end-stages of life, which reveal that motives other than respect for self-determination operate. The case for legally assisted suicide, argues Caplan, is not so much based on desire for self-determination but in response to fear, guilt, cost, loss of dignity and, above all, loss of trust in one’s doctors. Trust is essentially compromised, argues Caplan, when doctors are seen as protectors of the nation’s purse, when they embrace the duty to consider the fiscal consequences of care. If it is believed that decisions to withhold therapy are based on imperatives to ration resources then scepticism will accompany the doctor’s pronouncement of medical futility. Futility has been widely discussed in recent years and Caplan’s response to the “futilitarians” is linked to his plea for the restoration of trust, and recognition of the moral authority of doctors to say “enough is enough”.

The need to regain trust is echoed in Caplan’s discussion of proposals to redefine death. Following a review of various philosophically grounded arguments in favour of redefining death, Caplan insists that the strongest case against their public acceptability is based on evidence of lack of trust in medicine brought on by “shifts in the structure and financing of health care” (page135). This theme is pursued in the essays which deal with health care rationing. Caplan is primarily concerned with the US experience of health care in recent years and despite several references to case studies from Europe, the book is primarily written from an American standpoint. Yet years of cost-containment policies in the UK, together with an escalation of malpractice scandals, have nevertheless contributed to a similar breakdown of trust in the providers of health care. If Caplan’s account of the underlying problems facing health care is correct — and I believe that it is — then the restoration of public confidence in medicine must involve drawing an acceptable line somewhere between zealous advocacy of a patient’s best interests and guardianship of economic resources. For the obvious casualty of the present system is public trust in the medical profession. “Virtues”, says Caplan, “do not thrive in bottom-line, profit-oriented markets” (page 146).

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Altruism, Society, Health Care

Edited by Anders Nordgren and Claes-Goran Westrin, Uppsala, Uppsala University, 1998, 90 pages, SEK142 (sc).

This short volume contains five papers on altruism which were presented at a symposium at the University of Uppsala, along with an introduction and a