

versus selfish individualism; the fetus versus the woman.

Too many competing interests - perspectives on the self and the world, biological and psychological data, ideas about gender, moral and religious theories - all confront each other in the maze beneath the abortion question. It is to the credit of this CD-ROM, which comes from the Center for the Advancement of Applied Ethics at Carnegie Mellon University, that it confronts just about all these aspects and invites its users to test their own beliefs against them.

Its most valuable section is its case histories. With the aid of short video clips - none more than a minute - we are gradually able to explore the reasoning behind individual abortion decisions. There are categories of abortion dilemma - congenital abnormality, rape, contraceptive failure, teenage pregnancy. Where there are couples, the man concerned is there too: we see him and hear him, explaining how he feels about the issues. And after each clip the user is asked questions which focus largely on the ethics of the case. It's not virtual reality counselling, and giving answers is optional. The software allows you to skip the procedure if you wish. But the questions prompt an examination of your own attitudes and prejudices (we all have them).

I looked in detail at the case histories on congenital abnormality. In my experience this is an area where medical professionals have not acquitted themselves very well. Doctors tend to assume that it is self-evident that the birth of a baby with disabilities is a tragedy which should be avoided, if the technology is there to do so. Researchers have consistently reported the effect that this assumption has had on the way doctors deal with women facing tests for abnormalities or women with "bad" results. With cuts in welfare budgets and social support lurking in the background, many women find the whole procedure of being tested and counselled more akin to duress than to "choice". The context of decision making makes refusal to undergo tests seem wanton and even reckless.

The first case looks at a couple, mother aged 35, with one child, facing the possibility of Down's. They agree to an Alpha-fetoprotein (AFP) test, which indicates a probability that Down's is present. They ponder the case for amniocentesis. They have no moral objection to abortion but the woman feels very reluctant to undergo

a late abortion. Eventually the decision to terminate hinges on the impact that a child with Down's would have on the family. "Life is tough enough, without that" they say. The unfolding of the story had me clicking eagerly on to see what happened - the outcome was not hinted at. Along the way the text questioned me: "This process [prenatal testing] costs about \$3,000. What financial and social support do you think ought to be available for decisions of this kind?" In other words who should pick up the tab - the question that lurks increasingly close to the surface in this area where public policy and private conscience meet. I was also directed to work out what I thought about the father's role - how much should his views count in the final decision. It was a very good, complex example, identifying clearly the ambivalence which surrounds so many abortion decisions, but which does not invalidate them.

The second case concerned a couple with religious scruples who refused prenatal testing because to them abortion was abhorrent. They also already had a family - one more would strain the budget. "Things work out", commented the woman. "Is economic welfare morally relevant" to abortion decisions, demanded the programme.

The case histories were the CD-ROM's richest offering, summing up the untidy complexities and highlighting the welter of responsibilities and issues which are weighed in the balance. The rest I found disappointingly scant - a brief note on historical perspectives, reminding us that views on abortion are not immutable, and a paltry three paragraphs on abortion in America today, mainly about the activities of the "moral majority" and the other campaigners. Similarly the sections on legal issues, philosophical arguments, and religious perspectives, all left me wanting more.

Would this have worked better as a book? As someone who prefers carrier pigeons to the fax or the e-mail, this encounter with the CD-ROM, was a frustrating and cumbersome affair. But it is a personal view. The authors envisage their publication as a teaching aid, although more typically it would be used by individual students as a study resource. In a world of increasing specialisation, where counselling is more and more hived off by doctors to specialists, I found myself hoping that this programme would play its part in attracting doctors to see abortion as a valued part of their work. It is easy for doctors to spurn abortion

as a distasteful, boring, even degrading aspect of their work. (Obviously they thought that it might entail wearing a bullet-proof vest and make normal life impossible does not attract many applicants either.) The average age of doctors willing to carry out abortions in the United States is over 50 years old. Dermatology is unarguably a safe option, young doctors reason to themselves.

The CD-ROM title calls abortion "social controversy". It pays due respect to the views of those who are "abortion-resistant", the rather curious-sounding term it uses to describe those who oppose abortion. I think it suffers from being very parochial. Like so many people in the United States, the authors seem to think that nothing of value can be gleaned by looking beyond that nation's borders. A section on the consequences of making abortion illegal restricting it severely, as has been done so dramatically in Poland since the end of communism, is surely an important part of helping people form their own moral stance on the abortion question "in America today".

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The Human Rights, Ethical and Moral Dimensions of Health Care

Edited by Pierre Cuet, Jean-Pierre Massue, Strasbourg, Council of Europe Publishing, 1998, 486 pages, £30.00.

With the explosive increase in the scope of medicine and biomedical research in recent decades, often a step ahead of international law and ethical debate, a comprehensive text with advice for clinicians and patients covering all conceivable ethical dilemmas which might be met, should be welcomed. We are told that this book seeks to promote the aims of the Council of Europe and give guidance to health workers seeing cases and teaching medical ethics and that it is a shortened version of a very full study. *The Doctor and Human Rights*, commissioned by the Council of Europe. However, the book unfortunately does not fulfil its promise. Much seems to have been lost in the shortening.

The first dozen chapters, written by experts from European centres, deal with bioethics as seen from the viewpoint of international law, various religions, nurses and others, including patients. Such general outlines of the subject are necessary, and some chapters offer valuable information, though not all of it is relevant.

The greater bulk of the book is devoted to 120 illustrative cases, covering 44 different ethical problems. One might expect these to furnish useful guidelines, but they prove bitterly disappointing. They all follow the same pattern, first giving a three or four-line description of the ethical problem, then a full description of the relevant international law. This is often peppered with references to articles and clauses in international instruments which might have been, but are not, included in the form of appendices at the end of the book. Then there is the ethical standpoint, followed by the religious moralities (Catholic, Protestant, Jewish, Muslim, Buddhist) and finally, the agnostic morality.

Using the test of selecting a subject that one is familiar with, and asking oneself whether the topic is discussed in an accurate and helpful way, I looked up the single example of "torture". This simply postulated: "A man aged 30 is a witness and subjected to police interrogation. Presence of a doctor to monitor the level of tolerance to physical and psychological coercion." This hardly seemed an adequate basis to debate the tricky ethical dilemmas that a doctor may be involved in. All the following discussion naturally condemned torture, though the word had not been used in the original proposition. There was no discussion of legal degrees of coercion, such as has recently been debated in the Israeli courts and parliament.¹ And, most importantly, there was no discussion of strategies by which a doctor might escape such a situation. I am sure that a doctor, finding that he is expected by his employers to undertake such duties, and realising that to disobey would cost him his job, if not his life, would be disappointed to read this chapter and find so little help.

In the chapter devoted to blood transfusion refused by a Jehovah's Witness patient with gastrointestinal haemorrhage, the discussion includes experts from every religion except Jehovah's Witnesses, and so the reasons for their belief and the fallacies in it are not debated. Neither men-

tioned are considerations of the consequences to the patient and his family who will be in danger of excommunication if the prohibition, however illogical, is broken.^{2,3}

Some other types of ethical dilemma, for instance those associated with AIDS, are dealt with by two or more examples, but these are scarcely more illuminating, and the advice of some of the religious experts seems actually perverse.

It is suggested in the preface that the book would be useful for patients as well as health workers, and a glossary is included, presumably for the assistance of lay readers, but it often fails to remove the obscurity, for instance: "Azoospermia: absence, temporary or permanent, of spermatozooids in the semen". Others are inaccurate, perhaps due to mis-translation.

Though it is doubtful if the book could be of much help to the clinician or patient, it could possibly come in useful to a teacher of medical ethics as a starting point for group discussions. It is definitely not a book to rush out and purchase.

References

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- 2 Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: part 1. Should bioethical deliberation consider dissidents' views? *Journal of Medical Ethics* 1998;24:223-30.
- 3 Muramoto O. Bioethics of the refusal of blood by Jehovah's Witnesses: part 2. A novel approach based on rational non-interventional paternalism. *Journal of Medical Ethics* 1998;24:295-301.

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To Relieve the Human Condition. Bioethics, Technology and the Body

Gerald P McKenny, Albany, State University of New York Press, 1997, x + 279 pages, \$19.95 pb.

Writing from the perspective of academic religious studies, Gerald P McKenny claims that "standard bioethics" ("the family of secular approaches rooted in the theories and principles of analytic moral philosophy that are dominant in the English-speaking world") tacitly supports the

"Baconian project" of modern technology, which looks to medicine to eliminate human suffering and expand human choice. But in doing so, it "provides no moral framework within which to determine what kinds of suffering should be eliminated and which choices are best", and in effect calls on medicine "to eliminate whatever anyone might consider a burden of finitude". "The result is that in our very effort to gain control over necessity by means of medicine we give medicine virtually unlimited control over our lives ... we empower it to impoverish our moral lives by defining all of our suffering as pointless ..." and "because we have only arbitrary conceptions of what purposes and goods our lives should serve but share in common only a fear of death, we rely on medicine to extend our lives even when we have no idea what such an extension of life is good for".

This last quotation occurs in the course of McKenny's exposition of the writings of Stanley Hauerwas. Critical accounts of various recent "efforts to counter the technological utopianism of modern medicine", (by Hauerwas, Hans Jonas, James Gustafson, Leon Kass, the phenomenologists Drew Leder and Richard Zaner, and Michel Foucault) form the core of the book; and McKenny's detailed and often illuminating critique of these alternative ways of thinking about bioethics is a useful contribution to the literature. His own conclusions, in a brief final chapter, are broadly in sympathy with those of Hauerwas. McKenny argues that "the conviction that some kinds of suffering can serve a moral project, and the correlative denial that all suffering is pointless, strikes at the heart of the Baconian project and breaks the grip of the latter on the practice of medicine". For McKenny, "one does not lose one's moral worth or one's moral task in life simply because one has lost independence or control of one's body". The practical implications of this, he suggests, are that a "community committed to this perspective would form its institutions and order its health care priorities accordingly. In the case of the dying, this would involve a rather thoroughgoing redirection of resources from efforts to extend life to efforts to develop more effective comfort care, including pain relief, high-quality nursing care, and support of family caregivers."

It is difficult to disagree with this. Indeed it is so obvious, that one wonders if McKenny's vigorous criticism