

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

- 1 Fishman RHB. Israel trips on the torturous route to security. *Lancet* 1998;351:1714.
- 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.

DUNCAN FORREST

Medical Foundation for the Care of Victims of Torture, London

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

of the “Baconian project” and “standard bioethics” is not directed against straw men. The idea that medicine is striding towards the goal of eradicating suffering and expanding choice, it is true, is sometimes implied in the promotional literature of researchers in search of funding; and some of the academic literature on bioethics admittedly does have a limited agenda: as McKenny puts it, “for every new issue that arises in biomedical research and care its task is to safeguard individual autonomy, calculate potential risks and harms, and determine whether or not a just distribution will follow”. But even the academic literature of “standard bioethics”, nowadays has a great deal also to say about virtue, casuistry, narrative, ecological and feminist ethics, for example; and at the coal face where ethical choices are actually made, it is all too evident

that medicine advances, when it advances at all, only by small incremental steps across a minefield of new moral problems. McKenny’s book perhaps will be of more interest to the theorists than to the practitioners of bioethics. Yet the basic issue with which this academic treatise is concerned – the human need not just for relief from suffering but also to find meaning in suffering – is too important to be left to theorists; and a “moral framework within which to determine what kinds of suffering should be eliminated and which choices are best” indeed could be helpful to practitioners. “That deficiency”, however, (to quote McKenny’s own final sentence) “alas, cannot be overcome by writing another book”.

KENNETH BOYD

*Research Director,
Institute of Medical Ethics*

Books: information and orders

If you wish to order or require further information regarding the titles reviewed here, please write or telephone the BMJ Bookshop, PO Box 29, London WC1H 9JR. Tel: 0171 383 6244; fax: 0171 383 6455; Internet: www.bmjbookshop.com; email: orders@bmjbookshop.com. European customers should add 15 per cent for postage and packing, other overseas customers should add 30%. Payment can be made by cheque in sterling drawn on a UK bank or by credit card (Mastercard, Visa, or American Express, stating card number, expiry date and full name. (The price and availability are occasionally subject to revision by the publishers.)
