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## Book reviews

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### On Moral Medicine

Edited by Stephen E Lammers and Allen Verhey, Grand Rapids, Michigan, Wm B Eerdmans, 1998, 1,004 pages, £32.99 (sc), US\$49.00.

The sub-title of this book, *Theological Perspectives in Medical Ethics*, is a more accurate indication of its contents than the title. It is a compendium, an ordered collection of 128 reprinted theological and religious writings, grouped in nineteen chapters within three major sections - I. Perspectives on religion and medicine; II. Concepts in religion and medicine; III. Issues in medical ethics. Most writers are from the Judaeo-Christian world; the Christians are from the Roman Catholic, Reformed, Protestant and Anglican (Episcopalian) traditions. Other religions are referred to occasionally in passing, and "the ancient world" is present in quotation and commentary. The volume is a source-book, for reference. Some pieces may be read for pleasure; some with surprise - how often do we meet Thomas Sydenham, Florence Nightingale and W H Auden among the "bioethicists"? - some with toil, a dutiful struggle with web-spun words. Such a tome cannot be summarised in review; it can only be commended or waved away. This reviewer, from the depths of his native theological tradition, can only commend, but only to searchers prepared to work hard.

The present phase in moral reasoning in medical practice began, in England, in the 1950s, with theologians and philosophers, notably I T Ramsey, R M Hare and B S Mitchell, talking with doctors working in fields specific to the discussion. There was no confrontation, because of a long tradition in British philosophical theology of respect for the empirical. In the USA the theological initiative, coming rather later, was explosive, controversial, because Paul Ramsey's covenant

theology had no place for Joseph Fletcher's situation ethics. Indeed, Fletcher should be remembered (now that his warm, joyful spirit has passed from us with death) not so much for his now faded system as for his having drawn out of Ramsey his *Deeds and Rules in Christian Ethics* (1965), in which Ramsey restored "love" to theological intelligibility.

Paul Ramsey stands high in this volume, and rightly so. He was at his best in *The Patient as Person* (1970), where he transcribes his covenant theology into the professional relationship between doctor and patient and the duties they owed in fidelity to one another and to society. After that, when he ventured into the new technologies of reproductive medicine and the like, he seemed to be more inflamed by journalists and writers of science fiction than attentive to what pioneers like R G Edwards and P C Steptoe were writing and doing. Ramsey could shoot down slogans, like "death with dignity" (he preferred "serenity"); yet in his later, more combative writing he could deploy the most untheological slogan of all, "playing God", so foreclosing serious attention to dilemmas in neonatal intensive care. Just tributes are paid to him in this volume. O'Donovan praises above all his articulating "the meaning of justice as a feature of the good of society"; and Thomasma, though he would balance Ramsey's "covenantal" with "the sacramental character of human persons", yet admires him for the rigour of his ethical thinking, too often lacking in Protestantism.

Ramsey, O'Donovan and others in this volume pay their tribute to Karl Barth, who has dominated Protestant theology and ethics in this century. The selections from Barth reprinted here illustrate his greatness and his impossibility. He was a master of clarity when expounding his basic conviction, the centrality of Christ and his resurrection. When he tries to apply his theological principles to specific

questions such as respect for life, parenthood, childlessness, and contraception, his prose becomes dense, his rhetoric impenetrable. Gustafson justly observes that some of his present day disciples are similarly entangled. (Theologians working in medical ethics should not talk to themselves but with medical practitioners).

In contrast stands the writing of Childress who, no less firm and comprehensive in theological conviction, can go on to ethical implications in such an area as technological assessment, cost in risk/benefit analysis, and uncertainty in clear, reasoned, analytical prose.

It is a shame, really, that this review has concentrated on a few professing theologians to the neglect of many more who, with theology implicit in their minds but not bubbling out of their mouths, have contributed to the wide range of issues covered in this volume. Modestly pre-eminent among these stands Daniel Callahan, who, in the Hastings Center, established a base for continuing collaborative reflection on issues in medical ethics as, in the last thirty years, they have tumbled on the scene. His achievement matched, to some extent, by Edward Shottter's pioneer work in UK medical schools and the Institute of Medical Ethics - should be on record.

Let the last word be with a physician, as it ought to be. Thomas Sydenham (1624-89) writing on what every aspirant to the profession should think seriously about, put into twenty lines of limpid prose the fundamental theology which Barth, Rhaner and their/ kind laboured for in thousands. Of his four prescriptions the third is this: "... let him reflect that he has undertaken the care of no mean creature, for, in order that we may estimate the value, the greatness, of the human race, the only begotten son of God became himself a man, and thus ennobled it with the divine dignity, and, far more than this, died to redeem it" (page 145).

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## Suicide: Right or Wrong? (second edition)

Edited by John Donnelly, Amherst, New York, Prometheus Books, 1998, 335 pages, £14.99 sc.

John Donnelly is a professor of philosophy at the University of San Diego in California. This volume is one of a series on contemporary issues of topical public interest ranging, for instance, from animal experimentation: the moral issues, to sexual harassment: confrontation and decisions. There is a separate title in the series on *Euthanasia: The Moral Issues* edited by the series editors, Robert Baird and Stuart Rosenbaum. This one deals specifically with the subject of suicide.

After a comprehensive introduction, the book is set out in three parts. Part one: some historical background contains nine chapters with a careful selection of contrasting viewpoints, both ancient and modern. Seneca and St Thomas Aquinas, Hume and Kant, give way to a more parochially American perspective in the recent contributions. An interview with Jack Kevoorkian is balanced by an article by Herbert Hendin, professor of psychiatry and Director of the American Foundation for Suicide Prevention. There is a chapter by Joseph Fletcher, the situation ethicist, and another by Celeste Fremon, based on an interview with Bruno Bettelheim, the child psychologist, shortly before his suicide. The section is closed by a report of the Council on Ethical and Judicial Affairs of the American Medical Association on physician-assisted suicide.

Part two: when do we call it suicide? includes six chapters which attempt to clarify the limits of the concept. This is no easy task, and Donnelly's own definition, which he describes as "somewhat tentative" runs to a sentence of almost two hundred words. A paper by William Tolhurst includes an interesting distinction between strong and weak intentions, with the assertion that suicide must be strongly intentional. One by Suzanne Stern-Gillet on the rhetoric of suicide contains a discussion of the 1981 IRA hunger striker, Bobby Sands, and the manipulation of the concept for political ends. R G Frey considers whether a death has to be self-inflicted to qualify as suicide. Terence O'Keefe, in another study of deliberate self-starvation, distinguishes between genuine suicides, which he

condemns absolutely from a religious perspective, and what he terms instrumental self-killings, which he regards as more ambiguous. Glenn Graber explores a definition of rational suicide, and Joseph Kupfer links an appraisal of the definition of suicide with the next section on its moral interpretation.

Part three: is suicide moral? Is it rational? is perhaps less philosophical in tone. It begins with an article by Edwin Shneidman taken from the *American Journal of Nursing*, which assumes that preventing suicide is inherently justified, and one by Thomas Szasz on the ethics of suicide, taking the opposite stance. Victor Cosculluela takes a less polar position. Milton Gonsalves elaborates a traditional theistic position against suicide, whereas David Holley explores and questions the relevance of the metaphor of divine property rights in the debate. Richard Brandt adopts a utilitarian position, whereas Philip Devine argues for the logical opaqueness of death, making utilitarian considerations unsatisfactory. Joyce Carol Oates decries the romanticising of suicide in the arts, denying the notion of death as liberation. Robert Weir provides a cautious defence of physician-assisted suicide in some cases. This section ends with a discussion of whether suicide is a right, with contrasting perceptions by Leon Kass and Margaret Battin.

The second edition has been updated and expanded, and contains a new appendix with excerpts from the Supreme Court's 1997 decision on physician-assisted suicide. For the medical reader, the appendix is well worth the inclusion. For instance, Justice Stevens describes a patient's "interest in dignity, and in determining the character of the memories that will survive long after her death", which seems to go beyond the judicial understanding in the Tony Bland case in England in which, in his persistent vegetative state, Tony Bland was deemed to have no interests of any kind.

As an introduction to the subject of suicide for the general reader, or undergraduate student, this book has much to recommend it. It is scrupulously careful to be fair to opposing viewpoints and successfully maintains its philosophical detachment. It provides an eminently appropriate synopsis of the arguments. However, its very detachment may make it less useful for clinicians seeking ethical or moral discussions of more practical significance. We seldom see platoon commanders throwing themselves on grenades or submarines in danger of sinking, so moral critiques of more

realistic examples may appeal more to our perhaps over-concrete minds.

For my own part, I must leave with a confession. I was perplexed to read in the chapter on the Catholic view, a quote from St Thomas Aquinas that "whoever takes his own life, sins against God, even as he who kiss (*sic*) another's slave, sins against that slave's master ... ." This curious juxtaposition of sex and violence provided what I felt were fascinating avenues for speculation on the Catholic mind. It only gradually dawned on me that it was merely a misprint.

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## The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain, c 1870-1959

Mathew Thomson, Oxford, Oxford University Press, 1998, 351 pages, US\$90.00.

This book covers an important period in the development of specialist social, health and educational services for people with learning disabilities in Britain. Historically, the term mental deficiency had wide currency but contemporary synonyms include: mental handicap, mental retardation and developmental disorders. By 1870 faulty concepts of genetics were beginning to give support to the eugenics movement. For example, the French psychiatrist, Morel, had described his "theory of degeneration" wherein mental disorders did not differ in kind but only in severity. Accordingly, neuroses, psychoses and mental deficiency were increasingly severe manifestations of the same inherited process through the generations. This theory was compatible with Lamarckian genetic concepts which asserted that characteristics acquired by the individual could be inherited by his or her descendants. Increasingly, the mentally ill and mentally deficient were seen as causes of society's ills rather than as consequences of disadvantage. This was fertile ground for the formation of policies of wholesale segregation and sterilisation of the mentally defective. The former had extensive application in Britain whilst the latter was rejected (but accepted in Germany and some parts of the USA).

As the title suggests, this book mainly addresses the history of social and political aspects of mental deficiency during the time period covered, rather than developments of biomedical knowledge in this domain over that time.

This scholarly work makes good use of a wealth of original source materials as well as more widely available published books and articles. This first major historical work on the problem of mental deficiency presents a complex, multilevel and interactive model which belies many of the more simplistic accounts of this subject. The first two chapters deal with parliamentary and civil service responses to mental deficiency. Chapters three to five cover the approaches adopted by professional, voluntary and pressure groups (including the astonishingly under-reported development of community care for this population in the inter-war period). Chapter six describes the local administration of policy according to ideology, need and resources. Chapter seven presents a fascinating account of the “micropolitical” interaction between social services, families and people with learning disabilities themselves. This is thrown into contrast with the development of the burgeoning Welfare State in chapter eight.

The Mental Deficiency Act of 1913 and its consequences are described in detail, including the well-known pitfalls of confusing “moral” criteria with psychometric and psychopathological criteria for the compulsory detention of patients. This led to large numbers of young mothers who were not married and young men with minor offending behaviours being admitted to mental handicap hospitals for long periods. Victorian political philosophy accentuated the freedom of the individual within a framework of rights and responsibilities. This explains, to some extent, the paradoxical unity of conservative and progressive politicians in support of the policies of segregation and, in many cases, even sterilisation. The mentally defective were seen as less autonomous than intellectually intact individuals and thus as having fewer rights and responsibilities. Diminished freedom was justified at the same time as society’s duty of care to these individuals was recognised. Therefore, they were subject to policies which curtailed their liberty but were afforded greater resources than many of their peers who presented with similar social problems which were not

of developmental origin, for example, habitual criminals and inebriates. However, utilitarian concerns and the just use of finite resources were commonly applied to define services rather than concepts of individual rights. Throughout the book, continuities with periods before and after the subject matter are discussed. Indeed, despite rhetoric of “person-centred services”, the lives of people with learning disabilities are still all too often governed by administrative convenience which diminishes autonomy and predisposes to co-existent mental illness.

This book is of considerable interest to historians of health and social policies, especially those interested in mental health in general and learning disabilities in particular. Furthermore, I would recommend it to mental health workers, given the strength of its coverage of relevant ethical issues. The account of the history and ethics of problems relevant to this population may well prove of relevance to other vulnerable and potentially disenfranchised groups such as those who acquire handicap, disabilities and intellectual impairment later in life.

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## Law and Medical Practice: Rights, Duties, Claims and Defences

Loane Skene, Sydney, Butterworths, 1998, 299 pages, A\$ 54.

The interdisciplinary conjunction between law, medicine and ethics has been a notable development over the last twenty or thirty years, particularly in the UK and common law countries such as Australia, New Zealand and Canada. Many law schools in Australia now have flourishing centres and institutes where law and medicine and ethics are brought into dialogue with each other and there are also a number of statutory bodies serving the same purpose. Monash University in Melbourne, for example, has been the home of the Centre for Human Bioethics under the guidance of Professor Peter Singer (soon, alas to move to Princeton) and Dr Helga Kuhse, and the law school at the same univer-

sity has recently founded an Australian Institute for Health, Law and Ethics. Again, the law school at Melbourne has established a flourishing postgraduate course in law, medicine and ethics under the direction of Associate Professor Loane Skene.

Professor Skene has been one of the movers and shakers in this movement and in her most recent book she is able to draw on a vast fund of legal and medical experience. The book is very much a compendium of information bearing upon the rights and duties of doctors and their patients and it is directly practical in its aim of enabling all the parties involved in health care situations to find out where they stand. The author eschews any theoretical speculation about the larger controversial ethical issues and for the most part concentrates on the state of the law about the questions she discusses—consent to medical treatment, the doctor’s duty to provide information, confidentiality, withdrawal of treatment, abortion etc.

For the most part Professor Skene is concerned with Australian situations and legal decisions but she also discusses relevant UK cases and opinions and her book would have considerable value for doctors and their patients, and lawyers, in the UK and other countries.

The book, as I have said, is a model of a practical compendium but, as a philosopher I would have liked to see a little more attention given to the larger ethical issues, especially on the vexed questions that arise a propos the withdrawal of medical treatment. These questions have been at the centre of much recent discussion in Australia. Again, Professor Skene says nothing about the special problems (regarding consent, the examination of women patients, the use of information gained in research etc) involved in medical treatment of indigenous Australians and New Zealanders. No doubt there are as yet very few legal cases in this area but we may be sure that it will be an important focus in the very near future.

However, one cannot cover every issue and there is no doubt that Skene’s book admirably succeeds in its main purpose. It will certainly be welcomed by doctors and lawyers and, not least, by intelligent patients.

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