

Debate

A reply to Professor Seedhouse

Michael H Kottow *University of Chile, Santiago, Chile*

Abstract

This brief reply gives a few references and clarifies some points in order to emphasise that a number of Professor Seedhouse's assertions are debatable and that his criticism of slovenly scholarship and his unbridled ad hominem argumentation are out of place and easily refuted.

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Professor Seedhouse presumably uses such fierce language in order to put an end to the discussion, especially since he disqualifies me for having “precarious scholarship”, making “ridiculous guesses”, being “blinded by convention” and suffering from other academic malformations. Not being myself well disposed to the *ad hominem* rhetoric he privileges, I will concede Mr Seedhouse all the points he wishes to make and let them stand against my paper, here merely adding a few comments.

1. Certainly, cheating at a marathon or arrogantly buying wine become ethical issues, but that is because cheating and being arrogant distort otherwise straightforward human interactions that are sufficiently regulated by easily acceptable social norms. Running a marathon is not an ethical issue, but cheating to win is.

2. I am not aware that decently honouring an agreement or being fair at sports or games must require further definition and that these qualifications do not constitute sufficient judgments without additional ethical analysis. I do, perhaps wrongly, believe that ethics is a “language game” that does not need to nor could have all its terms defined.

3. The whole point of my paper is that medical ethics is of the utmost importance because there is a wide gap between what medicine essentially is and the way it is practised. Today's practitioners approach more readily technical excellence than ethical soundness, with dire consequences, as acknowledged in my paper. Still, this does not

bring the moral adequacy of the goals of medicine into question, although it sheds a dark light on its practice, where these goals are often ignored.

4. Living in a small, developing country, it seems surprising that I should be “unaware” that medicine is a scarce commodity and an unequitably distributed resource. If at any point I imply that such gross social distortions do not occur, I am guilty of expressing myself very poorly, having caused a gross misreading of my text. But hermeneutics is an inexact enterprise and allows many interpretations: no one should think he has reached the only valid reading.

5. If not having mentioned literature on euthanasia written in the 1930s is a mark of “poor scholarship”, so be it. After all, Binding and Hoche's disreputable defence of euthanasia, which led to mass killings under the Nazis was also published in 1931. I'd rather quote Arthur J Dick, commenting on an anonymous 1970 editorial, interestingly titled, *A new ethics for medicine and society*.¹ Dyck writes: “This editor sees the beginning of the new ethics...”, ending the introduction of his paper with a query: “What kind of ethics should guide contemporary decisions regarding sterilization, abortion and euthanasia...?”² I quite distinctly perceive a sense of novelty in these and many other texts.³

6. I don't expect the reader to be anxious to learn how long it took me to find out that Jehovah's Witnesses did not emerge till the second half of the 19th century, and that the first Supreme Court order regulating medical intervention in relation to this sect's tenets is in a paper entitled *From In re Brooks Estate* (1965).⁴ So, even if euthanasia is an old practice, my argument holds that the ethico-medical awareness of issues related to voluntary death is a contemporary concern.

7. I would not presume to understand the distinction between ethics A/ethics B better than its author does, and I'll be happy to join ranks with others who seem to misunderstand it. To celebrate medicine as an essentially beneficial endeavour—however often this basic tenet is neglected or abused—does not make medicine

either paternalistic or non-paternalistic. It depends who is deciding what is beneficial.

8. I do need to comment on Professor Seedhouse's practice of quoting his own texts and then accusing others of misreading his quote and of failing to go into other parts of his writings. If he quotes, he should be prepared for others to interpret the text as it stands and as it was selected by him. It is correct that I had not "done even the most perfunctory research into [Seedhouse's] work", because I was interested in discussing not his work but only the articles I had read.

9. It is Seedhouse himself, not I, who laments that his arguments are hardly listened to ("Unfortunately, these ideas [of *Liberating Medicine*] have not gained credence"), although he claims to have written extensively on the subject ("numerous journal papers and nine books").⁵

There is a whole lot of word-mincing I won't go into because it wouldn't be to anybody's benefit. I hope that we will eventually reach some agreement on the ethics of ethical discourse, as Habermas has it,⁶ and strike a friendly and fruitful tone

in future polemics. In the meantime, I suggest that academic discussions should privilege content above form and stay clear of unwarrantedly righteous and aggressive attitudes.

Michael H Kottow, MD, MA Sociology, is an Ophthalmologist and Professor in the Faculties of Medicine and Philosophy, University of Chile, Santiago, Chile.

References

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- 3 Battin MP, Bole II, TJ. What if euthanasia were legal? Introducing the issue. *The Journal of Medicine and Philosophy* 1993;18:237-40.
- 4 Underwood RC. In re Brooks Estate (1965). In: Gorovitz S, et al, eds. *Moral problems in medicine*. Engelwood Cliffs: Prentice Hall, 1976:231-239.
- 5 Seedhouse DF. Against medical ethics: a response to Cassell. *Journal of Medical Ethics* 1998;24:13-17.
- 6 Habermas J. *Communication and the evolution of society*. Boston: Beacon Press, 1970.