Book reviews

Physician-assisted Suicide: Expanding the Debate


This substantial academic volume, which seeks to expand the debate on physician-assisted suicide, is a significant addition to the growing number of edited works on one of the most important issues in contemporary bioethics.

The introduction observes that the essays illuminate the evolving, increasingly “nuanced” American debate in the wake of the landmark Supreme Court decisions upholding laws against physician-assisted suicide. Its twenty-three chapters are divided into five sections: “conceptual issues”; “those at risk”; “the practice of medicine”; “the impact of legislation”; and “religious perspectives”.

How, then, is the debate said to be evolving? Conceptually, the editors claim, both proponents and opponents now appeal to the same values, such as autonomy, beneficence, and medical integrity. Politically, patients’ groups have focused attention on the likely effects of decriminalisation, particularly on “vulnerable” groups such as the disabled and racial minorities. Medically, there is greater recognition of the importance of palliative care, the Oregon law, and on the alleged distinction between physician-assisted suicide and euthanasia, would have been valuable. The book does, however, have useful appendices containing the text of the Supreme Court judgments; the “philosophers’ brief” submitted to the court, and the Oregon Death With Dignity Act.

In short, in some significant respects this volume serves to expand the debate. In others, however, it gives a misleadingly narrow and rather one-sided impression of the debate.

First, although the editors write that they aimed to produce a “fairly evenly balanced” collection, contributors in favour of physician-assisted suicide outnumber those against by around two to one.

Secondly, only two essays oppose physician-assisted suicide in principle, and those for religious reasons. The book’s failure to include a single philosophical contribution articulating and defending the traditional principle of the inviolability of human life mars the volume. This failure is all the more unfortunate not only because several essays criticise this principle, and those criticisms therefore are allowed to pass unchallenged, but also because the principle of the inviolability of human life was reaffirmed by the Supreme Court and underpins its reasoning. The volume could easily mislead a reader into believing that the principle no longer plays an important part in the current debate.

Thirdly, moving from principle to practice, another omission is the Dutch experience of euthanasia and physician-assisted suicide, an omission which is all the more puzzling in the light of the significance attached by the Supreme Court to the dangers of the “slippery slope” and to the relevance of the Dutch experience in this context.

Finally, contributions on the achievements and availability of palliative care, the Oregon law, and on the alleged distinction between physician-assisted suicide and euthanasia, would have been valuable. The book does, however, have useful appendices containing the text of the Supreme Court judgments; the “philosophers’ brief” submitted to the court, and the Oregon Death With Dignity Act.

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Children, Families, and Health Care Decision-making


Over recent years in the UK there has been increasing emphasis placed on children taking responsibility for what happens to them. This American publication offers a refreshingly different view of parental and family autonomy and advocates a model of constrained parental autonomy. Ross argues that giving children rights equivalent to those of adults is “to deny them the protection they need” and render them “even more vulnerable than they presently are”. Her thesis is that whilst children should be included in the decision making process, parents should be responsible for their health care even after the children have achieved some threshold level of competency. However, the autonomy of the parents should not be absolute. Rather it should be constrained by a modified principle of respect for
persons which takes account of the specific limitations of children’s competency.

The author herself suggests that she will be criticised for not adhering to the accepted approach but that she is still doing the right thing. She addresses each anticipated criticism systematically and argues her case cogently and carefully, presenting argument and counterargument, liberally annotating and referencing her text, and pointing out areas where information is scant or questionable. She recognises that parents’ conception of what is best for their family may not be what others would perceive as best and that indeed their beliefs and values may even limit opportunities for children. Nevertheless she believes that their autonomy should be questioned only if their decisions are disrespectful of the child’s developing personhood; it is not for the state to define ideal parent-child relationships or goals.

The model of constrained parental autonomy promoted in this scholarly work allows flexibility and breadth of application which, the author contends, makes it practical as a decision making model across a wide range of health care situations. In the second part of the book she tries out the model in various practical contexts: research, organ donation, medical treatment, and adolescent sexual activity. She concludes that it offers a viable alternative to the best interests standard and is particularly useful in situations where interests compete and conflict. Underlying her position is a respect for parents as individuals with their own needs, interests and rights, a fact which she sees as too often ignored. Parental and family autonomy deserve a wider latitude of tolerance than they commonly command.

This slim volume deliberately invites challenge. The author concludes with the hope that the book will promote dialogue on how health care decisions should be made for children even if readers disagree with her “process or substance”. Many will indeed disagree with some of her thinking, but she should certainly succeed in stimulating debate.

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A Philosophical Disease: Bioethics, Culture and Identity


Bioethics became established as a distinct discipline in the United States in the 1960s. The paradox is that it arose in part from a general background of criticisms of biomedicine at that time, but has largely followed the traditional pattern of biomedicine in being reductionist and orientated to pragmatic problem-solving. So for some thirty years the theoretical debate within bioethics was mainly about which ethical theory, principle, or combination of principles to subscribe to; whilst in practice many came to see bioethics as a new medical subspecialty, with hospital ethicists as professional experts.

However, this mainstream development of bioethics has not gone unchallenged, and there have always been those advocating other approaches. The Centre for Philosophy and Health Care here in Swansea has been a good example of this, having consistently concerned itself with many of the issues that Elliott raises. These focus on the question of whether any systematic philosophical theorising, or precise arrangement of principles, could ever provide definitive answers to deeply troubling medical dilemmas, because of the inevitability of moral disagreement. Such dissident voices tended to be rather isolated until a decade ago, but since then have increased very significantly in numbers and in a variety of different ways, though united in challenging the earlier orthodoxy.

Elliott does not then provide anything entirely novel, but rather uses several examples to demonstrate how a range of these innovative approaches can provide a different perspective on familiar issues. He has accomplished this by selecting from and expanding on some of his own papers which were published during the 1990s. He has thus converted them into a series of essays which form the central chapters of the book. Narrative ethics and virtue ethics are the most notable approaches he adopts, but he has also added an introduction and conclusion which are explicitly informed by Wittgenstein’s later philosophy, with the aim of providing coherence to the book as a whole. What he is attempting to show is that while at first sight these essays may appear to be somewhat disparate, they actually have a connecting theme. I am not sure though whether Wittgenstein’s later work provides an adequate resource for this task, although its general relevance is clear.

To see why this is so it may be helpful to refer to Stephen Toulmin’s work, which has been influential in the development of Elliott’s thinking. Toulmin has made the bold claim that the philosophy of medicine has a special role to play, not just in medicine but also in philosophy. Now if this is to be fostered successfully I think that a greater range of ideas will be required than can be derived from Wittgenstein’s work alone, and this is the programme within which Elliott’s ideas would seem to fit most comfortably. However, one significant development in taking this forward is missing in Elliott’s book. This concerns the current growth of interest in phenomenology and hermeneutics, particularly in relation to the philosophy of the body, which would seem to herald a fruitful engagement between the Anglo-American and Continental traditions in philosophy, broad enough to accommodate Wittgenstein, as well as the diverse range of other approaches which are now emerging, and will no doubt be added to in future.

None of this is intended to diminish the importance of Elliott’s book, which both reflects as well as being an important contribution to, this ongoing debate. If work such as Elliott’s gains the prominence it deserves it will signal the end of the worst features of bioethics, by demonstrating the central importance of a more reflective encounter between medicine and philosophy. The individual chapters are themselves full of imaginative observations relevant to the particular issues selected, for example organ donation and drug treatment for depression. Also it is part of Elliott’s argument that too much work in philosophy is either trivial or unnecessarily technical or both, and this book is neither of these. It should be required reading both for health care professionals who have an interest in ethics, and for all those professionally engaged in bioethics and the philosophy of medicine.

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Medicine and the Marketplace: the Moral Dimensions of Managed Care

Kenman L. Wong, Notre Dame, Indiana, University of Notre Dame Press, 1998, 232 pages, $32.00

Health care in our society has reached a critical point in its evolution. Numerous articles have decried current approaches to health care reimbursement by focusing on their negative impact on patient relationships. However, few have reflected on the encroaching import of business ethics on these relationships. Kenman Wong’s book Medicine and the Marketplace is a critical first beginning of this reflection. Wong engages in a comprehensive ethical assessment of managed care and the impact of business ethics on obligations to patients. As Wong rightly observes, the ethical discussions concerning health care and its economics, focus on obligations of physicians not those of institutions or other health care professionals. However, health care institutions are increasingly interposed between the physician and patient and their decisions are based on business ethics. The book begins by reviewing the history of business and medicine. To describe medicine as being free from the world of money is patently wrong. However, there is increased concern about the foundational morality of the current managed care approach to reduce health care expenditures. The tension is that “the traditional ‘good’ for business and medicine, whose missions apparently follow widely diverging paths”, can be integrated effectively.

Wong supports a view of health care business ethics called stakeholder theory. He believes that “a stakeholder approach can be formulated” to support essential values in health care. Wong feels that managed care organisations should be “held to behavioral standards which are consistent with the objectives of service to the community through the provision of quality health care” and correctly observes the tension between the two roles of health care institutions, i.e., businesses and delivering health care. However, “adequate moral grounds ... cannot be found in the traditional understanding either of medical or of business ethics. The traditional patient-centered ethic is unrealistic and irresponsible” and he sees hope in an “enlightened stakeholder approach” as an ethical framework to govern the behaviour of managed care organisations.

Although Wong takes a very important first step in an analysis of business ethics in health care, stakeholder theory does not provide the ethical framework he hopes for. It does provide an important first step, i.e., identifying stakeholders, however, it does nothing to help rank stakeholder interests, which is the critical tension in health care today. For example, how do we rank the interests of patients against those of the health care institution? Wong’s book is a critical and important first step in the debate on managed care and the discussion of business ethics in health care. It should be read by anyone interested in medical ethics.

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The Goals of Medicine: The Forgotten Issue in Health Care Reform

Edited by Mark J. Hanson and Daniel Callahan, Washington, DC, Georgetown University Press, 1999, 239 + xiv pages, $55 hb.

The dominant theme in health care and its ethics as we move into the new century looks likely to be how to allocate scarce health care goods fairly. Many ingenious proposals have been devised for determining how to choose between funding service A and service B, how to fix on appropriate levels for funding individual services, and how to decide who will receive a service and to what extent. Yet it would not be controversial to assert that none of these proposed approaches has met with wide acceptance and trust. One of this remarkable book’s premises is that the reason for this general failure is that rationing proposals duck the question: “What is medicine for?” To pursue this question seriously is to sail into waters less familiar to Anglo-American readers than those of medical ethics, namely, those of philosophy of medicine. The idea is that by obtaining some (or a better) answer to this question we will be in a much better position to prioritise services, that is to say, to determine which of two services better fulfills the purpose or purposes of medicine.

This strategy has obvious interest. Yet it has an equally obvious difficulty. While medical ethics has by now a relatively stable set of methodologies and perhaps some results which claim moderate public acceptance, philosophy of medicine is more varied and contentious, both as to method and results. This being so, it might be thought perverse to seek solutions to a problem, even a large and diffuse one, by translating it into a harder one that is still less definite in its scope. The ground-breaking work of Norman Daniels arguably suffers from this defect, in that having determined that needs are the fairest basis for allocating health care, his account of need has defeated attempts to operationalise it.

If one considers the history of medicine, and if one compares the diversity of health care systems and “philosophies”, it could be that much of what passes for philosophy of
The Future of Human Reproduction: Ethics, Choice and Regulation


It is often the case that the subheading of a book is more revealing than its title. The Future of Human Reproduction is not really about the future of human reproduction. Apart from John Harris’s projections into the future, most of the book is concerned with the present of human reproduction. The subheading, instead, tells us more. Harris and Holm’s collection is about choice; about who should decide and why, about whether the state should regulate our choices and even about whether choice is such a desirable thing after all.

This theme fits well into today’s debate on medical ethics in general and reproductive ethics in particular. Choice is no longer viewed as necessarily a good thing. Instead, it is often regarded as problematic, bringing with it dilemmas, confusion and even guilt. At the very least, choice means valuing one thing over another. As Jonathan Glover observes in his impressive chapter on eugenics: “As soon as we start choosing at all, we enter a zone of great moral difficulty where there are important boundaries to be drawn.”

Many of the contributors to The Future of Human Reproduction are quick to observe that, contrary to popular perception, reproductive choice is not universally respected, particularly when reproduction is assisted. Margaret Brazier, for instance, notes that UK legislation governing in vitro fertilisation leaves little room for reproductive autonomy, especially when it comes to access to services. Marie Fox demonstrates how choice in abortion is limited by the law; Simone Bateman Novaes and Tania Salem remind us that frozen gametes are often the property of the clinic; and Harris observes that as far as cloning and gender selection are concerned, reproductive choice is severely limited.

For Harris, this lack of choice is troubling. He argues that our approach to issues of reproductive ethics should be guided by the principle of procreative autonomy. According to this principle, competent members of society should be left to make their own decisions about how, when and where to reproduce. Only when there is a compelling reason—such as evidence of significant harm—should the state be allowed to intervene in such decision making.

Harris’s justification for this principle draws on the writings of Ronald Dworkin, who has argued that procreative autonomy should be regarded as a democratic liberty just as freedom of speech and equality are. Dworkin—and Harris—maintain that procreative autonomy is a freedom not just for those who live in societies, such as the United States, with written constitutions, but for anyone living in a democracy.

One suspects, however, that this elegant defence of procreative autonomy would not wash with a number of the other contributors to the book. Marie Fox, for instance, doubts whether choice is such a good thing after all. Fox thinks that “feminism must be prepared to abandon its sacred cows” and accept that the notion of choice has not served women’s interests. Choice has made women look self-serving and has encouraged conflict between a woman and her fetus. Fox suggests that the picture of the “selfish, amoral woman produced by choice discourse” means that feminists must change their tack. One course of action might be, Fox argues, to communicate with opponents, rather than demanding things from them.

In the context of fertility treatment, it is often easier to argue for limits upon procreative liberty because of the children that it aims to produce. So, whilst Marie Fox is unconvinced, those contributors who suggest that policy in assisted reproduction should be guided by the interests of the children born, rather than the interests of the parents, have a better case. In their challenging chapter, Bateman Novaes and Salem suggest that assisted conception has modified women’s role in reproduction. Such high-tech interventions mean an increased concentration upon the embryo and a weakened role in decision making for the woman having treatment.

Bonnie Steinbock thinks constraints upon reproductive liberty may not be such a bad thing, although she is concerned that such limits are not the preserve of the state. Steinbock
Truth and the Child 10 years on: Information Exchange in Donor Assisted Conception


The original Truth and the Child was published in 1988 after publication of the Warnock Report, which identified issues arising from the increasing use of human reproductive technologies. The authors of the original collection felt that the rights of children to information about their origins had not been addressed satisfactorily by the committee chaired by Warnock, which indeed supported a policy of donor anonymity. This policy of anonymity was incorporated into the Human Fertilisation and Embryology Act (1990). Ten years on, this new collection revisits the issue, offering powerful arguments, anecdotes, and research supporting the authors’ position that with regards to information about origin the interests of the children created by donor insemination should take precedence over those of their infertile parents or the gamete donors who enabled their creation.

In his introduction, John Harris suggests that the eclectic group of contributors to the volume reflect the central theme of choice. An extension of that theme might be to choose to read the book or to choose not to. From my point of view, however, reading it is the right choice to make.

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The recurrent problem here is evidence. Fisher and Somerville, in their chapter on postmenopausal women, as well as Steinbock and de Vert, all worry that there is little data showing what harm might be inflicted on children born of assisted reproduction. Such a lack of evidence of harm should, arguably, make these contributors abandon the notion of limited access to assisted reproduction. But they do not. Ultimately, it is only Harris who is prepared to stick by the principle that reproduction should be an autonomous activity, free from outside interference unless a significant chance of serious harm can be demonstrated in advance.

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