

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

Arthur L Caplan, Bloomington and Indiana, Indiana University Press, 1998, 241 pages, £20.99 (hb).

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 carers 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 of 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" (page 135). 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